Session:

CASE REPORT III

MedIQ 2017

Title: RADIATION THERAPY AS THE CAUSE OF DIABETES TYPE 2 AND KIDNEY TUMOR.

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Co-authors: Anna Kułak, Maciej Kamiński, Monika Długoń

Supervisor: Iwona Baranowicz-Gąszczyk MD PhD

Affiliation: Chair and Department of Nephrology, Medical University of Lublin

Background: Risk of diabetes type 2 in patients who underwent radiation therapy is approximately 2,7 times as high as that of someone without that risk factor. Moreover, patients who underwent radiation therapy under 5 years old are approximately 2,4 times more exposed to the occurrence of type 2 diabetes in future.

Case report: At the age of one, the patient was diagnosed with a tumor in the abdomen. At this time, both surgical treatment and radiation therapy were performed. At the age of 25, the patient was diagnosed with type 2 diabetes, despite the lack of any risk factors of this disease. Seven years later, the patient was diagnosed with a gastrointestinal tract obstruction caused by adhesions with a simultaneous suspicion of a tumor in the right kidney. At the age of 41, the presence of a tumor in the right kidney was confirmed and cirrhosis of the left kidney was revealed. Two years later, the right nephrectomy was performed. The histopathological report revealed a clear cell carcinoma. On the third day after the surgery, renal replacement therapy was commenced. Currently, under regular haemodialysis, the patient is waiting for a transplant qualification.

Conclusions: Based on the analysis it was concluded that the patient's conditions may derive as the result of the radiation therapy and surgical treatment in the childhood. It is very difficult to pinpoint the actual impact of the therapy on the development of the mentioned pathologies.

Title: CONTRAST ENHANCED ULTRASOUND IMAGE OF PRIMARY SPLENIC LYMPHOMA: A CASE REPORT.

First author: Karol Krawiec

Co-authors: Izabela Dąbrowska, Sebastian Uhlig,

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Background: Primary Splenic Lymphoma (PSL) is extremely rare neoplasm of the spleen comprising approximately 1% of all lymphomas. Clinical symptoms of PSL are non-specific and include low-grade fever, night sweats and symptoms related to splenomegaly e.g. pain in the left upper quadrant of the abdomen. PSL is usually manifested with the presence of large focal lesions in the spleen, which are detected by ultrasound B-mode image (USG) and subsequently precisely assessed by computed tomography (CT) or magnetic resonance imaging (MRI). To date, there has been described solely several cases of PSL diagnosed by contrast-enhanced ultrasonography (CEUS).

Case report: A 52-year-old man was admitted to the hospital because of left upper quadrant abdominal pain, chronic fatigue and general malaise for a month. Medical history, physical examination and laboratory results revealed no abnormalities. Ultrasound examination of the abdomen showed splenomegaly and two focal splenic lesions of uncertain nature. CT and MRI imaging confirmed the presence of tumors in the spleen with appearance highly suggestive of malignancy. Complementary to CT and MRI imaging, CEUS was used to determine the nature of splenic lesions. CEUS revealed typical features of malignant nodules in the spleen. Patient was qualified to splenectomy and further treatment.

Conclusions: CEUS is a complementary method to CT and MRI imaging which allowed to determine the nature of focal splenic lesions and to implement the targeted therapy.

Title: PATIENT WITH NON SMALL CELL LUNG CANCER AND SMALL CELL CANCER METASTASES IN LYMP NODES.

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Background: Lung cancer is the most common cause of cancer death in Poland. It is necessary to determine the histological structure of the tumor in order to choose the optimal method of treatment and establish the prognosis. Clinicians distinguish two types of lung cancers: small cell lung cancers (SCLC) and non-small cell cancers (NSCLC), including squamous cell carcinoma, adenocarcinoma and large cell carcinoma. It is estimated that 85% of lung cancers are NSCLC. Lobectomy or pneumonectomy and regional lymph node dissection are the methods of choice in Stage I, II and sometimes in Stage IIIA of NSCLC. Radiotherapy and chemotherapy are used, as well as targeted therapy. In small cell lung cancer, the treatment regimen is different and includes chemotherapy primarily. Both limited and disseminated SCLC are not treated surgically.

