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Barbara Dolaszynska, Med Case Rep. 2018, Volume 4
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PAPPILLOEDEMA- EMERGENCY IN PRESERVING EYESIGHT. MULTI-ETIOLOGIES PRESENTED IN ONE PATIENT'S CASE

Barbara Dolaszynska
County Durham and Darlington NHS Trust,UK

Papilloedema is a common condition often addressed by ophthalmology and neurology/neurosurgery departments. All patients with papilloedema should be suspected of harbouring an intracranial mass. Usually presentation of this condition has specific picture Etiological factors such as metastatic tumors, hydrocephalus, brain bases are useful to know about as they guide us to immediate, specific treatment. However, majority of the cases are widely named - "idiopathic". Series of investigations of different varieties may aid us with diagnosis but management has been always and still a controversial dilemma.In this poster, we are presenting few not fully understood cases of papilloedema which presentation might be challenging for departments involved as well as the management in which might be exhaustive for both clinicians and patients.Hereby we adopted an approach in order to summarise the investigation- pathway- and treatment of papilloedema in our practice in the trust and hopefully to highlight this and add to literature pool.

Biography

Barbara Dolaszynska is an Ophthalmology trainee in North East of England. She has got special interest in medical and surgical education in which she presented several projects before in those topics. Dr Eltayeb is a surgical trainee in Newcastle Upon Tyne with interest in neurosciences and surgical education.

bdolaszynska@yahoo.com

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Srinivasa Rao Sirasanagandla et al., Med Case Rep. 2018, Volume 4
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AN ANOMALOUS DIGASTRIC MUSCLE IN THE CAROTID SHEATH: A CASE REPORT WITH ITS EMBRYOLOGICAL PERSPECTIVE AND CLINICAL RELEVANCE

Srinivasa Rao Sirasanagandla, Omar Habbal and **Mohamed Al Mushaiqri**
Sultan Qaboos University, Oman

Although infrahyoid muscles show considerable variations in their development, existence of an anomalous digastric muscle in the neck was seldom reported. During dissection of triangles of the neck for medical undergraduate students, we came across an anomalous digastric muscle in the carotid sheath of left side of neck. It was observed in a middle-aged cadaver at College of Medicine and Health Sciences, Sultan Qaboos University, Muscat, Oman. Digastric muscle was located within the carotid sheath between the common and internal carotid arteries and internal jugular vein. It had two bellies; cranial belly and caudal belly which were connected by an intermediate tendon. The cranial belly of the muscle was attached to the petrous part of the temporal bone. The caudal belly extended into the superior mediastinum and merged with the connective tissue around the left brachiocephalic vein. In addition, the caudal belly of the muscle was connected to the lateral margin of the sternothyroid by few muscle fasciculi. The total length of muscle was 15.5 cm and the width of cranial belly, intermediate tendon and caudal belly was found to be 5 mm, 2 mm and 4 mm, respectively. The anomalous muscle reported in the present case might have formed by the abnormal splitting, growth and/or differentiation of lingual-infrahyoid-diaphragmatic band. Due to its close relation, the anomalous muscle may cause compression of vascular structures in the carotid sheath and it may cause confusion during diagnostic imaging of neck soft tissues. The knowledge of reported variation is clinically important while evaluating the compression of internal jugular vein in patients with idiopathic intracranial hypertension and during the surgical repair of carotid arteries.D. Retraint, Z. Quadir, W. Xu, L. Waltz, M. Ferry, "Microstructural investigation of roll bonded nanocrystalline stainless steel sheets", The 16th International Conference on the Textures of Materials (ICOTOM 16), Bombay (India), 12-17 December 2011.

Figure1: Note the cranial and caudal bellies of anomalous digastric muscle connected by an intermediate tendon

Biography

Srinivasa Rao Sirasanagandla has completed his PhD from Manipal University, India. He is currently working as Assistant Professor in the Department of Human & Clinical Anatomy, Sultan Qaboos University, Muscat, Oman. He has published more than 65 papers in reputed journals and has been serving as an Editorial Board Member of repute journals.

srinivasa@squ.edu.om

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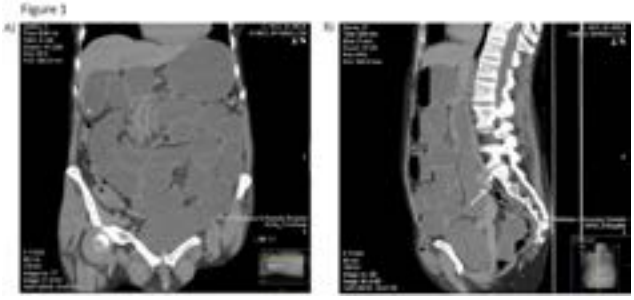
SMALL BOWEL OBSTRUCTION SECONDARY TO MESH EROSION – A RARE LONG-TERM COMPLICATION OF LAPAROSCOPIC MESH SACROHYSTEROPEXY

Kiranpreet Gill and **Constantinos Simillis**
West Middlesex University Hospital, UK

