EuroSciCon

DAY 1

Scientific Tracks & Abstracts

8th Edition of International Conference on

Clinical and Medical Case Reports

May 28-29, 2018 | London, UK

DAY 1

May 28, 2018

Sessions

Case reports in Cardiology, Surgery, Opthalmology, Neurology, Ob/Gyn, Pediatrics Medicine,Radiology, Anesthesiology, Human Pathology, Clinical Microbiology, Proctology Nephrology, Gastroenterology

Session Chair
Beverly Wang
UC Irvine School of Medicine, USA

Session Co-Chair
R. Maes
Anda Biologicals, Paris

Session Introduction

Title: **Bilateral granulomatous anterior uveitis – presentation in multiple sclerosis patient and literature review**

Barbara Dolaszynska, Newcastle University, UK

Title: **Epidermodysplasia verruciformis**

Samia Nugali, King Saud Medical City, Saudi Arabia

Title: **The artery of Percheron: an unusual stroke presentation**

Toby Pitts Tucker, Southampton General Hospital, UK

Title: **Successful pregnancy after ICSI with artificial oocyte activation by calcium ionophore in in-vitromatured oocytes for a women of advanced age: a case report**

Mingrong lv, The First Affiliated Hospital of Anhui Medical University, Hefei, China

Title: **Rare cause of acute psychiatric manifestation in children: a case report of anti-NMDA receptor encephalitis**

Noor Al Modihesh, King Saud University Medical City, Saudi Arabia

Title: **Recurrent transient unilateral vision loss in a child – diagnostic dilemma and management strategies**

Samarth Burle, Yorkshire School of Paediatrics ,UK

Title: **Complicated pancreatitis: a rare complication following scoliosis surgery**

Barbara Dolaszynska, Newcastle University, UK

Title: **Lobular carcinoma in situ with necrosis – does this indicate an underlying carcinoma?**

Kirupakaran Silas Arun , University of Cambridge, UK

Title: **Oral rehabilitation of diastrophic dysplasia – a rare case**

Ali Assiry, College of Dentistry University of Najran, Saudi Arabia

Title: **An effective therapy for obstructively acute renal failure in ovarian hyperstimulation syndrome**

Longmei Wu, The First Affiliated Hospital of Anhui Medical University, Hefei, China

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Barbara Dolaszynska, Med Case Rep. 2018, Volume 4
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BILATERAL GRANULOMATOUS ANTERIOR UVEITIS – PRESENTATION IN MULTIPLE SCLEROSIS PATIENT AND LITERATURE REVIEW

Barbara Dolaszynska
Newcastle University, UK

Systematic chronic inflammatory granulation (SCIG) pathologies in literature have been always linked to anterior uveitis. It's been almost documented that prevalence of granulomatous ocular pathology increases massively with SCIG diseases. Granulomatous bilateral anterior uveitis is a very rare entity of iris condition and up to date there are incidence of less than eight cases per 100,000 populations in the US annually. Interestingly, all of those cases were predominantly non granulomatous in origin. There are strong evidence presented in literature that uveitis in multiple sclerosis (MS) is related to the immunological pathology that occurs in MS although number of cases in literature do not clearly explain that. Hereby we present a case of 62 years old female patient presented and treated for anterior units multiple times. Bilateral uveitis has a strong impact on her job as pharmacist. Patient is known to suffer stage 2 MS. No other past medical history of significance. Examination revealed Koeppe's nodules to iris in the right eye which is common in presentation of uveitis in relation to sarcoidosis or tuberculosis. Laboratory investigation shows sights heated AcE and corneal signs of AU. Patient has undergone interferon therapy for MS despite non clarity of action and the dilemmas about it. We present this case due to the rarity of condition in addition to unexplained mechanism of aetiology and treatment hoping that will add more to the literature pool about the topic.

Biography

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

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EPIDERMODYSPLASIA VERRUCIFORMIS

Samia Nugali
King Saud Medical City, Saudi Arabia

EV or Epidermodysplasia verruciformis is a genodermatosis marked by vulnerability to epidermoysplasia verruciformis-human papillomavirus infections leading to initial development of disseminated flat wart-like and pityriasis versicior-like lesions. Nearly half of all patients having EV would develop cutaneous malignancies, leading to Bowen's type carcinoma(invasive) and squamous cell carcinomas insitu which happen mostly on sun-exposed areas in the forties of fifties. A Saudi male of 55 years came to the clinic with a chief complaint of growth extending from his toe nail. He had this growth since one year and it was growing in size. The growth was painless and it extended from the hard long toe nail . Required investigations were carried out including complete blood count, LFT, ESR and skin biopsy. And a final diagnosis of Epidermo dysplasia verruciformis was confirmed. Surgical treatment is substantially quite effective. The preferred approaches include defect reconstruction with full-thickness or split-thickness grafts, complete excision or local flaps. The chemotherapy without or with radiotherapy, as in our case can be beneficial in achieving tumor's regression/ lymph nodes before surgery. Mohs micrographic surgery can preserve the healthy tissues, which are important for these patients afflicted by multiple skin cancers and having risk of their recurrence. Another alternative option is the non-surgical treatment. Different types of non-surgical treatment methods are tried for treatment of EV, such as oral as well as topical retinoids, immunotherapy, interferon, cryotherapy and electro-desiccation. EV is essentially a genetic cancer and is of viral origin, and might also be considered as a model of cutaneous HPV oncognesis.