Case report: In this paper we present a case of 68-year-old patient with lung cancer located in the upper lobe of the left lung. Patients was diagnosed with non-small cell lung carcinoma, consisting mostly of squamous cells. The patient was treated with the neoadjuvant chemotherapy. In July 2016 the left upper lobectomy was performed. In October 2016, the CT scan showed the progression of size of the subclavial lymph nodes. Small cell carcinoma metastases were identified in the histopathological examination of the lymph nodes.

Conclusions: The pathogenesis of NSCLC and SCLC is generally considered to be diametrically different , but some argue that NSCLC and SCLC cells may share the common cells of origin. The co-occurrence of NSCLC and SCLC may be the evidence confirming this hypothesis.

Title: RAPIDLY PROGRESSIVE SYSTEMIC SCLEROSIS IN 57 YEARS OLD MALE WITH COLITIS ULCEROSA CASE REPORT.

First author: Justyna Kwolczak

Co-authors: Diana Mazur, Małgorzata Michalska, Robert Ściślak, Agnieszka Wójtowicz

Supervisor: Dorota Suszek MD

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Background: Systemic sclerosis is a connective tissue autoimmune disease of unknown etiology. It is characterized by sclerosis of the skin, but may involve different systems: gastrointestinal, respiratory, musculoskeletal, cardiac or renal. Symptoms of systemic sclerosis may be a mask of various cancers. We report a case of 57 years old men with colitis ulcerosa presenting with features of cutaneous sclerosis, sclerodactyly, esophageal dysmotility and Raynaud's phenomenon.

Case report: A 57 year old male with colitis ulcerosa (diagnosed since 2005) presented with Raynaud's syndrome lasting for 1 year and myalgia, local muscle weakness, difficulty with swallowing and effort dyspnea lasting for 3 months. Additionally he reported skin sclerosis of hands, forearms, thorax, abdomen and face. On admission, physical examination revealed a distinct facial teleangiectasias, Raynaud's phenomenon, sclerodactyly and diffused areas skin sclerosis with dark discolorations on the limbs and chest. In laboratory tests antinuclear antibodies in titer of 1:2560 in speckled staining pattern and increased values of inflammatory markers and muscle enzymes were found. Qualitative test panel for systemic sclerosis associated antibodies was negative. Nailfold capillaroscopy showed capillary pattern characteristic for systemic sclerosis. Gastroscopy showed no abnormalities. High resolution computed tomography of the thorax revealed no pulmonary fibrosis. Due to patients history of colitis ulcerosa additional tests were performed (fecal occult blood test, tumor markers and computed tomography of the abdominal cavity), showing no abnormalities. Based on all clinical findings systemic sclerosis was diagnosed. Because of rapid progression, muscle and extensive skin involvement therapy with cyclophosphamide was started.

Conclusions: Differentiating between the systemic sclerosis and scleroderma-like paraneoplastic syndrome often causes a lot of difficulties. Although our patient fulfill ACR/EULAR diagnostic criteria of systemic sclerosis, given diagnosed colitis ulcerosa (and associated with it increased risk of colorectal cancer), patients old age and the lack of antibodies characteristic for scleroderma in presented case clinical vigilance is advised. Patient require colonoscopy and further active surveillance – presented symptoms may also result from scleroderma-like syndrome.

Title: BREAST CANCER METASTASIS IN THE PITUITARY GLAND AS A CAUSE OF ENDOCRINE COMPLICATIONS. CASE REPORT.

First author: Piotr Nalewaj

Co-authors: Marlena Kot, Weronika Sikora, Karolina Rożenek, Zuzanna Toruń

Supervisor: Ewa Obel MD, PhD

Affiliation: Chair and Department of Endocrinology, Medical University of Lublin

Background: Breast cancer is the most common cancer among women worldwide. Metastasis are usually localized in the lymph nodes, skin, and liver. The presence of metastases in the pituitary gland, especially to infandibulum is rare. In that case, most of the patients have a plurality of clinical and radiological symptoms like diabetes insipidus, visual field defects, headache or ophthalmoplegia .