A 77-years-old female who underwent uncomplicated laparoscopic mesh sacrohysteropexy (LMH) in 2009 for uterine prolapse presented with features of small bowel obstruction (SBO) was confirmed on abdominal/pelvic CT scan. At laparotomy, the sacrohysteropexy mesh was seen to have eroded into the small bowel causing complete obstruction complicated by ischaemia and perforation. No adhesions were present. Following resection and primary anastomosis, the patient was transferred to the intensive care unit (ICU). Although rare cases have been reported of SBO occurring secondary to the use of a synthetic mesh in LMH. To our knowledge, we report the first case of SBO directly attributable to erosion of mesh into the small bowel itself, occurring several years after LMH. Given the increasing frequency of women opting for the surgical management of pelvic organ prolapse (POP) which involves techniques using synthetic mesh, it is important to consent patients appropriately of such life-threatening risks and to equally focus on the development of surgical techniques and mesh materials which aim to minimize such complications.



Biography

Kiranpreet Gill, MBBS BSc (Hons.) has graduated from Imperial College London in 2017. She won the John Adamson Prize, as well as passing finals with a Distinction in Clinical Practice. She is currently practicing as a FY1 Doctor in General Surgery at West Middlesex University Hospital in London. She is working with Mr. Constantinos Simillis, a Consultant in General Surgery and Colorectal Surgery

kiranpreet_gill@hotmail.co.uk

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Haifa Sindhi, Med Case Rep. 2018, Volume 4
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13-YEAR-OLD BOY WITH KNOWN CASE OF SPASTIC QUADRIPLEGIA CEREBRAL PALSY

Haifa Sindhi
Maternity and Children Hospital Almosadia, Saudi Arabia

13 Yrs. Old boy known case of spastic Quadriplegia cerebral palsy. Problems : Seizure disorder, GERD,Functional constipationWhat was unusual in this case was that the time of presentation of the gastro-colic fistula long time post-PEG insertion (asymptomatic), the exact time of development of the fistula was difficult to determine, with time his general condition became much worse with anemia and hypoalbuminemia,the offensive discharge from the gastrostomy tube became apparent which direct the attention to possibility of gastrocolic fistula. Patient had several episodes of diarrhea and vomiting while the original tube was still in position, suggesting a leak of colonic contents into the stomach with an overgrowth of bacteria in the small bowel causing diarrhea and septic episodes.

Conclusion: **The majority of patients having a documented gastrocolic fistula present with diarrhea or feculent vomiting that started after replacement of the G-tube. These patients do not exhibit signs of peritonitis or abdominal sepsis. Therefore, after replacement of a G-tube patients should be observed for these complaints. In case of suspicion, a fistulogram or barium enema is recommended to rule out the presence of a fistula.Many patients who have PEG may experience diarrhea. If sudden onset of persistent diarrhea occurs in these patients, the possibility of a gastrocolic fistula should be considered. In such cases, the diagnosis can be confirmed by means of a tubogram.**

Biography

Haifa Sindhi is a consultant pediatric Gastroenterologist in Maternity and Children Hospital, Almosadia 2003 until present. She is also the Head of pharmacy and drugs committees in MCH hospital and a member in Saudi pediatric & adult Association Gastroenterology Society (SAGE , SASPGHAN).

haifa_hasan@hotmail.com

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Hui Hui, Med Case Rep. 2018, Volume 4
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HEMIDIAPHRAGM PALSY: A RARE MANIFESTATION OF CERVICAL CONGENITAL NEUROBLASTOMA IN A SMALL INFANT

Hui Hui
China

Hemidiaphragm palsy associated with solid neck mass is rarely seen in neuroblastoma. We report the case of a one-month-old male infant manifesting left-sided neck mass and sudden onset of respiratory distress. The initial diagnosis was congenital muscular torticollis. However, subsequent chest x-ray showed the elevation of the left hemidiaphragm and magnetic resonance imaging revealed a 5.5×4.6×3.0 cm size solitary mass. The possibility of tumor mass associated hemidiaphragm palsy was then considered. Fine-needle aspiration cytology was performed and a final diagnosis of stage IVS neuroblastoma based upon INSS staging was confirmed by immunocytochemistry. Bone marrow aspirates and biopsies showed 7% metastatic neuroblastoma. The child underwent chemotherapy with intravenous administration of carboplatin and etoposide. Control MRI done at 50 days later revealed significant regression of the mass, and the patient had been on mechanical ventilation support for 52 days.

hui19890713hui@163.com

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DERMATOFIBROSARCOMA OF DARIER AND FERRAND LOCALLY ADVANCED AND METASTATIC: ABOUT 7 CASES.

