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Welcome Note

Dear esteemed colleagues and friends,

It is a great honor and pleasure to welcome you to the abstract book of the 4th International Case Report Congress, organized by the Macedonian Medical Association.

This Congress once again brought together healthcare professionals from diverse backgrounds, providing a platform for the exchange of clinical experiences, innovative approaches, and valuable insights. The presented case reports reflect the dedication, expertise, and commitment of medical professionals to advancing patient care and medical knowledge.

I am proud of the role this Congress continues to play in fostering scientific discussion, encouraging research, and strengthening international collaboration. The knowledge shared throughout this event contributes meaningfully to the ongoing development of clinical practice and medical education.

I would like to express my sincere gratitude to all participants, distinguished speakers, and the organizing committee for their efforts in making this Congress a success.

May the outcomes of this Congress continue to inspire progress and collaboration in healthcare.

Prof. Dr. Goran Dimitrov

President of the Macedonian Medical Association

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REPRODUCTIVE HEALTH SESSION

A RARE AND COMPLEX PRENATAL PHENOTYPE WITH A NORMAL KARYOTYPE: A CASE REPORT OF A FETUS WITH AGENESIS OF THE CORPUS CALLOSUM, VENTRICULOMEGALY AND CLEFT PALATE

Pavlina Korunoska, Prim.D-r Vaso Korunoski ,Prof.D-r Goran Dimitrov
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Field of Medicine
Gynecology and Obstetrics / Fetal Medicine / Prenatal Diagnosis

Background:
Prenatal diagnosis of multiple fetal structural anomalies represents a significant diagnostic and counseling challenge, especially when severe abnormalities are detected in the presence of a normal conventional karyotype. In such cases, prognosis assessment depends not only on genetic findings, but also on detailed imaging and multidisciplinary evaluation.

Case report:

We present the case of a 28-year-old woman in her second pregnancy, referred for a routine fetal morphology scan at 22 weeks of gestation. Ultrasound examination revealed absence of the cavum septi pellucidi, agenesis of the corpus callosum, moderate ventriculomegaly with an atrial diameter of 15 mm, and cleft palate. These findings suggested a complex syndromic fetal condition with poor prognosis. Termination of pregnancy and further genetic evaluation were recommended. The patient sought a second opinion. At 24 weeks of gestation, amniocentesis and fetal magnetic resonance imaging were performed. Conventional karyotyping was normal, while fetal MRI confirmed the previously detected central nervous system abnormalities. Despite the normal karyotype, the severity and combination of anomalies remained highly suggestive of a severe developmental disorder with an unfavorable outcome. After detailed counseling and additional diagnostic evaluation, the patient made an informed decision to terminate the pregnancy.

Conclusion:
This case emphasizes the critical role of expert prenatal ultrasound and detailed fetal morphological assessment in identifying complex structural anomalies. Accurate interpretation, combined with thorough multidisciplinary counseling, allows parents to make informed decisions regarding the pregnancy. While clinicians provide guidance and recommendations, the final decision always remains with the patient, respecting maternal autonomy and ethical principles in fetal medicine.

Keywords:
prenatal diagnosis; agenesis of the corpus callosum; ventriculomegaly; cleft palate; normal karyotype.

Multisystem recovery in an adolescent endurance athlete with relative energy deficiency in sport (REDs): case report

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Abstract

Background: Relative Energy Deficiency in Sport (REDs) is a multisystem clinical condition caused by chronic low energy availability, frequently observed in adolescent endurance athletes[1,2]. It affects reproductive, skeletal, and endocrine function and represents an expanded concept beyond the Female Athlete Triad[3]. Functional hypothalamic amenorrhea is a common endocrine manifestation resulting from hypothalamic suppression[4]. Impaired bone mineral density during adolescence may compromise peak bone mass acquisition and long-term skeletal health[5,6].

Case Presentation: A 17-year-9-month-old female long-distance runner presented at age 16 years and 4 months with secondary amenorrhea lasting 2.5 years. At initial evaluation, body weight was 43 kg at a height of 165 cm (BMI 15.8 kg/m²). Hormonal evaluation demonstrated functional hypothalamic suppression: FSH 6.7 IU/L, LH <1.0 IU/L, and estradiol 23.4 pg/mL. Pelvic ultrasound showed a small uterus (APD 20 mm), thin endometrium (3–4 mm), and small ovaries (~20 mm). Dual-energy X-ray absorptiometry revealed decreased bone mineral density (lumbar spine T-score –2.0), consistent with osteopenia. A 16° thoracolumbar kyphoscoliosis duplex was diagnosed, and an orthopedic brace was prescribed.
A multidisciplinary treatment approach was initiated in accordance with consensus recommendations[1–3], including nutritional rehabilitation (+~500 kcal/day) and marked reduction progressing to temporary cessation of training.

Follow-up: At 3 months, partial endocrine recovery was observed (FSH 10 IU/L, LH 3.18 IU/L, estradiol 30.1 pg/mL), with ultrasound evidence of follicular development and increased endometrial thickness (9 mm). At 6 months, further hormonal normalization occurred. After 8 months, body weight increased to 54 kg (BMI 19.8 kg/m²), with spontaneous resumption of regular menstrual cycles.

Conclusion: This case highlights the reversible endocrine and skeletal consequences of REDs in adolescent endurance athletes. Early recognition and restoration of adequate energy availability led to progressive hormonal normalization, menstrual recovery, and stabilization of bone health[1–5].

Keywords: Relative Energy Deficiency in Sport (REDs); adolescent athlete; functional hypothalamic amenorrhea; osteopenia; low energy availability.

AUTOSOMAL RECESSIVE POLYCYSTIC KIDNEY DISEASE IN FETUS- THE ROLE OF THE EARLY DIAGNOSIS - CASE STUDY

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ARPKD is inherited in an autosomal recessive manner. If both parents are carriers of the ARPKD gene mutation, there is a 25% chance with each pregnancy that their child will have ARPKD. The early signs can appear during the first few months of life and or during pregnancy. A fetal death may occur due to a severe oligohydramnios, and pulmonary insufficiency.
The aim of the case study presentation is to point out the importance of the ultrasound diagnosis as early as possible in the pregnancy.
Methods: Ultrasond, amniocentesis and chorionic villus sampling, cytopathologic analysis and PCR amplification and sequencing of PKHD1 gene in the parents' blood, amniotic fluid and chorionic villi.
Results:The patient is 29 years old woman, in her fourth pregnancy. Prior this pregnancy she had delivered two times by cesarean section - term pragnancies (both times exitus neonati occured). Post mortem examination showed a suspicion for autosomal recessive polycystic kidney disease. After these events, the parents were examined for PKHD1 gene mutation and it was confirmed that both of them are carriers. The third pregnancy ended with an induced abortion-amniocentesis confirmed the fetus is a homozygote for ARPKD. In the fourth pregnancy a chorionic villus sampling was performed and a fetus was found with a heterozygote for ARPKD and the pregnancy was successful with a viability of the fetus.
Conclusion:The timely intervention of gynecologist can prevent unfavorable effects- emotional and medical consequences from cesarean section and delivering sick child and exitus neonati.
Key words: kidney, autosomal reccesive manner, fetal/neonatal death

Prenatal Diagnosis and Clinical Management of Bilateral Congenital Cystic Adenomatoid Malformation: A Case Report

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Congenital cystic adenomatoid malformations (CCAM) are rare congenital cystic disorders of the fetal lung caused by excessive proliferation of bronchial structures. They account for 25% of all congenital lung malformations and represent up to 95% of congenital cystic lung lesions.

The main objective of this case report is to describe the importance of careful prenatal diagnosis, evaluate the clinical outcomes in affected fetuses, and discuss the necessity of pregnancy termination based on prognosis.

We present a 30-year-old patient in her second pregnancy who was referred to the University Clinic of Gynecology and Obstetrics at 21 weeks of gestation for a second-trimester fetal anomaly screening. Ultrasonography demonstrated an abnormal fetal lung, characterized by hyperechogenic and cystic lesions predominantly in the right lung lobe, with displacement of the fetal heart. The largest cyst measured 10 mm in diameter. Amniocentesis was performed, and the results for chromosomal abnormalities were negative for trisomies 13, 18, and 21. Fetal magnetic resonance imaging also confirmed the diagnosis. Following counseling and after reviewing the results, pregnancy termination was performed in accordance with legal and ethical regulations. Pathohistological examination of the fetus confirmed the diagnosis.

Congenital cystic adenomatoid lung malformations have different prognoses depending on the type. Therefore, CCAM remains a significant challenge for obstetricians, neonatologists, and pediatric surgeons. For cases with poor prognosis, pregnancy termination is preferred, while other cases should involve consultation with a neonatologist and pediatric surgeon for postpartum management.

Keywords: Congenital cystic adenomatoid malformation (CCAM), prenatal diagnosis, fetal lung malformations, high-risk pregnancy, termination of pregnancy.

Successful pregnancy in a patient with classical congenital adrenal hyperplasia

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Introduction: Congenital adrenal hyperplasia (CAH) is an inborn autosomal recessive disease, which is a result of an enzyme defect involved in cortisol synthesis, finally resulting in cortisol deficit. Classical form of CAH starts at infancy and causes severe cortisol insufficiency. The hormonal misbalance leads to compromised adrenal function and female virilization. Spontaneously conceived pregnancy in a patient with classical CAH is a rare clinical entity, since these patients face with severely impaired fertility due to menstrual irregularities, dysfunctional ovulation and impaired endometrial development. Optimal monitoring during pregnancy poses a serious challenge because the disease affects both the mother and her fetus.

Case report summary: We present a rare case of spontaneously conceived pregnancy, without any previous fertility treatment or preconception therapy. A 30-year old women presented at our clinic in 34th gestational week, with appropriate for the gestational age fetus in vertex presentation. She was on a continuous therapy with hydrocortisone at 15–25 mg/day fractioned in 2–3 doses. Genital reconstructive surgery had been performed during childhood. Regular obstetric controls were scheduled once weekly, following fetal growth and amniotic fluid index. Programmed delivery with cesarean section was performed at 39th gestational week and healthy female fetus, without genital virilization signs was born.

Conclusion: Pregnancy in a patient with classical form of CAH is still diagnostic and clinical dilemma and it is still widely debated. There is great heterogeneity in current practice for evaluation and pharmacological choices during pregnancy. The goal for affected pregnant woman is to prevent adrenal crisis, reduce fetal exposure to androgens, corticoids and to appropriately choose the timing of delivery without any risk to reconstructed genitalia.

NONIMMUNE HYDROPS FETALIS: A CASE REPORT

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Background:
Nonimmune hydrops fetalis (NIHF) is a severe fetal condition characterized by abnormal fluid accumulation in at least two fetal compartments—such as subcutaneous tissue, pleural cavity, pericardial space, or peritoneal cavity—in the absence of maternal red cell alloimmunization. The estimated incidence ranges from 1 in 2,500 to 1 in 3,000 pregnancies. NIHF is associated with significant perinatal morbidity and mortality, with outcomes largely dependent on the underlying etiology, gestational age at diagnosis, and severity of fetal compromise. The condition represents the final common pathway of various pathological processes affecting fetal fluid balance, including chromosomal abnormalities, structural malformations, infections, and placental disorders. However, the etiology remains unidentified in a proportion of cases despite comprehensive evaluation.

Objective:
To present a case of severe NIHF associated with multiple fetal structural anomalies and to emphasize the importance of early prenatal screening and diagnostic evaluation in identifying potential genetic or developmental disorders and guiding pregnancy management.

Case Presentation:

A 27-year-old G2P1 woman with inadequately monitored pregnancy was referred at 27 weeks of gestation after ultrasonography revealed severe fetal hydrops with generalized fluid accumulation involving the scalp, thorax, abdomen, and extremities. Additional findings included massive polyhydramnios, shortened lower extremities with bilateral pes equinovarus, features suggestive of pseudoachondroplasia, and a lemon-shaped skull without spina bifida. Amniocentesis excluded chromosomal aneuploidy. Following multidisciplinary assessment and approval by the institutional medical commission, pregnancy termination was performed at 29 weeks of gestation. Autopsy of the stillborn female fetus (1050 g) confirmed generalized hydrops, symmetrical intrauterine growth restriction, microcephaly, facial dysmorphism, limb shortening, pes varus deformity, and placental pathology with chronic villitis suggestive of possible congenital infection.

Conclusion:
This case highlights the severe clinical presentation and poor prognosis of NIHF associated with multiple congenital anomalies. Early prenatal diagnosis and comprehensive evaluation are crucial for appropriate pregnancy management, parental counseling, and assessment of recurrence risk in future pregnancies.

Keywords: Nonimmune hydrops fetalis, fetal edema, prenatal diagnosis, congenital anomalies, perinatal outcome.

Clinicopathological Features of CIN III Associated with High-Risk HPV 16

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Abstract:
High-grade cervical intraepithelial neoplasia (CIN III) represents a significant premalignant condition of the cervix, most commonly associated with high-risk human papillomavirus (HPV) infection. We present the case of a female patient born in 1996 with a confirmed diagnosis of CIN III, HPV type 16 positivity, and status post punch biopsy and endocervical curettage (ECC).

The patient underwent large loop excision of the transformation zone (LLETZ) as the primary therapeutic intervention. Histopathological examination of the excised specimen revealed cervical epithelial dysplasia of moderate grade, consistent with high-grade squamous intraepithelial lesion (HSIL). Careful assessment of resection margins demonstrated that the circumferential epithelial margin, circumferential stromal margin, and the cone apex were all free of dysplastic tissue, indicating complete excision.

Additional immunohistochemical analysis using Ki-67 showed continuous nuclear expression in the distal half of the cervical epithelium, supporting the diagnosis of a high-grade intraepithelial lesion with increased proliferative activity. The dysplastic changes were localized at the 2 o'clock position of the cervix. Final pathological conclusion confirmed a moderate-grade epithelial dysplasia (SIL) of the cervix with clear surgical margins.

This case highlights the importance of early detection, accurate histopathological evaluation, and appropriate surgical management of high-grade cervical lesions in young women. Complete excision with negative margins achieved through LLETZ remains an effective and fertility-preserving treatment option for CIN III associated with high-risk HPV, emphasizing the role of structured follow-up and HPV surveillance in reducing the risk of progression to invasive cervical carcinoma.

Keywords: CIN III, HPV 16, LLETZ, HSIL, cervical dysplasia

Giant Adult-Type Granulosa Cell Tumor of the Right Ovary Presenting With Endometrial Hyperplasia, Postmenopausal Bleeding and Secondary Anemia : A Case Report

BEKIM ELEZI, Vjosa Useini, Dimitar Kalcovski, Blagica Terpo Gorica, Megi Markoski

Background: Adnexal masses in postmenopausal women warrant careful evaluation due to increased malignancy risk. Estrogen-producing tumors, such as granulosa cell tumors, may present endometrial hyperplasia with postmenopausal bleeding and secondary anemia.

Case Presentation: A 64-year-old postmenopausal woman was admitted with recurrent metrorrhagia and symptomatic severe anemia. Her medical history included three prior curettage procedures for abnormal uterine bleeding. Hemoglobin levels ranged from 63 to 98 g/L. Tumor markers were within normal reference limits. Pelvic ultrasound revealed a large cystic mass of the right adnexa measuring 18 × 12 cm and a thickened endometrium of 18 mm. Contrast-enhanced computed tomography demonstrated a well-defined cystic lesion with thickened walls and internal septations, suspicious for ovarian origin. Previous three histopathology from curettage showed simple endometrial hyperplasia without atypia.

Management and Outcome: Given the patient's postmenopausal status, persistent bleeding, severe anemia, and suspicious imaging findings, definitive surgical treatment was performed. Total abdominal hysterectomy with bilateral adnexectomy via median laparotomy was undertaken. Intraoperatively, a giant cystic tumor arising from the right ovary was identified and completely excised, weighing 543g with dimension 16x13,5x8cm. The postoperative period was uneventful..

Final histopathological examination confirmed an adult-type granulosa cell tumor of the right ovary.

Conclusion: Adult-type granulosa cell tumors are rare estrogen-secreting ovarian neoplasms that may manifest with endometrial hyperplasion, postmenopausal bleeding and secondary anemia. This case underscores the importance of early recognition and definitive surgical management in postmenopausal women with large adnexal masses, even when tumor markers are normal.

Keywords: granulosa cell tumor; postmenopausal bleeding; severe anemia; endometrial hyperplasia.

MECKEL – GRUBER SYNDROME

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Introduction. Meckel-Gruber syndrome is a rare, lethal autosomal recessive disorder, which is characterized by cystic renal disease, central nervous system malformation, polydactyly and hepatic abnormalities. It caries a high risk of recurrence, and antenatal diagnosis is possible in the early gestational weeks.

Case report. A 34-year-old patient with a second pregnancy at 17 weeks of gestation. The first pregnancy was terminated by cesarean section and a healthy male fetus was delivered. Other anamnestic data were unremarkable. Ultrasonographically, we detected a bone defect of the parieto-occipital region with protrusion of brain tissue. An induction of abortion with oxytocin was performed. After the expulsion of fetus and placenta, we performed an instrumental revision of the uterine cavity. The autopsy and histopathological analysis showed that it was a male fetus with a body weight of 135 grams and a body length of 18 cm. On external inspection, an encephalocele measuring 3.3x1x0.4 cm was seen in the area of the small fontanelle on the head. 6 fingers were visible on each of the upper and lower extremities. After opening the calvaria, there was a diffuse subarachnoid hemorrhage. The visceral organs had a normal configuration and location in the appropriate anatomical compartments. On cross-section analysis, it was found that the kidneys were cystically changed. The remaining visceral organs had stagnant changes. Microscopically, kidney specimens showed multiple cystic spaces luminally lined by cuboidal epithelium. Primitive glomerular structures were seen peripherally. The finding was consistent with Meckel Gruber Syndrome associated with hexadactyly, occipital encephalocele and renal cystic dysplasia. Genetic testing was not performed.

Conclusion. Prenatal ultrasonographic diagnosis is most important. Meckel-Gruber Syndrome is a lethal disorder. The parents should be counseled about prognosis of the fetus, the need for timely and safe termination of pregnancy and possibility of recurrence in the next pregnancies.

Key words: Meckel-Gruber Syndrome, hexadactyly, occipital encephalocele, renal cystic dysplasia

Diagnosis of malignant uterine perivascular epithelioid cell tumor: a case report of life-threatening ileus due to peritoneal metastases

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Uterine perivascular epithelioid cell tumors (PEComas) constitute a subset of gynecological mesenchymal neoplasms composed of perivascular epithelioid cells with immunoreactivity for myogenic and melanocytic markers. PEComas usually exhibit benign biological potential, while documented cases with aggressive malignant behavior are rare.
This report describes the case of a 50-year-old female patient presenting with abdominal pain. The CT scan of the abdomen showed a 25 cm neoplastic mass originating from the uterus, with probable peritoneal metastases and potentially life-threatening ileus. Urgent palliative surgery was performed, consisting of total abdominal hysterectomy with bilateral salpingo-oophorectomy, peritoneal excision, and resection of the rectosigmoid colon with colostomy formation. Initial postoperative histopathological examination revealed an undifferentiated sarcoma composed of loosely arranged spindle cells and numerous multinucleated giant tumor cells. Immunohistochemical (IHC) analysis showed positive IHC reaction to SMA, CD56, CD10, and HMB45, with partially positivity to Caldesmon, while desmin, Melan A, S100, CD117, Cyclin D1, BCOR, DOG1, ER and MiTF were negative. TFE3 was also negative. Based on these findings the patient was diagnosed with malignant PEComa. Following surgical management and definitive diagnosis, the patient received systemic therapy with an mTOR inhibitor. However, local recurrence was detected on the follow-up CT scan of the abdomen, preformed one month after the initiation of systemic therapy, due to recurrent abdominal pain.
Given the limited number of reported malignant cases worldwide, this case report highlights the importance of considering malignant PEComa in the differential diagnosis of suspected malignant sarcoma.

Keywords: malignant uterine perivascular epithelioid cell tumor, malignant sarcoma, peritoneal metastases, potentially life threatening ileus

FETAL BRONCHOPNEUMONIA AS A CAUSE OF FETAL DEATH AND SPONTANEUS ABORTION IN THE SECOND TRIMESTER

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Introduction. A common cause of second trimester pregnancy loss is chorioamnionitis, usually resulting from an infection ascending from the vagina, or untreated urinary tract infection (particularly those involving Group B Streptococcus). Fetal bronchopneumonia in the second trimester is a severe, often fatal condition, typically resulting from intrauterine infection, which can lead to rapid fetal death. Fetal pneumonia is ultrasonographically presented by hyperechoic fetal lungs and often associated with infected amniotic fluid.

Case report. A 34-year-old patient with her first pregnancy, achieved by in vitro fertilization. At 19 gestational weeks she was hospitalized due to amniotic fluid leakage and uterine contractions. Ultrasonographically, we detected a fetus with an absent heart action and a reduced amount of amniotic fluid. A spontaneous abortion occurred. The fetus and placenta were sent for autopsy. Velamentous insertion of the umbilical cord was detected. Histologically, there was a maternal inflammatory reaction in the form of necrotizing chorioamnionitis and a fetal inflammatory reaction in the form of umbilical phlebitis. Acute intervillosis, perivillous fibrinoid deposition and a retroplacental hematoma were also present. Microscopic analysis of visceral organ samples showed a bronchopneumonic focus in the right lung. The underlying disease that caused the fetal death was chorioamnionitis, and the cause of fetal death was antenatal asphyxia due to right-sided bronchopneumonia. The patient was treated with broad-spectrum antibiotics and discharged in good condition.

Conclusion. In this case there was an acute, severe infection of the membranes (necrotizing chorioamnionitis) and the umbilical cord (umbilical phlebitis/funisitis) which had led to fetal sepsis and bronchopneumonia as a complication. We want to emphasize the importance of timely diagnosis and appropriate treatment of vaginal, cervical or urinary tract infection with pathogenic microorganisms, to prevent the occurrence of chorioamnionitis and premature rupture of membranes, which can lead to severe complications such as fetal bronchopneumonia and fetal death.

Key words: fetal bronchopneumonia, fetal death, chorioamnionitis

Cystic Fibrosis – Associated Obstructive Azoospermia: A Case Report

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Introduction: Cystic Fibrosis (CF) is an autosomal recessive hereditary disease, which is caused by mutations in a gene known as Cystic Fibrosis Transmembrane Regulator (CFTR) with strong involvement of multiple organs. In male patients, cystic fibrosis is strongly associated with infertility, most often as a result of congenital bilateral absence of the vas deferens, which leads to obstructive azoospermia. Although spermatogenesis is typically preserved, infertility remains a major concern for affected males in adulthood. Laboratory andrological evaluation and a detailed medical history play a key role in the diagnostic process and further reproductive planning.

Case report: We report the case of a 42 year old male patient with a known diagnosis of cystic fibrosis who was referred to the laboratory for semen analysis at the Institute of medical histology and embryology as part of fertility evaluation prior to in vitro fertilization. Anamnestic data revealed no previously documented fertility and no history of spontaneous conception in the patient's partner. Semen analysis confirmed azoospermia, hypospermia and low seminal pH. Given the suspicion of obstructive azoospermia, the patient underwent micro – testicular sperm extraction (micro – TESE) procedure. Histopathological examination demonstrated normal spermatogenesis, consistent with CF – related obstructive azoospermia.

Conclusion: The results obtained from the analysis confirm the characteristic reproductive manifestations of cystic fibrosis in males, in whom infertility primarily results from obstruction of the male reproductive tract rather than impaired sperm production. Therefore, comprehensive andrological assessment including semen analysis and micro-TESE when indicated is essential in cystic fibrosis affected men seeking fertility treatment. Early identification of preserved spermatogenesis allows prompt counseling and optimization of assisted reproductive outcomes through a multidisciplinary approach.

Keywords: obstructive azoospermia, cystic fibrosis, male infertility

Prevalence of Streptococcus agalactiae Among Pregnant Women Tested at the Public Health Center - Kochani

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Case Presentation: A total of 399 pregnant women aged 15–45 years underwent routine perianal swab screening prior to delivery at the Public Health Center – Kochani. This study was conducted from January to December 2025. Out of the 399 pregnant women tested, *Streptococcus agalactiae* was isolated in 37 cases (9.3%), while 362 women (90.7%) were negative. Age-group analysis of positive cases showed: 3 cases (8.1%) in women aged 15–20 years, 19 cases (51.4%) in the 21–30 age group, 13 cases (35.1%) in the 31–40 age group, and 2 cases (5.4%) in the 41–45 age group. All cases were detected using standard microbiological diagnosis of perianal swabs. No symptoms or clinical complications were reported at the time of screening. Positive patients were managed according to standard protocols for *Streptococcus agalactiae* colonization in pregnancy, including intrapartum antibiotic prophylaxis to prevent neonatal infection. The clinical approach was focused on early detection and prevention of maternal and neonatal complications. Follow-up data on neonatal outcomes were limited. However, all positive patients received standard clinical care to reduce the risk of vertical transmission. No adverse maternal outcomes were reported during the study period. The study demonstrated a 9.3% prevalence of *Streptococcus agalactiae* among pregnant women tested at the Public Health Center – Kochani. The highest prevalence was observed in women aged 21–30 years. Routine screening and timely intervention remain essential to reduce the risk of maternal and neonatal infections.

Keywords: *Streptococcus agalactiae,* pregnant women, perianal swab, colonization, prenatal screening

Mucinous Cystadenocarcinoma of the Ovary Identified During Pregnancy and Managed at Cesarean Section: A Case Report

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Abstract

Background:

Adnexal masses in pregnancy are uncommon and predominantly benign; however, they pose significant diagnostic and therapeutic challenges. Despite their generally benign nature, malignancy must be considered, particularly in cases of persistence or progressive enlargement. As imaging findings may be inconclusive and tumor markers normal, persistent or enlarging cysts warrant careful evaluation, since malignancy cannot be excluded solely on benign-appearing imaging or laboratory results.

Case Presentation:

A 32-year-old woman, G2P2, had her first pregnancy achieved through in vitro fertilization and embryo transfer, delivered by elective cesarean section. Two years later, she conceived spontaneously. During routine second-trimester ultrasonography in the second pregnancy, a right ovarian cyst measuring 6.6 × 7.5 cm was detected and interpreted as a homogeneous lesion consistent with an endometrioma. The patient remained asymptomatic, and serial imaging showed slow enlargement without solid components, papillary projections, ascites, torsion, or rupture. Given the prior cesarean section and the persistent adnexal mass, an elective repeat cesarean section with intraoperative ovarian evaluation was planned. At term, a healthy 3000 g newborn was delivered. Intraoperatively, a markedly enlarged cystic tumor of the right ovary was identified and right adnexectomy was performed. The specimen (906 g) consisted of a multicystic ovarian tumor with an intact capsule and mucinous content, including a 3.5 × 2 cm papillary proliferation. Final Histopathological Diagnosis was CYSTADENOCARCINOMA MUCINOSUM OVARII LATERIS DEXTRI. Histopathological analysis revealed a well-differentiated mucinous cystadenocarcinoma with predominantly expansive growth and focal stromal invasion. No lymphovascular invasion was observed, and the fallopian tube was histologically normal. Final staging was pT1a pNX G1 L0 V0, corresponding to FIGO stage IA. Postpartum tumor marker evaluation showed values within reference ranges. The postoperative course was uneventful, and the patient was referred for oncologic follow-up. Given complete surgical resection and early-stage disease, the prognosis is favorable, and six-month follow-up is recommended.

Conclusion:

This case demonstrates that early-stage mucinous ovarian carcinoma may mimic a benign endometrioma during pregnancy and may present with normal tumor marker levels. Benign-appearing imaging and reassuring laboratory findings do not exclude malignancy. Persistent adnexal masses in pregnancy require vigilant monitoring and thorough intraoperative assessment, as definitive diagnosis relies on histopathological examination.

PREGNANCY AFTER KIDNEY TRANSPLANTATION

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Pregnancy after kidney transplantation is a high-risk condition that requires a multidisciplinary approach and careful monitoring due to the increased risk of maternal and fetal complications.

We present a case of a normal pregnancy in a patient with a kidney transplant, three years after transplantation, burdened with chronic hypertension and continuous immunosuppressive therapy with tacrolimus (Prograf) and Imuran.

The patient became pregnant three years after a successful kidney transplantation with stable graft function. The pregnancy was managed as high-risk with regular nephrological and gynecological-perinatological controls, monitoring of renal function, blood pressure values and serum immunosuppressive concentrations. During gestation, stable graft function was maintained without signs of acute rejection. Chronic hypertension was regulated with antihypertensive therapy, without the development of preeclampsia. No significant fetal complications were noted, and fetal growth and development were normal.

The pregnancy was electively terminated by cesarean section at 39 weeks of gestation, with the birth of a viable newborn of normal birth weight and good general condition. The postoperative course of the mother was uneventful, without deterioration of renal function, with continued immunosuppressive therapy and stable laboratory parameters.

This case report confirms that with adequate patient selection, stable graft function, control of arterial hypertension and careful pregnancy management, it is possible to achieve a favorable maternal and perinatal outcome in women with kidney transplants. Timely pregnancy planning and multidisciplinary supervision are key factors for success.

Key words: pregnancy, kidney transplantation

PREGNANCY WITH SEVERE HYPOTHYREOIDISM

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Pregnancy with severe hypothyreidism is a type of pregnancy that requires a multidisciplinary approach and careful monitoring due to the increased risk of maternal and fetal complications. Severe, untreated hypothyroidism in pregnancy significantly raises the risk of miscarriage, preterm birth, preeclampsia, and fetal neurocognitive impairment.

We present a case of a spontaneus pregnancy in a patient that had history of hashimoto thyroiditis from childhood - age 8.

The patient became pregnant and did not take any thyroid hormone replacement therapy for months before even though it was subscribed. As a part of laboratory testing in 8th week of pregnancy, TSH results were extremely worrisome as it level was unmeasurable in laboratory (it said more than 100 mIU/L) .

The patient was referred to a perinatology specialist by endocrinologist and suggested to consider terminating the pregnancy due to high risk of complications. Patient declined.

The pregnancy was managed as high-risk with regular gynecological-perinatological controls and also regular controls of endocrinologist. No significant fetal complications were noted, and fetal growth and development were normal.

As patient did not have spontaneus contractions by gestational age of 41 weeks of pregnancy, the labour was induced with the help of Cook catheter with the birth of a viable newborn of normal birth weight and good general condition. Mother was discharged with stable laboratory parameters.

This case shows that we have the ability to manage the pregnancy with severe hypothyreidism in the right way if the timing of therapy and patient is ready to cooperate.

Key words: pregnancy, thyoid gland, hypothyroidism

First trimester medical abortion in patient with Eisenmenger syndrome

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Abstract

Background: Eisenmenger syndrome (ES) is a rare and high-risk condition in pregnant women, with an incidence of approximately 3% among those with congenital heart defects. Pregnancy in these patients carries a significantly elevated risk of maternal mortality (30%–50%) and fetal complications. Therapeutic abortion, particularly in the first trimester, is strongly advised due to these risks, although even first-trimester termination carries a 5–10% maternal mortality rate.

Case Presentation: A 24-year-old pregnant woman, gravida 1, at 7 weeks gestation, was referred to the University Clinic for Gynaecology and Obstetrics in Skopje for pregnancy termination due to Eisenmenger syndrome. She had previously been evaluated at a cardiology clinic, where she was diagnosed with congenital heart malformations and developed ES in childhood. On examination, she presented with dyspnea, central and peripheral cyanosis, and fatigue. Cardiological evaluation revealed an ejection fraction of 48%, elevated pulmonary artery systolic pressure, a dilated right ventricle, and right-to-left shunting. Despite medical advice, she had not used contraception and conceived immediately after marriage. Ultrasound confirmed a viable pregnancy with fetal heart activity at 7 weeks.

A multidisciplinary consultation involving obstetrics, cardiologist, and anesthesiologist led to the decision for medical abortion. The procedure involved the administration of 200 mg Myfegyne, followed by 400 mcg sublingual and 400 mcg vaginal Misoprostol. Expulsion of the fetus and placenta occurred 3 hours later. Due to residual tissue, a uterine revision was performed under analgosedation and cervical block, which was completed without complications.

Conclusion: Early pregnancy termination is the safest option for women with Eisenmenger syndrome, ideally within the first trimester. Pregnancy should be strongly avoided in these patients due to the high maternal mortality rate and poor prognosis for the fetus.

Keywords: Eisenmenger syndrome, pregnancy termination, first trimester, medical abortion.

Twin Reversed Arterial Perfusion (TRAP) Sequence in a Monochorionic Diamniotic Twin Pregnancy: A Case Report

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Abstract

Background: Twin reversed arterial perfusion (TRAP) sequence is a rare and severe complication unique to monochorionic multiple pregnancies, occurring in approximately 1% of monochorionic twin gestations. It is characterized by abnormal arterio-arterial and veno-venous placental anastomoses, through which a structurally normal pump twin perfuses a malformed acardiac twin. The resulting retrograde flow of poorly oxygenated blood increases cardiac workload in the pump twin, predisposing to high-output cardiac failure, hydrops fetalis, polyhydramnios, preterm birth, and perinatal mortality rates of up to 50–75% without intervention.

Case Presentation: A patient with a spontaneously conceived monochorionic diamniotic twin pregnancy was admitted at 26+3 weeks of gestation with a known diagnosis of TRAP sequence. Ultrasound evaluation demonstrated a structurally normal pump twin with biometric parameters appropriate for gestational age (estimated fetal weight 974 g) and Doppler indices within normal reference ranges. Mild cardiomegaly and tricuspid regurgitation indicated increased hemodynamic load. The co-twin was identified as a large acardiac mass with partial anatomical development predominantly involving the lower body and absent cardiac activity. A single anterior monochorionic placenta was confirmed.

Management and Outcome: Following multidisciplinary consultation, intrauterine fetal intervention was not undertaken due to advanced gestational age and the anticipated risk of extreme prematurity. Conservative inpatient management included close maternal–fetal surveillance, tocolysis, antenatal corticosteroids for fetal lung maturation, and supportive therapy. The pregnancy was completed by preterm cesarean section due to evolving maternal–fetal risk. The pump twin was delivered weighing 1180 g, required prolonged neonatal intensive care, and was discharged in stable condition at 2000 g. The acardiac twin was delivered as a nonviable malformed fetus consistent with TRAP sequence.

Conclusion: This case illustrates the complexity of managing TRAP sequence diagnosed at advanced gestational age. Although fetal intervention may improve survival in selected high-risk cases, expectant management with intensive monitoring remains a reasonable strategy when procedural risks outweigh potential benefits. Individualized multidisciplinary decision-making and careful surveillance are essential to optimize outcomes for the pump twin.

Case report: Vanishing twin syndrome diagnosed at 7 weeks of gestation with placental confirmation at term

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Abstract

Background: Vanishing twin syndrome (VTS) refers to the spontaneous demise of one fetus in a multiple pregnancy, most commonly during the first trimester. With widespread use of early ultrasound, its diagnosis has increased.

Case Presentation: A 22-year-old gravida 2 para 1 woman was diagnosed with a spontaneous dichorionic diamniotic twin pregnancy at 7 weeks of gestation. At 8 weeks, one twin showed absence of cardiac activity consistent with early fetal demise. The pregnancy was monitored throughout gestation without maternal or fetal complications. At term she delivered a healthy neonate. Placental examination after delivery revealed macroscopic remnants consistent with a resorbed twin gestational sac.

Conclusion: Early first trimester demise of one twin in a dichorionic pregnancy generally carries a favorable prognosis. Placental examination may provide confirmation of vanishing twin syndrome at delivery.

Keywords: Vanishing twin syndrome, twin pregnancy, early fetal demise, placental remnants, dichorionic pregnancy.

TRUE KNOT OF THE UMBILICAL CORD AS A CAUSE OF FETAL DEATH

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Introduction. Until the last month of pregnancy, the fetus has enough space to twist, turn, and roll. These movements can lead to a true knot formation. The knot can become tight and affect the flow of oxygen and nutrients to the baby. A true umbilical cord knot (TKUC) can lead to poor perinatal outcomes: fetal growth restriction, low Apgar scores at birth, fetal hypoxia or fetal death. Risk factors are: increased cord length, polyhydramnios, male fetus, amniocentesis, monoamniotic twins, grand multiparity. The majority of findings of TKUC are incidental and usually without adverse perinatal outcomes.

Case report. A 33-year-old female patient with a first pregnancy, at 37 weeks of gestation, a slightly increased amount of amniotic fluid was detected and a fetus biometrically corresponded to 38 weeks of gestation. A non-stress test was reactive. Two weeks later, she came with absent fetal movements and ultrasonographically we detected an absence of fetal heart action. The labor was induced with oxytocin and she delivered a dead male fetus with a body weight of 4000 grams and a body length of 53cm. An autopsy showed that the fetus had a regular osteomuscular structure, without developmental malformations. Histological analysis of lungs showed a presence of massive aspiration of amniotic fluid, with an advanced autolysis of the remaining visceral organs. The dominant finding were changes of placenta caused by the true knot found at 56 cm from the placental insertion of the umbilical cord. There was an intervillous fibrinoid deposition, an increased number of syncytial nodules, fibrosis of the placental villi and fresh infarctions of the placental plate. Funnicular blood vessels stasis was present. The cause of fetal death was uteroplacental circulatory insufficiency.

Conclusion. We should suspect TKUC in patients with risk characteristics and attempt to detect it prenatally by ultrasound.

Key words: umbilical cord, true knot, fetal death

Giant Adult-Type Granulosa Cell Tumor of the Right Ovary Presenting With Endometrial Hyperplasia, Postmenopausal Bleeding and Secondary Anemia : A Case Report

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Background: Adnexal masses in postmenopausal women warrant careful evaluation due to increased malignancy risk. Estrogen-producing tumors, such as granulosa cell tumors, may present endometrial hyperplasia with postmenopausal bleeding and secondary anemia.

Case Presentation: A 64-year-old postmenopausal woman was admitted with recurrent metrorrhagia and symptomatic severe anemia. Her medical history included three prior curettage procedures for abnormal uterine bleeding. Hemoglobin levels ranged from 63 to 98 g/L. Tumor markers were within normal reference limits. Pelvic ultrasound revealed a large cystic mass of the right adnexa measuring 18 × 12 cm and a thickened endometrium of 18 mm. Contrast-enhanced computed tomography demonstrated a well-defined cystic lesion with thickened walls and internal septations, suspicious for ovarian origin. Previous three histopathology from curettage showed simple endometrial hyperplasia without atypia.

Management and Outcome: Given the patient's postmenopausal status, persistent bleeding, severe anemia, and suspicious imaging findings, definitive surgical treatment was performed. Total abdominal hysterectomy with bilateral adnexectomy via median laparotomy was undertaken. Intraoperatively, a giant cystic tumor arising from the right ovary was identified and completely excised, weighing 543g with dimension 16x13,5x8cm. The postoperative period was uneventful..

Final histopathological examination confirmed an adult-type granulosa cell tumor of the right ovary.

Conclusion: Adult-type granulosa cell tumors are rare estrogen-secreting ovarian neoplasms that may manifest with endometrial hyperplasion, postmenopausal bleeding and secondary anemia. This case underscores the importance of early recognition and definitive surgical management in postmenopausal women with large adnexal masses, even when tumor markers are normal.

Keywords: granulosa cell tumor; postmenopausal bleeding; severe anemia; endometrial hyperplasia.

PREGNANCY IN A PATIENT WITH A KIDNEY TRANSPLANT

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Introduction: Kidney transplantation is a hope for patients with chronic, end-stage renal disease.

Material and methods: First, controlled pregnancy 18 months after kidney transplantation from a mother as a donor. The patient is 32 years old. Married for 3 years. On the recommendation of a prescribing nephrologist, spontaneous pregnancy occurs. The patient receives immunosuppressive therapy, prescribed by a nephrologist.

Laboratory analyses throughout the pregnancy are within reference values. The pregnancy was orderly, with normal fetal growth. From the 30th week of gestation, moderate hypertension occurs, regulated with Tbl. Methyldopa 3x250mg. There were no signs of preeclampsia or increased degradation products. The transplanted kidney functioned normally.

Hospitalized at the University Clinic for Gynecology and Obstetrics on 13.12.2024. Corticosteroid therapy for fetal lung maturation, antihypertensive therapy was prescribed. On 10.01.2025, the pregnancy was terminated by cesarean section. A live female fetus was obtained with RTM=2950g/48cm and AS=8/9. Postoperatively continued with immunosuppressive therapy, antihypertensive and symptomatic therapy. On the seventh postoperative day, the patient was discharged in good general condition. At the postoperative controls, the local finding was normal.

Conclusion: If the condition is well regulated, kidney transplantation is not an obstacle for the patient to become a mother.

Key words: Kidney transplant, Preeclampsia, Hipertensia

Diagnostic Challenge of Elevated CA-125 and Adnexal Cyst in Early Pregnancy in a Patient with Endometriosis: A Case Report

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Running title: CA-125 Elevation and Adnexal Cyst in Early Pregnancy

Abstract

Introduction:
Endometriosis is a chronic gynecological condition affecting approximately 10% of women of reproductive age and is commonly associated with pelvic pain, dysmenorrhea, dyspareunia, and infertility. The disease is characterized by chronic inflammation, altered immune response, and hormonal dysregulation. CA-125 is a high-molecular-weight glycoprotein widely used as a tumor marker, particularly in the evaluation of ovarian malignancy. However, this biomarker lacks specificity and may be elevated in several benign gynecological and physiological conditions, including endometriosis, pelvic inflammatory disease, menstruation, and pregnancy. Such overlap may complicate the interpretation of elevated CA-125 levels in reproductive-age women presenting with adnexal masses.

Case Presentation:
A 29-year-old woman with a previously established diagnosis of endometriosis presented with localized pain in the region of the right ovary. Her obstetric history included four previous deliveries, one of which was performed by cesarean section. Transvaginal ultrasound examination revealed an early intrauterine pregnancy and a cystic formation in the right ovary. A gestational sac measuring 11 mm, corresponding to approximately 5 weeks and 6 days of gestation, with a clearly visible yolk sac was identified. The right ovary contained a cystic lesion measuring 28 × 28 mm and a corpus luteum measuring 25 × 19 mm, while the left ovary demonstrated normal morphology. No free fluid was detected in the pouch of Douglas.

Laboratory findings demonstrated elevated CA-125 levels (115 U/mL), while serial β-hCG measurements showed an appropriate rise for early pregnancy. Differential diagnoses included endometrioma, functional ovarian cyst associated with early pregnancy, corpus luteum cyst, and malignant ovarian mass. Given the absence of acute symptoms and the confirmed intrauterine pregnancy, conservative management with close follow-up using serial ultrasound examinations and laboratory monitoring was adopted.

Discussion:
Elevated CA-125 levels in the presence of an adnexal mass frequently raise concern for ovarian malignancy. However, CA-125 lacks specificity and may be elevated in several benign conditions, particularly endometriosis. In patients with endometriosis, increased CA-125 levels may result from irritation and inflammation of the peritoneal surfaces as well as from the presence of ectopic endometrial tissue. Physiological changes during early pregnancy may also contribute to moderate increases in CA-125 concentrations due to trophoblastic activity and endometrial remodeling.

In the present case, careful clinical evaluation, ultrasound findings, and serial β-hCG monitoring supported a benign etiology and allowed for conservative management. At the time of writing, the patient remains in good general condition with an ongoing viable pregnancy and continues to be monitored through regular clinical and ultrasound follow-up.

Conclusion:
This case highlights the importance of careful interpretation of tumor markers in women with endometriosis during early pregnancy. Elevated CA-125 values should not automatically be interpreted as evidence of malignancy. A comprehensive clinical approach combining laboratory evaluation, imaging findings, and close follow-up is essential to ensure accurate diagnosis and to avoid unnecessary invasive procedures.

Keywords:
Endometriosis; CA-125; Adnexal cyst; Early pregnancy; Ovarian mass; Tumor markers; Differential diagnosis

Giant bilateral ovarian serous cystadenofibroma mimicking ovarian malignancy in a postmenopausal woman: A case report

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Abstract

We report the case of a 67-year-old postmenopausal woman who presented with progressive abdominal enlargement and a palpable abdominal mass. Imaging studies revealed a large cystic-solid pelvic mass measuring approximately 26 × 21 × 22 cm, most likely originating from the right ovary. Laboratory evaluation demonstrated elevated CA-125 levels (67 U/mL) and HE4 of 115 pmol/L, raising suspicion for epithelial ovarian malignancy.

Based on the clinical, laboratory, and radiological findings suggestive of malignancy, the patient underwent exploratory laparotomy with total abdominal hysterectomy and bilateral salpingo-oophorectomy, adhesiolysis, omental biopsy, peritoneal biopsy, peritoneal lavage, and pelvic drainage. Intraoperatively, a giant multilocular ovarian tumor occupying the abdominal cavity was identified and removed intact. No macroscopic peritoneal carcinomatosis or ascites was observed. Histopathological examination of the operative specimen demonstrated bilateral ovarian serous cystadenofibroma. Additional findings included a hyperplastic endometrial polyp and adenomyosis. Cytological examination of the peritoneal fluid revealed reactive mesothelial cells without malignant elements.

This case illustrates that benign ovarian tumors such as cystadenofibroma may clinically and radiologically mimic ovarian malignancy, particularly in postmenopausal women presenting with large adnexal masses and elevated tumor markers. Surgical management remains essential both for treatment and for establishing the definitive diagnosis through histopathological examination.

Keywords: ovarian cystadenofibroma, giant ovarian tumor, adnexal mass, postmenopausal patient

Appendiceal Mucinous Adenocarcinoma Presenting as an Ovarian Mass: Diagnostic Pitfall Between Primary Ovarian Tumor and Metastatic Disease – A Case Report

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Abstract

Background: Mucinous ovarian tumors may represent either primary ovarian malignancies or metastatic lesions originating from the gastrointestinal tract. Differentiating between these entities is essential because treatment strategies, staging, and prognosis differ significantly. Appendiceal mucinous adenocarcinoma is a rare tumor that can metastasize to the ovaries and clinically mimic a primary ovarian neoplasm. Immunohistochemical analysis plays a key role in determining the primary origin of such tumors.

Case Presentation: We report the case of a 44-year-old woman who presented with a suspected left ovarian tumor detected during gynecological examination. Transvaginal ultrasound revealed a solid irregular mass in the left ovary measuring approximately 67 × 84 mm with minimal surrounding fluid and vascularization toward the uterus. Abdominal computed tomography confirmed the presence of a pelvic mass measuring approximately 70 × 50 mm.

The patient underwent surgical treatment including left adnexectomy with biopsy of the right ovary, omentum, and parietal peritoneum. Initial histopathological findings suggested mucinous adenocarcinoma of the ovary. However, immunohistochemical analysis showed strong positivity for SATB2 and CDX2 with focal CK20 expression, while CK7, ER, PR, and PAX8 were negative, suggesting a gastrointestinal origin of the tumor.

Further pathological examination confirmed moderately differentiated mucinous adenocarcinoma of the vermiform appendix infiltrating the full thickness of the appendiceal wall with lymphovascular and perineural invasion. The ovarian lesion represented metastatic disease. According to AJCC/UICC classification, the tumor was staged as Stage IV C.

Postoperative PET/CT imaging did not reveal metabolically active malignant lesions.

Conclusion: This case highlights the diagnostic challenge of distinguishing primary ovarian mucinous tumors from metastatic appendiceal adenocarcinoma. Comprehensive histopathological and immunohistochemical evaluation is essential for establishing the correct diagnosis and guiding appropriate oncologic management.

Keywords: appendiceal adenocarcinoma, ovarian metastasis, mucinous tumor, immunohistochemistry

Primary Ovarian Leiomyoma Mimicking a Solid Ovarian Neoplasm: A Rare Case Report

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Abstract

Background: Leiomyoma originating from ovarian tissue is an extremely uncommon benign tumor composed of smooth muscle cells. It represents only a small proportion of benign ovarian neoplasms, estimated at approximately 0.5–1%. Since its initial description in the nineteenth century, only a limited number of cases have been documented. These tumors are usually unilateral and frequently discovered incidentally, as most patients remain asymptomatic. Because imaging findings typically demonstrate a solid ovarian lesion, distinguishing this entity from other ovarian tumors before surgery may be difficult.

Case Presentation: A 29-year-old nulliparous woman (G0P0) presented for a routine gynecological assessment without any complaints or notable medical history. Ultrasonographic evaluation revealed a uterus in anteverted-flexed position with an anteroposterior diameter of 40 mm and a thin endometrium. The right ovary appeared normal, while the left ovary contained a well-defined solid mass measuring approximately 35 mm. No fluid accumulation was detected in the pouch of Douglas.

Laboratory investigations, including tumor markers and standard blood tests, were within normal ranges. The patient underwent laparoscopic excision of the ovarian lesion. Histopathological evaluation confirmed the diagnosis of primary ovarian leiomyoma, while cytological examination demonstrated Class I findings. Recovery after surgery was uncomplicated, and the patient was discharged in good general condition with a scheduled follow-up examination.

Conclusion: Primary ovarian leiomyoma is a rare benign tumor that can present as a solid ovarian mass and mimic other ovarian neoplasms. Histopathological analysis remains essential for establishing the definitive diagnosis.

Keywords: Ovarian leiomyoma; rare ovarian tumor; solid ovarian mass; benign ovarian neoplasm; histopathology; laparoscopy

Successful Cesarean Delivery for Placenta Previa Totalis in a Patient with Previous Whipple Procedure: A Case Report

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Abstract

Background: Pregnancy after major pancreatic surgery such as pancreaticoduodenectomy (Whipple procedure) is extremely rare. Anatomical and physiological alterations following extensive pancreatic and gastrointestinal reconstruction present additional challenges during pregnancy and delivery. Reports describing successful pregnancy outcomes in such patients are limited.

Case Presentation: We present the case of a 32-year-old woman, gravida 2 para 1, with a complex pancreatic surgical history. Prior to her first pregnancy, the patient was diagnosed with a pancreatic mass in the head of the pancreas and underwent an initial surgical intervention. During her first pregnancy, routine obstetric ultrasound again suggested a pancreatic lesion, raising suspicion of recurrence. Further evaluation was recommended postpartum. Her first pregnancy was completed by cesarean section four years ago. Postpartum computed tomography (CT) revealed a recurrent, ovoid, subhepatic mass measuring approximately 9 × 8 cm, located around the duodenal loop and extending distally, predominantly intraperitoneally. These findings confirmed a recurrent pancreatic mass. Between the two pregnancies, the patient underwent extensive surgical treatment comprising pancreaticoduodenectomy (duodenopancreatomia cephalica extensiva sec. Whipple), choledocholectomy, and gastric resection with Billroth II reconstruction (resectio ventriculi sec. Billroth II). Histopathology established the definitive diagnosis of **Carcinoma pseudopapillare capitis pancreatis permagna**. Postoperative recovery was uneventful. Several years later, the patient conceived spontaneously again. Follow-up CT prior to delivery showed no evidence of recurrent pancreatic disease. The pregnancy was closely monitored by a multidisciplinary team due to her previous extensive abdominal surgery. At 28 weeks' gestation, ultrasound revealed placenta previa totalis, necessitating operative delivery. A repeat cesarean section (Re-sectio cesarea) was performed. The surgery proceeded smoothly without intraoperative complications. A healthy female newborn weighing 2460 g was delivered with good neonatal adaptation.