Case report: A 43 year old women was diagnosed with carcinoma mammae. Patient had mastectomy and chemotherapy in 2000. In MRI metastases in the pituitary stalk were found. Due to polydipsia (she was drinking even 14l of water per day) and polyuria diabetes insipidus and diabetes mellitus type 2 was recognized. She was treated with desmopressinum and metformini. Because of high glucose levels insulin has been included. In 2015, the patient was admitted to the hospital due to thickening of the pituitary stalk and appraisal of the secretory function of the pituitary gland. Both, adrenocorticotropic and thyreotropic axis were in a good function. After treatment, MRI showed regression of lesions in the pituitary gland.

Conclusions: As is clear from the literature, the most common tumors that metastasizes to the pituitary gland are breast and lung cancer. The incidence of metastases to the pituitary gland of extracranial malignant tumors is 4.2% . The lesions is the infundibulum appears typically as irregular thickening and homogeneous enhancement. It happens that the symptoms which are due to presence of metastases appear first, even before the diagnosis of cancer.

Title: DIABETES INSIPIDUS AND PITUITARY MULTIHORMONE DEFICIENCY AS THE FREQUENT COMPLICATIONS AFTER CRANIOPHARYNGIOMA RESECTION.

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Supervisor: Ewa Obel MD, PhD

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Background: Craniopharyngioma is slow-growing, benign tumor arised from remnants of Rathke's pouch along a line from the nasopharynx to the diencephalon. It can be solid, cystic or full of debris, with calcifications or bone formations. Mainly, it provokes compression of the optics chiasm, increase of the intracranial pressure or disrupted function of pituitary gland. First choice treatment is tumor's resection in order to decompress the optic chiasm, optic nerves and hypothalamus.

Case report: Currently 55-year-old patient, in 1999 was diagnosed due to visual disturbance (bitemporal hemianopsia)- the reason occurred to be craniopharyngioma. The decision was right sided craniotomy with gross total resection of the tumor. In postoperative period patient complained to loss of axillary, pubic and facial hair, impotence and excessive fatigue. During diagnostic procedure the level of cortisol in plasma, 24 hour urine collection, level of TSH and FT4 as well as the level of FSH, LH and testosterone showed hormone imbalances. Patient was diagnosed with hypoactivity of adrenocorticotropic, thyrotrophic and gonadotrophic axis. Also neurogenic diabetes insipidus was verified. Since then, patient got a substitution of hydrocortisone, levothyroxine, testosterone and desmopressin with good clinical effect. Additionally, patient suffers from obesity with BMI= 30. Actual MRI shows no craniopharyngioma's recurrence or remnants.

Conclusions: Choice of treatment method in craniopharyngioma depends on localization and character of the tumor. Unless there is no contraindication, the first choice treatment is surgical procedure with gross total or subtotal tumor's resection. Most frequent complications after resection is diabetes insipidus and pituitary multihormone deficiency. Nevertheless proper substitutional therapy provides high quality of life after tumor's resection.

Title: VISION DISORDERS AS A FIRST MANIFESTATION OF CRANIOPHARYNGIOMA SUPRASELLAR AREA. CASE REPORT.

First author: Zuzanna Toruń

Co-authors: Marlena Kot, Weronika Sikora, Piotr Nalewaj, Monika Klimek

Supervisor: Ewa Obel MD, PhD

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Background: Craniopharyngioma is the one of most common hypothalamic neoplasms. There are 2 peaks of illness: first between 5 and 15 years old and second one between 50 and 70 years old. These tumors are benign and slow growing. More than 80% of craniopharyngiomas are located in the suprasellar area. The mass of the tumor pressing on neighbouring anatomical structures causes visual disturbances and hypopituitarism. There may also be signs of increased intracranial pressure, such as vomiting and headaches. MRI is a method of choice for the diagnosis of pituitary lesions, which allows for a precise evaluation of tumor size and location. Treatment of choice in the case of symptomatic craniopharyngiomas is tumor resection. There is a risk of endocrine deficits after surgery under the form of multihormonal pituitary hypopituitarism and diabetes insipidus, which require constant substitution therapy.

