

International Conference on
Clinical Case Reports

November 08-09, 2023
Dubai, UAE



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USA

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Conference Programme

Conference Programme

November 08-09, 2023, City Seasons Suites, Dubai, UAE

Day 1, November 08, 2023

Meeting Hall : El Dhiyafa 1

8.30 - 8.45

Registrations

8.45 - 9.00

Introduction

Keynote Presentations

9.00 - 9.40

Seuss Kassisieh, Seuss Orthodontics and Pediatric Dentistry, USA

Title : Space Closure for Congenitally Missing Lower Second Premolar Using Temporary Anchorage Devices

9.40 - 10.20

Ulla Kotiranta, Tampere University Hospital, Finland

Title : Neuropathic Facial Pain – How to Treat, Drug or Laser

Group Photo: 10.20 - 10.30

Networking and Refreshments : 10.30 -11.00 @ Banquet Pre Function Area

Oral Presentations

Session Chair:

Seuss Kassisieh, Seuss Orthodontics and Pediatric Dentistry, USA

Session Chair:

Aruni Sen, Princess Elizabeth Hospital, United Kingdom

Sessions: Clinical and Medical Case Reports | Cardiology Case Reports | Neurology Case Reports | Oncology Case Reports | Dentistry Case Reports | Infectious Diseases Case Reports | COVID-19 Case Reports | Dermatology Case Reports | Gastroenterology Case Reports | Hematology Case Reports | Urology Case Reports | Respiratory Medicine Case Reports | Genetics Case Reports | Pharmacology and Therapeutics Case Reports | Anaesthesiology Case Reports |

11.00 - 11.25

Kristina Frketic Marovic, Zadar General Hospital, Croatia

Title : Systemic Vasculitis Following Vaccination During Incubation Period of Covid Infection

11.25 - 11.50

Serdarov Nurmammet, International Center of Endocrinology and Surgery, Turkmenistan

Title : Comparative Analyses of the Mesh Fixation Methods in IP Hernioplasty

11.50 - 12.15

Agnello Russo, Follower of Paul Brousse Hospital , Italy

Title : Fractional Chemoterapy in Solid Tumors

12.15 - 12.40

Jagdeep Sharma, Homi Bhabha Cancer Hospital & Research Centre, India

Title : Applying Basic Physiology as a Rescue Strategy in Adenocarcinoma Lung Presenting with Refractory Hypoxemia Followed by Definitive Advance Intervention

12.40 - 13.05

Maaike Meeder, Erasmus University, Netherlands

Title : Lidocaine Treatment for Post-covid and its Effect on Auto-immune Hyperthyroiditis

Lunch @ Restaurant: 13.05 - 14.00 @ All Day Dining Restaurant

14.00 - 14.25

Alhasan Hamzah Alhebshi, IMC Jeddah, Kingdom of Saudi Arabia

Title : Perianal Extramammary Paget's Disease with Adenocarcinoma of Perianal Skin Area : A Case Report

14.25 - 14.50

Nader Shakibazad, Bushehr University of Medical Sciences, Iran

Title : A Rare Case of Urinary Myiasis in a 5-Year-old Boy

14.50 - 15.15

Jawad Nouraldeen Derbas, Hamad Medical Corporation, Qatar

Title : Impending Compartment Syndrome Secondary to Pseudoaneurysm Following Stabilization of Proximal Tibia Shaft Fracture: A Case Report

15.15 - 15.40

Merjen Myradova, International Center of Endocrinology and Surgery, Turkmenistan

Title : Unusual Cutaneous Manifestation as Primary Sign of Type 2 Diabetes and Severe Hypertriglyceridemia

15.40 - 16.05

Saraswathi Selvaraju, Trichy SRM Medical College Hospital and Research Center, India

Title : A Rare Case of Ileo-ileal Knot - First Ever Case Report in Indian Radiology Literature

Networking and Refreshments: 16.05 - 16.30 @ Banquet Pre Function Area

16.30 - 16.55

Fitsum Kifle Belachew, Debre Berhan University, Ethiopia

Title : The Practice of Postoperative Pain Management in Ethiopia and Improvement Strategies: Results from Clinical Registries

16.55 - 17.20

Moustafa Hamchou, Tawam Hospital, UAE

Title: Minimally Invasive Surgery in the Management of Gastrointestinal Tract Perforation

17.20 - 17.45

Sevgi Sarikaya-Seiwert, Friedrich-Wilhelms-University, Germany

Title: Evaluation of the Perioperative and Postoperative Course of Surgery for Pineal Germinoma in the SIOP CNS GCT 96 Trial

Day 1 Concludes followed by Awards Ceremony

Day 2, November 09, 2023

Meeting Hall : El Dhiyafa 1

Keynote Presentation

10.00 - 10.40

Aruni Sen, Princess Elizabeth Hospital, United Kingdom

Title : Drainage of Extradural Haematoma by an IO Needle in a Remote Hospital

10.40 - 11.10

Omer Bashir Abdelbasit, Security Forces Hospital, Saudi Arabia

Title : A Newborn with Acute Liver Failure

Networking and Refreshments: 11.10-11.30 @ Banquet Pre Function Area

11.30 - 12.10

Nader Shakibazad, Bushehr University of Medical Sciences, Iran

Title : Case Series of Hematidrosis

Oral Presentations

Session Chair:

Omer Abdelbasit, Security Forces Hospital, Saudi Arabia

Session Chair:

Tahir ATAÖZDEN, Kafkas Universitesi, Turkey

Sessions: Surgery Case Reports | Plastic Surgery Case Reports | Forensic and Legal Medicine Case Reports | Orthopedics & Rheumatology Case Reports | Veterinary Medicine Case Reports | Paediatrics Case Reports | Hyper Tension Case Reports | Otorhinolaryngology Case Reports | Gynecology Case Reports | Clinical Nursing Case Reports | Radiology Case Reports || Ophthalmology Case Reports | Diabetes Case Reports | Psychology Case Reports | Adverse Drug Reactions & Drug Interactions Case Reports

12.10 - 12.35

Rehab Al-Ansari, King Fahad Military Medical City (KFMMC), Saudi Arabia

Title : Steroid Induced Hypertriglyceridemia in Pregnant Woman with Immune Thrombocytopenia - Case Report

12.35 - 13.00

Elisa Bettoni, Università Degli Studi di Milano, Italy

Title : Oral Lichenoid Lesions May Regress After Amalgama Removal: A Case Report Becomes a Proof of the Concept

13.00 - 13.25

Hamza Najout, Mohamed V Military Training Hospital, Rabat, Morocco

Title: Severe Lactic Acidosis Salbutamol-Induced In Acute Asthma

Lunch @ Restaurant: 13.25 - 14.30 @ All Day Dining Restaurant

14.30 - 14.55

Rehab Al-Ansari, King Fahad Military Medical City (KFMMC), Saudi Arabia

Title: A Young Saudi Female with Combined Hemophagocytic Lympho-Histiocytosis and Kikuchi's Disease: A Case Report

14.55 - 15.20

Najib Bouhabba, Military Hospital Oued Eddahab, Morocco

Title: Acute Surgical Abdomen: Unexpected medical cause

Poster Presentations

15.20 - 15.35

Tahir ATAÖZDEN, Kafkas Universitesi, Turkey

Title : 14 Months Old Baby have a Green Stick Fracture

15.35 - 15.50

Nada N. Alwohaibi, Dhahran Eye Specialist Hospital, Saudi Arabia

Title: Scleral Fixated Intraocular Lens in Aphakic Patient with Bilateral Microcornea and Microphthalmia

Video Presentations

VP - 001

Nimah A. Rabai, Jordanian Ministry of Health, Jordan

Title : Mullerian Cyst Presenting as an Inguinal Mass: A Rare Case Report

VP - 002

Ankit Gupta, University of Leeds, UK

Title : Pseudomyxoma Peritonei and an Incidental Low-Grade Appendiceal Mucinous Neoplasm and Neuroendocrine Appendiceal Collision Tumour: A Case Report

Networking and Refreshments: 16.00 - 16.30 @ Banquet Pre Function Area

VP - 003

Jian Xu, Chongqing University Cancer Hospital, China

Title : Application of Ultra-narrow Gastric Tube in Esophagectomy: A Propensity Score-matched Analysis

VP - 004

Wenxiu Yuan, Chongqing University Cancer Hospital, China

Title : Application of a Standardized Early Activity Program on Enhanced Recovery After Surgery in Patients After Surgery for Pulmonary Nodules

E - Poster Presentation

EP - 001

Kexiao Yu, Chongqing Hospital of Traditional Chinese Medicine, China

Title : Epidural Gas-containing Pseudocyst Leading to Lumbar Radiculopathy

EP - 002

Rabia Younis, Peterborough City Hospital NHS, UK

Title : A Case of Twin Reversed Arterial Perfusion Sequence (TRAP) in Monochorionic-Triamniotic (MCTA) Triplet Pregnancy

Day 2 Concludes followed by Panel Discussion - Awards & Closing Ceremony

Virtual Programme

November 08-09, 2023 Virtual Program

Day 1 November 08 2023

Keynote Presentations

10.00 - 10.30

Orestis Ioannidis, University of Thessaloniki, Greece

Title : Use of Indocyanine Green Fluorescence Imaging in the Extrahepatic Biliary Tract Surgery

Oral Presentations

10.30 - 10.55

Bharati Pandya, All India Institute of Medical Sciences, India

Title : An Improvisation in Application of the Technique of Core-cut Fistulectomy for Fistula-in-Ano

10:55 - 11. 20

Mohammad Asees, Hematology Professional Labs, Palestine

Title : A Case of Polycythemia Rubra Vera (PV) with Secondary Iron Deficiency

11.20 - 11.45

Pantelis Diamantopoulos, Agios Savvas Oncologic Hospital, Greece

Title : Collision Tumor of Malignant Tumors of the Skin: Dermal Squamomelanocytic Tumor Coexisting with Basal Cell Carcinoma - A Rare Case.

11.45 - 12.10

Mahmoudreza Hadjighassem, Tehran University of medical sciences, Iran

Title : The role of Chloride homeostasis in GABAergic function: from physiology to clinical therapy

12.10 - 12.35

Shaimaa Hussein Rafat Kotb, Sphinx University, Egypt

Title : Immediate Dental Implants, Clinical, Radiographic, Aesthetic, Outcomes, Advantages and Disadvantages (Case Report)

12.35-13.00

Sarra Ben Azouz, University of Medecine Tunis, Tunisia

Title: Anabolic Steroids Use as a Rare Cause of Portal Venous Thrombosis: A Case Report

Lunch @ 13.00 - 14.00

14.00 - 14.25

Janitha Kaushalya Gunarathne, Professorial Surgical Unit,
National Hospital, Sri Lanka

Title: A Fatal Trap Gun Injury to Lower Limb – An Eye Opener in Decision Making

14.25 - 14.50

Mohammad Asees, Hematology Professional Labs, Palestine

Title : Acute Promyelocytic Leukemia with T(15;17): A Case Study and Literature Review

14.50 - 15.15

Obah Joseph Uchenna, Nnamdi Azikiwe University Teaching
Hospital , Nigeria

Title : Frontoethmoidal Mucocele with Unilateral Proptosis; Case Series

15.15 - 15.40

Yara S. Abouelela, Cairo University, Egypt

Title : A Novel Cell-free Intrathecal Approach with PRP for the Treatment of Spinal Cord Multiple Sclerosis in Cats

15.40- 16.05

Sabrina Nasreddine, Université Saint Joseph, Lebanon

Title: A Rare Case of Vasculitis in Cystic Fibrosis: A Clinical Case

16.05 - 16.30

Icaro Sousa, Hospital das Clínicas da FMRP-USP, Brazil

Title: Flow Changes in Routes of Collateral Circulation in Patients with LVO and Low NIHSS: A Point Favor to Treat

16.30-16.55

Hala E J Shareef, Ninewells Hospital, UK

Title : Primary Treatment of Malignant Retinal Detachment Caused by Choroidal Breast Cancer Metastasis Using only Systemic Chemotherapy and Anti-HER-2 Therapy