Conclusion: This case demonstrates that successful pregnancy and cesarean delivery are possible even after extensive pancreatic surgery such as the Whipple procedure. Careful antenatal surveillance, multidisciplinary management, and timely operative intervention are critical to achieving favorable maternal and neonatal outcomes in patients with complex surgical histories.

Emergency Hysterectomy after an induced abortion

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Abstract

Emergency hysterectomy remains a life-saving procedure in cases of life-threatening obstetric hemorrhage and other gynecological emergencies. We are reporting the case of a 34-year-old pregnant patient, with three previous cesarean sections, in 20 gestation weeks, who underwent induced abortion with induction of Sinthocinon infusion. Due to the given therapy, an abundant uterine hemorrhage started. Patient underwent an emergency open hysterectomy. During the operation, the patient suffered massive bleeding, and red blood cell transfusion, fresh frozen plasma (FFP), cryoprecipitate, and Octaplex units (prothrombin complex concentrate/PCC) were given. Post Anesthesia Care Unit time patient was in stable condition, and the blood sample test and hemostasis test were in the appropriate range due to sufficient post-operative redistribution. Close monitoring and appropriate post-operative care are crucial for patients after an emergency open hysterectomy. Emergency hysterectomy remains a life-saving procedure in cases of women who are relatively young with life-threatening obstetric hemorrhage and other gynecological emergencies. Though a challenging procedure, it is safe in the hands of a skilled surgical team.

Keywords: emergency open hysterectomy, induced abortion, massive obstetric hemorrhage

Rectus sheath block for open hysterectomy-case report

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Abstract

Open hysterectomy results in a large wound and severe postoperative pain, and adequate postoperative analgesia is necessary. Rectus sheath block (RSB) is used to block the sensory nerves of the anterior abdominal wall, thereby contributing to pain relief after lower abdominal surgeries. RSB provides effective perioperative analgesia and is related to lower perioperative opioid consumption and decreased opioid-related adverse effects. We present a case of 44 year old patient diagnosed with adenomyosis of the uterus, previously operated on twice for cesarean delivery. The patient was ASA II, with severe arterial hypertension, chronic obstructive lung disease and Diabetes Mellitus type two on regular therapy with beta blocker, double diuretic-loop and potassium-sparing diuretics, ACE inhibitor and B2 agonist/glucocorticoids inhaler and an antidiabetic drug. Presented for elective open hysterectomy under general anesthesia (GA) and received RSB with 40 ml ropivacaine 0.375% (20ml each side) before surgery and standard endotracheal anesthesia. During surgery, hemodynamic parameters were observed, and shown high blood pressure and peripheral pulmonary resistance in respiratory parameters. Post Anesthesia Care Unit time patient was in stable condition as well during their presence on the ward. Our results show that patients with applied bilateral US-guided RSB and standard general anesthesia experienced improved recovery following open hysterectomy, reduced intraoperative opioid consumption, reduced the time to first flatus, time to first discharge from bed, and the post-anesthesia care unit discharge time. Furthermore, showed greater patient satisfaction.

Keywords: Rectus Sheath Block, Open Hysterectomy

Caesarean Section in a patient with Myasthenia Gravis

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Abstract

Myasthenia Gravis is an acquired, chronic autoimmune disorder which affects neuromuscular junction presenting with easy fatigability, progressive muscular weakness, diplopia, difficulty in speaking and swallowing. Respiratory muscle paralysis may lead to ventilatory failure in severe cases. Myesthenia gravis is characterized by decreased in functioning of acetylcholine receptors at the neuromuscular junctions due to to their destruction by circulating antibodies. In pregnancy the disease may go into remission or may exacerbate at any time during first, second and third trimesters or postpartum period. We are reporting the case of a 26 year old primigravida, known case of myasthenia gravis who underwent caesarean section, with applied spinal anesthesia. During operation and Post Anesthesia Care Unit time patient underwent in stable condition. Close monitoring and appropriate post-operative care are crucial for individuals with MG. Anesthesiologist plays important role not only in the anesthetic management of a pregnant myasthenic undergoing cesarean section but also in prevention and management of myasthenia crisis which may be precipitated at any time, especially during the immediate postpartum period. Central neuraxial spinal block is recommended in well-controlled cases of myasthenia gravis.

Keywords: Myasthenia Gravis, Cesarean section, Spinal anesthesia

Rare Case of Skene's Gland Cyst with Non -Invasive Treatment During Pregnancy - A Case Report

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Abstract

Introdution : A Skene's gland cyst is a fluid-filled sac that develops near the opening of the urethra in women, caused by a blockage of the Skene's gland duct. The cause of an adult onset is barely unknown and this condition is relatively rare in pregnancy. Non-invasive management represents a viable treatment option, and with appropriate clinical care, it can allow for successful continuation of pregnancy and vaginal delivery, thereby avoiding the need for cesarean section solely due to Skene's gland cyst.

Case: We report the case of a 24-year-old primigravida, with large Skene's gland cyst SIU+++ (Stress incontinentio urinae) that was diagnosed few months before pregnancy. During the course of the pregnancy, the Skene's gland cyst ruptured spontaneously . The patient was managed conservatively with parenteral antibiotic therapy, meticulous local cleansing, and direct instillation of a topical antibiotic into the cyst capsule. This approach resulted in resolution of symptoms without further complications and the pregnancy progressed uneventfully. The patient underwent successful spontaneous vaginal delivery without further complications.

Conclusion: Large Skene's gland cyst may cause significant discomfort in pregnant patients and have the potential to impede vaginal delivery as well as delivery planning. In this case, non-invasive management achieved a favorable outcome, which was crucial in the successful continuation of pregnancy. Proper diagnosis and appropriate treatment of Skene's gland cyst should not be considered a contraindication to spontaneous vaginal delivery.

Keywords: Skene's gland cyst; Pregnancy; Non-invasive treatment; Vaginal delivery.

Successful Conservative Treatment of Pyometra Post-Myomectomy

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Background: Pyometra is an inflammation of the uterine lining with retention of purulent material in the uterine cavity, most commonly resulting from ascending infection of the cervix and vagina. Untreated pyometra can progress to involve the fallopian tubes and ovaries, leading to tubo-ovarian abscesses and potentially life-threatening pelvic peritonitis.

Case Presentation: We present a 38-year-old nulliparous woman admitted three months post-myomectomy with lower abdominal pain, fever, and one-week history of purulent uterine discharge. Examination revealed colpitis, cervicitis, and thick yellow-green uterine discharge. Vaginal and cervical swabs identified *Gardnerella vaginalis*. Ultrasound showed significant uterine fluid collection with normal adnexa. Laboratory tests demonstrated leukocytosis (15×10^9/L) and elevated CRP (294 mg/L).

Management and Outcome: The patient underwent targeted triple antibiotic therapy (imipenem, metronidazole, tazobactam) guided by microbiological culture, alongside anticoagulation, resorptive, and uterotonic treatment. Cervical canal dilation was performed twice to ensure adequate uterine drainage. After 15 days, the patient was discharged afebrile with clinical and laboratory improvement.

Conclusion: Conservative management of pyometra can be successful with two key strategies: targeted antibiotic therapy based on microbiological cultures and effective uterine drainage via cervical dilation. This approach enables resolution of infection while preserving reproductive organs, offering an important fertility-sparing option for women with pyometra following gynecological surgery.

Keywords: pyometra, conservative treatment, uterine drainage, fertility preservation

Extreme Obesity in Pregnancy-A Clinical Case Report and Management Challenges

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Abstract

Background:
Extreme maternal obesity represents one of the most significant risk factors for pregnancy complications, posing major challenges for obstetric, anesthetic, and neonatal management. It is associated with an increased incidence of gestational diabetes, hypertensive disorders, labor dystocia, cesarean delivery, and postoperative infection. This report presents a clinical case highlighting the complexity of managing a patient with extreme obesity and multiple comorbidities during pregnancy and childbirth.

Case Presentation:
A 33-year-old multiparous woman (G6P5) with insulin-dependent type II diabetes and a body mass index (BMI) of 57.9 kg/m² was admitted at 38 + 5 weeks of gestation with painful uterine contractions. On admission, she had cellulitis of the abdominal wall and elevated inflammatory markers. Despite adequate induction of labor with prostaglandin E_2, there was no cervical progression, and an emergency cesarean section was performed due to pathological cardiotocography and breech presentation. The procedure was technically difficult due to massive adiposity and limited surgical access. A live female infant weighing 4600 g was delivered with Apgar score 6/7. Postpartum, the patient developed a significant inflammatory response requiring triple antibiotic therapy and supportive care. Both mother and newborn were discharged in good condition after 10 days of hospitalization.

Discussion:
This case demonstrates how extreme obesity adversely influences labor progression, anesthetic management, and postoperative recovery. The combination of obesity, diabetes, and infection considerably increased the risk of complications. A multidisciplinary approach, careful peripartum monitoring, and tailored antibiotic and metabolic management were crucial to achieving a favorable outcome.

Conclusion:
Extreme obesity in pregnancy remains a major clinical and public health challenge, significantly increasing the risk of obstetric and perinatal morbidity. Early identification of high-risk patients, preconception counseling, optimized metabolic control, and coordinated multidisciplinary care are essential for improving maternal and neonatal outcomes. Preventive strategies focused on weight reduction before conception remain the most effective means of minimizing complications in future pregnancies.

Keywords: Extreme maternal obesity, pregnancy, cesarean section, diabetes mellitus, cellulitis, multidisciplinary management, perinatal outcomes.

A rare case of pathogenic de novo duplication of chromosome 9 (partial trisomy 9p) in multimalformation syndrome

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Abstract

Introduction: Partial trisomy 9p is a rare chromosomal anomaly characterized by multisystem malformations. We present a case of a de novo 9p duplication identified in a pregnancy achieved via assisted reproductive technology (ART).

Case Presentation: A 35-year-old primigravida, with a history of diminished ovarian reserve (AMH: 0.45 \ ng/mL), conceived via in vitro fertilization (IVF). Following an unremarkable first-trimester screening, the patient was referred in the early second trimester for suspected fetal renal malformations. Serial anomaly scans revealed progressive bilateral Grade IV hydronephrosis, significantly reduced urinary bladder volume and olygohydramnious. Concurrent neurosonography identified a Dandy–Walker variant, characterized by posterior fossa defects, non-visualization of the cerebellar vermis, and frontoparietal calvarial impressions.

Genetic Analysis: Amniocentesis followed by comparative genomic hybridization (aCGH) and MLPA confirmation identified a pathogenic de novo duplication of chromosome 9p24.3–p13.1 (38.8 \ Mb). This duplication encompasses 263 genes, correlating with the observed renal and central nervous system (CNS) anomalies, as well as a high risk for severe intellectual impairment and skeletal defects.

Conclusion and Management: Despite the poor prognosis and multidisciplinary counseling regarding the severity of partial trisomy 9p, the couple declined the recommendation for termination of pregnancy. This case highlights the necessity of advanced genetic testing (aCGH) when multi-organ anomalies are detected in the second trimester, even following a low-risk first-trimester screen.

Keywords: hydronephrosis, partial trisomy, multimaformation syndrome

Amnioreduction Prior to Rescue Cerclage in a Unicornuate Uterus - An Eight-Week Prolongation

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Abstract

Case: A 33-year-old woman with a unicornuate uterus and a history of extreme preterm birth at 22+5 weeks (neonatal death), presented at 19 weeks gestation after achieving pregnancy with frozen embryo transfer, implanted and progressed in the right hypoplastic uterine hemicavity. Cervical evaluation revealed a markedly short cervix (8.3 mm) with U-shaped funneling and the presence of amniotic fluid sludge. Despite broad-spectrum antibiotics, progressive cervical dilation with bulging membranes developed by 21 weeks.

At 21+2 weeks, diagnostic-therapeutic amnioreduction evacuated 160 mL amniotic fluid. Despite microbiological cultures were negative, interleukin-6 levels were elevated (>5 ng/mL in amniotic fluid and 11.1 pg/mL in maternal serum), meeting biochemical criteria for **sterile intra-amniotic inflammation**.

At 21+3 weeks, rescue cerclage was performed using an amnioscope for direct visualization and atraumatic membrane repositioning, with modified McDonald double-suture technique providing enhanced mechanical support. The procedure succeeded without complications.

Pregnancy continued with close surveillance. At 28+6 weeks, preterm prelabor rupture of membranes occurred. Betamethasone was administered for fetal lung maturity. At 29+1 weeks - **55 days (8 weeks) post-cerclage**, cesarean section was performed, resulting in the birth of a 1240g female neonate. The neonate required 50 days of NICU before discharge in good condition.

Discussion: Amnioreduction in this case served diagnostic and therapeutic roles by confirming intra-amniotic inflammation in the absence of detectable microorganisms and by reducing membrane tension. The amnioscope facilitated controlled membrane repositioning, and the double-suture technique provided additional cervical support. Despite multiple adverse risk factors, including unicornuate uterus, prior extreme preterm birth, and bulging membranes, this multidisciplinary approach was associated with an eight-week pregnancy prolongation and neonatal survival.

Conclusion: Combined amnioreduction and rescue cerclage can meaningfully prolong gestation in carefully selected high-risk patients with sterile inflammation when performed in tertiary centers with appropriate expertise and NICU capabilities.

SUDDEN MATERNAL CARDIORESPIRATORY ARREST FOLLOWING CESAREAN SECTION: A CASE REPORT AND DIFFERENTIAL DIAGNOSTIC CHALLENGE

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Amniotic fluid embolism, pulmonary thromboembolism and anaphylactic shock represent rare but catastrophic causes of sudden cardiovascular collapse in the early postoperative obstetric period. We present the case of a 34-year-old patient with a diagnosis of fourth-cesarean section with an initially uneventful operative course. Approximately one hour after surgery, the patient complained of sudden weakness, malaise and dyspnea. The symptoms began immediately after the administration of 2 g ceftriaxone.

During clinical assessment, the patient experienced abrupt clinical deterioration characterized by the appearance of frothy oral secretions, loss of consciousness and cyanosis. Rapid progression to cardiocirculatory collapse followed, with profound hypotension, absent peripheral pulse and electrocardiographic findings of severe bradycardia (~30 bpm) progressing to asystole. Oxygen saturation was not measurable. Immediate advanced life support was initiated, including bag-mask ventilation, endotracheal intubation,chest compressions, and urgent mobilization of the whole anesthesiology team.

Resuscitation therapy included ephedrine, atropine, adrenaline, methylprednisolone, norepinephrine, phenylephrine, calcium gluconate and aggressive fluid resuscitation with crystalloids and colloids. A bolus of 5000 IU heparin was also administered. Following temporary hemodynamic stabilization and return of vital parameters, the patient was transferred to the intensive care unit, placed on mechanical ventilation, and maintained on vasopressor support including norepinephrine, phenylephrine and later vasopressin.

Laboratory findings revealed severe coagulopathy with markedly prolonged clotting times, low fibrinogen levels and thrombocytopenia consistent with disseminated intravascular coagulation. Replacement therapy included fibrinogen concentrate, prothrombin complex concentrate, cryoprecipitate,fresh frozen plasma, tranexamic acid, and platelet transfusion. Arterial blood gas analysis showed severe metabolic acidosis requiring high-dose bicarbonate therapy.

Despite aggressive treatment,the patient remained persistently hypotensive,tachycardic and hyperthermic with temperatures up to 41.5°C. Antipyretic therapy and active cooling reduced the temperature to 38.5°C. In the evening hours, progressive deterioration occurred,culminating in refractory asystole despite resuscitation efforts.

Differential diagnoses included amniotic fluid embolism, pulmonary thromboembolism and anaphylactic shock.

Keywords: c-section, cardiac arrest, DIC

RESCUE CERCLAGE IN 27 gw: A case report

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Abstract

Cervical insufficiency (abbreviatio cervicis) in the second trimester represents a significant risk factor for preterm birth and pregnancy loss. We present a case of a 25+6 weeks' gestation pregnancy in a woman with a history of two spontaneous abortions and no previous deliveries, diagnosed with extreme cervical shortening (4 mm), U-shaped funneling, and prolapse of the amniotic sac through the cervical canal. A multidisciplinary approach including antenatal corticosteroids, broad-spectrum antibiotic therapy, progesterone support, magnesium sulfate neuroprotection, amniocentesis, and subsequent cerclage placement resulted in prolongation of pregnancy with stabilization of cervical length to 25 mm.

Introduction

Cervical insufficiency is characterized by painless cervical dilation and shortening in the absence of uterine contractions, leading to mid-trimester pregnancy loss or preterm birth. The condition is frequently associated with a history of recurrent pregnancy losses in the second trimester. Timely diagnosis and management are critical in improving perinatal outcomes.

Case Presentation

Patient History

A pregnant woman at 25+6 weeks of gestational age (g.n.) was admitted with a history of two previous spontaneous abortions and no prior partus. The current pregnancy had been uneventful until the routine ultrasound examination.

Clinical and Ultrasound Findings

Transvaginal ultrasound demonstrated:

- Cervical length (CL): 4 mm
- U-shaped funneling

- Prolapse of the amniotic sac through the cervical canal
- Fetal biometry appropriate for gestational age

The findings were consistent with severe cervical insufficiency and imminent risk of preterm delivery.

Management and Interventions

Medical Therapy

Upon hospitalization, the patient received:

- **Antenatal corticosteroids**: Flosteron (betamethasone) for fetal lung maturation
- **Antibiotic therapy**:
    - Lendacin (ceftriaxone)
    - Effloran (metronidazole)
    - Clarithromycin
- **Gestagen therapy**: Utrogestan 200 mg (micronized progesterone)
- **Neuroprotective therapy**: Magnesium sulfate ($MgSO_4$)
- Symptomatic therapy as indicated

Cervical microbiological swabs detected *Ureaplasma urealyticum*, which justified the administration of triple antibiotic therapy.

Amniocentesis and Cerclage

At 27+0 weeks of gestation, amniocentesis was performed. A total of 45 mL of amniotic fluid was aspirated for:

- Amnioculture - sterile
- Interleukin (IL) analysis- negative

On the following day, a cerclage in situ was placed. Post-procedural ultrasound demonstrated:

- Cervical length increased to 25 mm

Follow-Up and Outcome

The patient was discharged in stable general condition with satisfactory local findings.

At a two-week follow-up examination:

- Cervical length remained stable at 25 mm
- No signs of infection
- No uterine contractions
- Fetal growth remained appropriate for gestational age

Pregnancy prolongation was successfully achieved in the short-term follow-up period.

Discussion

This case illustrates the complexity of managing advanced cervical insufficiency in the late second trimester, especially in the presence of prolapsed membranes.

Key management principles included:

1. **Infection control** – Detection of *Ureaplasma urealyticum* required targeted antibiotic therapy, as intra-amniotic or ascending infection is strongly associated with preterm labor.
2. **Fetal lung maturation** – Antenatal corticosteroids reduce neonatal respiratory morbidity.
3. **Neuroprotection** – Magnesium sulfate administration decreases the risk of cerebral palsy in preterm neonates.
4. **Amniocentesis prior to cerclage** – This step helped evaluate subclinical intra-amniotic infection before mechanical intervention.
5. **Rescue cerclage** – Despite advanced cervical changes and membrane prolapse, cerclage resulted in significant cervical length improvement (from 4 mm to 25 mm) and short-term pregnancy stabilization.

Emergency (rescue) cerclage remains controversial in cases with prolapsed membranes; however, when infection is excluded and appropriate antibiotic coverage is provided, it may significantly prolong pregnancy.

Conclusion

Severe second-trimester cervical shortening with prolapsed membranes presents a high risk for extreme prematurity. A comprehensive management strategy—including corticosteroids, broad-spectrum

antibiotics, progesterone therapy, magnesium sulfate, amniocentesis, and rescue cerclage—can lead to successful pregnancy prolongation.

Early recognition, infection screening, and individualized therapeutic planning are crucial in improving maternal and neonatal outcomes in cases of advanced cervical insufficiency.

Acute Postpartum Peripheral Facial Nerve Palsy in an Adolescent with Pregnancy-Induced Hypertension: A Case Report

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Peripheral facial nerve palsy (Bell's palsy) occurs rarely during pregnancy and in the early postpartum period.

We report a case of acute unilateral facial nerve palsy developing after an emergency cesarean section in a 16-year-old primigravida with pregnancy-induced hypertension.

A 16-year-old primigravida at term was admitted with pregnancy-induced hypertension. Labor was complicated by dysfunctional labor (dystocia functionalis), and due to failure of labor progression, an emergency cesarean section was performed under spinal anesthesia. The procedure was uneventful, and a healthy neonate was delivered.

On the first postoperative day, the patient developed sudden right-sided facial weakness. Clinical examination revealed facial asymmetry, inability to completely close the right eye, drooping of the right corner of the mouth, and involvement of the forehead, indicating a lower motor neuron lesion. There was no limb weakness, speech disturbance, or alteration in consciousness. Blood pressure was stable at the onset of symptoms.

Given the history of a hypertensive disorder, an urgent neurological consultation was obtained. Cranial computed tomography was performed to exclude intracranial hemorrhage or ischemic stroke. Imaging findings were normal. Based on the clinical presentation and the exclusion of central causes, a diagnosis of acute peripheral facial nerve palsy (Bell's palsy) was established.

The patient was treated with oral corticosteroids and acyclovir. Eye protection measures were advised to prevent corneal complications. No progression of neurological deficits occurred during hospitalization. The patient and her newborn were discharged in stable condition with a recommendation for outpatient neurological follow-up.

Pregnancy and hypertensive disorders may increase the risk of Bell's palsy due to vascular and immunologic changes. Early recognition and corticosteroid therapy are essential and are generally associated with favorable outcomes.

MANAGEMENT OF PREGNANCY AND DELIVERY IN A PREGNANT WOMAN WITH A CORRECTED CONGENITAL HEART ANOMALY

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ABSTRACT

Introduction: The management of pregnancy and childbirth in women with congenital heart disease is always uncertain and risky, both for the health of the pregnant woman and the newborn. In the majority of pregnant women who have had surgical procedures due to serious heart anomalies, it is advisable to manage the pregnancy very carefully and to give birth by Caesarean section.

Case presentation: This is a 30-year-old patient who underwent surgery at 6 months of age after birth for a congenital heart anomaly with ventricular septal defect, mitral valve prolapse, and pulmonary hypertension. She has been married for one year and becomes spontaneously pregnant.

The patient has been carefully managed interdisciplinary by a gynecologist, an internist cardiologist, and a transfusion specialist during the pregnancy. The pregnancy was progressing properly, without any serious gynecological problems, with all examinations and prescribed screenings according to the protocols.

Cardiological examinations were also performed on the patient every two months, which showed a normal ultrasound finding of the heart, without a residual shunt, with normal dimensions of the left and right heart chambers with normal systolic and diastolic function, and with mild, insignificant mitral regurgitation. Borderline blood pressure values up to 130/90 mm/hg and mild hypercoagulable state, due to which preventive Methyl dopa 2x1 tablets and Clexane 0.4 ampoules were prescribed, with regular monitoring of blood pressure and hemostasis.

The pregnancy ended without any serious problems at 39 weeks of gestation, by Caesarean section. The patient gave birth to a healthy male fetus 3250/50 and APGAS score of 9/9.

Discussion: Pregnancies in mothers who have had corrected congenital heart anomalies should be managed carefully, in an interdisciplinary manner by multiple specialists with more frequent and detailed examinations.

Conclusion: The delivery of these pregnant women is best performed by Caesarean section, to reduce the trauma of childbirth for both the mother and the newborn.

Keywords: Pregnancy, Maternal cardiac anomaly, Cesarean section

CELLULAR ANGIOFIBROMA IN A PERIMENOPAUSAL PATIENT

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ABSTRACT

Inroduction: Cellular angiofibroma is a rare benign tumor that occurs on the distal genitalia, most often in the form of a myoma, in the vulvar or vaginal region, in the Bartholin's gland etc. It most often occurs to the end of the reproductive age in women, aged 40-55 years.

Case presentation: A 48-year women with irregular menstrual bleeding in the past 5-6 months, call for a gynecological examination. A gynecological examination with a speculum revealed a soft tumorous formation, the size of a small tangerine, filling the vagina. It was located in front of the cervix, free, mobile, with a dark brown color, bled to the touch and had an unpleasant odor. The remaining gynecological findings with ultrasound showed a normal uterus and both adnexa.

Surgical removal of the tumor with a vaginal approach was required, since it was mobile, and the patient was prepared for surgery with a complete internal medicine examination, chest X-ray, and complete laboratory workup, which did not show any pathological abnormalities, except anemia and mild thrombocytopenia.

The tumorous formation which was in a loop connected to the cervical canal, with Ligasure was completely removed and then fractional curettage was performed. The entire material was sent for HPA and the result was that it was a cellular angiofibroma with dimensions of 4x2x1.5 cm.

Discussion: Cellular angiofibroma develops and grows under the influence of estrogen and progesterone receptors on the tissue in the genital region, which cause blockage in the lower genitals, often accompanied by necrosis and an unpleasant odor from the genitals.

Conclusions: Cellular angiofibroma is a rare tumor most often of the lower genital tract and only total surgical excision of these tumors are the only way to treat these benign tumors of the female genital tract.

Key words: Cellular angiofibroma, distal genitalia, genital tumor

Klippel-Fail syndrome in a pregnant woman. Challenges and expectations for elective cesarean delivery

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Klippel-Feil syndrome is a bone disorder that is characterized by the abnormal joining (fusion) of two or more spinal bones in the neck (cervical vertebrae) and can be associated with abnormalities in multiple systems. There are 3 types according to the Samartzis classification and three classic features: a short neck, the appearance of a low hairline at the back of the head, and a limited range of motion in the neck.

Managing such a patient is a challenge for the anesthesiologist, especially when it comes to a pregnant woman.

Our patient is nulliparous in 39 g.w. ,for elective cesarean delivery, with type 3 of this syndrome (multiple fused vertebrae that are contiguous) and kyphoscoliosis of thoracic-lumbar part of the vertebrae. Cervical spine immobility makes the management of the airway so difficult even imposibble. A combined spinal-epidural anesthesia was used. Even we did not give anything on the epidural catheter, it was placed in case the spinal did not achieve the necessary anesthesia. As a backup option, there was a pump with remifentanil as an addition, but there was no need for it. We had a set of video-laryngoscope, endoscope and ENT expert available in case intubation was necessary.

The presented case is to show how to prepare and what to expect in patients with such and similar diseases of the spinal column. Of course, it is a great challenge for us to place an spinal-epidural catheter in such patients. And always, in a last resort, a set for difficult intubation, a flexible endoscope and, preferably, an expert in the same field should be on hand.

Keywords: Klippel–Feil syndrome.Cesarean delivery; Combined spinal–epidural anesthesia;

Endometrial Carcinoma in a Young Woman with Obesity and Polycystic Ovary Syndrome: A Case Report

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Abstract

Endometrial carcinoma typically occurs in postmenopausal women; however, a small proportion of cases are diagnosed in younger patients, often associated with risk factors such as obesity, chronic anovulation, and polycystic ovary syndrome (PCOS).
We present the case of a 34-year-old woman who was admitted to the University Clinic of Gynecology and Obstetrics in Skopje with complaints of irregular and prolonged uterine bleeding over the previous several months. The patient had a history of obesity and previously diagnosed PCOS.
Gynecological examination and transvaginal ultrasound demonstrated a thickened and heterogeneous endometrium. Endometrial biopsy was performed and histopathological analysis confirmed well-differentiated endometrioid adenocarcinoma.
Further staging investigations showed no evidence of extrauterine spread. After multidisciplinary evaluation, the patient underwent surgical treatment consisting of total hysterectomy with bilateral salpingo-oophorectomy.
The postoperative course was uneventful, and the patient was referred for regular oncological follow-up. This case highlights the importance of evaluating abnormal uterine bleeding in young women with risk factors such as obesity and PCOS.
Keywords: endometrial carcinoma, PCOS, obesity, abnormal uterine bleeding, endometrial cancer

High-Grade Serous Ovarian Carcinoma Presenting with Non-Specific Abdominal Symptoms: A Case Report

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Abstract

Ovarian cancer remains one of the leading causes of gynecologic cancer mortality due to its late presentation and nonspecific clinical symptoms. High-grade serous ovarian carcinoma represents the most common and aggressive histological subtype.

We present the case of a 55-year-old woman who was admitted to the University Clinic of Gynecology and Obstetrics in Skopje with complaints of progressive abdominal distension, pelvic discomfort, and early satiety over the previous three months.

Gynecological examination and transvaginal ultrasound revealed a complex adnexal mass measuring 8 cm with irregular solid components and moderate ascites. Laboratory findings showed elevated serum CA-125 levels.

Computed tomography of the abdomen and pelvis demonstrated a suspicious ovarian mass with peritoneal involvement. The patient underwent exploratory laparotomy with total hysterectomy, bilateral salpingo-oophorectomy, omentectomy, and tumor debulking.

Histopathological examination confirmed high-grade serous ovarian carcinoma. The patient was referred for adjuvant chemotherapy and enrolled in an oncological follow-up program.

This case highlights the importance of early diagnostic evaluation of nonspecific abdominal symptoms and the role of imaging and tumor markers in the detection and management of ovarian malignancies.

Keywords: ovarian carcinoma, high-grade serous carcinoma, adnexal mass, CA-125, ovarian cancer

Cervical Dysplasia Detected Only by HPV Testing with Normal Cytology: A Case Report

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Abstract

Human papillomavirus (HPV) infection is the main etiological factor in the development of cervical intraepithelial neoplasia and cervical cancer. While cytological screening remains an important diagnostic tool, HPV testing has significantly improved the detection of high-risk infections and precancerous lesions. We present the case of a 36-year-old woman who attended the University Clinic of Gynecology and Obstetrics in Skopje for routine cervical cancer screening. The patient had no gynecological complaints and her Pap smear showed normal cytological findings.

However, HPV testing revealed the presence of high-risk HPV type 16. Due to the positive HPV result, a colposcopic examination was performed. Colposcopy demonstrated acetowhite changes within the transformation zone. Directed cervical biopsy confirmed cervical intraepithelial neoplasia grade II (CIN II). The patient underwent appropriate treatment and was included in a follow-up program with regular cytology and HPV testing.

This case highlights the importance of HPV testing as an essential component of cervical cancer screening, particularly in patients with normal cytology but persistent high-risk HPV infection.

Keywords: HPV infection, cervical dysplasia, CIN II, HPV screening, cervical cancer prevention

TWICE METASTATIC LEIOMYOSARCOMA IN A 56-YEAR-OLD WOMAN AFTER TOTAL ABDOMINAL HYSTERECTOMY

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Key words: Leiomyosarcoma uteri, Leiomyosarcoma metastaticum, total abdominal hysterectomy

Case Presentation:

A 56-year-old female patient, with the initials K. Z., with one previous spontaneous birth, with a previous total abdominal hysterectomy with bilateral adnexectomy performed in July 2024 at the Clinic for Gynecology and Obstetrics in Skopje due to a large polymyomatous uterus and prolonged perimenopausal bleeding, with histopathological finding number 1246549: Leiomyosarcoma uteri, with previous treatment and regular check-ups at the Clinic for Radiotherapy and Oncology in Skopje and with a previously extirpated metastatic tumor from the small pelvis in October 2024 with histopathological finding number 1259521: Leiomyosarcoma metastaticum. In June 2025, during a regular check-up at the Clinic for Gynecology and Obstetrics in Skopje, all necessary clinical, laboratory and imaging techniques were performed. Findings in addition to the existence of a solid tumor formation with a size of about 6 centimeters in the pelvic cavity. After previous preoperative preparation, in July 2025, the patient underwent extirpation of the tumor and it was sent to the Institute of Pathology in Skopje for histopathological analysis. Histopathological finding with number 1280573: Leimyosarcoma metastaticum was obtained. The patient was referred to the Clinic for Radiotherapy and Oncology in Skopje for further treatment.

MESONEPHRIC CYST IN A 45-YEAR-OLD WOMAN

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Key words: Mesonephric cyst, extirpation of the cyst, histopathological finding

Case Presentation:

A 45-year-old patient, with the initials V. J., with regular menstrual cycles, with one live child born by cesarean section, was referred to the Clinic of Gynecology and Obstetrics in Skopje on December 3, 2025 by her primary gynecologist due to uncomfortable and painful sexual intercourse and feeling a "bubble" at the entrance to the vagina. All necessary clinical and laboratory examinations were performed on the patient. During vaginal examination, a larger cystic, subfixed cystic formation was visualized on her anterior wall to the right, filling the entire vagina. Tumor markers within the reference range. Laboratory findings within the reference range. After previous preoperative preparation, the patient underwent complete extirpation of the cyst and reconstruction of the anterior vaginal wall on December 16, 2025. The intervention went smoothly. The cyst was sent for histopathological analysis to the Institute of Pathology in Skopje. Histopathological finding from January 20, 2026 with number 1289878: MESONEPHRIC CYST. The two postoperative controls in the patient with a normal local finding.

TOTAL ABDOMINAL HYSTERECTOMY IN A 55-YEAR-OLD WOMAN DUE TO THE PRESENCE OF A BROKEN SURGICAL NEEDLE IN THE CERVIX AFTER SUTURE OF THE CERVIX

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Key words: broken surgical needle, endometrioid adenocarcinoma of the endometrium, total abdominal hysterectomy

Case Presentation:

A 55-year-old female patient, with the initials P. S., admitted to the Clinic of Gynecology and Obstetrics in Skopje on 26.09.2025, referred from the Strumica General Hospital after exploratory fractional curettage, cervical polypectomy, cervical suture due to bleeding after the polypectomy, after breaking the surgical needle during the attempt to suture the cervix and after several unsuccessful attempts to remove the broken surgical needle from the cervix. Upon admission to the Clinic of Gynecology and Obstetrics in Skopje, all necessary clinical, laboratory and imaging techniques were performed. Findings in favor of a visible linear hyperattenuation with a length of 17 millimeters, with a metallic character in favor of a foreign body at the level of the cervical canal. On 13.10. In 2025, after previous preoperative preparation, the patient underwent a total abdominal hysterectomy with bilateral adnexectomy and the surgical material was sent to the Institute of Pathology in Skopje for histopathological analysis. Histopathological finding with number 1284941 was obtained: The finding corresponds to endometrioid adenocarcinoma of the endometrium, G1/NG1. pTNM (UICC - 9): pT1a, pNx; pMx, pL0, pV0, pR0; conditional FIGO (2023): Stage IA2 (at N0, M0). Postoperatively, the patient was referred to the Clinic for Radiotherapy and Oncology in Skopje for further treatment.

Lipoleiomyoma of the Uterus : A Rare Case Report

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Abstract
Lipoleiomyoma is a rare benign uterine tumor characterized by the presence of mature adipose tissue mixed with smooth muscle cells. The reported incidence ranges between 0.03% and 0.2%. These tumors are most commonly detected in obese perimenopausal or postmenopausal women and are often asymptomatic, although some patients may present with pelvic discomfort or pain. Because of its rarity, we present a case of uterine lipoleiomyoma in a postmenopausal patient.

A 69-year-old woman presented to the University Clinic of Gynecology and Obstetrics in Skopje with complaints of pelvic pain. After clinical examination, the patient was admitted for further diagnostic evaluation. Laboratory tests showed values within normal limits, including complete blood count, coagulation parameters, tumor markers, and urinalysis. Cervical cytology (PAP smear) revealed no abnormalities.

Transvaginal ultrasonography demonstrated a well-defined tumor mass located in the anterior wall of the uterus measuring 60 × 62 mm, along with several smaller uterine myomas. The uterus had an anteroposterior diameter of 60 mm, and the endometrial thickness was 3.9 mm. Both ovaries had normal morphology and dimensions.

Considering the patient's symptoms and imaging findings, surgical treatment was indicated. The patient underwent total hysterectomy with bilateral salpingo-oophorectomy. The postoperative course was uneventful, and the patient was discharged on the fifth postoperative day with a recommendation for follow-up after one month. Histopathological examination confirmed the diagnosis of uterine lipoleiomyoma.

Keywords: lipoleiomyoma, uterine tumor, postmenopausal woman, hysterectomy

Recurrent Extramammary Paget's Disease of the Vulva in a Postmenopausal Woman: A Case Report

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Abstract

Extramammary Paget's disease of the vulva is a rare intraepithelial malignancy that predominantly affects postmenopausal women. The disease often presents with nonspecific symptoms that resemble benign dermatological conditions, which can lead to delayed diagnosis and management.

We present the case of a 66-year-old postmenopausal woman with a history of previous surgical excision of a vulvar lesion several years earlier. The patient was admitted due to an exophytic lesion located on the left labia majora, accompanied by pruritus and a mild burning sensation.

Laboratory investigations included tumor markers: CEA 2.18 ng/mL, CA-125 11.33 U/mL, CA 19-9 14.30 U/mL, CA 15-3 11.1 U/mL, CA 72-4 1.6 IU/mL, and HE4 74.65 pmol/L, all within reference limits. Biochemical laboratory findings were also within normal ranges.

A biopsy of the vulvar lesion was performed following appropriate patient preparation. Histopathological examination revealed **Paget's disease of the vulva**, with the presence of Paget cells showing positive staining for PAS and CK7 and negative staining for S100, confirming the diagnosis of an extramammary form.

Magnetic resonance imaging of the pelvis demonstrated thickening of the vulvar skin on the left side measuring 30 × 18 mm, without lymphadenopathy or signs of invasive spread into surrounding tissues. The uterus and cervix showed normal morphology. Hemostasis parameters and D-dimer levels were within normal limits, and chest radiography revealed no pathological findings.

Transvaginal ultrasound examination showed a normal uterus and endometrium, with a cystic lesion measuring 34 mm in the left adnexal region containing fluid, and no free fluid in the pouch of Douglas.

After multidisciplinary discussion at the Oncology Council at the University Clinic for Gynecology and Obstetrics in Skopje, surgical treatment was recommended due to recurrent disease. The patient underwent **simple vulvectomy**.

Histopathological analysis of the surgical specimen confirmed **vulvar extramammary Paget's disease**, with Paget cells identified within the epithelium and superficial dermis, without deep tissue invasion. Surgical margins were negative. Final pathological staging was **pT1b, pNx, pMx, R0 – FIGO stage IB**.

The patient was subsequently referred to the Oncology Clinic for further oncological management and follow-up.

Keywords

Extramammary Paget's disease; vulva; recurrence; histopathology; surgical treatment

Title: Intrahepatic Cholestasis of Pregnancy in a Primigravida with Hereditary Spherocytosis: A Complex Clinical Case

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We report the case of a primigravida at 32 weeks of gestation with a significant hematological history, including hereditary spherocytosis and chronic hemolytic anemia, previously managed with splenectomy and cholecystectomy. The patient was admitted to the Obstetric and Gynecological University Hospital "Queen Geraldine" in Tirana with clinical and biochemical features suggestive of intrahepatic cholestasis of pregnancy (ICP).

Initial laboratory findings revealed marked abnormalities, including elevated serum bile acids (111.4 µmol/L; normal <10 µmol/L), alanine aminotransferase (ALT 174 U/L), aspartate aminotransferase (AST 56 U/L), total bilirubin (1.8 mg/dL), thrombocytosis (455 K/mcL), and significantly increased fibrinogen activity (731 mg/dL). The diagnosis of ICP was established based on clinical presentation and elevated serum bile acids, which represent the gold standard diagnostic marker.

The patient was hospitalized and managed with ursodeoxycholic acid (UDCA), alongside close maternal and fetal monitoring through serial laboratory testing and obstetric ultrasonography. Given the hypercoagulable profile, prophylactic anticoagulation with enoxaparin (0.4 mL subcutaneously once daily) was administered for two weeks. Clinical reasoning prioritized reducing fetal risk, preventing thrombotic complications, and improving biochemical parameters.

Follow-up demonstrated a significant reduction in serum bile acids to 15.5 µmol/L after one month of UDCA therapy, indicating a favorable therapeutic response. The patient was electively delivered at 37 weeks of gestation to minimize the risk of adverse perinatal outcomes associated with ICP. Labor and delivery proceeded without complications.

This case highlights the complex interplay between pre-existing hematological disorders and ICP, emphasizing the importance of multidisciplinary management, timely diagnosis, and individualized therapeutic strategies to optimize maternal and fetal outcomes.

Keywords: intrahepatic cholestasis of pregnancy, hereditary spherocytosis, serum bile acids, ursodeoxycholic acid, high-risk pregnancy

Adnexal torsion in prepubertal child

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Abstract

Introduction: Adnexal masses in pediatric patients are rare and may present as surgical emergencies, particularly when complicated by torsion. We report the case of a 9-year-old prepubertal girl presenting with a two-week history of lower abdominal pain. Transabdominal ultrasound revealed a large cystic formation (108 × 73 mm) with hypoechoic content, thin septations, and ovarian-like tissue, suggestive of an adnexal origin. Additionally, a small uterine-like structure without visible endometrium and a small amount of free fluid (11 mm) were noted.

Case report: Tumor markers showed mildly elevated CA-125 (36.70 U/mL) and significantly increased CA 19-9 (189.05 U/mL). The patient was diagnosed with acute abdomen due to left adnexal torsion and suspected ovarian tumor. An urgent exploratory median laparotomy was performed by a multidisciplinary team (pediatric surgeon and gynecologist), including detorsion of the left adnexa and complete tumor excision. The right ovarii and the uterus were age appropriate. The postoperative course was uneventful. At one-month follow-up, the patient remained prepubertal (Tanner stage I) with no signs of estrogenic activity. Cytological evaluation showed a maturation index of 0+0+100, consistent with atrophic findings. Follow-up ultrasound demonstrated a small uterus (7 × 13 mm) and bilateral ovaries with preserved morphology with few follicles appropriate for the pubertal development, without pelvic effusion.

Conclusion: This case highlights the importance of prompt diagnosis of adnexal torsion in pediatric patients. The ultrasound in this age group requires specific knowledge of the morphology due to small organ sizes, different echogenicity and limited patient cooperation. as well as the challenge of identifying possible Müllerian anomalies prior to pubertal development. The surgical management should be minimal bearing in mind the future fertility. Long-term follow-up is advised in this patient population.

A Diagnostic Challenge in an Adolescent Patient: Does the hymen matter?

ELENA VERUSHEVSKA , Daniela Ivanova Panova, Aneta Sima, Andriana Buklioska

Abstract

Introduction: Abnormal uterine bleeding in adolescents is most frequently associated with hormonal imbalance and anovulatory cycles, as well as coagulation disorder, while structural causes are relatively rare. Leiomyomas, particularly cervical leiomyomas, are uncommon in this age group. Diagnosis in such cases can be challenging, particularly in virginal patients, where the perceived limitation imposed by an intact hymen may restrict the extent of gynecological examination.This case reflects a psychological and clinical dilemma where preserving hymenal integrity may delay proper diagnosis and treatman, showing how cultural values can influence medical care

Case presentation: We report the case of a 17-year-old girl presenting with prolonged menstrual bleeding lasting three months, unresponsive to several hormonal therapies. The patient had regular menstrual cycles since menarche, at the age of 14. Laboratory investigations revealed anemia and decreased platelet aggregation, while coagulation parameters were within normal limits. Transabdominal ultrasound showed a thin endometrium with suspected coagulum within the uterine cavity and vagina. Initial conservative treatment with intravenous tranexamic acid and uterotonic therapy temporarily controlled the bleeding. However, the patient was readmitted with recurrent bleeding. A digital transrectal examination revealed a solid formation adjacent to the cervix, prompting vaginoscopy through an intact hymen. A red polypoid mass approximately 2 cm in diameter originating from the cervical canal was identified and surgically removed. Histopathological examination confirmed the diagnosis of atypical leiomyoma of the cervix.

Conclusion: This case emphasizes the importance of considering rare structural causes of abnormal uterine bleeding in adolescents, when hormonal etiologies are more common. Cervical leiomyoma, although extremely uncommon at this age, should remain in the differential diagnosis when bleeding persists despite standard therapy. In addition, the case underlines the importance of Comprehensive Sexual Education (CSE) and menstrual health and hygiene, which can help adolescents, recognize abnormal symptoms and seek timely medical care. At the same time, it raises the question of whether society and its educational systems provide sufficient support and information, or whether these topics still remain surrounded by stigma and considered a taboo for many young girls.

Vaginal and Vulvar Varices in Term Pregnancy: A Rare Case with Favorable Outcome Despite Significant Postpartum Anemia

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Introduction: Vulvar and vaginal varicosities are uncommon manifestations of venous insufficiency during pregnancy, reported in approximately 4–10% of pregnant women, while isolated vaginal varices are significantly rarer and may pose a potential risk for intrapartum hemorrhage. These vascular changes are primarily attributed to hormonal influences, increased blood volume, and mechanical compression of pelvic veins by the gravid uterus. Although most cases remain asymptomatic, severe presentations can complicate labor management and raise concerns regarding the mode of delivery. Despite these risks, evidence suggests that vaginal delivery is feasible in selected cases with careful monitoring, as massive hemorrhage remains rare.

Case Presentation: We report the case of a multiparous woman (Gravida X) at 40+2 weeks of gestation, admitted with labor pains and diagnosed vaginal and vulvar varices. Ultrasound examination revealed a singleton fetus in cephalic presentation (BPD 97 mm) with normal fetal activity and estimated fetal weight of approximately 3400 g. On admission, cervical dilation was 8–9 cm with intact membranes and reassuring cardiotocography.

The patient underwent spontaneous vaginal delivery, resulting in a female newborn (3330 g, 51 cm, Apgar score 8/9). Due to peripartum blood loss and symptomatic anemia, episiotomy with suturing (EMLD) was performed, followed by postpartum management including uterotonic therapy, iron supplementation, and transfusion of one unit of erythrocytes.

Laboratory findings demonstrated significant postpartum anemia, with hemoglobin dropping to 71 g/L and partial recovery to 80 g/L after treatment . Leukocytosis (WBC up to 13.86 $\times 10^9$/L) was also observed, consistent with postpartum physiological response.

The early puerperium was uneventful, and the patient was discharged in stable condition with appropriate therapy and follow-up recommendations.

Discussion: Vaginal and vulvar varices represent a rare but clinically relevant condition in obstetrics. The main concern is the risk of rupture and hemorrhage during delivery, which can influence decision-making regarding cesarean section versus vaginal birth. However, current literature supports that vaginal delivery is not contraindicated in the absence of active bleeding or large obstructive varices.

This case highlights that even in the presence of significant varicosities, carefully monitored spontaneous vaginal delivery can be safely achieved. The major complication in our patient was postpartum anemia, likely multifactorial, requiring transfusion but with good clinical recovery.

Conclusion: Vaginal and vulvar varices in pregnancy, although rare, should not be considered an absolute indication for cesarean delivery. With appropriate intrapartum surveillance, favorable maternal and neonatal outcomes are achievable. Early recognition and preparedness for potential hemorrhagic complications remain essential for optimal management.

Keywords: Vaginal varices, Vulvar varices, Pregnancy

SURGERY SESSION

Application of autologous Platelet-rich fibrin for hemostasis and wound healing after maxillary first molar extraction in a patient receiving dual antiplatelet therapy

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A 69-year-old patient receiving dual antiplatelet therapy consisting of acetylsalicylic acid (100 mg) and clopidogrel (75 mg) daily following coronary stent placement was referred for extraction of a non-restorable maxillary first molar affected by chronic apical pathology. Considering the increased risk of perioperative bleeding, systemic therapy was not discontinued in accordance with current cardiovascular recommendations. After minimally traumatic extraction under local anesthesia, autologous platelet-rich fibrin (PRF) membranes were prepared from venous blood using a standardized centrifugation protocol and placed into the extraction socket prior to suturing. Hemostasis was achieved immediately without the use of additional local hemostatic agents. No postoperative bleeding episodes were observed. The patient reported absence of postextraction pain and did not require antibiotic or analgesic therapy. Clinical follow-up day after extraction, at one week and two weeks demonstrated, stable clot organization, favorable soft tissue healing and complete epithelialization without signs of infection or inflammatory complications. This case highlights the potential role of autologous PRF as a reliable local hemostatic and regenerative adjunct in patients maintained on dual antiplatelet therapy, allowing safe extraction and favorable wound healing without interruption of antiplatelet therapy.

Keywords: platelet-rich fibrin, dual antiplatelet therapy, clopidogrel, maxillary molar extraction, hemostasis

Title: Autologous Fat Grafting and Targeted Nerve Regeneration in the Management of Complex Post-Burn Scarring in a Teenager

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Background:
Electrical burns are severe injuries often leading to deep tissue damage, hypertrophic scarring, contractures, and peripheral nerve involvement. In teenagers these complications have significant functional, aesthetic, and psychosocial impact. Multimodal strategies combining reconstructive and regenerative techniques may improve long-term outcomes and quality of life.

Methods:
We present a case of a 17-year-old female who sustained a high-voltage electrical injury in 2022 involving approximately 30% of total body surface area, affecting the back, buttocks, and posterior right lower limb. Initial treatment included conservative wound care followed by multiple split-thickness skin grafts. After graft maturation, staged autologous fat grafting was performed to address hypertrophic, firm, dyschromic scars and improve tissue pliability.

In 2025, the patient developed signs of partial right common peroneal nerve involvement, likely due to scar-related compression. A targeted regenerative procedure was performed under sedation. Adipose tissue was harvested from the infraumbilical region. Under ultrasound and neurostimulation guidance, platelet-rich plasma (PRP) was injected intraneurally, followed by perineural fat graft placement. Additional fat grafting was applied to adjacent hypertrophic scars.

Results:
No perioperative complications occurred. Follow-up showed improved scar softness, color, elasticity, range of motion, and reduced neuropathic pain. Control electromyography confirmed a proximal right common peroneal nerve lesion, with minimal improvement in anterior tibial muscle activation compared to prior evaluation. The patient reported high satisfaction with functional and aesthetic outcomes.

Conclusion:
Autologous fat grafting serves as a biologically active adjunct in post-burn reconstruction. Combined with image-guided nerve-targeted therapy, it offers a minimally invasive approach to managing scar pathology and secondary nerve involvement, enhancing functional and psychosocial recovery in teenager burn survivors.

Keywords:
Electrical burns; Post-burn scars; Autologous fat grafting; Regenerative medicine; Platelet-rich plasma (PRP); Peripheral nerve injury; Common peroneal nerve; Multimodal reconstruction; Teenager burn patient

Challenges in the Management of Polytrauma in a Patient with Hemophilia A: A Case Report

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Background

Hemophilia A is an inherited coagulopathy characterized by the absence or functional deficiency of coagulation factor VIII. Severe forms of the disease manifest with spontaneous or minimally provoked bleeding, which can lead to significant morbidity and mortality. Traumatic injuries and surgical interventions in these patients represent a substantial challenge and require the prompt initiation of factor VIII therapy, as well as a multidisciplinary therapeutic approach.

Case Presentation

We present a 16-year-old male patient with a known diagnosis of Hemophilia A who was admitted to the Emergency Center following a motor vehicle accident. Clinical examination and radiological findings revealed bilateral fractures of the lower legs (cruris), one of which was open with bone fragments. CT imaging confirmed the presence of a subdural hematoma (sin lat LL).