Case report: A 56-year-old patient after resection of tumor of chiasma opticum was admitted to the Endocrinology Clinic for planned postoperative hormone evaluation. The first change was shown in the MRI of the head in 2015 performed in case of bitemporal hemianopsia and increased dizziness and headaches. The study presented a big nonhomogenic tumor 32x22x14 mm in the suprasellar region, probably a craniopharyngioma. The patient before the planned surgery had a diagnosis of hypothyroidism in the hypothalamic-pituitary system, which showed hypofunction in the area of adrenocorticotropic, thyreotropic and gonadotropic axis. The substitution therapy was started: hydrocortisone and next L-thyroxine was added. Because of the central diabetes insipidus symptoms, despopressin was prescribed. Due to the size of the tumor and its localization, in March 2016 the patient was undergoing frontal craniotomy with noncomplete removal of tumor, in the postoperation period there was no improvement of visual impairment. In April 2016, the patient was readmitted to the Department of Endocrinology, where the multihormonal hypopituitarism and diabetes insipidus were confirmed. Substitutive treatment was continued, and because of the signs of weakness and loss of libido, testosterone substitution therapy was started.

Conclusions: Craniopharyngioma is a rare proliferative process that can lead to multihormonal hypopituitarism. The treatment of choice is neurosurgical procedure. Hormonal deficiencies and visual disturbances persist and even aggravate after surgical treatment, requiring permanent substitution treatment.

Title: WINDSHIELD WASHER FLUID AS AN EASILY ACCESSIBLE SOURCE OF POISON FOR POTENTIAL SUICIDES.

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Background: Methanol is very dangerous and can kill human organism. The minimum lethal dose is only 30 ml. Usually methanol poisoning occurs in people addicted to alcohol consumption by "illegal alcohol" or intentional consumption of washer fluid in the course of addiction. However, the easy availability of washer fluid makes that precisely this poison is used to commit suicide. Due to the large number of methanol poisonings on 25th of September 2013 in Poland was introduced new regulation with restrictions about marketing of substances and mixtures dangerous or hazardous, which resulted in a threefold decrease in the number of poisonings, but however they still occur.

Case report: 57-year-old patient with interview of alcohol abuse was admitted to Emergency Department in July 2015. In the interview patient told that he was drinking alcohol during 3 weeks constantly and two days before he came to the hospital he has drunk 500 ml of methanol to finish himself. From that moment he was vomiting and he was feeling badly. In the night he has drunk about 100 ml of herbicide Lumax in the same order. All the time he was consuming ethanol. During admission to the Department of Toxicology patient was in serious condition, he was conscious, sleepy with difficult verbal contact and nausea. He was efficient circulatory and respiratory. At the moment of the admission level of methanol in blood was up to 205 mg/dl, ethanol– 0,0mg/dl, cholinesterase- 0,0 mg/dl, lactates- 5,0 mg/dl, pH- 7,39 mg/dl. Few hours after admission to the department the patient's condition deteriorated, there were features of pulmonary edema with hypertension 240/140 mmHg, pneumonia atrial fibrillation with ventricular action of 200/min. Hemodialysis (CVVHDF), which lasted a total of 29.5 hours and pharmacological treatment obtained an improvement of the general condition, lowering the concentration of methanol to the level of 8 mg/dl and normalization of renal function. During hospitalization, the patient was evaluated psychiatrically. The patient in good general condition after 11 days of hospitalization was discharged home.

Conclusions: That case of patient shows that methanol is really dangerous poison, potentially lethal and easily accessible as a poison for potential suicide.

Title: CATECHOLAMINE-SECRETING PARAGANGLIOMAS AS THE ETIOLOGICAL FACTOR FOR SECONDARY HYPERTENSION. CASE STUDY.