Day 2, November 09, 2023

Keynote Presentations

10.00 - 10.30

Orestis Ioannidis, University of Thessaloniki, Greece

Title : Open Abdomen and Negative Pressure Wound Therapy for Acute Peritonitis Especially in the Presence of Anastomoses and Ostomies

Oral Presentations

10.30 - 10.55

Laresh Mistry, Bharati Vidyapeeth (Deemed to be) University Dental College and Hospital, India

Title: Case Report on Conservative Management of Jaw Swelling in Children

10:55 - 11. 20

Mohammad Asees, Hematology Professional Labs, Palestine

Title: Unusual Location of Gouty Arthritis with Shoulder Joint Involvement in an Older Male Patient: A Rare Case Report

11.20 - 11.45

Ashwini Gupta, B.P. Koirala Institute of Health and Sciences, Nepal

Title: Management of Snake Bite During Third Trimester of Pregnancy with Coagulopathy and Delivery of A Live Baby in Resource-Limited Setting in Nepal: A Case Report

11.45 - 12.10

Sarra Ben Azouz, University of Medicine Tunis, Tunisia

Title: Association Between Autoimmune Hepatitis and Aplastic Anemia : A Case Report

12.10 - 12.35

Sachin G Nair, Amrita School of Pharmacy, India

Title: Refractory Anti-nmdar Encephalitis with Multiple Nosocomial Infections: Paradigm Shift Required in the Therapeutical Options

12.35-13.00

Janitha Kaushalya Gunarathne, Professorial Surgical Unit, National Hospital, Sri Lanka

Title: A Delayed Presentation of a Traumatic Isolated Duodenal Injury

13.00-13.25

Sarra Ben Azouz, University of Medicine Tunis, Tunisia

Title: Hepatic Tuberculoma: A Rare Presentation of Hepatic Tuberculosis in a cirrhotic patient

13.25-13.50

Elham Babikir, Shrewsbury and Telford NHS Trust, UK

Title: Unexplained Lymphadenopathy in 9 years Old Female



Day 1

**Clinical Case
Reports 2023**

Keynote Presentation

SPACE CLOSURE FOR CONGENITALLY MISSING LOWER SECOND PREMOLAR USING TEMPORARY ANCHORAGE DEVICES



Seuss Kassisieh, Natasha Bodioga and Jay Gousman

Arizona School of Dentistry and Oral Health, A. T. Still University, USA

Abstract:

The Article titled “Management of Congenitally Missing Lower Second Premolars via Space Closure Using Temporary Anchorage Devices: A Case Series.” was published in the Journal of Clinical Orthodontics, a Peer Reviewed Journal in 2022. It showcases five patients with congenitally absent mandibular second premolars treated with placement of Temporary Anchorage Devices following extraction of retained deciduous second molars. The article discusses how the spaces are closed using contemporary orthodontic biomechanics, resulting in optimal health, function, and esthetics for the patients—without the need of prosthetic dental procedures following orthodontic therapy. The abstract and e-Poster were also accepted for presentation at the 9th International Orthodontic Congress, October 4-6, 2021.

Biography

Seuss Kassisieh DDS, MS received his Bachelors of Science and Doctor of Dental Surgery degrees from the University of Iowa. He went on to receive his Certificate and Master’s degree in Orthodontics from Baylor College of Dentistry Graduate Orthodontic Department in Dallas, Texas. His Master’s Thesis and specialty research was focused on the treatment effects of Maxillary protraction therapy. For the last 26 years he has been in private practice in Scottsdale, Arizona. He is the past president of the Arizona Orthodontic Association, and current president of the Southwest component of the E.H. Angle Society. A national and international lecturer, he has presented on topics including: Long Term Stability, Prevention of White Spot Lesions (decalcification), Temporary Anchorage Devices, Orthognathic Surgery, and Clear Aligner (Invisalign) Treatment. He also is a guest reviewer of manuscripts in the Angle Orthodontist (a peer-reviewed Journal). He is a Diplomate of the American Board of Orthodontics and serves the College of Diplomates of the American Board of Orthodontics as an advocate for Board certification. For the last 15 years he has been a part-time Clinical professor of orthodontics at the Arizona School of Dentistry and Oral Health Graduate Orthodontic Department, where he teaches and presents seminars on Evidence Based Orthodontic Treatment, reviews current literature, and oversees the residents clinical cases.

NEUROPATHIC FACIAL PAIN – HOW TO TREAT, DRUG OR LASER



Ulla Kotiranta

*Chief Dentist and Head in Department of Oral and Maxillofacial Diseases
Tampere University Hospital, Finland*

Abstract:

Neuropathic pain conditions are very common but underdiagnosed and -treated conditions that affects straight to patients' quality of life and working ability. According to several studies, the prevalence of neuropathic pain is 7-10% of the population. What about neuropathic facial pain? Until these days recognizing and treating facial neuropathic pain has been challenging. Today there is available the criteria for post-traumatic trigeminal neuropathy. The main form of treatment for trigeminal pain conditions is medical treatment. The drug treatment recommendations for different trigeminal pain conditions differ from each other. It is known that carbamazepine and oxcarbazepine are effective in treatment of trigeminal neuralgia. The findings of several studies suggest that low level laser therapy can be used to relieve neuropathic pain in the facial area and accelerate recovery of the somatosensory functions. Further research is required. Based on our experiences among neuropathic facial pain patients there are treatment options.

Biography

Ulla Kotiranta, female, a long line dental clinician in primary care, treating last 20 years facial pain patients. In the last 10 years as a clinical lecturer in the University of Eastern Finland and treating facial pain patients in tertiary care in the University Hospital Kuopio and University Hospital Tampere at the department of oral and maxillofacial diseases. Specialist in prosthodontics and stomatognathic physiology and special competence in pain management. Dealing with several study settings, scientific interest in facial pain. Today, first of all, special interest in low-level laser therapy research in pain management.



Day 1

**Clinical Case
Reports 2023**

Oral Presentations

Clinical Case Reports

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SYSTEMIC VASCULITIS FOLLOWING VACCINATION DURING INCUBATION PERIOD OF COVID INFECTION

Kristina Frketic Marovic, Vedrana Terkes, Martina Moric Peric and Anela Tolic

Zadar General Hospital, Croatia

Abstract:

Covid pandemic challenges us with a variety of skin manifestations, including cutaneous vasculitis and vasculopathy, either as a direct result of the COVID-19 or following vaccination. We present a case of a patient with a clinical picture of systemic vasculitis following vaccination during incubation period of covid infection.

A 60-year-old male patient presented to the ED with fever, hemoptysis and palpable purpura. He had well-regulated arterial hypertension and three weeks earlier he was vaccinated with a booster dose of covid mRNA vaccine, not knowing that he was in the incubation phase of disease. Covid infection manifested 4 days later with mild symptoms, general weakness, two days of febrility and PCR SARS-CoV-2 positivity. Two weeks later, he becomes febrile again, with a dry cough, hemoptysis, sore throat, abdominal pain and a purpuric rash. The distribution of the rash was on the forearms and lower legs, including the palms and soles, and lumbosacral and gluteal region. Purpuric changes evolved into hemorrhagic vesicles and bullae. He had enanthema, ulceration of the hard palate and nasal septum, and necrotizing tonsillitis. In the laboratory he had elevated inflammatory parameters, ANA and ANCA negative and normal complement. Pulmonary embolism was ruled out, and MSCT findings were bilateral GGO lung lesions and a duodenojejunitis with inflamed surrounding fatty tissue. Extensive microbiological diagnostics did not find any other causative agent except SARS-CoV2 IgM and IgG were positive. Pathohistological finding of skin lesion biopsies suggested vasculitis of small blood vessels, a neutrophilic infiltrate and leukocytoclasia with fibrinoid necrosis of blood vessel walls. DIF demonstrated no IgA and complement deposition. After NSAIDs and antihypertensives he was treated with prednisolone 1mg/kg, which resulted in rapid clinical and laboratory recovery. Systemic steroids were tapered gradually for 6 weeks and the patient recovered completely and was followed up for 1 year.

Vasculitides have been reported as COVID-19-associated and anti-SARS-CoV-2-vaccine-associated. Pathogenic mechanisms are not fully understood, although the roles of a hyperactive immune response, complement activation and microvascular injury have been hypothesized. Steroid have shown clinical benefits in case reports but more studies are needed to establish a definitive treatment protocol for COVID-19 associated vasculitis.

Biography

Kristina Frketic Marovic, Subspecialist Rheumatologist at Zadar General Hospital

COMPARATIVE ANALYSES OF THE MESH FIXATION METHODS IN IP HERNIOPLASTY

N Serdarov, J Ymamgulyev, S Mamenov, B Agaev, R Charyev and A Korpaev

International Center of Endocrinology and Surgery Ashgabat, Turkmenistan

Abstract:

According to the literature, 5% of the population has various types of ventral hernias. The frequency of unsatisfactory results of surgical treatment (20-30%) requires the discovery of new, as well as the identification of already discovered plastics. Currently, hernioplasty is recognized as one of the most effective methods of IPOM. However, an insufficiently reliable fixing mesh to the hernial orifice is one of the main causes of relapse with this method.

Purpose of work: comparison of mesh fixation in IPOM hernioplasty: (transaponeurotic, absorptotic and circular-twisting suture).

Material and methods: A total of 107 patients were operated on, of which 56 patients were fixed by the transaponeurotic method, 41 patients were fixed using an absorbent device, and in 38 patients the mesh was found with a circular-twisting suture. The age of patients is from 21 to 73 years, including 58 women, 49 men. The frequency of hernia recurrence, the course of the postoperative period in many cases is delayed by the choice of mesh fixation method. A large number of transaponeurotic diseases include a high probability of damage to blood vessels and nerves with the formation of hematoma, paresthesia and severe postoperative pain. With a rare location of the ligature, sagging (sagging) of the mesh is possible with the opening of the interposition of loops between the mesh and the anterior abdominal wall. The use of Absorbotac for fixation of the retina during the operation, but less reliable fixation of the mesh due to the low concentration of tackers, which in some cases reveals mesh deviations in the postoperative period, recurrence or intestinal damage between the mesh and the anterior abdominal wall (with a probability of obstruction). Fixation of the mesh with a circular-twisted suture is a low-material and safe method due to less damage to the sutures of the tissues of the pre-abdominal wall. The use of a thin needle (thin suture material) with the possibility of damage to blood vessels and nerves. Reliability (strength) is fixed by sewing the mesh around the entire perimeter of contact with the abdominal wall. When collecting this case, there was a shorter duration and course of postoperative diseases, earlier activation of patients, the absence of discomfort, paresthesia.

Results: The circular-winding method of fixing the composite mesh is a safe, low- traumatic method that can be recommended for use in practice.

Biography

Serdarov Nurmammet, Head & Director at International center of endocrinology and surgery

FRACTIONAL CHEMOTHERAPY IN SOLID TUMORS

Angello Russo

Internal Doctor, Follower of Paul Brousse Hopital, Italy

Abstract:

The tumors are understaged. When in solid tumors fraction of tumor growth: KI 67 is higher than 20 percent some cells can be in blood circulation and they are more invasive than primary tumor and cause metastases. With fractional chemotherapy especially used in colon, bladder, lung, stomach, skin cancers the drugs are administered fractionally with reduced dosages once a week or with an infuser if it is expected 5 fluorouracil.

The different drugs: at last, three or four: each acting with a different mechanism of action, administered during the different phases of the cellular cycles and for more successive cycles are more effective than a chemotherapy for a few days, with decrease of toxicity.

In colon cancer three liver metastasis with three centimeters of maximum diameter can be definitively destroyed. In Adjuvant chemotherapy, between three and seven cycles, according to the grading, are used to kill minimal residual disease. In neoadjuvant chemotherapy of transverse colon cancer with two cycles I have observed complete disappearance of primitive neoplastic ulcer.

I have observed, in urothelial bladder cancer, change of tumor grading from G3 to G1, after disappearance of cancer.

Good results in lung, stomach, and skin cancer.

Biography

Agnello Russo was born in 1955, after classical high school he graduated in medicine and surgery in 1979. Specialization in medical oncology in 1987. Internal doctor at "Hospital Paul- Brousse" Paris from 1992 until 2000. Training in "Regulation cellular, pathology of cellular regulation" at the University of Paris Sud. Local internal medicine from 1980 to 2022.