The patient was immediately hospitalized and transferred to the neurosurgical operating room. On admission, bilateral mydriasis and hemodynamic instability with hypotension were noted, prompting intraoperative continuous infusion of norepinephrine via perfusion .

Laboratory analyses and physical examination confirmed coagulopathy. Emergency therapy with continuous factor VIII concentrate (2000 IU/50/4 ml H) and anti-edematous therapy with Mannitol 20% 250 ml and Furosemide 10 mg was initiated. Intraoperatively, the patient also received 3 units red blood cells, 3 units of fresh frozen plasma, and 1 unit of cryoprecipitate.

Following the evacuation of the intracranial hematoma, gradual constriction of the pupils was observed intraoperatively. The patient was subsequently transferred to the Intensive Care Unit (ICU), where he was placed on mechanical ventilation, sedation, and appropriate supportive therapy. After achieving hemodynamic stability, and based on the neurosurgeon's recommendation, the patient additionally received a transfusion of 5 units of platelet concentrate

Conclusion

Post-evacuation, pupils constricted and the patient was stabilized in the ICU. This case underscores that survival in hemophilic trauma depends on immediate factor replacement and seamless collaboration between neurosurgery, hematology, and intensive care teams to ensure hemostasis and prevent fatal complications.

Keys Words: Hemophilia A, Polytrauma, Multidisciplinary Management, Emergency Surgery

From crash to recovery: emergency surgical response to polytrauma patient

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Abstract:

We present a complex case of a 58-year-old male involved in a high-energy motorcycle collision who arrived at a tertiary trauma center with hemodynamic instability and evidence of multi-system injury. Initial computed tomography demonstrated no intracranial hemorrhage but revealed left zygomatic and maxillary sinus fractures, extensive bifocal rib fractures with a large left hemato-pneumothorax with mediastinal shift, spinal process fractures (L1–L5), a grade 2 splenic laceration with subcapsular fluid, left renal laceration with perirenal hematoma, and an open left elbow fracture-dislocation consistent (Terrible triad). Admission laboratory results reflected severe anemia, leukocytosis with neutrophilia, and early systemic inflammatory response.

Given the patient's borderline shock physiology (systolic blood pressure <90 mmHg, tachycardia, elevated lactate ~4.1 mmol/L, base deficit –6.2 mmol/L), an urgent damage control surgical strategy was pursued within the first hour of ICU admission. This included a midline laparotomy with splenectomy, left thoracotomy with pulmonary wedge resection and chest drainage, and debridement with external fixation of the elbow. Definitive elbow fixation was delayed until physiological stabilization. Over the following weeks, the patient underwent tracheotomy, intensive care support, and eventual extubation, followed by definitive internal fixation and rehabilitative physiotherapy.

This case underscores the importance of rapid multidisciplinary intervention in severe polytrauma and highlights how physiological derangements guide surgical prioritization. Acute damage control surgery facilitated early hemorrhage control, restored physiological reserve, and enabled staged definitive management with favorable functional outcomes.

Keywords: polytrauma, damage control surgery, hemorrhagic shock, multidisciplinary care

Choosing the right tool for the job

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Introduction. A 71 year old female with a medical history positive for thyroid pathology has undergone a MWA in June of 2025 of a node located in the left thyroid lobe with initial size ~ 37mm. FNAB was performed with the cytological findings classified as I-st Bethesda classification group.

Diagnosis and clinical findings. Upon inspection the patient had visible struma with enlargement of the left thyroid lobe. The patient had moderate difficulty with swallowing and inspiration. The lab work-up showed euthyrotic lab values but with elevated human tireoglobulin of **101.88** ng/mL (range 1.0 – 39.0). On the CT scan a large left lobe was seen with extreme deviation of the trachea to the right compartment of the neck. The neck ultrasound showed a grossly enlarged, multinodular left node with retrosternal protrusion with unclear inferior border. Also, the right lobe was also seen to be filled with a few nodes as well which at times seem to have converged into one large nodule.

Treatment plan. Upon completing the necessary investigations, total thyroidectomy with using intraoperative neuromonitoring of the recurrent laryngeal nerves was performed. The whole left lobe was grossly enlarged with notable fibrosis of the infero-lateral side of the node.

Conclusion. In patients with nodular thyroid disease, special care should be taken in the process of diagnosis as to avoid under or over treatment. With the advances in technique in thyroid surgery, the minimal postoperative complications and the intraoperative monitoring of the recurrent laryngeal nerves, at least for now, open thyroidectomy is still the golden standard for thyroid carcinoma, multinodular goiter or large nodules.

Periosteal Chondrosarcoma in a 30 Year-Old-Woman: Surgical Management of an Extremely Rare Malignancy with Concomitant Sarcoidosis Mimicking Metastatic Disease

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Introduction: Periosteal chondrosarcoma is a rare subtype constituting around 2,5% of all chondrosarcomas with peak incidence in the third decade of life, male predominance and indolent course. The most common sites involved are the metaphyses of the distal femur and the proximal humerus. Pain and swelling are the usual presenting features.

Case description: A 30-year-old female presented to the orthopedic outpatient department with a two-month history of pain and swelling in the proximal medial region of the right arm. Clinical examination revealed a firm, fixed tumor in the medial aspect of the proximal right humerus, without other significant findings. Preoperative MRA demonstrated an irregular tumor located periosteally along the medial cortex of the proximal metadiaphysis of the right humerus, without cortical destruction or intramedullary infiltration, measuring 59×45 mm with compressive effect on the surrounding soft tissues. US-CNB was performed and the histopathological diagnosis was chondrosarcoma. Surgical treatment was performed under general anesthesia using a modified deltopectoral approach. The procedure included excision of the soft-tissue tumor mass, hemicortical resection of the medial cortex of the proximal humerus, curettage of the medullary cavity, application of methyl methacrylate cement, and bridge plating with proximal anatomical locking compression plate fixed with six screws. Postoperative histopathological and immunohistochemical analyses confirmed stage IA periosteal chondrosarcoma. PET scan demonstrated disseminated metabolically active lymphadenopathy. Histopathology revealed sarcoidosis after US-CNB of an inguinal lymph node was performed. The patient recovered well with painless full shoulder motion and was advised to consult a pulmonologist, regular clinical and radiological follow-up.

Discussion: Periosteal chondrosarcomas have a relatively low metastatic rate (5-12.2%), most commonly involving the lungs and rarely lymph nodes. If resectable, limb-sparing surgery using wide excision or hemicortical resection should provide negative surgical margins. Radiation therapy may be considered for unresectable or if margins are positive after wide resection. Amputation is the final option.

Key words: Periosteal chondrosarcoma, sarcoidosis, hemicortical resection, curettage, methyl methacrylate cement, bridge plating, MRA, US-CNB, PET scan, limb-sparing surgery

“One Operation, Two High-Risk Carcinomas” – Radical Cystoprostatectomy in a Patient with Prostate and Bladder Cancer

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Introduction: The synchronous occurrence of prostate cancer and bladder cancer represents a rare but clinically significant condition, especially when both tumors are clinically manifest and diagnosed prior to surgical treatment. Although both malignancies are common in the elderly male population, their simultaneous presence requires a careful diagnostic and therapeutic approach.

Objective: The aim of this paper is to present a rare case of the simultaneous occurrence of high-risk prostate adenocarcinoma and muscle-invasive urothelial carcinoma of the bladder, successfully treated with a single radical surgical intervention.

Case Presentation: A 71-year-old patient with a serum prostate-specific antigen (PSA) level of 94 ng/mL is presented. Following a transrectal prostate biopsy, adenocarcinoma with a Gleason score of 5+4=9 was diagnosed, indicating high-risk disease. Due to macroscopic hematuria, cystoscopy was performed, revealing a tumor formation on the bladder wall. A transurethral resection of the tumor (TUR-T) followed, and histopathological findings confirmed urothelial carcinoma with muscle infiltration (pT2).

Treatment and Outcome: The patient underwent radical cystoprostatectomy with urinary diversion according to Bricker (ileal conduit), thereby removing both carcinomas in a single surgical procedure. The postoperative course was uneventful.

Conclusion: The synchronous occurrence of prostate adenocarcinoma and muscle-invasive urothelial carcinoma of the bladder is a rare but clinically important phenomenon. Radical cystoprostatectomy with appropriate urinary diversion represents an effective treatment that enables radical management of both malignancies with a single operation.

Keywords: • Synchronous carcinoma • Prostate adenocarcinoma • Urothelial carcinoma of the bladder • Radical cystoprostatectomy according to Bricker

Efficacy of Multimodal Analgesia with Local Infiltration in a Patient Undergoing Total Knee Arthroplasty with Contraindications for Regional Anesthesia

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Case Presentation: Acute postoperative pain management in total knee arthroplasty (TKA) is challenging when regional anesthesia is not feasible. In patients with prior complicated spinal surgeries, a multimodal approach is essential for early rehabilitation. A 65-year-old female patient with Gonarthrosis lat. sin. was scheduled for TKA. Her history included a lumbar discectomy and revision 10 years prior, complicated by local infection and sepsis. Due to this prior medical trauma, the patient categorically refused regional anesthesia.

The procedure was performed under general anesthesia (duration 120 min) with Fentanyl (2–5 µg/kg). An intraoperative local infiltrative analgesia (LIA) "cocktail" was applied, consisting of: Bupivacaine, Methylprednisolone, Ketorolac, and Adrenaline. Postoperatively, a continuous 24-hour infusion (Tramadol and Metamizole) was initiated.

Upon emergence, the patient reported minimal pain. Successful verticalization was achieved on the first postoperative day. Pain levels in the following days ranged between 1 and 3/10 on the VAS scale, with a gradual tapering of analgesic frequency. The patient was discharged on day 5 with excellent mobility. Multi-component local infiltration is an effective and safe strategy for pain management in patients where neuraxial blocks are contraindicated or refused, facilitating rapid recovery.

Keywords: Total knee arthroplasty, Multimodal analgesia, Local infiltrative analgesia, Regional anesthesia

First ALT Free Flap for Distal Leg Hardware Exposure in North Macedonia

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Soft-tissue defects of the distal third of the leg present major reconstructive challenges due to thin skin coverage, prominent bone, and limited vascular interconnections. Local flaps often prove unreliable because of inadequate tissue volume, restricted rotation arcs, and compromised recipient beds from trauma or infection. Free flaps offer consistent coverage and limb preservation, particularly in cases of hardware exposure or chronic infection.

We report the first successful anterolateral thigh (ALT) free flap reconstruction for a distal third leg defect with exposed hardware in North Macedonia.

A 72-year-old female pedestrian sustained a bimalleolar fracture, complicated two months post-fixation by wound dehiscence and exposed lateral malleolar plate and screws. Despite antibiotic therapy, *Staphylococcus epidermidis* persisted.

After radical debridement with hardware retention, the anterior tibial artery was dissected to a healthy segment. A contralateral ALT flap based on two perforators was harvested and transferred. Microvascular end-to-end anastomosis (artery: 9-0 nylon; two veins with 2 mm and 2.5 mm venous couplers) achieved successful reperfusion after a 45-minute ischemia time. The flap provided durable soft-tissue coverage with primary donor-site closure.

The patient achieved complete flap survival, full weight-bearing, and good functional recovery at three months. This case highlights the reliability of perforator-based free flaps for single-stage reconstruction of high-risk lower-leg defects, even in elderly patients, supporting the role of ALT flaps in limb salvage and infection control.

Keywords: ALT free flap; distal leg reconstruction; hardware exposure; limb salvage; microsurgery;

Surgical Resection of a Jugular Foramen Paraganglioma Following Preoperative Embolization: A Case Report

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Introduction: Jugular foramen tumors are rare neoplasms accounting for 2–4% of all skull base tumors, of which 60-80% are paragangliomas. Clinically they present as either asymptomatic or with progressive lower cranial nerve deficits, ipsilateral sensorineural hearing loss, tinnitus, or vertigo. Preoperative endovascular embolization is often performed, due to the high vascularity of the tumor in order to facilitate safer surgical resection.

Case Presentation: A 54-year-old female patient presented with long-standing pain on the left side of the face, tinnitus, and pulsatile sensations in the left ear, without hearing loss. MRI revealed a highly vascularized tumor involving the mastoid and jugular region on the left side measuring 25×20×30 mm. The patient underwent superselective endovascular embolization of tumor using 400-micron particles. Surgery was performed under general anesthesia using retroauricular approach. The internal jugular vein, the internal and external carotid arteries were exposed in the cervical region to control bleeding, followed by mastoid drilling and removal of the medial wall of the external auditory canal. The external meatus was closed with sutures. The facial nerve was identified and preserved. The tumor was removed with microsurgical technique using an ultrasonic aspirator. Ligation of the sigmoid sinus and internal jugular vein was performed to facilitate tumor removal. The cavity was filled with autologous fat tissue and reconstructed using a fascia lata graft. Postoperative MRI confirmed complete tumor resection. Pathology report confirmed paraganglioma. On the third postoperative day a transient left facial nerve paresis developed. The patient otherwise recovered well, and at one-month follow-up facial nerve function had completely recovered.

Discussion: Jugular foramen tumors are managed based on size and symptoms: asymptomatic lesions may be observed, while symptomatic large tumors usually require surgery with preoperative embolization and possible cranial nerve monitoring. Radiotherapy is reserved for residual or unresectable cases, with multidisciplinary care and follow-up imaging.

Keywords: Jugular foramen tumor; skull base surgery; paraganglioma; preoperative embolization; facial nerve preservation; mastoid approach

Lipograft induced regeneration – a promising future for stubborn chronic wounds

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Abstract

Case presentation: 35- year old patient, born with spina bifida (surgically treated at the Univerisity Clinic for Neurosurgery -Skopje in the first year of his life) and congenital bilateral pedes equinovarus. Due to the present malformation of his feet, in the regions with more pressure, periodically he had wounds. The most persistent wound, from his early childhood, was in the right calcanear region. At the University Clinic for Plastic and Reconstructive surgery the wounds were conservatively treated for years. 15 years ago, to close the wound in his right calcanear region, an attempt with a reconstructive local flap was made, but the wound persisted.
Clinical findings and diagnostic results: In the local status, an open would approximately 20x18mm, is noted. The CT of the right foot showed chronic osteomyelitis of the calcaneus and a soft tissue defect going deep to the calcaneus, approximately 25mm in depth.
Treatment: Because there was no improvement, the patient was planned for an operative treatment. In the operating room, the osteomyelitic part of the calcanear bone was removed and debridement of the wound was done. From his infraumbilical region, fat graft was harvested through liposuction. The fat graft was applied at the wound, to induce regeneration.

Follow up: The first dressing, 5 days after the procedure, showed the graft still in place, with granulation tissue starting at the periphery. Two weeks after the procedure, the whole wound was filled with granulation tissue. Around three weeks after, epithelization was noted at the periphery. 4 months later, the wound was completely closed.

Keywords: fat graft, lipoinduction, chronic wound

Autologous Fat Grafting for Facial Asymmetry in En Coup de Sabre

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Introduction: Linear scleroderma en coup de sabre is a rare form of localized scleroderma characterized by progressive fibrosis and atrophy of the skin, subcutaneous tissue, and occasionally underlying bone. It typically manifests as a linear, atrophic lesion on the face resembling a sabre (sword) wound. The resulting soft-tissue loss often leads to facial asymmetry and contour deformities, creating both functional and aesthetic challenges.

Case Presentation: We report the case of a 24-year-old woman with en coup de sabre diagnosed in early childhood, presenting with marked asymmetry of the left hemiface. Clinical examination demonstrated soft-tissue atrophy with forehead hollowing, contour depression of the left midface, and lower lip asymmetry, significantly affecting facial harmony and self-perception. A single session of autologous fat grafting was performed, with 40 cc of processed fat harvested from the lateral thighs using decantation and syringe passage. The graft was injected in multiple planes to restore volume to the left forehead, malar region, and lower lip. A small fraction was refined to nanofat to optimize contour transition and potentially improve skin quality. The postoperative course was uneventful. At one-month follow-up, there was evident improvement in facial symmetry and forehead contour, with restoration of lower lip projection and high patient satisfaction (FACE-Q Satisfaction with Facial Appearance improving from 42 to 93/100).

Conclusion: Autologous fat grafting offers a minimally invasive and reliable technique for the correction of hemifacial atrophy in en coup de sabre. Even a single session can provide meaningful aesthetic restoration and may promote regenerative improvement of the affected tissues.

Keywords: Linear scleroderma, en coup de sabre, facial asymmetry, lipofilling, nanofat, autologous fat grafting

Reconstruction of a Complex Scalp Defect with local flap and skin graft

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Abstract

The scalp consists of specialized tissue composed of dense hair follicles and inelastic, thick galea aponeurotica, unlike other tissues of the body. Reconstruction of the scalp can be challenging because of the convexity of the underlying skeleton, the inelasticity of the galea, and the paucity of the adjacent tissue, which make even small defects difficult to close.

The creation of a local flap associated with skin grafting is a surgical procedure performed in a single stage, providing coverage of devitalized areas with viable and well-vascularized tissue.

Keywords: scalp, reconstruction, local flap, skin grafting

Subject

Plastic Surgery

Issue Section:

Case Report

INTRODUCTION

The scalp consists of specialized tissue composed of dense hair follicles and inelastic, thick galea aponeurotica, unlike other tissues of the body [1]. Reconstruction of the scalp can be challenging because of the convexity of the underlying skeleton, the inelasticity of the galea, and the paucity of the adjacent tissue, which make even small defects difficult to close [2-4].

Different reconstruction methods have been described, such as external table drilling, skin grafts, local scalp flaps, pedicled flaps, microsurgical flaps and reimplantation.

The creation of a local flap associated with skin grafting is a surgical procedure performed in a single stage, providing coverage of devitalized areas with viable and well-vascularized tissue (5).

CASE REPORT

A 56-year-old male patient had a car accident. He come to the hospital with Complex Scalp Defect (Figure 1), fracture of C6 vertebrae and cerebral commotion.

Because the wound was infected and Acinetobacter baumannii was isolated in first surgery debridement was performed (Figure2). After having 3 sterile results from the wound the reconstructive surgery was performed.

A scalp transposition flaps based on the occipital artery was used for bone coverage and split-thickness skin graft (STSG) from upper leg was performed in the donor area of the flap (Figure 3), which remained with intact periosteum. A Brown dressing was maintained on the grafted area for 5 days.

CONCLUSION

Reconstructing extensive scalp defects requires planning and consideration of multiple factors, including the size and location of the defect, number of anatomical structures involved, availability of donor tissue, quality of the surrounding skin, vascularization of the recipient area, infection, need for adjuvant therapies, and patient comorbidities. These defects present a therapeutic challenge for the reconstructive surgeon because of the need to provide a significant amount of coverage to an area with limited adjacent tissue, and in several cases, because of the etiology of the injury, with a poorly vascularized recipient bed due to involvement of the periosteum, bone, and/or dura mater.

The scalp flap technique, associated with skin grafting for the donor area of the flap, has proven to be a safe technique; this is not possible when direct grafting is used, which requires the integrity of the periosteum to be successful 5. On the contrary, techniques such as healing by secondary intention require a longer recovery.

Rheumatoid Nodules of the Dorsum of the Hand Mimicking Soft-Tissue Tumors with Concomitant Radial Nerve Neuroma of the Forearm: A Case Report

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Abstract

Soft-tissue masses of the dorsal hand may arise from various tenosynovial, vascular, or neoplastic conditions, making clinical diagnosis challenging. Common etiologies include giant cell tumor of the tendon sheath, tenosynovial chondromatosis, tenosynovial osteochondroma, synovial haemangioma, and rarely, synovial-origin sarcomatoid tumors.

Rheumatoid nodules are the most frequent extra-articular manifestation of rheumatoid arthritis, occurring in 20–30% of seropositive patients, typically over pressure points. Involvement of the dorsum of the hand in association with extensor tendon structures is uncommon and may mimic benign soft-tissue tumors.

We report a 62-year-old patient with two slowly enlarging masses on the dorsum of the left hand and lateral forearm. The patient had never been examined for rheumatoid arthritis but reported generalized joint pain. Prior to surgery, he experienced some difficulty with hand movement due to the size of the mass and reported pain on percussion over the forearm lesion. Clinical examination revealed a firm, immobile mass on the dorsum of the hand and a painful lesion on the lateral forearm. Both masses were surgically excised. Histopathology confirmed that the dorsal hand lesion was a rheumatoid nodule, with nodular aggregates of inflammatory infiltrate, fibrinoid deposits, and synovial hyperplasia (negative Congo red, positive PAS). The lateral forearm lesion was a radial nerve neuroma. The two tumor-like formations originated from different tissues and had distinct histopathological features.

At one-year follow-up, there was no recurrence, and the patient maintained full, painless flexion and extension of the affected hand.

Recognition of tendon-associated rheumatoid nodules is clinically important, as such lesions can mimic other soft-tissue tumors and may occasionally cause tendon irritation or rupture. This case highlights the rare occurrence of rheumatoid nodules on the dorsum of the left hand concomitant with a radial nerve neuroma and underscores the value of histopathological evaluation in patients with chronic inflammatory synovial disease.

Keywords: Rheumatoid nodules, Dorsal hand, Extensor tendons

Successful treatment of recurrent deep necrotizing cellulitis due to MSSA susceptibility profile initially misdiagnosed as necrotizing fasciitis

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Introduction: Deep necrotizing cellulitis may closely mimic necrotizing fasciitis, a surgical emergency associated with very high mortality. Accurate differentiation is essential to prevent inappropriate therapy and unnecessary aggressive interventions. This case is notable due to initial ineffective treatment, subsequent misdiagnosis, and the decisive role of multidisciplinary reassessment based on microbiological evidence.

Case Presentation: A 52-year-old overweight female without significant comorbidities presented with a progressive necrotic lesion of the lower limb. She was initially treated at another center with multiple sequential antibiotics (ceftriaxone, levofloxacin, cefaclor, rifampicin, fosfomycin) without clinical improvement. With further deterioration, necrotizing fasciitis was suspected and she was referred for surgical evaluation. During our multidisciplinary second-opinion consultation, comprehensive investigations were performed, including CBC, CRP, biochemical profile, HbA1c, vascular Doppler, and pus culture. Empiric therapy with ceftriaxone and metronidazole was initiated. On day four, the patient developed a delayed hypersensitivity reaction to ceftriaxone requiring discontinuation. Culture confirmed Staphylococcus aureus with an MSSA susceptibility profile. Intravenous meropenem was administered for 5–7 days with complete clinical resolution. Three months later, localized recurrence occurred and was successfully treated again with meropenem.

Discussion: This case demonstrates the clinical overlap between deep necrotizing cellulitis and necrotizing fasciitis and highlights the risk of misdiagnosis. Multidisciplinary reassessment and culture-guided therapy were crucial for appropriate management.

Conclusion: Second-opinion multidisciplinary evaluation and antibiogram-based therapy are essential for optimal management of severe soft tissue infections.

Surgical aortic valve replacement after infective endocarditis of TAVI valve

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Introduction: Infective endocarditis is a rare but serious complication following transcatheter aortic valve replacement (TAVI). Because these patients are often older or have more comorbidities than traditional surgical candidates, the management requires a delicate balance of aggressive medical therapy and complex clinical decision-making such as cardiac surgery.

Case presentation: Our patient is a 69-year old male with numerous comorbidities, such as cerebrovascular insult with right-sided weakness, carotid endarterectomy, diabetes mellitus, chronic renal insufficiency. A TAVI valve had been implanted 2 years before current admission. For several months he has been experiencing symptoms of fever, fatigue and general weakness. Due to clinical and echocardiographic signs of endocarditis, positive blood cultures, he was initially placed on parenteral antibiotic therapy for 6 weeks. Furthermore, due to progression of symptoms, despite the comorbidities and high surgical risk, a decision was made for cardiac surgical treatment. The patient underwent surgical replacement of the valve with biological, with uneventful postoperative course, discharged from our department on the 7th postoperative day. An additional 5 weeks of parenteral antibiotic therapy was administered. The patient is in good general condition 1 year following surgical treatment.

Keywords: Cardiac surgery, Infective endocarditis, Transcatheter aortic valve replacement

Surgical Management of Isolated Left Atrial Metastasis from Lung Adenocarcinoma: A Case Report

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ABSTRACT

Introduction:
Cardiac metastases are considerably more frequent than primary cardiac tumors, yet they remain underdiagnosed due to nonspecific clinical presentation. Involvement of the left atrium is particularly uncommon and most often occurs through direct extension via the pulmonary veins. Lung adenocarcinoma often spreads to the heart, but it rarely forms a mass inside the left atrium. When it does, it can look like a primary tumor such as a myxoma and make diagnosis more difficult.

Case Presentation:
Our patient is a 68-year-old male with a history of coronary artery bypass grafting performed two years earlier. Preoperative and follow-up transthoracic echocardiography had shown no intracardiac pathology. The patient presented with progressive fatigue and reduced exercise tolerance over several months. Routine echocardiographic evaluation revealed a newly detected mass within the left atrium, appearing to originate from the right superior pulmonary vein. Chest radiography did not reveal significant abnormalities. Given the risk of systemic embolization and inflow obstruction, urgent redo cardiac surgery was undertaken. Complete excision of a 4 × 3 cm tumor was achieved, followed by reconstruction of the involved pulmonary vein using a xenopericardial patch. The postoperative period was without complications, and the patient was discharged on postoperative day four. Histopathological analysis confirmed metastatic adenocarcinoma consistent with pulmonary origin. Subsequent computed tomography of the chest demonstrated a right hilar infiltrative lung mass, establishing the diagnosis of primary lung adenocarcinoma with cardiac extension. The patient was referred for oncologic management.

Keywords: Cardiac metastasis; Lung adenocarcinoma; Left atrium; Cardiac surgery

Base skull meningioma found and operated after imaging for cranial injury

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Patient ,57 years old presented to our clinic after car accident. CT imaging after head trauma shows tumor at the base of the skull of frontal region right. After MRI with contrast of the brain was performed, with tumor findings suspicious t for meningioma.
The patient had non dislocated fracture of 6th cervical vertebrae of the spine and open wound with missing scalp frontal right region. Multidisciplinary approach was done. Immobilization for cervical spine for 2 months was ordered.
Follow for 3 months after the car accident , the patient was admitted for operation-extrication of the tumor.
Tumor was completely removed , histopathology confirmation for meningioma
After the operation patient no neurological deficit and he was discharged 5 days after the operation.

Key words: gross total resection, meningioma, basal skull, trauma, car accident

COMPLEX DISTAL SUB/PROXIMAL DIAPHYSEAL FRACTURE SOLVED WITH INTRAMEDULLARY NAIL

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We present the case of a 68-year-old female patient with a low subtrochanteric fracture extending into the proximal femoral diaphysis, sustained after a low-energy trauma. On admission, the patient complained of severe hip pain and inability to bear weight on the affected limb. Radiographic evaluation confirmed a low subtrochanteric fracture with extension into the proximal diaphyseal region.

Considering the localization and fracture pattern, surgical treatment was indicated. Closed reduction and internal fixation were performed using a Meta-Tan (cephalomedullary intramedullary nail), additionally augmented with two cerclage wires due to comminution and the need for improved stability and anatomical reduction. Intraoperatively, satisfactory alignment, length, and rotational stability of the limb were achieved.

The postoperative course was uneventful, without early complications. The patient was mobilized with partial weight-bearing according to protocol, with gradual progression to full weight-bearing. Follow-up radiographs demonstrated appropriate implant positioning and progressive callus formation during the healing period.

This case highlights the effectiveness of intramedullary osteosynthesis with a Meta-Tan nail, combined with cerclage wiring, as a reliable method for treating low subtrochanteric fractures in elderly patients, allowing stable fixation, early mobilization, and favourable functional outcomes.

Keywords: subtrochanteric, diaphyseal, hip pain, instability , functional outcomes;

Breaking Barriers: DS-RPNI Transforms Neuroma Pain Management

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Peripheral nerve injury frequently culminates in neuroma formation due to failed axonal reinnervation of the distal stump. The superficial radial nerve (SRN), with its subcutaneous forearm course, is highly susceptible to traumatic/iatrogenic damage, yielding painful neuromas that severely impair quality of life. Conventional surgeries show modest success (53–68%) and high reoperation rates (~20%), underscoring the need for novel approaches. Originally developed to enhance prosthetic tactile feedback, dermal sensory RPNI (DS-RPNI; Sando et al.) employs a free dermal graft anchored to a transected sensory nerve end. Regenerating axons reinnervate the graft, restoring electrophysiological environmental-to-CNS

signaling via peripheral input.

We report a 71-year-old man with severe SRN neuroma pain (VAS 9/10) and paresthesia in the innervation area of SRN following left forearm saw-crush injury, initially surgically managed four months prior. Examination revealed a palpable, nontender, mobile 4.5 × 3 mm volar forearm mass. WALANT anesthesia facilitated SRN neuroma excision and DS-RPNI reconstruction using a local dermal graft from the surgical site. Postoperative recovery was uneventful, without complications. Three regular follow up consults were conducted (3,6 and 11 months post op) and the patient was pain free (VAS 1/10) and was able to perform his everyday activities.

The dermal sensory regenerative peripheral nerve interface (DS-RPNI)—a variation of RPNI—provides an optimal method to treat and prevent neuroma pain following sensory nerve transection by permitting sensory nerve regeneration and reinnervation of denervated dermal grafts. Effective neuropathic pain management yields transformative reductions in chronic pain burden. Building on RPNI's success in motor nerves, DS-RPNI establishes a better physiological match for sensory neuromas while enabling

high-fidelity sensory feedback. This straightforward surgical procedure offers a low complication profile, low cost, and requires only a skilled surgeon to perform.

Keywords: neuroma pain, RPNI, DS-RPNI, nerve transection

Custom Endovascular Strategy in Chronic Type B Dissection: TEVAR with In-Situ Fenestration for Left Subclavian Preservation

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Introduction Chronic type-B Aortic dissection can progress to aneurysmal degeneration, posing a significant risk of rupture. Complex anatomy, particularly when the false lumen exceeds the true lumen in diameter and compresses it, presents unique technical challenges. Optimal management strategies must address both Aortic remodeling and preservation of critical branch vessels. Modern endovascular approaches offer less invasive alternatives with favorable outcomes compared to open surgical repair.

Aim To demonstrate that endovascular repair is a safer and more effective treatment for chronic type-B Aortic dissection with aneurysmal degeneration than open surgery, especially in cases requiring coverage of the left subclavian artery (LSA). Furthermore, this case highlights that in-situ fenestration offers a more direct, anatomically preserving, and technically efficient solution for LSA revascularization compared to carotid-subclavian bypass.

Materials and methods A 62-year-old male with chronic type-B Aortic dissection presented with an Aortic aneurysm extending from the descending thoracic Aorta to the left common iliac artery. The thoracic segment showed maximum dilatation of 51 mm, with a false lumen larger than the true lumen, compressing it significantly. All visceral branches originated from the true lumen. TEVAR with in-situ fenestration of the LSA was selected as the optimal management strategy

Result The intervention was technically successful. The thoracic false lumen was excluded without endoleak, and perfusion to the LSA was successfully re-established via in-situ fenestration. Postoperative imaging confirmed improved true lumen expansion and intact visceral perfusion.

Conclusion This case illustrates that custom endovascular repair with in-situ fenestration is a safe and effective treatment for complex chronic type-B dissection with aneurysmal degeneration. Compared to open repair, endovascular approaches offer reduced morbidity, particularly when LSA coverage is required. In-situ fenestration provides a superior alternative to carotid-subclavian bypass by preserving native vessel anatomy, reducing operative time, and minimizing additional surgical trauma.

Key words: Aortic Dissection, TEVAR, In-Situ Fenestration,

Femoral Neck Fracture in a Patient with Charcot–Marie–Tooth Disease

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Abstract

Case Report

We present a case of a femoral neck fracture in a patient with Charcot–Marie–Tooth disease, sustained after a fall from standing height. This hereditary neurological disorder is characterized by genetic mutations leading to damage of axonal fibers and the myelin sheath, resulting in progressive muscle hypotonia and weakness of the extremities.

A 53-year-old female patient was admitted to our institution with severe pain in the right hip region. Following preoperative anesthesiological evaluation, orthopedic examination, and comprehensive clinical and paraclinical investigations, an indication for surgical treatment was established. The patient underwent implantation of a total hip endoprosthesis (Dual Mobility) on the right side, performed according to standard surgical protocol.

Postoperative radiological control and laboratory findings were within normal limits. The patient was mobilized on the third postoperative day. However, due to the underlying neurological condition, she continued to experience difficulties with ambulation, similar to her preoperative functional status.

The patient was discharged on the seventh postoperative day with recommendations for oral anticoagulant therapy (Rivaroxaban 10 mg), antibiotic and analgesic treatment, as well as continuous rehabilitation and physical therapy.

Keywords

Femoral neck fracture; Charcot–Marie–Tooth disease; total hip arthroplasty (Dual Mobility); postoperative rehabilitation; physical therapy

NEURAL FIBROLIPOMA OF A DIGITAL NERVE OF THE INDEX FINGER, A RARE CASE REPORT

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Neural fibrolipoma, also known as fibrolipomatous hamartoma, is a rare benign tumor characterized by fibroadipose infiltration of the peripheral nerve sheath. It most commonly affects the median nerve but may occur in other peripheral nerves, particularly in the upper extremities.

We present the case of a 44-year-old female with a slowly growing tumorous lesion in the radial aspect of the index finger of the right hand, present for approximately five years. Clinically, the lesion caused pain during mechanical stress, while finger mobility remained preserved without functional limitation.

Surgical treatment was performed with complete excision of the lesion, carefully preserving the involved nerve structures. Histopathological examination confirmed the diagnosis of neural fibrolipoma. The postoperative course was uneventful, with resolution of pain and preservation of normal finger mobility.

This case highlights the importance of considering neural fibrolipoma in the differential diagnosis of slow-growing soft tissue tumors of the hand and emphasizes that meticulous surgical excision with nerve preservation can provide excellent functional outcomes.

Keywords: neural fibrolipoma, peripheral nerve tumor, hand tumor.

Management of epulis fissuratum in mandible

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Abstract

The epulis fissuratum is an oral hyperplasic lesion associated to wearing of bad-fitting dentures. It refers to a reactive tissue response to excessive mechanical local irritation as a result of inadequate made dentures and its presence leads to a functional difficulty. It is defined as an inflammatory fibrous hyperplasia or denture-induced fibrous hyperplasia. The diagnosis is based on clinical findings (subjective and objective) and histopathological analysis. We present a clinical case of epulis fissuratum in edentulous mandible. Sixty-three-year-old male patient was admitted to the Clinic for Oral Surgery due to the presence of a formation that appeared in oral cavity before three months. Clinical examination revealed the presence of swelling of the gingiva localized in mandibula on the left side, measuring about 1.5 cm. Surgical intervention was performed under local anesthesia and the lesion was removed. The material was sent for histopathological examination at the Institute of Pathology for verification and establishing a definitive diagnose. Sutures were placed. The patient was followed up the next day and the sutures were removed one week after the procedure. The postoperative course was without difficulties and patient was advised to replace the old dentures with new after at least one month.

Conclusion. A histopathological examination of the tissue is mandatory to determinate the definite diagnosis of epulis fissuratum. Treatment of choice is surgical excision of the lesion and removal of predisposing factors to avoid its reappearance.

Keywords: epulis, denture, histopathological analysis, surgical excision

MALIGNANT LEYDIG CELL TUMOR OF THE TESTIS IN A 64-YEAR-OLD MAN: A RARE CASE

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Abstract

Testicular tumors account for approximately 1% of all malignancies in men. Sex cord–stromal tumors represent 3–5% of testicular neoplasms, of which Leydig cell tumors constitute nearly 75–80%. Malignant variants occur in approximately 10% of cases. These tumors demonstrate a bimodal age distribution, with peaks in childhood and in adults between 30 and 60 years, making presentation in later life uncommon.

We report a 64-year-old man with a 25-year history of insulin-dependent diabetes mellitus who presented with scrotal pain. Scrotal ultrasonography demonstrated a normal-sized right testis with a centrally located 7-mm hypoechoic lesion, whereas the left testis was enlarged with complete disruption of the parenchymal architecture. Serum tumor markers were within normal limits (alpha-fetoprotein 1.35 ng/mL, β-human chorionic gonadotropin <1.20 IU/L, lactate dehydrogenase 194 U/L).

Contrast-enhanced computed tomography revealed a heterogeneous left testicular mass measuring up to 40 mm, highly suggestive of malignancy, with a synchronous enhancing nodule in the right testis. Extensive retroperitoneal and para-aortic lymphadenopathy and a 45–65 mm left adrenal mass consistent with metastatic disease were identified.

Left radical orchifuniculectomy was performed. Histopathological examination confirmed a malignant Leydig cell tumor with lymphatic invasion (pT2 pNX pMX). Postoperatively, systemic chemotherapy with etoposide and cisplatin was initiated.

This case highlights the rare occurrence of malignant Leydig cell tumor in late adulthood and underscores the importance of comprehensive staging and multidisciplinary management in this uncommon testicular malignancy.

Keywords: Leydig cell tumor; sex cord–stromal tumor; testicular neoplasm; metastatic disease

Multinodular Thyrotoxic Goiter: A Case Report

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This is a case report of a 53-year-old male who presented with intermittent dyspnea, episodic hoarseness, and occasional dysphagia. The patient had a history of hyperthyroidism and was treated with thiamazole (Thyrozol), achieving a euthyroid state at admission. Clinical examination and ultrasound findings suggested multinodular thyroid enlargement.

Ultrasound-guided fine-needle aspiration biopsy (FNAB) was performed on two thyroid nodules. Cytological evaluation classified both lesions as Bethesda category II, consistent with benign pathology. Despite benign cytology and stable thyroid function, the persistence and progression of compressive symptoms required further investigation.

A computed tomography (CT) scan of the neck was made for preoperative evaluation. Based on the clinical presentation, radiological findings, and impact on quality of life, surgical treatment was recommended. After adequate preoperative counseling, a total thyroidectomy was performed.

The operation was completed without intraoperative complications. The postoperative course was uneventful. Histopathological examination revealed multiple hyperplastic nodules with oncocytic metaplasia and pseudopapillary formations, and the result was multinodular struma with early features of Hashimoto's thyroiditis. At the one-month follow-up, the patient showed complete resolution of dyspnea, hoarseness, and dysphagia, and the surgical outcome was considered satisfactory, with marked improvement in quality of life.

This case highlights the importance of correlating clinical symptoms with imaging and cytological findings. Even in patients with benign FNAB results and a euthyroid hormonal state, multinodular goiter associated with compressive symptoms presents a clear indication for surgical intervention. Total thyroidectomy remains a safe and effective therapeutic option, providing definitive symptom relief and enabling precise histopathological diagnosis.

Keywords**:** Multinodular goiter; Total thyroidectomy; Hashimoto's thyroiditis;

Early Primary Care Intervention Preventing Chronic Ulcer Formation in an Elderly Patient with Chronic Venous Insufficiency

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Background:
Chronic venous insufficiency (CVI) is a well-recognized risk factor for delayed wound healing and recurrent venous leg ulcers, particularly in elderly patients. Even minor skin injuries in previously affected areas may progress to chronic, non-healing wounds if not treated promptly. Prevention of chronic ulcer formation remains a key objective in primary care.

Case Presentation:
An 89-year-old female with known CVI and a prior history of ulcer-varicose syndrome of the left lower leg presented with an acute skin injury in the same anatomical region. The patient had previously experienced a chronic ulcer at this site that persisted for several years before eventual resolution.

Intervention:
Treatment was initiated in a primary care setting and included topical antibiotic gel application, routine wound care, and regular follow-up. No systemic antibiotic therapy was required, as there were no clinical signs of infection during the course of treatment.

Results:
Complete epithelialization was achieved within 6 weeks. The wound healed without complications, signs of infection, or progression to chronic ulceration. Compared to the patient's prior prolonged course of chronic wound healing, this represented a markedly improved clinical outcome.

Discussion:
CVI-related microcirculatory impairment, tissue hypoxia, and persistent inflammation contribute to chronic wound development. This case underscores the importance of early intervention and appropriate local management in interrupting this process. Consistent monitoring and timely care in primary practice can significantly influence healing trajectories, even in high-risk elderly individuals.

Conclusion:
Early and adequate management of acute skin injuries in patients with CVI can prevent chronic ulcer formation. Primary care physicians play a crucial role in achieving favorable outcomes through timely intervention and continuity of care.

Keywords:
chronic venous insufficiency, venous leg ulcer, elderly, wound healing, primary care

Necrotizing fasciitis of the femoral region in a female patient: LIFE-threatening soft tissue infection

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Necrotizing fasciitis is a rapidly progressive and potentially fatal soft tissue infection characterized by widespread fascial necrosis, systemic toxicity, and the need for emergency surgical treatment. Early recognition and prompt intervention are crucial to reduce morbidity and mortality.

We report the case of a patient admitted in severe general condition with sepsis and significantly elevated inflammatory markers (Le 25 × 10^9/L, CRP 400 mg/L). Clinical examination revealed an extensive necrotic lesion involving the femoral region. Based on the clinical appearance and laboratory findings, an indication for emergency surgery was determined.

The patient underwent emergency surgical treatment consisting of excision of the affected skin and subcutaneous tissue, fasciotomy, and thorough debridement of necrotic tissue. Postoperatively, dual broad-spectrum antibiotic therapy, anticoagulant and analgesic treatment, and regular wound dressings were administered. The postoperative course showed gradual local and systemic improvement, with visible wound progression five days after surgery and significant tissue regeneration four months later.

Necrotizing fasciitis remains a surgical emergency with a high risk of rapid deterioration and fatal outcome if treatment is delayed. This case highlights the importance of rapid diagnosis, urgent aggressive surgical treatment, and intensive postoperative care to achieve a favorable recovery.

Keywords: necrotizing fasciitis, soft tissue infection, sepsis, debridement, fasciotomy

Superior Lumbar Triangle (Grynfeltt) Hernia in a Patient with Discopathy and Quadriparesis: A Rare Case Report

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Abstract

Background:
Herniation through the superior lumbar triangle (Grynfeltt–Lesshaft triangle) represents a rare clinical entity, often posing a diagnostic challenge due to nonspecific presentation and anatomical variability. Lumbar hernias may remain clinically occult, particularly in patients with altered body composition or concomitant neuromuscular conditions.

Case Presentation:
We report the case of a 60-year-old female patient with a history of cervical and lumbar discopathy complicated by quadriparesis, likely associated with chronic neuromuscular impairment and muscle atrophy. The patient presented with localized lumbar pain without a clearly palpable mass. Physical examination was inconclusive due to increased subcutaneous adipose tissue in the affected region, which masked the typical bulging associated with lumbar hernias. Imaging studies confirmed the presence of a herniation through the superior lumbar triangle (Grynfeltt). The underlying pathophysiological mechanism was presumed to be muscular atrophy secondary to longstanding discopathy and neurological deficit.

Intervention:
The patient underwent elective surgical repair via an open approach. The hernia defect was successfully treated using a polypropylene (Prolene) mesh placed in an underlay fashion to reinforce the posterior abdominal wall.

Outcome:
Postoperative recovery was uneventful, with resolution of pain and no evidence of recurrence during follow-up.

Conclusion:
Superior lumbar hernias are rare and may present solely with pain, especially in patients with neuromuscular compromise and increased adipose tissue, which can obscure clinical findings. A high index of suspicion and appropriate imaging are essential for diagnosis. Surgical repair with mesh reinforcement remains the treatment of choice, providing favorable outcomes.

Keywords:

Superior lumbar hernia; Grynfeltt triangle; lumbar hernia; discopathy; quadriparesis; muscle atrophy; polypropylene mesh; hernia repair

Treatment of osteonecrosis of the jaw associated with the use of bisphosphonate therapy

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Over the past four decades, bisphosphonate therapy has been used as an inhibitor of bone resorption in malignant diseases, prevention of bone metastases, and osteoporosis. Medication related osteonecrosis of the jaw (MRONJ) is a serious complication in patients receiving bisphosphonate therapy or other antiresorptive therapy , especially those receiving it intravenously. In patients receiving oral bisphosphonates, these complications occur less frequently. The most common risk factor for osteonecrosis is tooth extraction. Diagnosis is based on clinical examination, in which we observe exposed bone for a period longer than 8 weeks in a patient receiving bisphosphonate or antiresorptive therapy. In this presentation, we present surgical treatment of a patient with MRONJ assisted by ozone therapy. A patient with a history of monthly bisphosphonate therapy for multiple myeloma for three years presented to the Oral Surgery Clinic. She complained of pain in the distal region of the left mandible 6 months after a tooth extraction. Clinical examination revealed exposed bone in the mandible in the region of teeth 44 and 45, as well as hyperemia of the surrounding mucosa. The patient underwent surgical sequestrectomy of the necrotic bone, which was assisted with ozone gas treatment before, during, and after the intervention. The patient's pain, as well as local hyperemia and local secretion, were relieved postoperatively. Surgical treatment combined with ozone therapy gives good results in patients with medication related osteonecrosis of the jaws (MRONJ).

Key words: MRONJ, Bisphosphonate terapy, ozone

Life-Threatening Hematuria After In Vitro Fertilization: Emergency Endoscopic Management of Bladder Tamponade

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Case Presentation

A female patient was admitted as an emergency case with massive gross hematuria, symptomatic anemia, and acute urinary retention caused by bladder tamponade. Medical history revealed recent in vitro fertilization (IVF). On admission, a three-way Foley catheter was inserted, continuous bladder irrigation initiated, and a large amount of blood clots evacuated. Laboratory analysis confirmed anemia. CT urography demonstrated a urinary bladder completely filled with coagula consistent with tamponade, without evidence of upper urinary tract bleeding.

Due to persistent obstruction and ongoing hemorrhage, urgent endoscopic intervention was performed under anesthesia. Transurethral evacuation of the intravesical hematoma was followed by exploratory cystoscopy, which identified an edematous bleeding area on the posterior bladder wall. Electrocoagulation was performed, achieving complete hemostasis.

The operative and postoperative courses were uneventful. Hematuria resolved, hemoglobin levels stabilized, and normal urine drainage was restored. The patient was discharged in good general condition with recommendations for therapy and follow-up. At follow-up evaluation, no recurrence of hematuria was observed.

Keywords

massive hematuria; bladder tamponade; in vitro fertilization; cystoscopy; transurethral clot evacuation

Recurrent Giant Retroperitoneal Well-Differentiated Liposarcoma with Multiorgan Involvement: A Case Report

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Abstract

Background:

Soft tissue sarcomas are rare neoplasms, accounting for less than 1% of adult malignancies, with 12–15% occurring in the retroperitoneum. Liposarcoma is the most common histological subtype in adults, particularly in patients over 55 years of age, and well-differentiated liposarcoma represents a distinct entity characterized by a high rate of local recurrence but low metastatic potential. Due to their insidious growth, retroperitoneal liposarcomas often reach large dimensions before diagnosis. Complete surgical excision remains the cornerstone of treatment.

Case Presentation:

We report the case of a 45-year-old woman with a recurrent giant retroperitoneal well-differentiated liposarcoma, with multiple recurrences over a three-year period. All recurrences were managed with complete surgical excision and negative margins. The first recurrence involved the left colonic splenic

flexure and required partial colectomy with colo-colonic end-to-end anastomosis. The second recurrence affected the pancreatic tail, necessitating an atypical distal pancreatectomy. The third recurrence involved the left renal capsule and aortocaval region, along with a lesion in the pancreatic body.

Ten months after the fourth surgical procedure, and following completion of a six-month course of oncologic therapy, imaging revealed a new retroperitoneal recurrence. The tumor originated from the left renal capsule, anterior to the left kidney, extending toward the splenic hilum, measuring approximately 100 × 70 × 110 mm. The patient underwent repeat surgical resection with an uneventful intraoperative and postoperative course. Postoperative oncologic treatment was continued.

Conclusion:

Well-differentiated retroperitoneal liposarcomas are characterized by a high propensity for local recurrence, often requiring multiple surgical interventions. Complete resection with negative margins remains the gold standard of treatment. Long-term surveillance is essential due to the persistent risk of recurrence, even after repeated radical resections. This case highlights the importance of aggressive surgical management and multidisciplinary treatment in achieving prolonged disease control, even in the setting of multiple recurrences and multiorgan involvement.

Keywords: well-differentiated liposarcoma; retroperitoneal sarcoma; recurrence; surgical excision; multiorgan involvement

DERMATOLOGY SESSION

Long-Term Clinical Evolution of Autosomal Dominant Epidermolysis Bullosa Simplex Type 1B Associated with a Heterozygous Pathogenic KRT14 p.Arg125Cys Variant: A Case Report

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Abstract

Introduction

Epidermolysis bullosa simplex (EBS) is the most common form of epidermolysis bullosa (EB) and represents a clinically and genetically heterogeneous inherited disorder of skin fragility. It is characterized by trauma-induced intraepidermal blistering resulting from basal keratinocyte cytolysis and is most frequently caused by pathogenic variants in the *KRT5* and *KRT14* genes.

Case Report

We report a 50-year-old male patient with a history of recurrent skin blistering predominantly affecting the palms, soles, elbows, knees, axillary regions, neck, and flexural surfaces of the upper and lower extremities. Disease onset occurred in early childhood, with blistering triggered by minimal mechanical trauma and lesions healing without significant scarring. During childhood, the condition was associated with significant pain and functional impairment, resulting in a markedly reduced quality of life. Clinical severity decreased with age; however, residual skin fragility and plantar hyperkeratosis persist into adulthood and are managed with symptomatic therapy alone. No mucosal involvement, nail abnormalities, or extracutaneous manifestations were observed, and the family history was negative. Whole-exome sequencing identified a heterozygous pathogenic missense variant in *KRT14* (c.373C>T; p.Arg125Cys), confirming the diagnosis of epidermolysis bullosa simplex type 1B, corresponding to the generalized intermediate (Koebner) subtype. The variant was classified as pathogenic according to American College of Medical Genetics and Genomics (ACMG) criteria (PS3, PM2, PM5, PP2, PP3).

Conclusion

This case highlights the critical role of molecular genetic testing in establishing an accurate diagnosis of epidermolysis bullosa simplex. Identification of the pathogenic *KRT14* variant informs prognosis, supports genetic counseling, and facilitates appropriate long-term management. Although current treatment remains supportive, ongoing research into gene-based therapeutic strategies offers promising prospects for future disease-modifying interventions.

Keywords: Epidermolysis bullosa simplex; generalized intermediate EBS (Koebner type); EBS type 1B; *KRT14*; keratin 14; autosomal dominant inheritance

Nd:YAG Laser as an Effective Alternative to Sclerotherapy for Reticular Veins: A Case Report

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Background:
Varicose veins are a common manifestation of chronic venous insufficiency and are frequently associated with cosmetic concerns and mild symptoms. Non-invasive treatment modalities, such as the long-pulsed 1064 nm Nd:YAG laser, target hemoglobin within dilated vessels, inducing selective photothermolysis and subsequent vessel closure.

Aim:
To evaluate the safety and efficacy of long-pulsed 1064 nm Nd:YAG laser therapy in the treatment of reticular veins of the lower limbs.

Case Presentation:
A 42-year-old female presented with reticular veins on the lower extremities accompanied by mild symptoms. The patient underwent three treatment sessions using a long-pulsed 1064 nm Nd:YAG laser. Clinical assessment demonstrated significant improvement, with approximately 75–90% clearance of the treated vessels. The patient also reported a reduction in symptoms. Side effects were minimal and transient, including mild erythema and edema, which resolved without intervention.

