МАКЕДОНСКО ЛЕКАРСКО ДРУШТВО
Професионална организација на докторите по медицина

MACEDONIAN MEDICAL ASSOCIATION
Professional organization of the medical doctors

1ST INTERNATIONAL CASE REPORT CONGRESS

ABSTRACT BOOK

7–9 | APR | 2023

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MACEDONIAN MEDICAL ASSOCIATION

Circulation: 300

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Welcome Note

President of Macedonian Medical Association
Prof. Dr Goran Dimitrov

Dear colleagues and friends,

It is my great pleasure to welcome you all to the abstract book of the 1st International Case Report Congress, organized by the Macedonian Medical Association. This Congress aims to provide a platform for medical professionals from around the world to come together and share their experiences and insights on unique and interesting medical cases.

As the President of the Macedonian Medical Association, I am honored to have the opportunity to host this important event, which brings together healthcare professionals from various fields and disciplines. The presentations and discussions that will take place during this Congress will undoubtedly lead to new discoveries and advancements in medical knowledge.

The case reports presented in this abstract book are a testament to the dedication and hard work of medical professionals who strive to improve patient care and outcomes. These reports highlight the importance of individualized and comprehensive care for patients, and the need for continued research and education in the medical field.

I would like to take this opportunity to express my sincere appreciation to all the participants, speakers, and organizers for their contributions to this Congress. I hope that the knowledge and experiences shared during this event will serve as a valuable resource for all those who are committed to advancing the field of medicine.

Sincerely,

Prof. Dr Goran Dimitrov
President of Macedonian Medical Association

Welcome Note

Dear Attendees,

It is my pleasure to welcome you all to the 1st International Case Report Congress, and I am honored to serve as the president of the organizing committee for this event.

I would like to extend my gratitude to the President of the Macedonian Medical Association, Prof Dr Goran Dimitrov, for providing me with the opportunity to organize this congress, and for his ongoing support of young doctors.

I would also like to express my appreciation for the hard work and dedication of the organizing committee, whose efforts have been instrumental in bringing this event to fruition.

Over the next few days, we will be hearing from experts in the field of case reporting, and I am confident that this congress will provide a valuable opportunity for attendees to learn from each other, exchange ideas, and build new connections.

Once again, I welcome you all to the 1st International Case Report Congress, and I look forward to an enriching and productive event.

Sincerely,

Dr Onur Dika
President of the Organizing Committee.

Reproductive Health

ANTINEUTROPHIL CYTOPLASMATIC ANTIBODY-ASSOCIATED VASCULITIS IN PREGNANCY

GEORGIEVSKA JADRANKA[1], Dimitrovski Sasho[1], Veljanoski Darko[1], Tanushoski Aleksandar[1], Josimovski Nikola[1]
[1] University Clinic for Gynecology and Obstetrics, Skopje, N. Macedonia, University Ss. Cyril and Methodius, Skopje, N. Macedonia

Introduction: Antineutrophil cytoplasmic antibody-associated vasculitis (ANCA- vasculitis) is a rare disease during pregnancy. This vasculitis is characterized by necrotizing inflammation of the blood vessel wall. Immunosuppresion with combinations of corticosteroids, cyclophosphamide and plazma exchange are the mainstay of treatment the patients with ANCA vasculitis. This immunosuppressive therapies vary in teratogenicity and adverse risks and have varying impact on maternal, fetal and pregnancy outcomes. Remission often occurred postpartum (60%).

A case presentation: We present a case with 31 years old patient hospitalized on University clinic for nephrology in Skopje with diagnosis of high risk pregnancy in 15th week of gestation after three spontaneous abortions. She was admitted on clinic with high level of anaemia, with clinical and laboratory signs of chronic kidney failure, with hypothyreosis. Serum ANCA-p was positive. Because of hemoptysis native radiographic investigation of chest was made and show diffuse alveolar hemorrhage. The patient was put on induction therapy with steroids, cyclophosphamid and plasma exchange. Because of high risk pregnancy decision for termination of pregnancy was made. For these purpose the

patient was transferred on Clinic for gynecology and obstetrics in Skopje. Abortion was induced with intraamnial application of 120 ml 30% NaCl. After expulsion of foetus and placenta instrumental revision of cavi uteri was made.

Conclusions: ANCA-p vasculitis is a rare disease that occur in pregnancy. Because of high rates of maternal and fetal pregnancy-related complications a multidisciplinary team is required to counsel patient and to optimize outcomes of pregnancy.

Key words: ANCA - vasculitis, pregnancy.

CORNUAL PREGNANCY FOLLOWING IVF AND ET CYCLE

IRENA ALEKSIOSKA PAPESTIEV , Vesna Antovska , Drage Dabeski, Natasha Ilieva, Sofija Zlateska, Borivoe Pavlovski, Iva Malahova Gjoreska

University Clinic for Gynecology and Obstetrics in Skopje, Republic of North Macedonia

Abstract

A cornual ectopic pregnancy is one of the most life-threatening types of ectopic gestations, it accounts for 2–4% of all the ectopic pregnancies, and it has a mortality rate which is 6-7 times higher than that of the ectopic pregnancies in general. Early diagnosis of cornual ectopic pregnancies is pivotal, as they often remain asymptomatic until rupture occurs and carries a high mortality risk of sudden severe hemorrhagic shock.

We describe a case of a cornual pregnancy following in vitro fertilization with transfer of one embryo in a 39-year-old woman with previous bilateral salpingectomy and 6 unsuccessful IVF and ET procedures. She had a history of 7 weeks of secondary amenorrhea. The ultrasound examination showed gestational sac and embryo with positive heart reaction and uterine leiomyomas. The patient was clinically stable with a mild sensation of pain in the left iliac fossa on deep palpation. Vaginal examination identified mild cervical motion tenderness and slightly asymmetrically enlarged uterus with moderate tenderness on bimanual palpation. A pregnancy test was performed which revealed positive result with β-HCG count of 11290 mIU/ml.. Laparotomy was performed due to a vital indication; evacuation of the

ruptured hemorrhagic cornual pregnancy was done during the operation, detecting an embryo which was relieved in the peritoneal cavity. Evacuation of the concept followed and after the repair of the cornual rupture was done, a myomectomy was performed successfully.

As a conclusion we can point out that the early diagnosis and management of cornual ectopic pregnancies remains essential. The possible diagnosis should always be borne in mind, especially for those patients with multiple risk factors.

Key words: corneal pregnancies, IVF et ET, treatment, leiomyoma uteri

CASE REPORT OF PROFUSE JUVENILE MENOMETRORHAGIA

MARIJA IVANOSKA, Daniela Ivanova-Panova, Aleksandra Atanasova-Boshku, Goran Dimitrov, Ana Daneva-Markova
University Clinic for Gynecology and Obstetrics in Skopje, Republic of North Macedonia

Introduction: In the first 2-3 years after menarche, cycles are irregular. The perception of a deviation from the normal is usually related to a family pattern - the influence of the mother, so her subjectivism can lead to anemia in puberty and adolescence in the long term. In our case, the heaviness of flow was life-threatening.

Case report: B.M. a 17year old, menarche at 12 years with irregular cycles every 2-3 months, lasting for 5-6 days. She was not sexually active. She came at ER at UGAK on her first day of menses with profuse bleeding, with clots. Vital signs TA-120/80 mmHg, pulse 120/minute, pale, blood count Hgb 110g/L; Hct 33%; Plt 535x10^9/L. Hospitalized, therapy introduced, but within two hours a deterioration of the general condition, continued bleeding and collapse happened. She was transferred to the Intensive Care Unit, where she received substitution and hormonal therapy.

In the course of 24 hours, the patient soaked 15 XXL diapers with blood and coagula, and received 5 units of Erithrocytes, 3 FFP, 30 doses of cryoprecipitate, 50ml Human albumin 20%. After two days the bleeding completely stopped and the patient in good general condition with Hgb 104 g/L was discharged home with tapering and anti-anemic therapy. Deprivation bleeding was planned.

Discussion: A multidisciplinary approach and gradual adjustment of the therapy is needed. Most often dysfunctional juvenile bleeding is solved outpatient with per os therapy (antifibrinolytic, combined oral hormonal contraceptive, with or without antianemic therapy, sometimes uterotonic), but sometimes the condition requires hospitalization for substitution therapy (blood products) and even intensive monitoring and treatment, exceptionally rarely as in our case. It is necessary to educate the girls and parents about menstrual hygiene.

EXAGGERATED PLACENTAL SITE

D-r PAVLINA KORUNOSKA**,** Prim.D-r Vaso Korunoski , Prof.D-r Goran Dimitrov
PZU Korunoski MVR – Skopje **,**UGAK – Skopje

Background: Exaggerated placental site (EPS) is a non-neoplastic trophoblastic lesion where middle trophoblasts infiltrate excessively into endometrium and myometrium. It resembles normal placental implantation but occurs at an increased rate following various types of pregnancy. Despite being non-neoplastic, EPS can infiltrate myometrium and needs to be distinguished from neoplastic lesions like placental site trophoblastic tumors (PSTT) due to similar features.
Case Report: A 33-year-old woman with a history of previous pregnancies and abortions presented with irregular bleeding, nausea, vomiting, and dizziness. Ultrasound and CT scan revealed a tumor formation with high vascularity, and beta hCG was initially elevated but later became negative. The patient was suspected of having Placental Site trophoblastic tumor but was later diagnosed with Exaggerated Placental Site following a tumor resection with biopsy. The patient was monitored every 3 months and had a normal ultrasound finding and low beta hCG. She had a thyroid condition that was regulated by an endocrinologist. One insemination was performed, but it was unsuccessful. Another is planned in 3 months if the patient does not conceive spontaneously.
Conclusion: Exaggerated Placental Site (EPS) is a non-neoplastic trophoblastic lesion with exaggerated infiltration of middle trophoblasts into the endometrium and myometrium.

It has similar immunophenotypical features to middle trophoblasts in normal implantation sites. Treatment and follow-up are generally not necessary, but close monitoring is recommended when differentiation from placental site trophoblastic tumors is difficult. EPS is different from placenta accreta and typically asymptomatic. Proliferative index is unremarkable.

Key words: Exaggerated placental site, Placental Site trophoblastic tumor

PREGNANCY AFTER MYOCARDIAL INFARCTION WITH PCI

SLAGJANA SIMEONOVA KRSTEVSKA[1], Hajber Taravari[2], Ivan Vasilev[2], Elena Petkovic[3], Elena Grueva[2], Igor Samardziski[1], Aneta Sima[1], Daniel Milkovski[1], Danica Petkovska Spirova[2]

1. *University clinic for obstetrics and gynecology, Medical faculty Skopje*
2. *University clinic for cardiology, Medical faculty Skopje*
3. *Republic institute for transfusion medicine, Medical faculty, Skopje, N. Macedonia*

Abstract

Pregnancy after myocardial infarction (MI) is rare and challenging both in obstetric and cardiology clinical practice. Recently MI has been observed even in younger women.

This a case of 37 year old pregnant woman (G1, para 0) that presented at our clinic in 7 gestational week for a consult. She had a history of anterior AMI with PCI /stenting to LAD 3 months earlier. She received dual antiplatelet therapy prior and during early pregnancy. After discussing the risk she decided to continue with the pregnancy which was evaluated by both cardiologist and obstetritian. Maternal echocardiography in the first, second and third trimester were uneventfull with normal range parametars. Tests for heritable thrombophilia were performed as well as monthly coagulation profile. She received ASA 100mg until 36.2 gestational week and low molecular weight heparin at a preventive dose of 40mg. By an elective caesarean section at 37 gw, male boy was delivered with weight of 2600g, length of 48cm, apgar score 8/9. Operative and postoperative period were unremarkable

and both mother and newborn were discharged at 5th postpartal day in a good condition.

Although pregnancy after MI may be possible and safe, a multidisciplinary approach involving careful evaluation by the cardiac and obstetric team is mandatory.

Keywords: pregnancy, myocardial infarction

UTERINE PROLAPSE COMPLICATED WITH INTESTINE PROLAPSE (EVISCERATION) THROUGH POSTERIOR VAGINAL FORNIX

SOFIJA TRAJKOVIK MD.; *General Hospital Kumanovo*
Goran Dimitrov, MD. PhD; *University Clinic for Obstetrics & Gynecology*
Kemal Rushiti, MD. PhD*, University Clinic for Digestive Surgery*

The uterine prolapse is a form of a pelvic organ prolapse that contains the uterus and a portion of the upper part of the vagina. They protrude trough the vaginal canal and in some severe cases they protrude through the opening of the vagina. In most cases the uterine prolapse is caused by an injury or damage of the structures that hold the uterus in place in the pelvic cavity.

We present a case of an 88 year old female with dementia who was brought to the Outpatient Ward of the Clinic by a relative. Body temperature was 38.6 C. She was brought in because of severe pain in the lower part of the abdomen. During the pelvic exam it was noted that the uterus was completely protruded through the vagina, with a large portion of the small intestine. Protruded organs were discolored and covered with fibrin. In consultation with an abdominal surgeon on duty, it was decided to perform an emergency operation. The operation was made the same day, a total abdominal hysterectomy and a resection of the small intestine. Post-operative the patient stayed in the clinic for 9 days and she was released home in a good condition.

Organ prolapse is a not a life-threatening condition, but when it is neglected it can lead to severe complications. This kind of

complication should be recognized on time and treated without delay, otherwise it can be fatal for the patient.

RARE UTERINE MALIGNANCY - MYXOID LEIOMYOSARCOMA

BILJAN A[1], Dimitrov G[2], Tofiloska V[2], Dzikova E[2], Nikoloska K[2].
[1]*General hospital – Ohrid*
[2]*University Clinic of Obstetrics and Gynecology - Skopje*

Abstract

Leiomyosarcomas are rare aggressive soft tissue tumors, which account for 1 to 2% of all uterine malignancies. Due to their infrequency, as well as the difficulty to distinguish them from leiomyomas, the diagnosis is often made postoperatively.

We report a case of a 38-year-old patient who was treated at our hospital for an enlarging uterine fibroid, for which she had undergone a myomectomy. The histopathology report showed that it was a case of a myxoid leiomyosarcoma, FIGO Stage IB, involving margins. She was admitted for a reoperation which consisted of a total hysterectomy, bilateral salpingo-oophorectomy, selective lymphadenectomy and staging. The final postoperative clinical stage was FIGO IB.

Leiomyosarcomas are aggressive tumors, generally less responsive to chemotherapy or radiation and most often have a poor prognosis. They have a high risk of recurrence, and patients must be examined routinely after the treatment. Surgery is the most significant treatment modality. The prognosis primarily depends on the FIGO stage, as the most important independent variable associated with survival.