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APPLYING BASIC PHYSIOLOGY AS A RESCUE STRATEGY IN ADENOCARCINOMA LUNG PRESENTING WITH REFRACTORY HYPOXEMIA FOLLOWED BY DEFINITIVE ADVANCE INTERVENTION

Jagdeep Sharma, Falguni Hota, Lalita Gouri Mitra, Harsimran Singh Walia and Akshat Shah

Homi Bhabha Cancer Hospital & Research Centre, India

Abstract:

We are in an evolving era of advanced infrastructural, monitoring, and interventional techniques. But basic physiological manoeuvres in different aspects will always keep on contributing to tide over the crisis situations. Patients with airway obstruction due to malignancy are quite symptomatic with severe impairment of their quality of life. Various physiological manoeuvres are used for improving compliance and respiratory mechanics. Postural manoeuvres like prone position, lateral decubitus position have helped improve oxygen saturation levels in critically ill patients. We managed a 62-year-old male with right sided adenocarcinoma lung, presenting with respiratory difficulty due to intrathoracic extra-luminal compression of right main stem bronchus. Lateral decubitus position turned out to be a life saviour for this patient. Following resuscitation and stabilisation of haemodynamic parameters, this patient underwent right endobronchial stenting under general anaesthesia with left sided double lumen tube. The patient got discharged in stable condition after the procedure. We emphasize the integrated and comprehensive use of basic physiological manoeuvres along with advanced interventional techniques to provide a definitive solution in crisis situations.

Biography

Jagdeep Sharma had done MD, DNB in Anaesthesiology, Critical Care & Pain and American Heart Association Accredited, Basic Life Support & Advanced Cardiac Life Support instructor. Very passionately teaching and training young minds. I am passionate about patient safety and better outcomes. I have special interests in managing difficult airway, critically ill patients, peri-operative care of high-risk surgeries, cardiopulmonary resuscitation.

LIDOCAINE TREATMENT FOR POST-COVID AND ITS EFFECT ON AUTO-IMMUNE HYPERTHYROIDITIS

Maaïke Meeder, Djo Hasan and Han Meeder

Erasmus University, Rotterdam, The Netherlands

Abstract:

Post-COVID is a complex condition characterized by persistent symptoms following SARS-CoV-2 infection. This case report describes a 44-year-old male with no significant medical history who developed post-COVID symptoms. The patient experienced a wide range of debilitating symptoms affecting various body systems, including respiratory distress, palpitations, cognitive impairments, fatigue, muscle weakness, joint pain, gastrointestinal disturbances and experienced a loss of tactile feedback of his fingers. Additionally, the patient was diagnosed with hyperthyroiditis.

Evidence for the presence of persistent immune activation in post-COVID-19 patients had been found. Moreover, anti-SARS-CoV-2 antibodies that cross-react with human self-antigens were detected in patients with post-COVID-19 condition, suggesting that autoimmunity may be a hallmark of post-COVID-19 condition. Targeting P2X7R is suggested for the treatment of autoimmune diseases and COVID-19. Lidocaine is a P2X7R antagonist. Therefore, treatment with lidocaine spray 10%, was initiated. Orally twice a day, at a dosage of 400mg and kept in the mouth for 20 minutes.

After two weeks of using the spray, the patient reported an improvement in his symptoms, which had previously been persistent. Due to the hyperthyroidism, he suffered from atrial fibrillation with a high ventricular response. The cardiac arrhythmia requiring beta-blocker treatment recovered within 1 week after the start of the lidocaine therapy and the beta-blocker was discontinued. The thyroid laboratory values recovered within 3 weeks. After 6 weeks most of his post-COVID symptoms were improved or were no longer present.

This case report highlights the potential therapeutic effect of lidocaine in alleviating post-COVID symptoms and also suggests a potential immunomodulatory role in autoimmune-related conditions such as hyperthyroiditis. Further research is warranted to elucidate the mechanisms and underlying effects of lidocaine and its broader application in the management of post-COVID and associated autoimmune reactions.

Biography

Maaïke Meeder is a 25-year-old medical student at Erasmus University in Rotterdam, the Netherlands. She is conducting research on post-viral diseases, like post-COVID, and their treatment. She has a strong desire to pursue a Ph.D. on this subject. Currently, her research is focused on patients with post-COVID, but she aspires to expand her investigations beyond this area. Her goal is to delve into the field of autoimmune diseases, such as rheumatoid arthritis, and neuroinflammatory disorders like multiple sclerosis. Additionally, she aims to explore hyperinflammatory conditions in intensive care patients. One of the most significant aspects she hopes to investigate and substantiate is the role of molecular mimicry in inflammatory diseases. Her ultimate ambition is to become an intensive care doctor and apply the knowledge gained from her research.

A RARE CASE OF URINARY MYIASIS IN A 5-YEAR-OLD BOY

Nader Shakibazad

Bushehr University of Medical Sciences, Iran

Abstract:

Myiasis is caused by the invasion of flies' eggs and larvae into different tissues of the host's body. The rarest form of this disease is genitourinary myiasis, which can be observed even in men with a much lower probability than in women, especially in tropical and subtropical regions. The patient is a 5-year-old boy living in the south of Iran, who was referred to the Hospital due to persistent fever and weight loss about 6 months ago, white larvae were observed in the person's urine. The patient's clinical symptoms continued. With more detailed investigations in the current reference and it was determined that active and live larvae are present in the urine of the infected person, it was decided to collect the urine sample and transfer it to the parasitology department of the medical school. After preparation of larvae and microscopic evaluations, the presence of myiasis-producing fly larvae was confirmed. To accurately determine the causative species, some larvae will be evaluated more precisely based on specific diagnostic keys after cross-sections are prepared.

The urinary form of myiasis is considered the most uncommon type in humans due to clothing protection and the lack of access of flies to the genital area, but this possibility will exist if personal hygiene standards are not followed, especially during defecation and urination. Therefore, it is necessary for doctors working in areas where this type of infection is common to have a complete understanding of the infection, symptoms, and treatment of myiasis so that there is no misdiagnosis and wrong treatment in cases of exposure.

Biography

Nader Shakibazad has completed his MD, Pediatrician degree, and subspecialty in Pediatric Hematology and Oncology from Shiraz University of Medical Sciences, Iran. I am working as an academic member of a medical university. Additionally, I am working as an assistant professor of Pediatric Hematology and Oncology, at Bushehr University of Medical Sciences, Bushehr, Iran. I have published more than 44 papers in reputed journals. Moreover, I participated as an international keynote speaker.

IMPENDING COMPARTMENT SYNDROME SECONDARY TO PSEUDOANEURYSM FOLLOWING STABILIZATION OF PROXIMAL TIBIA SHAFT FRACTURE: A CASE REPORT

Jawad Nouraldeen Derbas, Isam Sami Moghamis, Aiman Mudawi, Syed Intakhab Alam and Basim Shaman Ameen

Hamad Medical Corporation, Orthopedics Department, Qatar

Abstract:

Introduction: Compartment syndrome secondary to pseudoaneurysm formation following surgical stabilization of tibia shaft fracture is a rare entity, and it should be recognized as early as possible, to prevent any associated morbidities and significant disabilities by surgical decompression of leg compartments.

Case Presentation: A 56 years old male patient presented to our clinic during his routine post-surgical follow-up with a progressive painful right leg swelling over 2 months following right tibia shaft stabilization which was sustained secondary to a road traffic accident. The swelling was investigated and found to be pseudoaneurysm, which was treated by endovascular coiling followed by surgical evacuation of the hematoma.

Intervention and outcome: The patient underwent further investigation of this swelling to exclude infection and it was found to be a pseudoaneurysm. Following the diagnosis the patient underwent endovascular coiling of the feeding vessel to the pseudoaneurysm, followed by surgical decompression and evacuation of the hematoma.

Conclusion: Multiple causes for compartment syndrome do exist, pseudoaneurysm is different than other causes in that it has a feeding vessel. Careful pre-operative endovascular coiling is important to prevent and control intraoperative bleeding and prevent further development of compartment syndrome. Moreover, aggressive post-operative physiotherapy should be avoided in the early post-operative period especially soft tissue manipulation, as this might be the cause for the development of such condition.

Biography

Jawad Derbas stands as a distinguished final year orthopedic resident at Hamad Medical Corporation in Qatar. Notably, he currently holds the prestigious mantle of Chief Resident while having previously steered the ship as Chief of Education within his department.

The realm of orthopedic trauma and spine surgery captivates Dr. Jawad's professional pursuits. His hands-on involvement in intricate trauma and spine surgeries, both as a performer and an assistant, exemplifies his fervent interest. A testament to his academic prowess, a significant scientific study in the field of orthopedics found its place in a reputable journal, further solidifying his contribution. Remarkably, Dr. Jawad extends his influence to academia by actively reviewing submissions for two esteemed journals.

Beyond the confines of the medical facility, Dr. Jawad's altruistic inclinations shine. His participation in a medical convoy to underserved villages in Sudan during His medical school days echoes their commitment to accessible healthcare. With a tapestry of accomplishments woven from clinical finesse, scholarly achievements, and humanitarian engagement, Dr. Jawad is poised to grace our forthcoming conference with insights that truly resonate.

UNUSUAL CUTANEOUS MANIFESTATION AS PRIMARY SIGN OF TYPE 2 DIABETES AND SEVERE HYPERTRIGLYCERIDEMIA

Nury Serdarov¹, Merjen Muradova¹, Larisa Ssetinina², Ogulnur Baýrammuhammedova², Taganly Taganliev¹, Yazgul Niýazmuradowa¹ and Mayagozel Zhutdieva¹

¹*International Center of Endocrinology and Surgery, Turkmenistan*

²*International Center of Eye Diseases, Turkmenistan*

Abstract:

Purpose: Cutaneous manifestations are associated with various metabolic disorders, such as diabetes mellitus including prediabetic states. Early diagnosis and treatment are believed to reduce the risk of complications.

Case Presentation: We report on a 29-year-old man with undiagnosed type 2 diabetes mellitus and hypertriglyceridemia with severe cutaneous manifestations as multiple yellow to reddish-brown papules over the arm, forearm, upper back and both legs.

Results: Blood tests revealed hyperglycemia: 27.1 mmol/l (blood glucose concentration: reference range 3.8-6.1 mmol/l), glycated hemoglobin: 14.0% (HbA1c: reference range 4.3-6.0%), hypertriglyceridemia: 35.0 mmol/l (triglyceride level: reference range 0-1.7 mmol/l) and hypercholesterolemia: 11.0 mmol/l (total cholesterol: reference range 3.9-5.2 mmol/l). Following skin biopsy, the diagnosis of eruptive xanthomas due to type 2 diabetes mellitus and hypertriglyceridemia was histologically confirmed.

Conclusion: Eruptive xanthomatosis is a rare primary manifestation of diabetes mellitus or primary/secondary hypertriglyceridemia and early multidisciplinary consultation can lead to more effective strategies for its treatment.

Biography

Merjen Muradova is a practitioner doctor - endocrinologist, therapist, dietologist. For 6 years of my experience I help to decide difficult questions for health. To learn patients and their relatives look at the disease from a different angle. My skills preventive medicine. I compose personalized programs, individual recommendations for overweight and obesity patients for managing body weight and longterm lifestyle change. To make from routine work do clinical case reports.

A RARE CASE OF ILEO-ILEAL KNOT – FIRST EVER CASE REPORT IN INDIAN RADIOLOGY LITERATURE

Saraswathi Selvaraju

Trichy SRM Medical College Hospital and Research Centre, India

Abstract:

Introduction: Intestinal knotting or compound volvulus is defined as intertwining of two separated loops of bowel. Ileo-ileal knot is a very rare entity with only few cases reported earlier in the surgical literature. Because of the rarity of the entity, there is no data on age and sex predilection. Ileo-Sigmoid knot (Intestinal knot syndrome) is the commonest type of knotting. Only 13 cases of Ileo-ileal knot, the rare type are reported till December 2023 in all platforms combined.