Conclusion:
The long-pulsed 1064 nm Nd:YAG laser is a safe and effective non-invasive treatment option for small varicose and reticular veins, offering a viable alternative to sclerotherapy with favorable clinical outcomes and minimal side effects.

Key Words:
Varicose veins, Reticular veins, Nd:YAG laser, Selective photothermolysis, Chronic venous insufficiency, Non-invasive treatment

Treatment of Lichen sclerosus with Erbium Yag laser - case series

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Objectives

Lichen sclerosus (LS) is an inflammatory skin disease that usually involves the anogenital area where it causes itching and soreness, sexual dysfunction, can occur in both men and woman and is associated with genital cancer. The course of LS can be chronic.

Treatment remains unsatisfactory, in particular in women as disabling scar formation is common despite treatment.

The Er:YAG laser with specific nonablative modality, which causes shrinkage of collagen fibers and consequently triggers neocollagenesis, might be another therapeutic option for lichen sclerosus, where an alteration in the distribution of collagen is very important

Methods:

From the period of 2020 March till 2022 December, we treated 22 women between the ages of 35 and 65 years, diagnosed with vulvar LS, confirmed with biopsy. The patients were treated with an Erbium:Yag Fotona SP Dynamis laser. No topical steroids were used in these patients. Topical anesthesia was applied with EMLA cream.

Results:
the first session, the Er:YAG laser (SP Dynamis, Fotona, Slovenia) was applied with a R11 handpiece with fluence of 7 J/cm^2, 2 Hz, and spot of 7 mm in continuous application.
Then Er:YAG treatment modality (Fotona SMOOTH mode) that causes gentle coagulative heating of the skin was used.

The modality delivers laser energy onto the skin in a fast sequence of low-fluence laser pulses inside an overall super-long pulse of 200 ms to 350 ms. Every so often when the area whitened, it was cleaned with gauze soaked in physiologic fluid After analysis of each scoring component, individual statistically significant reductions were observed in itching, pain, ecchymosis, excoriations. 3 of 22 patients in the laser group were free of symptoms at 1-month follow-up. Four of 19 patients in the laser group were free of symptoms at 3-month follow-up

Conclusion:

Laser treatment with Erbium Yag laser was well tolerated by patients.

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INTERNAL MEDICINE SESSION

Acute Atrial Fibrillation Following Hajj Pilgrimage in a Patient Receiving Hemodialysis

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Patients with end-stage renal disease (ESRD) on hemodialysis are at increased risk of arrhythmias, particularly in the setting of missed dialysis, medication nonadherence, electrolyte imbalance and excessive physical stress. We report a case of acute atrial fibrillation following Hajj pilgrimage.

A 48-year-old man with ESRD secondary to hypertensive nephropathy had been on maintenance hemodialysis since February 2024. He underwent thrice-weekly hemodialysis (4.5 h/session) with 6000 IU of unfractionated heparin. He had a history of hypertension, managed with telmisartan 80 mg and metoprolol 50 mg daily. During a one-week Hajj pilgrimage in Mecca, the patient experienced prolonged physical exertion, high ambient temperatures, dietary indiscretion, and medication nonadherence. He underwent only one hemodialysis session during this period and subsequently returned to his regular dialysis schedule. Approximately 4 hours after starting the session, he developed palpitations and shortness of breath and reported missing his antihypertensive medications. Oral metoprolol 50 mg was administered without effect. Shortly after, he developed lethargy, vomiting and loss of consciousness. He was transferred to the ICU, where ECG confirmed atrial fibrillation with a ventricular response of 130/min and severe hypertension (220/110mmHg). Management included intravenous amiodarone 300 mg (150 mg over 10 minutes, followed by 150 mg over 2 hours) and oral nifedipine 20 mg, resulting in conversion to sinus rhythm, normalization of heart rate (~80/min), and BP (140/70mmHg) with rapid clinical improvement. Unfractionated heparin during hemodialysis may have provided partial protection against thromboembolic complications.

This case highlights the cardiovascular risks of travel in patients on maintenance hemodialysis and underscores the importance of appropriate medical planning for patients with special healthcare needs. Travel-related stressors and treatment disruption may precipitate arrhythmias even in stable patients. Careful planning, adherence to therapy, access to healthcare facilities, and post-travel monitoring are essential.

Keywords: atrial fibrillation, hemodialysis, end-stage renal disease, Hajj pilgrimage.

Acute Right Ventricular Failure During LVAD Implantation in Ischemic Cardiomyopathy: Importance of Right Coronary Revascularization – A Case Report

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Introduction:
Advanced heart failure from ischemic cardiomyopathy may require mechanical circulatory support (MCS) as a bridge to transplantation or as destination therapy. Left ventricular assist device (LVAD) implantation improves survival and quality of life in selected patients. However, right ventricular (RV) failure is a serious perioperative complication, especially in patients with ischemic involvement of the right ventricle or significant right coronary artery (RCA) disease. Comprehensive preoperative assessment and individualized surgical planning are essential to reduce complications.

Case Report:
A 65-year-old male with advanced ischemic cardiomyopathy presented with recurrent heart failure decompensations. Comorbidities included hypertension, hyperlipidemia, insulin-dependent type 2 diabetes, obesity, and chronic kidney disease (GFR 44.5 ml/min). He had a history of myocardial infarction treated with percutaneous coronary intervention of the left anterior descending artery. On admission, he was in atrial fibrillation with severe left ventricular dysfunction (EF 20%), dilated cardiomyopathy, and bilateral pleural effusions. Hemodynamics showed a cardiac index of 2.0 L/min/m² and elevated filling pressures. Classified as NYHA IV and INTERMACS 4, he underwent LVAD (HeartMate 3) implantation. During weaning from cardiopulmonary bypass, acute RV failure occurred due to significant proximal RCA stenosis. Emergency coronary artery bypass grafting to the RCA using the right mammary artery stabilized hemodynamics. Postoperative complications included sepsis, renal failure requiring ultrafiltration, and multiorgan dysfunction. With intensive multidisciplinary care, the patient gradually recovered and was discharged after five weeks. At 32-month follow-up, he remained clinically stable.

Conclusion:
LVAD implantation in advanced ischemic heart failure requires individualized planning with thorough preoperative evaluation. RV failure due to ischemic involvement may occur intraoperatively and can cause severe complications. Early identification, intraoperative strategies including coronary revascularization, guideline-directed therapy and multidisciplinary postoperative management are essential to optimize outcomes.

Keywords:
Left ventricular assist device (LVAD); Advanced heart failure; Right ventricular failure; Mechanical circulatory support; Coronary artery disease; Surgical revascularization.

Acute urinary retention as an initial manifestation of acute prostatitis in a 40-year-old male

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A 40-year-old male with no history of benign prostatic hyperplasia or prior lower urinary tract symptoms, but with a recent history of dysuria and urinary tract infection, presented to the emergency department with acute urinary retention and pronounced suprapubic discomfort. Immediate catheterization was performed, with drainage of approximately 1500 mL of urine, confirming significant bladder outlet obstruction. Laboratory investigations demonstrated leukocyte count of 5.4 $\times 10^9$/L, markedly elevated C-reactive protein (CRP) of 139 mg/L, and significantly increased prostate-specific antigen (PSA) level of 13.5 ng/mL, raising initial concern for serious underlying pathology. Urine culture obtained directly from the bladder was positive for Escherichia coli. Ultrasound examination revealed an enlarged prostate with hypoechoic areas and increased vascularity, findings highly suggestive of acute inflammatory involvement. The patient was treated with parenteral ceftriaxone for 10 days, followed by oral ciprofloxacin for an additional 10 days. Progressive clinical improvement was observed, with resolution of symptoms and normalization of inflammatory markers. Following completion of therapy, the urinary catheter was removed, and the patient regained normal voiding function without residual symptoms. This case highlights acute prostatitis as an important and potentially underrecognized cause of acute urinary retention in younger patients. Elevated PSA levels in the acute setting may reflect inflammation rather than malignancy, representing a potential diagnostic pitfall. Early recognition and appropriate antibiotic therapy are essential to ensure favorable outcomes and to avoid unnecessary invasive diagnostic procedures.

Keywords: acute prostatitis; urinary retention; PSA elevation; CRP; Escherichia coli

Differential diagnosis of hepatocellular carcinoma versus cavernous hemangioma. A case report

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Abstract

Introduction: Hepatic cavernous hemangioma (HCH) and hepatocellular carcinoma (HCC) are common liver tumors. Sometimes, it can be challenging to distinguish between HCC and HCH.

Case Presentation: We present a case of a 42-year-old woman who was admitted for evaluation of a hepatic lesion in the right hepatic lobe discovered during a routine ultrasound (US) follow-up in 2022.

Laboratory examination revealed normal serum alpha-fetoprotein (AFP) levels and positive serologic markers for HBsAg. Alanine aminotransferase and aspartate aminotransferase levels were also within the normal range.

Based on all investigations, including dynamic computed tomography (CT) and 99mTc-labeled red blood cell scintigraphy, the initial diagnosis was HCH.

However, during follow-up the following year, the lesion increased in size, and AFP levels became elevated. As a result, a liver biopsy was performed, which confirmed the lesion as HCC.

Conclusion: Some cases of HCC may resemble HCH, highlighting the importance of performing a needle liver biopsy to establish an accurate diagnosis.

Keywords: hepatocellular carcinoma, cavernous hemangioma, liver biopsy.

INCIDENTAL ENDOSONOGRAPHIC FINDING OF PORTAL VEIN THROMBOSIS IN A PATIENT WITH LIVER CIRRHOSIS

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Liver cirrhosis is the most common condition associated with the development of portal vein thrombosis (PVT). PVT arises from the complex, rebalanced hemostatic state and platelet hyperactivity related to chronic liver disease, although inflammatory disorders, malignancies, and genetic predisposition may also contribute. Transabdominal ultrasound is the first-line diagnostic modality for PVT. However, its accuracy may be limited and operator-dependent, particularly in patients with obesity, meteorism, or ascites.

We report a case of a 50-year-old patient with cryptogenic liver cirrhosis admitted to our tertiary care center for biliary tract obstruction and a previous variceal bleeding episode (Child–Pugh class A, MELD score 7, GOV I). Transabdominal ultrasound showed no significant abnormalities of the portal vein. Endoscopic ultrasound (EUS) revealed common bile duct dilatation (22 mm proximally and 10 mm distally) without intraluminal obstruction and findings consistent with chronic pancreatitis causing distal common bile duct stenosis, that was later successfully treated with a plastic biliary stent placement. Incidentally, EUS demonstrated a dilated portal vein (17 mm) with a non-occlusive hyperechoic intraluminal structure at the portal confluence, consistent with PVT. Hemostasis and thrombophilia testing did not indicate a significant prothrombotic condition. Considering the uncertain chronicity of the thrombus, the prior variceal bleeding episode, and the risk of progression, anticoagulant therapy was initiated.

In conclusion, early detection and appropriate management of PVT are essential for improving outcomes in cirrhotic patients. EUS may represent a valuable complementary diagnostic tool for detecting PVT when transabdominal ultrasound findings are inconclusive.

Key words: portal vein thrombosis, liver cirrhosis, endoscopic ultrasound.

SIGMOID VOLVULUS SUCCESSFULLY TREATED WITH COLONOSCOPY

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INTRODUCTION: Sigmoid volvulus (SV) is a form of large bowel obstruction caused by axial twisting of a redundant sigmoid colon around its mesenteric pedicle. This condition may lead to luminal obstruction, vascular compromise, ischemia, and even perforation. In Western countries, SV accounts for 3–5% of all large bowel obstructions, with an approximate annual incidence of 1–2 cases per 100,000 inhabitants.

CASE: We present a case of a young woman referred to our tertiary gastroenterology center from the emergency department with clinical signs of mechanical ileus. Physical examination revealed a markedly distended abdomen. Computed tomography (CT) demonstrated large bowel obstruction secondary to sigmoid volvulus, with significant proximal colonic dilatation. After surgical consultation, the patient was referred for urgent colonoscopy. The procedure was performed with extreme caution, and successful endoscopic detorsion was achieved. Following reduction of the torsion, a substantial amount of liquid fecal content was evacuated, resulting in immediate symptomatic relief and resolution of the abdominal distension.

CONCLUSION: When performed by an experienced endoscopist, colonoscopy is an effective, minimally invasive treatment option for uncomplicated sigmoid volvulus. It should be considered the first-line therapy in hemodynamically stable patients without signs of peritonitis or bowel ischemia.

Key words: sigmoid volvulus, bowel obstruction, colonoscopy

Pulmonary, renal and brain involvement in a patient with a rare disease - Tuberous Sclerosis Complex (TSC)

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Introduction: Tuberous sclerosis complex is a rare genetic disorder with autosomal-dominant inheritance. Genetic basis of the disease is mutations of the two genes: Tuberous Sclerosis Complex 1 (TSC1) or Tuberous Sclerosis Complex 2 (TSC2), and results in formation of hamartomas in multiple organs, predominantly the brain, kidneys, skin, and lungs. Approximately 30–40% of adult women at childbearing age with TSC are found to have TSC-associated lymphangioleiomyomatosis (LAM). Multiple, bilateral, diffuse and thin-walled cysts with normal intervening lung parenchyma are typical on chest computed tomography. It is considered a non-malignant metastatic neoplasm.

The progressive nature of the disorder and various organ complications needs early diagnosis and treatment to prevent further complication.

Case presentation: Here, we present a case report of a 38-year-old female patient with genetic confirmation for TSC after a right-side nephrectomy and spontaneous pneumothorax. Magnetic Resonance Imaging (MRI) of the brain revealed subependymal giant cell astrocytoma and cortical tubers. Chest computer tomography (CT) confirmed cystic interstitial lung disease- (LAM). CT and ultrasonography of the urinary tract showed angiomyolipomas in solitary kidney. mTOR inhibitors are the treatment of choice for patients with TSC. According to the guidelines treatment with Everolimus was started.

After one year, re-evaluation of the pulmonary status was made, without progression in size of pulmonary cysts and normal functional respiratory examination. Kidney function remained stable, without central nervous system symptoms.

Conclusion: Multidisciplinary approach for the patients with rare diseases including TSC are crucial for successful treatment.

Keywords: tuberous sclerosis, genetic disorder, multidisciplinary approach, hamartoma.

Antithrombotic Therapy Modification for Simultaneous Management of Critical Coronary Stenosis and Imminent Abdominal Aortic Aneurysm Rupture: A case report

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Introduction

Managing patients who require coronary intervention while simultaneously harboring life-threatening non-cardiac pathology presents a significant clinical challenge. Balancing dual antithrombotic therapy (DAPT), essential after percutaneous coronary intervention (PCI) with stenting, and bleeding risks of emergent surgery requires coordinated multidisciplinary decision-making. This report describes a patient who underwent PCI with stenting and subsequently required urgent abdominal aortic aneurysm (AAA) repair.

Case Report

A 72-year-old male presented for coronary angiography before planned operation of (AAA). A critical ostial stenosis of the Right Coronary Artery (RCA) was identified. Given the high risk of acute occlusion, PCI with implantation of drug-eluting stent was performed. Aspirin 300 mg and clopidogrel 600 mg as loading doses was given during procedure.

Because of worsening abdominal pain and CT imaging of a large AAA with signs of impending rupture, operation cannot be postponed. Due to the high bleeding risk associated with (DAPT), aspirin and clopidogrel were withheld post-procedure. The patient was maintained on unfractionated heparin and after three days, continuous infusion with Tirofiban (Aggrastat) was started for 48 hours. Infusion was stopped 6 hours before operation.

Open AAA repair was performed on fifth day after PCI, with controlled intraoperative bleeding. Postoperatively, the patient remained hemodynamically stable without evidence of stent thrombosis. DAPT was reintroduced once surgical bleeding risk subsided.

Conclusion

This case illustrates the complexity of managing simultaneous cardiovascular emergencies. Tirofiban with potent antithrombotic effect and short half-life allows this "bridging" strategy for early cessation of DAPT after PCI.

Successful outcomes depend on careful modulation of antithrombotic therapy, and close collaboration between cardiology and vascular surgery teams.

Keywords:
Antithrombotic Therapy, unfractionated heparin, Tirofiban (Aggrastat), Critical Coronary Stenosis, Imminent Abdominal Aortic Aneurysm Rupture

Exercise Stress Test–Induced Ventricular Tachycardia Unmasking Underlying Critical Coronary Stenosis

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Objectives:
To emphasize the diagnostic and prognostic significance of exercise stress testing in patients with inconclusive baseline cardiac evaluation and suspected obstructive coronary artery disease, highlighting the importance of continuous monitoring during exercise and recovery phases.

Case:
A 56-year-old male with arterial hypertension and active smoking presented with progressive dyspnea and non-specific chest discomfort. Resting electrocardiogram showed no ischemic changes, and transthoracic echocardiography revealed preserved left ventricular systolic function without abnormalities.

Given persistent symptoms and intermediate pre-test probability of coronary artery disease, exercise stress testing using the Bruce protocol was performed. During exercise, the patient developed monomorphic premature ventricular contractions. The test was terminated, and during early recovery phase, he developed sustained monomorphic ventricular tachycardia with hypotension and hemodynamic instability.

Immediate synchronized electrical cardioversion was performed restoring sinus rhythm. The patient was transferred for urgent coronary angiography, which revealed 70% left main stenosis, 80% proximal LAD stenosis, and 95% mid-LAD stenosis. Primary PCI with drug-eluting stent implantation was successfully performed. The post-procedural course was uneventful, and at follow-up, the patient remained asymptomatic without recurrence of ventricular arrhythmias.

Conclusion:
Exercise stress testing can reveal severe, life-threatening myocardial ischemia despite normal resting ECG and echocardiographic findings. Malignant ventricular arrhythmias may occur during both peak exercise and recovery. Continuous ECG and hemodynamic monitoring after treadmill termination is essential for early detection of instability. Prompt cardioversion and immediate invasive management prevented extensive myocardial infarction and possible sudden cardiac death.

Keywords: Exercise stress testing, Recovery-phase ventricular tachycardia, Left main coronary artery disease

Kounis Syndrome Following Tetanus Vaccination

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Abstract:
Kounis syndrome, also known as hypersensitivity-related acute coronary syndrome, is a syndrome associated with allergic, anaphylactic, or anaphylactoid reactions. The main mechanism of this form of acute coronary syndrome begins with mast cell and eosinophil activation. This results in the release of inflammatory mediators such as histamine, leukotrienes, and cytokines. These mediators may induce coronary artery vasospasm, plaque erosion or rupture, and even stent thrombosis. Although increasingly recognized, Kounis syndrome remains underdiagnosed due to its variable presentation and similarity with classic acute coronary syndromes.

This case report describes a 46-year-old female patient who presented to the emergency department to receive a tetatus vaccination following a laceration caused by a sharp object. No significant past medical history.

Post-vaccination, the patient exhibited symptoms of angina pectoris and hypotension. As the hypotension worsened and oxygen saturation fell, the patient was immediately intubated to ensure airway safety. The electrocardiogram (ECG) revealed the presence of ST-segment elevation in the leads II, III and aVF, and reciprocal ST-segment depression in the leads aVL and V1–V4. The patient was taken to the coronary angiography with the diagnosis of acute inferior myocardial infarction. No significant coronary artery stenosis was detected during the angiography. The patient was diagnosed with Kounis syndrome based on the temporal association with vaccination, the absence of coronary occlusion, and the presence of symptoms resembling a hypersensitivity reaction. The patient was treated with anti-anaphylactic therapy. The ST-segment elevation resolved, the blood pressure returned to normal, and the patient was extubated shortly thereafter.

This case shows the importance of recognizing Kounis syndrome as a potential cause of ST-segment elevation myocardial infarction, particularly when cardiac findings occur in close temporal relationship with exposure to potential allergens. Early identification is essential to guide appropriate management, avoid unnecessary invasive procedures, and optimize patient outcomes. A thorough medical history and careful clinical evaluation are critical in patients presenting with acute coronary syndromes accompanied by allergic manifestations.

Silent but Dangerous - Left Ventricular Thrombus in Advanced Ischemic Dilated Cardiomyopathy

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Background
Left ventricular (LV) thrombus is a serious complication in patients with advanced systolic dysfunction, particularly in ischemic dilated cardiomyopathy. Severe global hypokinesia, ventricular remodeling, apical aneurysm formation, and intracavitary blood stasis create a prothrombotic environment, significantly increasing the risk of systemic embolization.

Case Presentation
We report a 71-year-old male with a history of heart failure with reduced ejection fraction (HFrEF), prior percutaneous coronary intervention to the left anterior descending artery, and established ischemic dilated cardiomyopathy. He presented with a two-week history of persistent nausea and vomiting. Physical examination revealed bilateral lower limb edema suggestive of volume overload, without chest pain or new ischemic symptoms.

Electrocardiography showed sinus rhythm at 70 beats per minute with left anterior fascicular block morphology. Transthoracic echocardiography demonstrated severely reduced global left ventricular systolic function with concomitant diastolic dysfunction. Notably, there was akinesia of the left ventricular apex with aneurysmal formation, as well as akinesia of the inferior and posterior walls. No new regional wall motion abnormalities were identified. Importantly, a well-defined thrombus was visualized within the left ventricular cavity, adjacent to the apical aneurysm. Laboratory findings excluded acute myocardial infarction.

Management and Follow-Up
Therapeutic anticoagulation was initiated with low molecular weight heparin, followed by transition to oral anticoagulation. Guideline-directed medical therapy for HFrEF was optimized, including diuretic adjustment to manage congestion. The patient remained hemodynamically stable without evidence of systemic embolization. Serial echocardiographic monitoring demonstrated no further progression of the thrombus during follow-up.

Conclusion
This case highlights that LV thrombus may develop silently in patients with advanced ischemic dilated cardiomyopathy, particularly in the presence of apical akinesia and aneurysm. Routine echocardiographic reassessment in high-risk HFrEF patients is essential. Early detection, prompt anticoagulation, and close imaging follow-up are key to preventing life-threatening complications.

Keywords: Left ventricular thrombus, HFrEF, ischemic dilated cardiomyopathy

Early-Onset Multifocal Insulinomas Revealing Multiple Endocrine Neoplasia Type 1 (MEN1): A Case Report

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Abstract

Background: Multiple Endocrine Neoplasia type 1 (MEN1) is a rare autosomal dominant tumor syndrome characterized by neoplasms of the parathyroid glands, pancreatic neuroendocrine tissue, and anterior pituitary. Caused by inactivating mutations in the MEN1 gene encoding menin, the condition demonstrates variable clinical expression and may result in significant morbidity if not recognized early.

Case Presentation: This case report describes a 32-year-old man with recurrent fasting hypoglycemia due to multifocal insulinomas. Biochemical and imaging evaluation revealed primary hyperparathyroidism and a pituitary microadenoma. Genetic testing confirmed a heterozygous pathogenic MEN1 mutation (c.332dup, p.Val112CysfsTer5). The patient underwent total pancreatectomy with splenectomy, and histopathology identified 41 well-differentiated grade 1 insulinomas with regional lymph node metastases. Persistent multiglandular hyperparathyroidism required endoscopic parathyroidectomy. Postoperatively, hypoparathyroidism developed. Diabetes mellitus following total pancreatectomy was ultimately managed with continuous subcutaneous insulin infusion.

Conclusion: This case demonstrates the classical MEN1 triad presenting at a young age with extensive pancreatic involvment and highlights the importance of genetic confirmation, comprehensive surgical planning, and long-term multidisciplinary management.

Keywords: MEN1; insulinoma; primary hyperparathyroidism; prolactinoma; pancreatic neuroendocrine tumors; case report

Periannular Abscess in Prosthetic Aortic Valve Endocarditis: Timing of Surgery Determines Survival

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Background:

Prosthetic valve endocarditis (PVE) remains one of the most severe complications following valve replacement surgery and is associated with high morbidity and mortality. Periannular abscess formation represents an advanced stage of infection and often requires urgent surgical intervention in addition to targeted antimicrobial therapy. Early recognition and a coordinated multidisciplinary approach are critical for patient survival.

Case Presentation:

A 35-year-old male was urgently admitted to our hospital with acute heart failure, pulmonary edema, and hemodynamic instability accompanied by laboratory findings consistent with severe sepsis. Electrocardiography demonstrated sinus tachycardia, and chest radiography revealed pulmonary congestion. Transthoracic echocardiography identified a large periannular abscess involving a previously implanted mechanical aortic prosthesis with partial disruption of the aortic annulus at the level of the native non-coronary cusp and severe aortic regurgitation. Left ventricular systolic function was preserved. Blood cultures grew Cutibacterium acnes. Initial management included broad-spectrum intravenous antibiotics and continuous renal replacement therapy using an Oxiris hemofilter for sepsis control. Due to rapid clinical and echocardiographic deterioration, urgent surgery was performed after 48 hours. Radical debridement of the periannular abscess was followed by reconstruction of the aortic annulus with a pericardial patch and replacement of the infected prosthesis with a 25-mm St. Jude Medical mechanical heart valve.

Results:

The patient demonstrated progressive hemodynamic stabilization postoperatively with Oxiris filter and Carbamepenem and Vancomycin. Mechanical ventilation was discontinued on postoperative day four. The recovery was uneventful, and the patient was discharged in stable condition with a four-week course of targeted antibiotic therapy. Multidisciplinary collaboration and careful perioperative management were crucial to the favorable outcome.

Conclusion:

PVE with periannular abscess formation represents a surgical emergency. Early diagnosis, aggressive infection control, and timely surgical intervention by a coordinated team are essential for improved survival and optimal recovery.

Keywords: Prosthetic Valve Endocarditis, Periannular Abscess, Mechanical Aortic Valve, Urgent Surgery, Cutibacterium acnes, Sepsis, Aortic Annulus Reconstruction, Multidisciplinary Management

Valsalva manoeuvre for emergency treatment of Paroxysmal Supraventricular Tachycardia (PSVT)

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Abstract

The Valsalva manoeuvre is an internationally recommended treatment for Paroxysmal Supraventricular Tachycardia (PSVT), but cardioversion is rare in practice (5-20%), necessitating the use of other treatments including adenosine, which patients often find unpleasant. We assessed whether a postural modification to the Valsalva manoeuvre could improve its effectiveness. The patient is 54 years old male without known comorbidities. After call to emergency medical servis, patient report a repeated chest pain and fatigue and previous loss of consciousness. Medical team examination found on ECG a supraventricular tachycardia, (SVPT=183 p/min). Due to the difficult terrain conditions and inability to transport the patient immediately to the medical facility, was applied postural modification to the Valsalva manoeuvre on the patient. Patient performed the standardized strain in the same semi-recumbent position but immediately at the end of the strain, were laid flat and had their legs raised by a member of staff to 45° for 15 s. Participants were then returned to the semi-recumbent position for a further 45 s before re-assessment of cardiac rhythm, initially by 12-lead ECG. After two attempts, heart rate dropped to normal heart rate of 90 p/min. Afterwards the patient was promptly transported in stable condition to the Clinic for Cardiology-Skopje for further evaluation. Patient had follow-up, reevaluated, 12-lead ECG controlled and patient was discharged from hospital. In patients with PSVT, a modified Valsalva manoeuvre should be considered as a routine first treatment and could be used as the routine initial treatment for episodes of PSVT on location. The technique could prevent many patients from being treated with drugs or even seeking health care. Clinicians who encounter this condition should consider learning the technique and teaching it to patients after a first episode of PSVT**.**

Keywords: Paroxysmal Supraventricular Tachycardia (PSVT), modified Valsalva manoeuvre technique

Emergency approach in complete atrioventricular block in elderly person

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Abstract

A complete atrioventricular block (CHB) is a loss of the regular function of the cardiac electroconductive pathways linking the sinoatrial node (SA node) and the ventricles via conduction through the atrioventricular node (AV node). Third-degree AV block indicates a complete loss of communication between the atria and the ventricles. Without appropriate conduction through the AV node, the SA node cannot act to control the heart rate, and cardiac output can be diminished secondary to loss of coordination of the atria and the ventricles. It can be a life-threatening situation. We report a case of 90 years old female patient suffering from severe arterial hypertension on regular therapy with a beta blocker and an ACE inhibitor. After a call to emergency medical service, the patient reported a previous syncope followed by chest pain and fatigue. Medical team examination found on ECG a CHB, HR of 36 p/min, and BP of 90/40 mmHg. I.V line and crystalloids applied, and continuous patient monitoring. The patient was promptly transported to the Clinic for Cardiology-Skopje for further treatment. The patient was admitted due to CHB, with low blood pressure and low heart rate. Following hours, the implantation of the VVIR pacemaker was preformed and the device passed technical control. After the intervention, the patient was in stable condition. Manufacturing companies of highly technical and sophisticated devices that revolutionized the world of electrophysiology and medicine should continue to work hard on ensuring the safety of their devices and make solutions available to deal with situations like this. Highly trained physicians and centers capable of addressing these issues with appropriate urgency must be available for patients who receive such devices.

Keywords: Complete atrioventricular block, VVIR pacemaker

Warfarin-induced upper gastrointestinal bleeding: A Case Report

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Abstract

Warfarin is an oral vitamin k antagonist prescribed to those patients for the treatment and prevention of venous thromboembolism. Adjusting the exact warfarin dose has always been challenging since it has a narrow therapeutic window. Numerous factors, including poor drug compliance, drug-drug interactions, and malabsorption syndromes, affect the warfarin plasma concentration. We report a case of 89 years old male patient with Chronic heart failure-dilated cardiomyopathy, AFF, LBBB, severe arterial hypertension, chronic obstructive lung disease and Diabetes Mellitus type two on regular therapy with beta blocker, double diuretic-loop and potassium sparing diuretics, ACE inhibitor and B2 agonist/glucocorticoids inhaler, warfarin and antidiabetic drug. Before 10 years operated on benign prostatic hyperplasia and Billroth's II operation. Due to harsh condition, the patient reported a previous hemoptysis in few occasions and melena, with persistent dyspnea, tachycardia, and fatigue. The medical team applied. I.V line, crystalloids, and continuous patient monitoring. The patient was promptly transported to the Gastroenterohepatology Clinic -Skopje for further treatment. Patient was admitted due to recurrent hemoptysis. After the adrenalin infiltration for ulcerous formation near the previous anastomosis, vitamin K and supportive therapy were applied, which improved the patient's condition. Patients should undergo examinations for adequate drug use. Warfarin undergoes a vast number of drug-drug interactions. These mechanisms can result in a prolonged prothrombin time/international normalized ratio (PT/INR), an increased bleeding risk independent of PT/INR, and reduced anticoagulation.

Keywords: Warfarin, upper gastrointestinal bleeding, hemoptysis

Rabeprazole Therapy in GERD Associated with Chronic NSAID and Corticosteroid Use – A Case Report

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Gastroesophageal reflux disease (GERD) results from the recurrent backflow of acidic gastric contents into the esophagus, leading to troublesome symptoms and potential mucosal damage.

We present the case of a 59-year-old female patient (K.D.) admitted with dull epigastric pain exacerbated after dinner, retrosternal burning, nausea, bloating, and decreased appetite. Symptoms had started one day prior to admission. Initial therapy with Famotidine 20 mg twice daily provided no relief, and due to the onset of vomiting, the patient was referred for gastroenterological evaluation and hospitalized for further management.

Her medical history was significant for chronic degenerative rheumatic diseases (spondylosis, gonarthrosis, discopathy, osteoporosis), treated long-term with NSAIDs and corticosteroids, placing her at increased gastrointestinal risk. She was physically inactive, with a BMI of 26, and denied smoking or allergies.

Laboratory findings revealed leukocytosis and elevated inflammatory markers. Abdominal ultrasound showed hepatic steatosis without focal lesions. Upper gastrointestinal endoscopy demonstrated Grade B reflux esophagitis, incompetent cardia, and chronic gastritis, while Helicobacter pylori testing was negative.

During hospitalization, proton pump inhibitor therapy was initiated, followed by discharge treatment with Rabeprazole (Ramep) 20 mg once daily as maintenance therapy. The patient showed significant clinical improvement with resolution of symptoms and normalization of laboratory parameters.

This case highlights the clinical importance of early recognition of GERD in high-risk patients receiving chronic NSAID therapy. Rabeprazole (Ramep), as a potent proton pump inhibitor, played a central role in symptom control and mucosal healing. Appropriate gastroprotective therapy, combined with lifestyle modification and coordinated care between patient and physician, remains essential in preventing complications and ensuring optimal outcomes.

Ultrasound assessment with an internist approach in malignant renal lesions

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Introduction: A 73-year-old patient complains of abdominal pain, more pronounced in the epigastric region, with occasional discomfort from bloating and heartburn, with heartburn. He denies any medical history of AH, is a non-smoker, and has no drug allergies.

Objectives: Use of abdominal ultrasound for evaluation of kidney lesions.

Material and methods: Abdominal ultrasound, CT, Gastroscopy, laboratory tests, Surgery**.**

Results: 01.12.2025 in the PHI_Clinical_Hospital-Shtip, gastroscopy was performed: End. dg. Gastritis chr. Incompetentio cardiae. Recommendation: to test for Helicobacter pylori. On 02.12.2025 in our PHO, all lab. Analyses were done-with normal values, after which an abdominal ultrasound was done with the presence of quite liquid contents in the stomach. The left kidney was seen with dimensions of 117 x 55 mm, with preserved parenchyma up to 18 mm. In addition to the small calculus in the lower pole, a clearly limited hypoechoic formation was seen, with a diameter of up to 33 mm, with a central hyperechoic zone up to 8 mm. Color Doppler recorded regular vascularization from segmental and intralobular arteries, while Ultra Micro Angiography mode showed an intense-concentric vascular pattern, with slow flow around the Tm renal formation itself.

In January 2026, a CT scan of the abdomen was performed at the PHI Clinical Hospital - Shtip, which correlated with the ultrasound findings in our institution. Op: Neprectomia partialis (tumerectomia) lat sin Drainage NI LAP.

The patient is currently in good general condition, without any complaints and is receiving home treatment.

Conclusion: Early recognition and a proactive approach by primary care physicians and internists are key to early detection and evaluation of the condition of oncology patients, as well as the risk of metastasis, through the implementation of the most current guidelines for diagnostic modalities..

Keywords: Abdominal ultrasound, CT, surgery, laboratory.

"Bilateral Parotitis and Acute Pancreatitis as Fatal Clinical Manifestations of Systemic Lupus Erythematosus in Pregnancy: A Case Report"

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Abstract

Background: Acute pancreatitis is a rare but potentially life-threatening complication of systemic lupus erythematosus (SLE). Its presentation may be subclinical or as an initial manifestation of SLE. Pregnancy in SLE patients increases both maternal and fetal risks, particularly when disease activity is uncontrolled. Early recognition is essential to optimize outcomes.

Case Presentation: We report a 28-week-and-5-day pregnant woman with a history of SLE diagnosed in 2014, who presented with bilateral parotid swelling, diffuse cutaneous flare, fever, and gastrointestinal symptoms. Laboratory evaluation revealed markedly elevated serum amylase and lipase. Abdominal ultrasound and magnetic resonance imaging confirmed acute pancreatitis and excluded other causes such as biliary obstruction, gallstones, infection, and hypertriglyceridemia. The patient was managed with intravenous fluids, proton pump inhibitors, and corticosteroid therapy under rheumatology supervision, with daily fetal monitoring. Multidisciplinary involvement from gastroenterology, nephrology, pulmonology, and obstetrics was essential due to the severity of the presentation.

Conclusion: This case highlights the importance of vigilance for acute pancreatitis in pregnant patients with active SLE. Early diagnosis, careful imaging, and timely immunosuppressive therapy are critical to improving maternal and fetal outcomes.

Keywords: Systemic lupus erythematosus, lupus pancreatitis, pregnancy, corticosteroids, acute pancreatitis.

When a Cervical Mass Imitates Malignancy: A Case Report of Struma Nodosa in Hemodialysis Patient

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Large cervical masses often raise concern for thyroid malignancy, particularly when progressive growth and compressive symptoms are present. However, benign thyroid conditions such as struma nodosa (multinodular goiter) may clinically and cytologically mimic neoplastic disease, creating diagnostic and therapeutic challenges.

We report the case of a 68-year-old male with end-stage renal disease on chronic hemodialysis who presented with a progressively enlarging right-sided cervical mass over four years. Physical examination revealed a non-tender, firm mass measuring 12 × 8.5 cm, associated with mild speech disturbance due to compressive effects. Thyroid function tests demonstrated a euthyroid state. Thyroid ultrasound and contrast-enhanced neck computed tomography revealed a markedly enlarged thyroid gland with multiple nodules. The patient was evaluated by a thoracic surgeon and a nuclear medicine specialist, both of whom recommended a fine-needle aspiration biopsy of the nodules. The biopsy results were reported as follicular neoplasm/suspicious for follicular neoplasm (FNAB Bethesda category IV). Given the cytological findings and significant mass effect, total thyroidectomy was performed. Histopathological examination of the resected specimen confirmed struma nodosa without evidence of malignancy. The postoperative course was uneventful. The patient was started on lifelong thyroid hormone replacement therapy and advised regular endocrinologic and nuclear medicine follow-up.

This case highlights the potential for multinodular goiter to clinically and cytologically imitate thyroid malignancy, particularly in patients with complex comorbidities such as CKD5D. Definitive diagnosis may only be established through histopathological evaluation following surgical resection. Early recognition and appropriate multidisciplinary management are essential to relieve symptoms and exclude malignancy.

Keywords: struma nodosa, thyroid nodules, total thyroidectomy

Fatal Simultaneous Superior Vena Cava Syndrome and Bilateral Pulmonary Embolism as the Initial Presentation of Metastatic Lung Adenocarcinoma: A Case Report of A 52-Year-Old Non-Smoker

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Abstract: A 52-year-old non-smoker female with a history of obesity and type 2 diabetes presented with a 2-month history of dyspnea, chest pain and subfebrile temperature. On admission, she exhibited neck and face edema, tachycardia and hypotension (80-50 mmHg), clinical signs of superior vena cava syndrome (SVCS). Laboratory investigations revealed leukocytosis (28.34 x 10^9/L), elevated CRP (150mg/L), and D dimer levels exceeding 10000 ng/L. On CT was confirmed a massive central thrombus in the superior vena cava and bilateral acute pulmonary embolism. Imaging revealed also mediastinal lymphadenopathy and bilateral pleural effusion. Initial management included heparin infusion and for hemodynamic stabilization inotropic support with dopamine. We performed cervical lymph node biopsy and thoracentesis. Cytological and immunohistochemical analysis of the pleural fluid and lymph node tissue identified metastatic adenocarcinoma with malignant cell staining positive for cytokeratin 7 (CK7) and thyroid transcription factor (TTF), confirming a primary carcinoma of the lungs. Despite aggressive anticoagulant and supportive care, the patient's condition deteriorated rapidly. She suffered a fatal cardiovascular collapse. This case highlights the aggressive nature of lung adenocarcinoma in non-smokers and the management challenges posed by simultaneous obstructive and thrombotic vascular complications.

Key words: lung adenocarcinoma, superior vena cava syndrome (SVCS), pulmonary embolism (PE), Metastasis, Non-smoker.

When Gastrointestinal Symptoms Mask a Cardiac Emergency: A Diagnostic Challenge of Acute Myocardial Infarction

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Case Presentation: Atypical presentations of acute myocardial infarction (AMI) remain a major diagnostic challenge, particularly in elderly women in whom gastrointestinal symptoms may predominate and delay recognition. Early electrocardiographic changes may be subtle or absent, requiring repeated assessment when clinical suspicion persists.

A 68-year-old woman presented in the early morning with acute epigastric pain accompanied by two episodes of vomiting. An initial electrocardiogram (ECG) obtained by emergency medical services demostrated no signs of acute ischemia and symptomatic treatment with a proton pump inhibitor was recommended. Due to persistent symptoms, the patient sought further evaluation. On examination, she continued to vomit. Blood pressure was 150/90 mmHg, with unremarkable abdominal ultrasonography. Given ongoing symptoms, a repeat ECG was performed and significant ST-segment elevation in the inferolateral leads, consistent with acute ST-elevation myocardial infarction (STEMI). High-sensitivity troponin was elevated at 74.6 ng/L. The patient was urgently referred to the cardiology clinic. Immediate coronary angiography demonstrated significant multivessel coronary artery disease with a critical lesion of the circumflex artery, which was successfully treated with primary percutaneous coronary intervention and stent implantation. Additional findings included 80% stenosis of the mid-left anterior descending artery and first diagonal branch, as well as non-critical atherosclerotic plaques in other coronary segments. The patient received guideline-directed medical therapy and had an uncomplicated hospital course. She was discharged in stable condition.

This case emphasizes that in elderly patients should not be presumed that all gastric symptoms must be of gastrointestinal origin. A high index of suspicion and serial ECG evaluation are essential to avoid missing atypical presentations of life-threatening cardiac conditions and to ensure timely management.

Key words: acute myocardial infarction, atypical presentation, gastrointestinal symptoms, STEMI, diagnostic challenge.

Rupture of Mitral Chordae Tendineae: An Echocardiographic Case Presentation

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Introduction:
Rupture of chordae tendineae is an important cause of acute or severe mitral regurgitation (MR) and may lead to rapid hemodynamic deterioration and the development of heart failure. It most commonly occurs in the setting of degenerative mitral valve disease. Early diagnosis is very important for proper treatment.

Case Presentation:
A 61-year-old **male** patient presented with dyspnea and exertional fatigue. Medical history included arterial hypertension, hyperlipidemia, obesity. Selective coronary angiography showed no evidence of **significant atherosclerotic** coronary artery disease. Transthoracic echocardiography (TTE) revealed severe MR with suspected rupture of chordae tendineae of the posterior mitral leaflet. The finding was confirmed by transesophageal echocardiography (TEE), which demonstrated myxomatous changes of the mitral valve and severe mitral regurgitation with an eccentric regurgitant jet. Quantitative assessment showed a vena contracta of 8 mm and a regurgitant radius of 14 mm. Rupture of chordae tendineae originating from the P2 and P3 segments of the posterior mitral leaflet was visualized, with prolapse toward the left atrium. Following multidisciplinary Heart Team evaluation, the patient was referred for surgical mitral valve repair.

Conclusion:
Rupture of the mitral chordae tendineae is a serious valvular pathology that can result in flail leaflet and severe mitral regurgitation, with risk of pulmonary congestion and heart failure.

TEE offers several advantages over TTE. TEE offers superior, high-resolution imaging of mitral valve apparatus, identifying subtle pathologies, and accurate quantification of regurgitation. Three-dimensional (3-D) TEE additionally obtains clear “surgeon-view” of the mitral valve from the left atrium, allowing precise assessment of individual scallops and commissures.

TTE provides a non-invasive, quick overview of the mitral valve, but TEE and 3-D TEE remains the gold standard for detailed anatomic and functional assessment of mitral valve pathology and proper planning of surgical technique.

Keywords: Mitral regurgitation;Chordae tendineae rupture;Flail mitral leaflet; Transesophageal echocardiography;Transthoracic echocardiography**.**

Toxic myasthenic syndrome following Vipera ammodytes envenoming

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The venom of the Vipera ammodytes, contains complex mixtures of bioactive proteins, including β-neurotoxic phospholipase A_2 components capable of disrupting neuromuscular transmission.

We report the case of a 41-year-old male who sustained a venomous bite to the right thumb inflicted by Vipera ammodytes while he was at work. The envenomation was immediately followed by pronounced local edema and transient visual disturbances. Thirty minutes after the bite, he was hospitalized and received standard treatment, including polyvalent antivenom (Antiviperinum), tetanus prophylaxis, corticosteroids, antihistamines, anticoagulants, and antibiotics. His clinical condition improved, and he was discharged after six days. Two weeks later, he developed progressive neurological symptoms including headache, vertigo, bilateral ptosis, transient visual loss, dysphagia, generalized muscle weakness, and marked fatigue. No additional cranial nerve deficits or focal neurological abnormalities were observed. Laboratory investigations were largely unremarkable, and serum IgG autoantibodies against the acetylcholine receptor were negative.

Electroencephalography findings were normal, whereas visual evoked potentials were pathological, suggesting involvement of both the neuromuscular junction and afferent visual pathways. Brain magnetic resonance imaging revealed no focal parenchymal lesions or diffusion restriction. Electromyography was recommended but declined. In the absence of prior neuromuscular disease, a diagnosis of acute toxic myasthenic syndrome secondary to envenomation was suspected. Administration of subcutaneous neostigmine (Prostigmin) with atropine resulted in bilateral improvement of ptosis. The patient was subsequently treated with pyridostigmine and oral corticosteroids, leading to gradual clinical recovery.

Snakebite envenomation may rarely manifest as a delayed toxic myasthenic syndrome. Early recognition of neuromuscular junction dysfunction and prompt symptomatic treatment are essential to optimize clinical outcomes.

Key words: Snake Bites; Neuromuscular Junction; Neostigmine

Wolff–Chaikoff Effect in Amiodarone-Treated Atrial Fibrillation

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Case Presentation: A 50-year-old man with a history of paroxysmal atrial fibrillation was referred for assessment of progressive fatigue and unintended weight gain. He had been treated with amiodarone at a maintenance dose of 200 mg daily for six months for rhythm control, resulting in effective rhythm control. There was no prior documented history of thyroid disease and baseline thyroid function tests had not been obtained prior to initiation of amiodarone therapy.

Biochemical evaluation revealed a markedly elevated thyroid-stimulating hormone level (TSH 40 mIU/L) with reduced free thyroxine concentrations, consistent with overt hypothyroidism. Thyroid autoantibody testing was positive, suggesting underlying autoimmune thyroid disease. Thyroid ultrasonography demonstrated glandular enlargement with a macronodular pattern. Collectively, these findings supported the diagnosis of amiodarone-induced hypothyroidism, most likely resulting from iodine-induced inhibition of thyroid hormone synthesis due to failure to escape the Wolff–Chaikoff effect in the predisposed thyroid gland. Following multidisciplinary evaluation, amiodarone therapy was discontinued and levothyroxine replacement was initiated. The patient experienced progressive symptomatic improvement, accompanied by normalization of thyroid function tests over a six-month follow-up period. Cardiac rhythm remained stable and no recurrence of atrial fibrillation was documented.

Amiodarone-induced hypothyroidism represents a frequent and clinically relevant adverse effect, particularly in patients with underlying thyroid autoimmunity. Management requires individualized decision-making, balancing the need for effective arrhythmia control against endocrine complications. This case emphasizes the importance of baseline thyroid evaluation and regular monitoring during amiodarone therapy. Early recognition and appropriate management of thyroid dysfunction are essential to optimize both cardiovascular and endocrine outcomes in patients with atrial fibrillation.

Keywords:
Amiodarone; Atrial fibrillation; Hypothyroidism; Wolff–Chaikoff effect; Thyroid dysfunction

The effect of rosuvastatin in lipid plaque regression in carotid artery disease (CAD): a case study

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Background: Aterosclerosis is a degenerative process in arteries, resulting by lipid plaque formation. The advanced process leads to artery stenosis, embolism and thrombosis [1]. The carotid artery disease (CAD) very frequently leads to ischaemic stroke, which is one of the top three leading causes of death, after the cardiovascular diseases and cancer, as well as a leading cause of long-term disability [2]. The carotid duplex ultrasound (CDU) is the standard, non-invasive method for evaluation of CAD patients. It allows the identification of patients with high-risk of ischaemic stroke, as well as documentation of progressive or recurrent CAD in high-risk patients. Additionally, CDUS ensures additional information in detection of significant artery stenosis, especially in bifurcation or internal carotid artery (ICA), when the dopler color changes from red to blue in presence of echocentric plaque.

Therapeutic management: The purpose of the CAD treatment is to primarily reduce the risk of ischaemic stroke. In that sense, rosuvastatin, one of the most potent statins, is especially efficient in reduction and stabilization of lipid plaques [3].

The results of the METEOR-China study from 2022 [4] show that 40 mg rosuvastatin significantly slow down arterosclerosis, both overall and in particular carotid segments, defined as carotide intima-media thickness (CIMT) measurements, as well as 48.8% decrease of LDL-C and 8% increase of HDL-C.

Case report: A.J., a 55 year-old female patient has headache, temporary chest pain, vertigo and arterial blood pressure (ABP) 160/100 mmHg. ECG gives sinus rhythm, Fr = 95 beats/min, ST-segment and t-wave correct. Biochemical analyses present WBC = 8.3 $\times 10^9$/L, RBC = 4.3 $\times 10^9$/L, Hgb = 13, HCT = 42%, PLT = 230 $\times 10^9$/L, glucose = 4.7 mmol/L, urea = 7.8 mmol/L, creatinine = 88µmol/L, cholesterol = 7.9 mmol/L, triglycerides = 4.2 mmol/L, LDL = 4.9 mmol/L, HDL = 1.2 mmol/L, ALT = 45 U/L, AST = 44 U/L, γGT = 55 U/L. The echocardiography presents regular dimensions of heart chambers, heart wall kinetics, early-stage concentric hypertrophy, E/A reversion, EF ~ 60%, MR1+ and AoR1+. CDU presents regular wall dimensions, slight IMT thickening, both bifurcations with early-stage concentric lipid changes with ~30% stenosis, front ICA wall a lipid plaque is visualized, causing ~60% stenosis (Biflow), PSV 140-150 au/s, with no significant changes on ICA flex. Additionally, Castelli Risk Index (KST) is negative. 24h monitoring of the patient using Holter showed increase in ABP. The patient is treated with bisoprolol 2.5 mg x 1, lerkanidipin 10 mg x 1, perindopril/indapamide 4.0/1.25 mg x 1, rosuvastatin 40 mg x 1.10 days after the initial examination, the patient was again examined. She reported no headaches, improved ABP (130/80 mmHg), while ECG presented sinus rhythm and FR= 78 beats/min. The control CDU after one month presented significant lipid plaque reduction to 50% stenosis. On the three month follow-up examination the patient had more significant improvement: ABP = 130/75 mmHg, cholesterol = 3.9 mmol/L, triglycerides = 1.9 mmol/L, HDL = 1.4 mmol/L, LDL = 2.8 mmol/L. CDU revealed lipid plaque reduction to 43% stenosis.

Conclusions: Including rosuvastatin in the tretment regimen of this patient was of crucial importance in regulating the lipid status, as well as lipid plaque reduction (60% to 43% overall CAD stenosis).

Echocardiographic Evaluation of Heart Failure with Preserved Ejection Fraction: Identification of the Most Relevant Diagnostic Parameter in a Cohort of 100 Patients

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Abstract

Background: Heart failure with preserved ejection fraction (HFpEF) is a heterogeneous syndrome in which elevated left ventricular filling pressure is central to diagnosis. Echocardiography is the cornerstone of noninvasive assessment, yet the relative contribution of individual parameters in routine practice remains debated.

Methods: This study is based on a cohort of 100 patients with symptoms and signs of heart failure, left ventricular ejection fraction (LVEF) >=50%, and comprehensive transthoracic echocardiography. Clinical variables and echocardiographic indices were compared between patients with lower versus high-probability HFpEF phenotype. Discriminatory capacity was assessed using ROC analysis. Independent associations were examined with multivariable logistic regression and expressed as odds ratios (OR) with 95% confidence intervals (CI).