CAESAREAN SCAR PREGNANCY, TREATMENT AND OUTCOME

DRAGE DABESKI, Vesna Antovska, Jadranka Georgievska, Eva Sozovska, Adriana Buklioska, Borivoje Pavlovski, Irena Aleksioska Papestiev, Sofija Zlateska, Iva Malahova Gjoreska, Stefana Stambolieva
University Clinic for Gynecology and Obstetrics in Skopje, Republic of North Macedonia

Caesarean scar pregnancy (CSP) is a type of ectopic pregnancy where the fertilised egg is implanted in the muscle or fibrous tissue of the scar after a previous caesarean section. A 40-year-old female patient, with her sixth pregnancy, with three previous pregnancies ended by caesarean section (the last one 3 years ago) and two previous pregnancies ended as artificial abortion, applied to the University Clinic for Gynecology and Obstetrics in Skopje with pain and light bleeding ex utero , with a vaginal ultrasound finding in addition to an ectopic isthmic-cervical pregnancy at the level of the previous three Dorfler cuts of the uterus, with a viable fetus with a crown-rump length (CRL) corresponding to 7.2 weeks of gestation and Beta Human Chorionic Gonadotropin (HCG)>5000 mIU/ml according to the Enzyme linked fibrinolytic assay (ELFA) method. The patient was initially treated systemically with three doses of Methotrexate of 50 mg each given intramuscularly over one day and Folic acid tablets of 5 mg given per os. Control vaginal ultrasound finding after treatment in addition to pregnancy regression with Beta HCG=194 mIU/ml (decrease). Two weeks after the initial treatment, Methotrexate 25 mg was applied locally transabdominally and transvesically under ultrasound control.

One month after the initial treatment vaginal ultrasound finding in addition to regression of the process with Beta HCG=37 mlU/ml, also in regression. Two months after the initial treatment, the patient gets menstrual bleeding that lasts for 5 days, with an orderly flow. After menstrual bleeding, control vaginal ultrasound finding normal and Beta HCG<1.00 mlU/ml.

LETHAL OUTCOME IN A PARTURIENT WITH CATASTROPHIC ANTIPHOSPOLIPID SYNDROME (CAPS)

F. VENINOV[1], A. Sivevski[1], D. Karadzova[1], V. Pop-Stefanija Chorbeva[1], A. Peltekovski[1]

Abstract

Anti-phospholipid syndrome (APS) is an autoimmune syndrome characterized by recurrent thrombotic events, which is three to five times more common in the female population. The most rare and life-threatening complication is catastrophic anti-phospholipid syndrome (CAPS).

In the presented case, a 38-year-old primigravida with a history of previous spontaneous abortions and a regularly controlled pregnancy had a planned pregnancy and spontaneously delivered a healthy male newborn. However, 20 minutes after delivery, the patient developed progressive dyspnea and respiratory failure, was intubated, and placed on mechanical ventilation. Intravenous heparin was also prescribed due to clinical suspicion of pulmonary embolism. Shortly after, due to atonic major hemorrhage resistant to uterotonic therapy, an emergency abdominal hysterectomy was performed. In the following days, the patient continued to clinically worsen due to uncontrolled bleeding. Laboratory tests revealed affected hemostasis, and released CT scans indicated ischemic brain lesions. A multidisciplinary team of anesthesiologists, transfusiologists, and rheumatologists, based on clinical and laboratory (positive lupus anticoagulant) evidence, confirmed that there was a high probability of diagnosis of CAPS. Further therapy consisted of high doses of LMWH, corticosteroids, immunoglobulins, and plasma

exchange several times. Bleeding was controlled, hemostatic tests indicated a positive progress in the condition, and the patient clinically improved, was removed from mechanical ventilation, and in a good general condition was extubated on the 25th day after delivery. However, on the 29th day, unexpected tracheal bleeding appeared around the site of the previous tracheostomy, which progressed to a lethal outcome despite the active engagement of the anesthesiology and other consulting teams.

In summary, APS is a systemic autoimmune disease with thrombotic and non-thrombotic manifestations. CAPS is characterized by microthrombosis and hematologic manifestations of various microangiopathies. The definitive diagnosis is a challenge because it can present with various clinical manifestations and the proposed diagnostic criteria should not be strictly followed to avoid missed diagnoses.

A RARE VARIANT OF THE MRKH SYNDROME

KALCOVSKI D[1], Tofoski G[1], Naumovska R[1], Biljan A[2], Krstevska I[1]

[1]*University Clinic of Obstetrics and Gynecology - Skopje*
[2]*General hospital – Ohrid*

Abstract

Mullerian aplasia, Mullerian agenesis or Mayer-Rokitansky-Kustner-Hauser syndrome (MRKH) is a rare congenital aplasia of the uterus, cervix, and upper part of the vagina. There are different forms of this condition, but most patients have a shallow vaginal pouch of only about 2cm, and the upper part of the vagina, the cervix and the uterus are absent. There are two phenotypic presentations regarding the uterine agenesis. The first one is characterized with complete absence of one or both Mullerian ducts, and in the second presentation there is a uterine remnant or a fibrous band in the midline which ends with two uterine buds on the pelvic sidewall. The rudimentary Mullerian buds can have endometrial activity. Due to the different embryonic origin of the ovaries, they are morphologically normal in these patients.

We report a case of a 21-year-old patient who presented with primary amenorrhea, difficulty in sexual intercourse, and primary infertility. Imaging studies were performed and then a diagnostic laparoscopy which revealed two rudimentary uterine buds located on the pelvic sidewall, absence of cervix, and presence of normal ovaries and Fallopian tubes. The uterine buds were rudimentary and non-functional.

Conception is impossible for patients with this condition, but they can achieve a pregnancy by oocyte retrieval, fertilization, and gestational surrogacy. Nowadays, uterine transplantation is a possibility as well.

IMMATURE OVARIAN TERATOMA

Emilija Petanovska Kostova[1,2], Daniela Stojanovska[2], Irina Prodanova[3], Zorancho Petanovski[1,2]

In Vitro Fertilization Centre First Private General Hospital – ReMedika,Skopje, N. Macedonia [1], Medical Faculty, University Goce Delchev, Shtip[2], N. Macedonia, PHI Histolab, Diagnostic Laboratory for Cytology and Histopathology, Skopje, N. Macedonia[3].

Introduction

We present our experience of diagnosing immature ovarian teratoma with 2D and 3D vaginal ultrasound.This type of tumors are uncommon and representing less than 1% of ovarian teratomas. The ultrasound appearance is of an atypical complex adnexal mass. Early diagnosis and timely management are important for good prognosis.

Case description

A 29-year-old female patient with no symptoms was examined for routine gynecology examination before the start of an in vitro fertilization program. She had previous surgeries, the first surgery was before 14 years where the right adnexa was removed because of a “Dermoid” cyst that had been torqued, and the second surgery was 4 years ago laparoscopic cystectomy on the left ovary with histopathology findings of ovarian benign cystic teratoma. On vaginal ultrasound based on IOTA criteria, the mass has been described as a unilocular-solid cyst, with one solid projection, hyperechoic in texture with small round hypoechoic/anechoic areas. The solid part, covering 0.5 × 0.3 × 0.6 cm arising from one side of the cystic wall, showed irregular form and blood supply with Ri = 0.25.

Based on the above reported ultrasonography data and regarding IOTA simple rules, the ovarian lesion was characterized as a “probably malignant tumor”. Laboratory results showed that: ROMA index is with low risk as well as serum levels of a AFP, CEA, and beta-hCG with dilution have fluctuated in normal ranges. MRI of the upper and lower abdomen, as well as chest X-ray and ultrasonography breast examination, all showing normal results. Having analyzed the available medical information and taken into consideration the patient’s previous oophorectomy, we recommended IVF, followed by operative treatment, which would have included the removal of the remaining ovary. The patient entered the IVF-ICSI program and a total of nine embryos in the blastocyst stage were cryopreserved for further use. Not long after the IVF procedure, a operative treatment including left adnexectomy and omentum resection were performed, and aspirate was taken for cytological analysis. The patohistology demonstrated immature ovarian teratoma. The neoplasm was well differentiating (low-grade), according: UICC and AJCC is in the IA stage and postoperative TNM classification is pTNM = pT1A pMX G1 NG1.

Conlusion : Immature teratoma is a very rare germ cell tumor with fast growth potential. It is important to make an early diagnosis, proper surgical staging and treatment because of their more malignant behavior. Preservation of fertility is important in younger patients if the tumor is in stage and grade I. Patient should be closely monitored in case of relapse of the tumor.

ACTINOMYCOSIS OF THE UTERUS

DRAGE DABESKI, Vesna Antovska, Rubens Jovanovic, Borivoje Pavlovski, Irena Aleksioska Papestiev, Sofija Zlateska, Iva Malahova Gjoreska, Stefana Stambolieva
University Clinic for Gynecology and Obstetrics in Skopje, Republic of North Macedonia

Abstract
Actinomycosis is a chronic bacterial infection caused by Actinomyces, Gram-positive anaerobic bacteria. Its symptomatology imitates some malignant pelvic tumours, tuberculosis, or nocardiosis, causing abscesses and fistulas. Actinomycoses are opportunistic infections and require normal mucous barriers to be altered. 65-year-old female patient, in her senior year, with 6 previous spontaneous deliveries, with irregular gynecological controls, applied to the clinic for gynecology and obstetrics in Skopje due to pain in the lower abdomen, subfebrile, anemic, with admission diagnosis: Tumor adnexae lateris sinisti, Myoma uteri , Ascites, Anemia, Colica abdominalis. After admission, all necessary clinical and laboratory tests were performed: discharge present under speculum; on bimanual examination, painful sensitivity is present in the left adnexal area and in the region of Douglas; vaginal ultrasound finding in addition to the existence of a tumor formation on the left adnexa and on the uterus with the presence of a small amount of free fluid in the Douglas space; Ca 125=66 U/ml, Le=25x10^9/L, CRP=120 mg/L, HGB=92 g/L. Following the decision of the oncology council, the patient was treated surgically with total abdominal hysterectomy with bilateral adnexectomy, and the material was sent for

histopathological analysis to the Institute of Pathology in Skopje. Histopathological finding with number: 1113454, was: Actinomycosis uteri, Salpingoophoritis chronica exacerbate lateris sinistri, Abscessus ovarii sinistri.

HETEROTOPIC PREGNANCY DETECTED DURING CHILDBIRTH

ELENA NIKOLOVSKA, Aleksandra Atanasova Bosku, Igor Aluloski, Ivo Kaev, Iskra Dukova, Angela Chipurovska
University Clinic for Gynecology and Obstetrics in Skopje, Republic of North Macedonia

Abstract
Heterotopic pregnancy is a rare clinical condition where intrauterine and ectopic pregnancies are found at the same time. Diagnosis of this condition in most cases is detected during the first trimester. The incidence of heterotrophic pregnancy is 1 case of 30.000 pregnancies, but this number is getting higher with the increasing number of pregnancies gained with assisted reproduction technologies.
This is a report on the case of heterotrophic pregnancy, in a 30-year-old patient. The patient was diagnosed with primary sterility lasting for 3 years, with obtained all examinations for diagnosis and cause of sterility, without previous surgical interventions, with therapy for malfunction of the thyroid gland (Euthyrox). After getting results from the examination of the cause of sterility, the induction of ovulation is performed and the pregnancy is acquired. The pregnancy was regularly controlled, regular screening tests were performed and appropriate development of the fetus was concluded. After the beginning of the labor and regular uterine activity was found with cardiotocography, the diagnosis of labor dystocia was found with non-progressive dilatation of the uterine cervix, there for the Caesarean section was performed. After the extraction of the very well-conditioned newborn, and the placental structures were extracted, the suture of the uterus

was made. During the inspection of the adnexal parts, there was a fibroid structure that was coming out of the left uterine tube, with a smooth layer and with origin from the middle third part of the tube and fused with that part. The decision for salpingectomy was made and the intervention was performed. The histopathological finding was unexpected, it was tubular gravidity. Conclusion: When pregnancy is diagnosed, the evaluation of adnexal sites of the genital tract should be evaluated, because of early detection of eventually combined pregnancy and in-time treatment of this condition, and creating optimal conditions for the development of a normal intrauterine pregnancy.

ATYPICAL SEPTUM OF VAGINA-BIRTH MANAGEMENT

Drage Dabeski, Vesna Antovska, Irena Aleksioska Papestiev, Iva Malahova Goreska, Josif Goreski, Stefana Stambolieva
University Clinic for Gynecology and Obstetrics in Skopje, Republic of North Macedonia

Introduction. Vaginal septum is a tissue barrier that divides the organ into two areas. The incident of occurrence is 1 in 80,000 infants. It is usually without changes in the uterus and has no problems in menstrual cycles, i.e. there is no symptomatology. Embryonic development. Female reproductive organs begin to develop intrauterine around week six. Miller's channels merge centrally, with tissue forming the uterus and fallopian tubes. Other tissues form the vaginal walls of a vaginal canal. If there is insufficient resorption of the lower part of Miller's channels, the vaginal septum is formed.

Case review. We are presenting a 23-day primagravida in the 15th gestational week, that occurred in our emergency, due to present abdominal pain and the appearance of vaginal discharge. She has reported for constant pain during sexual relations with her partner. It gives data on regular but scarce menstruations. An ultrasound examination notes a single fetus in uterus with a positive SA, the foetal biometry corresponds to its gestational week, OPV with sufficient amount of circumstantial water, the placenta is without features. Under speculum, the vagina has a 2mm introitus, which is placed centrally. Behind that small opening, when trying to pass a swab stick, a normal vaginal depth and width is noticed. Urethra opening was normal. The pregnancy was normal, and the newborn pas born with an elective SC in 39

gestational weeky During the intervention, no anomalies of the uterus were visualized. The mother was offered an operational intervention–resection of the septum, 6 months after the birth.

Conclusion. Longitudinal septum of the vagina is a rare condition that is most often asymptomatic. Its detection is intrapartly and is the most common indication of caesarean section. Resection of septum is needed, first to improve sex life, hen for the possibility of spontaneous birth, as well as regulation of the menstrual cycle.

Keywords: vaginal septum, fallopian tubes, caesarean section, resection, childbirth, uterus

A RARE CASE OF CONJOINED TWINS: MONOCEPHALIC THORACOPAGUS

ELIZA ZHOGOVSKA[1], prof. d-r Goran Dimitrov[2]

1. *Medical Faculty Skopje, University, Skopje, North Macedonia*
2. *University Clinic of Gynecology & Obstetrics, Medical Faculty Skopje Skopje, North Macedonia*

Introduction: Conjoined twins represent an extremely rare impediment of monozygotic twinning and are infrequently encountered by obstetricians with an incidence of 1 in 100,000 to 1 in 250,000 live births. Due to miscarriage or termination of pregnancy, many of these pregnancies do not achieve a viable gestational age.

Case description: This is a case of a 32-year-old woman, nullipara, primigravid who was admitted with contractions at 35 weeks of gestation, with no relevant history and her ultrasonography evaluation revealed two heartbeats prior to admission. During her physical examination it was discovered that the patient had an abnormally wide biparietal diameter of 116,2 mm consisting only one head. The patient was sent to the operating room where a Cesarean section was performed when the conjoined twins were born with an APGAR score 1/1. On examination, it was noted that the twins were joined from the head down to the thorax with one head, a single thorax. They were divided from the umbilical cord with four lower limbs. On cardiac examination the apex was localized on the single left site. After birth there was no improvement after all intensive care management and the conjoined twin died 20 min after delivery.