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Background: Paragangliomas are rare neuroendocrine neoplasms with histology closely related to pheochromocytomas thus are also known as extra-adrenal pheochromocytomas. They originate from cells derived from the embryonic neural crest and have the capacity to secrete catecholamines which can cause clinical symptoms of the tumour in the form of hypertension, as is the case with presented patient. 0.1% to 1% of all hypertension cases are estimated to involve pheochromocytoma or paragangliomas. The peak incidence in sporadic cases occurs between third and fifth decade of life, with 43,9 years being an average age at diagnosis. The onset is accelerated in hereditary cases (24,9 years). However, despite typical symptoms, they are not always readily recognized, in some cases they are revealed only on autopsy. Parangliomas can localize in different locations and often constitute a challenge for complete surgical resection.

Case report: 72 year old female patient with a 5-year history of hypertension, right adrenal tumour and paraaortic lesion was admitted to the Department of Endocrinology for differential diagnosis in view of the fact that extra-adrenal pheochromocytoma was suspected. Prior to hospitalization CT scan had been performed and revealed focal lesions located under aortic bifurcation and in the right adrenal. Laboratory evaluation yielded elevated urine metoxycatecholamines concentrations. The MIBG scintigraphy was obtained and it demonstrated the elevated accumulation of agent limited exclusively to the paraaortic area. After further evaluation the patient was qualified for surgical treatment and the tumour (located under aortic biffurcation) was excised subtotally . Histologic examination confirmed the type of the lesion as pheochromocytoma. Unfortunatelly, after a few months the patient was readmitted to the Department of Endocrinology with persistent hypertension because of incomplete tumour resection. In laboratory tests the level of normetanephrine was 2 times above normal limit and metoxytyramine concentrations were elevated as well. During both hospital stays the differential diagnosis of secondary hypertension did not reveal any abnormalities concerning adrenocortical axis or RAA system.

Conclusions: The presented case report shows an example of non-radical operation resulting in the recurrence of the tumor. It suggests that patients with diagnosed paragangliomas should be operated on in reference centers which specialize in this type of surgeries.

Title: BRUGADA SYNDROME - A CASE REPORT OF A 44-YEAR-OLD MAN.

First author: Maciej Smoła

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Background: Brugada Syndrome is a rare, genetically determined, autosomal dominant disease without structural heart anomalies. It's related to SCN5A mutation in 15-20% cases. It is eight times more frequent in men and reveals between 20 and 40 years of age. Idiopathic variations in ECG and frequent fainting are factors which exacerbate the prognosis. It is characterized by paroxysmal rhythm disturbances, which can retreat spontaneously or lead to ventricular fibrillation and sudden cardiac death. The aim of treatment is the implantation of implantable cardioverter defibrillator (ICD).

Case report: We are describing a case of a 44-years old man who came to SPSK4 Emergency Room in Lublin due to the burning chest pain and heart flutter lasting for 3 weeks. The patient was transferred to the Department of Cardiology for appropriate treatment. ECG revealed typical Brugada syndrome variations. Coronarography disqualified relevant abnormalities in epicardial arteries. The patient underwent a 24 hour Holter ECG monitoring to evaluate if there were any rhythm disturbances. Echocardiography did not reveal any significant defects. After few days the ICD was engrafted. The patient in a good overall condition was discharged home.

Conclusions: The only effective method of sudden cardiac death prevention in Brugada syndrome is the ICD implantation. To diagnose the disease, it is essential to reveal type 1 ECG variations, which can be spontaneous or caused by type 1 antiarrhytmic drug. We can see it as a ST segment elevation more than 0,2mV in at least one precordial lead (V1 or V2) which converts in a negative T fold. In case of type 2 or 3 ECG variations, we can diagnose the disease when these type convert to type 1 variations after administer type 1 antiarrhytmic drug. Clinical picture of Brugada syndrome may resemble other ion canal rare diseases such as catecholaminergic polymorphic ventricular tachycardia or an early depolarisation syndromes so it is important to keep the patient under observation and correctly interpret examination results.