N. Acharfi[1], R.Boujarnija[2], M .Benhami[3],L.Amaadour[4], K. Oualla[5], Z. Benbrahim[6], FZ Elmrabet[7], S. Arifi, N. Mellas[8]

[1]Hassan II Hospital University, Morocco

Introduction: Darier and Ferrand dermatofibrosarcoma is a rare soft tissue sarcoma characterized by a slow evolution with a major risk of recurrence in case of non-cancerous resection. Although large surgical excision remains the standard treatment, imatinib has a place in locally advanced and metastatic forms The objective of this study is to determine the epidemiological, diagnostic, therapeutic and evolutionary characteristics collected from the clinical records of patients for dermatofibrosarcoma of Darier and Ferrand.

Materials and methods: This is a retrospective study conducted from January 2013 to December 2016 in the department of medical oncology at CHU Hassan II in Fez, including patients with Darier and Ferrand dermatofibrosarcoma locally advanced or metastatic.

Results: 7 cases were reported, 3 women and 4 men, the mean age was 46.2 years (range: 33-65). The tumor was located in the scalp in 3 cases, 1 case in the peri-umbilical, 1 case at the level of the chest wall and 1 case at the level of the scapular region. In all cases, there was histological evidence of the diagnosis of dermatofibrosarcoma. Immunohistochemical examination with CD34 antibody was performed in all cases showing positivity with cytoplasmic and membrane CD34 labeling. The tumor stage was locally advanced in 5 cases and metastatic at the pulmonary level in 2 cases. Five patients had local recurrence in the initial site of resection. Imatinib was administered at a dose of 400mgx2 / day in all patients. The outcome was marked by stability in 4 patients and a partial clinical response in 2 patients after an average duration of 11 months, while 1 patient was lost sight of. Regarding tolerance to imatinib, 3 patients presented with a hand-grade I syndrome, 2 patients with thrombocytopenia and 1 patient with severe neutropenia, which required stopping treatment temporarily with reintroduction after resolution of neutropenia.

Conclusion: The dermatofibrosarcoma of Darier and Ferrand is a rare cutaneous tumor with slow local evolution taking place over several years. It is distinguished by its diagnostic difficulty, its tendency to recurrence and the rarity of its metastases which are essentially pulmonary. Imatinib is an effective therapeutic option with a good safety profile in the treatment of locally advanced or metastatic dermatofibrosarcoma.

Biography

Nisrine Acharfi is currently affiliated to the department of Medical Oncology at the Hassan II Hospital University in Fez, Morocco.

nisrinacharfi@gmail.com

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COEXISTENCE OF BULLOUS PEMPHIGOID & HYPERTHYROIDISM: A CASE REPORT

Randolf A. Perez[1] and **Cecilia Ongjoco**[2]
[1]World Citi Medical Center, Philippines

Bullous pemphigoid (BP) is one of the most common autoimmune bullous diseases, although its frequency is less than pemphigus vulgaris (0.0004/100,000 vs 0.1-0.5/100,000 population [1]. In recent prospective studies from Germany and Switzerland, the annual incidence was about 12 to 13 new cases per 1 million population [2, 3]. It is primarily a disease of the elderly with an incidence among patients aged over 90 years being 40 per 100 000 population per year. The association of bullous pemphigoid with many other diseases has been mentioned before, but no common etio-pathogenic pathway has been demonstrated [4 5, 6]. The most frequent associations are those with primary biliary cirrhosis, psoriasis - 63.4%), and an unusual condition termed multiple autoimmune syndrome (MAS), defined as the combination of at least three autoimmune diseases in the same patient . With multiple autoimmune syndrome, we observe a special frequency of various dermatological autoimmune diseases, such as vitiligo, bullous pemphigoid, and pemphigus vulgaris. We conclude that there exists an association of Bullous pemphigoid & Thyroid disease in our case being both autoimmune mediated. Based on Humbert and Dupond classification, they belong to two different types of class of Multiple Autoimmune syndrome (MAS). Although not typical of MAS, a common pathophysiologic mechanism can explain their co-existence. Both Autoimmune thyroid disease (AITD) and Bullous pemphigoid (BP) have autoantibodies belonging to IgG class. Importantly, patients with AITD are known to express HLA-B8 and the risk of its development is increased in patients with haplotypes HLA-DR3 or HLA-DQA 1*501 & HLA-DR4 while BP patients usually show HLA-DQB1, an HLA possibly associated with multiple diseases of the APS group.

Biography

Randolf A. Perez is currently affiliated with the World Citi medical Center, Philippines.

ralfperez_md@yahoo.com

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STOMACH GIST: EXTRINSIC EXTENSION RESULTS IN THE CAUSE OF DELAYED DIAGNOSIS

Georgios Velimezis, Andreas Skarpas, Andreas Tellos, Argyrios Ioannidis, Christos Koutseribas, Petros Siaperas and **Ioannis Karanikas**
Sismanogleio General Hospital, Greece

Introduction: Stromal tumours consist of 1% of the tumors in the upper GI. Their most frequent presentation is in the stomach in 50-60% of the cases. Our aim is to present three cases of delayed diagnosis of stromal tumour in the stomach and duodenum.