Discussion: Prognosis is very poor among conjoined twins. In a study of 14 cases of prenatally diagnosed conjoined twins, 28% of cases died in utero, 54% died immediately after birth. The prognosis is extremely poor due to a single brain and heart. Prenatal care and evaluation including regular checkups and ultrasounds, can help identify conjoined twins early in pregnancy. This stage is particularly important for conjoined twins, as the location and extent of where the twins are joined plays a crucial role in deciding the type of delivery or termination of pregnancy.

Keywords: conjoined twins, monocephalic thoracopagus, monocardiac

CAESAREAN SECTION IN PARTURIENT WITH NEUROFIBROMATOSIS

Elena Slavenska, Ljupka Levi, Rusanka Popovska
University Clinic for Gynecology and Obstetrics „Mother Theresa" – Skopje

Abstract Neurofibroms are benign tumors of the peripheral nerves through the body. For the anesthesiologists, neurofibroms in the neck and paravertebral region are important. These patients might have abnormal response to muscle relaxants. Aim of the study Case report of two patients with neurofibromatosis who had caesarean section delivery. Material and Method First patient was admitted to our Clinic for elective caesarean section. She has kyphoscoliosis and lordosis of the spine and elephantiasis of both legs. Laboratory analysis and coagulation factors were at normal level. Physical status of the heart and lungs was normal. Before the surgery, microlaryngoscopy was performed at the ENT Clinic to see if the airway was free, so thereafter we performed general endotracheal anesthesia for caesarean section. The second patient was admitted for emergency caesarean section due to fetal distress. She had neurofibroms throughout the whole body and elephantiasis of the right leg. From biochemical analysis, complete blood count was normal. Physical status of the heart and lungs was normal. We performed general endotracheal anesthesia with all the precautions for difficult intubation. Results and Conclusions Both patients had no problem during anesthesia and no abnormal response to muscle relaxants.

Key words: Anesthesia, Caesarean Section, Neurofibromatosis

Imaging Medicine

OSLER-WEBER-RENDU SYNDROME

Dr. ALEKSANDRA TOCHKO, Dr Sonja Nikolova

Introduction

Hereditary hemorrhagic telangiectasia (HHT), also known as Osler-Weber-Rendu syndrome, is a rare genetic disorder that affects blood vessels throughout the body. It was first described by Henri Jules Louis Rendu in 1896 and subsequently by William Osler and Frederick Parkes Weber. The disease is characterized by abnormal blood vessel formations, ranging from small mucosal and skin telangiectasias to larger visceral arteriovenous malformations (AVMs). While the symptoms and severity of the disease can vary widely, most patients present with recurrent nosebleeds, anemia, and sometimes chronic gastrointestinal bleeding.

Diagnosis of HHT is based on the Curacao criteria, which include recurrent spontaneous nosebleeds, mucocutaneous telangiectasia, visceral involvement, and a family history of the disease. If three or more criteria are met, the diagnosis is considered definitive. Genetic testing can also confirm the diagnosis.

Treatment of HHT is primarily aimed at controlling bleeding and correcting anemia. Symptomatic therapy can help prevent bleeding, but it does not address the underlying cause of the disease. However, systemic therapies can have adverse effects, such as thromboembolism, hypertension, and peripheral neuropathy, so a cost-benefit analysis should be conducted before initiating treatment.

The present study describes a typical case of HHT that met the Curacao criteria for a definitive diagnosis and was confirmed by genetic testing. Multimodal therapy was used to control the patient's bleeding and manage their anemia.
Case report
A 58-year-old woman visited the emergency department complaining about difficulty to breath and fatigue, lasting for the past 3 months. She underwent laboratory, clinical and US examination. It was noted that the patient had anemia, whereas the ultrasound revealed dilatation of the hepatic artery, hepatic veins and inferior hepatic vein, followed by hilar vessel dilatation. Abdominal organs were intact. CT scan was indicated. Radiological evaluation reported: elongated and tortuous arteries, dilatation and early opacification of the veins, intraparenchymal telangiectases and intraparenchymal AV malformation – with the final conclusion: highly suspicious for hereditary hemorrahagic teleangiectasia (Rendu-Osler-Weber disease). After appropriate genetic testing, the given diagnose was verified by the Academy of Sciences and Arts of Macedonia. The patient is being regularly monitored at the hematology ward by treating anemia and receiving anticoagulant medication.

COVID -19 INDUCED AORTIC THROMBUS AND CRITICAL LIMB ISHAEMIA

NANCHEVA BOGOEVSKA A, Dejnova Panev S, Risteski F, Gjoreski A, Jovanovska I, Dungevski G, Veljanovski D, Prgova Veljanova B.
Radiology department, City General Hospital 8 th September, Skopje N.Macedonia

50 years old male presented with livid redness on both feet, predominantly left, accompanied with severe pain and coldness. Two weeks before, he admitted to hospital due to COVID-19 bronchopneumonia.Urgent abdominal and lower extremities contrast enhanced CT was performed, which showed mural thrombus of the abdominal aorta (AA) extending from below the left renal artery to the iliac bifurcation and total occlusion of the left and partial occlusion of the right crural arteries.
Interventional procedures are the first choice for initial emergency management, leaving surgery as a second and anticoagulant therapy as third option for treatment. Endovascular treatment is based on stent grafting.Covered stent graft was used to repair the AA and kissing stenting technique was used in the aortoilical part.The result was complete patency of AA and both iliacal arteries, with improved clinical status.Mural thrombi are likely to occur in large vessels as the heart and descending aorta, and less commonly in the aortic arch or the AA, causing flow reduction.Their occurrence is a rare in the absence of hypercoagulative state or inflammatory, infectious, or familial aortic ailments. In our case, Covid -19 is associated

occurrence of thrombus in the AA, which throws out smaller thrombi in the peripheral circulation that causes crittical limb ischemia (CLI).CT is the best modality for early diagnosis and endovascular treatment the least invasive treatment.
Mural aortic thrombus accompanied by CLI is an urgent medical condition which, if not diagnosed and treated on time, can result in limb amputation or death.Endovascular stenting is first choice of treatment in patients without previous vascular disease.

GOSSYPIBOMA

PRGOVA B, Veljanovski D, Dejanova Panev S, Kostova M
City General Hospital "8-mi Septemvri", Department of Radiology and interventional radiology Skopje, Republic of NorthMacedonia

Introduction. The term Gossypiboma is used to describe a retained surgical sponge after surgical procedure. It is an infrequent but serious surgical complication which is seldom reported because of the medicolegal implications. Its diagnosis is usually difficult because the clinical symptoms are nonspecific and the imaging findings are often inconclusive.
Case presentation. We report a case of 68-year-old female who presented with acute pain abdomen and severe distention of abdomen. She had history of hernioplasty 1 year ago prior at another hospital. From clinical features the patient had discomfort in epigastrium, upper gastrointestinal symptoms and fever. On computed tomography (CT) and magnetic resonance (MRI) was seen abscess collection in upper abdomen, with visible inhomegenous spongeous mass, that did not exclude presence of foreign body.
On exploratory laparotomy there was a lump inabdominal cavity, which confirmed the diagnosis of Gossypiboma.
Discussion. Gossypiboma is an important topic, seldom reported because of the medicolegal issues and a significant embarrassment; it is considered by some authors as a severe postoperative iatrogenic complication. The reported estimate of retained surgical items is 1.32 per 10, 000 procedures and 0.3 to 1% of abdominal operationsIts clinical

presentation is extremely variable. The standard treatment is laparotomy, surgical removal, and in some selected cases, laparoscopic and endoscopic removal can be performed. Conclusion. Gossypibomas are uncommon, mostly asymptomatic, and hard to diagnose. Gossypiboma is an unwanted and preventable complication that should be considered as a differential diagnosis for all mass lesions detected in the postoperative period. It is considered a serious medicolegal problem and, hence, should be prevented at all costs.

ABDOMINAL LIPOSARCOMA

DR. ALEKSANDRA TOCHKO, Dr. Goran Spirov

Soft tissue sarcomas are a rare type of cancer, comprising less than 1% of all neoplasms. Liposarcoma is a malignant tumor that develops in fatty tissue, typically affecting patients between thirty and sixty years of age, with a slight predominance in males. The tumor can grow rapidly or slowly over a long period, often without symptoms. It is encapsulated and can be removed, but it frequently recurs, sometimes in a more aggressive form that can cause death by pulmonary metastasis. Retroperitoneal liposarcomas are the most common intra-abdominal soft tissue sarcomas, often presenting as a painless lump. The most common histological subtype is well-differentiated liposarcoma. Surgical resection is the preferred treatment if complete removal is feasible, but systemic therapy or radiotherapy may be used if the mass is unresectable or metastases are present. Local recurrence following complete resection is common, with up to 50% of well-differentiated and 80% of dedifferentiated tumors recurring within 5 years..
Case report: A 56-year-old man, went to a doctor and reported abdominal distention and palpable mass, without pain. He had ultrasound checkup and large heteroechogenic lesion and anechoic areas within was detected, occupying the entire abdominal cavity and causing displacement of the bowel loops. Polycystic liver and kidney were noted but known long before. There was no abdominal fluid collection. The patient was referred to CT scan examination. Computed tomography confirmed huge mass that occupied almost the

entire abdominal cavity (30x15cm). The mass was heterogeneous, consisted mainly of fat but there were also solid and cystic components. The radiologist concluded that most likely diagnosis is malignant tumor of mesenchymal origin, liposarcoma.
Ultrasound-guided biopsy was performed and dedifferentiated abdominal liposarcoma was reported by the pathologist.
Surgery treatment was performed, and total extirpation was made. Histopathological examination concluded a well-differentiated liposarcoma. Postoperative chemotherapy was done. Six weeks after the chemotherapy patient underwent PET/CT scan for follow up. A metabolic active small retroperitoneal lesion, less than 2 cm was detected next to the right common iliac artery. The conclusion was tumor recurrence without distant metastasis. Four weeks later a CT exam of the abdomen was performed, and the lesion was confirmed, and it had grown to 4cm. Patient was referred to abdominal surgery.

MINIMALLY INVASIVE APPROACH IN PATIENT WITH EXTRAFORAMINAL DISC HERNIATION

VELJANOVSKI D, Kostova M, Jovanoska I, Nanceva A, Dungevski G
City General Hospital "8-mi Septemvri", Department of Radiology and interventional radiology Skopje, Republic of North Macedonia

Objective: The aim of our study was to evaluate the history, treatment and clinical outcome of a patient with low back pain and radiculopathy caused by extraforaminar disck herniation, after a minimally invasive procedure (PRT) periradicular therapy and physical therapy in order for educational purposes.
Clinical features: A 48-year-old patient without comorbidities was presented with 3-week history of lumbar pain with irradiation to the left lower extremity. The patient had difficulty sitting and standing with antalgic movement .The pain was intensified by lateral movements dominant left and positioning backwards with propagation to the left side and hip. Dominant symptom was radicular pain with paresis and hypesthesia of the affected dermatoma of lower limb. The diagnosis was confirmed by magnetic resonance imaging.
Intervention and outcome: Advantages of PRT are: minimal invasive procedure, CT guided intervention for exact and precise delivery of the medications, low risk in damage of important local anatomical structures, short recovery time, easy approach and low cost for patient and for the medical institution, respectively. In our study, CT Siemens 16 slice was used for the intervention. The patient was treated with

lumbar epidural corticosteroid application and physical therapy. Functional status was measured using a Modified Oswestry Questionnaire and numerical pain assessment scale VAS scale. Initially, before intervention, functional status was assessed at 68%, with pain 8/10. After treatment, functional status was 4% and pain was assessed as 1/10.
Conclusion: Multidisciplinary approach is needed in patients with extraforaminal disc herniation for better results. In our case study, PRT demonstrated a significant role in treating our patient. As a result of the treatment significant reduction of pain and improvement of functional status was observed. The patient returned to normal life habits and activities in a very short time, which was primary goal.
Keywords: extraforaminal, PRT, radiculopathy, lumbosacral

ASSOCIATION OF RENAL AGENESIS AND IPSILATERAL SEMINAL VESICLE CYST – A RARE CASE OF ZINNER SYNDROME

CHALCHESKA S, Jovanoska I, Dejanova-Panev S, Veljanovski D, Nancheva-Bogoevska A
Department of Diagnostic and Interventional Radiology, City General Hospital '8th September' Skopje

Introduction
We report a case of Zinner syndrome, a congenital malformation characterized by association of renal agenesis, ipsilateral seminal vesicle cyst and ipsilateral ejaculatory duct obstruction.
Case presentation
A 44 years old patient, previously diagnosed with benign prostatic hyperplasia and chronic prostatitis was admitted at our department for puncture of pelvic cyst. Transrectal ultrasound (US) guided puncture and aspiration of the cyst was performed. Few days later, patient presented with septic symptoms and computed tomography (CT) scan was done, which showed large cyst with air inclusions, measuring 13x14cm in diameter in right seminal vesicles and right renal agenesis compatible with Zinner syndrome. An urgent surgical drainage of the cyst was done, followed by improvement of patient's clinical condition.
Discussion
Zinner syndrome is one of the rarest congenital anomalies of urogenital tract and is usually discovered and diagnosed after 3rd-4th decade of life. Patients are often asymptomatic but they can present with dysuria, recurrent prostatitis or

epdidymitis. Radiological modalities have a significant role into detecting and evaluating Zinner syndrome including US, CT and MRI.

When symptomatic, most commonly due to its size, surgical excision or transrectal aspirations of the cyst are options of treatment.

Conslusion

Combination of clinical history and radiological imaging are essential for making the diagnosis and proper management of this rare entity.

PULMONARY LYMPHANGIOLEIOMYOMATOSIS

Dr. ALEKSANDRA TOCHKO, Dr Sonja Nikolova

Introduction: Lymphangioleiomyomatosis (LAM) is a multisystem disorder affecting kidneys and lymphatics, with primary pathology involving the lungs.
Pulmonary lymphangioleiomyomatosis is a rare lung disease characterized by diffuse cystic changes caused by a destructive proliferation of smooth muscle-like cells or LAM cells. It is a part of the perivascular epithelioid cell family of tumors. LAM may be associated with the genetic disorder tuberous sclerosis complex or may occur sporadically. Individuals affected by LAM are typically females of reproductive age who present with dyspnea, chest pain, coughing, hemoptysis or recurrent spontaneous pneumothorax. Definitive diagnosis of LAM is usually based on pathologic results and immunohistochemically staining lung biopsy specimens obtained through the chest wall or during endoscopic surgery for pneumothorax. Patients may receive immunosuppressant therapy to suppress respiratory decline and/or undergo pleurodesis to prevent complications such as pneumothorax. Traditionally, LAM was managed via lung transplantation exclusively, however, with genetic testing and an increase in the patient study population, alternative management techniques are being researched.
Case report: A 30-year old patient was referred for CT scan examination after suspicion of pneumothorax. The radiology report confirmed the suspected discrete pneumothorax on the right side, and focal liquidopneumotorax on the left. In

addition, diffuse multiple thin-walled cysts were noted bilaterally and predominantly with proximal and middle zonal distribution, and no other parenchymal abnormality visible. The rest of the evaluated thoracic entities were without abnormalities. Interestingly, as a side finding, on the included portions of the upper abdomen, multiple renal masses containing fat were visible in the right kidney, most likely angiomiolipomas (the left kidney was surgically removed 9 years ago). The findings were suspicious for lymphangioleiomyomatosis. Previous clinical history of the patient was checked and there was correlation between to strengthen the conclusion. The patient had known medical history of frequent seizures and was diagnosed with epilepsy. There was also information of diagnosed tuberous sclerosis from before. Genetic testing was ordered.