Title: THE TAKO-TSUBO SYNDROME - A CASE REPORT OF A 62-YEAR-OLD WOMAN WITH TYPICAL CHEST PAIN.

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Background: Cardiomyopathies are a group of diseases with a variety of aetiology which lead to myocardial dysfunction. They can be divided into genetically determined and non-familial cardiomyopathies. We can distinguish dilated, restrictive, hypertrophic, arrhythmogenic right ventricular and unclassified cardiomyopathy among them. The tako-tsubo syndrome belongs to a group of unclassified acquired cardiomyopathies.

It is common in women in their 7th decade of life with stress-induced chest pain. Frequent changes in ECG imaging include persistent ST elevation in V3-V6 leads and less frequent in I and aVL. Coronary angiography is characterized by the absence of atherosclerotic lesions in the epicardial arteries. Dysfunction of left ventricle contraction appears. The only treatment is pharmacotherapy.

Case report: A 62-year-old woman was admitted to SPSK4 Emergency Room in Lublin with typical chest pain that occurred as a result of stress caused by the theft of her purse. The patient was moved to the Cardiology Clinic for extended diagnosis and treatment. In laboratory tests, troponin level was 3.913 ng/ml with a rapid growth rate of 5.434 ng/ml. Heart rate action 80 per minute. ECG without significant ST segment elevation in V3-V6 leads. Coronary angiography excluded significant changes in coronary vessels. Disturbed contractility of the left ventricle apical segments in the echocardiography. Cardiac ventriculography showed reduced left ventricle ejection fraction without mitral regurgitation. The patient was hospitalized at the Department of Cardiology for pharmacological treatment.

Conclusions: Tako-tsubo syndrome occurs the most often in women over age 60 and symptoms simulate heart attack. ECG changes resemble acute coronary syndrome mainly with persistent ST elevation or without ST elevation. There are deep T waves generally visible since the day 3, so they appear a moment later after the infarction itself. After a few days or weeks, left ventricle contraction improves. ECG changes can last up to a year. Patient's prognosis is good.

Title: PNEUMOCEPHALUS.

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Background: Definition of Pneumocephalus (PNC) is described as a presence of air in the intracranial cavity. Trauma is the most common cause, other etiologies such as surgical procedures also occur. There are two main types of pneumocephalus: simple and tension types. Simple one is typically non- symptomatic and requires no treatment. Pneumocephalus (PNC) is an acute state when a valve mechanism allows air to enter the scull cavity but prevent it from escaping outside.

Case report: We present the case of 64 y.o. patient diagnosed with chronic subdural hematomas over both hemispheres. Treated with surgical single burr-holes on both sides. Control CT scan performed 24 hours later revealed PNC occurrence. Despite significant amount of air intracranially , patient develop any neurological deficits.

Conclusions: We reviewed the most relevant clinical features and proper management for pneumocephalus.

Title: STENT FRACTURE AFTER SUPERFICIAL FEMORAL ARTERY STENTING, CASE OF A 68 OLD MAN.

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Background: Peripheral arterial occlusive disease (PAOD) comprises those entities which result in obstruction to blood flow in the arteries, exclusive of the coronary and intracranial vessels. The main cause of this condition is arteriosclerosis in which an artery wall thickens as a result of invasion and accumulation of white blood cells (foam cells) and proliferation of intimal-smooth-muscle cell creating an atheromatous (fibrofatty) plaque. PAOD most commonly affects arteries of legs. Angioplasty and stent implantation are often used in the treatment of PAOD. Although, these methods are considered as a low invasive and low risk, some factors may limit stent patency in the future. Stent fracture (SF) is one of it.