Case Description: Three patients of 80 years old, 76 years old and 84 years old came to the emergency department with symptoms of intra-abdominal bleeding. The first patient with epigastric discomfort, the second and the third patient signs of upper GI bleeding. In the first two patients there was a palpable epigasatric mass on examination. Prior to their hospitalization all three patients were asymptomatic.

Results: Initial treatment was conservative to stabilize the patients. In one of the patients, gastroscopy has shown a mass in the duodenum. In the second patient showed a pressure in the lesser arch of stomach without any disturbances in the mucosal layer. In the third patient there were no findings. CT abdomen showed a great size tumour at the wall of the stomach. In one of the patients there was a perforation of a haemorrhagic exophytic tumour. The second patient had large sized exophytic tumour. Third patient had a mass in the duodenum extending in the jejunum.

Conclusions: Extrinsic localization of stromal tumours is the cause of late diagnosis resulting in cases of impossible surgical resection.

gvelvel@gmail.com

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RARE POSITION OF THE APPENDIX: A RANDOM FINDING

Georgios Velimezis, Andreas Skarpas, Andreas Tellos, Argyrios Ioannidis, Christos Koutseribas, Petros Siaperas and **Ioannis Karanikas**
Sismanogleio General Hospital, Greece

Introduction: Presentation of a rare case for the attention of younger surgeons

Case Description: A 35 years old patient underwent laparoscopic cholecystectomy. A long appendix with its end adhered at the umbilicus was revealed in the abdominal cavity.

Results: Laparoscopic appendectomy underwent alongside the laparoscopic cholecystectomy that was initially planned.

Conclusions: The appendix can be found in various locations. Adhesion of the tip of the appendix with the umbilicus is a very rare finding.

gvelvel@gmail.com

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DENGUE FEVER AND SIADH: A CASE REPORT

Anthony M Valeri
Columbia University Medical Center, USA

Syndrome of inappropriate antidiuretic hormone secretion (SIADH) has been described in a variety of viral infections. It has not been previously reported in cases of dengue fever. Herein, we report a case of SIADH in the setting of acute dengue fever in a patient returning from an endemic area. A 65 years old Dominican woman with PMH of hypothyroidism (on replacement therapy), OMS/Dementia (on memantine), gastroesophageal reflux disease (GERD) (on esomeprazole - a PPI), hyperlipidemia (on atorvastatin) and osteopenia (on ibandronate) was admitted after returning from vacation in the Dominican Republic with fever and diffuse abdominal pain. She tested positive for dengue fever. On presentation, she had serum sodium of 135 with normal renal function. Because of her N/V, she was given IV hydration with 0.9% normal saline (NS). Her serum sodium fell over the next 24 hours to 121 (serum osmolality 242) and then by 48 hours to 113. Her urine osmolality was 609. Adrenal and thyroid function tests were within normal limits. She had no known cardiac or liver disease. She was given a presumptive diagnosis of SAIDH and was treated with 2% saline which raised her serum sodium to 118 over the next 24 hours and then to 126 by 48 hours. No secondary cause of SIADH was found. She was also placed on fluid restriction and her serum sodium remained stable in the 125-128 range over the next five days (urine osmolality 614 at that time) and then gradually rose to 133-134 over the subsequent remaining five days of her hospitalization.

amv3@cumc.columbia.edu

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BENIGN TUMORS OF THE APPENDIX – OUR EXPERIENCE

Georgios Velimezis, Andreas Skarpas, Andreas Tellos, Argyrios Ioannidis, Christos Koutseribas, Petros Siaperas and **Ioannis Karanikas**
Sismanogleio General Hospital, Greece

Introduction: Presentation of a rare case for the attention of younger surgeons.

Case Description: The history of four patients (three males 26, 45, 49 years old and one female 49 years old) that underwent appendectomy. Hystopathological findings revealed mucinous cystadenoma in three of the patients and a serrated adenoma for the fourth patient.

Results: The tumors of the appendix are rare (circa 1% of appendectomy) and they usually manifest as acute appendicitis. Cystadenomas are the most frequent occurring tumors of the appendix, they have similarities with the papillary hyperplastic polyps of the bowel, and they can produce mucocele which due to increase in intraluminal pressure can cause acute appendicitis. An appendectomy may be sufficient but they may transform into cystadenocarcinomas, so then, right colectomy is required. If leakage of material occurs in peritoneal cavity there may be formed pseudomyxoma of the peritoneum.

Conclusions: Mucinous cystadenoma is the most frequent tumor of the appendix. They are benign epithelial tumors and can be presented as mucocel therefore treatment is mere appendectomy. In certain cases they can be transformed into cystadenocarcinoma and if so right colectomy is required. Pseudomyxoma of the peritoneum may occur in case of rupture to the peritoneal cavity.

gvelvel@gmail.com

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ADENOCARCINOMA OF THE APPENDIX: CASE PRESENTATION AND LITERATURE REVIEW

Georgios Velimezis, Argyrios Ioannidis, Andreas Skarpas, Andreas Tellos, Athanasios Zoikas, Petros Siaperas and **Nikolaos Nikitakis**
Sismanogleio General Hospital, Greece

Introduction: The presentation of a rare case for the attention of younger surgeons.