OSMOTIC DEMYELINATION SYNDROME

VELJANOVSKI D, Dejanova P S, Prgova B ,Risteski F Calcevska S
City General Hospital "8-mi Septemvri", Department of *Radiology and interventional radiology Skopje, Republic of North Macedonia*

Abstract. Osmotic demyelination syndrome (ODS) may be observed as a result of a rapid change in serum osmolarity, such as that induced by an overly rapid correction of serum sodium levels in hyponatraemic patients.
Case presentation. We report a case of a 40-year-old male, first hospitalization through Emergency center (glucose 6.4 mmol/l. ECG: sinus rhythm, normal axis with SF 70/min.). Patient has electrolyte imbalance ,elevated liver enzymes, high enzyme activity predominantly of CK (6664) in relation to transaminase activity (AST 288, ALT 127), elevated CK, hyponatremia, hypokalemia and extremely low sodium = 95.Main complaints were muscle pain, muscle weakness, slurred speech, weakness, walk inability.
Diagnostic findings. The diagnosis was confirmed by MRI 1,5T Simens Magnetom Essenca (brain) that showed large tipical inhomogeneous hypersignal lesion in the central pontine region on T2 weighted and FLER images with restriction of DWI. There is signal intensity of the basal ganglia nucleus lentiformis and and caudate cerebral nuclei on axial T2 weighted images and FLAIR images which were suggestive of CPM.
Conclusion:The rapid correction of chronic hyponatremia could lead to an alarming complication of CPM which is life-

threatening as well as irreversible in nature, especially in patients with multiple risk factors such as alcohol abuse. This case is noteworthy as it shows that in alcoholics, hyponatremic correction should be done very slowly; it also shows that ODS can have favorable outcome with timely diagnosis and management.
Keywords: Central pontine myelinolysis, hyponatremia, remyelination, alcoholism

INTRAMURAL HEMATOMA WITH SECONDARY PROGRESSING DISSECTION PRESENTING AS PAINLESS PARAPLEGIA

JUKIKJ MIRALEM1, Bogdanoski Kristian2, Petkovikj Milan3, Mehmedi Lavdrim4, Aliji Vjolca5

Abstract

A 69-year-old patient with a sudden onset of painless paraplegia without the presence of dyspnea, chest or back pain. The only presenting symptom was a painless paraplegia. With the usage of diagnostic modalities such as Computed tomography with contrast followed up with ECG gated Computed tomography an aortic dissection type 1 according to DeBakley and Stanford A (under type 1) according to the Stanford classification was proven. A highly suspicion occlusion of the artery of Adamkiewicz with a consecutive infarction of medulla spinalis was made. Unfortunately, this thesis was not possible to be confirmed nor to rule out with these modalities because the usage of Magnetic Resonance in this case was contraindicated due to the presence of ferromagnetic material in the left shoulder from an earlier surgical intervention. Accordingly, to the protocols of Stanford A type of dissection management a surgical intervention was the most reasonable therapeutical option but based on the patient conditions and the time frame in which the patient was administered in the Cardio surgery department after 4 days of the onset of the symptoms the Concilium made a decision of a conservative management and physical rehabilitation. The patient is still

undergoing conservative therapy with a minimal improvement of the leg movement.

RADIOLOGY MODALITIES APPROACH IN ANGIOLEIOMYOMA UTERI. A CASE REPORT

DEJANOVA PANEV S, Chalcheska S, Prgova B, Nanceva Bogoevska A, Veljanovski D, Jovanoska I.

Introduction. Angioleiomyoma uteri, also known as vascular leiomyoma, is a rare benign tumor that arises from uterine blood vessels and smooth muscle cells. Aim of the study was to present the radiological modalities to diagnose the rare disease, the uterine angioleiomyoma.
Material and Methods. A case of 25 year old female was admitted to hospital with diffuse abdominal pain and abnormal uterine bleeding. The patient was examined by an ultrasound (US) Siemens, computed tomography (CT) GE 64 slice and magnetic resonance (MR) Siemens Somatom Essenca 1.5 with T1-weighted, T2-weighted, T1 C+ (Gd).
Results. A well-defined mass was noticed by US and an additional internal vascularity by doppler. On contrast enchanced CT scan in the arterial and venous phase, the giant mass showed multiple vascular branches. At CT scan the giant mass was found inseparable from uterine corpus and uterine fundus. Due to inconclusiveness of the results, MR was additionally performed, showing well-defined mass, which was incapsulated and accompanied with internal vascular flow voids.
Conclusion. Radiology modalities approach is necessary in detection of uterine angioleiomyoma. As it may recur or it may transform into a malignant tumor, although in rare cases, a regular follow-up is obligatory.
Key words: angioleiomyoma; radiology modalities; uterus.

RADIOLOGY MODALITIES IN THE DIAGNOSING AND EVALUATING THE KIDNEY LIPOSARCOMA

CALCESKA S, Dejanova Panev S, Blazevski B, Risteski F, Dungevski Gj.

Liposarcoma as a mesenhimal tumor may occur in the tissue that contains lipid mass cells, including the kidneys. The diagnosing of the kidney liposarcoma is a radiological challenge, due to its rarity and its similarity with other kidney tumors. The aim of this case report study was to present different radiological modalities in order to achieve the most accurate diagnosis.

Material and methods. The case report was related to a male patient at 68 years of age who complained a discomfort located nearby the right kidney, followed by a hematuria, and also having a history of lithotripsy on the same side. The used radiological modalities in this case were intravenous urography (IU), ultrasound (US) of the urinary system, computed tomography (CT) and magnetic resonance (MR). These modalities may contribute to discover the precise tumor location, its relation to other surround tissues and local blood vessels.

Results. Using the IU, an enlarged right kidney and a noticeable pressure of the ureter by the tumor mass at the late urography phase were diagnosed. By the US a heterogenic mass in the right kidney was diagnosed. On CT well demarked heterogenous change with preferable lipid component (located from the kidney hilus to the surrounding lipid tissue) was found. and the local tumor enlargement toward the other surrounding tissues showing the tumor stage by MR. On MR

the mass was with a heterogenous signal on T2WI, T1WI gadolinium enchanced, restricted on DWI and ADC maps.
Conclusion. The radiology has a crucial role in kidney liposarcoma diagnosing, decision making for the type of therapy, but also evaluating the follow-up period after the therapy. The diagnostic modalities combination may contribute for more accurate and precise kidney liposarcoma diagnosis and therapy efficiency, respectively.

MULTILOCULAR PRESENTATION OF TUBEROUS SCLEROSIS : A CASE REPORT

VERONIKA APOSTOLOSKA[1], Nacko Stavreski[1,] Sofija Crcevska[1], Elizabeta Stojovska Jovanovska[2]
Smiljana Bundovska Kocev[2]
[1,2] University Institute of Radiology – Skopje, Republic of North Macedonia

Abstract
Tuberous sclerosis (TS) is a rare genetic disorder of autosomal-dominant inheritance. Tuberous sclerosis complex is characterized by the development of benign tumors affecting different body systems who results in hamartomas involving many organs, like the brain, heart, kidneys, skin, lungs, and liver. The management of these patients is often multidisciplinary involving specialists from various fields. TSC presents at any age as a wide range of clinical and phenotypic manifestations with varying severity. The most common manifestations are facial angiofibroma, seizures, cortical tubers, cardiac rhabdomyoma, renal cysts and tumor of the kidneys. We present a case report of a 32-old-year female patient with characteristic clinical and radiological features of multilocular tuberous sclerosis with renal angiomyolipoma, LAM and cortical tubers.

Pathology Oncology

Perianal HPV infection in a patient with rectal cancer- case report from a gastroenterologist perspective

GJORGI DERIBAN[1], Redomir Gelevski[2], Gjorgji Jota[3]
[1]University clinic for gastroenterohepatology, Faculty of medicine, Ss. Cyril and Methodius University in Skopje, R. N. Macedonia
[2] General hospital Kumanovo, R. N. Macedonia
[3] University clinic for abdominal surgery, Faculty of medicine, Ss. Cyril and Methodius University in Skopje, R. N. Macedonia

Introduction: Giant perianal condyloma was diagnosed during the first postoperative colonoscopy in a patient who previously underwent surgical resection of a rectal cancer with adjuvant radio-chemotherapy. Perianal dermatoses like HPV infections are usually diagnosed and medically treated by a dermatologist or infectious disease specialist. We present a case of giant perianal condyloma diagnosed and followed up by a gastroenterologist.
Case presentation: A 66-year-old patient underwent surgical resection of a rectal Adenocarcinoma in August 08.2018. Due to the advanced stage (postoperative stage IIIc) radio-chemotherapy was applied. First symptoms of bowel obstruction indicative of a radio therapy complication appeared in 01.2020 and in 08.2020 the patient was re-operated due to ileus. Several weeks after the operation (adhesiolysis) fecal incontinence occurred and was accompanied by extensive perianal skin changes mainly reddish verrucous masses of different size. The patient had to wear permanently diapers, attributed the skin changes to

irritation by fecal masses and did not consult a dermatologist.
On a regular follow-up colonoscopy inspection of the perianal region revealed lesions consistent with giant perianal condyloma. The patient was referred to a dermatologist. Systemic immunomodulators were initiated. Due to lack of response, subsequently systemic immunosuppressive, topical anti-inflammatory and topical immunosuppressive therapy were applied.
Since medical treatment failed to achieve satisfactory improvement the patient consulted his surgent again. A complete surgical excision of the perianal lesion with a diverting colostomy was recommended and performed. The pathology report was consistent with radiodermatitis and was negative for malignancy or HPV infection.
Four month after surgical treatment the patient presented at our clinic with atrophy and scarring, and some erosions due to atrophy, of the perianal skin.
He stated that Quality of life significantly improved following surgical treatment.
Conclusion: Adjuvant radiochemotherapy in an immunocompromised patient resulted in perianal radiodermatitis complicated by HPV infection. Fecal incontinence caused further irritation of perianal region. Dermatological treatment failed to achieve satisfactory improvement. Definitive resolution of this complex condition was achieved by wide surgical excision of the lesion with a protective (diverting) colostomy. This case report highlights the necessity of a multidisciplinary approach in complex clinical scenarios.

EXPERIENCE PREVIEW IN DIAGNOSIS AND TREATMENT OF PRIMARY ADENOCARCINOMA SEROSUM OMENTI ET CARCINOSIS PERITONEI

DAMCHESKA, J., Ilievski, B., Trajkovski, Gj., Veljanovska, S. (1. *PHF Health center-Skopje-Skopje; Faculty of Medicine Institute of Pathology; Digestive Surgery Clinic; PHF Oncology and Radiotherapy University Clinic)*

Introduction: Occurrence of Primary Adenocarcinoma serosum on the peritoneum and omentum is extremely rare, so the real challenge is correctly and timely making the diagnosis.

Preview of the case: 71 years old female, with symptoms of bloated abdomen and diffuse pain. According to the ultrasound and CT scan of the lungs and abdomen, there was a presence of ascites and omental cake sign but without any tumor mass on the ovaries or the stomach to be noted. Pathological material was not found on gastroscopy, colonoscopy, PAP smear nor on exploratory uterine curettage. Increasment of the tumor markers C125 and C72-4 was shown on laboratory analysis. The sample of the omentum and the liquid from the ascites was taken after exploratory laparoscopy was being made. The material was forwarded on pathohistological evaluation with differential diagnosis of Mesotelioma omenti. Full omentectomy wasn't being made. After histochemical and immunochemical analysis being made, the diagnosis was clear- Adenocarcinoma serosum omenti et carcinosis peritonei pTNM=pT3C,pNx,pMx,G2,R1,L1,ST3C. The diagnosis is followed by 6 courses of chemotherapy: 2 courses with

infusion of Paclitaxel240mg and infusion of Carboplatin375mg 75% and 4 courses with infusion Paclitaxel260mg and infusion Carboplatin400mg 80%. According to the science, the survival rate of Primary Adenocarcinoma serosum omenti et Carcinosis peritonei is 15-30 months, but in this case, until now, we have survival of 48 months.

Discussion: For more efficient access and treatment as well as increasing the rate of survival of Primary Adenocarcinoma serosum omenti et Carcinosis peritonei, the early diagnosis and therapy are extremely essential.

CASE PRESENTATION OF HEMATOMA IN A POSTMENOPAUSAL PATIENT RESULTING IN ENDOMETRIAL ADENOCARCINOMA

VALENTINA TOFILOVSKA, Goran Dimitrov, Tose Mitreski
University Clinic for Gynecology and Obstetrics in Skopje, Republic of North Macedonia

The patient is a 53-year-old woman who has been in menopause for 15 years. She came to the clinic complaining of pain in the lower abdomen and suprapubic area. A transvaginal ultrasound revealed a suspicious hematoma with a diameter of 87x80mm, but no ovaries were visualized. There was no fluid in the c. Douglas. Tumor markers were tested and showed CEA=3.1 ng/mL, CA 125=116.0 U/mL, CA 19-9 U/mL, CA 15-3=24.1 U/mL, CA=72-4=23.7 IU/mL, and HE 4.0 = 87.17 pmol/L. The ROMA index was 53.7%, indicating a high risk.
Biochemical laboratory analyses showed that CRP was 28.00 mg/L, while all other parameters were within the reference range. An abdominal and pelvic CT scan revealed a markedly dilated uterus with fluid in the uterine cavity, consistent with hematocolpos. There was also a lymph node up to 1cm in size next to the v.iliaca with a mass hilum in the right inguinal region. The patient had advanced degenerative changes in the skeleton.
The patient was hospitalized on June 6th, 2022 for further investigations and appropriate treatment due to the findings. Additional investigations were performed, including a test for hemostasis factors and d-dimer, which showed d-dimer levels of 979.6, with all other parameters within the reference range. An X-ray of the chest showed normal findings.

Due to the elevated CA=72-4=23.7 IU/mL levels, the patient was referred for further endoscopic diagnosis. The colonoscopy revealed a normal and clean colon, with 5-6 small diverticula identified along the length of the colon. There were no other significant pathological changes observed, except for second-degree hemorrhoids in the anal canal.

Attempts were made to drain the content of the uterine cavity, but the OUI was obliterated, rendering them unsuccessful. On June 8th, 2022, the patient underwent an operation with the clinical diagnosis of piometra and st.post conisationem aa X, which included a hysterectomy with bilateral salpingo-oophorectomy, lavage, and a Pfannenstiel incision laparotomy.

Surgery

SURGICAL TREATMENT OF RECCURENT SARCOMA OF THE CHEST WALL: DEFINITIVE TREATMENT OR PALLIATIVE APPROACH

IRENA LAZAREVA[1], Andrej Atanasovski[2], Ilir Vela[3]
[1] Medical Faculty – Skopje, University of ''Ss. Cyril and Methodius, Skopje, North Macedonia
[2] Department of Thoracic Surgery, University Clinic of Thoracic and Vascular Surgery, Skopje, North Macedonia
[3] Department of Thoracic Surgery, University Clinic of Thoracic and Vascular Surgery, Skopje, North Macedonia

Introduction: Chest wall sarcoma is a rare entity typically presenting as a slow growing soft tissue mass that invades the pleura and lungs. Treatment options include radical surgical excision and radiation. We present a rapidly growing and recurring chest wall sarcoma regardless of radical surgical resection.