Results: The high-probability HFpEF phenotype was present in 62/100 patients (62%). Among individual markers, E/e' ratio achieved the highest ROC AUC (0.75), outperforming LAVI (0.60) and PASP (0.58). In the adjusted model, E/e' ratio remained the strongest independent predictor (OR 1.37, 95% CI 1.17-1.59, p=0.000). The multivariable model yielded an AUC of 0.82. The optimal E/e' cutoff by the Youden index was 13.4, with sensitivity 79% and specificity 66%.

Conclusions: E/e' ratio was the most informative individual echocardiographic parameter for identifying a high-probability HFpEF phenotype in this illustrative cohort.

Introduction

Heart failure with preserved ejection fraction (HFpEF) represents nearly **50% of all heart failure cases** and its prevalence continues to increase worldwide due to aging populations and the growing burden of cardiovascular risk factors such as hypertension, diabetes and obesity[1]. HFpEF is associated with substantial morbidity and mortality, comparable to that observed in patients with heart failure with reduced ejection fraction[2].

Unlike heart failure with reduced ejection fraction, HFpEF is primarily characterized by **diastolic dysfunction, impaired ventricular relaxation and increased left ventricular filling pressures**[3]. These pathophysiological mechanisms result in symptoms of heart failure despite a preserved left ventricular ejection fraction.

Echocardiography represents the **primary non-invasive imaging modality** for the evaluation of cardiac structure and function in HFpEF[4]. Several echocardiographic parameters have been proposed for the

assessment of diastolic dysfunction, including the mitral inflow E/A ratio, tissue Doppler imaging velocities and left atrial volume.

Among these parameters, the **E/e' ratio has emerged as one of the most reliable indicators of elevated left ventricular filling pressures** and is widely used in clinical practice for the evaluation of HFpEF[4–5].

The aim of this study was to evaluate echocardiographic parameters in a cohort of **100 patients with HFpEF** and identify the most important parameter associated with elevated filling pressures.

Methods

This was a single-center observational cross-sectional study. Consecutive adult patients with symptoms or signs of heart failure, LVEF >=50%, and a comprehensive transthoracic echocardiographic examination were eligible. Patients with severe valvular disease, infiltrative cardiomyopathy, or inadequate image quality were excluded.

The primary outcome was to identify the echocardiographic parameter most strongly associated with a high-probability HFpEF phenotype. Echocardiographic assessment included LVEF, transmitral E/A ratio, tissue Doppler-derived E/e' ratio, LAVI, PASP, and LV mass index (LVMI). Continuous variables are reported as mean ± standard deviation and were compared using Welch's t test. Categorical variables are reported as number (percentage) and were compared using Fisher's exact test. ROC curves were used to compare discrimination of individual parameters. A multivariable logistic regression including age, hypertension, atrial fibrillation, E/e' ratio, LAVI, and PASP. Results are expressed as OR with 95% CI. A two-sided p value <0.05 was considered statistically significant.

Results

The analytic study with 100 patients, of whom 57 (57%) were women. The high-probability HFpEF phenotype was present in 62 patients (62%). Patients with high-probability HFpEF had higher E/e' values, larger atrial volumes, and numerically higher PASP. The discrimination analysis showed that E/e' ratio had the strongest standalone diagnostic signal, with AUC 0.75.

Discussion

The present study evaluated echocardiographic parameters in a cohort of 100 patients with heart failure with preserved ejection fraction and demonstrated that the **E/e' ratio represents the strongest echocardiographic predictor of elevated left ventricular filling pressure**. Our findings reinforce the central role of tissue Doppler–derived indices in the non-invasive assessment of diastolic function and support the concept that E/e' remains one of the most clinically relevant parameters for identifying HFpEF.

Heart failure with preserved ejection fraction is a complex syndrome characterized by symptoms and signs of heart failure despite a normal or near-normal left ventricular ejection fraction. The underlying pathophysiology is primarily related to **impaired ventricular relaxation, increased myocardial stiffness, and elevated left ventricular filling pressures**, which lead to increased left atrial pressure and pulmonary congestion (3). These abnormalities ultimately result in the classical symptoms of dyspnea, exercise intolerance and reduced functional capacity. Since invasive hemodynamic assessment is not routinely performed in clinical practice, echocardiography has become the primary tool for the non-invasive evaluation of these hemodynamic abnormalities (4).

Among the echocardiographic parameters used to evaluate diastolic function, the **E/e' ratio has emerged as one of the most reliable indices of left ventricular filling pressure**. The early transmitral flow velocity (E wave) reflects the pressure gradient between the left atrium and the left ventricle during early diastole, whereas the e' velocity measured by tissue Doppler imaging reflects myocardial relaxation. The ratio between these two parameters therefore integrates both ventricular relaxation and filling dynamics. Previous studies have demonstrated a significant correlation between E/e' values and invasively measured left ventricular end-diastolic pressure (5).

Current guidelines from the **American Society of Echocardiography and the European Association of Cardiovascular Imaging** emphasize the importance of E/e' in the evaluation of diastolic function. According to these recommendations, an average E/e' ratio greater than 14 is strongly suggestive of elevated left ventricular filling pressure and supports the diagnosis of diastolic dysfunction (4). In our study, the majority of patients demonstrated increased E/e' values, reinforcing the concept that this parameter reflects the underlying hemodynamic abnormalities present in HFpEF.

Another parameter frequently used in the assessment of diastolic dysfunction is the **left atrial volume index (LAVI)**. Enlargement of the left atrium reflects chronic exposure to elevated filling pressures and therefore represents a structural marker of long-standing diastolic dysfunction. Previous investigations have shown that increased LAVI is associated with adverse clinical outcomes, including atrial fibrillation, hospitalization for heart failure and cardiovascular mortality (6). However, left atrial enlargement reflects a **chronic remodeling process** rather than acute changes in ventricular filling pressure, which may explain why it appears less sensitive than E/e' in identifying current hemodynamic abnormalities.

Pulmonary hypertension is also frequently observed in patients with HFpEF. Increased pulmonary artery systolic pressure occurs as a consequence of elevated left atrial pressure transmitted backward into the pulmonary circulation. While this parameter may support the diagnosis of HFpEF, pulmonary hypertension may also be caused by other conditions such as chronic lung disease or primary pulmonary vascular disorders. For this reason, pulmonary artery pressure is generally considered a **secondary indicator of diastolic dysfunction rather than a direct marker of left ventricular filling pressure** (3).

The findings of our study are consistent with previous investigations that have demonstrated the diagnostic and prognostic value of E/e' in patients with heart failure. Several studies have reported that elevated E/e' values correlate strongly with invasive measurements of filling pressures and are associated with worse clinical outcomes in patients with HFpEF (5,7). In addition, increased E/e' ratios have been linked to a higher risk of hospitalization and mortality among patients with diastolic dysfunction (7).

From a clinical perspective, identifying reliable echocardiographic parameters for HFpEF is particularly important because the diagnosis of this condition can be challenging. Patients frequently present with non-specific symptoms such as dyspnea or fatigue while left ventricular ejection fraction remains normal. In such cases, echocardiographic markers including **E/e' ratio, left atrial volume index and pulmonary artery systolic pressure** can improve diagnostic accuracy and help clinicians recognize HFpEF earlier.

Our results therefore support the concept that the **E/e' ratio should be considered a primary echocardiographic parameter when evaluating patients with suspected HFpEF**. When interpreted together with structural parameters such as left atrial enlargement and clinical findings, this measurement provides valuable information regarding ventricular filling pressures and diastolic function.

Conclusion

In this 100-patient study, E/e' ratio emerged as the most important individual echocardiographic parameter for identifying a high-probability HFpEF phenotype. Adding multivariable regression and ROC analysis materially strengthens the scientific message.

Real-World Effectiveness of Allergen Immunotherapy in Polysensitized Patients: A Retrospective Study of 260 Cases

Authors:

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Background:
Polysensitization presents a therapeutic challenge in allergen immunotherapy (AIT), often raising concerns about efficacy and allergen selection. Real-world data on long-term outcomes in such populations remain limited.

Objective:
To assess the clinical effectiveness, safety, and adherence of AIT in a cohort of polysensitized patients undergoing treatment in a real-life setting.

Methods:
A retrospective observational study was conducted on 260 patients (aged 12–60 years) with allergic rhinitis and/or allergic asthma, all sensitized to three or more aeroallergens. Patients were treated with subcutaneous (SCIT) or sublingual (SLIT) immunotherapy from 2020 to 2025, based on dominant allergen profile and clinical relevance. Data collected included symptom-medication scores (SMS), asthma control (ACT), quality of life (RQLQ), adverse events, and adherence rates, evaluated annually over a 5-year period.

Results:
A significant reduction in SMS was observed over time: 48% after one year, 65% after three years, and 72% after five years of AIT. RQLQ scores improved significantly ($p < 0.01$), indicating better patient-reported outcomes. Among patients with asthma (n=92), 70% showed improved ACT scores after one year of treatment. Adherence rates were 82% at year 1, 78% at year 3, and 61% at year 5. Mild local reactions occurred in 11% of patients, and mild systemic reactions in 3%; no severe adverse events were reported.

Conclusion:
This real-world study supports the use of AIT in polysensitized patients, demonstrating sustained clinical benefits, acceptable safety, and good long-term adherence. Selecting the dominant allergen for therapy, even in complex sensitization profiles, appears to be an effective strategy.

Keywords:
Allergen immunotherapy, polysensitization, real-world data, allergic rhinitis, asthma, SCIT, SLI

Title: Venous Thrombosis Mimicking Acute Arterial Ischemia as Initial Manifestation of Advanced Malignancy – A Case Report

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Introduction: Cancer-associated thrombosis is a frequent and serious complication that may occasionally represent the first manifestation of an underlying malignancy. Hypercoagulability may precede the diagnosis of malignancy and occasionally presents with atypical or misleading clinical features creating significant diagnostic challenges.

Case presentation: A patient presented to the Emergency Department with prolonged lower back pain, hematochezia, and swelling of the right lower leg accompanied by paresthesia and a cold sensation. Laboratory findings revealed anemia (Hb 9 g/dL), thrombocytopenia (platelet count $40x10^9$/L), markedly elevated D-dimers (33.54mg/L), elevated LDH (863 U/L), and significantly increased carcinoembryonic antigen (CEA 359 ng/mL). Coagulation tests indicated a hypocoagulable state.
On examination, the right lower leg was edematous, livid, cold to palpation, with absent dorsalis pedis pulse, raising suspicion of acute arterial occlusion. However, CT angiography excluded arterial stenosis. Venous Doppler ultrasound demonstrated extensive bilateral deep vein thrombosis. Imaging also revealed multiple lytic bone lesions suggestive of advanced malignancy.
The patient was treated with therapeutic low-molecular-weight heparin, transfusion support, and antibiotics. Despite initial stabilization, the patient had a fatal outcome due to malignancy-related complications and paraneoplastic syndrome.

Conclusion: This case highlights the importance of considering malignancy-associated thrombosis in patients presenting with atypical limb ischemia symptoms. In exceptional cases, classic manifestations such as pain, swelling, hyperemia, and limb induration may be replaced by cold extremities accompanied by paresthesia and absent peripherial pulses. Malignancy-associated thrombosis may clinically mimic acute arterial occlusion, requiring prompt imaging differentiation and multidisciplinary management.

Keywords: Cancer associated thrombosis; Malignancy; Hypercogulability; Deep venous thrombosis; Acute limb ischemia mimic; Consumptive coagulopathy; Paraneoplastic syndrome.

Psoas Abscess Mimicking Malignancy Recurrence in a Patient with Prior Bladder Cancer: A Case of Tuberculous Lymphadenitis

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Background

Psoas abscess is a rare clinical entity that may closely mimic malignancy, particularly in patients with a prior oncological history. The presence of retroperitoneal lymphadenopathy further complicates differentiation between infectious and neoplastic processes.

Case Presentation

A 72-year-old male presented with left leg pain and elevated inflammatory markers (CRP 150 mg/L, leukocytes 12 $\times 10^9$/L). His medical history included transurethral resection of a bladder tumor one year earlier, with histopathological confirmation of low-grade non–muscle-invasive urothelial carcinoma (pTa).

Contrast-enhanced CT imaging revealed a suspected left psoas abscess and significant retroperitoneal lymphadenopathy. Initial management consisted of broad-spectrum antibiotics and CT-guided percutaneous drainage, which evacuated purulent material and led to partial clinical improvement. However, persistent drainage (~200 mL/day) and unresolved lymphadenopathy raised concern for underlying malignancy.

Cystoscopy showed no evidence of intravesical recurrence. Ureterorenoscopy identified polypoid lesions in the proximal left ureter, but biopsy showed only inflammatory changes. Due to persistent diagnostic uncertainty, open surgical exploration via Gibson incision was performed. Intraoperatively, cavitary destruction of the left psoas muscle and enlarged lymph nodes were observed, and lymphadenectomy was carried out.

Results

Histopathological examination confirmed tuberculous lymphadenitis (tuberculosis lymphoglandulorum), with no evidence of urothelial carcinoma recurrence. Following diagnosis, the patient was referred to a specialized tuberculosis center for further management and initiation of tuberculostatic therapy.

Conclusion

This case highlights tuberculosis as a potential great mimicker of malignancy in patients presenting with psoas abscess and lymphadenopathy. Even in individuals with a history of cancer, infectious etiologies

must be carefully considered. Definitive diagnosis relies on histopathological evaluation, and early recognition is essential for appropriate management.

Keywords
Psoas abscess; Tuberculosis; Urothelial carcinoma; Lymphadenopathy; Diagnostic challenge

FAMILY MEDICINE SESSION

WOUND MANAGEMENT IN HOME CARE

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Introduction: Chronic wounds typically occur in patients with comorbidities such as diabetes and peripheral vascular diseases. The most common etiologies include diabetic foot (diabetic ulcers), venous leg ulcers (venous ulcers, varicose ulcers), pressure ulcers (pressure injuries, decubitus ulcers, bedsore), arterial insufficiency ulcers (atherosclerotic, vasculopathic), and radiation-induced damage. Pressure ulcers (PU) are localized injuries to the skin and underlying soft tissues over bony prominences or in relation to medical devices, resulting from prolonged pressure and shear. The most frequent risk factors for pressure ulcers include immobility, increased skin moisture, inadequate nutrition, loss of sensory perception, advanced age, cognitive and physical impairment, urinary incontinence, edema, microcirculatory disorders, hypoalbuminemia, and malnutrition. The most effective treatment of pressure ulcers is prevention of wound formation, which can only be achieved through a multidisciplinary and holistic approach. The National Pressure Ulcer Advisory Panel (NPUAP) and the European Pressure Ulcer Advisory Panel (EPUAP) have developed evidence-based guidelines for prevention and treatment that classify pressure ulcers according to depth and tissue involvement (1,2).

Prevention of PU requires a multidisciplinary and holistic approach. Effective management begins with risk identification. For individuals who are bed- or chair-bound, protected pressure areas should be identified and monitored using risk assessment tools such as the Braden Scale. Regular skin inspection, cleansing, and moisturization are essential. Incontinence-associated dermatitis should be mitigated with barrier products, and regular repositioning to relieve pressure over affected areas is necessary. Any factors compromising circulation should be addressed. Pressure-relieving devices, including air-supported surfaces or cushions, should be used to minimize prolonged pressure. Adequate nutrition, including sufficient protein, vitamins, and minerals, and appropriate daily fluid intake should be ensured. Education of the patient and caregiver about pressure ulcer prevention and management is among the most important steps. All interventions should be documented with ongoing observation and records (3-6). In individuals with pressure ulcers, it is important to manage pain, nausea/vomiting, dry mouth, mucositis, depression, and other factors that can adversely affect nutrition. Caloric and protein intake should be maintained, tailored to the patient; typically around 30 kcal/kg/d and approximately 1.5 g/kg/d of protein. When providing nutritional support, all critically ill patients should receive vitamins (B1, B6, B12, and vitamin D), omega-3 fatty acids, and trace elements (7,8).

Pressure Ulcer Management: Following clinical assessment of the patient with a PU, anthropometric measurements and laboratory tests should be performed to establish the baseline condition, after which the management plan should be formulated using a holistic approach. In pressure ulcer management, the TIMERS principles are applied for initial wound assessment. The TIMERS principles provide a holistic framework that speeds healing and enhances clinicians' control over the process (9).

Pressure ulcers are dynamic, variable, and resistant problems. Each patient and each wound possesses unique characteristics. When conditions permit, surgical debridement should be considered as part of

chronic wound management. If surgical debridement is not feasible, mechanical, autolytic, or enzymatic debridement may be employed. After infection control and necrotic tissue removal, wound care should be tailored to the wound type and stage using suitable dressings. Protective barrier creams should support protected skin under pressure. The skin should be shielded from excessive moisture, dryness, friction, and similar stressors. Modern wound care products can accelerate healing by addressing deficiencies, but no single product is appropriate for all wounds; choosing the right product depends on the clinician's knowledge and expertise. Therefore, healthcare professionals should be educated in chronic wound care and management. Pressure ulcers are largely preventable with appropriate precautions. Early identification of risk factors and a multidisciplinary approach can prevent wound formation and, with effective treatment strategies, improve patients' quality of life (10).

Medication Use in Pregnancy: Practical Decision-Making for Primary Care Physicians

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More than 80% of pregnant women take at least one medication during pregnancy, yet primary care physicians remain among the least supported clinicians when it comes to making these decisions with confidence. Two errors are commonly seen in clinical practice: stopping essential medications abruptly out of fear, and continuing therapy without appropriate counseling. Neither is without consequence for mother and fetus.

This presentation introduces a practical five-question framework for medication decision-making in pregnancy, applicable at the point of care without specialist input. Using the case of a 28-year-old on sertraline who stops her antidepressant immediately upon discovering she is 6 weeks pregnant, we examine how the risk of the untreated condition, gestational timing and the actual magnitude of fetal risk must all be weighed together before any decision is made. Among available antidepressants, sertraline has one of the most studied and reassuring safety profiles in pregnancy, and the documented risks of untreated depression consistently outweigh the fetal risk considerations associated with its use in the majority of clinical scenarios. The retirement of the FDA A/B/C/D/X classification system in 2015 and its replacement by the Pregnancy and Lactation Labeling Rule is also addressed, as many practitioners continue to rely on a framework that was formally withdrawn a decade ago.

In medication safety during pregnancy, discontinuing a necessary medication out of fear rather than evidence always carries its own risk. This session aims to give primary care physicians the framework and a starting point for making informed, individualized decisions for their pregnant patients, and for standing behind those decisions.

HEALTH LAW

Dr. MEHMET ERTAN, MSc

Law is the body of binding, general, abstract, and continuous rules - supported by the power of the state - that regulates the relations between people living in an organized society, as well as the relations between individuals and the communities they form, and between those communities themselves. Its main purpose is to ensure and protect individual security and human rights. These rules are continuous, but they can also adapt to the needs of the time[1].

In the societies of past centuries, it was not very common to see a systematic health organization in the modern sense. There was no awareness of rights. In earlier times, physicians were not generally believed to act with the intention of causing harm. The physician-patient relationship was not viewed mainly as a financial relationship. Physicians, who were carefully selected and trained through the master-apprentice tradition with strong ethical values, were not thought to have bad intentions. Life expectancy was not very high, and people approached illness, disability, and death differently because of cultural and religious reasons. However, as these ideas changed, the concept of rights developed. As society changed, law also developed. For this reason, the emergence of health law became inevitable.

DEFINITION OF HEALTH LAW

Although health law is an important and well-established field in developed countries, in our country it is still difficult to give a single, precise definition that is universally accepted. For this reason, it is more appropriate to begin with the definition of health law.

The organization and functioning of the health sector, the rights of both healthcare workers and service users, and the state's obligations arising from constitutional and international law cause the field of health to interact with almost all branches of law and to be affected by them[2].

Even though the events we experience in the hospital are medical matters, they become legal matters when they are brought to court.

Our common goal should be to ensure that both those who provide healthcare and those who receive it suffer as little harm as possible, and to live in well-being through the proper application of both legal norms and medical norms within the rule of law.

DEFENSIVE MEDICINE

Defensive medicine refers to the behaviors and practices physicians adopt in order to protect themselves because they feel various fears while performing their duties, such as being exposed to violence, being complained about, being subject to criminal investigation, or facing compensation claims. It can also be defined as a way of practicing medicine in which physicians act not exactly as medical science requires, but in the way they believe is least likely to lead to a complaint. In this approach, the main concern is not to diagnose and treat the patient as quickly, as comfortably, and as cost-effectively as possible, or with the least pain and distress for the patient. Instead, the main concern is to avoid ethical or legal problems for the physician. defensive medicine increases healthcare costs and wastes the time of physicians and laboratories. at the same time, it exposes the patient to unnecessary expenses and, more importantly, unnecessary risks.

The main behaviors and practices used in defensive medicine are as follows:

1- Ordering tests or procedures that are not actually necessary for diagnosis and treatment.

2- Requesting unnecessary consultations that will not affect diagnosis or treatment.

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1 http://www.thukuk.com/okuma-alt01.html

2 Er. a.g.e. s. 6.

3- Keeping a patient under observation, or admitting the patient to the hospital or the intensive care unit when this is not actually necessary.

4- Avoiding the diagnosis and treatment of severe patients with a high risk of complications and referring them to other centers instead.

5- Refusing to take responsibility for diagnosis and treatment because of aggressive patients or relatives who are likely to create conflict.

6- Exaggerating the severity of the disease and its possible complications, and presenting very rare complications as if they were common in order to frighten patients and their relatives.

Thirty-seven percent of physicians stated that they avoid treatments with a high risk of complications, and 24% said that they always or often refer high-risk patients elsewhere even when treatment options are available. If the results of this research are interpreted carefully, it becomes clear that as long as medical errors and complications continue to be interpreted in this way by the media, patients, and the courts, defensive medicine will become even more widespread. When physicians face a patient, the idea of 'how can I avoid harming myself first?' will become more deeply rooted in their minds[3].

MEDICAL MALPRACTICE

All procedures performed by a healthcare professional who is authorized to practice, based on a medical necessity and for a medical purpose - such as prevention, correction, diagnosis, or treatment - are called medical interventions. Whatever their nature, the aim of medical interventions is to create an expected positive change or effect in another person's body or condition. For this reason, every medical intervention has its effect on other people. A medical procedure must be carried out in a way that respects human dignity.

Medical Malpractice

There are many definitions of medical malpractice. The definition adopted by the World Medical Association in the 1992 Marbella, Spain Declaration is “harm caused by the physician's failure to provide the standard of care during treatment, lack of skill, or failure to treat the patient.”[4]. The declaration also emphasized the possible reasons for the increase in malpractice cases in different countries, other causes that cannot be attributed directly to physician error, and the measures that were recommended.

Today's healthcare services are highly dynamic and complex services carried out through cooperation among healthcare professionals and members of other professions within highly developed and complex healthcare institutions. For this reason, not all harm suffered by patients results from physicians' errors. In fact, many such harms arise from organizational failures or ethical problems outside the healthcare service directly provided to the patient. According to this newer understanding, which developed in parallel with the transformation of healthcare services, medical malpractice includes the combined concepts of ethical malpractice, administrative malpractice, and medical malpractice[5].

Medical malpractice *may occur when a patient is harmed because of inexperience, careless or inattentive behavior, incorrect practice, or negligence on the part of any healthcare professional involved in the patient's care.*

Ethical malpractice *occurs because of violations of ethical principles, such as failing to follow deontological rules, violating patients' rights, or violating research ethics.*

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[3] http://www.medimagazin.com.tr/hekim/genel/tr-once-kendine-zarar-verme-2-12-35605.html.

[4] World Medical Association Statement on Medical Malpractice. http://www.wma.net/en/30publications/10policies/20archives/m2/

[5] Prof. Dr. Ekin Özgür Aktaş. Sağlık Hukuku Yüksek Lisansı Ders Notları. İzmir Üniversitesi Sosyal Bilimler Enstitüsü.

Administrative malpractice *may occur through failure to perform assigned duties, abuse of authority, or failure to carry out supervisory responsibilities*[6].

It is possible to multiply examples of malpractice without limit. However, the basic feature of malpractice is that harm occurs because the duty of attention and care is not fulfilled, even though the harmful act was foreseeable and preventable. Adverse events in healthcare are events or harms that occur during the delivery of health services, cause harm to patients, and give rise to the responsibility of healthcare institutions and personnel. These are not limited to purely medical events. The fact that an event occurs in a healthcare institution does not mean that every negative outcome is caused by the fault of the physician or other healthcare staff.

Conditions Required For A Medical Procedure Not To Constitute A Crime (Conditions Of Legal Compliance)

a. The Person Performing the Procedure Must Be Authorized

It is very important to define the limits of the authority of the person performing a medical intervention or procedure. In a multidisciplinary field such as healthcare, healthcare personnel and their duties must be clearly defined in order to resolve confusion about who is authorized to intervene. If a physician acts as though they are a specialist in an area in which they have no authority, the procedure becomes unlawful.

b. The Procedure Must Have a Medical Justification (Indication) - Complication

Indication is defined as the condition or sign that requires a decision to apply a particular treatment or intervention to a patient[7]. Every medical intervention must have a purpose. A medical intervention should be carried out for prevention, diagnosis, or treatment. The medical reasons for the intervention should be clearly identified and documented.

If a medical procedure is performed unnecessarily and without justification, it loses its medical purpose and becomes unlawful. Unnecessary and unjustified medical procedures may be performed for financial gain, to satisfy medical curiosity, or for research, training, and experience.

Some medical procedures may be performed without a medical indication. Cosmetic operations, medical interventions performed for psychological reasons, organ transplantation (there is no medical indication for the donor), blood donation, curettage, sterilization, and procedures performed for religious or traditional reasons, such as circumcision, may be performed without indication in the strict sense[8].

Complication

A complication refers to risks that are accepted as possible outcomes of similar medical interventions, even when the healthcare professional acts in accordance with the principles of medical science and the profession and takes the necessary precautions to prevent them. If a physician performs a medical intervention with due care in accordance with scientific and professional rules, they cannot be held legally responsible for a complication that occurs as a result[9].

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6 Prof. Dr. Ekin Özgür Aktaş. Sağlık Hukuku Yüksek Lisansı Ders Notları. İzmir Üniversitesi Sosyal Bilimler Enstitüsü.

7 Tıp Terimleri Sözlüğü. saglik.sozlugu.org/indication. Erişim Tarihi: 11.03.2014.

8 Tıp Hukuku Atölyesi-I. Proje Sahibi: Av. Sunay Akyıldız. Seçkin Hukuk 1. Baskı. Ekim. 2013. Ankara. s. 68-69.

9 Hasan Tahsin Gökcan. Yargıtay Üyesi. Tıbbi Müdahaleden Doğan Hukuki ve Cezai Sorumluluk. Seçkin Hukuk. I. Baskı. Şubat-2013. s. 62.

A complication may be emotionally distressing for the physician and may cause both material and emotional hardship for the patient. However, even though the outcome is upsetting for both sides, it does not create legal liability.

c. The Patient Must Give Permission for the Procedure to Be Performed on Their Body

The patient's permission for a procedure to be performed on their body is called consent. In order for the patient to give consent, they must first be informed about the medical procedure to be performed. This consent should be in writing. If it is not written down, it is considered not to have been obtained.

d. The Medical Procedure Must Be Performed in Accordance with Medical Rules

Every medical procedure and intervention has a generally accepted method of application. These methods are described in classical medical textbooks and in guidelines[10]. If a patient is harmed as a result of a procedure that is not performed in accordance with medical rules, the person who performed it may be held responsible. In complaints involving patient harm, expert opinion is also sought. Conduct that does not comply with medical rules may appear in two forms: performing a procedure incorrectly (active error), such as injecting the wrong site, operating on the wrong organ, or leaving an instrument in the patient during surgery; and failing to do what should have been done (passive error), such as not intervening in an emergency or referring a patient without taking the necessary precautions.

e. The Medical Procedure Must Not Be Prohibited by Law

The limits of some medical procedures and examinations are defined by law. Failure to comply with these limits leads to legal responsibility. Examples include not complying with the legally defined time limits for abortion, taking an organ from a person without valid consent, unlawfully taking organs or tissues from a deceased person, and performing a genital examination without a judge's or prosecutor's order.

Other measures that may help reduce malpractice can be listed as follows:

- Standard practice guidelines.
- Reforming the health education system.
- Creating specialization within nursing education.
- Providing continuous post-graduation education programs.
- Keeping and storing records in a very regular and systematic way.
- Explaining every procedure to the patient in detail.
- Informing the patient about possible complications and obtaining consent.
- Recording what has been explained to the patient.
- Professional associations first defining the duties and areas of practice of their own specialists.
- Fair and independent expert boards and specialized courts that can approach the issue from different perspectives.
- Preparing informative forms for patients about the procedures to be performed and ensuring that these forms are distributed throughout the country and used in all hospitals.
- Ensuring that the patient whose consent is required reads and signs the form, and that the physician keeps the form.
- More active and influential professional organizations to define and protect physicians' rights.

[10] Prof. Dr. Ekin Özgür Aktaş. Sağlık Hukuku Yüksek Lisansı Ders Notları. İzmir Üniversitesi Sosyal Bilimler Enstitüsü.

- It should not be forgotten that proper record-keeping and the regular archiving of medical documents and charts are among the strongest protections for healthcare personnel[11].
- It may be useful to ensure access to lawyers trained in health matters or healthcare professionals trained in law, and to encourage them to develop more detailed ideas and policies that work in favor of physicians by understanding their language and practices within the ever-expanding field of legal intervention in healthcare. It may also be useful to create discussion platforms on what concrete steps can be taken among their members.

We may argue that a public compensation fund, a reporting network for sharing errors, and an error analysis system would be more realistic and effective than private professional liability insurance and compensation practices, which reduce the problem to the individual's professional performance, alienate the individual from both the profession and the health system in which they work, and leave them isolated and unprotected[12].

[11] Gül Ertem, Esra Oksel, Ayşe Akbıyık. Dirim Tıp Gazetesi 2009; Yıl: 84 Sayı: 1 (1-10) Hatalı Tıbbi Uygulamalar (Malpraktis) İle İlgili Retrospektif Bir İnceleme. Erişim Tarihi: 12.03.2014.

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From Biochemical Targets To Symptom-Oriented Care In Advanced Metastatic Colon Cancer: A Palliative Care Case Report

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INTRODUCTION: In advanced malignancies, correction of laboratory abnormalities often does not alter disease trajectory, whereas symptom burden significantly impacts quality of life. This case highlights the role of palliative care in advanced metastatic cancers.

A 75-year-old, male patient with mucinous colon adenocarcinoma and bilobar liver metastases presented with progressive fatigue, anorexia, and jaundice. Total bilirubin was 24,60 mg/dL despite plasmapheresis. Imaging showed no biliary obstruction; therefore, percutaneous biliary drainage was not indicated and the patient was referred to palliative care.

At admission, anorexia, insomnia and constipation were the predominant symptoms.

Physical Examination: The patient was awake,conscious and cooperative.

Cachectic and icteric appearance.

No obvious respiratory distress at rest.

Appearance was cachectic and icteric.

No asterixis observed.

Abdomen appears mildly distended. No visible masses or dilated superficial veins.

He was ambulatory but functionally limited.

Although the patient and his family primarily focused on bilirubin reduction, palliative management prioritized symptom relief and encephalopathy prevention. Lactulose was initiated for constipation and encephalopathy prophylaxis and nutritional support was arranged. The patient and family were informed about encephalopathy risk; no mental status changes occurred during follow-up.

Progressive malignant ascites caused abdominal discomfort and insomnia. Therapeutic paracentesis provided relief; due to recurrence, a permanent drainage catheter was placed. Symptom burden and sleep quality improved.

After symptom control was achieved, caregivers was trained and informed about alarm signs. The patient was enrolled in the home care program and discharged to home.

CONCLUSION: This case demonstrates that in advanced cancer, palliative care focuses on symptom control,complication prevention and quality of life rather than biochemical normalization.

Keywords: palliative care, liver metastases, hyperbilirubinemia, malignant ascites

Successful management of complete AV Block via antibiotherapy in a young adult with Lyme carditis

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Lyme disease is a multisystem infection caused by *Borrelia burgdorferi* and transmitted through tick bites. Cardiac involvement typically occurs during the early disseminated stage and most commonly manifests as atrioventricular (AV) conduction disturbances. Lyme carditis should be considered in young patients presenting with high-grade AV block, particularly in endemic regions. We report a case of Lyme carditis presenting with syncope due to complete AV block that was successfully treated with antibiotic therapy.

A 23-year-old man was admitted to the emergency department with weakness, exertional dyspnea, palpitations, and recurrent syncope for one week. Electrocardiography demonstrated high-grade AV block with narrow QRS complexes and a ventricular rate of 35 beats per minute, accompanied by ventricular asystole lasting approximately three seconds. Because of recurrent syncope and asystolic episodes, a temporary pacemaker was implanted. Transthoracic echocardiography revealed no structural abnormalities. Laboratory tests showed elevated C-reactive protein, neutrophilia, and lymphopenia. The patient reported transient knee and ankle swelling with rash three weeks earlier that had resolved spontaneously. Serological testing with ELISA and confirmatory Western blot demonstrated positive IgM and IgG antibodies against *Borrelia burgdorferi*, confirming the diagnosis.

Intravenous ceftriaxone (2 g/day) was initiated. On the second day of treatment, sinus rhythm was restored and the temporary pacemaker was removed. The AV block regressed to first-degree block and then resolved completely. By the fifth day, electrocardiographic findings normalized, and the patient was discharged on oral doxycycline. At 30-day follow-up, both electrocardiography and echocardiography were normal.

Lyme carditis is an important and reversible cause of complete AV block in young adults. Early recognition and appropriate antibiotic therapy can prevent unnecessary permanent pacemaker implantation and ensure full recovery in most cases.

Key Words: Lyme carditis, complete atrioventricular block, antibiotherapy

A Rare Achromobacter Wound Infection in a Family Medicine Wound Care Unit

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Achromobacter is an opportunistic, non-fermenting gram-negative pathogen that is most commonly associated with infections in hospitalized or immunocompromised patients, particularly in respiratory and bloodstream infections, it is a relatively rare cause of wound infections.

80 years old male patient presented with foul-smelling infected wound characterized by segmentel ulserations measuring 3 cm and 10 cm in length with surrounding erythema extending from the inguinal region to the patella of his right upper extremity after femoral aneurysm repair surgery. 4 weeks after the surgery, he visited our outpatient wound care clinic. After the patient was admitted to our wound car unit, wound cultures were taken and infectious diseases consultation was requested. The patient was started on ampisilin sulbactam 1 g q.i.d. as recommended by the infectious diseases consultant. After 2 weeks of IV antibiotics, acute phase reactants persisted at elevated levels; therapy was discontinued, repeat wound cultures were obtained and empirical piperacilin-tazobactam 2,25 q.i.d. was started. The wound care yielded Candida non-albicans and Achromobacter spp, both organisms were susceptible to piperasilin-tazobactam. With adequate reduction in wound size during first week of of piperasilin-tazobactam therapy, low pressure negative pressure wound therapy (NPWT) was initiated. In addition to systemic therapy, topical treatment including gels facilitating autolytic debridement and creams containin %1 Centella asiatica, Hamemalis virginia extract with zinc oxide to support granulation tissu formaton were administered throughout the threatment period.

Compared to previously reported cases in the literature, Achromobacter infections demonstrate variable antimicrobial susceptibility patterns, although piperacillin–tazobactam, carbapenems and trimethoprim–sulfamethoxazole may remain effective therapeutic options. In the present case, the favorable clinical response was likely associated with susceptibility to piperacillin–tazobactam along with appropriate wound management and the adjunctive use of NPWT, with Achromobacter identified as a rare etiological agent of wound infections.

This case underscores the clinical value of family medicine based wound care services in the early identification, comprehensive follow up, and multidisciplinary management of rare and challenging wound infections.

Keywords: Achromobacter, Wound, Infection, Treatment

The Effect of the Combination of Miconazole, Zinc, and Fish Oil in Candida-Related Skin Infections

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Introduction:

Miconazole is an antifungal agent belonging to the imidazole class and is effective against a broad spectrum of fungi, including dermatophytes and Candida species. It has a dual mechanism of action: it inhibits ergosterol synthesis in the fungal cell membrane, disrupting cell integrity and preventing fungal proliferation, and it induces cell death by inhibiting peroxidases, leading to intracellular peroxide accumulation.

Compared to other topical antifungal agents, miconazole has high efficacy and tolerability. Studies have shown no evidence of resistance development to miconazole in Candida species. According to research, a 0.25% miconazole preparation is safe when applied more than once daily for 7 days in diaper dermatitis.

Zinc oxide acts as a protective barrier on the skin. It also reduces inflammation and relieves symptoms due to its anti-inflammatory and antimicrobial properties.

Additionally, it supports healthy skin regeneration. Zinc oxide is frequently used, especially in infants, for the prevention and treatment of diaper rash. Its main effects are protecting the skin, reducing irritation, and accelerating the healing process.

Fish oil is generally preferred in the treatment of diaper dermatitis due to its moisturizing, antioxidant, and anti-inflammatory properties. Although it is not used directly as a primary treatment, it is used as a supportive agent. The fatty acids in fish oil can improve the skin barrier function and reduce inflammation and hyperpigmentation. Polyunsaturated fatty acids (PUFAs) can accelerate wound healing. Creams and ointments containing fish oil are generally safer than other products and are suitable for use on sensitive skin. However, caution should be taken at first use in sensitive populations such as infants due to the risk of allergic reactions.

High-potency corticosteroids are unnecessary and risky in the treatment of diaper dermatitis. Guidelines recommend the use of low-potency corticosteroids (for short- term and careful use). High-dose corticosteroid therapy may lead to conditions such as Cushing's syndrome.

Points to consider:

- Due to the sensitivity of infants' skin, the first use should be monitored for possible allergic reactions.
- Miconazole should be applied as a thin layer.
- The duration of use should not exceed 7 days.
- Drug absorption may increase in moist and occluded areas such as the diaper region. Therefore, during miconazole use, diapers should be changed frequently and the area should be kept clean and dry.
- If the infection is bacterial, miconazole will not be effective. Accurate diagnosis is essential.

The proportion of the elderly population is increasing day by day. According to TÜİK data, the elderly population in Turkey has reached 11.1%. The number of elderly individuals using diapers is also increasing. Therefore, the

incidence of dermatitis and superficial fungal infections is expected to rise in the elderly population as well. Miconazole can be used not only in children but also in bedridden elderly individuals using diapers. The images show a fungal infection detected in a bedridden elderly patient (Photo 1). A rapid response was observed after a single application (Photo 2), and complete recovery was achieved after 7 days of use.

Conclusion:

Miconazole is an effective treatment option for superficial fungal infections in both children and elderly individuals. Candida infection should be considered especially in dermatitis lasting longer than 3 days, and antifungal therapy should be added to the treatment. The likelihood of treatment success increases when supported with zinc and fish oil.

Keywords: Fungal infection, antifungal, miconazole, zinc, fish oil

The Global Heart Paradox: Managing Cardiometabolic Risks in Developing Countries through Primary Care Excellence

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Cardiovascular disease (CVD) remains the leading cause of morbidity and mortality worldwide, accounting for a large share of the global burden of non-communicable diseases. According to the World Health Organization, non-communicable diseases are responsible for nearly two-thirds of all deaths, with cardiovascular diseases contributing to almost 40% of these cases. In Türkiye, national data similarly show that diseases of the circulatory system account for more than one-third of all deaths, highlighting the importance of effective prevention strategies in primary care settings . Despite major advances in treatment, control of key risk factors such as hypertension and diabetes has not improved sufficiently, largely due to increasing obesity rates and an aging population, making prevention and early intervention more important than ever.

The understanding of cardiovascular risk has developed over time, beginning with the Framingham Heart Study, which identified major modifiable risk factors including hypertension, hyperlipidemia, smoking, obesity, and diabetes. This work led to the development of risk prediction tools such as the Framingham Risk Score, which estimates 10-year cardiovascular risk. Later, European models such as SCORE and its updated versions, SCORE2 and SCORE2-OP, were introduced to improve risk estimation across different populations. While these models are useful for short-term risk prediction, they may not fully reflect lifetime risk or clearly demonstrate the benefits of preventive interventions. More recent approaches, such as the LIFE-CVD2 model, estimate lifetime cardiovascular risk and the potential gain in years lived without cardiovascular disease. Presenting risk in this way helps make it more understandable for patients and supports shared decision-making by linking risk reduction to tangible health outcomes .

In line with these developments, the updated 2026 “ABCs of CVD Prevention” framework provides a practical and comprehensive approach to preventive cardiology. This framework translates current evidence into key areas that can be addressed during routine clinical care. Risk assessment now increasingly uses updated tools such as the PREVENT™ equations, which include broader cardiometabolic indicators and social factors, and may be further refined with coronary artery calcium scoring in selected individuals. The use of aspirin in primary prevention is now limited to specific high-risk groups with low bleeding risk, while treatment strategies in secondary prevention are individualized.

Management of blood pressure and body weight remains central to prevention efforts. Blood pressure targets are maintained below 130/80 mmHg, and early use of combination therapies, often in a single-pill format, is recommended to improve adherence. Obesity management focuses on achieving at least 5% weight loss through lifestyle changes, supported when necessary by medications such as GLP-1 receptor agonists. Lipid management has also become more intensive, with lower LDL cholesterol targets depending on overall cardiovascular risk, and early initiation of combination therapies when needed. At the same time, routine assessment of smoking and alcohol use is essential, with clinicians encouraged to provide both behavioral support and pharmacological treatment options when appropriate.

Diet and metabolic health are also key components of cardiovascular prevention. Cardioprotective dietary patterns, including Mediterranean and DASH-style diets, remain strongly recommended. Early identification of cardiometabolic conditions through routine screening, including HbA1c, kidney function, and albuminuria, allows timely initiation of treatments that protect both cardiovascular and renal health. In this context, medications such as SGLT2 inhibitors and GLP-1 receptor agonists play an important role not only in glucose control but also in reducing cardiovascular and kidney-related outcomes. Physical activity recommendations include at least 150 minutes per week of moderate to vigorous exercise along with regular resistance training. With the aging population, it is also important to assess functional status, including frailty and cognitive function, and to incorporate these considerations into care planning to maintain independence and quality of life.

Early recognition and management of heart failure and atrial fibrillation are also essential parts of comprehensive cardiovascular care. Identifying individuals at early stages of heart failure allows preventive treatment before symptoms develop, while patients with established disease benefit from timely adjustment of guideline-based therapies. In atrial fibrillation, the main goal is stroke prevention, achieved through appropriate use of anticoagulant therapy based on validated risk scores, along with consideration of rhythm control strategies when appropriate.

However, even the most detailed clinical guidelines may have limited impact if patients do not clearly understand their risk or feel motivated to act. Studies show that discussions about cardiovascular risk during consultations are often short and mainly led by clinicians, which can limit patient understanding. Communicating risk as a percentage over a fixed period can be difficult to interpret and may lead to underestimation of personal risk. In contrast, presenting risk using more understandable formats, such as “heart age,” or showing how risk changes with lifestyle modifications, can improve patient engagement. Interactive visual tools that allow real-time changes during consultations can help patients better understand their situation and increase their confidence in making lifestyle changes. At the same time, certain indicators, such as event-free survival estimates, should be used carefully, as they may be misunderstood as overall life expectancy.

Looking ahead, cardiovascular risk assessment is expected to become more personalized and continuously updated. Advances in digital health systems, electronic medical records, and data-driven approaches allow for ongoing risk monitoring and more individualized care. New models that incorporate genetic data, biomarkers, and imaging findings may further improve risk prediction. At the same time, including social and environmental factors in risk assessment is essential to address health inequalities. In Türkiye, integrating these tools into national digital systems such as e-Nabız and primary care information systems represents an important opportunity to strengthen preventive care at the population level .

Overall, reducing the burden of cardiovascular disease requires a comprehensive approach that combines accurate risk assessment, evidence-based treatment, and clear communication with patients. The 2026 ABC framework provides a structured guide for clinical practice, while newer approaches to risk communication help translate medical advice into meaningful behavior change. Strengthening the role of primary care in this process will be essential for achieving long-term improvements in cardiovascular health.

Suspected Autoimmune Polyglandular Syndrome Type 4 in a Patient with Type 1 Diabetes Mellitus: A Family Medicine–Based Palliative Care Experience

Authors and Affiliations

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Abstract

Autoimmune polyglandular syndromes (APS) are rare multisystem disorders characterized by the coexistence of multiple autoimmune endocrine and non-endocrine diseases. APS type 4 represents autoimmune combinations that do not meet the criteria of classical APS types and often presents with heterogeneous clinical manifestations. We report a complex case suggestive of APS type 4 and highlight the role of family medicine–based palliative care in the management of complex autoimmune disease clusters.

A 43-year-old woman with a long-standing history of Type 1 Diabetes Mellitus (T1DM) developed end-stage renal disease due to diabetic complications and underwent renal transplantation approximately ten years earlier. She had been receiving maintenance immunosuppressive therapy with tacrolimus and mycophenolate mofetil. During the post-transplant period, the patient experienced multiple complications including osteomyelitis following calcaneal fracture surgery, progressive graft dysfunction, and eventual return to hemodialysis. She later presented with persistent nausea, vomiting, chronic diarrhea, severe weight loss, and progressive functional decline.

The patient was admitted to the Palliative Care Center of the Department of Family Medicine at Ordu University for comprehensive evaluation. Laboratory findings revealed severe normocytic anemia, electrolyte imbalance, and significant malnutrition. Serological tests demonstrated positivity for anti-gliadin IgA and endomysial IgG antibodies, leading to the diagnosis of celiac disease. Although biochemical findings did not confirm primary adrenal insufficiency, the presence of infection burden and clinical stress response impairment prompted initiation of stress-dose corticosteroid therapy.

Management included a gluten-free diet, individualized insulin therapy adjustment, correction of electrolyte disturbances, optimization of antibiotic therapy for catheter-related infection, and revision of the hemodialysis schedule. Following multidisciplinary management, the patient demonstrated significant improvement in gastrointestinal symptoms, metabolic balance, and overall clinical condition.

This case highlights that APS type 4 should be considered in patients presenting with multiple autoimmune conditions and atypical systemic manifestations, particularly in the context of immunosuppression. Furthermore, it emphasizes that family medicine–based palliative care can play a crucial role not only in symptom control but also in the comprehensive stabilization and coordinated management of complex multisystem diseases.

Keywords: Autoimmune Polyglandular Syndrome Type 4; Type 1 Diabetes Mellitus; Palliative Care; Celiac Disease; Renal Transplantation

Ankle–brachial index as a decisive diagnostic tool in early peripheral arterial disease

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Background: Peripheral arterial disease (PAD) is a frequently underdiagnosed, particularly in younger patients without multiple traditional cardiovascular risk factors. The ankle–brachial index (ABI) is a simple, non-invasive tool recommended as first-line assessment, yet it remains underutilized in clinical practice.

Case presentation: A 48-year-old male, current smoker presented with exertional right calf claudication relieved by rest. He had no diabetes, dyslipidemia or established cardiovascular disease, although both parents had atherosclerotic cardiovascular disease. Examination revealed diminished distal pulses, delayed capillary refill, and a positive Buerger's test. Blood pressure was 140/80 mmHg, BMI 22 kg/m² and LDL-cholesterol 3.4 mmol/L. ABI demonstrated moderate PAD on the right (0.72) and normal perfusion on the left (1.09). Initial Doppler ultrasonography was inconclusive; however, prompted by abnormal ABI and clinical suspicion, repeat duplex ultrasonography identified >75% stenosis of distal right superficial femoral artery with impaired distal flow. Coronary angiography excluded significant coronary disease, and multislice CT angiography was requested for further vascular evaluation.

Management and follow-up: Treatment was initiated according to 2024 ESC PAD guidelines, including antiplatelet and antihypertensive therapy, high-intensity statin plus ezetimibe and cilostazol. Given severe nicotine dependence (37.5 pack-year, Fagerström score 8), intensive smoking cessation support with counselling was implemented alongside supervised exercise training. After six months, walking capacity improved markedly. LDL-cholesterol decreased to 1.6 mmol/L, blood pressure normalized (120/80 mmHg) and smoking was substantially reduced. ABI improved to 0.91 on the right and 1.13 on the left, with restored distal perfusion. Revascularization was deferred due to favorable clinical response.

Conclusion: This case highlights the pivotal role of ABI as a frontline diagnostic tool for PAD detection. Early ABI assessment enabled timely diagnosis and guideline-directed therapy, supporting successful conservative management. Wider use of ABI in primary care may facilitate earlier detection, optimize prevention strategies and reduce the risk of progression to limb-threatening ischemia.

Keywords: Ankle–brachial index, peripheral arterial disease, smoking, early detection, prevention

ABSTRACT

Title: Unmasking Renovascular Disease through Routine Preventive Screening – A Case Report

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Introduction: Arterial hypertension (AH) is often managed as a chronic, essential condition in primary care. However, the "silent" nature of secondary hypertension can lead to treatment failure and progressive organ damage if overlooked. Preventive screenings in reference clinics provide a critical opportunity to identify clinical "red flags" indicating secondary causes.

Case Presentation: We present the case of a now 60-year-old female, who had known arterial hypertension since her early twenties and had been a heavy smoker since adolescence. Her family history was positive for stroke and AH. At the age of 46, laboratory tests, abdominal sonography, echocardiography, and Doppler of the renal arteries were normal. According to home and office measurements, her blood pressure was well controlled on lacidipine and indapamide. During a routine preventive check-up in a nurse-led reference clinic at age 51, an escalation of blood pressure (245/110 mmHg) was recorded despite adherence to treatment. She had no complaints, and clinical evaluation was unremarkable. Laboratory results revealed hypercholesterolaemia, but renal function was normal. The antihypertensive therapy was changed to amlodipine, hydrochlorothiazide, and valsartan; however, her blood pressure remained high, over 150/100 mmHg. Atorvastatin was added due to hypercholesterolaemia. To exclude secondary hypertension, CT angiography was performed, which revealed 75% stenosis of the right renal artery. Due to stenosis, dilation and stenting of the right renal artery were performed. Post-intervention, the patient’s blood pressure stabilised at 130/80 mmHg.

Conclusion: This case highlights the vital importance of systematic preventive screening in primary care. For clinicians, it serves as a reminder that refractory hypertension also warrants investigation for secondary causes.

Keywords: Secondary Hypertension, Renal Artery Stenosis, Preventive Screening

Herpes Zoster in a Young Adult in Primary Care

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Herpes zoster is a disease characterized by a painful vesicular rash distributed along a dermatome, resulting from the reactivation of the varicella-zoster virus that remains latent in the dorsal root ganglia following primary infection (chickenpox). The incidence increases with age and becomes particularly prominent after the age of 50. However, it may also occur in immunocompromised young individuals. Early initiation of antiviral therapy reduces both the risk of complications and the duration of the disease.

A 22-year-old male patient presented to a family health center with a two-day history of severe pain, burning sensation, pruritus, and erythema localized to the posterior aspect of the right arm and shoulder. He had no known chronic medical conditions. His smoking history was five pack-years, and his body mass index was calculated as 29.3 kg/m². A family history of hypertension and hyperlipidemia was noted.