Case Report: A 70 year old gentleman presented with complaints of abdominal pain for one-week and vomiting for 2 days duration. He had no similar illness in the past. He was a known diabetic, on treatment for last 30 years. He had no other co morbidities. On examination, he was found to have ascites with mild diffuse tenderness in the lower abdomen. Other systems did not reveal any significant abnormalities clinically.

X ray showed features suggestive of Ascites with no air fluid levels. Ultrasound examination showed Gross Ascites with few dilated small bowel loops. CT abdomen (Plain) was done to look for cause of tenderness. It showed dilated small bowel loops with positive Beak sign with 3 beaks, Radial distribution sign and Whirl sign. There was no evidence of intramural air. CECT was suggested but was deferred, as the patient did not consent for contrast examination. Intraoperatively the segment of ileo-ileal knot was identified and resected.

Conclusion: Ileo-ileal knotting usually presents with clinical features of small bowel obstruction with rapid deterioration to bowel necrosis, and the management includes prompt surgical intervention. Once the knot is formed, it sets off a vicious cycle of intestinal occlusion and ischemia due to continuous peristalsis and vascular pulsations, all leading to gangrene in most cases.

Ileo-ileal Knot should be considered in patients presenting with features of small bowel obstruction having rapid deterioration with signs of gangrenous bowel. Awareness and high suspicion of this entity might help salvage the small bowel in time.

Biography

Saraswathi S MD(RD) is an assistant professor in Trichy SRM medical college hospital and research center. Her interest lies in exploring grey areas of radiology for a better future. She has credits in guiding under and post graduate students for their excellence in national and international competitions and as invited speaker in various international platforms herself. She is a research scholar and member of Editorial board member of American journal of laboratory medicine.

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THE PRACTICE OF POSTOPERATIVE PAIN MANAGEMENT IN ETHIOPIA AND IMPROVEMENT STRATEGIES: RESULTS FROM CLINICAL REGISTRIES

Fitsum Kifle¹ and Ermiyas Belay²

¹*Debre Berhan University Network for Perioperative and Critical Care, Ethiopia*

²*University of Cape Town, South Africa*

Abstract:

Optimal management of pain in surgical patients during the postoperative period is essential for their comfort and overall recovery. This involves assessing the patient's pain levels, identifying the cause of pain, and implementing appropriate interventions to alleviate discomfort. Adequate pain management is crucial in preventing complications such as delayed healing and the development of chronic pain conditions. However, in low-resource settings, the availability of resources and trained healthcare professionals for pain assessment and management may be limited. This can result in insufficient pain control, adversely affecting the patient's recovery process.

In Ethiopia, a low-resource setting in East Africa, the practice of pain management is often suboptimal due to various factors. These include limited access to pain medications, healthcare providers' lack of knowledge about pain assessment and management, and cultural beliefs that discourage the expression of pain. As a consequence, patients may experience unnecessary suffering, negatively impacting their overall quality of life.

Data from the national perioperative and injury registry network in Ethiopia reveals concerning statistics. Approximately 30% of patients who undergo surgery do not receive adequate postoperative pain follow-up and assessment. Moreover, only 26% of patients receive postoperative pain management, and even fewer receive appropriate pain medications. Standard medications for postoperative acute severe pain, such as weak opioids, acetaminophen, and diclofenac, are often prescribed without proper grading of pain, follow-up, and assessment. This lack of individualized care can lead to inadequate pain relief and possible complications, which is also currently under investigation.

It is vital for healthcare providers to prioritize postoperative pain management and ensure that patients receive personalized treatment plans based on their specific needs and pain levels. Furthermore, implementing regular follow-up appointments and assessments can help identify any issues or concerns related to pain management, allowing for timely interventions and improved patient outcomes.

Biography

Fitsum Kifle is a lead clinical researcher at Debre Berhan University Asrat Woldeyes Health Sciences Campus, project Network for Perioperative and Critical Care. He has collaborated on various national and international research projects in the field of health sciences, particularly in acute care with expertise in establishing registries, conducting systematic reviews, clinical trials, data analysis, and publishing research findings. With over 20 publications, Fitsum is currently leading several national projects, including the national surgical outcome study, improving stillbirth data systems, and enhancing surgical, injury, and critical care data systems in Ethiopia and Africa through the collaborative research network, African Perioperative Research Group. He has received multiple grants and is working towards completing his PhD in Global Surgery from the University of Cape Town. FK also contribute to advancing the field of health sciences research through mentorship of students and supervision.

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MINIMALLY INVASIVE SURGERY IN THE MANAGEMENT OF GASTRO-INTESTINAL TRACT PERFORATION

Moustafa Hamchou

Tawam Hospital, UAE

Abstract:

Introduction: Gastrointestinal tract perforations are relatively rare in children. Patients who receive repeated blood transfusions are susceptible to iron overload with its own associated complications. To obviate these complications, iron chelation therapy with deferasirox is the treatment of choice. One of the rare complications of chronic treatment with deferasirox is gastrointestinal perforations. The aim of this report is to outline aspects of diagnosis, management, and the role of minimal invasive surgery in the management of this rare complication.

Case presentation: This report describes a case of duodenal perforation in a 5-year-old patient with beta-thalassemia receiving multiple blood transfusions and on chronic chelation with deferasirox.

Biography

Dr. Moustafa Hamchou MD, ABGS, ABPS, FEBPS. Arab board in General Surgery, Arab Board in Paediatric Surgery European Board of Paediatric Surgery Current Position: Consultant Paediatric Surgeon, Tawam Hospital, UAE. Special Interest: Minimally invasive surgery in children, Paediatric urology, Paediatric oncology, Neonatal surgery.

EVALUATION OF THE PERIOPERATIVE AND POSTOPERATIVE COURSE OF SURGERY FOR PINEAL GERMINOMA IN THE SIOP CNS GCT 96 TRIAL

Sevgi Sarikaya-Seiwert

University Hospital Bonn, Germany

Abstract:

Background: CNS germinoma, being marker-negative, are mainly diagnosed by histological examination. These tumors predominantly appear in the suprasellar and/or pineal region. In contrast to the suprasellar region, where biopsy is the standard procedure in case of a suspected germ-cell tumor to avoid mutilation to the endocrine structures, pineal tumors are more accessible to primary resection. We evaluated the perioperative course of patients with pineal germinoma who were diagnosed by primary biopsy or resection in the SIOP CNS GCT 96 trial. Methods: Overall, 235 patients had germinoma, with pineal localization in 113. The relationship between initial symptoms, tumor size, and postoperative complications was analyzed. Results: Of 111 evaluable patients, initial symptoms were headache (n = 98), hydrocephalus (n = 93), double vision (n = 62), Parinaud syndrome (n = 57), and papilledema (n = 44). There was no significant relationship between tumor size and primary symptoms. A total of 57 patients underwent primary resection and 54 underwent biopsy. Postoperative complications were reported in 43.2% of patients after resection and in 11.4% after biopsy ($p < 0.008$). Biopsy was significantly more commonly performed on larger tumors ($p = 0.002$). Conclusions: These results support the practice of biopsy over resection for histological confirmation of pineal germinoma.

Biography

Sarikaya-Seiwert has her expertise in evaluation and passion in improving the health and wellbeing. Her open and contextual evaluation model based on responsive constructivists creates new pathways for improving healthcare. She has built this model after years of experience in research, evaluation, teaching and administration both in hospital and education institutions.



Day 2

**Clinical Case
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Keynote Presentations

DRAINAGE OF EXTRADURAL HAEMATOMA BY AN IO NEEDLE IN A REMOTE HOSPITAL

Aruni Sen¹, Nemer Kharroubi², Anthea Pinder³ and Jonathan Hempenstall⁴



¹MS, FRCS (Eng & Edin), FRCER, DipMedEd, Lead Consultant in Emergency Medicine, Princess Elizabeth Hospital, UK

²Associate Specialist in Emergency Medicine, UK

³Consultant Anesthetist, UK

⁴Consultant Neurosurgeon, University Hospital, UK

Abstract:

We report the case of an intraosseous needle used to drain an acute extra-dural haematoma in a remote hospital. An 18 yr. old female attended the Emergency Department, after sustaining a closed head injury from a fall. After a CT scan, she was diagnosed with a large acute extradural haematoma (EDH). Prior to air ambulance transfer to the Neurosurgical Centre, she developed a fixed dilated pupil and hemodynamic instability. The Neurosurgeon advised that an intraosseous (IO) needle drainage would prevent brain stem herniation. An Emergency Medicine (EM) consultant drained 60 ml of blood and clot via an IO needle. The pupil and cardiovascular status normalised. The patient underwent neurosurgical drainage with full neurological recovery. We believe that this is the first IO drainage of an EDH at a remote hospital followed by full neurological recovery.

Biography

Aruni Sen qualified in India with an MS from Calcutta University. In UK, he has fellowships from Royal College of Surgeons, England & Edinburgh and Royal College of Emergency Medicine, UK. He received his Emergency Medicine (EM) training in Glasgow, UK between 1992-1995, leading to CCT in EM in 1995. He has been a lead EM consultant at Wrexham Maelor Hospital, Wrexham, Wales between 1996-2015. He moved to Guernsey as a lead EM consultant at Princess Elizabeth Hospital in 2015.

He is clinically active. He also instructs in ATLS, ALS, APLS and Emergency Airway Course (TEAM). He is an examiner for the Royal College of Surgeons and Royal College of Emergency Medicine, UK. He teaches and examines nationally in UK and internationally in many countries.

Dr Sen has surgical experience before accrediting in EM from RCEM UK. He has special interests in trauma, acute pain, procedural sedation, and medical education. His main experience is in clinical service delivery, service improvement, Clinical Information Systems, Medical Education and Clinical Negligence.

A NEWBORN WITH ACUTE LIVER FAILURE



Omer Abdelbasit

Security Forces Hospital, Saudi Arabia

Abstract:

This was a preterm female baby born at 33 weeks gestation with a very low birth weight (VLBW) of 1280 grams. Antenatally the mother had anhydramnios. The couple were consanguineous. The baby was ventilated because of respiratory distress syndrome. At the age of one week, she developed necrotizing colitis but recovered well without complications.

At the age of two weeks, she was found to have significant conjugated hyperbilirubinemia with bleeding tendency, abnormal liver enzymes and hypoalbuminemia. She went on to develop hepatic failure with encephalopathy. Further investigations revealed abnormal ferritin and transferrin values. The direct Coombs test was also positive. A diagnosis of gestational autoimmune liver disease (GALD) was made and management was commenced. The discussion of the case will highlight the importance of arriving at the diagnosis, the management and future prevention of recurrence in offspring.

Biography

Omer Bashir Abdel Basit has received his MBBS degree from University of Khartoum in the year 1971. He has then received his Diploma in Child Health (DCH) from Royal College of Physicians and Royal College of Surgeons of London. He made his Membership at the Royal College of Physicians (MRCP), Ireland (1981) followed by a Fellowship from the same university in the year 1993. Later on he worked as a Consultant Neonatologist at Saudi Council for Health Specialties. His research interests include Perinatal and Neonatal Medicine.

CASE SERIES OF HEMATIDROSIS



Nader Shakibazad, Hasan Malekizadeh and Zeinab Keshvari

Bushehr University of Medical Sciences, Iran

Abstract:

Introduction: Hematohidrosis, also referred to as "bloody sweating," is an exceptionally rare medical condition characterized by the excretion of blood or blood-like fluid through undamaged skin. This condition is highly unusual and can be profoundly distressing for those who suffer from it. The precise origins of hematohidrosis remain not completely understood; however, it is believed to be connected to a variety of factors, including severe stress or anxiety, heightened blood pressure, and fragile blood vessels close to sweat glands. When an individual experiences intense stress or anxiety, their body's fight-or-flight response can be triggered, possibly resulting in the rupture of these tiny blood vessels. Consequently, blood mixes with sweat and is expelled through the skin.

Case presentation: In this report, we describe three instances of hematohidrosis where individuals experienced episodes of bleeding linked to emotional stress. Case one presents with hemolacria, the second case with oral bleeding, and the third case with bleeding from the forearm. The diagnosis was established through direct observation of these bleeding episodes from undamaged skin or mucosa, along with the confirmation of normal coagulation test results. These cases demonstrated favorable responses to a combination of treatments, including anti-anxiety measures, psychotherapy, and propranolol.