Biography

Samia Sulaiman AL-Nugali Bachelor certificate from king Saud university in medicine and general surgery in 1987 Riyadh , Saudi Arabia ,Internship in 1988 ,In 1989 I joined ministry of health and worked as general doctor for a year and half ,In 1991 I joined King Saud medical city and the Saudi council ,In 1998 passed both parts I and II of Arab board . I worked as specialist doctor with experience for more than 25 years in dermatology department. Now I am an associate consultant in King Saud Medical City. I attended lots of internal and external conferences and workshops, Also I will attend San-Francisco in its 6th international confers as a speaker for my case.

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THE ARTERY OF PERCHERON: AN UNUSUAL STROKE PRESENTATION

Toby Pitts Tucker and **Jeremy Small**
Southampton General Hospital, UK

An 86-year-old woman was admitted with multiple episodes of transient loss of consciousness. She was initially treated for seizures and stroke was not considered likely. Magnetic resonance imaging (MRI) on the same day of admission showed acute bilateral medial thalamic infarcts in keeping with artery of Percheron (AOP) territory infarcts. Investigation for polycythaemia and thrombocytosis showed JAK2 positive myeloproliferative neoplasm. A diagnosis of AOP infarction is often missed or delayed because it is rare and presents with variable neurological symptoms. Initial imaging in the form of computed tomography (CT) is often negative, and some report that initial MRI findings may also be normal. An awareness of a wide range of differential diagnoses alongside a multi-modality imaging approach is required to reach a diagnosis. Although there are several other case reports of AOP infarction in the literature, this is the first to present with transient symptoms initially mistaken for seizure activity.

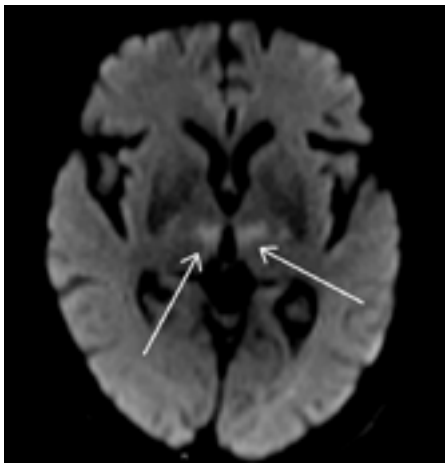

Figure1: Axial MRI B1000 diffusion weighted image with arrows indicating increased signal affecting the medial thalami bilaterally

Biography

Toby Pitts Tucker BMBS, BA (Oxon) is a core Surgical Trainee at Southampton General Hospital, UK. He graduated from the University of Southampton in 2015 before undertaking his foundation training at the Royal Bournemouth Hospital

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SUCCESSFUL PREGNANCY AFTER ICSI WITH ARTIFICIAL OOCYTE ACTIVATION BY CALCIUM IONOPHORE IN IN-VITRO MATURED OOCYTES FOR A WOMEN OF ADVANCED AGE : A CASE REPORT

Mingrong lv[1], Zhiguo zhang[2] and Yunxia cao[1,2,3]

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[2]Province Key Laboratory of Reproductive Health and Genetics, AHMU,China

[3]Anhui Provincial Engineering Technology Research Center for Biopreservation and Artificial Organs,China

The achievement of a successful pregnancy after oocyte activation with calcium ionophore is reported in a couple having low fertilization rates after intracytoplasmic sperm injection (ICSI) of in-vitro matured oocytes. A couple, in which the wife is 41years old, who had polycystic ovary syndrome and the husband is 48, who had moderate oligoteratozoospermia, showed a low implantation rate in previous 5 cycles. In the latest cycle, 2 inmature oocytes were retrieved. 24h later, artificial oocyte activation by calcium ionophore was combined with ICSI to achieve viable fertilized oocytes. Oocytes were stimulated with calcium ionophore for 15 min after ICSI. On the fifth day, two blastcycsts were formed and frozen. Two months later, two blastcycsts derived from the activated oocytes were transferred into the uterus after thawed. Subsequently, one gestational sac was identified on ultrasound. This result suggests that calcium ionophore could be useful for aged patients with low fertility after ICSI of in-vitro matured oocytes.