Case description: A 70-year old patient presented to the clinic this January with a bizarre mass on the left postero-lateral chest wall. He complained of pain, dyspnea, difficulty sleeping and lying down because of the mass. Past medical history showed a diagnosis of recidivant sarcoma for which he underwent 3 surgeries in the past 9 years. He was first diagnosed with sarcoma in 2014 when he had his first surgery. The second surgery was done in 2020 and the third in 2022.

Physical examination of the chest wall showed obvious asymmetry with a mass measuring 20x17 cm extending from the lower part of the scapula to the 11th rib. The mass was tender, non-fluctuant and adherent to the deeper structures.

The skin covering the tumor was livid with ulcerations. CT scan showed invasion of the pleura and lungs.
Surgical treatment was indicated. Considering the patient's age and general health condition, the nature of the tumor and the history of recurrence regardless of the radical surgical resection made us choose a palliative surgical approach with soft tissue reconstruction instead of radical one. The tumor was excised with dimensions of 24x19x9 cm and weight of 3250 g. The patient's symptoms were relieved immediately and good recovery followed. He was also treated at the Clinic of Oncology with radiation.
Discussion: Choosing palliative surgical treatment over mutilating radical surgery can sometimes be better for the patient allowing them better quality of life and relief of symptoms despite not being able to treat the core problem and prevent recurrence.
Key-words: recurrent sarcoma, chest wall sarcoma, bizarre

IN A RACE WITH TIME - SUCCESSFUL REPLANTATION OF THE FOREARM

Ass. Dr. Gordana Georgieva, Assoc. Dr. Sofia Pejkova, Ass. Spec. Dr. Bisera Nikolovska, Ass. Dr. Blagoja Srbov, Dr. Sofia Tusheva.
University Clinic for Plastic and Reconstructive Surgery - Skopje. Faculty of Medicine, St. Cyril and Methodius; - Skopje

Complete upper or lower extremity amputations caused by trauma are rare but are life changing for the patient. Depending on the type of injury and the condition of the amputated limb, replantation of the extremity can rarely be done. We present a patient, 54-year old man with a traumatic amputation of the right forearm due to a circular saw injury while cutting wood. The patient was admitted to the Clinic for Plastic and Reconstructive Surgery 4 hours after the injury, referred from a smaller hospital. On admission, the patient was in hemorrhagic shock, with an improvised splint placed on the upper arm. The amputated hand was not properly cared for and transported. Patient history of diabetes mellitus and smoking was noted. Given that the amputated arm was dominant, replantation was indicated. Since the time of irreversible muscle ischemia is 6 hours, the race against time began and a huge effort was made to organize a team to start the operation. Osteosynthesis of the radius and ulna was performed, anastomosis of the radial and ulnar artery, additionally two veins. Subsequently, reconstruction of the nerves and muscle-tendon apparatus followed. Two weeks later after an interventional thrombectomy was performed, a direct distal anterior abdominal wall flap was used to cover the

soft tissue defect on the forearm. Secondary procedures are expected in this type of operation, and early physical therapy are imperative for better results. In the follow-up period the patient was observed to have improved in sensitivity and mobility, but with limited movements in flexion and extension. Replantation is a complicated procedure accompanied by the risk of systemic acidosis and shock, as well as the risk of contamination and infection of the wound. This case shows that a satisfactory outcome is possible after upper extremity replantation.

ADENOID CYSTIC CARCINOMA- CYLINDROMA TRACHEA

MARIJA TEMELKOSKA, Sofija Maneva, Sinisa Stojanoski

Introduction: Tracheal cancer is a relatively uncommon malignancy with estimated incidence of 0.1 per 100 000 people per year. It can be differentiated as squamous cell or adenoid cystic carcinoma-which is less common. The precise etiology of tracheal cancer is not yet fully understood but certain types have been linked to smoking. These tumours are usually malignant in adults and symptoms include chronic cough, chest pain, wheezing and can mimic conditions such as asthma and COPD.

Case description: A 35 year old male smoker, presents with difficulty breathing, cough, wheezing, chest pain and postnasal dripping. ECG, prick test and Pneumoslide were with normal findings; thyroid gland was examined and Hashimoto thyroiditis was diagnosed but with no hypothyreosis. With spirometry showing reduced lung capacity and chest X-Ray prominent bilateral bronchovascular markings, COPD therapy was started, unfortunately with no response. Chest CT with contrast was performed showing thickened tracheal wall with irregular contours which was an indication for bronchoscopy with biopsy corresponding to central tracheal stenosis with hypervascular mucosa. Histopathology confirmed adenoid cystic carcinoma- cylindroma trachea. On grounds of the estimated size of the mass (4-6cm), median sternotomy, tracheal resection and complete anastomosis were carried out and followed with adjuvant radiotherapy. The patient up to date is with no evidence of disease recurrence and with five years disease free follow up period.

Discussion: Adenoid cystic carcinoma is a rare condition with less than one case per year in our country. Presented with cough, chest pain, wheezing and dyspnea, it can easily be misdiagnosed as COPD or asthma, but once the accurate diagnosis is made, treatment includes surgery and radiation therapy, with better 5 year survival rate compared to squamous cell carcinomas' (74% vs. 13%). Furthermore, individual therapeutic approach to every patient is needed with CT or PET scan follow-ups.

RECONSTRUCTION OF POST-EXCISIONAL NASO-ORBITAL DEFECT WITH MEDIAN FOREHEAD FLAP

ANASTASIJA PESIC [1,] Djordje Dzokic[2]
MD on clinical practice [1]
Professor of Surgery University Clinic for Plastic and Reconstructive Surgery - Medical Faculty, University Ss. Cyril and Methodius, Skopje [2]

Introduction: In plastic surgery, nose reconstruction is known as one of the most demanding surgeries accompanied by challenges. Nasal reconstruction is represented with various procedures and surgeries, based on the size of the damage, the nasal reconstruction can be done by small local flaps and forehead flaps, in order to find the exact source that will provide a functional and aesthetic result.[1,2)]
Case report: In our case study, we will describe the situation of a nasal reconstruction of a male patient 73 years old, with a diagnosis of basal cell carcinoma in the nose. In the beginning, we were focused to have dimensions of the demanded structure, and then we decided to use the forehead flap surgery for the reconstruction of the nose which is considered the best surgery to provide a functional aesthetic result. The patient underwent general anesthesia, the tumor was excised with margin safety borders and also part of the cartilage was excised to obtain free cancer tissue. After excising the tumor we marked the medial transposition forehead flap. The flap was lifted while dissecting in a sub galena plane based on the defect's dimensions. We rotated the flap without tension to cover the nasal defect. And because of its length parameters, the patient underwent a

procedure in 3 steps. One month later a division of the flap base was made, trimming off the flap and local adjustment for better local placement over post excisional defect, and the donor site was covered with free skin graft stapled on site. After 6 months of the operation, the differences between the graft and the flap were very subtle so we can conclude that the forehead flap is a great donator with the same texture and color as the nasal defects. The conclusion of our case surgery for our patient by using a forehead flap was successful by ensuring to the patient the essential function outcome of the nose and aesthetic result. Also, with this case, we verified that age cannot be considered as a contraindication for using forehead flaps for nasal reconstruction.

Conclusion: By analyzing this study we will pretend to ensure information about nose reconstruction surgical techniques, focusing on the oldest one as forehead flap and sharing data for the positive effects that provide the reconstruction of nasal defects by using forehead flaps. [3,4] The nose is a complex structure, which during the surgery requires attention and a major focus without neglecting the essential role and importance of the functional outcome. So the nasal defects as a complex structure need adequate knowledge and technique for a successful surgery.

Pediatrics

EARLY DETECTION OF SITUS INVERSUS WITH DEXTROCARDIA

DR. ALEKSANDRA DJORDJEVIC, Dr.Elizabeta Petkovska, Dr. Emilija Badeva, Dr. Lidija Mdzovska, Dr. Daniela Zhabeva, Dr Dafina Karadjova

University Clinic for Gynecology and Obstetrics, Department of Neonatology - Skopje

Introduction: Situs inversus (SI) is a rare disorder in development, as a result of the mutation of several genes, in the period of early embryogenesis. The incidence of SI with dextrocardia is 1:8000 births. In 20% of cases, primary ciliary dyskinesia (Kartagenerov Sy) is present, which is observed with respiratory distress (RD) in the newborn, and later with frequent sinusits, bronchiectasis, and often male sterility. In 3 to 5% of cases, various cardiac anomalies may be present. The aim of this study is to present an early detection of situs inversus in a newborn, in the first 24 hours, as an incidental finding in a premature newborn.

Case report: We present a case of a male premature newborn (35 gw) born with cesarean section (sc) due to fetal distress in a mother with intrapartum leukocytosis. Apgar score is 7/8, aspiration of meconial amniotic fluid and oxygenation was needed in the delivery room. It is eucardic with weakened vesicular breathing and RD. Labaratory investigations and lung X-ray showed conatal infection and hypoglycemia, double antibiotic parenteral therapy, non-invasive oxygen support and Vit.K was included, hypoglicemia was corrected. X-ray also showed dextrocardia. After 48 hours there was no need for O2 support. On auscultation, a heart murmur was detected in the right precordium. A pediatric cardiologist was consulted and

an ECG and echo of the heart were performed. The presence of dextrocardia and stenosis of a.pulmonalis was confirmed. Echo of the abdomen, CT of the chest and abdomen were performed. The results showed Situs inversus totalis.
Discussion: SI is a rare clinical entity. A large number of carriers are asymptomatic and it is an incidental finding during radiodiagnostic and electrophysiological examinations during lifetime. Early detection is significant for further correct interpretation of diagnostic studies and for possible operative approaches during abdominal surgical interventions.

REFRACTORY LIVER CANCER WITH NRAS GENE DRIVER MUTATION

Julia Janecka[1], Jakub Czarny[1], Prof. Katarzyna Derwich, MD, PhD

[1]*Faculty of Medicine, Poznan University of Medical Sciences, Poland*

OBJECTIVE: Primary liver malignancies characterise with extremely low frequency in the pediatric population and a variety of histological and molecular subtypes. Therefore, in this field challenges concern systemic treatment with chemotherapy and targeted therapies, as well as surgical management, choosing between hemihepatectomy, liver transplantation and local therapies.

CASE REPORT: 2-year-old boy complained of abdominal pain for several days. An ultrasound and CT images showed an inhomogenous solid mass in the liver, suggesting hepatoblastoma. Alpha-fetoprotein (AFP) was abnormally elevated. Due to the rotavirus infection, the tumor biopsy was taken with the delay of one week. The diagnosis of hepatoblastoma, epithelial type, fetal variant was established. Due to the progression disease in the MRI image, the chemotherapy was continued with the elevated dose of cisplatin. In the following month, because of the stabilisation disease, hemihepatectomy extended with 4a segment was performed radically. However, the catheter-associated infection and COVID-19 infection delayed for three weeks postoperative chemotherapy. Unfortunately, AFP concentration increased and imaging confirmed lung metastases. The biopsy was repeated where biphasic liver

cancer composed of hepatocellular carcinoma and rhabdoid tumor was found in the material from the second biopsy. NGS examination revealed missense mutations in genes: NRAS, ARID1A and CTNNB1. As a modification of therapy the combination of bevacizumab and atezolizumab was proposed. CONCLUSIONS: The described case is an example of the prognosis deterioration of pediatric liver neoplasm due to the lack of the disease remission enabling liver transplantation. It also shows the significant impact of virus infections on the difficulties with on-time protocol execution. It emphasizes the need for extended histopathological and genetic diagnostics in case of refractoriness of pediatric liver cancer.

STRESS FACTOR IN SCHOOL ENVIRONMENT AS A PROVOCATIVE MOMENT IN DEVELOPMENT OF AQUIERED APHASIA WITH EPILEPSY LANDAU KLEFFNER SYNDROME I

Filip Karovski, Radica Meshkova, Mimi Karovska
General Hospital with Expanded Activity Kavadarci,

Abstract

Clinical presentation of 12-year old child, directed in a psychiatric ambulance because of development of orofacial hyperkinesias, treated ineffectively by neurologist, which progresses to acquired aphasia, decreased attention with hyperactivity, depressive expression and progressive development of school phobia. The situation is clinically provoked from stress event – change of school environment. Previously, the child was with normal psychomotor development, maintained general intelligence, orderly restored speech ability and acquired school skills. Heteroanamnestically, the patient at six-month age, provocated by regular immunization had losing his consciousness with generalized tonic- clonic seizures without febricity. General tonic- clonic seizures are repeated four to five times. Phenobarbital was prescribed and the patient had been treated until three years ages. Additionally, electroencephalographs directed to regular findings. Treatment with Phenobarbital was suspend and patient was without attacks.

Aphasia is previously indicated with sensorial changes of hearing which prominate in verbal agnosia with normal sense of hearing and full losing of expressive verbal ability that was established orderly. Electroencephalography showed specific

changed of electrical activity with occasionally spike-and-wave complexes with duration of five minutes, localized in left temporal lobe with secondary bilateralisation.Sleep electroencephalography activation is common and very prominent in slow-wave sleep when the normal elements of sleep architecture disappear and spikes-wave complex may become continuous. Prescribed antiepileptic treatment reduced symptoms at acquired aphasia to dysarthric speech and speech with excessive paraphrases and verbal stereotypes. Putting to benzodiazepine has changed dramatically clinical picture with complete establishing of verbal expression and improvement of the other symptoms.

Key word: Landau Kleffner, acquired aphasia, epilepsy

GESTATIONAL ALLOIMUNE LIVER DISEASE AS NEONATAL HEMOCHROMATOSIS – POSSIBILITY FOR SUCCESSFUL TREATMENT AND OUTCOME

NIKOLINA ZDRAVESKA[1], Aco Kostovski[2]
1 Assistant Professor of Pediatrics, MD, PhD, Department for Neonatology, University Children Hospital Skopje;
2 Professor of Pediatrics, MD, PhD, Department for Hepatology, University Children Hospital Skopje

Introduction: Gestational alloimmune liver disease (GALD) previously known as neonatal hemochromatosis is a rare but critical cause of neonatal liver failure. Pathophysiology of the GALD and maternal-fetal alloimmune mechanism was elucidated in the last decade. The transplacental passage of the specific immunoglobulins begins in early pregnancy, targeting the fetal hepatocyte surface antigen, with subsequent complement activation, hepatocyte injury and fetal iron overload. We describe a newborn with the early onset of hepatic failure, which has been investigated for all possible etiologies: infectious, metabolic, genetic, and immune.