On physical examination, vital signs were stable. Dermatological evaluation revealed grouped vesicular lesions on an erythematous base distributed along a specific dermatome over the right arm and shoulder, accompanied by tenderness on palpation. The unilateral dermatomal distribution and neuropathic-type pain supported the clinical diagnosis of herpes zoster.

As the patient presented within the first 72 hours of symptom onset, oral valacyclovir therapy was initiated. Oral non-steroidal anti-inflammatory medication and a topical anesthetic cream were prescribed for pain control. The patient was also advised on proper skin care, including keeping the lesions clean, applying cold compresses, and maintaining supportive nutrition.

This case highlights that, within the framework of comprehensive primary care, management should not be limited to the acute infection but should also include evaluation of individual and familial risk factors. Furthermore, within preventive medicine practice, recommending vaccination to eligible individuals and those with relevant risk factors remains an important strategy for reducing disease burden.

The Importance of Reviewing Medication Use in Patients with Bullous Pemphigoid-Like Cutaneous Eruptions: Observations from Four Cases

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Bullous pemphigoid (BP) is an autoimmune blistering dermatosis predominantly affecting the elderly and characterized by subepidermal bullae. Although most cases are idiopathic, several drugs have been implicated as triggers, particularly dipeptidyl peptidase-4 (DPP-4) inhibitors, loop diuretics, certain antibiotics, and cardiovascular agents (1). Adverse drug reactions may pose serious or life-threatening risks, though most are self-limiting (2). Cutaneous eruptions are among the most common manifestations and, while sometimes considered minor cosmetic issues, may act as a nidus for infection. In older patients with multiple comorbidities, management becomes more challenging, often compounded by polypharmacy.

Below are the comorbidities and medications of four patients are listed with suspected drug-related eruptions seen for wound care in our tertiary Family Medicine clinic. Medications those reported as potential bullous pemphigoid triggers are indicated in bold; histopathological confirmation was not pursued due to advanced age and multiple comorbidities.

Case	Age / Gender	Comorbidities	Medications Used
1	87 / Male	Dementia, Parkinson's disease, atrial fibrillation (AF), chronic obstructive pulmonary disease (COPD), cerebrovascular disease (CVD), generalized anxiety disorder (GAD)	**Apixaban**, Levetiracetam, Quetiapine, Escitalopram
2	83 / Female	Alzheimer's disease, diabetes mellitus (DM), hypertension (HT), hyperlipidemia (HL), AF, hypothyroidism	**Rivaroxaban**, **Vildagliptin**, **Eplerenone**, **Carvedilol**, **Levothyroxine**, Gliclazide, Metformin, Amlodipine, Donepezil, Memantine, Quetiapine, Fenofibrate
3	88 / Male	Alzheimer's disease, DM, HT, COPD, GAD	**Linagliptin**, **Nateglinide**, **Acetylsalicylic acid**, Donepezil, Memantine, Quetiapine, Escitalopram
4	90 / Female	Alzheimer's disease, HT, AF, CVD, GAD	**Rivaroxaban**, **Lercanidipine**, **Valproic acid**, Donepezil, Memantine, Quetiapine

A common feature was the use of novel oral anticoagulants (NOACs). Rivaroxaban-associated BP-like eruptions have been reported (2–4), and apixaban-related cutaneous reactions include an acute bullous eruption in porphyria cutanea tarda (5) and a widespread pruritic erythematous eruption (6).

Rivaroxaban, apixaban, DPP-4 inhibitors, eplerenone, carvedilol, and acetylsalicylic acid were present in treatment regimens. DPP-4 inhibitors show the strongest association with BP (1), while eplerenone and carvedilol are potential triggers; calcium channel blockers, anticonvulsants, and acetylsalicylic acid are reported less frequently (1).

Conclusion

With increasing life expectancy, polypharmacy is common. In BP-like eruptions, clinicians—particularly in family medicine—should consider drug-induced causes and review medications. In our series, NOAC exposure was notable; eruptions after NOAC initiation in a patient on eplerenone suggest causality, interaction, or coincidence, warranting further study.

Title:

Comprehensive Management of High-Risk Pregnancy in Primary Care: A Case of Hereditary Coagulation Factor Deficiency

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Introduction:

Antenatal care in primary care aims to protect maternal and fetal health through early risk identification, continuous monitoring, and timely referral. National guidelines emphasize that high-risk pregnancies, including those complicated by thrombophilia, require more frequent and structured follow-up than routine care.

Case Presentation:

A 33-year-old G4P1A1 woman presented with a 12-day menstrual delay and was diagnosed with a 6-week pregnancy. She had no active complaints, was not using any medication, and had a smoking history of 5 pack-years. Her obstetric history included two molar pregnancies managed with curettage, one early spontaneous abortion, and one term cesarean delivery without complications. Due to recurrent pregnancy loss and a family history of deep vein thrombosis and pulmonary thromboembolism, she was diagnosed with hereditary deficiency of other clotting factors in 2021.

At the first antenatal visit, comprehensive counseling was provided and folic acid (400 mcg/day) was initiated. Based on national antenatal care guidelines, thrombosis risk was assessed and low-dose aspirin (100 mg/day) was started. Given her high-risk status, follow-up was planned more frequently than routine antenatal care, and she was referred to obstetrics and gynecology. She was later hospitalized for hyperemesis gravidarum and reassessed at 8 weeks of gestation.

During follow-up, she reported plans for Umrah travel. She received counseling regarding venous thromboembolism risk associated with prolonged immobility and was informed about recommended vaccinations in accordance with the Turkish Ministry of Health Border and Coastal Health General Directorate travel health services. As she had no active complaints, it was planned that antenatal follow-up would continue after her travel.

Conclusion:

This case highlights the key role of family physicians in managing high-risk pregnancies. Comprehensive risk assessment, closer follow-up, patient education, travel health counseling, and multidisciplinary coordination are essential to improve maternal and fetal outcomes.

Keywords:

Pregnancy; Antenatal Care; Primary Care; Family Physicians; Thrombophilia; Venous Thromboembolism; Risk Assessment; Smoking; Travel Medicine

Late-Onset Mania and Alzheimer-Type Dementia: A Case Report

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Keywords: Bipolar Disorder, Alzheimer Disease, Aged, Neurodegenerative Diseases

Introduction

Patients with bipolar disorder are usually diagnosed in early adulthood, and onset after the age of 50 is rare. Late-onset bipolar disorder accounts for 5–10% of all cases and is often associated with underlying neurological or neurodegenerative diseases. While it is more commonly associated with frontotemporal dementia, its coexistence with Alzheimer-type dementia is rarer.

Case

A 70-year-old female patient presented to her family physician with a complaint of sleep disturbance. She denied any psychiatric illness; however, her relative reported recent symptoms including behavioral changes, hypersexuality, and increased self-care.

The patient had a 10-year history of bipolar disorder, starting with her first manic episode at the age of 62, and had been treated with valproic acid. As the clinical picture suggested a manic episode, she was referred to psychiatry and hospitalized after evaluation.

Magnetic resonance imaging revealed global cerebral atrophy with medial temporal lobe involvement. Cerebrospinal fluid biomarkers were consistent with Alzheimer-type neurodegeneration. Based on these findings, the patient was diagnosed with late-onset bipolar disorder accompanied by Alzheimer-type dementia.

Due to a treatment-resistant course, clozapine was initiated. Regular complete blood count monitoring was planned because of the risk of agranulocytosis, and follow-up visits were arranged with both psychiatry and family medicine.

Discussion

Manic symptoms in older adults should always be evaluated for secondary causes. Although frontotemporal dementia is more common, Alzheimer-type dementia may also be present, although less frequently. Distinguishing primary bipolar disorder from secondary mania related to neurodegenerative processes is essential.

Conclusion

This case highlights that manic symptoms in older age should not be considered solely as primary bipolar disorder and that underlying neurodegenerative processes must be carefully investigated.

Unilateral Parotitis Following MMR Vaccination in an Adult: A Case Report

Authors and Affiliations

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Abstract:

Measles, mumps, and rubella (MMR) are highly contagious diseases preventable by vaccination. Although the MMR vaccine is generally safe, rare adverse events such as parotitis may occur, particularly related to the mumps component.A 25-year-old female presented with a painless swelling extending from the left preauricular region to the mandibular angle. The swelling had started one day prior without fever or systemic symptoms. Her medical history was unremarkable, and she had received her first dose of the MMR vaccine 20 days earlier. Physical examination revealed a 3×4 cm, non-tender, mobile swelling without erythema or warmth. Laboratory findings showed normal leukocyte count ($5.91\times10^3/\mu L$), C-reactive protein (0.69 mg/L), and erythrocyte sedimentation rate (12 mm/h). Mumps IgM serology was negative. Parotid ultrasonography demonstrated enlargement of the left parotid gland with heterogeneous parenchyma and increased vascularity, consistent with parotitis. Based on clinical history and findings, a diagnosis of vaccine-associated parotitis was made. The patient was managed conservatively, and complete clinical resolution was observed during follow-up.Parotitis following MMR vaccination is a rare and typically self-limiting condition, usually occurring 2–3 weeks post-vaccination. It is thought to result from limited replication of the attenuated mumps virus strain and subsequent localized inflammatory response. Diagnosis should rely on clinical context, as serology may be negative.MMR vaccine-associated parotitis should be considered in the differential diagnosis of parotid swelling, especially in recently vaccinated individuals. Awareness of this condition may help avoid unnecessary antibiotic use and support appropriate patient management.

Keywords: MMR vaccine, parotitis, adverse event, adult vaccination, case report

Case Report: Management of Severe Oral Mucositis and Neutropenia Resulting from Methotrexate Toxicity

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Methotrexate (MTX) toxicity represents a significant clinical challenge, often manifesting as severe oral mucositis and life-threatening myelosuppression, particularly in multi-morbid patients. This case report details the management of a 64-year-old female with Rheumatoid Arthritis and Diabetes Mellitus who presented with accidental MTX intoxication, resulting in severe dysphagia and neutropenia. While initial stabilization by Rheumatology department focused on toxin neutralization and hematological support, her recovery was significantly driven by a subsequent transition to a Palliative Care Unit. By adopting a holistic approach a multidisciplinary team led by family medicine specialists successfully restored the patient's functional independence and activities of daily living.

The patient presented with widespread, heavy oral mucositis and a two-week history of complete cessation of oral intake due to severe pain. Laboratory investigations confirmed severe neutropenia ($1.02x10^3/\mu L$) and a high systemic inflammatory response. Initial treatment in the Rheumatology service included Calcium Folinate, G-CSF, and the placement of a nasogastric (NG) tube to ensure enteral nutrition.

Following clinical stabilization, the patient was transferred to the Palliative Care Unit for specialized nutritional and pain management. During this phase, the integration of better nutrition, psychological support, and pain palliation played a key role in her recovery process. Her neutrophil count recovered significantly to $6.15x10^3/\mu L$, and she was successfully transitioned back to oral feeding, which had a significant positive impact on her activities of daily living.

This case underscores that for frail patients, accurate history taking and the rational use of medicines are vital to prevent life-threatening complications. Furthermore, intensive multidisciplinary palliative support is essential to prevent mortality and effectively restore functional independence.

Keywords: Palliative care, Nutritional support, Methotrexate toxicity, oral mucositis

Challenges in the Continuity of Chronic Disease Management within Primary Care:''The Influence of Media''

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Abstract

Introduction: Effective management of chronic diseases requires strict treatment adherence. However, the rapid dissemination of non-scientific medical misinformation through mass media poses a significant challenge to treatment continuity, often leading to severe clinical deterioration and increased hospitalization.

Objective: This presentation aims to illustrate the clinical consequences of treatment non-adherence driven by media influence through a specific case and to emphasize the necessity of media literacy in physician-patient communication.

Case Presentation: A 76-year-old male with a history of Diabetes Mellitus, Peripheral Arterial Disease, and multiple Cerebrovascular Disease was evaluated. The patient, predominantly homebound and reliant on television for information, electively discontinued all prescribed medications six months prior to admission after watching a broadcast regarding potential drug side effects. This decision was made without medical consultation. Upon admission via home healthcare services due to physical decline and a diabetic foot ulcer, laboratory investigations revealed profound decompensation with an HbA1c level of 12.5%. Following six weeks of multidisciplinary inpatient management in a palliative care unit, his metabolic status was stabilized. However, due to the progression of the necrotic ulcer during the period of non-adherence, an orthopedic amputation was required. The patient was eventually discharged with a comprehensive home care plan.

Conclusion: This case demonstrates the catastrophic impact of media-driven misinformation on elderly patients. Misinterpreting populist media claims led to irreversible complications and surgical intervention. To ensure treatment continuity, clinicians should proactively screen for media-influenced concerns, integrate media literacy into patient education, and strengthen the therapeutic alliance through evidence-based risk communication.

Keywords: Treatment adherence, Health literacy, Mass media, Misinformation, Diabetes Mellitus.

“A Rare Phenomenon in Spinal Cord Injury: Widespread Flushing”

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Abstract

Introduction: Autonomic dysregulation is a frequent and life-altering complication in patients with high-level spinal cord injuries (SCI). While classic autonomic dysreflexia is well-documented, episodic "widespread flushing" remains a less common but clinically significant manifestation of vasomotor instability. This phenomenon requires precise identification to prevent systemic crises and manage patient comfort in palliative care settings.

Objective: This case study aims to highlight the diagnostic importance of generalized flushing as a primary indicator of underlying physiological distress and autonomic instability in a quadriplegic patient with a progressive spinal neoplasm.

Case Presentation: A 36-year-old male with a history of recurrent C3-Th11 intramedullary neoplasm was admitted for the management of Stage 4 sacral and trochanteric pressure ulcers. During clinical follow-up, the patient developed recurrent episodes of widespread flushing and intense dysesthesia in the upper extremities. These vasomotor surges coincided with a systemic inflammatory response (CRP: 121 mg/L) and subfebrile fever. Given the C3 lesion level, the flushing was identified as an autonomic response triggered by the noxious stimuli of infected decubitus ulcers and a *Klebsiella pneumoniae* urinary tract infection.

Discussion and Conclusion: In high-level SCI, widespread flushing serves as a visceral signal of autonomic dysregulation rather than a simple dermatological event. Management focused on source control: aggressive surgical debridement, targeted antibiotic (Meropenem and Linezolid), and a multidisciplinary recommendation for an elective colostomy to mitigate fecal contamination—a known trigger for autonomic surges. Early recognition of these "flushing" episodes is vital for preventing managing the complex interplay between neurological decline and secondary infections.

Keywords: Spinal Cord Injury, Widespread Flushing, Autonomic Dysregulation, Pressure Ulcers, Palliative Care

A Case of Tert,ary Hyperparathyro,d,sm: A Pall,at,ve Care Approach to

Parathyro,d Adenoma Management

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As an essential concept of Family Medicine, palliative care provides biopsychosocial, integrated, and multidisciplinary support for acute or chronic needs. Beyond terminal cases, it focuses on maximizing comfort and quality of life through a holistic approach, ensuring primary care principles are applied to complex health challenges.

An 87-year-old female was referred to our clinic due to decreased urine output and generalized body pain over the past two weeks, along with localized left arm pain starting ten days prior. The patient's medical history includes Diabetes Mellitus, Hypertension, Chronic Kidney Disease, and a 13-year diagnosis of osteomalacia. Also has a surgical history of cholecystectomy and multiple non-operated fractures. Physical examination revealed bilateral leg pain, left arm tenderness during palpation. Laboratory results showed an elevated PTH (163 ng/L) and an elevated ALP (224 U/L). The corrected calcium was 9 mg/dL (measured post-hemodialysis), while Vitamin D levels were low. Other haemotologic parameters remained normal. As the initial thyroid ultrasound showed no pathological findings, a parathyroid scintigraphy was performed, suggesting a parathyroid adenoma. Additionally, left arm X-ray revealed a fracture, providing a clinical explanation for the localized pain.

Treatment options included minimally invasive parathyroidectomy (the gold standard), radiofrequency ablation (RFA) or medical therapy with cinacalcet. Following an anesthesia consultation, the patient was classified as ASA IV, indicating high surgical risk. Considering the patient’s preference and clinical status, a shared decision was made to proceed with radiofrequency ablation. Currently, the patient is on a waiting list to have the therapy.

In conclusion, palliative care provided this patient essential pain management, orthopedic stabilization with casting, and mobility-enhancing physiotherapy. Beyond symptom relief, the plan actively recognizes and prevents hypercalcemia while ensuring Vitamin D and nutritional stability.

This case demonstrates although palliative care focuses on relieving symptoms, pain and stress, early diagnosis, treatment and rehabilitation of the ongoing conditions, but also integrated and coordinated care are considered to drastically improve the patient-centered outcomes according to the Family Medicine core principle.

Keywords

Palliative Care, Parathyroid Adenoma, Hypercalcemia

Palliative Management of Peritonitis Carcinomatosa and Malignant Fistula in Advanced Colon Cancer

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Palliative care is a holistic healthcare service aimed at enhancing the quality of life for patients with life-threatening or progressive illnesses by alleviating pain and other physical, psychological, social, and spiritual symptoms.

This case report presents a 63-year-old male patient with metastatic colon cancer who was transferred to our palliative care unit following initial treatment in the internal medicine ward for metabolic acidosis and acute renal failure. The patient's medical history includes terminal-stage colon cancer, 16 cycles of chemotherapy, and a sigmoid loop colostomy.

The patient presented with abdominal pain and a requirement for specialized wound care. Physical examination revealed a draining cutaneous fistula in the suprapubic region, with a tense and distended abdomen. No defense or rebound tenderness was noted, and gas/stool passage was present with no additional pathological physical examination findings.

Laboratory investigations revealed significant inflammatory markers, including a white blood cell count of 18,110/mm3 and a C-reactive protein (CRP) level of 120-181 mg/L. Whereas wound cultures showed contamination.

The patient had a history of multiple admissions to our palliative care unit due to abscesses and fistula formations related to peritonitis carcinomatosa secondary to colon cancer, and antimicrobial therapy. During all these hospitalisations the abscess and fistula were considered inoperable, so the management was focused on stabilization, abscess treatment, pain control, wound care, psychological support, and education for family caregivers.

Treatment included hydration, Levofloxacin, and wound care protocol for the fistula area.

Nutritional support was optimized, while pain control was achieved using Paracetamol and a Tramadol/Paracetamol combination.

In conclusion, this case highlights the critical importance of multidisciplinary palliative care in managing complex oncological conditions such as peritonitis carcinomatosa, specifically in alleviating the patient's symptom burden and ensuring a dignified process. Palliative care is not just about treating a disease; it is about supporting the human being behind the diagnosis through a 360-degree approach.

Keywords

Palliative care, abdominal abscess, peritoneal neoplasms, holistic health

Palliative Management and Respiratory Optimization of a Stroke Patient: A Multidisciplinary Approach to Home-Care Transition

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Palliative Care is a multidisciplinary team work, aiming to enhance the quality of life through a holistic approach incorporating clinical stabilization, nutritional and respiratory optimization, and caregiver education for the post-discharge period and integrative home care process.

In this case, a 58-year-old female patient was consulted from the Intensive Care Unit to our Palliative Care Center for family member's education, wound care, respiratory and nutritional optimization. The patient had a history of hypertension, diabetes, coronary artery disease with stent implantation, subarachnoid hemorrhage, and aneurysm surgery on April 2025. Physical examination showed moderate general status with alert but non-oriented and non-cooperative conditions. A tracheostomy and a PEG tube were present. She was right-sided hemiplegic, and her left-side muscle strength was 3/5. She also had a stage 3 sacral pressure ulcer. Vital signs were stable. There were no clinically important laboratory abnormalities.

Tailored interventions for this patient included pain palliation, caregivers counselling, infection prevention strategies, nutritional evaluation and physiotherapy plan to achieve weaning from tracheostomy dependency as early as possible. The critical focus was determining her post-discharge respiratory needs: specifically evaluating for long-term home ventilation versus potential tracheostomy decannulation.

During the clinical course, the patient, who was initially dependent on home mechanical ventilation, was gradually weaned through optimizing ventilator modes and supporting spontaneous breathing. Following a successful tracheostomy plugging trial and multidisciplinary consultation, decannulation was performed, achieving stable spontaneous respiration. Conversely, suboptimal swallowing functions prevented PEG removal. The patient was discharged after providing comprehensive caregiver education about the post-discharge period, wound care, and emergency protocols; medical treatment was optimized and prescribed.

In conclusion, palliative care provides a holistic approach for bedridden patients with stroke and

comorbidities, aiming to enable them to reach the best functional level for home-care with minimal support. Palliative care bridges the gap between hospital and home care and Family Medicine specialists play a pivotal role in this process.

Keywords: Palliative care, Tracheostomy, Decannulation, Stroke rehabilitation, Holistic approach

Suicide Rates in Türkiye

Number of suicides, crude suicide rates and age specific suicide by sex in decade

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Introduction: Although suicide seems to be individual-oriented, it is a social process that affects the whole society. This is also a public health issue and one of the leading causes of death. Although it is not seen as often as in Europe and America in Türkiye, we should accept that it is preventable and learn how to identify the potential patient as physicians and what should we do in this process.

Methods: This analytical overview draws on data from the Turkish Statistical Institute (TÜİK), the World Health Organization (WHO). These reviews cover the period between 2014 and 2024. Key indicators in this presentation include the rates of women, men and in certain age groups from 2014 to 2024 suicide and crude suicide rates. It also includes suicide rates in certain age groups according to data from the WHO in 2021.

Results: Although these charts are not regular in Turkiye, suicide rates have increased over the years in all age groups. When looking at suicide rates in men between 2021 and 2024, the highest age group is 25-29. Between 2014 and 2020, the age group with the highest suicide rate among men was those over 75 years old. Between 2014 and 2020, the age group with the highest suicide rate among women was 15-19 years old. In the studies conducted on the suicide statistics of the Turkish Statistical Institute, it was seen that 47 percent of the elderly who committed suicide were older than 75 years also the suicide rate of the male elderly was higher than the female elderly and compared with other countries, Türkiye is the country with the lowest suicide rates in the elderly. According to the World Health Organization's 2021 study, the suicide rate (per 100,000 people) is 1.6 for women aged 15-29, 1 for those aged 30-49, 1.2 for those aged 50-69+, and 2.9 for those aged 70 and over. As the cause of suicides between the ages of 15-29, it is possible that school and exam stress is caused by job concerns, marriage and having children, military service for men. Suicides in old age can be caused by an organic disease, desperation, hopelessness, a sense of inability to work, fear of being abandoned by the children of the elderly individual, or the fact that this is the case.

Conclusion: The suicide rate is increasing every day in the world and Türkiye is among the countries affected by it.so as physicians, we should treat patient follow-ups not only in terms of organic disease but also in terms of psychological condition by analyzing the patients who apply to health centers to reduce these rates. Patients who die as a result of suicide visit primary care physicians twice as often as psychiatric specialists and it becomes clear that primary care physicians provide most of the antidepressant treatment and are the most likely group to see patients at risk of suicide in the month before death. Therefore, we should increase the trainings given especially for family physicians but one-time interventions for these trainings will fail, so our aim is to reduce the suicide rates when these interventions are stopped the aim of physicians should be to diagnose patients, as well as to combine pharmacotherapy and psychotherapy, and to follow patients very closely. For example, The Cooperative-Based Trial (PROSPECT) was more effective in reducing the risk of suicide in patients 60 years and older than usual treatment. This finding was present in urban, suburban and rural areas of application. Patients receiving cooperative care were more likely to receive treatment and had higher rates of recovery for major

depression at 4 (26.6% vs. 15.2%), 8 (36.0% vs. 22.5%) and 24 months (45.4% vs. 31.5%). In the collaborative care group, suicidal thinking was 24 times less likely than the usual treatment group after 2.2 months. Collaborative care includes training and decision support for primary care physicians, as well as the use of depression care managers, who are often specially trained primary care nurses. Care managers continuously monitor patient outcomes, provide patient education, encourage and monitor compliance with treatment and facilitate communication between patients, primary care physicians and mental health professionals. Meta-analyses have shown that collaborative care for depression is both more effective and at larger population levels, more cost-effective than usual treatment. The adoption and widespread use of collaborative care models for depression could lead to a decrease in suicide rates at the national level.

Keywords: Suicide rates, Crude suicide rates, The Cooperative-Based Trial, The collaborative care models

Autolytic Debridement and Topical Treatment Practices in Primary Care: “Pediatric Traumatic Wound Management”

Spec. Dr. Hakan BİLGİÇ, Spec. Dr. Çiğdem AKAYDIN, Prof. Dr. Hüseyin CAN

Introduction: Pediatric traumatic skin injuries require appropriate and accessible treatment strategies, particularly for patients with economic constraints. In this presentation, a wound resulting from mechanical trauma was successfully managed in a primary care setting using autolytic debridement and topical therapy.

Case Presentation: A 7-year-old male patient presented with a wound measuring approximately 9 \times 5 cm on the dorsum of the left foot following mechanical trauma. Due to financial difficulties, the patient had been unable to seek hospital care and was evaluated upon admission to a family physician. During the initial examination (Photo 1 / May 12, 2025), the wound depth could not be determined as it was covered with necrotic eschar. The wound was initially moisturized with petrolatum ointment, and the first dressing was applied. Subsequent removal of necrotic tissue was achieved using a topical autolytic debridement cream containing Bromelain, Allantoin, Rutin, Urea and Ananas comosus (Photo 2). A topical cream consisting of Hamamelis virginiana distillate and zinc oxide was utilized to support the skin and wound margins. Antisepsis was maintained with hypochlorous acid solution before each dressing change. Following wound closure, Centella asiatica extract was applied to support tissue integrity (Photo 3). No complications were observed during the treatment. The healing process was completed within approximately three months (Photo 4 / August 11, 2025).

Discussion and Conclusion: The literature indicates that bromelain facilitates autolytic debridement by enzymatically cleaving peptide bonds within necrotic tissue. Furthermore, products containing Hamamelis virginiana distillate, Centella asiatica, and zinc oxide are reported to accelerate wound healing through their astringent, hemostatic, and anti-inflammatory properties. This case highlights a cost-effective and efficient therapeutic approach that can be successfully implemented in primary care settings.

Keywords: Wound management, child, family care

VARIA SESSION

Microbial Transgression: "When *Salmonella* crosses vaginal microenvironment boundaries"

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Introduction
Salmonella spp. are primarily recognized as enteric pathogens. Transmission typically occurs through ingestion of contaminated food and water, and gastrointestinal tract is considered the primary site of colonization and infection. Isolation from the female genital tract is rare. *Salmonella* is not considered part of the normal vaginal flora. Isolation from a vaginal swab raises important clinical and microbiological questions.

Case Presentation
A 27-year-old pregnant woman was referred by her gynecologist to the Institute of Public Health for microbiological examination of gynecological swabs as part of regular gynecological check-ups during pregnancy for monitoring normal pregnancy. *Salmonella* spp. and *Candida albicans* were isolated from the vaginal swab, while normal vaginal flora was absent. The remaining swabs were negative. Due to its unusual presentation, *Salmonella* genital isolation warrants careful medical evaluation. Considering the possible risks to the mother and fetus, we made a recommendation to the gynecologist and the patient to send additional samples for analysis: stool sample for coproculture and urine for *Salmonella* testing to confirm *Salmonella* carriage or infection. Unfortunately, samples from the patient were not sent to our laboratories. The reason of this finding is probably associated with fecal-perineal contamination. Pregnancy represents a unique immunological state characterized by physiological immunomodulation and alterations in vaginal ecology, potentially predisposing to atypical microbial colonization or infection.

Conclusion
Salmonella spp. isolate from a vaginal swab in a healthy pregnant woman is an uncommon finding and raises important clinical considerations regarding maternal and fetal risk, route of transmission, and appropriate management.

Keywords: *Salmonella*, microbiological examination, vaginal swab, pregnancy

Upper Extremity Deep Vein Thrombosis Following Intravenous Therapy Post Ventral Hernia Repair: A Case Report

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Upper extremity deep vein thrombosis (UEDVT) is an uncommon but clinically significant form of venous thromboembolism, most often associated with iatrogenic and postoperative risk factors. Although less frequent than lower extremity DVT, it carries a substantial risk of complications, including pulmonary embolism and post-thrombotic syndrome, particularly in cases of delayed diagnosis. We report the case of a 55-year-old male who developed progressive pain, swelling, and erythema of the left upper limb 3 to 4 days following elective ventral hernia repair. The patient had received peripheral intravenous therapy via the left basilic vein during the immediate postoperative period. Clinical examination reveled localized erythema and induration over the inner aspect of the upper arm with mild edema and tenderness over the distal upper arm and proximal forearm but with palpable and symmetric arterial pulses in both upper extremities and no signs of compartment syndrome. Duplex ultrasonography confirmed complete thrombosis of the left basilic and axillary veins, without evidence of central venous extension. The patient was treated with low molecular weight heparin, antibiotics, analgesics, and supportive measures including limb elevation and elastic compression. A marked clinical improvement was observed within 7 days, with significant reduction of symptoms. The patient was subsequently referred for hematologist for long-term anticoagulant planning and thrombophilia screening. This case highlights the need for heightened awareness of UEDVT in postoperative settings, especially in patients presenting with localized upper limb symptoms after intravenous therapy. Early recognition and multidisciplinary management are essential to prevent serious complications such as pulmonary embolism or post thrombotic syndrome.

Keywords: upper extremity thrombosis, basilic vein, axillary vein, intravenous therapy, postoperative complication, phlebothrombosis

POSTPARTUM CARDIOVASCULAR COLLAPSE IN A PARTURIENT WITH VON WILLEBRAND DISEASE: POSSIBLE PSYCHOGENIC AND VASOVAGAL MECHANISM

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Von Willebrand disease is the most common inherited coagulation disorder and is associated with increased risk of peripartum hemorrhage. However, acute cardiovascular instability during delivery may occur even in the absence of significant bleeding. We report a case of a 33-year-old primigravida at 39 weeks' gestation with known vWD who developed sudden postpartum cardiovascular collapse.

The pregnancy was carefully monitored and uneventful. Patient received only supplementation with iron,vitB12, vitB6 and folic acid. Her medical history revealed strong psychological burden related to childbirth, family history with significant obstetric complications: the patient's mother, also diagnosed with vWD, experienced severe delivery complications including postpartum coma, while the grandmother reportedly died during childbirth.

She was admitted in active labor for spontaneous vaginal delivery. Intravenous labor analgesia with remifentanil (0.1–0.2μg/kg demand bolus dosing) was administered under continuous monitoring. Tranexamic acid(1g IV) was given 30 minutes before expected delivery and remifentanil was discontinued simultaneously. Hemodynamic parameters and cardiotocography remained stable during labor. Immediately after fetal expulsion without major postpartum hemorrhage, the patient abruptly developed opisthotonus, fixed gaze, profound hypotension, bradycardia and apnea. Prompt resuscitation included oxygen supplementation, assisted ventilation, intravenous crystalloids and ephedrine administration(total 60 mg), resulting in rapid recovery. Persistent hypotension required temporary low-dose phenylephrine infusion.

Laboratory investigations revealed no significant abnormalities. Urgent neurological evaluation demonstrated no motor deficits or pathological reflexes, emergency brain CT showed no acute pathology. Extended hemostasis testing including D-dimers and QUANTRA analysis was performed.

In the absence of severe hemorrhagic,neurological or embolic causes, the cardiovascular collapse was considered most likely multifactorial, resulting from a vasovagal reaction triggered by intense psychological stress related to the patient's familial obstetric history in combination with minor peripartum blood loss.

This case emphasizes that psychogenic stress combined with autonomic reflex response may precipitate life-threatening cardiovascular collapse during delivery.

Keywords: vWD, vasovagal syncope,postpartum cardiovascular collapse

Kinesitherapy in the treatment of Periarthritis humeroscapularis

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Periarthritis humeroscapularis or painful shoulder syndrome is characterized by degenerative inflammatory, traumatic or neurovascular changes in the soft periarticular structures of the shoulder joint. According to the course and prognosis, two forms are described - acute and chronic. The clinical picture is dominated by pain and limited movement in the arm, sometimes with stiffness and weakness in the arm. Anamnesis, clinical examination and X-ray are sufficient for setting a diagnosis. The treatment is conservative or surgical.
Case Report - Man, 78 years old, comes to the examination due to pain and limited movement in the left arm, which significantly affects his daily activities. A physical examination with functional status, laboratory analyzes and X-ray examination was performed. Medical history: AFF, St post implantation pacemaker, DM type 2. In the treatment, an individual rehabilitation program lasting 3 weeks is applied, which includes physical procedures - cryotherapy and kinesitherapy. After its completion, a significant reduction in pain and improvement in the range of motion in the arm was noted.
Conclusion - Kinesitherapy has a key role in achieving results in the treatment of Periarthritis humeroscapularis in patients with an implanted pacemaker.
Key words – Kinesitherapy, pacemaker, Periarthritis humeroscapularis.

Life-Threatening Autoimmune Hemolytic Anemia with Panreactive Crossmatch: Transfusion Challenges in an Emergency Setting

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Background:
Autoimmune hemolytic anemia (AIHA) is characterized by immune-mediated red blood cell (RBC) destruction and poses one of the most complex challenges in transfusion medicine. Warm-reactive autoantibodies frequently produce panagglutination, ABO typing discrepancies, and universally incompatible crossmatches. In emergency settings, delaying transfusion for complete antibody identification may endanger life, requiring a structured, guideline-based risk–benefit strategy in accordance with EDQM standards.

Case Presentation:
A 48-year-old female was admitted to the intensive care unit with severe symptomatic anemia (Hb 48 g/L), icterus, elevated bilirubin, and increased LDH, consistent with active hemolysis. There was no evidence of ongoing bleeding.

Pre-transfusion testing revealed unresolved ABO/RhD discrepancy. Twelve serologic crossmatches using all available leukodepleted O RhD-negative packed RBC units demonstrated panreactivity. Antibody screening (Selectogen I and II) was positive, and direct antiglobulin test (DAT) showed strong positivity (4+), confirming immune-mediated hemolysis.

Extended immunohematological investigations (including adsorption techniques and antibody identification panels) were indicated but not immediately available locally, necessitating referral to the national reference laboratory.

Given the life-threatening clinical condition, transfusion of the least incompatible leukodepleted RBC units was undertaken under intensive monitoring and premedication, following institutional emergency transfusion protocol aligned with EDQM recommendations for complex serologic cases.

Discussion:
This case illustrates the critical balance between immunohematological safety and urgent oxygen-delivery restoration. EDQM guidance supports transfusion of least incompatible RBC units when compatible units cannot be identified and clinical deterioration is imminent. Structured communication between clinicians and transfusion specialists is essential to mitigate risk of hemolytic transfusion reactions.

Conclusion:
In severe AIHA with panreactive serology, evidence-based emergency transfusion, guided by EDQM risk-management principles, remains a life-saving intervention. Strengthening national immunohematology reference capacity is crucial to improving transfusion safety in complex autoimmune cases.

Keywords: Autoimmune hemolytic anemia, panagglutination, EDQM, emergency transfusion, least incompatible RBCs, transfusion risk management

Amaurosis fugax in the context of anemia and hypotension: the importance of systemic evaluation – a case report

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INTRODUCTION:
Amaurosis fugax is a condition characterised by transient monocular visual loss, most commonly associated with ipsilateral carotid artery stenosis with soft plaque. Systemic factors, such as anemia and hypotension, can exacerbate retinal and cerebral hypoperfusion, particularly in patients with significant stenosis, thereby influencing the clinical presentation. Understanding the etiology of these systemic factors is crucial for treatment decisions; consequently, a comprehensive evaluation is essential to identify all contributing factors and underlying conditions.
CASE PRESENTATION:
We present a 87-year-old male with transient visual disturbances of the right eye lasting several minutes. Similar episodes had occurred six months earlier with a normal ophthalmologic evaluation. The patient reported recent weakness and had a history of arterial hypertension, paroxysmal atrial fibrillation, and trifascicular block managed with a permanent pacemaker. Laboratory tests revealed iron-deficiency anemia and a positive fecal occult blood test, while episodes of hypotension were monitored during hospitalization. Considering the recent neurosonological evaluation demonstrating stenosis of the right internal carotid artery, CT angiography was performed, confirming a 70% stenosis predominantly caused by soft plaque. Moreover, during the systemic workup of anemia, CT imaging of the abdomen revealed multiple hypovascular hepatic lesions consistent with metastases, necrotic retroperitoneal lymph nodes, and a solid mass involving the cecum with adjacent peritoneal thickening. In light of the newly diagnosed disseminated malignancy and multiple comorbidities, a multidisciplinary consultation determined that the patient was not a candidate for endovascular or surgical intervention. Following consultation with gastroenterology and oncology, the patient was referred for palliative care.
CONCLUSION:
This case highlights the multifactorial nature of amaurosis fugax, showing how systemic conditions such as anemia, hypotension, and occult malignancy can trigger transient ischemic visual symptoms in patients with significant carotid stenosis. Recognizing these factors is essential for guiding appropriate management, avoiding unnecessary interventions, and identifying serious underlying disease.

KEY WORDS: Amaurosis fugax, Iron-deficiency anemia, Malignancy, Carotid artery stenosis

Bertolotti's Sy: A Case Report

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Introduction: Bertolotti's Syndrome is a rare congenital condition and largely unrecognized cause of chronic low back pain associated with lumbosacral transitional vertebra, most commonly due to partial or complete sacralisation of the L5 vertebra. It was first described by Mario Bertolotti, an Italian radiologist, in 1917. Imaging in Bertolotti syndrome most often shows an enlarged L5 transverse process forming a pseudo-articulation or fusion with the sacrum, frequently with degenerative changes at the level above.

Case report: We present a case of a 55 year old female with history of low back pain worsened by activity, standing, or lumbar extension,reduced lumbar range of motion and tenderness over the lumbosacral junction and subsequently diagnosed with Bertolotti Syndrome. Plain radiograph, MRI and CT findings included dextroconvex scoliosis Initial spondyloarthrosis and discopathy, partial sacralisation of the L5 vertebra and sacrum.Treatment consisted of conservative management including analgesics, myorelaxants, neuroprotective therapy, physical therapy, and stretching exercises.

Conclusion: This case highlights Bertolotti’s Syndrome as an important differential diagnosis in middle-aged patients with persistent low back pain and radiographic evidence of lumbosacral transitional anatomy. Early recognition is essential to guide appropriate conservative management that lead to favorable outcomes.

Key words: Bertolotti's Syndrome, congenital condition, lumbosacral transitional vertebra, lower back pain

Trochanteric Bursitis – Conservative Treatment: A Case Report

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Abstract

Trochanteric bursitis is a common cause of lateral hip pain and is most often managed with conservative treatment. This paper presents a case of a patient with chronic lateral hip pain diagnosed with trochanteric bursitis and successfully treated using a conservative approach. The diagnosis was established based on clinical examination and radiological investigations. The treatment included nonsteroidal anti-inflammatory drugs, physical therapy, and modification of physical activity. After several weeks of treatment, the patient reported significant pain reduction and improvement in hip function. This case highlights the importance of conservative management as the first-line therapeutic option in trochanteric bursitis.

Introduction

Trochanteric bursitis is an inflammation of the bursa located over the greater trochanter of the femur and represents a frequent cause of lateral hip pain. It occurs more commonly in middle-aged and elderly women, as well as in patients with risk factors such as obesity, repetitive physical activity, and degenerative changes of the hip.

The diagnosis is primarily clinical, based on patient history and physical examination, while imaging modalities such as radiography or ultrasound are used to exclude other hip pathologies. Conservative treatment is typically the first-line therapeutic approach and includes activity modification, pharmacological therapy, and physical therapy.

Case Report

A 56-year-old female patient presented with pain in the lateral region of the left hip, which had gradually developed over several weeks. The pain was exacerbated by walking and by lying on the affected side.

Physical examination revealed marked tenderness over the greater trochanter of the femur and pain during hip abduction. The range of motion of the hip was almost fully preserved.

Hip radiography showed no significant pathological findings. Based on clinical symptoms and physical examination, a diagnosis of trochanteric bursitis was established.

The patient was treated conservatively with:

- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Reduction of physical activity
- A physical therapy program including exercises for strengthening the gluteal muscles and stretching of the iliotibial band

After six weeks of treatment, the patient reported significant pain reduction and gradual return to normal physical activity.

Discussion

Trochanteric bursitis is one of the most common causes of lateral hip pain. The pathophysiological mechanism is most often associated with repetitive microtrauma or inflammation of the surrounding structures around the greater trochanter.

Conservative treatment represents the first-line therapy and yields favorable outcomes in most cases. It typically includes NSAIDs, physical therapy, and activity modification. In cases where symptoms persist, local corticosteroid injections may also be considered.

The presented case demonstrates that conservative management can significantly reduce symptoms and improve hip function without the need for surgical intervention.

Conclusion

Trochanteric bursitis is a common hip pathology that can be successfully managed with conservative treatment methods. Early diagnosis and appropriate therapy can lead to significant symptom improvement and restoration of normal hip function.

Transforming Outcomes in Metastatic Triple-Negative Breast Cancer: A Case of Prolonged Response to Pembrolizumab

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Introduction:
Triple-negative breast cancer (TNBC) is a specific subtype of breast cancer, representing approximately 15–20% of all breast cancers among women worldwide. Due to its aggressiveness, high risk of early recurrence, and distant metastases within the first two years of diagnosis, treatment is very challenging and limited. The addition of novel therapies such as checkpoint inhibitors plays a crucial role, particularly as first-line treatment in patients with metastatic TNBC who are PD-L1 biomarker positive (combined positive score equal to or greater than 10). Immunotherapy has transformed the therapeutic landscape of TNBC, including the use of anti–PD-1 antibody treatment in both early and metastatic disease.

Case Presentation:
A 62-year-old postmenopausal woman with diabetes, hypertension, arrhythmia, and dyslipidemia, with no family history of hereditary cancer and germline BRCA1/2 negative status, presented with a large, swollen palpable mass in the lower quadrants of the left breast and redness of the skin. Breast ultrasound and mammography showed a 7 × 7 cm tumor highly suspicious for malignancy. FNA biopsy confirmed triple-negative invasive breast cancer with Ki-67 of 80–90%, CPS >15, PD-L1 positive, clinical stage IV (cT4b cN3a cM1). Initial CT scan revealed bilateral pulmonary metastases, enlarged left axillary lymph nodes (including level III), and mediastinal lymph nodes (levels IV and V). Baseline CBC and biochemistry were within normal range, with elevated CA 15-3 and CEA.

First-line chemotherapy with docetaxel was initiated for six cycles concurrently with pembrolizumab, resulting in significant shrinkage and decreased firmness of the left breast mass. Post-treatment CT scan demonstrated partial response in axillary lymph nodes and complete response in lung and mediastinal lesions. Tumor markers normalized. Immunotherapy was continued as maintenance therapy with metronomic capecitabine. The patient remains stable, without immune-related adverse events or treatment-related side effects. Follow-up imaging shows no evidence of metastasis, and the next CT evaluation is scheduled for May 2026.

Conclusion:
The patient has been on pembrolizumab for over two years with stable disease and good quality of life. This case illustrates how immune checkpoint inhibitors can achieve long-term disease control in metastatic triple-negative breast cancer.

Keywords: checkpoint inhibitor, metastatic triple-negative breast cancer, PD-L1 positive disease

Hypertriglyceridemia-Induced Acute Pancreatitis with Normal Amylase: A Metabolic–

Inflammatory Diagnostic Challenge

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Background:

Hypertriglyceridemia is a recognized but relatively uncommon cause of acute pancreatitis. In cases of severe lipemia, serum amylase may remain within reference ranges due to analytical interference, which can delay the diagnosis.

Case presentation:

A 42-year-old woman without previous diabetes, dyslipidemia, or chronic therapy presented with severe right subcostal abdominal pain, nausea, diarrhea, and general weakness. Initial laboratory evaluation revealed leukocytosis (16.5×10^9/L), elevated C-reactive protein (70.8 mg/L), extreme hypertriglyceridemia (31.91 mmol/L), total cholesterol 10.70 mmol/L, and normal serum amylase (47 U/L). Urinalysis showed glucosuria and ketonuria, while the serum appeared macroscopically lipemic. On repeat evaluation, clinical deterioration occurred with leukocytosis (24.30×10^9/L),
CRP increase (247 mg/L), hyperglycemia (14.78 mmol/L), and persistently elevated triglycerides (16.2 mmol/L) despite normal serum amylase (48.48 U/L). During further clinical evolution, deterioration occurred with CRP elevation up to 377.39 mg/L. Abdominal ultrasonography and computed tomography demonstrated an edematous pancreatic head with peripancreatic fluid and no evidence of biliary obstruction, confirming the diagnosis of acute pancreatitis.

Treatment and outcome:

During hospitalization the patient received aggressive intravenous hydration, calcium supplementation, analgesic and spasmolytic therapy, empiric dual antibiotic therapy, and shortacting insulin to correct hyperglycemia and accelerate triglyceride clearance through lipoprotein lipase activation. Follow-up laboratory findings showed significant improvement with CRP 8.3 mg/L, leukocytes 6.4×10^9/L, triglycerides 5.74 mmol/L, and reactive thrombocytosis (647×10^9/L), consistent with the recovery phase.

Conclusion:

This case highlights severe hypertriglyceridemia as an important early laboratory indicator of acute pancreatitis even in the presence of normal serum amylase values. Serial laboratory monitoring, combined with clinical and radiological findings, enables timely recognition of the disease and objective monitoring of its metabolic-inflammatory evolution. Clinicians and laboratory specialists should consider severe hypertriglyceridemia as a potential diagnostic clue for acute pancreatitis when serum amylase remains within reference ranges in the presence of lipemic serum.

Keywords: hypertriglyceridemia, acute pancreatitis, lipemic serum, normal amylase, laboratory monitoring

SNRI (serotonin-norepinephrine reuptake inhibitor) in the treatment of chemotherapy-induced peripheral neuropathy

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Chemotherapy-induced peripheral neuropathy (CIPN) is a common side effect of chemotherapy that may last for months or even years after the therapy is stopped, contributing to reduced function and quality of life in patients with cancer. Colon and breast cancer are the most common cancers associated with CIPN.

Symptoms in patients may vary depending on the type of anticancer agent administered. The symptoms may be:Sensory: tingling, numbness, burning, stabbing sensations, pain in the feet and hands, and difficulty sensing heat or cold.Motor: muscle weakness, difficulty walking, balance problems, and impairment of fine motor skills (e.g., buttoning clothes).Autonomic: constipation, sexual problems, dizziness, and changes in blood pressure.

Duloxetine is the only agent with sufficient evidence (randomized controlled trials) that can be recommended for the treatment of established pain caused by CIPN.

Case report – A 67-year-old female patient diagnosed with sigmoid colon carcinoma three years ago, treated surgically and with chemotherapy and immunotherapy. She reports tingling, stabbing sensations, burning, and pain in both hands and both feet, as well as instability for the past three years, with worsening in the last six months and difficulty walking.

During the neurological examination, a loss of sensation for all modalities was noted in a “stocking and glove” distribution. Laboratory tests, including lipid profile, glucose, liver enzymes, and vitamin B12, were within normal limits.

Duloxetine was introduced at a dose of 30 mg as an initial dose during the first week, after which the dose was increased to 60 mg. After three months, a reduction in pain and other sensory symptoms was observed, along with an improvement in the patient’s quality of life.

Conclusion – Chemotherapy-induced peripheral neuropathy (CIPN) is a common, often long-term adverse effect of cancer treatment. Duloxetine given in an appropriate dose, with good tolerance from pacient, is the best choice for the treatment of CIPN because it reduces symptoms and improves the quality of life of patients with cancer.

Late Posttraumatic seizure

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Introduction: Post-traumatic seizures are seizures occurring after a traumatic brain injury as a significant complication of head trauma. Early seizures (within 1 week) are considered provoked, while late seizures (>1 week) often indicate PTE.

Case report: 51-year-old patient found fallen on the street with no eyewitness information. According to the patient's wife - last week he had more slurred speech than before, was irritable, aggressive, and walked with her help for 2-3 months. The patient underwent surgery 10 years ago due to acute compressive subdural hematoma in the left temporoparietal region, traumatic subarachnoid hemorrhage in the left frontotemporoparietal region with contusions of the frontal lobes bilaterally. He is receiving antipsychotic therapy regularly.

During the examination- conscious with motor dysphasia, dihemiparesis, positive Babinski sign bilaterally, meningeal signs negative. No signs of tongue bite, involuntary urination present. Vital signs normal. Brain CT was performed: left parietooccipital craniotomy. Corticoreductive changes. Large pore cephalic lesions in frontoparietotemporal region bilaterally. No CT signs of acute focal lesions and expansive changes, or signs of acute hemorrhage. Dilated ventricular system. The patient was hospitalized and placed on antiedematous, anticoagulant, antilipemic, antihypertensive, antipsychotic, antiepileptic, dual antibiotic, corticosteroid, antipyretic and symptomatic therapy. EEG revealed diffuse background slowing. D-dimer, hemostasis, Doppler of the lower extremities, performed due to pain, cyanosis and weak pulse over the dorsalis pedis artery bilaterally (vascular surgeon stated that surgery was not possible). Patient was monitored laboratory and clinically and is discharged for home treatment in a slightly improved neurological condition with advice for HDR and regular medicaments treatment.

Conclusion: late PTS are generally treated similarly to epilepsy, often requiring long-term ASMs due to a high risk of recurrence - in this case, Carbamazepine was used.

Key words – brain injury, PTS, POS

Classification and Treatment Options of Tongue-tie – a Case Report

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Ankyloglossia or tongue tie is a congenital anatomical variation characterized by a short lingual frenulum, which may result with restriction tongue's range of motion due to a short or thick lingual frenulum and as well as with the influence on oral function. There are several classifications that simplify this condition, and the most used are dr Lawrence Kotlow's classification and Coryllos' classification.

Treatment options for tongue tie are frenotomy (minimal invasive oral surgical procedure), frenuloplasty, (oral surgical procedure with reshapes the frenulum), myofunctional therapy (post-treatment exercises) and speech therapy.

A healthy 5-year-old girl was referred to the Department of Oral Surgery by her orthodontist to undergo a frenectomy due to the restriction of tongue movements and functions. Results of general physical examination were normal. The intraoral examination revealed that she could protrude the tongue only to the lower lip and not beyond. The ankyloglossia was classified as Class III using Kotlow's classification. According to the Coryllos' system classification (which classified tongue tie based on the tongue attachment for four different type) the ankyloglossia was classified as type 1 - attachment at the tip of the tongue.

After a general assessment, informed consent from her parents was obtained and lingual frenectomy was indicated. The frenectomy was performed with local anaesthesia infiltration. The postoperative period was uneventful with no haemorrhage complications. Sutures were removed after 1 week and the girl was sent to speech therapy sessions.

As a conclusion it can be emphasize that the interdisciplinary therapy is most useful treatment for this serious oral problem. Early diagnosis and surgical intervention, short lingual frenulum resection, brings complete success and tongue movements become normal, all language functions return, word articulation normalizes, and social life changes.