Conclusions: A heightened level of suspicion should be maintained when considering hematohidrosis in patients who exhibit bleeding episodes alongside normal coagulation test results. It is important to note that the most frequent trigger factors are either anxiety, fear, or excessive stress. Clinicians are essential to exclude other diagnoses and examine for stressors to alleviate the bleeding.

Biography

Nader Shakibazad has completed his MD, Pediatrician degree, and subspecialty in Pediatric Hematology and Oncology from Shiraz University of Medical Sciences, Iran. I am working as an academic member of a medical university. Additionally, I am working as an assistant professor of Pediatric Hematology and Oncology, at Bushehr University of Medical Sciences, Bushehr, Iran. I have published more than 44 papers in reputed journals. Moreover, I participated as an international keynote speaker.



Day 2

**Clinical Case
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Oral Presentations

STEROID INDUCED HYPERTRIGLYCERIDEMIA IN PREGNANT WAMAN WITH IMMUNE THROMBOCYTOPENIA – CASE REPORT

Rehab Y AL-Ansari, Faisal Ahmed Abu Shaigah, Laila Alromaih and Moutaz Osman

KFMMC, Saudi Arabia

Abstract:

Background: Hypertriglyceridemia is a medical condition defined as fasting triglyceride level more than 150 mg/ dl. It could be due to either familial or acquired cause as in obesity, metabolic syndrome, diabetes mellitus type 2, alcohol consumption, decrease exercise or drug affects. Drugs such as corticosteroids rarely induced hypertriglyceridemia, for that we are reporting this case.

Case Presentation: We are reporting a 35 years old pregnant lady diagnosed with immune thrombocytopenia and started on prednisolone 1mg/kg per oral once a day. Two months later, while on 20 mg of prednisolone, she presented to the emergency department with epigastric pain, nausea and vomiting for 15 days. Physical examination showed dry mucosa, new xanthelasma over both eyelids and epigastric tenderness with palpable suprapubic gravida uterus; otherwise, was unremarkable. Blood samples were highly lipemic, and laboratory investigations showed high triglycerides (TG) of greater than 73 mmol/L, mild diabetic keto acidosis with normal other chemistry including hepatic, renal, and pancreatic panel. She was treated by diet restriction, insulin infusion, Fenofibrate, and Omega 3 as well as rapid tapering down of prednisolone.

Conclusion: Corticosteroid-induced hypertriglyceridemia is an uncommon condition and could be fatal, especially in high-risk cases. Unfortunately, no guidelines support a regular screening for lipid profile prior to initiating steroid therapy. However, we are suggesting a further study and creating a recommendation to mandate screening for lipid profile along with fasting blood sugar prior to initiating steroid therapy, especially in high-risk cases as in pregnancy.

Biography

Rehab Yusuf AL-Ansari is Hematology consultant since December 2014 at king Fahd military complex in Dhahran - Saudi Arabia. She did her Fellowship in clinical adult hematology and transplant at king fahs specialist hospital in Dammam. Dr. Al-Ansari member in Saudi society of blood disorder has plenty of publication and known as reviewer in some international journals. She works as a program director for internal medicine residency program in Saudi council for health specialty.

Currently, she is a chairperson for Data governess, supervisor IV treatment room, co-chair blood utilization committee, co-chair mortality morbidity committee, co-chair MOI committee at KFMMC-Dhahran as well as member of SCD and hematology center committee for military hospital in Saudi Arabia.

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ORAL LICHENOID LESIONS MAY REGRESS AFTER AMALGAMA REMOVAL: A CASE REPORT BECOMES A PROOF OF THE CONCEPT

Elisa Bettoni, Michele Crescentini, Gionata Bellucci and Giovanni Damiani

Università degli Studi di Milano, Italy

Abstract:

The aim of this report is to present a clinical case of oral lichenoid lesions (OLL) associated with amalgam and various metal restorations, including palladium, mercury, and gold. The patient presented with symptoms and lesions consistent with OLL, and the diagnosis was confirmed through a synthesis of the patient's medical history, clinical examination, histopathological analysis, and direct immunofluorescence.

Oral lichenoid lesions are a group of disorders characterized by lesions that resemble oral lichen planus but are caused by a hypersensitivity reaction to certain substances, such as dental materials. In this case, the amalgam and metal restorations were suspected to be the triggering factors for the lichenoid lesions.

The histopathological analysis revealed findings consistent with OLL, further supporting the diagnosis. Additionally, direct immunofluorescence testing provided additional evidence for the presence of OLL. The combination of these diagnostic approaches allowed for a comprehensive understanding of the patient's condition.

As part of the treatment plan, the metal restorations were replaced, and this intervention led to significant improvements in the patient's clinical condition. The lichenoid lesions on the tongue and floor of the oral cavity showed regression and almost complete remission, exhibiting a reticular appearance. This outcome indicated a positive response to the removal of the suspected triggering factors.

In conclusion, this case highlights the association between oral lichenoid lesions and metal restorations, particularly amalgam, palladium, mercury, and gold. The diagnosis was established through a comprehensive evaluation of the patient's medical history, clinical examination, histopathological analysis, and direct immunofluorescence testing. The removal of the metal restorations resulted in notable improvements in the patient's condition, with regression and near-complete remission of the lichenoid lesions.

Biography

Elisa Bettoni is a recent graduate in Dentistry and Dental Prosthetics, having earned her degree in July 2023 from the University of Milan. Throughout her academic journey, she demonstrated exceptional dedication and enthusiasm for her field. Her passion for oral healthcare led her to excel not only in her studies but also in practical experiences.

During her studies, Dr. E. Bettoni undertook rigorous internships at Milan's Policlinico Hospital, a renowned medical institution. These internships exposed her to a diverse range of dental procedures, allowing her to refine her techniques and actively participate in various interventions. Her areas of expertise encompassed Periodontology, Implantology, Oral Surgery, and Oral Pathology.

Notably, Dr. E. Bettoni made significant contributions to dental research. She collaborated on multiple published articles, including a compelling case report that was nominated for the International Conference on Clinical Case Reports in Dubai. This report tackled a complex oral pathology case involving lichen, seamlessly bridging the fields of oral pathology, prosthetics, and implantology.

Dr. E. Bettoni's exceptional academic achievements and practical skills position her as a promising professional in the field of dentistry. With her solid foundation, hands-on experience, and dedication to advancing oral healthcare, she is poised to make lasting contributions to patient well-being and dental innovation.

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SEVERE LACTIC ACIDOSIS SALBUTAMOL-INDUCED IN ACUTE ASTHMA

Hamza Najout, Nouredine Kartit, Abdelghafour Elkoundi, Nawfal Doghmi and Hicham Bekkali

Mohamed V Military Training Hospital, Morocco

Abstract:

Lactic acidosis has seldom been reported as a complication of salbutamol administration during asthma attacks. The mechanism still poorly understood and suggested that salbutamol divert the metabolism of pyruvate acid from Krebs cycle toward lactate formation.

Lactic acidosis creates a paradoxical situation which improves bronchospasm and worsens dyspnea. This might lead to misinterpretation and respiratory failure. We report the case of 42 year-old patient, admitted to intensive care unit for acute severe asthma. He presented a transient lactic acidosis over the first forty-eight hours, following an excessive use of salbutamol. The metabolic acidosis caused tachypnea, as a compensatory mechanism, leading to respiratory failure. The diagnosis of lactic acidosis salbutamol-induced must be made by elimination, and only accepted after deleting the other causes. The main clinical character is the worsening of dyspnea despite regression of bronchospasm. It's transient and usually normalizes within 24 to 48 hours after stopping or decreasing of salbutamol doses.

A YOUNG SAUDI FEMALE WITH COMBINED HEMOPHAGOCYTIC LYMPHO-HISTIOCYTOSIS AND KIKUCHI'S DISEASE: A CASE REPORT

Kamal Al-Zahrani¹, Batol Gasmelseed², Hesham Waaer Shadi¹ and Rehab Y AL-Ansari¹

¹KFMMC, Saudi Arabia

²East Midland, UK

Abstract:

Kikuchi's disease is an idiopathic self-limiting condition first reported in Japan in 1972. However, hemophagocytic lympho-histiocytosis is a condition that occurs due to overstimulation of the immune system. The presence of the two conditions is rare, and the clinical observation of this unusual clinical syndrome is worth reporting. We are reporting an 18-year-old Saudi female patient who presented with high-grade fever and diaphoresis 3 weeks before her presentation. Physical examination showed palpable cervical and axillary lymphadenopathy; laboratory investigation found neutropenia, a high lactate dehydrogenase of 550 U/L, and high ferritin levels. A thoracoabdominal computed tomographic study revealed generalized lymphadenopathy. She was diagnosed with hemophagocytic lympho-histiocytosis based on a bone marrow biopsy finding and Kikuchi's disease based on an excisional cervical lymph node biopsy. She received a high dose of dexamethasone with complete resolution of the condition. In conclusion, hemophagocytic lympho-histiocytosis and Kikuchi's Disease are uncommon conditions. The presence of a combination of such two conditions is extremely rare and worth reporting. Early diagnosis and initiation of the management with high dexamethasone dose could save patient life.

Biography

Rehab Yusuf AL-Ansari is Hematology consultant since December 2014 at king Fahd military complex in Dhahran - Saudi Arabia. She did her Fellowship in clinical adult hematology and transplant at king fahs specialist hospital in Dammam. Dr. Al-Ansari member in Saudi society of blood disorder has plenty of publication and known as reviewer in some international journals. She works as a program director for internal medicine residency program in Saudi council for health specialty.

Currently, she is a chairperson for Data governess, supervisor IV treatment room, co-chair blood utilization committee, co-chair mortality morbidity committee, co-chair MOI committee at KFMMC-Dhahran as well as member of SCD and hematology center committee for military hospital in Saudi Arabia.

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ACUTE SURGICAL ABDOMEN: UNEXPECTED MEDICAL CAUSE

Najib Bouhabba, Driss Jaouhari and Hamza Najout

Military Hospital Oued Eddahab – Agadir, Morocco

Abstract:

Acute surgical abdomen is a diagnostic and therapeutic emergency, manifested by a generalized contracture of the abdominal muscles following a peritoneal irritation. In the majority of cases, acute peritonitis is the most common etiology requiring urgent surgical intervention. Nevertheless, some medical pathologies, notably acute adrenal deficiency and inflammatory colitis, can mimic this surgical situation, leading to an aberrant surgical intervention. Through a clinical case, we report the diagnostic and therapeutic modalities of a multi-focal tuberculosis initially admitted for an acute surgical abdomen.



Day 2

**Clinical Case
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Poster Presentations

14 MONTHS OLD BABY HAVE A GREEN STICK FRACTURE

Tahir ATAÖZDEN

Kafkas üniversitesi, Turkey

Abstract:

14 months old baby patient with the left mandibular condyle green stick fracture, arrive coucasian university dental medicine faculty of dental treatment center.it has been in May 2022.The patient was fallen from the bike to the ground beside of the family and the trauma had been occurred course of that effect baby boy couldn't has mothers breastfeeding,cant suck about it.After the clinical and radiological examination of our patient, on the left mandibular condyle has a green stick fracture. So it was detected.The reason why we couldt get panoramic x-ray couse the baby boy was not cooperative and the age not suitable.We can have only computed tomography,the patient was applied to the complexed,and as a first – based treatment option was choosed to applie barton bandage for the maksillomandibular fixation for a short while to correct occlusion.So that baby 14 months old only we decided use only mechano therapy for forward.

Children mandibular and maxillar fractures are less than adults age is going to increase broken rate and increasing fractures.The differences between child and adults fractures are observed due to the development of normal bone growing.Pathology of pediatic bone is not complete its evaluation so that too flexible and have resistant agains to broke pathology of pediatic bone fractures is very different from normal adult broken pathology.