Case description: A male newborn, 37 GW, BW 3200 g, Apgar 5/7 from a 30-year-old mother gravida II, para II presented with neonatal cholestasis shortly after birth. Laboratory analyses showed elevated liver enzymes and conjugated bilirubin. The infectious etiology was excluded (blood and urine culture, serology for TORCH, Parvovirus, Hepatitis C and B). Carbohydrate, amino acid and lipid metabolic disorders, as well as endocrine conditions were excluded by extensive metabolic investigations. Imaging findings (ultrasound, MRCP)

were not consistent for biliary tract abnormalities. Iron studies showed very high serum ferritin level, low transferin and high iron saturation. As alloimmune disease was suspected, oral mucosa and liver biopsy was performed. The child received two doses of intravenous immunoglobulins at 7 and 14 days of life. Significant improvement of the liver function tests followed at 4-weeks postnatal age.

Discussion: A high index of suspicion for GALD is crucial when facing a neonate with liver failure. Treatment has evolved over the last decade regarding the alloimmunization perspective with intravenous immunoglobulin and exchange transfusion as a first line therapy replacing the conventional therapy with iron chelators and antioxidants. Immunoglobulin or exchange transfusion therapy should be taken into account in neonates with perinatal onset of hepatic failure and apparently unknown etiology, even before finalizing all the etiological investigations. Recurrence can be prevented with administration of intravenous immunoglobulin during next pregnancies.

A CASE REPORT OF RESPIRATORY SYNCYTIAL VIRUS (RSV) DIAGNOSED IN A 6-MONTHS OLD BOY

NEDA MALENKOV, Tatjana Jakjovska
Public Health Institution - Institute for Lung Diseases in Children - Kozle, Skopje

Introduction: *RSV is the most important viral pathogen in children under 2 years of age. 0.5% of children under 5 with RSV infection require hospitalization. The aim of this case is to reaffirm the importance of this virus as a cause of severe disease and to emphasize the importance of adequate diagnosis and management to improve prognosis*.
Case presentation: A 6-months old boy without risk factors was admitted for cough and vomiting sputum. Recommended therapy at home is not carried out and he was admitted for second time in a worse condition, intensified cough, appearance of difficult, rapid breathing and fever. After all the tests that were made, a positive test of RSV was found in the nasopharyngeal swab. Appropriate therapy was prescribed and the patient tolerated the treatment well.
Conclusions: Respiratory syncytial virus is the respiratory virus that causes a greater burden of disease, even above influenza. Timely detection of this virus is very important for appropriate therapy. Risk factors for high mortality and prolonged morbidity after RSV infection include premature birth, bronchopulmonary dysplasia, congenital heart disease and Down syndrome. However, some previously healthy, full-term children who are infected with RSV also require hospitalization and even experience severe sequelae or death. The development of a vaccine is necessary.

Keywords: Respiratory Syncytial Virus; Respiratory Tract Infections; Bronchiolitis.

CONGENITAL LOBAR EMPHYSEMA - A RARE ETYOLOGY OF RESPIRATORY DISTRESS IN NEONATES

SOFIJA MANEVA, Nikolina Zdraveska, Aspazija Sofijanova, Marija Temelkoska

Introduction: Congenital lobar emphysema (CLE), also called congenital lobar overinflation (CLO), is a rare anomaly of fetal lung development in which an obstruction of the airways leads to an enlarged, overinflated lobe or lobes and contralateral shift of the mediastinum. Its incidence is 1/20,000–30,000 live births. The prenatal incidence is unknown because of diagnostic difficulties. Although CLE is a rare lung disease, it can cause severe respiratory distress in newborns.

Case description: A 7-day old male newborn was admitted for persistent symptoms of respiratory distress despite the provided oxygen and antibiotic treatment in the maternity hospital. It was mothers' second uneventful pregnancy with all antenatal scans properly done. The child was born in 36th GW, BW=3570 g and APGAR 8/9/6. The initial physical examination revealed respiratory distress with rapid shallow breathing and evident inter and sub-costal retractions. The heart rate was 160 beats/min, respiratory rate 70-80/min with maintaining oxygen saturation of 80-85%. Complete biochemical and microbiological evaluation was performed. The chest X-ray showed marked right hyperinflation of the right upper and middle lobe reduced lung transparency on the remaining ipsilateral basal lobe suspected for possible consolidation. There was no clinical improvement with the provided treatment (oxygen, antibiotic and corticosteroid). Chest CT was consistent with the diagnosis of CLE – hyperinflation of

the right upper lobe, poor vascularisation with subsequent contralateral mediastinal displacement. The newborn underwent right upper lobectomy. Post operative course was stable and significantly improvement of the tachypnea followed.

Discussion: The clinical presentation of CLE depends on the degree of hyperinflation, thus it presents a challenge for diagnosis. Diagnosis requires a strong clinical suspicion as it may mimic other more common causes of respiratory distress. Prompt diagnosis is essential for an optimal outcome. Early lobectomy enables normal lung function due to the rapid compensatory lung growth during childhood.

Internal Medicine

OBSTRUCTIVE JAUNDICE IN PATIENTS WITH SITUS INVERSUS TOTALIS

Dafina Nikolova, Magdalena Genadieva Dimitrova, Vladimir Andreevski, Vladimir Avramovski, Emilija Nikolovska Trpchevska

University Clinic of Gastroenterohepatology, Faculty of Medicine, University "Ss. Cyril and Methodius", Skopje, North Macedonia

Introduction

Situs inversus totalis (SIT) presents a very rare congenital condition with reported incidence in the literature in range from 1 in 8000 to 1 in 10.000. It is characterized with right-to left transposition of all organs in the thorax and in the abdomen, like a mirror image of the normal visceral position. In such case, the reverse anatomy can sometimes cause difficulties in endoscopic interventions.

Case description

We present a case of 61 year old female patient with known SIT, with a 7-days history of abdominal discomfort, nausea and painless jaundice. Abdominal ultrasound and CT examination confirmed SIT and reviled tumor of the head of the pancreas with secondary dilatation of the intra and extra hepatic biliary tree. ERCP was performed by an experienced endoscopist. Despite minor difficulties in positioning the endoscope during the intervention, the intervention was successful with placing a biliary stent in the biliary tree. No post-interventional complications were registered. After the intervention the patient was referred to digestive surgeon for operation of the pancreatic tumor.

Discussion

This condition brings challenges while performing endoscopic interventions given the difficult position especially during ERCP. In patients with SIT, endoscopic interventions require an experienced endoscopist in order to achieve satisfactory results. In our case, we had a successful intervention with a biliary stent placed in the biliary tract.

ADULT PRESENTATION OF TUFTING ENTEROPATHY

NIKOLOVSKA TRPCHEVSKA E[1,2], Todorovska B[1,2], Nikolova D[1,2], Trajkovska M[1,2], Andreevski V[1,2], Deriban Gj[1,2], Volkanovska Nikolovska A[1,2], Karadjova Dzambaz A[1,2], Todorova M[1,2]

[1]*University Clinic for Gastroenterohepatology, 1000 Skopje, Republic of North Macedonia*

[2] *Faculty of Medicine, Ss.Cyril and Methodius University in Skopje, 1000 Skopje, Republic of North Macedonia*

Introduction

Congenital tufting enteropathy is quite rare congenital condition with autosomal recessive inheritance that typically initially manifests as severe intractable diarrhea in the first days of life. It may occur in any age of life. Inability to absorb fluid and nutrition ingredients, leads to malabsorption, malnutrition, and these patients especially infants and children depended on parenteral nutrition. Prevalence of disease estimated to be 1/50,000–100,000 live births in Western Europe.

Case presentation

We present 38-year-old women consulted gastroenterologist because of recurrent vomiting, abdominal pain, and timely presented diarrhea. Laboratory tests show low iron. Serology and genetics for celiac disease (HLA DQ2 and DQ8) was negative. Fecal antigen test of helicobacter pillory and stool sample for bacteria, fungi and parasites check showed normal bowel flora. Also, abdominal ultrasound was performed, and the findings were normal. She underwent on upper and lower GI endoscopy. Duodenal biopsies were performed during the upper GI endoscopy. Histopathological features reveal

duodenal villous atrophy, epithelium tufting characteristics, positivity of CD4, CD8 and CD 130. Immunohistochemical analysis was recommended and EPCAM positivity was confirmed the diagnosis of tufting enteropathy. The patient was started with gluten free and low FODMAP (fermentable oligosaccharides, disaccharides, and monosaccharides and polyols) diet and have clinical improvement after 4 weeks.

Discussion

Our case is unique because congenital tufting enteropathy in adults appear rather than in infancy. Most cases of congenital tufting enteropathy are diagnosed based on clinical features and review of biopsy material in infancy or early childhood. Nevertheless, vomiting is an untypical presentation of illness. Challenge of diagnosing the condition and in our case delaying diagnosis until thorough genetic testing was obtained.

BRONCHIAL ASTHMA IN A WORKER EXPOSED TO COTTON DUST-CASE STUDY

JORDANOVA R[1], Klifova Sopova K[1], Jordanova O[2] .
Occupational medicine, Medical center,Veles[1], University Children's Hospital, Skopje[2], Republic of Macedonia

Introduction: Occupational bronchial asthma(OBA) is asthma caused by specific workplace entities. Reversible obstruction of the airways due to dust, smoke and gas exposition is characteristic for this disorder.

Case description: We reviewed a 49-year old female patient who had been working in a cotton-mill for 24 years. The patient suffers from unproductive cough, dyspnea, breathlessness, coughing out white sticky secretion, chest pain and suffocation. The following investigations have been performed: auscultation of the lungs, skin prick tests with standard inhalation and specific professional allergens, acid-base status, laboratory examinations, and functional diagnostics of the lungs. Work anamnesis, exposition and elimination test, spirometry, non-specific bronchoprovocation test (NBPT) with histamine, functional diagnostics of the lungs with spirometry before and after physical effort, PEF monitoring (peak expiratory flow) for a month, FEV1 monitoring before and after bronchoconstriction and bronchodilatation, as well as positive skin prick tests with specific professional allergens, play an important role in PBA diagnosis. Convincingly positive NBPT, positive skin prick tests with specific professional allergens(cotton^{+}, synthetics^{++}), positive exposition and elimination test with serial peak-flowmetry (mean PEF variations in weekda ys 20,5% and in

weekends 14,5%) point to the professional nature of the disease.

Discussion:Prevention with environmental monitoring, early symptom and sign detection, termination of the exposition, prevention of the evolution of the disease, as well as adequate therapy and rehabilitation are necessary in PBA patients.

SPONTANEOUS CORONARY ARTERY DISSECTION AS A RARE CAUSE OF AN ACUTE MYOCARDIAL INFARCTION

BOSHEV MARJAN, MD, Bojoski Ivica, MD, Jovanoski Mario, MD, Pejkov Hristo, MD, PhD, Georgiev Antonio, MD, PhD
University Clinic of Cardiology, Faculty of Medicine, University "Ss. Cyril and Methodius" Skopje, Republic of N. Macedonia,

Introduction: We present a rare case of spontaneous coronary artery dissection (SCAD) manifested as an acute ST-segment elevation myocardial infarction (STEMI). It is unique because of two reasons: first, the most frequent cause for STEMI is atherosclerotic coronary artery disease (CAD) where several risk factors have complex interplay and eventually lead to an acute cardiovascular event, and the second, general treatment approach of SCAD is conservative (pharmacological). It typically occurs in relatively young and fit female persons and have generally good prognosis.
Case description: Female patient aged 41 consulted the Emergency Department because of a recent (less than 1 hour) sudden sharp backpain with propagation to the chest and arms during sleep. Thoroughly taken patient history revealed no significant comorbidities except she had positive familiar history for CAD and was former smoker. Vital parameters showed BMI 23 kg/m2, blood pressure 125/80 mm Hg, heart rate 90/min, respiratory rate 18/min and SaO2 96%. ECG detected ST-segment elevation in infero-postero-lateral leads. Patient underwent immediate coronary angiography and it revealed no significant atherosclerotic CAD but SCAD of the right coronary artery that completely compromised blood flow and led to ischemia and chest pain. Since patient was

clinically unstable, we decided to implant a drug-eluting stent covering the entry of the dissection. It restored normal blood flow, improved symptoms and normalized ECG changes. Next day echocardiography showed normal LV systolic function with no hypokinetic segments.

Discussion: SCAD is an acute non-traumatic, non-iatrogenic and non-atherosclerotic separation of the coronary artery wall caused by intramural hematoma with or without tear or rupture. Literature suggests conservative treatment approach in majority of the patients (mainly clinically stable), and revascularization strategy in unstable patients. This case suggests raising awareness and suspecting SCAD in relatively young and fit patients with chest pain and no significant risk factors.

Key words: CAD, SCAD, STEMI, stent.

SEVERE FORM OF LIPOEDEMA AND OBESITY, THERAPEUTIC CHALLENGE

NATASHA NEDESKA MINOVA
Department of endocrinology and diabetes, General public hospital, "8th September", Skopje, North Macedonia

Objective: Due to a disordered fat metabolism, lipoedema is a systemic condition that causes uneven buildup and distribution of fat tissue.. It was first introduced as a separate clinical entity in the United States in 1940. Although the exact etiology is unknown, genetic factors are thought to be involved. It typically manifests as lipoedema, lipolymphedema, or in conjunction with obesity, and is clinically misdiagnosed most of the time.
Case: We present a case of a 42-year-old woman introduced in the endocrinology department due to overweight with a BMI of 93.6kg/m2 and disproportionate accumulation on fat tissue on both legs. Her twin sister and father were reported obese. All attempts to improve diet and reduce weight were ineffective. According to the clinical findings, stage IV combined type 2 and type 5 lipoedema along with obesity and comorbidities are present. The initial course of treatment included a low-calorie diet, medicines, and bariatric surgery. After that, therapeutic and reconstructive plastic surgery was approached. Due to a weight regain, GLP1-RA was started, resulting with body weight reduction. A total of 91 kg were lost during the course of treatment, and both health status and quality of life were improved.
Conclusion: It is still unknown how lipedema develops and what its pathogenesis is. The current instance demonstrates

that treating such a complex issue presents enormous therapeutic challenges. We demonstrate the necessity of this kind of multidisciplinary approach and demonstrate how it improved life quality and avoided comorbidities. Future genetic testing should be permitted.
Key words: Lipoedema, bariatric surgery, plastic surgery, GLP1-RA

OVERLAPPING FEATURES OF THROMBOTIC THROMBOCYTOPENIC PURPURA AND SYSTEMIC LUPUS ERYTHEMATOSUS, A DIAGNOSTIC AND A MANAGEMENT CHALLENGE

MISHO KRSTEVSKI, MD,[1] Olivera Gjeorgjieva Janev, MD [2] Vlatko Karanfilovski, MD [3] Ljubinka Damjanovska Krstic, MD, PhD, MedSci [2]

[1]*University Clinic of Internal Medicine, Skopje R. North Macedonia*

[2]*University Clinic of Rheumatology, Skopje R. North Macedonia*

[3]*University Clinic of Nephrology, Skopje R. North Macedonia*

Abstract

Thrombotic thrombocytopenic purpura (TTP) is a rare, potentially fatal blood disorder that can be challenging for clinicians to identify in the setting of autoimmune diseases such as systemic lupus erythematosus (SLE). SLE can present with thrombotic microangiopathy (TMA) and differentiation between the two diseases can be quite difficult.