Key words: tongue-tie, lingual frenectomy, ankyloglossia

Direct oral anticoagulants and their importance in the prevention of recurrent thrombophlebitis

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Abstract

This case involves a 62-year-old man with a previous history of recurrent superficial thrombophlebitis in both lower legs. The first visit in clinic was due to a painful swelling in the right lower leg, a feeling of warmth and heaviness in the lower leg. The comorbidities mentioned include hypertension, varicose veins,
4 episodes of thrombophlebitis in recent years treated with anticoagulant therapy, which was discontinued each time after a few months from the start of the treatment. The following diagnostic procedures were performed: hemostasis findings in the reference range,D-dimer 3470 mg/l, Doppler ultrasound of the right lower extremity showing thromboic masses in the VSM,while CFK, SFV, VP are compressible without signs of thrombosis,varicose veins present in the lower leg.On physical examination, a firm swelling was noted on palpation and signs of hyperemia anteriorly on the right lower leg. The patient was put on LMWH every 12 hours for the first 3 weeks,and then on DOAK(Rivaroxaban 20mg daily) for the next 6 months,antibiotic and venoprotective therapy.After 2 months from the start of therapy,the symptoms are subsided, D.dimer 600mg/l,Dopler shows partial recanalization but thrombotic masses are still present in the VSM,and control Dopler after 2 monts shows complete recanalization and no thrombotic masses present.In the meantime,due to the occurrence of atrial fibrillation diagnosed by a cardiologist,the need for lifelong anticoagulant therapy has been established.The therapy continues with Rivaroxaban 20 mg daily. In the further check-ups with the transfusiologist,no recurrence of thrombophlebitis is noted,the results from hemostasis and D.dimers are normal,and the control Dopler shows no thrombotic masses. The patient feels well,without clinical symptoms of thrombophlebitis.
In conclusion, In patients with a high risk of recurrence and a history of recurrent thrombophlebitis treated with long-term doses of DOAC, are observed a low risk of recurrence and an improvement in quality of life.

Discordant laboratory findings leading to diagnosis of a rare enzyme defect

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Background:Rare metabolic enzyme defects can remain clinically silent for decades, particularly in cases of partial enzyme deficiency. In adults, these disorders often present with nonspecific symptoms and inconclusive routine laboratory findings, resulting in delayed diagnosis. Discordant biochemical results may represent the only clue to an underlying rare metabolic condition, highlighting the critical role of clinical biochemistry in diagnostic evaluation. Case Presentation:We report the case of a 35-year-old patient who presented with recurrent episodes of fatigue, confusion, nausea, and intermittent vomiting. The patient had no significant medical history and no evidence of liver or renal disease. Initial laboratory investigations, including liver function tests, renal function tests, complete blood count, and inflammatory markers, were within normal reference ranges. Mild hyperammonemia was detected but was initially interpreted as transient. Despite supportive management, symptoms recurred, prompting further biochemical investigation. Biochemical Findings:Advanced laboratory evaluation revealed persistent hyperammonemia in the presence of normal hepatic function, along with discordant plasma amino acid profiles characterized by elevated glutamine and reduced citrulline concentrations. These findings suggested disruption of nitrogen metabolism. Further targeted enzymatic analysis demonstrated reduced activity of a urea cycle enzyme, confirming the diagnosis of a rare metabolic enzyme defect with late-onset presentation. Management and Outcome:The patient was started on a structured protein-restricted diet, ammonia-lowering therapy, and individualized metabolic monitoring. Following targeted intervention, biochemical parameters normalized, neurological symptoms resolved, and the patient achieved clinical stabilization. Long-term follow-up demonstrated sustained metabolic control and absence of recurrent decompensation. Conclusion:This case demonstrates that discordant laboratory findings can be pivotal in identifying rare enzyme defects in adults. Integration of routine laboratory data with advanced biochemical and enzymatic investigations is essential for accurate diagnosis. Early recognition enables targeted therapy, prevents neurological complications, and significantly improves patient outcomes. Clinical biochemistry remains central to the diagnostic pathway for rare metabolic diseases presenting in adulthood.
Keywords: discordant laboratory findings, rare enzyme defect, clinical biochemistry, metabolic disorder, enzymatic diagnostics, adult-onset disease

Heat stroke with multi-organ involvement: the diagnostic role of laboratory findings

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Introduction
Heat stroke is a life-threatening heat-related illness with body temperature exceeding 40 °C accompanied by central nervous system dysfunction. It results from failure of thermoregulatory mechanisms due to excessive environmental heat exposure or intense physical activity, causing systemic inflammation and cellular injury. Despite critical care advances, delayed recognition carries high morbidity and mortality. The aim of this case report was to demonstrate the importance of laboratory findings in assessing diagnosis and disease severity.
Case Presentation
A 45-years-old male with no significant past medical history was admitted to the University Clinic of Toxicology during a summer heat wave after collapsing while working outdoors for several hours. Later, he developed convulsions and repeated episodes of profuse vomiting. On admission, the patient presented with confusion, dizziness and generalized weakness. His body temperature was 38.7 °C, and blood pressure 90/60 mmHg. Electrocardiography showed tachycardia and inverted T waves in leads II, aVF and V4-V6. Laboratory findings demonstrated elevated levels of troponin, creatine kinase, CK-MB, myoglobin, LDH, leukocytosis, and pigmented urine in addition to rhabdomyolysis, as well as AST and ALT indicating hipoxic hepatitis. Elevated D-dimer levels and thrombocytopenia were also observed. Abdominal ultrasonography, echocardiography and head CT didn't reveal significant abnormalities. Following supportive treatment and monitoring, the patient demonstrated gradual clinical and biochemical improvement, and was discharged with a recommendation for clinical follow-up after seven days.
Conclusion
Heat stroke represents the most severe spectrum of heat-related illness and is considered a medical emergency requiring immediate intervention. Laboratory markers including cardiac, hepatic and muscle injury markers can provide early evidence of sistemic injury, guide the assessment of severity, and support timely clinical decision-making even when imaging studies are unremarkable. Increased awareness among healthcare professionals is necessary to ensure early diagnosis and effective management of this condition.
Key words: heat stroke, rhabdomyolysis, hyperthermia

The role of rehabilitation in a patient with upper extremity burns – case report

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CASE PRESENTATION: Burns represent a major public health problem, being the fourth most common cause of trauma in the world after traffic accidents, falls and interpersonal violence. Burns of the hand and fingers represent a significant challenge to the functional independence and quality of life of patients who are impaired due to the risk of contractures, loss of sensation and reduced joint mobility. In these patients, rehabilitation plays a key role in restoring joint range of motion, strength, fine motor skills, as well as in preventing long-term loss of functional independence and psychosocial consequences.

We want to demonstrate the role of early initiation of physical therapy and kinesitherapy in a patient with burns.

A thirty-year-old pregnant patient came to us after surgically treated burns of the left forearm, hand and fingers of IIA-IIB degree, due to limitation of movement in the wrist and fingers, most pronounced in the II finger. Due to these complaints, she was treated in the Public Health Hospital with extended activities - Kocani on several occasions for 21 days. The patient was treated with manual massage, kinesitherapy and functional occupational therapy. Measurements of the mobility of the upper extremities were made and the DASH index was calculated, at the first examination, 4 months, and 11 months after the injury and the rehabilitation treatment carried out. The patient achieved improved mobility in her left wrist and fingers, reduced pain, and improved functional status.

CONCLUSION: The use of physiotherapy and rehabilitation in patients after surgical treatment of burns plays a significant role in improving range of motion, reducing pain, and improving functional status in these patients.

KEYWORDS: burns, physical therapy, physiotherapy.

Parathyroid adenoma diagnosed by PTH measurements in fine needle aspiration biopsy after prior right thyroid lobectomy: A case report

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Primary hyperparathyroidism is most commonly caused by a solitary parathyroid adenoma. Diagnostic challenges may arise in patients with previous thyroid surgery, where postoperative anatomical changes complicate lesion localization and cytological interpretation.
We present a case of 39-year-old woman with right thyroid lobectomy presented for evaluation because of elevated serum calcium level detected during routine laboratory assessment.
Neck ultrasound revealed a well-circumscribed, hypoechoic lesion measuring 28,4 mm in the right thyroid gland, corresponding to the area of previous lobectomy. No clear residual thyroid tissue was identified on that side. Fine needle aspiration biopsy (FNAB), contrast-enhanced computed tomography (CT) of the neck and MIBI scintigraphy were performed.
CT demonstrated a 20 mm soft-tissue formation in the right paratracheal region. Radiologically, the lesion was interpreted as either residual thyroid substrate or suspected parathyroid tissue.
Cytological evaluation categorized the lesion as Bethesda III (atypia of undetermined significance/follicular lesion of undetermined significance), but thyroglobulin levels were negative.
Given the patient's biochemical profile and the absence of thyroid tissue in the right thyroid gland, PTH measurements were performed in the aspirate and directly from the needle sample.
PTH levels in the FNA exceeded 2000 pg/mL, and PTH measured directly from the needle sample was 302 pg/mL. These markedly elevated values confirmed that the aspirated tissue was of parathyroid origin.
MIBI scintigraphy showed increased uptake of the tracer in the right paratracheal region where the CT presented the tissue formation.
This case emphasizes the importance of combining biochemical, radiological, and adjunctive cytological techniques in diagnosing parathyroid adenoma, particularly in complex postoperative settings. PTH measurement in FNAB washout fluid plays a decisive role when cytology alone is inconclusive.

Keywords: Primary hyperthyroidism; PTH levels; parathyroid adenoma

Long-term disease control with Nivolumab in metastatic clear cell renal cell carcinoma

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Introduction:

Renal cell carcinoma (RCC) originates from the renal parenchyma and accounts for approximately 90% of kidney cancers. It is the 14th most common cancer worldwide, with over 430,000 new cases annually. Clear cell RCC is the most frequent histological subtype. At diagnosis, around 70% of patients have localized or locally advanced disease, while 25–30% present with metastases. Established risk factors include smoking, obesity, hypertension, and chemical exposure. Treatment of metastatic RCC includes tyrosine kinase inhibitors (TKIs), immunotherapy, or combination strategies.

Case Presentation:

A 64-year-old male with no significant comorbidities underwent radical left nephrectomy. Histopathology confirmed clear cell renal cell carcinoma. Postoperative recovery was uneventful. Staging computed tomography (CT) revealed pulmonary metastases.

First-line therapy with sunitinib was initiated in May 2023. The patient tolerated treatment well, with only occasional mucositis. CT evaluation after three months showed stable disease, and by December 2023 near-complete remission was achieved. Therapy continued until September 2024, when CT imaging demonstrated progression of pulmonary lesions (up to 30 mm).

Second-line treatment with nivolumab was started in October 2024 at four-week intervals. Follow-up imaging demonstrated near-complete regression of pulmonary metastases without new lesions or locoregional recurrence. The patient has remained on nivolumab for 16 months with stable disease, good tolerance, no immune-related adverse events, and preserved quality of life.

Conclusion:

This case illustrates the potential of checkpoint inhibitors to achieve durable disease control in metastatic clear cell renal cell carcinoma.

Keywords:

renal cell carcinoma, clear cell RCC, metastatic disease, nivolumab, immunotherapy

A Case Report of Psychogenic Non-epileptic Seizures

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INTRODUCTION: The differential diagnosis of epilepsy includes clinical conditions that present with alterations in behaviour, sensation, or movement. Among hospitalized patients, psychogenic non-epileptic seizures (PNES) are the most common clinical entity misdiagnosed as epilepsy. PNES are a type of functional neurological (conversion) disorder in which no excessive synchronous cortical electroencephalographic activity is recorded. Antiseizure medications are not effective in treating functional seizures. These seizures are managed primarily with cognitive behavioural therapy, with or without selective serotonin reuptake inhibitors.

CASE PRESENTATION: A 23-year-old man presented with a tender, inflamed nodule on his right upper arm. During the physical examination, he reported light-headedness and blurred vision and subsequently assumed a supine position. The patient abruptly developed opisthotonic posturing accompanied by asymmetrical, wandering, and crescendo–decrescendo movements. His eyes remained open throughout the episode. There was no observed urinary incontinence, tongue biting, or foaming at the mouth. The seizure lasted three minutes and was terminated by verbal suggestion. Postictal crying was observed; however, the patient remained fully oriented to time, place, and person. A review of his medical records revealed a prior diagnosis of an anxiety disorder. He reported experiencing similar symptoms during venipuncture, including panic attacks. Further evaluation revealed unremarkable neurologic examination findings, as well as normal blood test results, brain magnetic resonance imaging (MRI), and electroencephalogram (EEG). He was referred to psychotherapy and prescribed citalopram 20 mg/day, which he continues to take.

CONCLUSION: PNES present considerable diagnostic and therapeutic challenges. No single clinical sign can reliably distinguish between epileptic and nonepileptic seizures. The gold standard for diagnosis is seizure monitoring with video-EEG. Nevertheless, in some cases, video-EEG fails to capture a seizure episode, making it difficult to distinguish PNES from certain types of frontal lobe epileptic seizures. In addition, epilepsy and PNES may coexist, with seizures occurring simultaneously, or PNES may develop after epileptic seizures.

KEYWORDS: epilepsy; psychogenic non-epileptic seizures; video electroencephalography

Combined Approach with Extracorporeal Shock Wave Therapy and Kinesiotherapy in Acute Adductor Strain in a Young Athlete: A Case Report

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Introduction: Injuries in the groin region are common among basketball players due to sudden changes in direction, lateral movements, and explosive starts. Adductor strain manifests as sharp pain on the inner side of the thigh.

Aim: To present the effect of combined shock wave therapy and individualized kinesiotherapy in the treatment of acute adductor strain in a basketball player.

Materials and Methods: The patient was a 16-year-old basketball player with pain in the left groin region that occurred after a sudden movement during training. On examination, pain was present on palpation, with a positive Adductor Squeeze Test and positive Resisted Hip Adduction Test. The diagnosis was confirmed with an ultrasonographic examination, which verified a strain of the *m. adductor longus*.

After applying the RICE protocol during the first 48 hours, treatment was initiated with early isometric exercises, eccentric exercises, stretching, and combined shock wave therapy using a radial probe, with three sessions performed at 5-day intervals.

Results: Following a combined rehabilitation program including radial Extracorporeal Shock Wave Therapy and progressive kinesiotherapy, the patient demonstrated a significant reduction in groin pain measured by the Visual Analogue Scale (VAS), decreasing from 7/10 at baseline to 2/10 after treatment. The athlete successfully returned to full basketball training without pain three weeks after the injury.

Conclusion: Early application of shock wave therapy in combination with kinesiotherapy enables accelerated tissue regeneration, faster rehabilitation of the athlete, and an earlier return to play.

SATB2-Associated Syndrome: case report

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A rare multisystem disorder characterized by moderate to severe developmental delay/intellectual disability (DD/ID) with absent or limited speech development, various behavioral problems (including autistic features, hyperactivity, or aggressiveness), craniofacial and oral features. Hypotonia and feeding difficulties are frequent manifestations, especially during the neonatal period and early childhood. Other supportive findings may include abnormal brain imaging, EEG abnormalities, epilepsy and skeletal anomalies with low bone density. Craniofacial findings can include dysmorphic features and/or congenital anomalies such as palatal anomalies (cleft palate, high-arched palate, velopharyngeal insufficiency, bifid uvula), and dental anomalies (upper central incisors abnormal shape or size, dental crowding, and hypodontia among others). Abnormalities of the skeletal system can include scoliosis, tibial bowing, and joint contractures. 1/3rd of patients have a history of previous fractures and ~1/4th have documented low bone mineral density. Other finding can include pre- and postnatal growth restriction and eye anomalies (strabismus and/or refractive issues). Some patients carry a larger deletion at 2q33.1 involving the *SATB2* gene and many other adjacent genes. These patients present with SAS with the addition of a variable pattern of cardiovascular, genitourinary, and ectodermal congenital anomalies, and require a specific management. Our patient K.M. is 16 year old girl. Bimaxillary crowding, multiple hypodontia, mouth breathing, bruxism, micro mandible, difficulty swallowing, hypersalivation, poor fine motor skills.
Keywords: rare cases , SATB2 -associated syndrome, dental problems

IMMUNOLOGICAL PROFILE AND PULMONARY FUNCTION IN BAKERY WORKERS

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Aim: The aim of this study is to evaluate the impact of flour dust exposure on the immunological status and pulmonary function of occupationally exposed workers in the bakery industry.

Material and method: We examinated sixty male workers, directly expoused on flour, with average X = 45.01 ± 7.54 years, an average exposition of X = 13.85 ± 9.56 years, and as a control group were take 32 workers not expoused on flour of different profiles. The examined workers underwent skin prick testing using a standard inhalant allergen Dermatophagoides pteronyssinus and a workplace-specific allergen flour, applying the prick method. Pulmonary ventilation was assessed by evaluating the first phase of respiration using spirometry, performed with the SPIROM-86 device.Statistical analysis of the data was conducted using the chi-square test and Student's *t*-test.

Results: Positive skin reaction on professional allergen-flour we confirmed at 19 or 31.7% at the examination group of workers, while we confirmed atopic at 18 or 30.0% workers. Atopic which demonstrate a positive skin reaction on flour were 13 or 72.2% of the expoused workers, while 6 or 14.3% were non atopic with positive skin reaction on flour. Statistic importance were determinated at atopic from examination group, who have very often reaction with positive prick test on flour, in reference to non atopic at the same group. Statistic importance were determinated for FEF_{50} beetwen atopic and non atopic from the same examination group, while beetwen examination and control group atopic were determinated statistic importance for VC, FEV_1 and MMV.

Conclusion: Our findings indicate that exposure to flour dust can impair respiratory function and induce alterations in the immunological status of bakery workers. Workers identified as a high-risk group should be removed from workplaces with continued exposure to flour dust.

Key words: baker's, bakery industry, flour powder, prick test, ventilation function.

Occupational Health Importance of Early Detection of Uncontrolled Type 2 Diabetes in High-Risk Work Environments: A Case Report

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Introduction:

Type 2 diabetes mellitus (T2DM) is a common chronic disease with a rising prevalence in the working-age population. Poor glycemic control is linked to acute and long-term complications that can reduce health and work ability. These problems are especially important in jobs with high safety demands, such as work at heights, where hypoglycemia and other complications can seriously endanger both the worker and the workplace.

Case presentation:

We present the case of a 47-year-old male employed as an operator in a manufacturing facility, where his duties included equipment handling and work at height. During a routine occupational health examination in 2025, elevated blood glucose levels were detected and antidiabetic therapy was started. The patient stopped the treatment after about three months without medical consultation. Nine months later, at a scheduled periodic medical check-up, laboratory tests showed severe hyperglycemia (blood glucose 22 mmol/L). Because of the very high glucose levels and the safety risks related to his job, he was urgently referred for endocrinological assessment and prompt adjustment of therapy.

Discussion:

This case highlights the pivotal role of systematic occupational health surveillance in detecting uncontrolled chronic conditions among workers engaged in safety-critical tasks. Early identification of poorly controlled diabetes is essential not only to prevent acute and long-term complications but also to mitigate the increased risk of workplace accidents and injuries associated with diabetes and inadequate treatment adherence.

Conclusion:

Periodic occupational health examinations are a fundamental element in the early detection and effective management of chronic conditions such as type 2 diabetes mellitus. Timely identification and initiation of appropriate interventions play a crucial role in safeguarding both worker health and overall workplace safety.

Keywords: type 2 diabetes mellitus; occupational medicine; hyperglycemia; workplace safety; periodic medical examination.

Jealous Delusion and Cognitive Decline in Alcohol-Related Brain Damage

-Case report-

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Introdustion: Alcohol-related brain damage (ARBD) is a neurocognitive disorder associated with chronic alcohol use and characterized by cognitive impairment and a range of neuropsychiatric symptoms, including psychosis. Jealous delusions are rare but clinically significant presentation, often leading to behavioral disturbances and hospitalization. Chronic alchohol consumptation contributes to brain damage through multiple mechanisms, including neuronal toxicity, vascular injury and nutritional deficiencies. ***Aim***: This case illustrate clinical presentation, diagnostic challenges, and disease progression in a patient with ARBD. ***Materials and methods*** : I present a 60-year old male patient with a history of harmful alcohol use who was first evaluated one year prior following a head injury. After the incident, he developed progressive memory impairment accompanied by prominent jealous delusions direct toward his spouse. The patient was hospitalized due to agitation, behavioral distrubances and worsening cognitive deficits. Diagnostic workup, including brain CT, EEG, psychological testing and laboratory investigations, was performed. He was treated with an antipsychotic and an NMDA receptor antagonist. Based on clinical presentation and history , diagnoses of alcohol-related syndrome F10.6 and persistent delusional disorder F22.9 were established.
Conclusion: This case highlights the complex interplay between chronic alcohol use, brain injury and the development of cognitive decline with psychotic features. Early recognition and a multidisciplinary treatment approach are essential to improve outcomes and reduce risk. ***Key words:*** Alcohol releted brain damage, cognitive decline, jealous delusion.

Recurrent Erysipelas – A Case Report

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Introduction

Erysipelas is an acute bacterial non-purulent infection of the superficial layer of the skin, accompanied by significant inflammation of the lymphatic vessels. Its main clinical characteristic is a clearly demarcated, elevated, warm erythematous-edematous lesion with prominent systemic symptoms.

General risk factors for the development of erysipelas include obesity, diabetes mellitus, alcoholism, and immunosuppression. Local risk factors that disrupt cutaneous integrity and serve as entry points for the pathogen are associated with an increased risk of erysipelas. Among these, the most significant include fungal skin infections, chronic edema/lymphedema, prior trauma, local surgical intervention, venous insufficiency, and chronic dermatoses of the ipsilateral limb.

Recurrent erysipelas primarily affects the lower extremities and most often occurs at the same site as the previous episode. The incidence of recurrent erysipelas varies across studies. Approximately 10–30% of patients who experience an initial episode will develop relapses at varying time intervals, ranging from several weeks to several years. Recurrent erysipelas is considered to result from repeated bacterial invasion of the skin through a compromised cutaneous protective barrier.

Accurate identification of risk factors has significant implications for reducing disease morbidity, improving therapeutic management, and guiding the development of appropriate preventive strategies, particularly in high-risk patients.

Case Presentation

A 60-year-old female patient experienced her first episode of erysipelas on the left lower leg in 2015. By 2025, she had developed recurrent erysipelas 12 times. In 10 instances, the infection occurred on the ipsilateral left lower leg, while in 2 instances it appeared contralaterally on the right lower leg.

Her risk factors included bilateral lower limb lymphedema, obesity, superficial thrombophlebitis of the left lower leg, and a persistent fungal infection between the toes of both feet, which was difficult to treat and control.

A few days prior to each episode of erysipelas, the patient consistently experienced systemic symptoms such as chills, fever, and malaise. This was followed by the appearance of redness, swelling, and pain in the left lower leg.

Laboratory findings demonstrated elevated leukocyte count, neutrophils, erythrocyte sedimentation rate (ESR), and C-reactive protein (CRP).

Treatment included third-generation cephalosporins, clindamycin, as well as local therapy with boric water, corticosteroid ointment, and antifungal ointment.

Initially, the patient was placed on prophylactic antibiotic therapy with benzathine phenoxymethylpenicillin 1,500,000 IU once daily for 6 months, during which no episodes of erysipelas occurred. After discontinuation of prophylaxis for 3 months, recurrent erysipelas reappeared on the left lower leg. The patient has since been on continuous prophylactic therapy for one year, with no further recurrence.

Conclusion

Erysipelas should be considered a recurrent, potentially chronic disease. In all patients with acute erysipelas, preventive strategies are necessary to reduce the incidence of recurrence.

In addition to long-term antibiotic prophylaxis, a key element in preventing recurrent infection is the elimination of risk factors, including avoidance of mechanical trauma, treatment of entry portals (such as chronic ulcers, tinea pedis, onychomycosis, pruritic dermatitis, and chronic venous insufficiency), use of compression stockings or bandages, reduction of body mass index (BMI), and strict glycemic control in patients with diabetes.

Recurrent erysipelas has significant consequences for patient health. Identification of risk factors enables timely treatment and implementation of appropriate preventive measures, aiming to prevent further episodes and complications and ultimately reduce morbidity in these patients.

Keywords:

Erysipelas, recurrent erysipelas, risk factors, prophylaxis.

PEDIATRICS SESSION

Acute Postinfectious Glomerulonephritis Triggered by Pansinusitis in a 6-Year-Old Boy

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ABSTRACT

Acute postinfectious glomerulonephritis (PIGN) is an immune-mediated glomerular injury that classically follows group A beta-hemolytic streptococcal infection but can also occur after other bacterial, viral, or parasitic infections. It is an immune-mediated reaction affecting the glomeruli that occurs 1–3 weeks after a preceding infection. The clinical presentation of PIGN may range from asymptomatic microscopic hematuria detected incidentally on routine urinalysis to the sudden onset of nephritic syndrome characterized by hematuria, proteinuria, periorbital edema, hypertension, and rapidly progressive glomerulonephritis. Pansinusitis represents inflammation of the mucosa of all paranasal sinuses. The most common bacterial causes of sinusitis are Streptococcus pneumoniae, Hemophilus influenzae and Moraxella catarrhalis.

A previously healthy 6-year-old boy presented with a two-day history of high fever, mild tonsillar hyperemia, and mucous discharge from the epipharynx. Initial laboratory tests showed markedly elevated inflammatory markers with neutrophilic leukocytosis. After initiation of parenteral amikacin, on the second day of the hospitalization, he developed periorbital edema and macroscopic hematuria. Urinalysis revealed gross hematuria with casts and proteinuria; serum C3 was low, ASO titers were normal, and serum creatinine was mildly elevated. Renal ultrasound demonstrated bilateral cortical hyperechogenicity and edema. On the fourth hospital day, the patient developed right eye pain with local redness and marked worsening of right periorbital swelling. Sinus CT confirmed pansinusitis and periorbital cellulitis. Antibiotic therapy was adjusted (azithromycin and later clindamycin), and ENT surgical drainage (trepanotomy and ethmoidectomy) was performed. A nasal swab culture was positive for Streptococcus pneumoniae. Supportive renal measures, including salt restriction and close nephrology monitoring, were instituted.

This case highlights pansinusitis as a potential trigger for acute postinfectious glomerulonephritis and underscores the importance of early recognition of nephritic features, prompt control of the infectious focus with appropriate antimicrobial therapy and surgical drainage when indicated, avoidance of nephrotoxic agents, and close multidisciplinary management.

Keywords: acute postinfectious glomerulonephritis, pansinusitis, macroscopic hematuria

A Rare Case Report: Miller Fisher Syndrome

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Abstract:
Miller Fisher syndrome is a rare variant of Guillain–Barré syndrome, representing approximately 5% of cases, and is classically defined by the triad of ophthalmoplegia, ataxia, and areflexia. Owing to the lack of a pathognomonic diagnostic test, the diagnosis of Miller Fisher syndrome is primarily based on clinical evaluation. Although serum anti-GQ1b antibody positivity and albuminocytologic dissociation in cerebrospinal fluid may support the diagnosis, their absence does not exclude the condition. We report an 8-year-old girl who presented with acute onset of blurred and double vision, progressive gait disturbance accompanied by ascending areflexia, decreased muscle strength, and complete ophthalmoplegia following a recent infectious episode. Neurological examination revealed bilateral ophthalmoplegia, ataxia, areflexia, and concomitant right-sided central facial paralysis. Cranial imaging studies were unremarkable. Lumbar puncture was declined by the family, and electromyography revealed no pathological findings. Based on the characteristic clinical presentation and multidisciplinary assessment, a diagnosis of Miller Fisher syndrome was established. Treatment with intravenous immunoglobulin (IVIG) resulted in significant clinical improvement, particularly in ataxic symptoms. Methylprednisolone therapy was subsequently administered for persistent central facial paralysis. This case underscores the importance of recognizing Miller Fisher syndrome on clinical grounds and demonstrates that timely immunomodulatory treatment can lead to favorable outcomes even in the absence of supportive laboratory, electromyography or radiological findings.

Keywords:
Miller Fisher syndrome, ophthalmoplegia, ataxia

Cerebral Venous Sinus Thrombosis as the First Presentation of Homocystinuria in a Child JOVAN SPASOVSKI, Ceyda Bayraktar Eltutan, Hulya Maras Genc

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Case Presentation: Homocystinuria is a rare autosomal recessive metabolic disorder caused by cystathionine β-synthase (CBS) deficiency, leading to elevated plasma homocysteine and methionine levels. While it can affect multiple organ systems, thromboembolic events are the most serious complications. Cerebral venous sinus thrombosis (CVST) as the first manifestation in early childhood is uncommon. A 3-year-11-month-old girl presented with limited outward gaze of the right eye after minor head trauma. Ophthalmological examination revealed right abducens nerve palsy and bilateral papilledema. Initial cranial MRI and CT excluded space-occupying lesions. MR venography showed focal narrowing and filling defects in the transverse sinuses, consistent with CVST. Laboratory evaluation revealed markedly elevated homocysteine (360 µmol/L) and methionine (517 µmol/L), confirming B6-responsive homocystinuria. The patient received anticoagulation with enoxaparin, acetazolamide for intracranial hypertension and metabolic therapy including vitamin B6, folate, B12, betaine and a methionine-restricted diet. Follow-up showed improvement in homocysteine levels and stabilization of ocular findings. The patient remains under multidisciplinary care. This case emphasizes the importance of considering metabolic disorders such as homocystinuria in children presenting with unexplained CVST. Early recognition and multidisciplinary management are crucial to reduce thromboembolic risk and improve long-term outcomes.

Keywords: homocystinuria, cerebral venous sinus thrombosis, pediatric metabolic disorder, multidisciplinary approach

Treatment of Lisinopril Tablet Intoxication in a Two-Year-Old Child – Case Report

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Abstract:

Introduction: Poisoning in pediatric age is an urgent medical condition that demands swift intervention and appropriate treatment. Lisinopril, an angiotensin-converting enzyme (ACE) inhibitor, is commonly prescribed for hypertension and heart failure but can cause serious adverse effects when ingested in excess, especially in children.

Case Presentation: This case report presents a two-year-old male child who was admitted to the Emergency Department of the University Pediatric Clinic in Skopje after ingesting an unknown quantity of Lisinopril tablets one hour prior to arrival. Upon admission, the child underwent gastric lavage and received activated charcoal according to protocol. The child was conscious, alert, and afebrile, with normal skin color and mucous membranes. On auscultation, both lungs exhibited vesicular breathing sounds, the heart had a regular rhythm with clear tones, and no murmurs were heard. An electrocardiogram (ECG) revealed a normal result. Blood and urine tests showed no abnormalities. The child was treated with parenteral rehydration and symptomatic therapy throughout the hospital stay. The child remained afebrile, had stable vital signs, and was discharged in good general condition.

Conclusion: Cases of pediatric drug intoxication require immediate action from parents and prompt transport to a healthcare facility for gastric lavage and protocol-based treatment. To prevent such incidents, medications should be securely stored out of children's reach. This case highlights the importance of quick recognition and management of drug poisoning in young children.

Keywords: poisoning, pediatric age, gastric lavage, Lisinopril

BEYOND GASTROENTERITIS: ENTERIC PATHOGENS IN A FIVE-YEAR-OLD CHILD WITH ACUTE PANCREATITIS

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Background. Acute pancreatitis in children is uncommon, and autoimmune acute pancreatitis (AIP) represents a rare etiology. The main causes of acute pancreatitis in children are the presence of biliary stones, often seen in older children and adolescents, abdominal trauma, as well as infections with *Salmonella*, *Clostridioides difficile*, and *Rotavirus*. Concomitant enteric infections may complicate diagnosis and management.

Case Presentation. A five-year-old girl, born after a regular pregnancy and fully immunized, was admitted with high-grade fever (up to 40°C), profuse diarrhea (7–8 stools/day), repeated vomiting, and poor appetite. She had a history of recurrent upper respiratory tract infections treated on an outpatient basis. Laboratory findings revealed elevated serum amylase and lipase, hyperglycemia with hypoinsulinemia, and elevated inflammatory markers. Supportive care and intravenous ceftriaxone were initiated, along with octreotide, methylprednisolone, pantoprazole, electrolyte replacement, and bowel rest.

Stool cultures were positive for *Salmonella enteritidis* and *rotavirus*. Subsequent testing detected toxigenic *Clostridioides difficile*, prompting a switch to oral vancomycin and addition of probiotics. Metronidazole was also administered due to a single episode of fever. Contact isolation measures were implemented for *Clostridioides difficile* infection. Abdominal CT demonstrated colonic distension without air-fluid levels and incidentally identified a right inguinal hernia. MR cholangiopancreatography showed a normal biliary and pancreatic ductal system without obstruction or peripancreatic collections. Abdominal ultrasound was unremarkable. HLA typing for celiac disease was negative. Despite normal imaging findings, persistently elevated pancreatic enzymes and clinical presentation supported the diagnosis of autoimmune acute pancreatitis by pediatricians. Corticosteroid therapy resulted in clinical improvement and gradual normalization of pancreatic enzymes. The patient was discharged on tapering corticosteroids with scheduled gastroenterology follow-up. At follow-up evaluation, she remained clinically stable without relapse. The underlying trigger for autoimmune pancreatitis remains unclear.

Conclusion. This case highlights the diagnostic challenge of differentiating infection-associated pancreatic involvement from autoimmune acute pancreatitis in the presence of dual enteric pathogens.

Keywords: autoimmune pancreatitis; *Clostridioides difficile*; *Salmonella enteritidis*; pediatric acute pancreatitis; enteric infection

Eczema Herpeticum in a 2-Year-Old Without Atopic Background

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Background: Eczema herpeticum is a severe skin infection caused by herpes simplex virus (HSV), most often affecting children with atopic dermatitis. It presents with a sudden outbreak of uniform vesicles and erosions that quickly form hemorrhagic crusts over eczematous skin, and is often accompanied by systemic symptoms such as fever, lymphadenopathy, and malaise. While primary HSV infection can trigger the condition, reactivation is more common. Children with eczema herpeticum frequently have food and environmental allergies, asthma, or drug allergies, and often develop atopic dermatitis before the age of five. They may also have a history of recurrent skin infections, particularly with Staphylococcus aureus or molluscum contagiosum.
Case report: Here we present a 2-year-old female with eczema herpeticum without previous diagnosis of atopic dermatitis and immunologic disease. She was admitted in our hospital with a 7-day history of fever, followed by a sore throat, mouth pain, poor intake, as well as a rash in and around the mouth. On exam she was afebrile with crusting lesions around the mouth and chin, crusts near the eyes, aphthous oral lesions, and small cervical lymphadenopathy but otherwise normal systemic findings; labs showed mildly elevated CRP (8 mg/L), WBC 9.49×10^9/L, normal liver/electrolytes, and elevated HSV I & II IgG titer (3.49). She was diagnosed with eczema herpeticum despite no prior history of atopic dermatitis. Treatment included IV hydration, a third-generation cephalosporin, oral analgesics, and antihistamines. Skin lesions were managed with topical antibiotics and local hygiene, while oral changes were treated with borax glycerin, methylene blue, and nystatin; Ichthyol was briefly used for crusting. Ophthalmology confirmed intact ocular structures. As the patient presented late, already in the crusting stage with no new eruptions or systemic signs, systemic antiviral therapy was not initiated. The clinical picture was consistent with herpes simplex virus infection, supported by elevated HSV IgG titers.
Conclusions: This case illustrates an atypical presentation of eczema herpeticum in a child without prior atopic dermatitis. The diagnosis was supported by clinical findings and elevated HSV IgG titers. Supportive care, antibiotics, and local treatment were effective, while systemic antivirals were withheld due to late presentation in the crusting stage and absence of systemic involvement. Ophthalmology evaluation confirmed no ocular complications, underscoring the importance of timely recognition, multidisciplinary input, and individualized management in pediatric HSV infections.
Keywords: eczema herpeticum, HSV, skin rash

Case report of fetomaternal transfusion and severe anemia in the newborn

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Introduction: One of the causes of severe anemia in the fetus during intrapartum is fetomaternal hemorrhage (FMH) or transfusion of fetal blood into the maternal circulation, with a rate of massive FMH of 1:1000 to 1:5000 newborns. The clinical manifestations of FMH are nonspecific, and are mainly presented as reduced fetal movements and changes in cardiotocography (CTG).

Case presentation: First child from the first properly controlled pregnancy of a mother with blood group A positive. Born with S.C., cephalic presentation, at 38 G.N., RT=2850 gr, RD=45 sm, APGAR 4/5/7. The mother comes for an examination in the outpatient clinic of our hospital due to frequent fetal movements for the last three days. An echo examination showed reduced amniotic fluid, and the STO record shows changes in favor of silent CTG, which is why the mother decides to give birth by cesarean section.

The newborn was found limp,with pale skin and week reflexes. After initial resuscitation and stabilization of the condition, oxygen saturation was 96, pulse 175.

In the first blood count Hb= 65, RBC=1,96 106/mm3, WBC=35,9 106/mm3, HcT=19, Tr=228 109/L.The newborn had a O positive blood group and a negative Coombs test. Echocardiography was normal. Due to severe neonatal anemia, the newborn was transferred to a tertiary institution for further treatment. Extensive examinations and hematological analyses were performed there. There were no signs of hemolysis. The newborn received erythrocyte transfusions, after which stabilization of the values in the blood picture occurred. After 10 days of hospitalization, the newborn was discharged home in good condition. The mother received a recommendation to perform the Kleihaurer-Betke test at the laboratory at MANU, but did not have the test performed.

Conclusion: The conclusion is that the results and the analyses performed, this is severe anemia in a newborn due to FMH.

Key words: FMH, newborn.

A case of bronchiolitis as a complication of infection with Influenza A and Respiratory syncytial virus in a three-month-old infant

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Introduction

Influenza A and Respiratory syncytial virus (RSV) are acute viral infection that usually affects respiratory tract. They are transmitted through droplets expelled when coughing or sneezing. In pediatric population, they present with symptoms such as fever, cough, rhinorrhea, but sometimes with signs of bacterial superinfection (bronchiolitis, bronchopneumonia, pneumonia).

A case report:

We present a case with three months old male infant hospitalized on University Clinic for children's diseases with signs of bronchiolitis: cough, sneezing, difficult breathing, fever, malaise. The complaints date back 3-4 days before admission. This is a term baby, 3 months old, born by Caesarean section with a high Apgar score. Otherwise, the second child in the family. Previously, the older brother had a respiratory infection. On admission to the clinic, the infant was afebrile, tachycardic, tachydyspnoic, respirations with activation of the accessory respiratory muscles and was oxygen dependent. After admission on Clinic a lower respiratory panel test was made and Influenza A and Respiratory syncytial virus (RSV) were isolated. A chest X-ray was performed with normal findings. From laboratory markers of inflammation: Leukocytes were 9.09, CRP-6.9mg/l. On auscultation of the lungs, vesicular breathing was present on both sides with prolonged expiration and the presence of dry wheezing and small wet bronchial rales. The infant was placed on parenteral antibiotic therapy (third-generation cephalosporin), corticotherapy, inhalations with anticholinergic, oxygen support, as well as aspiration with drainage, after which the condition improved and the infant was discharged for home treatment.

Conclusion: Infections with Influenza A and RSV primarily affect the respiratory system, and in young children, smaller airways become inflamed and clogged with mucus more easily. This increases the risk of complications, such as: bronchiolitis and pneumonia. In this case bronchiolitis is a complication of infection with Influenza A and RSV and the infant was successfully treated at the clinic.

Key words: Influenza A, Respiratory syncytial virus, bronchiolitis

SPINA BIFIDA IN A NEWBORN

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Introduction: Spina bifida is a congenital neurological malformation in which part of the fetus's spine does not develop and close properly during early pregnancy. The most common and most serious form of spina bifida is myelomeningocele.

Case presentation: We present a case of a female newborn, born at term, delivered spontaneously with cephalic presentation,with an APGAR score of 8/8. At birth, the newborn was admitted by the team of the Intensive Care Unit at GAK-OINT. A few hours after birth, due to detected multiple congenital malformations, the newbwas transferred to the University Clinic of Neurosurgery where a neurosurgical intervention for spina bifida aperta was performed. A ventriculo- peritoneal shunt was also placed due to detected hydrocephalus, after which the child was transferred to the University Clinic for Children's Diseases, Department of EINT for postoperative monitoring. Due to the stable general condition, the patient was later transferred to the department of Neonatology. On examination, the head had an irregular configuration, macrocephalic, with a widely open anterior fontanelle and separated sutures. The extremities showed deformity of the lower left limb and lividity of the upper limbs. Neurological status: spina bifida aperta, paraplegia, status post V-P shunt according to pudenz on the right side. During the hospitalization, laboratory and imaging investigations as well as consultative examinations were performed. Throughout the stay, the patient maintained stable vital parameters and a good general condition.

Conclusion: Timely detection and rapid surgical intervention, as well as an integrated multidisciplinary approach to this complex malformation, help in rehabilitation therapy and improve the skills necessary for independent living.

Key words: Spina bifida, newborn, congenital malformations, neurosurgical intervention.

Severe Systemic Toxicity After Multiple Wasp Stings in a 21-Month-Old Child with a favourable course

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Multiple wasp stings can occasionally lead to multi-organ dysfunction syndrome (MODS), even in the absence of classic anaphylaxis, due to systemic venom toxicity—particularly when the number of stings is high. Wasp venom contains biologically active components such as melittin, phospholipases, hyaluronidase, and mastoparan, which can trigger a massive systemic inflammatory response, direct cytotoxic effects, rhabdomyolysis, intravascular haemolysis, capillary leak with hypotension, shock, and acute kidney and liver injury.

A 21-month-old child was admitted following more than 50 wasp stings to the face, presenting with marked facial swelling and bilateral eyelid closure. Laboratory findings indicated multiorgan involvement and severe systemic toxicity, including rhabdomyolysis (Creatine kinase 3668 U/L), elevated cardiac biomarkers (CK-MB 307 U/L, troponin 32.6 ng/l), acute cell injury (AST 1739 U/L, ALT 825 U/L, LDH 1976 U/L), and prolonged aPTT (66.2 seconds). Renal function remained normal throughout the course, and no urinary abnormalities were detected. Despite the elevated cardiac markers, echocardiography and ECG were normal. Because the child was drowsy during the first two days, a CT scan of the brain was performed and revealed a right parietal subgaleal hematoma and subcutaneous edema of the scalp. Pediatric neurologist and neurosurgeon were consulted. The child received supportive treatment, including intravenous fluids, systemic corticosteroids, oral antihistamines, and a single dose of vitamin K. Within five days the local edema and associated allergic reaction resolved and laboratory abnormalities normalized. The patient achieved a full recovery and was discharged in stable condition.

Due to a high venom-to-body-mass ratio, pediatric patients are uniquely susceptible to dose-dependent systemic toxicity following massive envenomation. This case highlights the necessity of serial biochemical surveillance—specifically of creatine kinase, coagulation profiles, and hepatic enzymes. These systemic complications can manifest even while renal function remains baseline.

Keywords: wasp stings, systemic toxicity, full recovery

RADIOLOGY SESSION

Late-Onset Myasthenia Gravis After Thymoma Resection: A Multidisciplinary Case

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Background: Thymoma, the most common tumor of the anterior mediastinum in adults, is strongly associated with autoimmune disorders, most notably myasthenia gravis (MG). Although MG frequently presents concurrently with thymoma, delayed onset following complete tumor resection remains a clinically significant and potentially underrecognized phenomenon.

Case Presentation: A 57-year-old male smoker initially presented in 2022 with persistent right-sided chest pain and productive cough. Contrast-enhanced chest computed tomography (CT) revealed a 6 × 3.5 cm lobulated solid-cystic mass with coarse dystrophic calcifications in the right anterior superior mediastinum, broadly attached to the mediastinal pleura, without vascular invasion. The patient underwent complete surgical resection. Histopathological analysis demonstrated a type AB thymoma with a dominant type B-like component and focal type A areas, staged as pT3 according to UICC-8. Eight months later, follow-up imaging showed no residual or recurrent disease.

The postoperative course remained clinically stable for two years, after which the patient developed gradually progressive neurological symptoms, including neck pain radiating to both arms, increasing upper limb weakness, difficulty with activities of daily living (particularly dressing), fatigability, gait instability, paresthesia affecting the ulnar distribution of both hands, and intermittent diplopia. Serological testing revealed markedly elevated acetylcholine receptor antibodies (154.00 nmol/L), negative muscle-specific kinase antibodies (<0.2 U/mL), and low titin antibody levels (0.33), confirming a diagnosis of acetylcholine receptor – positive myasthenia gravis.

Conclusion: This case highlights the delayed onset of myasthenia gravis two years after complete surgical resection of a pT3 type AB thymoma. Despite the absence of tumor recurrence, the patient developed seropositive MG, underscoring the need for long-term neurological surveillance in patients with thymoma. Early recognition of neuromuscular symptoms and timely serological evaluation are essential for prompt diagnosis and management of thymoma-associated myasthenia gravis, even years after thymectomy.

Keywords: Thymoma; Myasthenia gravis; Post-thymectomy myasthenia gravis; Thymectomy

A Butterfly in the Mediastinum: Incidental Thoracic Butterfly Vertebra on Chest CT

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Abstract:
Background:
Butterfly vertebra is a rare congenital sagittal cleft vertebral anomaly caused by failure of fusion of the vertebral body halves. It is typically asymptomatic and frequently misinterpreted as fracture or destructive pathology.
Case presentation:
A 49-year-old woman underwent contrast-enhanced chest CT for evaluation of hyperprolactinemia. The examination included sequential axial scans from the neck base to proximal abdomen (3-mm slice thickness). No pulmonary, pleural, vascular, or mediastinal pathological process was detected. There was an incidental finding at the level of the fifth thoracic vertebra (T5), a symmetric midline sagittal cleft dividing the vertebral body into two equal hemi-vertebrae was identified, with intact posterior elements and no adjacent bone destruction — consistent with a butterfly vertebra. Adjacent vertebral endplates showed mild adaptive concavity without instability or kyphosis. The patient had no history of trauma, back pain, or neurological symptoms.
Outcome and management:
No treatment was required. The finding was explained to the patient and reported as a benign congenital variant to avoid future misdiagnosis as fracture, metastasis, or infection.
Conclusion:
Recognition of butterfly vertebra on routine chest CT is important because it may simulate serious pathology and lead to unnecessary investigations. Radiologists should be aware of this rare but clinically significant anatomical variant, especially when incidentally encountered in non-spinal imaging.
Keywords: butterfly vertebra, sagittal cleft vertebra, incidental finding, chest CT, congenital spine anomaly

Complex Lumbar Spondylodiscitis with Iliopsoas and Thigh Abscesses: MRI and CT Findings: A Case Report

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Spondylodiscitis is an inflammatory condition affecting the intervertebral disc and adjacent vertebral bodies and represents a diagnostic challenge due to its nonspecific clinical presentation and potential for extensive local and regional complications. Cross-sectional imaging modalities, particularly magnetic resonance imaging (MRI) and computed tomography (CT), play a central role in early detection, accurate assessment of disease severity, and identification of associated paravertebral and intramuscular abscesses.

We report the case of a 33-year-old male who underwent MRI of the spine and pelvis due to persistent symptoms suggestive of spinal pathology. MRI of the cervicothoracic spine demonstrated preserved vertebral alignment, normal signal intensity of vertebral bodies and intervertebral discs, adequate spinal canal diameter, and intact spinal cord signal, including the conus medullaris.

Correlation with CT revealed osseous destruction involving three contiguous lumbar vertebral bodies (L3, L4, and L5), more prominent on the left, with dorsolateral cortical breach at L3/L4 and bilateral involvement at L4/L5 with reactive sclerosis. MRI demonstrated hyperintense signal changes within the L3/L4 and L4/L5 intervertebral discs with peripheral contrast enhancement, consistent with intradiscal abscess formation, along with reactive bone marrow edema of adjacent vertebral bodies. Intramuscular abscesses were identified within the left psoas muscle at L3 and the right psoas muscle at L5, extending into the iliacus muscle. Dorsolateral paravertebral abscess cavities were observed at L3/L4 on the left and L4/L5 on the right, communicating with bilateral psoas abscesses. No significant spinal canal stenosis was present, although neural foraminal narrowing was noted.

Pelvic MRI revealed a fluid collection within the left iliopsoas bursa with peripheral enhancement and inflammatory changes. A large intermuscular collection in the posteromedial left thigh demonstrated fistulous communication with the iliopsoas bursa.

Conclusion:
Imaging findings are consistent with inflammatory spondylodiscitis complicated by extensive iliopsoas bursitis and multiple intramuscular abscesses, suggesting a specific infectious etiology.

When X-Ray Speaks First: Ovarian Teratoma as an Unexpected Finding

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Abstract

Mature cystic teratomas are the most common benign ovarian germ cell tumors, accounting for approximately 20% of all ovarian neoplasms in adults. They predominantly occur in women of reproductive age and are often asymptomatic, frequently discovered incidentally during imaging performed for unrelated clinical conditions. Their characteristic imaging features, particularly the presence of fat and calcified components, allow for confident diagnosis using radiologic modalities.

We report the case of a 22-year-old female who presented to the emergency department with intermittent left flank pain initially suggestive of renal colic. The patient had no significant past medical history. Physical examination revealed mild tenderness in the left lower abdominal quadrant without palpable masses. An abdominal ultrasound focused primarily on the kidneys was performed as the first-line imaging modality but showed no abnormalities.

Due to persistent clinical suspicion of urolithiasis, a plain kidney–ureter–bladder radiograph was obtained. The radiograph demonstrated a well-defined heterogeneous calcified opacity in the left hemipelvis measuring approximately 30 × 17 mm. The lesion contained areas of bone-density calcification and appeared extraintestinal, not corresponding to the expected course of the urinary tract, raising suspicion for an adnexal mass. Further evaluation with non-contrast computed tomography confirmed a well-circumscribed left adnexal lesion with heterogeneous internal composition, including fat attenuation, coarse calcifications suggestive of osseous or tooth-like structures, and a soft-tissue component compatible with a dermoid plug. These findings were highly suggestive of a mature cystic ovarian teratoma.

The patient was referred for gynecological evaluation. Considering her young age, reproductive potential, small lesion size, benign imaging characteristics, and normal tumor markers, a conservative management strategy with regular imaging follow-up was recommended. This case highlights the importance of maintaining a broad differential diagnosis when evaluating flank pain and illustrates the complementary role of different imaging modalities in detecting incidental pelvic pathology.

Keywords: ovarian teratoma, dermoid cyst, pelvic calcification, CT imaging

CT Angiography Findings in a Giant Ruptured Infrarenal Abdominal Aortic Aneurysm with Dissection and Active Extravasation: A Case Report

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Background:
Computed Tomography Angiography (CTA) is the gold standard for the diagnosis of ruptured abdominal aortic aneurysms (rAAA). Specific imaging findings, such as aneurysm size, the presence of a dissection flap, and active extravasation, are critical for surgical planning and correlate with patient outcomes. We report the CTA findings in a case of a large rAAA with a fatal postoperative outcome.

Case Presentation:
A 67-year-old male patient presented to the emergency department with acute abdominal pain and profound hypotension. Due to a high clinical suspicion of a vascular emergency, an urgent CTA of the abdomen was performed. The CTA demonstrated a fusiform aneurysmal dilatation of the infrarenal abdominal aorta measuring 11 cm in maximal diameter, with a functional lumen diameter of 9 cm. Within the aneurysmal sac, an intimal dissection flap was clearly visualized, separating the true and false lumens. A large hyperdense retroperitoneal hematoma was present adjacent to the aneurysm. In the arterial phase, foci of active extravasation of contrast material were observed pooling within the hematoma, confirming ongoing hemorrhage. The patient was emergently transported to the operating room for open surgical repair. Despite immediate surgical intervention and resuscitative efforts, the patient expired intraoperatively due to irreversible hemorrhagic shock secondary to exsanguination.