Case Description: A 56 year old female patient who underwent open appendicectomy.

Results: Histological examination of the removed appendix has shown "Adenocarcinoma of the appendix in the base of epithelial adenoma, with negative surrounding lymph nodes". Following the histopathology report the patient has underwent an elective right hemicolectomy at a later stage.

Conclusions: The neoplasms of the appendix are rare (1% of the cases) and are usually expressed as acute appendicitis. Adenocarcinomas correspond to 10% of the cases of tumors of the appendix whereas there are three histological types: mucosal (more often), intestinal (colonic) and Signet- ring cell carcinoma. The treatment always involves surgical intervention, right hemicolectomy, which gives a better five year survival rate (73%) compared to appendicectomy (44%). In some cases a simple appendicectomy was the treatment of choice if the margins of the tumor stop at the mucosal or submucosal layer. Chemotherapy has not been proved to contribute to treatment.

gvelvel@gmail.com

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MESOTHELIAL CYST OF ROUND LIGAMENT IN GROIN HERNIA

Georgios Velimezis, Athanasios Zoikas, Ioulia-Maria Christodoulou, Andreas Skarpas, Petros Siaperas, Ioannis Karanikas, Evripidis and **Papachristou**
Sismanogleio General Hospital, Greece

Introduction: Mesothelial cyst of the round ligament is a rare condition in female pathology. The aim of this presentation is to aware the young surgeons.

Case Description: This is a case of 25 years old female patient presented with a chronic mass in the right groin. The preoperative CT revealed a cystic lobular mass in the right groin in contact with the femoral vessels.

Results: Histology revealed a mesothelial cyst of the round ligament without elements of malignancy

Conclusions: Mesothelial cyst of the round ligament should be included in the differential diagnosis on inguinal masses in the female patients.

gvelvel@gmail.com

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LOW BACK PAIN – EXPERT APPROACH

Ayman Mofti
Al Biraa Arthritis & Bone Clinic, Dubai

Low back pain is one of the most common medical problems presenting to clinicians. Most Americans have experienced low back pain at one time in their life. Direct health cost of LBP and indirect cost due to reduced productivity are very high. Low back pain is frequently classified and treated on the basis of symptom duration and potential cause. Most episodes of back pain are related to mechanical regional abnormalities, majority are self-limited. Excessive and unnecessary diagnostic tests in this group are not warranted. The therapy chosen for this common problem should relieve symptoms with toxicities limited to a minimum, while natural healing occurs. However, up to 10% of cases can be due to serious non-mechanical / medical causes which frequently missed. Because of high prevalence of LBP, this small percentage will result in significant number of cases. Missing or delaying the correct diagnosis can have dire consequences. Spondyloarthropathy is an important medical cause of back pain, it usually affects young male during productive years. Studies showed an average of 8 years delay in diagnosis. The presence of very effective treatment in recent years makes it of prime importance to make this diagnosis on time and prevent long suffering and financial loss. The physician's role is to make the correct diagnosis without delay, to keep the diagnostic cost down, and to provide safe and effective treatment without causing any financial, physical or psychological harm which might result from delayed or incorrect diagnosis. In this lecture the physician will learn how to navigate the signs and symptoms of LBP to identify the non-mechanical/medical causes accurately and to implement an appropriate treatment plan ASAP.

aymanmofti@gmail.com

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A RARE CASE REPORT OF COMPLETE EXPRESSION OF PENTALOGY OF CANTRELL: FROM RADIOLOGY PERSPECTIVE

ANTENATAL ULTRASOUND, FETAL ECHO AND FETAL MRI, POST TERMINATION RADIOGRAPHY AND 3D CT FINDINGS WITH A CLINICAL AUTOPSY CORRELATION:

Leul Adane, Alemayehu Bedane, Fitehanegest Tefera and **Satyasai Panda**
Saint Paul Hospital Millennium Medical College, Ethiopia

Pentalogy of cantrell consists of an extensive defect of the thoraco-abdominal wall, which has nearly always a lethal prognosis. The defect is characterized by the association of five anomalies: omphalocele, cardiac ectopia, absence of the distal portion of the sternum, absence of the anterior diaphragm and absence of the parietal diaphragmatic pericardium. It has a rare frequency of about 5.5 per 1,000,000 live births. There is a common association with intra cardiac anomalies such as ventricular septum defect, tetralogy of fallot and transposition of great vessels. The pathogenesis remains unclear. Here we present an imaging findings with antenatal two dimensional (2D) and three dimensional (3D) ultrasound and fetal magnetic resonance imaging (MRI) in a 20 weeks of gestation with a multiple anomalies, based on which the diagnosis of complete pentalogy of cantrell was given with a brief literature. Post mortem radiography, 3D computed tomography (CT) and clinical autopsy were performed additionally to enhance the visualization of fetal anomalies and to confirm the diagnosis. Extensive imaging of cardiac, thoracic and abdominal malformations by ultrasound and MRI is complementary for a clear diagnosis and counseling of the patient.