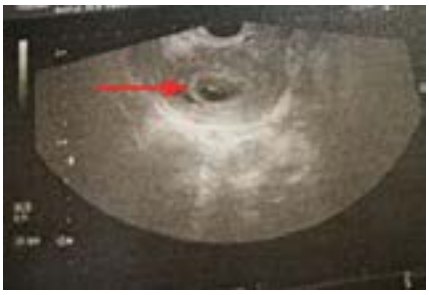

Figure 1: Gestational sac in the picture is marked with a red arrow

Biography

Dr.Mingrong completed her PhD from University of Science and Technology of China in 2015. She has published more than 6 papers in Cell Death and Disease , Scientific reports and so on. Now she works in the Reproductive Medicine Center, Department of Obstetrics and Gynecology, The First Affiliated Hospital of Anhui Medical University, Hefei, China.

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RARE CAUSE OF ACUTE PSYCHIATRIC MANIFESTATION IN CHILDREN: A CASE REPORT OF ANTI-NMDA RECEPTOR ENCEPHALITIS

Noor Al Modihesh
King Saud University Medical City, Saudi Arabia

NMDA (N-methyl-D-aspartate, a glutamate receptor) receptor is involved in higher brain functions including learning and memory. Anti-NMDA receptor encephalitis is an autoimmune disorder with complex presentations that includes psychiatric symptoms, memory deficits and autonomic instability. It has been recognized as an important differential diagnosis in patients presented initially with psychiatric manifestations. Patients present variant signs that range from anxiety symptoms and seizure to unresponsive states, which may mislead diagnosis towards psychosis in the emergency department as this disease is a neurological disorder in psychiatric disguise. As the diagnosis of this disorder creates a great challenge in emergency department mainly for psychiatrist and can be easily missed, its recognition for physicians in general and psychiatrists specially, is very important. It is crucial to know about its clinical presentation and management. The difficulty in this case is being in very young age group. Awareness and early recognition yields a high recovery rate and better prognosis.

Biography

Noor Al Modihesh has completed her Bachelor's degree in Medical School from King Saud University, Kingdom of Saudi Arabia. She is also a Board Certified in Psychiatry (both Saudi and Arab) and had distinction in CBT Diploma from King Saud University. She is the Head of Child and Adolescent Psychiatry Unit in King Khalid University Hospital and Assistant Professor of Psychiatry in College of Medicine in King Saud University.

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RECURRENT TRANSIENT UNILATERAL VISION LOSS IN A CHILD – DIAGNOSTIC DILEMMA AND MANAGEMENT STRATEGIES

Samarth Burle
Yorkshire School of Paediatrics – NHS, UK

A 9-year-old girl was referred for urgent evaluation due to sudden transient and recurrent right sided vision loss. She had a normal neurology examination at presentation. She underwent further investigations taking differential diagnosis of unilateral vision loss. A lumbar puncture was performed and diagnosis of idiopathic intracranial hypertension (IHT) was established. IHT is a disorder characterized by raised intracranial pressure of unknown aetiology and absence of space occupying lesion. The diagnosis is done using modified Dandy criteria. Common manifestations include headache, diplopia, tinnitus and sometimes bilateral papilledema with visual disturbances. Untreated cases may develop blindness. There is still disagreement about diagnostic lumbar puncture in children with unilateral transient vision loss. This case highlights the concerns involved in diagnosis; early management and long term follow up of such cases. Classical IHT presents with bilateral papilledema with headache and or with visual disturbances. Atypical or monocular involvement as presenting feature of IHT needs to be included in differential diagnosis. Long term follows up is needed to rule out other potentially evolving causes of visual loss, especially in children.

Biography

Samarth Burle after completing core training in Pediatrics is starting Pediatric Intensive Specialty Training at South West Deanery, UK. He is also pursuing research in Clinical Education from Edinburgh University. His prior training was in India where he completed fellowship in Intensive Care Medicine. He has special interest in education, quality improvement and research in cluster investigations

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COMPLICATED PANCREATITIS: A RARE COMPLICATION FOLLOWING SCOLIOSIS SURGERY

Barbara Dolaszynska[1] and **Mohamed Eltayeb**[2]

[1]Newcastle University, UK
[2]Newcastle Upon Tyne Hospitals NHS Trust, UK

Acute and chronic pancreatitis post scoliosis correction surgeries have been reported before as a rare complication. Many hypothesis were suggested before, one of them proposed direct trauma, other included waves generated by the high speed drilling. Re-alignment of the spine after the surgery was also hypothesized. In all the cases reported before there was an element suggesting those hypotheses. In this case, there was no evidence that the pancreatitis is caused by the spinal surgery at all. Fourteen year old girl admitted for elective scoliosis surgery for cerebral palsy was post operatively unwell, with rising C-reactive protein (CRP) and an increasingly distended abdomen. CT of the abdomen was performed and showed some free fluid but no free gas. Diagnostic laparoscopy was performed due to the failure of conservative management. This showed extensive inflammation of the right side of the colon, adherent to the bowel and that led to laparotomy and extended right hemicolectomy and ileostomy formation. Pathology samples sent in which showed manifestations of pancreatitis. The histology macroscopy report of the biopsy samples showed congested and oedematous serosa with adhesions and patchy fibrinopurulent exudate extending along almost the entire length of the specimen (right hemicolectomy). Imaging reviewed and revealed that the pancreas and transverse colon is a long way away from the spine or trajectory of the screws. Spinal fusion for severe neuromuscular scoliosis is a difficult procedure, with a high rate of complications. Among them, pancreatitis should be considered when abdominal pain persists in the postoperative period. Early diagnosis and management would always improve the outcome in such cases.