He started to suck his mother again and the mechano therapeutic effect has begun to show himself.Planing whit his family a conservative treatment approach we are the day of the day controlled opening of the mouth to make control we was calling with in 20 days period and observed physical examination.A normal limits of the emphasis mouth opening was 30 mm- He visited us periodically.The occlusion line was observed that is moved towards to left side only 1-1,5 mm. The family impressions is there is no abnormality for baby healing development

Biography

He was born in 1957 in Edirne. He graduated from the Department of Dentistry in English, Marmara University in 1980. In the same year, he started his doctorate program in the Department of Oral, Dental and Maxillofacial Surgery at Atatürk University. He completed his doctoral program in 1983 with a successful thesis defense. He worked as an Assistant Professor at the same university until 1985. He resigned in 1985 and opened his own clinic in Edirne. In 1987, he succeeded in the exam he took at Marmara University and started to work in Riyadh, Saudi Arabia. He worked at Riyadh Special Dental Center until 1995. He returned to Istanbul in 1995 and opened his own clinic. Apart from his own practice, he worked as an administrator in many health centers in Istanbul until 2019. In 2019, he returned to his academic life as a doctor lecturer at Kafkas University and gave lectures and clinical studies for three and a half years. He speaks advanced English and intermediate level Arabic.

SCLERAL FIXATED INTRAOCULAR LENS IN APHAKIC PATIENT WITH BILATERAL MICROCORNEA AND MICROPTHALMIA

Nada N Alwohaibi¹ and Mohanna Y Aljindan²

¹Dhahran Eye Specialist Hospital, Eastern Province, Saudi Arabia

²King Fahad Hospital of the University 2. Imam Abdulrahman Bin Faisal University

Abstract:

Background: Microphthalmos is a developmental anomaly of the eye consisting of a smaller than normal eye, which can be associated with other ocular abnormalities such as congenital cataracts and nystagmus.¹

Visual rehabilitation for aphakia following cataract extraction using contact lenses in microphthalmic eyes is limited by intolerance and poor lens fitting.¹ Aphakic spectacles offer an easy solution; however, it is limited by significant optical aberrations, which is further exacerbated in patients with nystagmus.¹ Thus, secondary IOL (intraocular lens) implantation seems to be a reasonable rehabilitation alternative in these patients.¹

Objective: We report a case of a 22-year-old lady with bilateral microphthalmia, microcornea, with associated nystagmus and congenital cataract, in which secondary IOL implantation using sutureless scleral fixation technique with modification provided good visual outcome and patient's satisfaction.

Biography

Nada N Alwohaibi, Cornea, external diseases and refractive surgery fellow, Dhahran Eye Specialist Hospital, Eastern Province, Saudi Arabia



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Video Presentation

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MULLERIAN CYST PRESENTING AS AN INGUINAL MASS: A RARE CASE REPORT

Nimah A. Rabai, Arqam Alrababa and Saleh A. Ba-Shammakh

Princess Basma Teaching Hospital, Jordanian Ministry of Health, Irbid, Jordan

Abstract:

Mullerian cysts are rare cystic lesions that represent remnants of Mullerian ducts. The clinical presentation usually involves swelling or symptoms of large cyst-size compression of adjacent structures. The preoperative diagnosis is very challenging due to the lack of specific features, and the precise diagnosis is reached with histopathological examination. In this report, we discuss a case involving a 26-year-old woman who visited our clinic with complaints of swelling in her left inguinal region. The patient was operated on as a case of a suspected left inguinal hernia, but the histopathological examination of the excised mass was consistent with the diagnosis of a Mullerian cyst. Despite their rarity, it is essential to consider Mullerian cysts when diagnosing inguinal cystic lesions. The diagnosis should be confirmed with histopathological examination, especially to rule out any evidence of primary malignancy, therefore allowing physicians to provide the proper management and follow-up to patients with this pathology.

Biography

Nimah Rabai is a general surgeon and clinical teaching instructor from Jordan, working in hospitals affiliated to Jordanian Ministry of Health. Currently working in a hospital covering rural areas in northern Jordan, providing surgical healthcare to less fortunate population. She is a graduate of Jordan University for Science and Technology and received her surgical training in both the Royal Medical Services and the Jordanian Ministry of Health. She is a member of the scientific committee of Jordan Medical Association/ Irbid. She applies evidence-based medicine guidelines and uses shared decision making model in her practice, and very passionate in research work, contributing articles that hopefully help in advancing our medical knowledge and healthcare provision.

PSEUDOMYXOMA PERITONEI AND AN INCIDENTAL LOW-GRADE APPENDICEAL MUCINOUS NEOPLASM AND NEUROENDOCRINE APPENDICEAL COLLISION TUMOUR: A CASE REPORT

Ankit Gupta, Lavesh Mirpuri, Faizan Malik, Hussain Hassan and Nasira Amtul

University of Leeds, United Kingdom

Abstract:

Appendiceal collision tumours are extremely rare, with most reported cases describing tumours consisting of a mucinous component and a neuroendocrine component. Collision tumours are defined as the presence of two histologically distinct tumour types adjacent to each other, but with well-demarcated margins. Low-grade appendiceal mucinous neoplasms, in some cases, have a tendency to rupture and disseminate their mucin-producing cells throughout the abdominal cavity, leading to a clinical syndrome known as pseudomyxoma peritonei. We present the case of a 64-year-old male who initially presented with acute appendicitis, and was subsequently found to have pseudomyxoma peritonei and appendiceal malignancy. After several years of scans, surgical intervention, and histological analysis, it became apparent that the appendiceal malignancy was comprised of distinct cell types. Histology from specimens showed disseminated peritoneal adenomucinosis, as well as an incidental 15 mm grade 1 well-differentiated neuroendocrine tumour (pT2, pN0, pMX), identified in the low-grade appendiceal mucinous neoplasm and infiltrating into the caecum. The patient underwent two rounds of cytoreductive surgery with hyperthermic intraperitoneal chemotherapy, which resulted in a 2-year disease-free period. Unfortunately, the pseudomyxoma peritonei recurred, having morphological changes consistent with a more aggressive disease process. CT scans revealed a cystic mass surrounding the jejunal loops and re-appearances of peritoneal deposits, The peritoneal multi-disciplinary team agreed not to go ahead with cytoreductive surgery and hyperthermic intraperitoneal chemotherapy. The biopsy performed of the peritoneal deposits showed a change in morphology to grade 3 mucinous carcinoma peritonei with signet ring cells. The patient declined chemotherapy and sadly died 6 months later.

Biography

Ankit Gupta MBChB BSc (Hons) is a doctor based in the United Kingdom, currently undertaking an Academic Foundation Programme. He graduated from the University of Leeds in 2023. He has an interest in research, particularly in the field of Surgery. His research experience includes published case reports on unique and rare surgical cases, as well as original articles. He is currently working on major systematic reviews, and several other original articles related to various fields including: palliative care, plastic surgery and cardiology. He has presented one of his works at the Royal Society of Medicine, London via a poster presentation and aims to present more of his works nationally and internationally. He is currently a regional lead for the APOLLO study run by STARSurg, which is a large, international audit on surgical outcomes following colorectal emergency surgeries. He hopes to pursue a career in surgery, alongside continuing his passion for research and academia.

APPLICATION OF ULTRA-NARROW GASTRIC TUBE IN ESOPHAGECTOMY: A PROPENSITY SCORE-MATCHED ANALYSIS

Jian Xu

Chongqing University Cancer Hospital, China

Abstract:

Objective: The gastric tube is a major surgical method for upper gastrointestinal reconstruction after minimally invasive esophagectomy, but the specific method of gastric tube preparation is still controversial. This study aimed to compare the difference in blood supply protection and postoperative complication rate between ultra-narrow gastric tube and conventional gastric tube.

Methods: We conducted a retrospective study of 272 patients who underwent minimally invasive esophagectomy and gastric tube reconstruction for thoracic esophageal cancer between November 2019 and September 2022. According to different methods of gastric tube preparation, they were divided into the conventional gastric tube group (n = 174) and the ultra-narrow gastric tube group (n=97). Propensity score matching (PSM) was performed to balance the baseline variables affecting the study results. All patients were injected with 2.5mg indocyanine green and underwent near-infrared fluorescence imaging to observe the blood supply of the gastric tube during the operation, and manual anastomosis was performed in the neck using the same way. The relevant indicators of blood supply, postoperative complication rate, etc. were observed and compared between the two groups.

Results: Using PSM, we matched 82 patients in each group for the analysis. The operation time, intraoperative blood loss, postoperative hospital stay, pulmonary complications, arrhythmia and other indicators were similar between the two groups. However, the ultra-narrow gastric tube group had shorter fluorescence imaging time (15.8s vs 19s, P=0.02), faster fluorescence imaging speed (2.2 cm/s vs 1.7 cm/s, P=0.017), lower gastroesophageal reflux rate (3.7% vs 13.4%, P=0.025), and lower gastroparesis rate (2.4% vs 11%, P=0.029) than the conventional gastric tube group. The anastomotic leakage rate of the ultra-narrow gastric tube group was also lower than the conventional gastric tube group, but this difference was not statistically significant (3.7% vs 8.5%, P=0.192). The anastomotic stenosis rate of the ultra-narrow gastric tube group was slightly higher than the conventional gastric tube group without statistics (11% vs 8.5%, P=0.599).

Conclusion: Ultra-narrow gastric tube has better blood perfusion of gastric tissue than conventional gastric tube group. It has lower rates of postoperative gastroparesis and gastroesophageal reflux.

Biography

Jian Xu has her expertise in esophageal surgery and a fervent dedication to enhancing healthcare outcomes. He and his team has successfully enhanced surgical treatment methods such as cervical anastomosis in esophagectomy, resulting in favorable clinical outcomes and widespread implementation. This model was meticulously crafted following extensive research and years of hands-on experience in hospital.

APPLICATION OF A STANDARDIZED EARLY ACTIVITY PROGRAM ON ENHANCED RECOVERY AFTER SURGERY IN PATIENTS AFTER SURGERY FOR PULMONARY NODULES

Wen-Xiu Yuan and Ren-Mei Yang

Chongqing University Cancer Hospital, China

Abstract:

Background: Early postoperative activity, an important part of enhanced recovery after surgery (ERAS) in clinical practice, is considered to be a significant component of postoperative quality care.

Objective: To evaluate the effect of a standardized early activity program on ERAS in patients after surgery for pulmonary nodules.

Methods: A total of 100 patients with pulmonary nodules who underwent a single-port thoracoscopic segmental resection or a wedge resection of the lung were selected for the present study. These patients were divided into a control group (n = 50) and an intervention group (n = 50) by a digital random method. The patients in the control group received routine perioperative nursing intervention for thoracic surgery due to lung cancer, and those in the intervention group received an intervention using a standardized early activity program along with routine nursing care. The evaluation indexes in both groups included postoperative indwelling time of the closed chest drainage tube, the time to the first off-bed activity after surgery, the incidence of postoperative pulmonary complications, the length of postoperative hospital stay, and patient satisfaction.

Results: The postoperative indwelling time of the closed chest drainage tube and the time to the first off-bed activity in the intervention group were less than in the control group. The length of the postoperative hospital stay in the intervention group was shorter than in the control group, and the patient satisfaction in the intervention group was higher than in the control group. The difference for these evaluation indexes were statistically significant ($P < 0.05$). The number of cases of postoperative complications was four and eight in the intervention group and the control group, respectively, and the difference was not statistically significant ($P > 0.05$).

Conclusion: A standardized early activity program is a safe and effective nursing measure for ERAS for patients after surgery for pulmonary nodules, which can promote earlier off-bed activity, shorten the postoperative indwelling time of the closed chest drainage tube, shorten the postoperative hospital stay, improve patient satisfaction, and promote rapid recovery.

Biography

I am a nurse with extensive clinical experience in thoracic surgery, specializing in clinical nursing as well as nursing management. I have led and participated in a number of scientific research projects funded by provincial, ministerial and district bureau levels, and published many high-quality academic papers as the first author or co-author. These papers have had a wide impact in the field of nursing and provide us with key insights into understanding disease processes and developing more effective care strategies.