leuladane2@gmail.com

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ACUTE SUBCLAVIAN ARTERY OCCLUSION WITH ASSOCIATED CLAVICLE FRACTURE MANAGED WITH BYPASS GRAFT ALONE

Dougal Buchanan
University Hospital Geelong, Australia

Subclavian artery injury is a rare consequence of clavicle fracture. It most often results from penetrating trauma but can result from blunt trauma with adjacent bone fragments causing rupture, pseudoaneurysm, dissection or thrombosis of the artery. If flow through the subclavian artery is compromised there is a risk of ipsilateral upper limb ischaemia. Life threatening haemorrhage may result in cases of laceration, and cerebral haemorrhage may be caused by dissection. Vascular injury in association with clavicle fracture is typically regarded as an indication for internal fixation of the fracture. We present a case of subclavian artery thrombosis in associated with a comminuted mid-shaft clavicle fracture causing limb ischemia managed by carotid to brachial artery bypass without internal fracture fixation. The fracture united at six weeks and there was no sustained vascular or neurological impairment at follow-up. We advocate urgent vascular intervention in subclavian artery injury. There is little discussion in the literature regarding non-operative management of clavicle fractures with subclavian artery injury. We suggest that select clavicle fractures with subclavian artery injury can be safely managed non-operatively.

doogsb@hotmail.com

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FIRST REPORTED CASE OF ENDOPHTHALMITIS FOLLOWING SUSTAINED RELEASE FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT

Mahdi Rostamizadeh
Valley Retina Institute, Texas, USA

A 30 year old male with a history of diabetes, hypertension and hyperlipidemia initially presented to our clinic to receive fluocinolone acetonide implant for his diabetic retinopathy. On the day of treatment with fluocinolone acetonide implant the patient's uncorrected visual acuity was 20/60. After the injection, the patient was prescribed ciprofloxacin three times a day for five days and advised to return to clinic in two days for an IOP check as is standardized at our practice for intravitreal steroid implants. On post op day 2, patient had complaints of new pain (5/10) and floaters. Uncorrected visual acuity of 20/150 and IOP of 18 in the right eye. Dilated fundus exam revealed +1 haze in the vitreous, otherwise the exam was unchanged. Monitoring with close observation was recommended and patient was advised to return to clinic immediately if there is worsening of his symptoms. Patient returned to clinic three days later complaining seeing floaters, blurry clouds and black lines. Uncorrected visual acuity was CF@3 ft and intraocular pressure of 21. New exam findings showed +1 cell in the anterior chamber and an increase in haze to +2 in the vitreous. Clinical diagnosis of endophthalmitis was made and patient underwent an intravitreal tap and inject of 1 mg in 0.1 ml of vancomycin and 2.25 mg in 0.1 ml of ceftazidime. Over the course of seven days the patient's uncorrected visual acuity improved to 20/80 and three months later patient's uncorrected visual acuity improved to 20/50 which was better than baseline. Cultures did not grow any organism. Fluocinolone acetonide intravitreal implant was approved for use in the US by the FDA in September 2014. In the FAME trial that evaluated its efficacy there was a 0.26% (2/768) incidence of endophthalmitis. This is the first case report of endophthalmitis following the implantation of a fluocinolone acetonide implant.

mahdi.rostamimd0@gmail.com

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HYDATID DISEASE OF THE LIVER – PRESENTATION OF FOUR CASES AND REVIEW OF LITERATURE

Georgios Velimezis Fedra Menikou, Athanasios Zoikas, Ioulia-Maria Christodoulou, Andreas Skarpas, Maria Fakaloy and **Ioannis Karanikas**
Sismanogleio General Hospital, Greece

Introduction: Ecchinococcus granulosis infects approximately 13/100.000 people in Greece. 65-70% of ecchinococcal cysts are found in the liver whereas multiple hepatic localization are in 25-30% of the cases. Our aim is to present four cases with ecchinococcus granulosus, and discuss their pre-operative presentation, the operating treatment and postoperative outcome

Case Description: We reviewed our files in a three year period (2014-1016) and we found four patients operated because of liver hydatid disease:one with ruptured abscess of the cyst,one with rupture in the bile ducts and two unrupted.

Results: A 32 year old woman with three large echinococcal cysts between 10-13cm in different sections of the liver and pressure findings. Three patients (two males 73 and 54 years old and one female 57 years old) with echinococcal cysts were found within the liver. The first patient, age 73 had a ruptured echinococcal cyst of 11x13cm within the right perirenal space. The second patient 54 years old had obstructive jaundice. All patients received postoperative chemotherapy except one female patient due to hepatic malfuncion. The two male patients underwent drainage of the cysts and had treatment with Albendazole. Drainage tubes were placed for 2-12 months.