Biography

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

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LOBULAR CARCINOMA IN SITU WITH NECROSIS – DOES THIS INDICATE AN UNDERLYING CARCINOMA?

Kirupakaran Silas Arun
University of Cambridge, UK

Background: Lobular carcinoma *in situ* (LCIS) is an unusual lesion of the breast that is a neoplasia rather than a carcinoma. Almost all cases of LCIS lack any pleomorphism or necrosis. A PubMed library search into cases of LCIS with necrosis found one valid result, which documents just 18 cases of LCIS with necrosis from the recent databases of six tertiary institutions in the US. When immunohistochemistry confirms LCIS with necrosis, the management plan shifts away from watchful waiting and more towards surgical intervention.

Case report: We report the case of a 43-year-old lady who presented with a right breast mass. An initial mammogram showed some microcalcification fibrocystic changes. Subsequent histology and immunohistochemistry confirmed LCIS with necrosis. Due to the atypical finding of necrosis in conjunction with LCIS, a decision was made to perform further random core biopsies. This confirmed a more sinister underlying mixed lobular and ductal type carcinoma. Reassuringly, US and MRI excluded involvement of the other breast and metastatic disease. A nipple sparing mastectomy and sentinel lymph node biopsy plus immediate reconstruction on the right side was performed followed by adjuvant tamoxifen. 12 months on, the patient is well with no complications.

Conclusion: This case highlights the importance of utilising multiple diagnostic techniques and a prudent histologic examination when a breast lump is in question. LCIS associated with necrosis is rare, but should raise suspicions of an underlying cancer. One way of investigating this would be to perform further random core biopsies and other modalities of investigation with a view to finding further cancer.

Biography

Kirupakaran Silas Arun is an FY1 in General Surgery working at Whipps Cross Hospital in London. He graduated from University of Cambridge with a distinction (ranked 2nd in his year) and he intercalated in Pharmacology and achieved a 1st class degree, being ranked 5th of all students. He has a keen interest in medical education. At the age of 18, he became the youngest UKCAT & BMAT tutor for Kaplan Test Prep and admissions, and was appointed as Lead Tutor for UKCAT & BMAT in 2013. In 2015, he established his own company 'Easy Medical Interviews' that provides live and online courses for prospective medical students. Over the last five years, he has helped over 1500 students get into medical school whether it be through UKCAT/BMAT tutoring, polishing and refining personal statements or providing mock interviews. In the future, he intends to pursue a career in Ophthalmology, whilst being heavily involved in academic research and medication education.

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DAY 1

Video Presentation

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Ali A Assiry, Med Case Rep. 2018, Volume 4
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ORAL REHABILITATION OF DIASTROPHIC DYSPLASIA – A RARE CASE REPORT

Ali A Assiry
University of Najran, Saudi Arabia

Skeletal dysplasias are a heterogeneous group of conditions associated with abnormalities of skeleton, including its shape, size and density, manifest in limbs, chest, or skull. Diastrophic dysplasia is a rare skeletal dysplasia and one of the dyschondroplasia syndromes characterized by dwarfism, deformity in hands and feet with hitchhiker thumbs, talipes equinovarus, cystic masses on ear lobes, severe talipes equinovarus, bifid ribs and abnormalities with extremities of hands and feet. The purpose of this paper is to present a case, discuss the diagnosis and establishing important parameters involved in managing and treating dental problems associated with diastrophic dysplasia.

Biography

Ali A Assiry is a Teaching Assistant in the Department of Pediatric Dentistry, College of Dentistry, University of Najran, Najran, Saudi Arabia. He has graduated from King Khalid University in the year 2011. He has completed specialty training in Pediatric Dentistry and has Saudi Specialty Certificate in Pediatric Dentistry

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DAY 1

YRF

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Longmei Wu et al., Med Case Rep. 2018, Volume 4
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AN EFFECTIVE THERAPY FOR OBSTRUCTIVELY ACUTE RENAL FAILURE IN OVARIAN HYPERSTIMULATION SYNDROME

Longmei Wu[1, 2, 3], Bing Song[1, 2, 3] and **Yunxia Cao[1, 2, 3]**

[1]The First Affiliated Hospital of Anhui Medical University, China
[2]Province Key Laboratory of Reproductive Health and Genetics - AHMU, China
[3]Anhui Provincial Engineering Technology Research Center for Biopreservation and Artificial Organs, China

We describe a rare case of a 34-year-old female presenting with acute renal failure (ARF) resulting from abdominal compartment syndrome (ACS) after assisted reproductive technology (ART). The patient successfully and quickly recovered from ARF after the operation of ovarian corpus luteum cyst puncture under ultrasound guidance. For patients with moderate to severe ovarian hyperstimulation syndrome (OHSS) suffering from acute renal failure, especially those patients with a medical history of prior pelvic surgery, pelvic ultrasonography, it is essential to understand the pathology of the disease. Furthermore, ovarian corpus luteum cyst puncture plays an important role in the treatment of acute obstructive renal failure in OHSS and should be promoted.