In this case report we present a 62-year-old female with a history of SLE who was hospitalized with thrombocytopenia, dysarthria, dizziness, paresthesia and altered mental status. The laboratory results revealed direct Coombs negative hemolytic anemia, severe thrombocytopenia, significant elevation of lactate dehydrogenase, leukocytosis and presence of few schistocytes in the peripheral film. In addition, we also present evidence for circulating anti-ADAMTS13 antibody/ADAMTS13 antigen. Based on clinical, hematological, and biochemical findings, we concluded that it was a case of TTP-like microangiopathy associated with SLE

and indicated treatment with methylprednisolone pulses and plasmapheresis. Later on, she developed psychosis and made plasmapheresis difficult to perform. We continued corticosteroids (dose 1mg/kg), RhoGAM, Chloroquine and Azathioprine, obtaining a satisfactory response after one week of treatment.

Keywords

Thrombotic thrombocytopenic purpura, systemic lupus erythematosus, microangiopathic hemolytic anemia, ADAMTS13, immunosuppressants

CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN AN AGRICULTURAL WORKER-A CASE REPORT

KLIFOVA SOPOVA K[1], Jordanova R[1], Jordanova O[2] .
Occupational medicine, Medical center,Veles[1], University Children's Hospital, Skopje[2], Republic of Macedonia

Introduction: Chronic obstructive pulmonary disease (COPD) is a condition characterized by a decrease in airflow, which is not completely reversible. The decrease in airflow is usually progressive and associated with an abnormal inflammatory response of the lungs to various harmful particles or gases
Case description: 57-year-old patient, an agricultural worker, with 35 years of exposure experience is examined. He has been a smoker for 37 years and smokes 35-40 cigarettes a day. It is exposed to allergenic and irritating substances, dustiness, unfavorable microclimatic factors and physical exertion. Anamnesis has been complaining of cough for more than 15 years, shortness of breath with a feeling of lack of air, which is more pronounced during exertion, expectoration of white sticky secretion, wheezing, tightness in the chest, suffocation and feeling of fatigue. A work anamnesis was taken, a clinical examination was performed, the first stage of respiratory function-pulmonary ventilation was examined with spirometric testing, according to the principle of functional monitoring and oximetry, the serial PEF-metry test was applied, reversibility testing with a bronchodilator, laboratory tests were performed tests, EKG, chest X-ray. Current spirometric findings indicate a combined, predominantly obstructive type of moderate-to-severe ventilatory insufficiency, with reduced flow in the small airways. The

values of the measured spirometric parameters are FEV1 38%, FVC 64%, FEV1/FVC 61%, PEF 44%, and the saturation is SpO2 91.1%. Bronchodilator test is negative.
Discussion: Smoking cessation and elimination or reduction of exposure to various substances in the workplace is required. Secondary prevention, through monitoring and early detection is also important, as well as regular check-ups.

SURGICAL METAL CLIP AS A NIDUS IN COMMON BILE DUCT SIMULATED CHOLEDOCHOLITHIASIS TREATED SUCCESFULY WITH ERCP

VLADIMIR ANDREEVSKI[1], Emilija Nikolovska Trpceska[1], Gjorgji Deriban[1], Ance Volkanovska[1], Dafina Nikolova[1], Magdalena Genadieva Dimitrova[1]

[1]*University Clinic of Gasteroenterohepatology, Faculty of Medicine, Ss. Cyril and Methodius University in Skopje, Republic of North Macedonia*

Surgical clip movement into common biliary duct (CBD) can occur after open and laparoscopic cholecystectomy, although other foreign surgical materials (suture, synthetic tubing etc.) may be migrated in biliary tract. We are presenting 66-year-old women admitted to our Institution with history and laboratory tests for obstructive jaundice. Laparoscopic cholecystectomy was performed 15 years ago. Contrast enhanced computed tomography confirmed biliary obstruction, as abdominal ultrasound revealed choledocholithiasis with dilated intra and extra hepatic biliary ducts. Endoscopic cholangiopancreatography (ERCP) revealed two metal clips as nidus with new formed stone all-over into CBD, being the first case registered at our Clinic and Republic of Macedonia since ERCP was introduced in 1980ies with more than 15 000 procedures until nowadays. The duration of post cholecystectomy period to stone formation have been reported between 2 weeks and up to 35 years. Surgical clip migration in the CBD with consecutive stone formation is a rare occurrence after laparoscopic cholecystectomy, with less than 100 cases being reported worldwide so far. After

complete sphincterotomy and occlusive cholangiography, balloon extraction of the stone from CBD together with incorporated clips inside was done. The stone was removed outside patient using Dormia basket. In rare cases of CBD stones formed over surgical metal clips like this, ERCP in addition to being diagnostic, it is a potential final therapeutic procedure of choice, too.
Key words: Surgical metal clip, choledocholithiasis, ERCP

THE ROLE OF GENETIC POLYMORPHISMS IN DEEP VENOUS THROMBOSIS AND PULMONARY EMBOLISM

MARIJA TRAJKOVA[2], Marija Vavlukis[1]
University Clinic of Cardiology, University "Ss. Cyril and Methodius", Faculty of Medicine, Skopje, Republic of North Macedonia[1] Faculty of Medicine, Ss. Cyril and Methodius University in Skopje [2]

Introduction: Pulmonary thromboembolism is an urgent medical condition, and is the third leading cardiovascular cause of death. As the opposite of „What is rare is more challenging“, we chose very common pathology, to point out that not every known pathology is simple pathology.
Case presentation: 10 days postpartum, a 29-year-old female patient presents to the ED with pain, swelling, redness, and hardening in the left lower extremity. The patient has a history of pulmonary thromboembolism 6 years ago, provoked by a major transient factor (ankle fracture treated operatively, followed by long immobility). Meanwhile, the patient underwent thrombophilia testing (protein C, protein S, AT III deficiency, and factor V Leiden mutation), to prove a genetic factor for a predisposition to VTE, but the hypothesis was rejected. Meanwhile, the patient had one habitual abortion in the 20th gestational week, followed by second normal pregnancy which was supported by prophylactic doses of LMWH over the whole pregnancy and thereafter. Due to the medical history, genetic tests were repeated and surprisingly, multiple polymorphisms: heterozygosity for the MTHFR C677T, MTHFR A1298C, and MTR A2756G, as well as homozygosity for the Factor II G20210A mutation and the FGB

455 G/A polymorphism were confirmed. Despite the prophylactic treatment she suffered DVT (an occlusive thrombotic mass at the level of the left lateral popliteal vein) confirmed with CUS, and consecutive pulmonary thromboembolism was proven by CT angiography, at which point she started LMWH in therapeutic doses, at the moment in good general condition.

Conclusion: Pulmonary embolism is a challenging condition that can test our clinical abilities and bring out so many questions. Moreover, diagnostic tools are not always reliable, especially if thrombophilia testing is done when the patient is on anticoagulant therapy. Therefore, whenever there is a strong clinical suspicion, patients should be reinvestigated properly.

DIAGNOSTIC AND THERAPEUTIC CHALLENGES OF A RARE DISEASE: SECONDARY HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS (SHLH)

IVANA GACOVA, MD Bozhidar Kochoski
University Clinic of Hematology-Skopje

Introduction: HLH is a rare and devastating syndrome of uncontrolled immune activation characterized by clinical and laboratory findings of extreme inflammation. Patients often suffer from recurrent fever, cytopenia and liver dysfunction, that may rapidly progress to multiple organ failure. This syndrome can be caused by genetic mutations affecting cytotoxic function (primary HLH) or triggered by malignant, infectious, rheumatologic or autoimmune disease (secondary HLH). Most information on the diagnosis and treatment of HLH comes from the pediatric literature. The aim of this paper is to highlight the diagnostic and therapeutic challenges of this disease by presenting a case of an adult female patient with secondary HLH (associated with a malignant disease – lymphoma).

Case presentation: A 57-year-old female patient, previously treated for non-Hodgkin's - diffuse large B-cell lymphoma which has been in remission since 2021, presented to the Hematology Clinic in December 2022 in a severe general condition, highly febrile, icteric, with hepatosplenomegaly and palpable lymph nodes in the right axillary region. From the initial hemogram pronounced bicytopenia and also elevated: ferritin, CRP and D-dimers has been noted. The patient's condition inexplicably rapidly and progressively worsened, up to life-threatening proportions. The biggest challenge in the

case was the time period in which it was necessary to find the cause of the deterioration, because it could not be explained only by a possible relapse of the lymphoma.

Conclusion: This case reveals the main obstacle in diseases such as HLH – the low degree of awareness of their existence and inclusion in the differential diagnosis. This can have devastating consequences for patients, especially since untreated HLH has a mortality rate of over 80%. International cooperation, additional education and raising the awareness of clinicians at a multidisciplinary level is an obligation for every rare syndrome, including HLH.

OSTEOGENESIS IMPERFECTA ACCOMPANIED WITH EMPTY SELLA SYNDROME

LJUBICA BATKOSKA[1], Biljana Todorova[1,2]
[1]Medical Faculty, Ss. Cyril and Methodius University of Skopje, 1000 Skopje, North Macedonia
[2]Department of Endocrinology, University Clinic of Endocrinology, Diabetes and Metabolic Disorders, 1000 Skopje, North Macedonia

Background: Osteogenesis imperfecta (OI) is a group of rare inherited connective tissue disorders characterized by increased bone fragility caused by mutations in collagen. It is mostly inherited as an autosomal dominant disorder. The incidence is 1:20000 live births.
Case presentation: A 22-year-old female patient was referred to the University Clinic of Endocrinology, Diabetes and Metabolic Disorders due to hypothyroidism. The patient was diagnosed with nanosomy at the age of 5, and the following MRI scan confirmed the diagnosis of empty sella syndrome with ectopic neurohypophysis. Due to thyroxine deficiency, she was put on levothyroxine. The GnRH activity at the age of 13 was low, therefore puberty was induced with combined oral contraceptives (ethynyl estradiol/drospirenone). The first sign of OI (curvature of the legs) was noticed at the age of 12, and a further examination revealed low bone density. Bisphosphonates were given due to hypopituitarism. The growth hormone supplementation prevented the occurrence of fractures during puberty. However, in the postpubertal period, the patient marks multiple fractures in the upper and lower extremities. The DEXA scan revealed low bone density,

and the genetic testing confirmed the diagnosis of type I OI. The patient was started on treatment with Ibandronic acid and supplements containing calcium, vitamin K and vitamin D3. She responded adequately to the therapy and, at the age of 27, wanted to achieve pregnancy. She was informed about the pattern of inheritance of OI, but still wanted to proceed. The patient was started on GnRH replacement therapy and in-vitro fertilization was performed. She delivered a healthy female newborn via Cesarean section on the 39th gestational week.
Conclusions: OI is a diagnostic challenge and can often be masked by other conditions. Prompt evaluation of multiple fractures is essential for establishing the correct causative agent. Multidisciplinary approach is the cornerstone of patient management.

Varia

HERPES ZOSTER AND COVID-19 INFECTION IN A BREASTFEEDING WOMAN: A COINCIDENCE OR A CAUSAL RELATIONSHIP?

Nikola Bozinovski[1], Aleksandra Atanasova Boshku[2], Elena Gjorgievska Nikolovska[2]

[1]*Resident at University clinic for Pulmology and Allergology, Skopje*

[2]*University clinic for Gynecology and obstetrics, Skopje*

With no exclusion every part of the world has been influenced by severe acute respiratory syndrome 2(SARS-CoV-2) an RNA virus that causes coronavirus disease 2019 (COVID-19). During the SARS-CoV-2 pandemic, a variety of dermatological conditions were reported by physicians such as erythematous exanthems, erythematous-papulo-vesicular eruptions, urticaria, papular acrodermatitis, pseudo-chilblains and other acral ischaemic lesions. Given the context, these lesions have been labeled as secondary to SARS-CoV-2 infection.

Herpes zoster (HZ) is caused by reactivation of the latent varicella zoster virus (VZV) following decline in cell-mediated immunity. Based on the current limited evidence, co-infection of COVID-19 with VZV or reactivation of VZV has been very rarely described in patients. Here, we report a case of herpes zoster in a young, breastfeeding woman with an asymptomatic SARS-CoV-2 infection. This is the first case that demonstrates herpes zoster in healthy breastfeeding immunocompetent women during a SARS-CoV-2 infection.

KOHLER'S DISEASE IN 10 Y MALE PACIENT

Jovanovska - Jordanovski D.[1], Dimitrioski V.[1],Jakimova M.[2],Mircevska L[1].,Ivanoska-Jankovska V.[1],Jovanovska I.[3]
[1] PHI Health Center-Skopje,RNM, [2]PMI OrtoPlusPed,
[3]Acibadem Sistina Hospital - Skopje,RNM

Introduction - Kohler' s disease is a rare, idiopathic bone disorder of the foot in the pediatric population, usually unilateral, mostly occurs at males aged between 3 and 7. First described in 1908 by Alban Kohler, a German radiologist (1874 – 1947).

The exact etiology is unknown, although best explanation of pathophysiology is the anatomic position of the navicular bone in the arch of the foot in addition to the fact that it is the last tarsal bone to ossify.It is quite susceptible to become squashed between the already ossified talus and cuneiforms when the child becomes older, heavier and more active. This consecutively causes avascular necrosis.

Case description - We present a case report of 10 years old boy with foot pain due to minor trauma and subsequently diagnosed with Kohler's disease.

On examination he had pain, swelling and tenderness over his left dorsomedial midfoot. Walking with an antalgic gait and weight bearing on the lateral side of the left foot.

The sonography performed of the left foot indicated that navicular bone is small and undeveloped with hyperechoic presentation.

An X ray was ordered and the radiograph showed skeleton in growth.The navicular bone appeared collapsed, flattened, Wafer - like (thinned) and sclerosed.

Labs are helpful for differential diagnosis: infection,tumors etc.
Prognosis is good because this is a self limiting condition and heals spontaneously.
Treatment is designed to reduce pain and can be achieved with: orthotics, soft arch supports or medial heel wedge, 4-6 weeks cast immobilisation.
Discussion: A case report of Kohler`s disease diagnosed after minor trauma at age of 10.
Literature: Pediatric Orthopedics – A.Abdelgewad, O.Naga,Springer 2014; Tachdjian's Pediatric Orthopedics,1972;Clinical Orthopedic Examination,Ronald McRae,1990.