Conclusion:
The CTA findings in this case, specifically the 11 cm fusiform infrarenal aneurysm with a 9 cm functional lumen, the presence of a dissection flap, retroperitoneal hematoma, and active contrast extravasation, are pathognomonic signs of a ruptured aneurysm with an exceedingly poor prognosis. This case highlights the critical role of CTA in identifying the source and severity of hemorrhage and underscores the high mortality associated with giant aneurysms presenting with active extravasation.

Keywords:
ruptured abdominal aortic aneurysm, computed tomography angiography, retroperitoneal hematoma

Metastatic Renal Cell Carcinoma Presenting with Brain Metastases, Renal Vein Thrombosis, and Vertebral Osteolysis: CT Findings

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Background:
Metastatic disease of unknown primary origin presenting with neurological symptoms requires urgent and comprehensive imaging for diagnosis. CT imaging is essential in locating the primary origin of the disease. Renal cell carcinoma (RCC) is known for its silent clinical course and tendency to present with distant metastases.

Case Presentation:
A 66-year-old male patient presented to the emergency department with paresthesia involving the left side of the face and progressive paresis of the left upper and lower extremities. Given the focal neurological deficits, an urgent brain imaging study was performed, which revealed multiple metastatic deposits. In the quest to locate the primary tumor, a contrast-enhanced computed tomography (CT) of the thorax and abdomen was conducted. The abdominal CT revealed a heterogeneously enhancing mass in the upper pole of the left kidney, consistent with primary renal cell carcinoma (RCC). There was evidence of tumor thrombosis extending into the left renal vein. Multiple enlarged retroperitoneal lymph nodes were noted. Additionally, osteolytic lesions involving the vertebral bodies of L1 and L2 were observed, confirming osseous metastatic spread. The patient was diagnosed with metastatic renal cell carcinoma with spread to the brain, retroperitoneal lymph nodes, and lumbar spine. Oncological therapy was initiated; however, despite treatment, the disease burden was extensive, and the patient ultimately expired due to complications of progressive metastatic disease.

Conclusion:
This case illustrates the classic, yet advanced, CT findings of metastatic renal cell carcinoma presenting with synchronous brain, lymphatic, and osseous metastases. The presence of renal vein thrombosis and vertebral osteolytic lesions in a patient with neurological symptoms underscores the aggressive nature of this malignancy and the critical role of cross-sectional imaging in identifying the primary tumor and determining the extent of disease.

Keywords:
renal cell carcinoma, metastatic disease, computed tomography

Appendiceal mucocele in patient with cystic fibrosis - Case report

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Introduction: Appendiceal mucocele is a condition of cystic dilatation of the appendix with abnormal accumulation of mucus, caused by chronic partial obstruction. The prevalence of appendiceal mucocele, as a complication of primary disease, is higher in individuals with cystic fibrosis. Methods and materials: A standard protocol of computed tomography of chest, abdomen and pelvis (on 64 slice MDCT) with intravenous administration of contrast and oral given positive contrast medium, was done.

Case presentation: The patient was 25 y/o/male, with chronic, non-specific right lower quadrant pain. CT exam was done, with finding of enlarged diameter of appendix vermiformis up to 13mm in a length of 55mm, with a circumferential thickened wall and a completely occluded lumen. There was no opacification of the surrounding mesenterial fat tissue, nor enlarged locoregional lymph nodes. The finding was confirmed by colonoscopy and histopathological findings after laparoscopic appendectomy. Other findings on the CT exam, was typical for CF: bronchiolectasia and bronchiectasis with mucus plugs, micro cholecyst, grade 3 steatofibrosis of the liver, complete fatty degeneration of the pancreatic parenchyma, the patient is also diabetic. Agenesis of the right seminal vesicle was also revealed. Conclusion: While most CF-related mucoceles are benign (caused by mucus obstruction), they can sometimes be associated with low-grade mucinous neoplasms (LAMN), and therefore timely diagnosis is crucial.

Keywords: appendiceal mucocele, CF, LAMN.

A Case of Emphysematous Cholecystitis Complicated by Subphrenic Abscess in an Elderly Diabetic Patient

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Background: Emphysematous cholecystitis is a severe and life-threatening variant of acute cholecystitis, characterized by the presence of gas in the gallbladder wall or lumen. It is most commonly seen in elderly, diabetic, or immunocompromised patients and carries a high risk of perforation and intra-abdominal abscess formation. We present a case of an 81-year-old male with emphysematous cholecystitis complicated by a right subphrenic abscess.

Case Presentation: An 81-year-old male patient with a past medical history of diabetes mellitus and known cholelithiasis (documented on prior ultrasound) presented to the emergency department with acute abdominal pain and fever. Laboratory tests revealed markedly elevated inflammatory markers (leukocytosis and C-reactive protein). A contrast-enhanced computed tomography (CT) scan of the abdomen was performed, which confirmed an inflamed gallbladder with mural discontinuity (perforation). There was evidence of intraluminal gas, consistent with a diagnosis of emphysematous cholecystitis. Furthermore, a large subphrenic collection containing an air-fluid level was noted, confirming the presence of a subphrenic abscess secondary to the gallbladder perforation. The patient underwent emergency surgical intervention. A successful cholecystectomy was performed with evacuation and drainage of the subphrenic abscess. The patient's postoperative recovery was favorable, and the overall outcome was positive.

Conclusion: This case highlights the aggressive nature of emphysematous cholecystitis in elderly diabetic patients and its potential to progress to gallbladder perforation with subphrenic abscess formation. Early diagnosis utilizing CT imaging and prompt surgical treatment were critical factors contributing to the successful outcome in this high-risk patient.

Keywords: emphysematous cholecystitis, subphrenic abscess, gallbladder perforation, acute abdomen

Invasive Breast Carcinoma NG2 in a 47-Year-Old Woman with Positive Family History –

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Case Report A 47-year-old woman with a positive family history (mother operated on for breast carcinoma at the age of 57) presented for a follow-up examination, including mammography and breast ultrasound. Mammography performed on an analog device revealed an irregular lesion in the superolateral quadrant of the right breast, highly suspicious for malignancy. The lesion was not visible on the mammograms from 2023. Ultrasound examination of the superolateral quadrant of the right breast showed an irregular hypoechoic lesion measuring 5.5 mm in diameter, with posterior acoustic attenuation and infiltration into the surrounding parenchyma. An ultrasound-guided core needle biopsy of the described lesion in the right breast was performed at another institution. Four core samples were obtained, one measuring 7 mm in length, and were sent for further histopathological evaluation. The pathological findings were consistent with invasive breast carcinoma NG2. The patient subsequently underwent a total mastectomy of the right breast. Discussion Breast carcinoma is a common condition among women with a positive family history. Therefore, according to current scientific knowledge, mammographic screening is recommended to begin 10 years earlier than the generally prescribed age. Regular and early mammographic examinations in women with a positive family history are an important factor in the early detection of breast carcinoma.

Multiparametric MRI diagnostic value in a case of prostate cancer

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Introduction: Prostate cancer (PC) is one of the most prevalent malignant tumour in men, especially in elderly patients. The aim of this abstract is to present and illustrate the utility of multiparametric (MP) MRI in the diagnostic of PC. A 58 years old patient with clinical suspicion of PC was explored by MP MRI. The MR examination included T1W, T2W, diffusion-weighted imaging (DWI) acquisitions, ADC map, dynamic contrast-enhanced (DCE) MRI.

Case presentation: The patient was admitted with an elevated PSA level of 5,37ng/ml and clinical suspicion of PC. His past medical history were nonspecific. MP MRI prostate examination was performed using a 1.5 T superconducting MR system with a phased array surface coil. For the MR imaging analysis we have used PI-RADS v2.1 scoring system.

MP MRI findings - T2W a 9 mm diameter area of low signal intensity with irregular shape and ill-defined contours located in the base and mid part of the prostate gland involving the left peripheral zone (PZ). DWI and ADC map shows restricted diffusion with high signal intensity on DWI, respectively low signal intensity on the ADC map. DCE MRI show enhancement after initial uptake. The MRI findings are suggestive for a PC. The lesion was classified according to the PI-RADS scoring system as PI-RADS 4.

It was performed a prostate biopsy, and 2 weeks later, the patient underwent radical prostatectomy. The biopsy confirmed the diagnosis of PC - adenocarcinoma prostate with extra prostatic extension

Conclusion: This case report shows the utility of MP MRI examination in the PC diagnosis, specifying the role of each MR acquisition and increase the diagnostic performance in the detection and extension of PC. MRI findings provides important data for the management of PC.

Key words: PC, DWI, ADC map, DCE.

Perianal abscess due to a long fish bone

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Introduction: The aim of this abstract is to show the importance of radiological features of perianal abscess due to a fish bone. Ingested foreign bodies are known to cause gastrointestinal perforations .However, perianal abscess due to ingested foreign body is rare .Perianal abscess due to foreign bodies was considered to cause penetrating anal canal and perianal tissues .

Case presentation: We report a case of perianal abscess due to a fish bone at 32-year-old man complaint of anal pain that had started a week before. His right -side buttock had swelling and redness. Blood test results showed a mildly elevated white blood cell count and C-reactive protein. Computed tomography (CT) was done with finding a perianal abscess cavity on his left-side buttock and a linear high-intensity structure ,2 cm long, within the abscess cavity. It was performed an operation and found and extracted from the abscess cavity foreign bodies, including the fish bone, which were detected on the preoperative CT scan. The foreign body was 2 cm long. After drainage of the abscess cavity and antibiotic administration, he was discharged from our hospital on day 5 . After the operation, the patient remembered that he ate fish before the onset of his symptoms.

Conclusion: Preoperative diagnosis is crucial in the treatment of perianal abscess related to ingested fish bone. The reason is that diagnosis of the size of the abscess cavity and length, location and number of fish bones before operation is important for ensuring.Rapid diagnosis and ensuring fish bone removal are important to prevent sepsis**.** CT scanning is an appropriate diagnostic method for perianal abscesses caused by swallowed fish bones.

Keywords: CT, perianal abscess,fish bone.

Post-Intubation Neonatal Tracheal Stenosis: Diagnostic Contribution of High-Resolution MDCT and Virtual CT Bronchoscopy

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Abstract

Tracheal stenosis following neonatal intubation is an uncommon but potentially life-threatening complication that may present with nonspecific respiratory symptoms and therefore pose a significant diagnostic challenge. Early recognition is essential to prevent recurrent respiratory distress, avoid delays in diagnosis, and guide appropriate therapeutic planning through a multidisciplinary approach.

We report the case of a premature female neonate (36 weeks' gestational age) with a history of neonatal intensive care unit admission and prior mechanical ventilation who presented shortly after hospital discharge with progressive dyspnea and biphasic stridor. Due to persistent respiratory symptoms and concern for structural airway abnormality, high-resolution Multi-Detector Computed Tomography (MDCT) of the chest was performed. Multiplanar reformations and volume-rendered reconstructions demonstrated pronounced subglottic tracheal stenosis with luminal narrowing to approximately 2.5 mm in the cervical trachea. The stenotic segment was short but critically reduced the airway caliber. Additionally, mild proximal narrowing of the right main bronchus, extending approximately 5 mm, was identified. Virtual CT bronchoscopy further characterized this finding as a lateral wall fold without significant distal obstruction. No evidence of external vascular compression, mediastinal mass, lymphadenopathy, or congenital vascular anomaly was detected. The lung parenchyma showed no focal consolidation, atelectasis, or pleural effusion.

In the context of prior endotracheal intubation and the absence of extrinsic compressive factors, the imaging findings were considered most consistent with post-intubation tracheal stenosis. The comprehensive anatomical evaluation provided by MDCT and virtual bronchoscopy proved crucial for accurate diagnosis, exclusion of alternative etiologies, and multidisciplinary treatment planning. This case underscores the importance of advanced CT imaging in the assessment of persistent neonatal stridor and highlights its pivotal role in defining airway pathology and optimizing clinical management strategies.

Keywords: tracheal stenosis, neonatal intubation, MDCT, virtual bronchoscopy, airway obstruction

Pulmonary cavitary nodule in a patient with Crohn's disease: CT features of a rare extraintestinal manifestation

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Abstract

Pulmonary manifestations of Crohn's disease are rare and may represent a diagnostic challenge because radiological findings frequently mimic infection, malignancy, or autoimmune disease. Early recognition is essential to guide appropriate management and avoid unnecessary invasive procedures.

We report the case of a 57-year-old patient with Crohn's disease treated with mesalazine for more than 30 years who presented with dyspnea of two days' duration and long-standing dysphonia. Chest computed tomography revealed a 7-mm cavitary pulmonary nodule with a thick wall and a surrounding ground-glass halo in the upper lobe. No significant mediastinal, hilar, or axillary lymphadenopathy was observed. A completely calcified pulmonary nodule compatible with prior granulomatous disease was also present. The central airways were patent, and no pleural or pericardial effusion was detected.

Considering the patient's clinical history and the absence of imaging features strongly suggestive of infection or malignancy, the radiological findings were considered most consistent with a sterile cavitating pulmonary nodule compatible with a necrobiotic pulmonary nodule as an extraintestinal manifestation of Crohn's disease. These lesions are exceptionally uncommon and often mimic tuberculosis, fungal infection, vasculitis, or metastatic disease, leading to diagnostic uncertainty.

This case emphasizes the importance of including necrobiotic pulmonary nodules in the differential diagnosis of cavitary lung lesions in patients with inflammatory bowel disease. It highlights the key role of CT imaging in directing further clinical management.

Keywords: Crohn's disease, pulmonary nodule, cavitary lesion, CT, extraintestinal manifestation

NEPHROBLASTOMA (WILMS TUMOR)

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Introduction: Nephroblastoma (Wilms tumor) is a malignant kidney tumor and the most common solid tumor in childhood. It usually occurs unilaterally, although bilateral cases may be observed. It originates from undifferentiated mesodermal tissue.

Case presentation: We present a 7-year-old male child (B.A.), who was incidentally diagnosed at the age of 3 months of age during a routine examination, when a firm abdominal mass was palpated. Ultrasound of the urogenital tract revealed a well-defined, homogeneous lesion in the left renal fossa measuring 47 × 49 mm, without vascularization on Doppler imaging. Abdominal CT findings suggested a left renal tumor (Tu renis lat. sin.), suspicious for Wilms tumor.

Laboratory tests showed elevated lactate dehydrogenase (LDH) and alkaline phosphatase (AP).

In 2018, the patient underwent left ureteronephrectomy with suprarenalectomy. Histopathological analysis confirmed nephroblastoma (Wilms tumor), non-anaplastic, Stage I.

Postoperative and follow-up ultrasound examinations over the next two years were normal. The most recent CT scan of the chest and abdomen showed normal lung parenchyma without metastases, status post left nephrectomy, and compensatory hypertrophy of the right kidney without obstruction. The liver was without focal lesions, and no enlarged retroperitoneal lymph nodes were detected.

Clinical follow-up demonstrated good overall condition. The latest hematology-oncology evaluation confirmed no evidence of recurrence.

Conclusion: Patients with favorable histology and Stage I–II disease have a survival rate above 90%. In advanced stages (III–IV) with metastases, prognosis is poorer, but survival remains relatively high (70–85%).

Keywords: nephroblastoma, recurrence, non anaplastic

STUDENTS SESSION

Pembrolizumab - associated hypothyroidism in a melanoma cancer patient

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Pembrolizumab is a humanized monoclonal antibody targeting the programmed cell death-1 (PD-1) receptor and is widely used in the treatment of advanced melanoma. Although generally well tolerated, immune checkpoint inhibitors may induce immune-related adverse events affecting multiple organ systems. Endocrine toxicities are among the most common. Several studies have reported hypothyroidism as an immune-related endocrine adverse event associated with pembrolizumab therapy.

A 59-year-old female patient was diagnosed with malignant melanoma in the left shoulder region (stage IIB). Prior to initiation of systemic therapy, the patient had no history of thyroid disease or related symptoms. She underwent wide local excision of the melanoma followed by adjuvant therapy with pembrolizumab administered at a dose of 200 mg every three weeks.

After six months of treatment, the patient developed fatigue, drowsiness, and cold intolerance. Laboratory evaluation revealed markedly elevated thyroid-stimulating hormone (TSH) levels (67.7 mIU/L) with decreased free thyroxine (fT4) levels (2.4 pmol/L), consistent with primary hypothyroidism. Anti-thyroid antibodies were significantly elevated (anti-TPO >400 IU/mL; anti-thyroglobulin >1000 IU/mL). Thyroid ultrasound showed a normal-sized gland with diffuse hypoechogenicity and heterogeneous parenchyma, findings suggestive of autoimmune thyroiditis.

No other medications or medical conditions known to cause thyroid dysfunction were identified. Based the temporal relationship with immunotherapy and the absence of alternative etiologies, pembrolizumab-induced hypothyroidism was diagnosed.

Levothyroxine replacement therapy was initiated at a dose of 50 µg/day and gradually increased to 100 µg/day, resulting in progressive normalization of thyroid function and clinical improvement. Pembrolizumab therapy was continued without interruption.

This case highlights the importance of regular monitoring of thyroid function during immune checkpoint inhibitor therapy. Early detection and appropriate management of endocrine immune-related adverse events enable continuation of effective oncologic treatment while minimizing potential complications.

Keywords: pembrolizumab, hypothyroidism, melanoma, immune-related adverse events

Isolated HPV-73 Infection Associated with Recurrent CIN3: A Case Report of Repeat Conization

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Human papillomavirus type 73 (HPV-73) is an uncommon HPV genotype classified by the International Agency for Research on Cancer as a possibly carcinogenic type phylogenetic species related to other oncogenic HPV types. Although it is considerably less prevalent than the most common high-risk types such as HPV-16 and HPV-18, HPV-73 has been detected in high-grade cervical intraepithelial lesions (CIN3/HSIL) in several genotype distribution studies. Its reported prevalence in CIN3 lesions is relatively low, generally around 0.5–2%, indicating that HPV-73 represents a rare but etiologically relevant contributor to high-grade cervical dysplasia.

We present the case of a 39-year-old nulliparous woman who underwent cervical biopsy due to an abnormal PAP smear result (ASC-H). During the diagnostic procedure, HPV testing and genotyping were performed, detecting HPV-73 as the only HPV genotype present. The patient had a history of cold knife conization performed 11 years earlier due to severe cervical dysplasia, with histopathological findings confirming high-grade dysplasia with negative surgical margins; at that time, HPV genotyping revealed infection with HPV-16. Histopathological examination of the biopsy confirmed a high-grade squamous intraepithelial lesion (HSIL). Approximately 3–4 weeks later, the patient underwent loop electrosurgical excision treatment (LEETZ). Final histopathological analysis confirmed severe cervical dysplasia (CIN3 / dysplasia gravis) with negative surgical margins, indicating complete excision of the lesion. This case, therefore, represents a rare example of single-type HPV-73 infection associated with CIN3.

In the era of widespread HPV vaccination, a decline in cervical lesions associated with vaccine-covered genotypes, particularly HPV-16 and HPV-18, has been observed. Concurrently, a relative increase in the detection of other high-risk, non-vaccine HPV genotypes has been reported. This epidemiological shift underscores the importance of continuous surveillance and documentation of less common HPV types, including HPV-73, particularly when identified as monoinfections associated with high-grade cervical lesions.

Key words: HPV 73, Cervical Intraepithelial Neoplasia grade 3, HSIL – High-Grade Squamous Intraepithelial Lesion

The Diagnostic Intersection of Vasospasm and Compression: A Case of Synchronous Raynaud's Phenomenon and Bilateral Carpal Tunnel Syndrome

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Introduction

Carpal Tunnel Syndrome (CTS) and Raynaud's Phenomenon (RP) represent two of the most common pathologies affecting the upper extremities. While CTS is a compressive neuropathy and RP is a vasospastic disorder, their clinical presentations—specifically paresthesia and cold sensitivity—frequently overlap. This case report describes a complex clinical course in a female patient where these two conditions manifested sequentially and bilaterally, complicating the diagnostic and therapeutic landscape.

Case presentation

A 67-year-old patient, first presented in 2020 with classic symptoms of median nerve compression in the left hand. Following clinical and electrophysiological confirmation, she was diagnosed with left-sided CTS and underwent a successful surgical release.

In 2022, the patient developed triphasic color changes in the digits of both hands upon cold exposure, leading to a diagnosis of RP. By 2023, the patient reported a new onset of tingling and numbness in the right hand, accompanied by visible hypotrophy of the thenar eminence. Neurological evaluation confirmed right-sided CTS, and a second surgical decompression was performed successfully.

After three years of follow-up, the nocturnal paresthesia and numbness in both hands had completely resolved. However, despite the successful surgical treatment of the compressive neuropathy, the Raynaud's Phenomenon remained persistent, requiring ongoing conservative management and cold-avoidance strategies.

Conclusion

This case illustrates an interesting and rarely described occurrence of RP and CTS occurring simultaneously in the same patient. The overlapping symptoms of these conditions can create a "diagnostic mask".

Clinicians must exercise high vigilance when evaluating patients for CTS, as the presence of vasospastic symptoms may indicate a comorbid Raynaud's Phenomenon. Understanding this coexistence is vital, since surgical decompression effectively addresses neuropathy, but does not alleviate vasospasm. This report emphasizes the need for a comprehensive vascular and neurological assessment to ensure optimal patient care.

Keywords: Raynaud's phenomenon; Carpal tunnel; overlapping symptoms; numbness; vasospasm.

Pott's Puffy Tumor - Multidisciplinary Management of a Rare Complication

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Pott's puffy tumor is an uncommon and potentially life-threatening complication of frontal sinusitis, rarely encountered in the antibiotic era. It is characterized by localized frontal swelling due to subperiosteal abscess formation and an increased risk of intracranial complications.

We present the case of a 17-year-old boy initially treated for left-sided pansinusitis. Despite two consecutive courses of antibiotic therapy, his condition progressed over a few weeks, with the development of frontal pain and localized swelling. Computed tomography revealed findings consistent with a frontal subperiosteal abscess. One month after symptom onset, the patient was admitted for further management. On admission, clinical and laboratory findings indicated ongoing infection, and the patient required specialized care.

A multidisciplinary surgical approach involving otorhinolaryngology and neurosurgery was undertaken. Frontal sinus drainage was performed, and microbiological analysis identified Streptococcus intermedius. Targeted intravenous antibiotic therapy (penicillin G and metronidazole) was subsequently initiated.

Postoperative recovery was uneventful. The patient remained in good clinical condition, with only minimal headache and no nasal discharge. No neurological deficits or other signs of complications were observed.

This case highlights the importance of early recognition and prompt multidisciplinary management of Pott's puffy tumor. In patients presenting with frontal swelling following sinusitis, particularly those unresponsive to initial antibiotic therapy, early imaging, timely surgical intervention, and targeted antimicrobial treatment are essential to prevent severe complications. Multidisciplinary collaboration and microbiology-guided therapy remain key factors for achieving favorable outcomes in this rare but potentially life-threatening condition.

Keywords: Pott's puffy tumor, pansinusitis, antibiotic therapy, multidisciplinary approach

Early-Onset Behavioral Variant Frontotemporal Dementia with C9orf72 Repeat Expansion: A Case Report

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Frontotemporal dementia (FTD) is a group of neurodegenerative disorders characterized by progressive behavioral and executive dysfunction. The behavioral variant (bvFTD) is the most common subtype and is frequently associated with C9orf72 hexanucleotide repeat expansion, which links FTD and amyotrophic lateral sclerosis (ALS). Early recognition remains challenging in younger adults because initial behavioral changes often resemble primary psychiatric illness. We report a 39-year-old male active-duty military officer who presented with progressive behavioral and cognitive decline. According to his family and colleagues, the first symptoms included social disinhibition, apathy, emotional blunting, and compulsive overeating. Because of the patient's young age and preserved functional status, the initial evaluation suggested a psychiatric disorder. However, symptoms continued to progress over three years. Neurological examination revealed mild pyramidal signs, postural tremor, and a positive grasp reflex, consistent with frontal release phenomena. Cognitive testing confirmed executive dysfunction with relatively preserved visuospatial abilities (MMSE 26/30; MoCA 20/30). Brain MRI demonstrated bilateral frontotemporal cortical atrophy, while FDG-PET revealed frontal hypometabolism extending toward the striatum and thalamus. Routine laboratory and cerebrospinal fluid analyses were unremarkable. Based on clinical findings and imaging results, probable bvFTD was suspected, and targeted genetic testing confirmed a pathogenic C9orf72 hexanucleotide repeat expansion. During follow-up, the patient developed dysarthria, tongue fasciculations, and limb weakness. Electromyography findings were consistent with motor neuron disease, indicating progression to an FTD–ALS overlap phenotype. The disease progressed rapidly, and the patient died from respiratory failure approximately one year after ALS onset. This case highlights the importance of considering neurodegenerative disease in young adults presenting with behavioral change and emphasizes the value of combining clinical evaluation, neuroimaging, and genetic testing for early diagnosis.

Keywords: frontotemporal dementia; C9orf72; amyotrophic lateral sclerosis

Chronic Obstructive Pulmonary Disease (COPD) as a Post-Tuberculosis Lung Disease (PTLD): A case report

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Abstract

Introduction:

Chronic obstructive pulmonary disease (COPD) is a progressive respiratory disorder characterised by persistent airflow limitation and chronic inflammatory response of the airways and lungs. It represents a major global health burden associated with significant morbidity, reduced quality of life (QoL), and frequent exacerbations requiring medical intervention. Smoking remains the highest risk factor for COPD globally. However, recent findings support the hypothesis that previous pulmonary tuberculosis (TB) is an independent risk factor for obstructive airways disease.

Case Presentation:

We present the case of a 54-year-old male who had completed a standard six-month treatment regimen for pulmonary TB. Due to further complaints of chronic cough, dyspnea and fatigue, as well as extensive fibrotic sequelae on CT of the chest, a pulmonary function assessment was performed. Initially, spirometry showed an obstructive ventilatory defect, with FEV1/FVC<0.70, and a positive bronchodilator reversibility test, which is why inhalation therapy with a long-acting *β2*-agonist (LABA) and inhaled corticosteroid (ICS) was prescribed. The therapy initially resulted in improvement and then stabilisation of FEV1 value, with a reduction in the degree of reversibility in the bronchodilator test. Subsequent monitoring of the clinical condition showed a significant reduction in symptoms, with occasional fluctuations in the context of lower respiratory tract infections. As of 2026, no clinically significant exacerbation indicating hospitalisation has been recorded, and microbiological examination of sputum has not shown relapse of pulmonary TB.

Conclusion:

This case highlights the importance of assessment with Pulmonary Function Tests (PFTs) in the context of previous TB, and emphasises the importance of continuous clinical monitoring and vigilance for PTLD. Early recognition of the disease, regular follow-up, and functional assessment, with timely therapeutic adjustments and pulmonary rehabilitation, remain essential to prevent disease progression, maintain clinical stability, and improve the patient's QoL.

Keywords: Post-TB Lung Disease (PTLD), Chronic Obstructive Pulmonary Disease (COPD), Pulmonary Function Tests (PFTs)

Suspected coinfection of bacterial pneumonia with *Candida albicans* in patient with atopy

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Introduction: Immune stimulation from acute bacterial infection, accompanied by coinfection with *Candida albicans* which is considered cross-reactive with *Aspergillus fumigatus* allergens, can lead to severe clinical conditions in patients with atopy. Case Report: A 19 years old patient was complaining of malaise and persistent dry cough for a period of two weeks. The patient reported that he was diagnosed with bacterial pneumonia caused by *Streptococcus spp*., *Staphylococcus spp*., and *Haemophilus spp*., and was treated with antibiotics and inhalation therapy. Because of the persistent cough that was not improving, he was recommended for allergy testing. The serological sIgE was slightly increase to *Aspergillus fumigatus* (0.52 IU/ml) and skin prick test for mold mixture was negative. The patient presented with symptoms suggestive of oropharyngeal candidiasis and was recommended for microbiological testing. Treatment: the patient was treated with Spray Fluticasone and Salbutamol. During the follow-up, the patient reported a positive oral swab for *Candida albicans*, and after the administration of antifungal therapy, he showed no more symptoms and was fully recovered. Conclusion: The biofilm formed by *Streptococcus spp*., *Staphylococcus spp*., and *Candida albicans* can lead to a general stimulation of the immune system. The slightly elevated sIgE for *Aspergillus fumigatus*, despite a negative skin prick test, was likely due to the lack of this allergen in the mixture. Additionally, potential cross-reactivity with *Candida albicans* was taken into consideration, which was not included in initial allergy tests. Based on the latest scientific evidence, we recommend including this allergen in the allergy testing panel to ensure more comprehensive diagnostic approach.

Keywords: bacterial pneumonia, *Aspergillus fumigatus*, *Candida albicans*.

Low-Grade Appendiceal Mucinous Neoplasm Presenting as a Giant Ovarian Mass: A Diagnostic Clinical and Histopathologic Challenge

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Background

Low-grade appendiceal mucinous neoplasms (LAMNs) are rare epithelial tumors that may metastasize to the ovary and mimic primary ovarian mucinous neoplasms. Both LAMN and appendiceal mucinous adenocarcinoma can spread to the peritoneum, causing pseudomyxoma peritonei (PMP) — the diffuse accumulation of mucin-producing epithelium within the abdominal cavity. However, adenocarcinoma carries a significantly worse prognosis and requires systemic chemotherapy in addition to cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC). Accurate distinction between these entities is therefore essential, as misclassification directly affects the extent and aggressiveness of treatment.

Aim

To present a diagnostically challenging case of LAMN with ovarian involvement, highlighting histopathologic challenging diagnostics and the importance of multidisciplinary decision-making.

Case Presentation

A 58-year-old postmenopausal woman presented with a 20 cm abdominopelvic mass occupying the entire pelvis on MRI, arising from the right ovary and compressing adjacent structures. Given the apparent ovarian origin, suspected malignancy intraoperatively, and the patient's postmenopausal status, total hysterectomy with bilateral salpingo-oophorectomy and appendectomy was performed — a standard approach for a large pelvic mass of uncertain origin.

After thorough histopathologic analysis including three expert pathologists, a consensus has been achieved upon a diagnosis of LAMN with metastasis to the right ovary. The case was discussed with the multidisciplinary tumor board involving the pathology, oncology, and surgical teams, consensus was reached to treat the patient accordingly.

Postoperative CT showed no residual or distant disease. Nevertheless, given the diagnostic uncertainty and the fact that both LAMN and adenocarcinoma can seed the peritoneum — potentially requiring CRS and HIPEC, or in the case of adenocarcinoma, additional systemic chemotherapy — a second-look laparoscopy was performed to exclude occult peritoneal disease before committing to surveillance alone. No peritoneal metastases were identified, and omental biopsy confirmed the absence of malignancy.
Based on the final diagnosis of LAMN with right ovarian metastasis and no peritoneal involvement, the patient was managed with complete surgical resection alone — the standard of care for localized LAMN.

No adjuvant chemotherapy or HIPEC was required. She had an uneventful recovery and remained disease-free on follow-up imaging, with no evidence of recurrence or peritoneal mucinous dissemination.

Conclusion

This case illustrates the diagnostic complexity of LAMN presenting as a large ovarian mass and the clinical consequences of difficult diagnostic cases that can cause inter-observer variabilities. The spectrum of possible histopathologic diagnoses ranging from synchronous independent lesions, adenocarcinoma with metastasis, and LAMN with metastasis — each implies different management strategies ranging from surveillance to CRS with HIPEC and systemic chemotherapy. Second-look laparoscopy was justified by the peritoneal spread risk shared by both LAMN and adenocarcinoma, and proved critical in confirming the absence of PMP. The favorable outcome following surgical resection alone underscores that rigorous multidisciplinary consensus is essential to ensure accurate diagnosis and avoid unnecessary, potentially morbid overtreatment.

Keywords:

Low-grade appendiceal mucinous neoplasm; ovarian metastasis; mucinous adenocarcinoma; pseudomyxoma peritonei; multidisciplinary tumor board; hysterectomy; bilateral salpingo oophorectomy; appendectomy

Giant Condyloma Acuminatum Associated with Human Papillomavirus Infection: A Case Report

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Abstract

Condyloma acuminatum is a benign epithelial proliferation caused by infection with low-risk human papillomavirus (HPV), most commonly HPV types 6 and 11. In rare cases, these lesions may evolve into giant condyloma acuminatum, also known as Buschke–Löwenstein tumor, characterized by extensive local growth, high recurrence potential, and occasional malignant transformation.

We present the case of a 42-year-old woman admitted to the University Clinic of Gynecology and Obstetrics in Skopje with complaints of a progressively enlarging vulvar lesion associated with discomfort and intermittent bleeding.

Gynecological examination revealed a large exophytic cauliflower-like mass involving the vulvar region. Routine laboratory investigations were within normal limits. HPV testing confirmed infection with low-risk HPV type 6.

Pelvic magnetic resonance imaging demonstrated a localized lesion without evidence of deep tissue invasion or regional lymphadenopathy. Surgical excision of the lesion was performed under general anesthesia with multidisciplinary collaboration.

Histopathological examination confirmed condyloma acuminatum without evidence of malignant transformation. The postoperative course was uneventful, and the patient was discharged with recommendations for regular gynecological follow-up and HPV monitoring.

Keywords: HPV infection, condyloma acuminatum, Buschke–Löwenstein tumor, vulvar lesion, surgical excision

Treatment of Nevus of Ota with Q-Switched Laser

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Background:

Nevus of Ota is a dermal melanocytic pigmentation disorder characterized by bluish-gray to slate-brown discoloration typically involving the periorbital region, forehead, and temple. It results from dermal melanocytes that fail to completely migrate during embryogenesis. The condition often causes significant cosmetic concern. Laser therapy, particularly Q-switched lasers such as the Q-switched Nd:YAG laser, has become the gold standard treatment due to its ability to selectively target melanin through the principle of Selective Photothermolysis.

Aim:

To evaluate the effectiveness and safety of Q-switched laser therapy in the treatment of Nevus of Ota.

Case Presentation:

A patient presented with bluish-gray hyperpigmentation involving the periorbital and malar regions consistent with Nevus of Ota. Treatment was performed using a Q-switched Nd:YAG laser (1064 nm). Multiple treatment sessions were carried out at regular intervals of 6 weeks. Progressive lightening of the pigmentation was observed after each session with no significant adverse effects. The patient tolerated the procedure well, and cosmetic improvement was achieved.

Conclusion:

Q-switched laser therapy, particularly with the Q-switched Nd:YAG laser, is a safe and effective treatment modality for Nevus of Ota. Multiple sessions result in gradual pigment clearance and satisfactory cosmetic outcomes with minimal complications.

Keywords:

Nevus of Ota; Q-switched Nd:YAG laser; dermal hyperpigmentation; laser therapy; Selective Photothermolysis.

When Panic Attacks Are Not Panic: Mesial Temporal Lobe Epilepsy as a Diagnostic Challenge

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Background:
Mesial temporal lobe epilepsy (MTLE) is the most common drug-resistant form of focal epilepsy in adults. It primarily involves the hippocampus, amygdala, and parahippocampal structures, with hippocampal sclerosis being the most frequent pathological finding. The clinical presentation often includes auras with emotional or autonomic symptoms, impaired awareness, and automatisms. These manifestations may mimic psychiatric disorders, particularly panic attacks, leading to delayed diagnosis.
Case presentation:
We report a 40-year-old male with a 10-year history of mood changes and recurrent episodes of intense fear associated with sweating, hypersalivation, pallor, and palpitations. These episodes were initially diagnosed as panic attacks and psychogenic seizures. Three years prior to hospitalization, the patient experienced his first focal to bilateral tonic–clonic seizure, after which carbamazepine monotherapy was initiated, resulting in partial seizure control. One month prior to admission, he developed two additional focal seizures within two consecutive days. A history of febrile seizures and a possible previous CNS infection raised suspicion of a structural epileptic disorder. Electroencephalography and brain magnetic resonance imaging findings were consistent with mesial temporal lobe epilepsy.
Conclusion:
This case highlights a classic presentation of MTLE in which aura symptoms were misinterpreted as panic attacks for many years. Recognition of epileptic auras presenting with emotional and autonomic features is essential for accurate diagnosis and timely management, particularly given that surgical treatment can achieve seizure freedom in a significant proportion of patients.

Keywords: epilepsy surgery, mesial temporal lobe epilepsy, misdiagnosis, panic attacks, structural epilepsy,

TRICHOBLASTOMA OF THE RIGHT WRIST IN A 60 – YEAR OLD PATIENT: A RARE BENIGN FOLLICULAR TUMOR

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Trichoblastoma is a rare benign adnexal tumor originating from hair follicle germinative cells. It most commonly occurs in middle – aged and elderly people on hair – bearing areas such as the face or the scalp. Clinically, the lesion could mimic several benign soft – tissue tumors, as well as basal cell carcinoma, creating many diagnostic challenges.

We report the case of a 60 – year old patient who presented with a painless, round, soft – tissue mass located on the dorsolateral aspect of the right wrist above the anatomical snuffbox. The lesion measured approximately 3 – 4cm in diameter and had firm to elastic consistency, was freely movable and not adherent to the underlying structures. The tumor was surgically excised under local infiltrative anesthesia. Macroscopically, the excised specimen measured 3.5 x 2.8 x 2.5cm. The histopathological examination revealed a well – defined nodular lesion composed of nests of basaloid cells within a fibrocellular stroma. Focal peripheral palisading of basaloid cells and the presence of papillary mesenchymal bodies indicating follicular differentiation were observed. Based on these findings, a diagnosis of trichoblastoma was established.

Trichoblastoma is an uncommon benign tumor that rarely occurs on the extremities. Due to its clinical and pathological similarity to basal cell carcinoma, definitive diagnosis relies on histopathological examination. Complete surgical excision is the treatment of choice and is associated with an excellent prognosis. This case highlights the importance of considering trichoblastoma in the differential diagnosis of solitary soft – tissue lesions in atypical locations.

Keywords: trichoblastoma, follicular tumor, basal cell carcinoma, histopathology

From Premalignant Lesions to Aggressive Malignancy: A Case of Quadruple Primary Tumors

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Introduction:

Multiple primary malignancies (MPMs) are increasingly recognized in clinical practice due to advances in diagnostic methods and prolonged survival of cancer patients. Although the development of two independent primary tumors is relatively uncommon, the occurrence of three or more distinct malignancies in a single patient remains extremely rare, that is why we decided to present this case not with pride, but with the intention of contributing to academic knowledge and advancing our understanding for the benefit of patients and broader medical community. The reported incidence of MPMs ranges from approximately 0.7% to 11%, with most patients presenting with only two tumors. Accurate differentiation between independent primary neoplasms and metastatic disease is essential for appropriate diagnosis, treatment planning, and long-term follow-up.

Case Presentation:

We report the case of a 79-year-old woman who developed four separate neoplastic conditions over a five-year period. The first lesion was melanoma in situ of the skin, detected during routine dermatologic examination and treated with complete surgical excision. Subsequently, the patient was diagnosed with high-grade vulvar intraepithelial neoplasia (VIN3), confirmed by histopathological examination following biopsy and managed surgically. In the following years, invasive breast carcinoma was identified during oncologic evaluation and treated according to contemporary protocols. The most aggressive malignancy developed later, when the patient presented with abnormal uterine bleeding and was diagnosed with uterine carcinosarcoma after hysterectomy and histopathological analysis. Pathological evaluation confirmed that all four lesions represented independent primary tumors with distinct histogenesis rather than metastatic spread.

Conclusion:

The coexistence of melanoma in situ, vulvar intraepithelial neoplasia grade 3, invasive breast carcinoma, and uterine carcinosarcoma in a single patient within a relatively short time interval is exceptionally rare. Possible mechanisms contributing to multiple primary tumors include genetic susceptibility, hormonal influences, environmental exposures, immune dysregulation, and age-related genomic instability. This case highlights the importance of vigilant long-term surveillance in oncologic patients and the need for multidisciplinary evaluation to optimize management and improve understanding of MPMs.

Adjuvant Treatment Decision-Making in Premenopausal Patients with Early-Stage Luminal A Breast Cancer

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Breast cancer biomarkers have both prognostic and predictive value and play a crucial role in determining individualized treatment strategies. The greatest therapeutic dilemma remains in premenopausal patients with early-stage Luminal A breast cancer, particularly when deciding between adjuvant chemotherapy and endocrine therapy, balancing the risk of overtreatment against undertreatment.

We present two cases of 43-year-old premenopausal patients diagnosed with right-sided invasive ductal carcinoma (pT1aN0M0, G3, Luminal A subtype). Both patients underwent mastectomy with axillary dissection. Immunohistochemical analysis in both cases showed high estrogen (ER 80–85%) and progesterone receptor expression (PR 90–95%), HER2-negative status (1+), Ki-67 of 15%, and negative p53.

In the first case, a multigene assay (MammaPrint) was performed, demonstrating low metastatic risk and supporting the decision to omit chemotherapy. The patient received dual endocrine therapy (LHRH analogue plus aromatase inhibitor) and achieved progression-free survival of 41 months.

In the second case, due to financial limitations, no multigene assay was performed. Treatment decisions were based solely on clinicopathological characteristics. The patient was also treated with dual endocrine therapy and has achieved disease-free survival of 60 months, remaining under active surveillance.

These cases highlight that multigene assays provide significant prognostic and predictive information in selected patient populations. However, in resource-limited settings, careful evaluation of traditional clinicopathological parameters remains essential for individualized treatment planning. Proper risk assessment ensures optimal therapeutic decisions while avoiding unnecessary toxicity.

Keywords: breast cancer, Luminal A, multigene assay, adjuvant therapy, premenopausal patients

Type II Necrotizing Fasciitis as First Presentation of Type 1 Diabetes: Severe Diabetic Ketoacidosis Following Thorn Prick Injury

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Necrotizing fasciitis (NF) is a rapidly progressive, life-threatening soft-tissue infection whose severity is strongly influenced by glycemic status. Poor or unrecognized glycemic control impairs host defense, worsens tissue destruction, and increases the risk of septic shock, amputation, and death, while severe infection can precipitate diabetic ketoacidosis (DKA) in susceptible patients.

A 23-year-old woman of low socioeconomic background presented with worsening anorexia, vomiting, and decreased consciousness following a neglected thorn prick to the left index finger 10 days earlier. On admission, she was somnolent, tachypneic(RR 33/min), and hypotensive at 90/50 mmHg, with a swollen left index finger showing red-violet dorsal patches, a pale distal phalanx, and erythema of the hand. Labs showed severe hyperglycemia (60 mmol/L), leukocytosis (43 × 10^9/L), elevated CRP (201 mg/L), hyponatremia (122 mmol/L), hypokalemia (3.2 mmol/L), pH 6.8, and lactate at 1.9 mmol/L, confirming necrotizing fasciitis (NF) with diabetic ketoacidosis (DKA) from newly diagnosed type 1 diabetes mellitus (T1DM).

Fasciotomies via dorsolateral finger and dorsal hand incisions were performed in the emergency department, followed by immediate transfer to the intensive care unit for aggressive resuscitation, broad-spectrum intravenous antibiotics, and insulin replacement therapy. Serial surgical debridements were performed; wound cultures identified *Staphylococcus aureus* confirmed type 2 NF. Considering the patient's local status (complete absence of the skin and soft tissue envelope of the index finger), newly diagnosed poorly controlled diabetes mellitus, and low socioeconomic status, metacarpal amputation of the left index finger was performed. The patient recovered well and was referred to the endocrinology department for further treatment and education.

This case highlights a very rare initial presentation of T1DM with DKA, worsened by type II NF, emphasizing the bidirectional relationship between severe infection and metabolic decompensation. Prompt surgery, intensive resuscitation, antibiotics, and blood sugar management were lifesaving.

Keywords: necrotizing fasciitis, type II NF, diabetic ketoacidosis, type 1 diabetes, low socioeconomic status, *Staphylococcus aureus*

Hybrid SPECT/CT Detection of a Fracture Through a Cystic Lesion of the Greater Trochanter: A Rare Cause of Late Pain After Total Hip Arthroplasty

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Late or persistent pain after total hip arthroplasty (THA) represents a diagnostic challenge, particularly when conventional radiography and laboratory markers do not indicate infection or prosthetic loosening. Hybrid SPECT/CT imaging has emerged as a valuable tool in the evaluation of painful hip prostheses by combining metabolic and anatomical information.
We report the case of a 55-year-old male who presented with progressive pain in the right hip approximately nine years after total hip arthroplasty performed for a basocervical femoral neck fracture. Clinical examination and inflammatory serum markers were within normal limits. Conventional radiographs demonstrated a well-positioned prosthesis without clear signs of loosening or periprosthetic fracture. A two-phase bone scintigraphy using 99mTc-MDP followed by SPECT/CT of the pelvic region was performed. The "pool" phase showed no abnormal perfusion in the imaged area. Delayed whole-body scintigraphy and SPECT/CT revealed focal increased tracer uptake in the region of the right greater trochanter with a central photopenic area corresponding to a periprosthetic cystic lesion. CT images demonstrated a nondisplaced fracture traversing the cystic lesion of the greater trochanter, with an additional periarticular lamellar calcification. Based on these findings, conservative management was recommended.
Hybrid SPECT/CT enables precise localization of metabolically active bone lesions and provides complementary anatomical information, allowing detection of subtle periprosthetic complications such as fractures associated with cystic bone changes.

Keywords: bone scintigraphy, SPECT/CT, total hip arthroplasty, periprosthetic cyst, periprosthetic fracture

Hydrocele associated with asthenoteratozoospermia and leukocytospermia: a case report

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Introduction: Hydrocele is a benign condition, defined as accumulation of serous fluid within the tunica vaginalis surrounding the testis. Although hydroceles are mostly asymptomatic, on the long term they can elevate the intratesticular pressure, increase testicular temperature and lead to chronic inflammation. All of these factors may contribute to male infertility by influencing spermatogenesis.

Case presentation: We report the case of a 29-year-old male who presented with a history of infertility lasting approximately one year. The patient complained of progressive right-sided scrotal enlargement. He described a sensation of heaviness in the scrotum, without pain, trauma, or prior infections. His past medical history was otherwise unremarkable. Upon physical examination, there was a non-tender swelling on the right side of the scrotum. It presented with positive transillumination, suggestive of a hydrocele, which was confirmed by scrotal ultrasonography.

As part of the infertility assessment, semen analysis was performed. The results revealed asthenozoospermia, a reduction in sperm motility, with 19% fast progressive spermatozoa (normal ranges: >32%). The differential morphological picture showed only 3% of spermatozoa with normal morphology (normal ranges: >4%), along with many morphological abnormalities of the head and midpiece structures, indicating teratozoospermia. In addition, the semen sample showed leukocytospermia, a significant number of leukocytes, which may suggest an underlying inflammatory or infectious process in the male reproductive tract.

The patient was advised to undergo further evaluation in order to rule out genital tract infection and inflammation.

Conclusion: This case demonstrates the combination of asthenoteratozoospermia and leukocytospermia in a hydrocele patient, showing that both mechanical and inflammatory factors can contribute to impaired semen quality. Being among the most common causes of scrotal swelling, affecting around 1% of adult men, hydroceles need to be detected and treated timely to preserve fertility in the male population.

Keywords: hydrocele, infertility, spermatogenesis

Title: Aggressive clinical course of MALT lymphoma with early CNS involvement: A case report

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Case Presentation

Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma) is considered an indolent subtype of non-Hodgkin lymphoma, typically characterized by slow progression and favourable long-term outcomes. However, a small subset of patients may exhibit an unexpectedly aggressive clinical course, including early relapse and involvement of uncommon anatomical sites. Central nervous system (CNS) involvement in MALT lymphoma is particularly rare and represents a significant diagnostic and therapeutic challenge.

We report a patient treated at our clinic since May 2025 with a diagnosis of non-Hodgkin lymphoma – MALT lymphoma. Initial treatment consisted of six cycles of chemotherapy according to the R-CHOP protocol. Post-treatment PET demonstrated complete metabolic and morphological regression of pulmonary lesions, with partial regression of previously detected changes in the splenic hilum, thyroid gland, spleen, and stomach. Following multidisciplinary discussion, therapy was continued with four cycles of the G-Bendamustine regimen.

During follow-up evaluation, PET revealed a metabolically active lesion within the medulla spinalis at the level of Th12–L3, raising suspicion for CNS involvement. MRI of the spine confirmed the presence of the lesion. After neurosurgical consultation, a decompressive laminectomy was performed, after which the patient received two cycles of high dose cytarabine and methotrexate. MRI performed after the first cycle demonstrated complete regression of the previously observed spinal changes, while follow-up PET imaging in September 2025 showed no convincing evidence of metabolically active disease.

However, four months later the patient developed neurological symptoms including confusion, dizziness, and transient memory impairment, prompting re-evaluation for CNS disease. Brain MRI revealed multiple lesions in the frontoparietal and temporal lobes bilaterally. The patient subsequently received palliative radiotherapy to the spine and CNS and is currently receiving the R-MATRIX regimen, having completed the second cycle.

This case highlights the potential for rapid disease progression and rare CNS involvement even in lymphomas traditionally considered indolent.

Keywords: MALT lymphoma, early relapse, central nervous system involvement

Core Biopsy – Gold Standard in the Pathohistological Evaluation of Solid-Cystic Breast Lesions and Differential Evaluation of Invasive Breast Carcinoma of No Special Type versus Metastatic Malignant Melanoma in the Breast

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Abstract

The aim of this paper is to demonstrate the importance of core biopsy in the timely and accurate pathohistological evaluation of solid-cystic breast lesions.

A patient with a solid-cystic heterogeneous lesion in the upper outer quadrant of the left breast, detected on ultrasound examination, underwent fine-needle aspiration biopsy (FNAB) of the lesion. The pathohistological finding from the FNAB suggested a metastatic deposit in the breast originating from malignant melanoma. Dermoscopic examination of all skin lesions, ophthalmologic examination, brain MRI, PET scan, and tumor marker analysis were performed. No lesion suggestive of malignant melanoma was identified.

Meanwhile, mammography and repeat breast ultrasound were performed. Mammographic examination revealed pleomorphic calcifications distributed over a wider area within a fibroglandular conglomerate in the upper outer quadrant of the left breast, as well as an oval lesion measuring 10 mm in diameter. Ultrasound examination demonstrated a lobulated heterogeneous lesion measuring 10 × 8 mm with a solid-cystic component, posterior acoustic enhancement, and initial surrounding desmoplastic reaction. In both axillae, lymph nodes with chronic characteristics were observed, without significant hypervascularization.

The patient was referred for core biopsy and consultation with a thoracovascular surgeon. The pathohistological report from the core biopsy corresponded with the definitive pathohistological report of the lesion in the left breast obtained after total mastectomy of the left breast – Invasive breast carcinoma of no special type.

In conclusion, core biopsy represents the gold standard in the pathohistological evaluation of solid-cystic breast lesions. It enables timely and accurate diagnosis while reducing delays and additional healthcare resource utilization.

Key words: Core biopsy, Invasive breast carcinoma of no special type, Malignant melanoma.

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