Day 2

**Clinical Case
Reports 2023**

e-Poster

EPIDURAL GAS-CONTAINING PSEUDOCYST LEADING TO LUMBAR RADICULOPATHY

Kexiao Yu

Chongqing Hospital of Traditional Chinese Medicine

Abstract:

Lumbar radiculopathy is a common symptom in the clinic and is often caused by lumbar disc herniation or osteophytes compressing the nerve root; however, it is rare for nerve roots to be compressed by epidural gas. Few symptomatic epidural gas-containing pseudocyst cases have been reported. Furthermore, the reported cases were due to a mix of gas and obvious osteophytes; therefore, it was hard to rigorously conclude that gas was the factor responsible for radiculopathy. We provide evidence that because no epidural gas accumulated before radiculopathy occurred and the symptoms were relieved after removal of the gas, the epidural gas-containing pseudocyst was the root cause of radiculopathy in this case. An 87-year-old man with a 3-wk history of right radiating pain was admitted to our hospital. Computed tomography (CT) and magnetic resonance imaging (MRI) examinations showed a vacuum phenomenon and huge lesions with low signal intensity located in the same area where the pain occurred. After carefully checking the images acquired in the last 3 mo, we found an abdominal CT examination performed 40 d prior because of abdominal pain. The CT images showed no gas-containing pseudocyst in the epidural space and notably, he had no leg pain at the time. To ensure a low-intensity intervention and complete decompression of the nerve, percutaneous endoscopic lumbar nerve decompression surgery was advised. A gas-containing pseudocyst was identified under endoscopy. The symptoms were relieved after surgery, and the postoperative images showed total disappearance of the vacuum phenomenon and lesions with low signal intensity on CT and MRI. Histological examination showed that the sampled gas-containing pseudocyst tissue was fibrous connective tissue.

Biography

Kexiao Yu is a doctor and associate professor, worked in Chongqing Hospital of Traditional Chinese Medicine. He has expertise in evaluation and passion in improving minimally invasive spine surgery; and his main basic research field is the application of magnetic biomaterials in the treatment of bone tumors and repair of bone defects. He published 11 SCI papers as the first author and corresponding author, including 2 papers with an IF greater than 10 and 1 highly cited paper selected for the ESI database.

His open and contextual evaluation model based on responsive constructivists creates new pathways for improving healthcare. She has built this model after years of experience in research, evaluation, teaching and administration both in hospital and education institutions.

A CASE OF TWIN REVERSED ARTERIAL PERFUSION SEQUENCE (TRAP) IN MONOCHORIONIC-TRIAMNIOTIC (MCTA) TRIPLET PREGNANCY

Rabia Younis

Peterborough City Hospital, NHS, UK

Abstract:

Background: Monochorionic triamniotic Pregnancies are exceedingly rare, with an estimated prevalence of 1 in 100,000 births. TRAP sequence (Twin arterial perfusion sequence) is a rare complication of monochorionic pregnancies, affecting 1% of all monochorionic pregnancies and 1 in 35,000 pregnancies overall.

Case Presentation: We present a case of a 19-year-old girl, primigravida, spontaneous conception, who had MCTA pregnancy with triplets, the 3rd triplet being acardiac, and the TRAP sequence identified on a dating scan at 14+1 weeks.

Triplet 1 had no structural anomalies. Triplet 2 measured smaller than 1 in biometry; the stomach was visible, but the bladder was small. Triplet 3 appeared abnormally formed with significant hydrops, a ventriculomegaly, and subcutaneous oedema; it was acardiac, with the retrograde flow in the aorta, an extensive well-developed TRAP sequence diagnosed. We referred her to the tertiary care Fetal medicine unit. On a 21-week scan, Triplet 1 and 2 had a DVP of 8 and 1.5 cm, respectively.

We discussed management options as 1) Conservative management. 2) Selective reduction of the acardiac fetus using radiofrequency ablation. 3) TOP of the whole pregnancy.

Following the discussion, she opted to continue with the conservative management. She presented with abdominal pain at 21+2 weeks, a short cervical length of 1.4 cm, went into labour and delivered three triplets and a placenta. Placental histology and Cytogenetics were normal.

Discussion: There is a 50% chance of triplet A, B or both going into cardiac failure, along with the risk of SGR (40%), TTTS (20%), risk of very preterm labour and risk of cerebral palsy (10%).

Selective reduction of acardiac fetuses using radiofrequency ablation can cause a 20% risk of miscarriage and a 10% risk of thermal injury to either or both twins. This procedure can be done till approximately 23 weeks, but later it's done, the higher the risk of thermal injury.

Biography

Rabia Younis, MBBS, MRCPI (Obs Gynae) is Specialist Registrar Obstetrics and Gynaecology at Peterborough City Hospital NHS, U.K

Virtual Presentations



Virtual

**Clinical Case
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Keynote Presentation

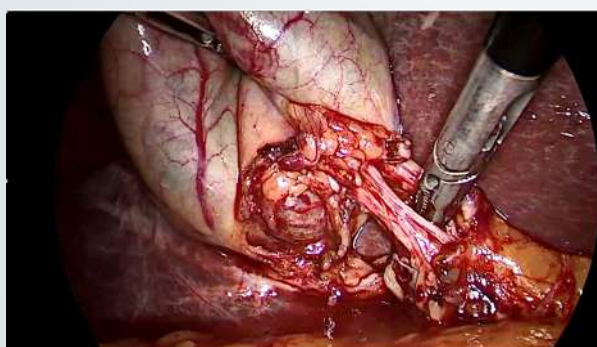
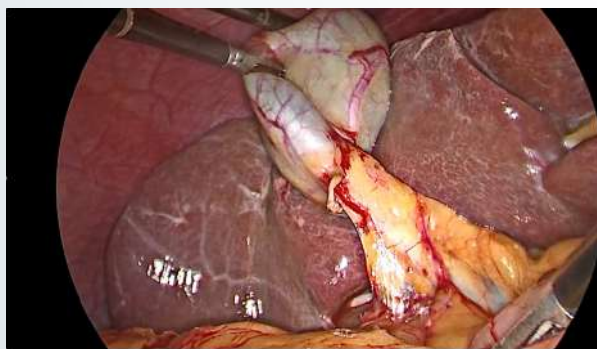
USE OF INDOCYANINE GREEN FLUORESCENCE IMAGING IN THE EXTRAHEPATIC BILIARY TRACT SURGERY

Orestis Ioannidis

Aristotle University of Thessaloniki, General Hospital, Greece

Abstract:

Cholelithiasis presents in approximately 20% of the total population, ranging between 10% and 30%. It presents one of the most common causes for non-malignant surgical treatment. The cornerstone therapy is laparoscopic cholecystectomy, urgent or elective. Laparoscopic cholecystectomy is nowadays the gold standard surgical treatment method, however bile duct injury occurred to as high as 0.4-3% of all laparoscopic cholecystectomies. The percentage has decreased significantly to 0.26-0.7% because of increased surgical experience and advances in laparoscopic imaging the past decade which have brought to light new achievements and new methods for better intraoperative visualization such as HD and 3D imaging system. However, bile duct injury remains a significant issue and indocyanine green fluorescence imaging, mainly cholangiography but also angiography, can further enhance the safety of laparoscopic cholecystectomy as it allows the earlier recognition of the cystic and common bile duct, even in several times before dissecting the Callot triangle. Fluorescence cholangiography could be an ideal method in order to improve bile tree anatomy identification and enhance prevention of iatrogenic injuries during laparoscopic cholecystectomies and also it could be helpful in young surgeons training because it provides enhanced intraoperative safety, but however this method does not replace CVS. Finally, our ongoing current study results comparing intravenous to direct administration of ICG in the gallbladder will be presented.



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What will audience learn from your presentation?

- ICG fluorescence cholangiography can enhance the safety of laparoscopic cholecystectomy as it allows the earlier recognition of the cystic and common bile duct, even in several times before dissecting the Callot triangle.
- The best timing and dosage of ICG administration in order to perform ICG cholangiography and angiography.
- ICG fluoresce imaging doesn't replace the critical view of safety.

Biography

Ioannidis studied medicine in the Aristotle University of Thessaloniki and graduated at 2005. He received his MSC in “Medical Research Methodology” in 2008 from Aristotle University of Thessaloniki and in “Surgery of Liver, Biliary Tree and Pancreas” from the Democritus University of Thrace in 2016. He received his PhD degree in 2014 from the Aristotle University of Thessaloniki for his thesis “The effect of combined administration of omega-3 and omega-6 fatty acids in ulcerative colitis. Experimental study in rats.” He is a General Surgeon with special interest in laparoscopic surgery and surgical oncology and also in surgical infections, acute care surgery, nutrition and ERAS. He has received fellowships for EAES, ESSO, EPC, ESCP and ACS and has published more than 130 articles with more than 3000 citations and an H-index of 28. He is currently an Assistant Professor of Surgery at the Aristotle University of Thessaloniki.

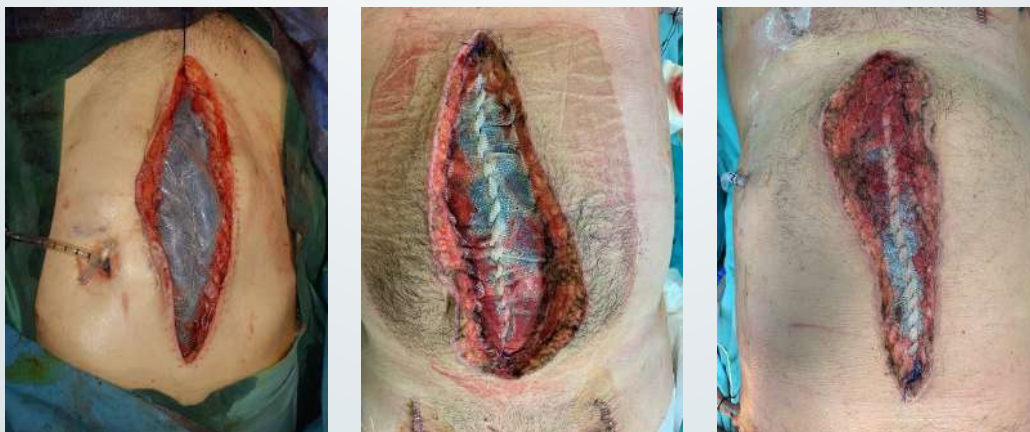
OPEN ABDOMEN AND NEGATIVE PRESSURE WOUND THERAPY FOR ACUTE PERITONITIS ESPECIALLY IN THE PRESENCE OF ANASTOMOSES AND OSTOMIES

Orestis Ioannidis

University of Thessaloniki, General Hospital "George Papanikolaou", Greece

Abstract:

Acute peritonitis is a relatively common intra-abdominal infection that a general surgeon will have to manage many times in his surgical carrier. Usually it is a secondary peritonitis caused either by direct peritoneal invasion from an inflamed infected viscera or by gastrointestinal tract integrity loss. The mainstay of treatment is source control of the infection which is in most cases surgical. In the physiologically deranged patient there is indication for source control surgery in order to restore the patient's physiology and not the patient anatomy utilizing a step approach and allowing the patient to resuscitate in the intensive care unit. In such cases there is a clear indication for relaparotomy and the most common strategy applied is open abdomen. In the open abdomen technique the fascial edges are not approximated and a temporarily closure technique is used. In such cases the negative pressure wound therapy seems to be the most favourable technique, as especially in combination with fascial traction either by sutures or by mesh gives the best results regarding delayed definite fascial closure, and morbidity and mortality. In our surgical practice we utilize in most cases the use of negative pressure wound therapy with a temporary mesh placement. In the initial laparotomy the mesh is placed to approximate the fascial edges as much as possible without whoever causing abdominal hypertension and in every relaparotomy the mesh is divided in the middle and, after the end of the relaparotomy and dressing change, is approximated as much as possible in order for the fascial edges to be further approximated. In every relaparotomy the mesh is further reduced to finally allow definite closure of the aponeurosis. In the presence of ostomies the negative pressure wound therapy can be applied as usual taking care just to place the dressing around the stoma and the negative pressure can be the standard of -125 mmHg. However, in the presence of anastomosis the available date are scarce and the possible strategies are to differ the anastomosis for the relaparotomy with definitive closure and no further need of negative pressure wound therapy, to low the pressure to -25 mmHg in order to protect the anastomosis and to place the anastomosis with omentum in order to avoid direct contact to the dressing. The objective should be early closure, within 7 days, of the open abdomen to reduce mortality and complications.



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What will audience learn from your presentation?