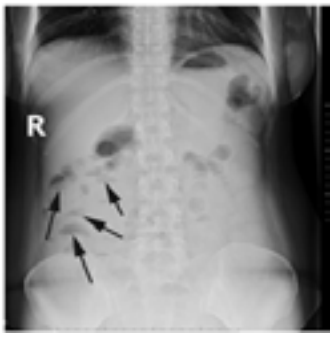

Figure 1: Arrow refers to stepped liquid surface in the picture

Biography

Yunxia Cao is the Schoolmaster of Anhui Medical University and the Head of the department of Reproductive Medicine Center, Department of Obstetrics and Gynecology, The First Affiliated Hospital of Anhui Medical University. She has been serving as an editorial board member of repute journals. Yunxia Cao is graduate advisor of Longmei Wu and Bin Song s

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DAY 2

Scientific Tracks & Abstracts

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DAY 2

May 29, 2018

Sessions

Case reports in Internal Medicine, Surgery, Opthalmology, Neurology, Ob/Gyn, Pediatrics,Medicine,Radiology, Anesthesiology, Human Pathology, Clinical Microbiology, Proctology

Session Chair
Eric Daniel Tenda
World Association of Bronchoscopy and Interventional Pulmonology

Session Co-Chair
R. Maes
Anda Biologicals,Paris

Session Introduction

Title: **Mechanism of unusual presentation of testicular tumour: case study and literature review**
Angela Yan, Whittington Health NHS Trust - UCL Medical School, UK

Title: **Pulmonary tumour thrombotic microangiopathy: an important consideration for patients with a history of breast cancer**
Owain Thomas, Warwick Hospital ,UK

Title: **Unusual presentation of acute intestinal obstruction due to transverse colonic volvulus in late pregnancy: case report**
Haidar Muad Gamil, AlGamhoria teaching hospital, Faculty of medicine Aden university, Yemen

Title: **Retrograde tracheal intubation in National Cancer Center**
B Bolormaa, National Cancer Center, Mongolia

Title: **Coexistence of acute appendicitis and perforated meckel's diverticulitis: a rare presentation**
Hina Yousuf, Liaquat National Hospital & Medical College, Pakistan

Title: **Double seronegative myasthenia gravis: a case report**
Linda Carolina Jaramillo, Industrial University of Santander, Colombia

Title: **Metachronous bilateral testicular cancer: two case studies and literature review**
Zhi Yang Low, Whittington Health NHS Trust - UCL Medical School, UK

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MECHANISM OF UNUSUAL PRESENTATION OF TESTICULAR TUMOUR: CASE STUDY AND LITERATURE REVIEW

Angela Yan, Zhi Yang Low, Dhili Arul and Sudhanshu Chitale
Whittington Health NHS Trust - UCL Medical School, UK

Testicular cancer is an increasingly prevalent cancer especially amongst young and middle-aged men. Most commonly it presents as a painless mass but atypical presentations are well-known and have been reported in the literature. A 45-year-old male presented with acute periumbilical pain. After an unremarkable clinical examination of the abdomen and genitalia, an abdominal computerised topography (CT) scan showed a solitary enlarged para-aortic lymph node (30 mm) and ultrasound scan (USS) showed a 15x6x11 mm left-sided testicular lesion. Tumour markers were normal. CT-guided biopsy of the para-aortic lymph node revealed metastatic deposits from classical seminoma. We hereby discuss possible mechanisms of an enlarged para-aortic lymph node causing periumbilical/abdominal pain with reference to the normal anatomical structures present in the vicinity of the para-aortic lymph nodes in the retroperitoneum. We also present our findings of a litreature review of similar case presentations and discuss the comparison between those cases and the index case. We conclude that clinicians should undertake careful assessment of the genitals routinely when assessing men presenting with acute abdominal pain, and consider a testicular USS to exclude impalpable lesions, particularly when the clinical presentation is inconsistent with acute abdominal visceral pathology.

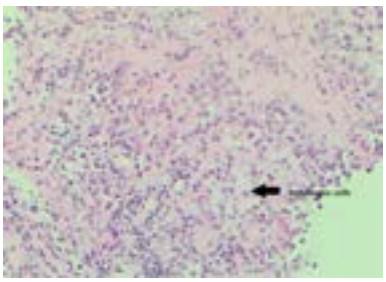

Figure1: Immunohistochemical staining of the tumour with hematoxylin and eosin (H&E) revealed seminoma cells

Biography

Angela Yan and Zhi Yang Low are both final year medical students at UCL with a keen interest in research and surgery. They will both be starting their foundation training in August; Miss Yan will be starting an Academic Foundation Programme post in Leicester and Mr Low will be working in London. Dr Dhili Arul is a consultant histopathologist at Whittington Health NHS Trust. Mr Sudhanshu Chitale is a consultant urologist and Lead for the Urology Paediatric and Joint Urology Diabetes Service and Male Fertility. He is also an Honorary Senior Lecturer at UCL.