Case report: We report a case of a 68-year-old man, long-term smoker, with a history of a chronic limb ischemia and coronary artery disease, many vascular surgeries on legs, and a CABG. In 2010 patient underwent angioplasty of a superficial femoral artery (SFA) in both legs and endarterectomy of the right common femoral artery (CFA). After the procedure, patient's condition improved, and he was discharged home. In 2016 his condition declined, and he underwent endarterectomy of common, superficial and deep femoral artery. During the next week, patient needed many reoperations, because of a ALI including revision of a CFA, Thrombectomy of SFA, using a Fogharty catheter, distal femoropopliteal (fem - pop) bypass, using an artificial graft and angioplasty of a tibial arteries. After a month, he suffered from a graft infection. Infected graft was removed, and a patient underwent SFA stenting, and tibial arteries angioplasty. The stent deployed in the SFA was nitinol, self-expanding, 7mm in diameter and 20 mm long. Finally he was discharged home in a good state. After a year, he was admitted to a clinic because of a ALI. During a current hospitalization, angiography showed a stent fracture, with a fragment displacement to a left external iliac artery. He underwent Catheter – Directed Thrombolysis, and is currently still hospitalized in a clinic.

Conclusions: The cumulative incidence of femoropopliteal stent fracture varies from 2 to 65% in several studies. Mild stent fractures rarely lead to complications, however, multiple, migrated severe SF are associated with restenosis or re-occlusion at the stented site. The superficial anatomic course of the SFA is subject to external compression or torsion. SF may be caused by mechanical force exerted by the surrounding thigh muscle. Nitinol stents have great biocompatibility, elasticity and shape-memory properties, however their super-elasticity limits the stiffness of the stented vessel creating a hinge point predisposing to stent fracture. Morover stent fracture incidence increases with stent length, with the fracture rate being significantly lower in segments less than 8 cm.

Title: SUBMUCOSAL FIBROIDS OR ENDOMETRIAL POLYPS? DIFFERENTIATION OF INTRAUTERINE LESSIONS WITH USE OF ULTRASOUND ELASTOGRAPHY.

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Co-authors: Filip Szkodziak

Supervisor: Piotr Czuczwar MD, PhD

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Background: Submucosal fibroids and endometrial polyps are intrauterine lesions, which can be truly hard to distinguish. Both of them are common cause of abnormal uterine bleeding (AUB) and in both cases their occurrence increase during reproductive years up to menopause. However submucosal fibroids originate from dense muscle tissue, where endometrial polyps come from soft endometrial tissue. In the presence of this fact, ultrasound elastography seems to be a perfect tool to differentiate between them.

Case report: A 37-years-old woman, pregnant and delivered 2 times, without any health problems, reported heavy menstrual periods and mid-cycle spotting for the last 9 months. During the gynecological examination no pathology was detected. Transvaginal ultrasound (Samsung SW80) showed a hyperechogenic intracavitary uterine lesion (4 mm × 6 mm). Decision about prolong examination was made and patient undergo ultrasound elastography, during which patient was breathing normally, and the operator did not apply any pressure to the cervix. Elasticity of the suspicious area was assessed. The stiffness of the lesion was softer than the myometrium and similar to the endometrium thus initial diagnosis was endometrial polyp. During hysteroscopy the endometrial polyp was found and removed. Finally the diagnosis was confirmed by the pathological examination.

Conclusions: First step of diagnostic in premenopausal patient with abnormal uterine bleeding frequently is transvaginal ultrasound. As showed above the elastography give us possibility to assess the stiffness of intrauterine lesions, which may be helpful in differentiating between submucosal fibroids and endometrial polyps.

Title: FOETAL AND NEONATAL ALLOIMMUNE THROMBOCYTOPENIA AS A RARE EXAMPLE OF THROMBOCYTOPENIA IN A NEWBORN.

First author: Maciej Kamiński

Co-authors: Monika Długoń, Paulina Grzesik, Dominika Fic

Supervisor: Żaneta Kimber-Trojnar MD, PhD

Affiliation: Chair and Department of Obstetrics and Perinatology, Medical University of Lublin

Background: Foetal and neonatal alloimmune thrombocytopenia (FNAIT) is caused by antigenic incompatibility of platelets between a pregnant woman and her child, resulting in a pregnant woman producing antibodies against specific antigens (HPA- Human Platelet Antigens) located on fetal platelets inherited from his father. In 80-85% of cases HPA-1a is the antigen responsible for immunization of the pregnant woman. It is estimated that FNAIT in Poland occurs once in every 2,000 pregnancies.