APPLICATION OF ECMO IN A PATIENT WITH SEVERE RESPIRATORY FAILURE

MD. DIMCHE SLAVESKI, MD. Professor Aleksandar Nikolic, MD. PhD Vladimir Emanuilović Belostocki, MD. Eljvis Mustafa, MD. Prim. Beti Kostadinovska-Jordanoska, MD. Ivica Stefanovski, MD. Fadil Bexeti, MD. Aleksandar Radoeshki, MD. Stefanija Hadzievska, MD. Aleksandar Bozhinovski, MD. Stefan Kjulumov, MD. Ivo Paunkoski, MD. Darko Bislimovski, Perf. Petar Trajkovski, Perf. Sasho Stoilov, Perf. Nikola Todoroski
Department of Cardiac Surgery, Cardiosurgical Intensive Care and Anesthesia, Cardioperfusion,
Acibadem Sistina Clinical Hospital - Skopje, Republic of North Macedonia

Abstract
We report on a successfully treated twenty-year-old patient with dyspnea, hemoptysis, fever, and respiratory failure, for which he was hospitalized in the Acibadem Sistina Clinical Hospital in Skopje, North Macedonia. After a rapid deterioration of the general condition, pulmonary and cardiac arrest followed, resuscitation was started and after forty minutes, cardiac and pulmonary function was restored. Efforts to improve respiratory function using a respirator failed to improve oxygenation, so ECMO was considered, despite the possible risk of permanent hypoxic brain damage. The patient was treated with ECMO for six days, which allowed for "physiological rest" of the lungs, adequate oxygenation of the organs, and time for drug treatment to achieve an improvement in respiratory function. We share important clinical information related to our experience, especially

regarding the effective management of acute respiratory failure using ECMO. We emphasize that ECMO should never be considered as the primary therapy for any form of respiratory failure, but should be used in clinical circumstances of complete exhaustion of conventional treatment modalities.

THROMBOCYTOPENIA IN PREGNANCY

ACEVSKA E, Velkova E, Dejanova-Ilijevska V, Makarovska-Bojadzieva T, Neziri V, Ismaili L, Tashkovska M,Ristovska E,Cice V, Panev B
Institute for transfusion medicine, of North Macedonia

Introduction: Thrombocytopenia is defined as blood platelet count below 150 $x10^9$/L and is the second leading cause of blood disorders in pregnancy after anemia. If there isn't a physiological decrease in platelet count due to hemodilution, increased consumption in peripheral tissue and increased aggregation, then thrombocytopenia is associated with medical condition which can have serious maternal-fetal consequences and requires appropriate management.
Aim: Review a case of thrombocytopenia in pregnancy and its management.
Case description: The thrombocytopenia case was sent for further investigation from the Gynecology Department, at 34 years old pregnant woman in the 12 g.w with platelet count of 20 $x10^9$/L, with a history of two previous pregnancies, ended by spontaneous abortion and a history of repetitive epistaxis. In our laboratory were performed the screening haemostasis as well as tests for platelet aggregation and was diagnosed thrombocytopenia with hypoaggregation with ADP, collagen and ristocetin. According the consideration of her genetic mutations for thrombophilia (FV, FGB, PAI-1, MTHFR, MTRR, MTR) and her previous obstetric history she was treated with LMWH during pregnancy. The platelet count was monitored continuously and was very variable, but never below 50 $x10^9$/L. Two weeks before delivery the treatment with

corticosteroids was started and the platelet count increased to 229 $x10^9$/L. The obstetrician made decision for vaginal delivery and prophylaxis with tranexamic acid was recommended for prevention of blood loss due to thrombopathy. After six months postpartum the platelet count was 160 $x10^9$/L and we conclude that it was a gestational thrombocytopenia with excellent outcome.

Conclusion: Multidisciplinary approach is crucial for successful management of gestational thrombocytopenia and childbirth without serious complications due to it.

Keywords: pregnancy, thrombocytopenia, multidisciplinary approach

PATIENT WITH NEUROLOGICAL COMPLICATION AFTER REVACCINATION FROM COVID 19

Krstevska E1, Krstevska R2
PHI Dr. Rusanka Krstevska, Skopje, North Macedonia

INTRODUCTION: COVID-19 vaccines have helped us bring the pandemic under control, combined with effective testing and adherence to preventive measures. This case report presents a neurological complication after the second dose of vaccine.
CASE REPORT: A 76-year-old female patient comes to our clinic and complains of uncomfortable sensations in lower extremities with unstable movement. She has hypertension and ulcerative colitis from past illnesses. Romberg's test was positive. The patient was referred to the Clinic of Neurology for investigations. After the clinic examination, it is determined that the deep sensitivity of the distal extremities is affected, ataxic from , muscle-tending reflexes with negative response. Therapy was given with tabl.Decortin 60 mg 1x1 - 10 days, 1x1 50 until the next doctor control. On the next control with EMG finding in addition to generalized partial neurogenic lesion (lower extremities) segmental demyelination, but there is also axonal degeneration. Therapy with decortin continued -1x60 mg (20 days) 1x50 mg (until control) , control was scheduled for one month. The next control – improved motor function and reduced sensitive syndrome, improved mobility, but Decortin 10mg is continued for a month and then every other day. After two months, condition is stable with independent mobility. Continue with Decortin 1x10mg II day 7 days, then 1x7.5mg II day - 14 days, then 1x5mg II day until control.The next control is scheduled for two months. At the

next control, condition is stable, so the therapy with Decortin tab is continued 1x2.5mg II day for one month, then stop.
DISCUSSION: :During the covid pandemic, we monitored all patients symptoms after vaccination,many of them were not life threatening. The success of a family doctor is to recognize life-threatening complications in a time and to send the patient to a higher level of health care in order to prevent more serious complications.

A RARE CASE WITH LYMPHOMA MALIGNUM - PERIPHRAL T-CELL LYMPHOMA - HIGH GRADE WITH POSSIBLE SYNCHRONOUS PROLIFERATION OF FOLLICULAR DENDRITIC RETICULUM CELL SARCOMA

Ivana Dohcheva Karajovanov
PHI University Clinic for Dermatology, Faculty of Medicine, Ss. Cyril and Methodius University, Skopje, The Republic of North Macedonia

Abstract
We present a rare case with Lymphoma Malignum - Peripheral T-cell Lymphoma (PTCL) - High Grade with possible synchronous proliferation of Follicular Dendritic Reticulum Cell Sarcoma (FDC sarcoma).
A 62 years old male patient represented in the University Clinic for dermatology with multiple, painless skin tumours all over his body without complaints on other systems and no comorbidities. The history of several skin tumours was approximately 2 months before the initial doctor's visit. We performed multiple skin biopsies. Histopathological findings and immunohistochemically stains were the key to diagnosis. PET-CT scan revealed following findings: lesions with malignant characteristics in axillary lymph node on the left and in multiple cutaneous/subcutaneous lesions corpse and limbs. During the different diagnostic procedures that took around 2 months, the skin tumours multiplied dramatically fast. He was referred to a haematologist for further diagnostic and treatment procedures. PTCL refers to a rare group of different T-cell lymphomas that develop in lymphoid tissues outside of the bone marrow such as the lymph nodes, spleen,

gastrointestinal tract, and skin. Most PTCLs are aggressive lymphomas. FDC sarcoma is a very rare type of sarcoma. Some of its symptoms, such as painless swollen lymph nodes, are like that of lymphoma. Most FDC sarcomas develop in the lymph nodes, but about 30% develop elsewhere in the body such as the skin among others organs.

The clinical presentation of numerous hard, egg-shaped tumours on the skin should be an alarm for ruling out the diagnosis of lymphoma or/and soft tissue sarcoma.

SEXUALLY TRANSMITTED INFECTIONS - SYPHILIS AS A PUBLIC HEALTH PROBLEM

LESKAROSKA H.[1], KOVACHEVIKJ K.[2], ARSENIEVSKI Z.[3], ADZIEVSKA N.[4]

Private Health Institution Dr. Hristina, General Medicine Practice, Skopje, Republic of North Macedonia[1]

Private Health Institution Vita Katerina, General Medicine Practice, Skopje, Republic of North Macedonia[2]

Public Health Institution Centre for Public Health, Skopje, Republic of North Macedonia[3]

Public Health Institution University Clinic for Dermatovenerology, Skopje, Republic of North Macedonia[4]

INTRODUCTION: Annually 6 million cases of syphilis are registered in the world, while the number of human immunodeficiency virus (HIV) infection for 2020 is 1,5 million. In R. of N. Macedonia only one case of syphilis was reported in 2020, and 5 were reported in 2021. The same 2021y. were reported 44 HIV infections. AIM: To raise awareness among health workers and the health sector for STI, prevention, timely and available diagnosis as well as reporting.

CASE REVIEW: Patient 46y. man who have sex with men (MSM) consults due to painless wound on his penis, with dimensions of 7mm, desquamoused, clearly limited, eroding with raised rough edges, without swelling of regional lymph nodes. Due to suspicion of STI, a swab of wound and serological tests were made. The diagnose was confirmed through Polymerase Chain Reaction (PCR) for Treponema Pallidum and Treponema Pallidum Hemagglutination Assay (TPHA), made through the Institute of Public Health of the R.

of N. Macedonia. 100 mg doxycycline therapy was prescribed, twice a day for 14 days. The case was reported in the CPH-Skopje because it belongs to communicable diseases that are mandatory to report.

DISCUSSION: In the last ten years, individual cases have been registered, with the highest reported number of 8 in 2018. The reasons may be untimely diagnosis, failure to confirm, and report of confirmed cases. In R. of N. Macedonia, there are ten CPH that have available STI diagnostic tests and where the cases should be reported. The early diagnosis and treatment presented in this case study is according to World Health Organization's Global Strategy for Sexually Transmitted Infections (2016–2021), which outlines the framework of the strategy – universal health coverage, continuum of STI services and the public health approach.

KEYWORDS: STI, Syphilis, diagnose, report.

CO_2 LASER RESECTION OF THE POST-INTUBATION TRACHEAL STENOSIS (PITS) WITH CONCOMITANT DIVERTICULITIS IN A PATIENT AFTER TRAFFIC ACCIDENT

MARTIN ANGJELOV MD[1], Ass. Prof. Vesna Petreska-Dukovska MD PhD[1] Nikolche Markoski MD[1] Prof. Gjorgji Orovchanec MD PhD[1]

[1]*Department of Otorhinolaryngology, Re-Medika First Private General Hospital, 1000 Skopje N. Macedonia*

Introduction: Over the last decade, the improvement of using CO_2 lasers with the microspot and ultrapulse technologies has broadened the spectrum of the indications for endoscopic CO_2-laser resection of laryngotracheal stenosis (LTS). We present a very rare case of PITS in a patient with concomitant tracheal diverticulitis.

Case description: Male patent aged 42 was admitted to our clinic with chief medical concerns of dyspnea, stridor and difficulties in his speech. Prior to this, back then in 2004 he suffered from car accident with major brain injuries, underwent neurosurgical treatment with spending several months in ICU for recovery. There tracheostomy was made and that condition lasts until 2012. During this period because of the prolonged intubation period he gained tracheal granuloma. Indication for T-T resection and reconstruction was made and the patient underwent the surgical treatment. Several years later, his condition got worse and in 2018 he suffered again from stridor and dyspnea. Indication for surgical treatment was made so star's tracheal excision was made due to stenosis of the subglotis and the patient was discharged. After 5 years since the last intervention, patient

now seeks for medical treatment after worsening his previous condition. At our department, after clinical exam, laboratory and CT scan, the results showed stenossis of the trachea and sublgotis altogheter with diverticulum sized 4x3 mm. Immediately a decision was made so the patient undergone for Laser resection of the Trachea.

Discussion: Significant post-tracheotomy tracheal stenosis occurs in 8% of patients and is secondary to an overly large tracheotomy stoma or damage at the tracheotomy tube cuff site. Subglottic tracheal stenosis represents a major therapeutic challenge for ENT surgeons. Applying the recommended guideline's strategic management including CO_2 laser reconstruction brings better outcome and patient's satisfaction altogether with shorten hospitalization treatment.

Keywords: CO_2 laser, tracheal stenosis, resection, management, complications

MYELIN OLIGODENDROCYTE GLYCOPROTEIN ANTIBODY-ASSOCIATED DISEASE (MOGAD): THE MOST RECENTLY DEFINED INFLAMMATORY DEMYELINATING DISEASE DIAGNOSED FOR THE FIRST TIME IN A PATIENT FROM THE REPUBLIC OF NORTH MACEDONIA

DAMJAN PAVLOV[1], Ivan Barbov[2]

[1] *Medical Faculty, University of "Ss. Cyril and Methodius", Skopje, Republic of North Macedonia*

[2] *Department of Neurology, University Clinic for Neurology, Skopje, Republic of North Macedonia.*

Introduction: Myelin oligodendrocyte glycoprotein antibody-associated disease (MOGAD) is the latest defined inflammatory demyelinating disease. It preferentially affects the optic nerve, brain, and spinal cord. Through this unique case we aspire to raise awareness about diagnosing and treating this rare entity.

Case description: A 28-year old male patient presented with complaints of decreased vision and pain with movement in his right eye, epiphora, electrical sensations through his back and legs caused by neck flexion, severe fatigue, singultus, and eructation for 3 weeks. A neurological exam demonstrated signs of upper motor neuron lesion and positive Lhermitte's sign. Visual acuity testing showed a 20/40 vision. An MRI of the head and neck showed sparse but disseminated multifocal demyelinating plaques in the brain and spinal cord. Visual evoked potentials (VEP) testing demonstrated a pre-chiasmatic defect in conduction. Presence of anti-MOG antibodies and absence of anti-aquaporin 4 antibodies in the patient's serum aided in giving MOGAD as the final diagnosis.

The patient was hospitalized and treated with intravenous pulse steroid therapy for 5 days. Complete remission of the symptoms was achieved and the patient was discharged. A relapse occurred 6 months after the first episode and the patient was hospitalized again. Another MRI was ordered; however, no signs of progression of the lesions were present. A repeated VEP testing showed identical results to the first test. The treatment protocol applied during the first hospitalization was implemented again. After significant improvement the patient was discharged and advised for a follow-up after 1 month.

Discussion: MOGAD has similar clinical and radiological findings with neuromyelitis optica spectrum disorder (NMOSD), multiple sclerosis (MS), acute disseminated encephalomyelitis (ADEM), transverse myelitis (TM), and optic neuritis (ON). Being able to differentiate between these overlapping diagnoses is complex but essential in order to provide the best healthcare for the patients.

Key words: MOGAD, NMOSD, MS, rare, demyelinating, overlapping

Closing Words

As we come to the end of this abstract book for the Case Report Congress, we would like to express our gratitude to all the authors who submitted their work, as well as to the reviewers who took the time to provide valuable feedback.

The case reports presented in this book showcase the diversity and complexity of clinical practice, and serve as a reminder of the importance of careful observation, meticulous documentation, and thoughtful analysis. They also demonstrate the power of collaboration, as healthcare professionals work together to provide the best possible care for their patients.

We hope that this book will inspire further research, discussion, and collaboration, and that the knowledge gained from these case reports will ultimately lead to better outcomes for patients around the world.

Once again, we would like to thank all the authors and reviewers for their contributions, and we look forward to continued progress in the field of clinical medicine.

МАКЕДОНСКО ЛЕКАРСКО ДРУШТВО
Професионална организација на докторите по медицина
MACEDONIAN MEDICAL ASSOCIATION
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MAKEDONSKI MEDICINSKI PREGLED – JOURNAL OF MACEDONIAN MEDICAL ASSOCIATION
INTERNATIONAL CASE REPORT CONGRESS
07-09.04.2023 YEAR:77(SUPL,110),
CTP 135- , 2023
ISBN-978-9989-37-043-4
UDK:61+061.231=866=20
CODEN:MK MPA 3 ISSNOO25-1097

МАКЕДОНСКО ЛЕКАРСКО ДРУШТВО

Професионална организација на докторите по медицина

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