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PULMONARY TUMOUR THROMBOTIC MICROANGIOPATHY: AN IMPORTANT CONSIDERATION FOR PATIENTS WITH A HISTORY OF BREAST CANCER

Owain Thomas and **Jonathan Senior**
Warwick Hospital, UK

We report the case of a 56 year old, previously fit and well lady who presented with a three week history of progressive shortness of breath. She had previously received treatment for breast cancer in 2013 and routine surveillance had not shown any evidence of disease recurrence. A pulmonary embolism was suspected on admission, though CTPA was negative. The report made note of an enlarged and irregular liver of uncertain aetiology. These findings were discussed with hepatology and radiology teams who felt it did not signify malignancy. The patient's oxygen requirements continued to rise and transthoracic echocardiography showed marked right heart dilatation with significant pulmonary hypertension. A CA 15-3 blood test was elevated at 8677, raising suspicion of breast cancer recurrence with extensive pulmonary involvement. The patient continued to deteriorate and passed away six days after admission. A hospital post-mortem did not show tumour recurrence in the breast tissue or chest wall. Histological examination of the liver showed extensive areas of poorly preserved tumour infiltrate and necrosis, whilst analysis of lung tissue revealed discohesive cells within small pulmonary vessels. The findings of the post-mortem are consistent with a diagnosis of pulmonary tumour thrombotic microangiopathy (PTTM). This illustrates a rare presentation of PTTM, which is difficult to diagnose, treat and is time critical, with post mortem results that do not show recurrence of tumour in local tissue. Despite its rarity, PTTM should be considered in patients who present with acute shortness of breath on a background of previous breast cancer.

Biography

Owain Thomas is currently affiliated with the Warkwick Hospital, run by South Warwickshire NHS Foundation Trust

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Haidar Muad Gamil, Med Case Rep. 2018, Volume 4
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UNUSUAL PRESENTATION OF ACUTE INTESTINAL OBSTRUCTION DUE TO TRANSVERSE COLONIC VOLVULUS IN LATE PREGNANCY: CASE REPORT

Haidar Muad Gamil
AlGamhoria teaching hospital, Faculty of medicine Aden university

Colonic volvulus accounts for less than 5% of all cases of intestinal obstruction. Transverse colon volvulus is a very rare entity among the other types of colonic volvulus with higher morbidity and mortality rate. In pregnancy obstruction due to transverse colonic volvulus is unusual and seldom reported, it requires a soundly recognition and emergency intervention. We reported a very rare case of transverse colonic volvulus in a young female at late gestational age. The diagnosis was suspected on clinical basis as colonic obstruction, and the final diagnosis confirmed intra operatively. Case presentation A 28-years-old pregnant lady gravida 2 and para1 presented with progressive abdominal pain and distention about 12 hours prior to admission, associated with nausea vomiting and stoppage of passing flatus. Her general condition was stable; beside the gravid uterus, an epigastric marked distention was detected. (Figure1) Abdominal ultrasound showed a 34 weeks' gestational age single alive fetus, and dilated bowels. Exploratory laparotomy revealed unexpected transverse colon volvulus. (Figure2) Resection of the twisted segment and primary end to end anastomosis was performed, and C-section done by the obstetrician. The patient with her baby made a satisfactory recovery and discharged after six days.

Conclusion:

Transverse colonic volvulus in late pregnancy is very rare, it can be suspected on clinical presentation, and the final diagnosis usually made at time of operation. Early diagnosis and prompt surgical intervention could significantly minimize the high rate of maternal and fetal morbidity and mortality.

Biography

Doctor Muad Haidar had completed the master degree (MSc) from Aden University. General and laparoscopic surgeon working in the general surgery department and in the endoscopic department at AlGamhoria teaching hospital. The head of the department of general surgery in Al-Naqeeb private hospital (Aden/Yemen). Member of the Europian Sosaity for Trauma and Emergency surgery (ESTES). Participated and attended some of local and international conferences, and published two papers in reputed journals

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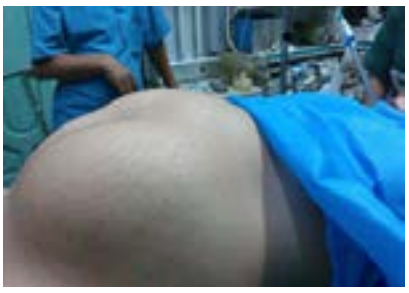

Figure1: Epigastric detention with the gravid uterus

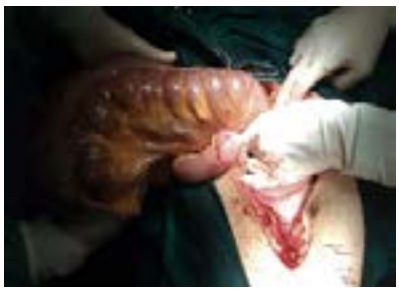

Figure2: Volvulus of the transverse colon

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RETROGRADE TRACHEAL INTUBATION IN NATIONAL CANCER CENTER

B Bolormaa, S Denis, B Gan Erdene and **B Battsengel**
National Cancer Center, Mongolia