Case report: 29-year-old patient in the 40th week of the second pregnancy reported to the Department of Obstetrics and Perinatology due to the rupture of membranes. In the interview – one miscarriage in the fifth week of pregnancy. A male infant was born vaginally in good general condition. On the infant's skin were found numerous petechiae and bruising and trace of yellowish skin colour. Due to severe thrombocytopenia and brusies on the skin 1 unit of leucocyte-reduced, irradiated, reconstituted platelet concentrate (LRIRPC) of blood group O RhD(+), suspended in plasma type AB was ordered for transfusion support. Human immunoglobulin (Kiovig preparation) was transfused. Tests for TORCH and the count of antiplatelet antibodies in maternal blood were ordered. Control blood count of the newborn four hours after the transfusion was 5.0x 03/µL, and no expected post-transfusion platelet growth was observed. Another transfusion of LRIRPC and human immunoglobulin was ordered. Again, no therapeutic effect was obtained. The newborn's HPA antigens were identified as: 1a/b; 2a/a; 3a/a; 5a/a; 4a/a; 15b/b, platelet antibodies derived from the mother were found in his serum. After transfusion of 1 unit of HPA-1b/b LRIRPC at 37 hours of the newborn's life the platelet count increased to 67.0x103/µL. The treatment with dexamethasone and human immunoglobulin was continued and led to stabilization of the platelet. The infant was transferred to the Department of Neonatal Pathology and was discharged in good condition in the 33rd day of life.

Conclusions: FNAIT diagnostics is usually carried out only after the birth and as a result of clinical manifestations of thrombocytopenia in the newborn. It would be very useful to conduct diagnostics of FNAIT by all pregnant women and to nominate HPA-1a negative women, whose offspring could be at risk of severe immunological thrombocytopenia.

Title: ENDOSTAPLERS, AN OPTION FOR ENDOLEAKS TREATMENT.

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Background: An endoleak is a common complication of EVAR and is found in 30-40% of patients intraoperatively and in 20-40% during follow-up. It has been referred to as the "Achilles heel" of the endovascular approach to aneurysm treatment. Some endoleaks seem to be unavoidable due to the presence of pre-existing patent branch vessels arising from the aneurysm sac, whilst others occur as a result of poor patient/graft selection. Endoleaks are often asymptomatic, however as flow within the aneurysm sac is at systemic or near- systemic pressure, if untreated, the aneurysm may expand and is at risk of rupture. Endoleak is seen on CT angiography (most common modality for follow up and investigation of potential endoleaks), MR angiography and DSA as contrast opacification of the aneurysm sac outside the graft.

Case report: Patient (male, 81 years old) had a primary uncomplicated EVAR with a Zenith (Cook) endograft in 2006 to treat an aortic aneurysm. At 10-year follow-up, progressive distal migration occurred, including a type IA endoleak. At secondary intervention, the endostapling system was advanced via a left femoral open access. Endostaples were deployed into the Zenith endograft, whereafter a proximal Gore cuff (32x45 mm) was implanted properly. Cuff and primary device were fixated with the use of endostaples. The procedure was uncomplicated. The 2-month postprocedural Doppler ultrasound showed neither endoleaks, nor further complications.

Conclusions: Secondary interventions to treat distal migration and type IA endoleaks can be challenging. The Aptus uses a helical staple technology for independent endograft fixation, mimicking the hand suturing performed during open surgical repair. It can be used to repair endovascular grafts that have migrated or exhibit endoleaks, by strengthening the radial fixation and/or sealing to regain or maintain effective aortic aneurysm exclusion. It can also be used at the time of initial endograft implantation to enhance an endograft's inherent fixation and sealing mechanisms This case showed the feasibility of the use of the Aptus Endostapling system for its use in secondary interventions of distally migrated endografts.