Conclusions: The hydatid disease is a zoonosos eliminated in Greece in the last 50 years, but there are still some cases that produce a great amount of morbidity mainly because of postoperative complications and reccurences. It is generally unknown to young surgeons in developed countries and requires a great amount of patency for surgeons and patients for better outcomes.

gvelvel@gmail.com

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SIGMOID OBSTRUCTION CAUSED BY TORSION OF A GIANT OVARIAN CYST

Georgios Velimezis, Ioulia-Maria Christodoulou, Fedra Menikou, Christos Koutseribas, Petros Siaperas, Maria Fakalou and **Dionysios Argyros**
Sismanogleio General Hospital, Greece

Introduction: Ovarian cysts are commonly found in women of reproductive age. Most of them do not cause symptoms and resolve in one to two months with conservative management. However, some of the cysts may be complicated with severe pain due to torsion or rupture. We are presenting a rare case of a 64 year old woman who was admitted to the hospital with obstructive ileus caused by torsion of a giant ovarian cyst.

Case Description: A 64 year old female patient visited the emergency department with acute abdominal pain associated with nausea and vomiting. The abdomen was tender with high-pitched sounds. Rectoabdominal examination revealed tenderness of douglas. X-ray revealed a dilated colon. Rectosigmoidoscopy was decided but the endoscopic assessment was limited at the start of the sigmoid colon. The patient underwent exploratory laparotomy. A huge left ovarian mass was found and was successfully removed. No other surgical treatment needed. Patient was discharged in good condition. Histological examination has described torsion of a cystadenoma 20x13 cm at the left ovary with no signs of malignancy.

Results: A big variety of tumors can arise from the ovaries due to their complex histogenetic and embryologic development. Most of them are benign. The majority of the benign ovarian cysts present asymptomatically. In some cases they can present with pain, menstrual disturbances, abdominal swelling, pressure effects or hormonal effects in functional cysts. Torsion, rupture and haemorrhage can be some of the complications of benign ovarian cysts. In our case a huge benign ovarian cystadenoma caused obstruction of the sigmoid colon. In cystic lesions ,bowel obstruction is uncommonly described.

Conclusions: Ovarian or adnexal torsion consists an acute surgical emergency compromising ovary's blood supply. Furthermore when a mass cause large bowel obstruction, an explorative laparoscopy or laparotomy is required in order to remove the mass and resolve the intestinal obstruction.

gvelvel@gmail.com

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CHRONIC EPIGASTRIC PAIN PRESENTING IN A CASE OF DUODENAL DIVERTICULUM: A CASE REPORT

Jay Mark D Canlas
Mary Johnston Hospital, Philippines

Bowel diverticulosis presents in >10% among patients in the 5th to 6th decades of life. Mostly are asymptomatic and >95% are found in the colon. The duodenum is the next common area predisposed to diverticula formation, which is existent in 1-5% of cases. Only a minority of such cases present with symptoms and would require surgical intervention. Our case is of an 81 year old female who presented with chronic bouts of epigastric pain for the past decade, with increasing recurrence three weeks prior to admission. Whole abdominal CT scan with contrast showed colonic diverticulitis, and was treated as such. She was discharged accordingly. However, due to recurrence of aforementioned epigastric pain, she was readmitted and upper GI endoscopy revealed a duodenal diverticula. She was medically cleared and underwent laparoscopic diverticulectomy via wedge resection using endoscopic GI staplers for the duodenal diverticulum, for which she tolerated well. Duodenal diverticula rarely present with symptoms and their mere presence is not an indication for surgery. However, if major complications present or if symptoms are refractory to medical management, surgical intervention can be considered, whether via open or laparoscopic technique. Laparoscopic technique has been exhibited to be a safe and feasible option for the surgical management of duodenal diverticula.

jm.canlasmd@gmail.com

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SARCOIDOSIS IN A TUBERCULOSIS-ENDEMIC REGION: A CASE REPORT

Jessa Gilda Pandy, Juan Javier Lichauco, Evelyn A Esposo and **Reynaldo Rosales**
St. Luke's Medical Center, Quezon City, Philippines

Sarcoidosis is a systemic granulomatous disease that primarily affects the lung and lymphatic systems of the body. It is most prevalent in Northern European countries but is less commonly reported in the Philippines. Most common extrapulmonary organs involved in sarcoidosis are the liver, eyes joints and heart with gastrointestinal involvement occurring in 0.1%-0.9%. We present an 82 year old Filipino male with fever, weight loss and abdominal lymphadenopathy, who was worked up to have non-caseating granulomas on lymph node biopsy pointing to a diagnosis of sarcoidosis. There has always been a belief, however, that sarcoidosis has been in some way related to tuberculosis with several studies showing that tuberculosis may have a causal relationship with sarcoidosis and may even co-exist with each other. This hypothesized link makes it a challenge to diagnose and management sarcoidosis in a TB-endemic country and highlights the limitations of serological and molecular studies to differentiate between the two conditions. Our case raises a few intriguing questions on the relationship between sarcoidosis and tuberculosis, ultimately concluding that in a TB-endemic country, the differential diagnosis between tuberculosis and sarcoidosis is truly a challenge.