Anesthesia Process: The patient's back and place the O_2 mask using the 20 G intravenous IV fentanyl 100 µg. We reported successful anesthesia retrograde tracheal intubations in NCC. Case I: 03 June 2015, A 30 year-old male patient was posted for elective surgery head and neck department. The surgery required to recurrent tumor (d=6 cm) of Rt. Submandibular gland $T_2N_1M_0$ do MND tumor remove. On examination of the airway, all parameters such as mouth not opening (he had big accidence and neck surgery in 2002, 2007, 2012). Chin-thyroid distance: less than 2 cm. Dentures, removable teeth. Case II: 19 Sep 2015, A 66 year-old male patient posted for emergency case head and neck surgery department. The patient had two surgeries NCC. First elective surgery was 17 Sep 2015 (required to big tumor resection and reconstruction by ALTFF in cancer mandibles) with normal intubation. Second emergency surgery was 19 Sep 2015 (free plat to restore the blood supply and airway oxygen supply to increase) with retrograde intubation. He was breathing periodically

interrupted. Case III: 06 Feb 2016. A 57 year-old male patient posted for elective case head and neck surgery department. The surgery required to recurrent tumor (d=5 cm) of tongue (near epiglotic and trachea almost closed). On examination mouth normal opening but he was breathing difficult. We cannot put retrograde intubation, our surgeons put tracheostomy.

Biography

B Bolormaa has completed his/her MBA from Mahidol University in Thailand and Doctorate from NMU Mongolia. She has worked in Anesthesia Department of NCC of Mongolia since 2000. He/she has published more than 15 papers in reputed journals.She has studied in Thailand, South Korea, Switzerland and Egypt

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COEXISTENCE OF ACUTE APPENDICITIS AND PERFORATED MECKEL'S DIVERTICULITIS: A RARE PRESENTATION

Yousuf Hina and **Sheeraz Syed**
Liaquat National Hospital & Medical College, Pakistan

Meckel's diverticulum (MD) is the most prevalent congenital anomaly of the alimentary tract. An appendectomy is one of the most commonly performed abdominal procedures in pediatric population. Meckel's diverticulum (MD) can occasionally be found as an incidental finding at the time of appendectomy. Although Meckel's diverticulitis and appendicitis both are considered as relatively common surgical problems in pediatric population, complications such as bowel obstruction, hemorrhage, diverticulitis, perforation, and intussusceptions can occur but the coexistence of both appendicitis and a perforated Meckel's diverticulitis is fairly rare. Here, we present a rare case with a simultaneous coexistence of appendicitis and a perforated Meckel's diverticulum in an 18 months old male child who presented to the emergency department with a 4 days history of fresh per rectal bleeding with lethargy and vomiting. His abdomen had localized tenderness in the periumbilical region. An abdominal ultrasound revealed minimal free fluid with thickened bowel loops in right iliac fossa. Enlarged mesenteric nodes were visualized, appendix was not visible. CT scan of his abdomen showed a linear elongated structure extending up to midline measuring 5.3x1.0 cm with a hypo dense collection of 2.5x1.8 cm with air lucencies adjacent to it. There was adjacent mesenteric fat streaking suggesting perforated Meckel's diverticulitis. An exploratory laparotomy through a right transverse supraumbilical incision was performed. Loops of terminal small bowel noticed to be adherent to the anterior abdominal wall at the site of umbilicus, on further exploration an enlarged inflamed appendix was found and a perforated Meckel's diverticulum was noticed which was matted with unhealthy and terminal ileal loops. A typical appendectomy was performed along with resection of unhealthy small bowel and perforated Meckel's diverticulum followed by end to end anastomosis. The patient had an uneventful recovery and was discharged on the fifth postoperative day. Histopathology report confirms the diagnosis. We recommend that searching for a Meckel's diverticulum should be done even when an acute appendicitis has been diagnosed. The reason for this is because these two conditions may exist simultaneously in small patients.

Biography

Hina Yousuf has completed her fellowship in General Pediatric surgery in 2013. She is currently an assistant professor in a tertiary care setup and deals with pediatric surgical ailments and covers the on call emergencies on particular days. Her area of main interest is Pediatric Urology and mainly re-constructive surgeries related to congenital pathologies. She has a paper on the institution experience of pediatric laparoscopic surgeries where all kind of general surgical and urological procedures were dealt laparoscopically

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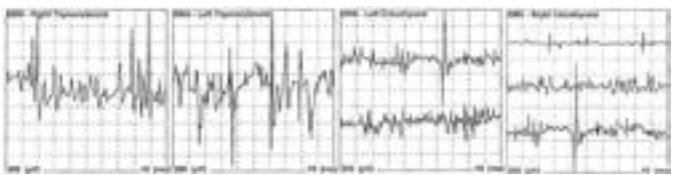
DOUBLE SERONEGATIVE MYASTHENIA GRAVIS: A CASE REPORT

Linda Carolina Jaramillo, Jenny Paola Garzón and **Gustavo Pradilla**
Industrial University of Santander, Colombia

A 54-year-old man with chronic exposure to carbamates and organophosphates was referred from the otorhinolaryngology outpatient section in 2014, because of 3 years of dyspnea and dysphonia of spasmodic features, phonasthenia without respiratory distress or dysphagia; associated to progressive weakness in lower limbs. Brain magnetic resonance, angioresonance and chest x-ray had no alterations; laryngeal electromyography revealed a bilateral neuropathic pattern without denervatory activity, with some signs of reinnervation and decreased recruitment. Lambert test displayed motor and sensory distal latencies of median nerves prolonged. Repetitive stimulation test evidenced a decrease greater than 10% in the trapezium, concluding an abnormal repetitive stimulation test, concluding a conduction disorder in the neuromuscular junction. With a diagnostic impression of myasthenia gravis, the patient started a therapeutic test with pyridostigmine worsening the symptoms, so he was switched to azathioprine and corticosteroids. His anti-MuSK antibodies <0.05 mmol/L and antibodies against acetylcholine receptors <15% were interpreted as negative. Due to worsening of the bulbar symptoms, plasmapheresis was performed; after the first session he showed improvement in lower limbs weakness, so five sessions were carried out with continuous improvement. Myasthenia gravis and its subcategories are major diseases that affect the neuromuscular junction. The diagnosis is confirmed by the combination of relevant symptoms and signs, neurophysiological studies and a positive test for specific autoantibodies. About 10% of patients with generalized myasthenia gravis do not have detectable antibodies to acetylcholine receptors or muscle specific kinase (MuSK) (double seronegative myasthenia), so neurophysiological tests and a positive response to therapy secure the diagnosis.



Biography

Gustavo Pradilla is a Colombian native who finished his medical training with honours in the first class of medicine at the Universidad Industrial de Santander (UIS) in Bucaramanga. He did his neurology residency at the Universidad Javeriana in Bogotá, later returned to his alma mater and was dean of the faculty of health. Currently he is a UIS medicine laureate professor and head of the neurology service at the Hospital Universitario de Santander

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METACHRONOUS BILATERAL TESTICULAR CANCER: TWO CASE STUDIES AND LITERATURE REVIEW

Zhi Yang Low, Angela Yan, Dhili Arul and **Sudhanshu Chitale**
Whittington Health NHS Trust - UCL Medical School, UK

It is not uncommon for men with unilateral testicular cancer to go on to develop metachronous cancer in the contralateral testis. Here, we present two cases of metachronous bilateral testicular cancer. In both cases, the second occurrence of testicular cancer arose several years after the initial cancer, and were not screened for contralateral germ cell neoplasia *in situ* (GCNIS) upon the first diagnosis. We also present a literature review on the need for screening biopsies of contralateral testis for GCNIS and the risk factors which should encourage screening. Furthermore, we have reviewed the effect of histological classification of the initial testicular cancer on the period of development of the contralateral tumour and its histology. We also explore the effect of chemotherapy on the incidence of contralateral testicular cancer and the effectiveness of radiotherapy in the treatment of GCNIS. We would like to conclude that screening biopsies of the contralateral testis upon diagnosis of unilateral testicular cancer should be encouraged as it can lead to better management of the condition and more favourable outcomes.

Biography

Zhi Yang Low is a final year medical student at University College London with a keen interest in research and surgery, and will be starting their foundation training in July in London and Leicester respectively. Dr Dhili Arul is a Consultant Histopathologist at the Whittington Hospital, London. Mr Sudhanshu Chitale is a Consultant Urologist at the Whittington Hospital, London, and Lead for the Urology Paediatric and Joint Urology Diabetes Service and Male Fertility. He is also an Honorary Senior Lecturer at University College London

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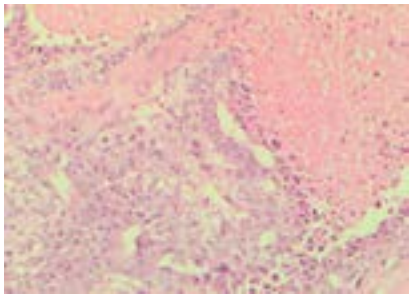

Figure1: Embryonal carcinoma in right testis in 2007

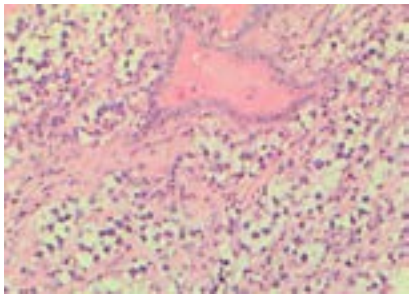

Figure 2: Classical seminoma in left testis in 2017