jgpacispandy@gmail.com

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CONGENITAL ADRENAL HYPERPLASIA: A PATIENT'S PERSPECTIVE– A MOTHER'S STORY

Allison Landa
Congenital Adrenal Hyperplasia Patient, USA

Studies suggest that psychosocial factors – in addition to physical barriers – work to impair fertility and successful childbirth in women with congenital adrenal hyperplasia. This includes a reluctance to consult medical professionals as to the scope of the problem and possible solutions. This was the case with Allison Landa, who was not even successfully diagnosed with CAH until the age of 30 due to parental negligence and the terror of discussing her symptoms with a doctor. When successful intervention finally took place, Landa was not only able to stabilize her condition but become pregnant at the age of 40 following a short-term disruption of birth control. Her son Baz was born on Sept. 6, 2015. Landa offers a personal perspective as both a patient and an advocate for fellow CAH sufferers. Increased outreach to CAH sufferers on the part of the medical community is indicated in order to reach those who might otherwise not be served.

allison@allisonlanda.com

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NEUROSYPHILIS: AN UNRESOLVED CASE OF MENINGITIS

Shagufta Ahsan
Atlanticare Regional Medical Center,USA

Neurosyphilis can cause both symptomatic and asymptomatic meningitis. Management of syphilis cases can be complicated. Syphilis presenting with a skin rash and an extremely high RPR titer could indicate CNS infection rather than simply secondary syphilis, because rash is a non-specific manifestation of disseminated infection. Here we present a case of early neurosyphilis/symptomatic syphilitic meningitis in a non-HIV patient who presented with rash and relatively high RPR titer but was mistakenly treated for early latent or secondary syphilis. A 24 y/o female with PMH of two STDs, non-recurrent genital herpes and syphilis (treated with oral acyclovir) presented with palmar rash at PCP's office. Rash was diagnosed as secondary syphilis (for extremely high RPR titer of 1:500). She was given 1.6 million units of benzathine PCN G intramuscularly. The rash resolved in few weeks. Her rash recurred on the left hand 7 months after treatment. This time 2.4 million units of benzathine penicillin given intramuscularly. The rash resolved in one to two days. Follow up RPR titer in 4 weeks was 1: 16, a fold decline. So further RPR follow up was not done. During the whole period of her illness, the patient continued to have headaches, on and off. Again, 8 months after, she presented to ER with dizziness and persistent headache of two weeks duration and moderate neck stiffness. Her serum VDRL titer was 1: 64. HIV rapid test was non-reactive. Lumbar puncture showed leukocytosis with lymphocytes 94%, quantitative CSF VDRL was reactive at 1:16. CSF cultures showed no growth. Thus, the final diagnosis was early symptomatic Neurosyphilis or syphilitic meningitis, which would explain the persistent headache, vertigo, and recurrence of rash secondary to inadequate prior treatment. PCN G, 4 million units intravenously every four hours was started. The patient's symptoms resolved completely in 4 to 5 days. Thus, any RPR titer > 1: 32 is highly suggestive of diseases of an active case of replicating spirochetes.

shaguftaahsan@yahoo.com

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COEXISTENCE OF OCULAR MYASTHENIA GRAVIS AND GRAVES' DISEASE IN A THREE YEARS OLD FEMALE

Zaid Rasheed Al Ani

1University of Anbar, Iraq
2Al-Ramadi Teaching Hospital for Maternity and Children, Anbar, Iraq

A 14 years old female developed acute ptosis of the right eye at three years age followed by the second eye and diagnosed as myasthenia gravis after a positive response to SC neostigmine and normal fundoscopy, brain CT scan, and general investigations. The condition failed to respond to adequate Mestinon (Pyridostigmine) therapy. Five months later developed rolling of the eyes, convergent squint, bilateral ophthalmoplegia, proptosis, goiter and signs of Graves' disease. Investigations showed high T4, low TSH, normal anti acetylcholine, ANA, anti SM antibodies, EEG, brain MRI, and CT scan of the chest. The condition diagnosed as a coexistence of myasthenia gravis with Graves' disease. Carbimazole 5 mg/day was added but still the ophthalmoplegia and ptosis persist. Prednisolone added for three months but no response. As she passed more than three years with the disease without developing systemic signs of myasthenia gravis, the condition then diagnosed as ocular myasthenia gravis with Graves' disease. With age, the ptosis and ophthalmoplegia interfered with her social and school performance in spite of the increased Mestinon therapy to 45 mg 6 hourly. In 2016 when she was 12 years old, reevaluation investigations showed all normal except enlarged thymus on CT scan of the chest and positive nasalis muscle EMG. Thymectomy was done after plasmapheresis. Three weeks after operation, ptosis starts to improve followed by gradual improvement of ophthalmoplegia. Now, after 2 years from operation, ptosis and ophthalmoplegia improved to about 70% and the euthyroid goiter reduced in size on only Mestinon 60 mg six hourly without antithyroid therapy.

zaidrasheedalani@yahoo.com