- Open abdomen should be carefully tailored to each single patient taking care to not overuse this effective tool
- Every effort should be exerted to attempt abdominal closure as soon as the patient can physiologically tolerate it
- All the precautions should be considered to minimize the complication rate
- Negative pressure wound therapy in peritonitis seems to improve results in terms of morbidity and mortality and definitive abdominal closure
- When an ostomy is present there are only subtle differences in management
- When an anastomosis is present consider:
 - Placing the anastomosis remotely to visceral protective layer and thus the negative pressure
 - Place the omentum over the anastomosis
 - Decrease the negative pressure to even as low as -25 mmHg
 - Perform a sutured anastomosis rather than a stapled one

Biography

Ioannidis is currently an Assistant Professor of Surgery in the Medical School of Aristotle University of Thessaloniki. He studied medicine in the Aristotle University of Thessaloniki and graduated at 2005. He received his MSC in “Medical Research Methodology” in 2008 from Aristotle University of Thessaloniki and in “Surgery of Liver, Biliary Tree and Pancreas” from the Democritus University of Thrace in 2016. He received his PhD degree in 2014 from the Aristotle University of Thessaloniki as valedictorian for his thesis “The effect of combined administration of omega-3 and omega-6 fatty acids in ulcerative colitis. Experimental study in rats.” He is a General Surgeon with special interest in laparoscopic surgery and surgical oncology and also in surgical infections, acute care surgery, nutrition and ERAS and vascular access. He has received fellowships for EAES, ESSO, EPC, ESCP and ACS and has published more than 180 articles with more than 3000 citations and an H-index of 28.



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Oral Presentations

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AN IMPROVISATION IN APPLICATION OF THE TECHNIQUE OF CORE-CUT FISTULECTOMY FOR FISTULA-IN-ANO

Masoom Parwez, Tanweerul Huda, Kushal Mital and Bharati Pandya

All India Institute of Medical Sciences (AIIMS), India

Abstract:

Cryptoglandular fistula-in-ano is a chronic inflammatory condition of the perianal region attributed to the obstruction of the glands, located chiefly at the dentate line and their subsequent infection. Anal fistulae are difficult to treat, and minimally invasive procedures are evolving with promises. We present an improvised application of core-cut technique of fistulectomy. It is a minimally invasive, simple, effective and easy to perform procedure with minimal risk of incontinence and recurrence in simple cryptoglandular fistulae-in-ano. We performed 47 cases with good results and present this procedure to emphasize the procedural modification used.

Biography

Bharati Pandya, is working as a Professor in General Surgery at All India Institute of Medical Sciences Bhopal, which is a premier Institute of Central India. She has special interest in Breast Diseases, and Colo-proctology. She has around 32 publications in reputed journals and two book chapters to her credit. Her main passion is working for the health of the poor patients with her surgical knowledge and skills. She also has keen interest in teaching budding doctors and surgeons.

A CASE OF POLYCYTHEMIA RUBRA VERA (PV) WITH SECONDARY IRON DEFICIENCY

Mohammad Asees

Clinical Lab science, Hematology Professional Labs, Palestine

Abstract:

Introduction: Polycythemia vera (PV) is one of the chronic myeloproliferative disease characterized by increased red cell mass and may have an elevated white cell count and an elevated platelet count (Panmyelosis). Patients with PV can experience numerous significant symptoms, such as fatigue, pruritus, early satiety, abdominal discomfort, bone pain, sexual dysfunction, and excessive sweating. These symptoms can take a toll on patients, causing a significant burden and poor quality of life. Furthermore, patients with PV are at risk for thrombosis, as well as disease progression to myelofibrosis and/or transformation to acute myeloid leukemia. In addition, Iron deficiency is a known feature of PV, occurs because of accelerated erythropoiesis, gastrointestinal blood loss and phlebotomy.

Methods: Case study

Results: A 74 Years old Palestinian male presented to professional labs in August 2021 with free past medical history. Physical examination of vital signs was stable. Chest, cardio-vascular, abdominal, and neurological examinations were normal. Clinical and laboratory data on the first visit are given as below: Clinical presentations: Headache, Bone pain, leukocytosis, elevated Hb, erythrocytosis and hepatosplenomegaly. CBC and blood film show polycythemia with normal morphology. erythropoietin level was decreased. Iron profile show typical iron deficiency anaemia pattern. Bone marrow show panmyelosis with hypercellularity. The reticulin fibrosis was grade 2. The stainable iron was decreased consistence with iron deficiency secondary to phlebotomy. Molecular test shows BCR-ABL was negative and JAK2 (V617F) mutation was positive. The patient treated and managed by low dose iron and stop phlebotomy.

Conclusion: Polycythemia vera is a chronic subtype of myeloproliferative neoplasm characterized by high hemoglobin and hematocrit with high cellularity and panmyelosis at the level of bone marrow. The treatment and management of patients is highly dependent on the accurate diagnosis.

Biography

Mohammad Y Asees, MSc. Hematology and coagulation PhD candidate in hematology, An Najah National University Manager of Professional Labs in Palestine.

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COLLISION TUMOR OF MALIGNANT TUMORS OF THE SKIN: DERMAL SQUAMOMELANOCYTIC TUMOR COEXISTING WITH BASAL CELL CARCINOMA – A RARE CASE.

Pantelis Diamantopoulos¹ and Stavroula Diamantopoulou²

¹*St. Savvas Anticancer-Ongologic Hospital of Athens, Greece*

²*Evangelismos Hospital of Athens, Greece*

Abstract:

Collision tumors are neoplasms coexisting in the some anatomical area. The most common combination is melanocytic nevus with basal cell carcinoma. Melanocytic nevus with basal cell carcinoma constitute the most common cutaneous combination. Coexistence of two malignant neoplasms is extremely rare. We describe the case of a 69-year-old man who was admitted to our hospital with a nodular mass on the back. We performed an excisional biopsy that revealed collision tumor, consisting of basal cell carcinoma along with mixed melanosquamous carcinoma. Subsequently, wide excision with sentinel node biopsy was performed. The sentinel node was negative. The patient didn't receive any oncologic therapy.

Biography

Pantelis Diamantopoulos is a certified plastic surgeon located in Athens Greece. He has been working several years in "Agios Savvas" Oncologic Hospital gaining valuable clinical experience in melanoma, breast reconstruction and head and neck surgery. Nowadays he runs his own private practice and deals with both oncologic and cosmetic surgical cases.

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THE ROLE OF CHLORIDE HOMEOSTASIS IN GABAERGIC FUNCTION: FROM PHYSIOLOGY TO CLINICAL THERAPY

Mahmoudreza Hadjighassem

Tehran University of medical sciences, Iran

Abstract:

GABAergic neurons are widely distributed in the CNS of mammals, and together with other GABA related factors, they compose the GABAergic system. GABA functions appear to be triggered by binding of GABA to its ionotropic receptors, GABAA and GABAC, which are ligand-gated chloride channels, and its metabotropic receptor, GABAB. However, GABA function is completely dependent to the intracellular concentration of Chloride ion (Cl^-). In most of neurological disorders, we can identify the fingerprint of change in intracellular Chloride concentration, which lead to reversal function in GABAergic neurons. Here, I am presenting evidences in Epilepsy and Down's syndrome and the results of therapy.

Biography

Mahmoudreza Hadjighassem, graduated from high school with GPA 19.06/20, then successfully passed entrance exam for medical school and became medical student at Shahid Beheshti University of medical sciences. I graduated at 1990 from medical school and worked as a General practitioner (family physician). Before I started my neuroscience study, I entered to the Residency program in Anesthesiology just for one year. I received a scholarship to study neuroscience.

I moved to Canada and started my Msc., in neuroscience followed by transferred to PhD program at the University of Ottawa, Faculty of Medicine, Department of Cellular and molecular medicine, Neuroscience Research Institute. I worked on gene regulation of 5-HT_{1A} and 5-HT₄ receptors.

IMMEDIATE DENTAL IMPLANTS, CLINICAL, RADIOGRAPHIC, AESTHETIC, OUTCOMES, ADVANTAGES AND DISADVANTAGES (CASE REPORT)

Shaimaa Hussein Rafat Kotb

Sphinx University, Egypt

Abstract:

Immediate implantation in fresh extraction sockets is regarded as a treatment modality that appears to give various advantages over the delayed traditional type. Thus, the aim of this case series was to assess the clinical, radiographic, and esthetic outcomes of the immediately placed implants and describe some of the essential clinical factors to consider when selecting patients for implants such as, the thickness of socket walls, thickness of gingival drapes, and optimal position of the implant, and patient factors such as medical conditions, hygiene, and smoking cessation., as well as the benefits and drawbacks of this treatment modality.

Objective: to restore the normal function, aesthetics, speech, and health of patients. The ability to achieve these characteristics with the use of immediate dental implants in the rehabilitation of partially and fully edentulous jaws has become a well-established and accepted modern therapeutic modality techniques.

Methods: Immediate dental implant placement was placed at the fresh extraction socket. Radiographic evaluation was performed to assess the amount of marginal bone loss, and patient assessed outcomes were also evaluated at the 6-month follow-up. All implants were successful functionally without any pain or inflammation, with optimal soft tissue health and aesthetics, and with minimal radiographic marginal bone loss at the last follow-up visit (3 months after).

Results: There were an excellent clinical, radiographical and aesthetics outcomes in immediately placed implants.

Conclusion: Immediate implants showed excellent results regarding implant success survival and esthetic outcomes with high patient satisfaction in this study. Evidence available indicates that it is a successful procedure that may benefit patients. However, careful planning and case selection are needed to ensure implant success and final esthetic outcomes.

Biography

I am Assistant lecturer at sphinx university, Egypt. Hold master's degree in oral medicine, periodontology ,oral diagnosis and dental radiology departement . Hold M RCSI ,RCSEnG, RCSEd ,RCPSG .Now iam MFDS RCPSG examiners.

ANABOLIC STEROIDS USE AS A RARE CAUSE OF PORTAL VENOUS THROMBOSIS: A CASE REPORT

Hajer Hassine¹, Sarra Ben Azouz¹, Dhouha Cherif¹, Habiba Debbabi¹, Ines lassoued¹, Haythem Yacoub¹, Hela Kchir¹ and Nadia Maamouri¹

¹Department of Gastroenterology B, Rabta Hospital

²Department of Hematology, Rabta Hospital

Abstract:

Background: Portal venous occlusion represent a disorder with considerable clinical relevance. The underlying causes of portal vein thrombosis (PVT) are frequently multifactorial and include malignancies, progressive chronic liver diseases, and acquired as well as inherited thrombophilia. Drug induced PTV are less frequent. We present a case of PVT associated with anabolic steroids (AS) in a man.

Case Presentation: A 44-year-old man was admitted to explore a PVT revealed by chronic abdominal pain in the right hypochondrium. He had no relevant past medical antecedent, nor any family history of hypercoagulability. However, he had been taking AS for 10 years to increase muscle mass (creatine in addition to androstenedione). Clinical examination showed sensitivity of the right hypochondrium as well as splenomegaly. Blood tests revealed mild hyperbilirubinemia predominantly unconjugated without other alterations. Upper digestive endoscopy was normal. Abdominal ultrasound showed thrombosis of the right portal branche and splenomegaly. Abdominal computed tomography (CT) confirmed the ultrasound findings and documented ischemic looking lesions in the liver. The workup ruled out other causes of PVT, such as hereditary thrombophilia, infection, or neoplasia. Autoimmune diseases and vasculitis syndromes were ruled out by appropriate investigations (screening for antinuclear antibodies, antiphospholipid antibodies, antineutrophil cytoplasmic antibodies). Vitamin B12, folic acid, and serum homocysteine levels were normal. Diagnosis of anabolic steroid induced PTV was then considered and the patient was started on anticoagulant therapy with vitamin K antagonist as well as stopping the consumption of AS. The follow-up CT scan, performed 6 months later, showed resolution of thrombosis.

Conclusion: Despite the uncertainty about the exact mechanism by which AS promote thrombosis, our case supports the conviction that long-lasting AS consumption should be considered as possible cause of PVT. Accordingly, it is very important to inquire about AS use in cases of suspected PVT.

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A FATAL TRAP GUN INJURY TO LOWER LIMB – AN EYE OPENER IN DECISION MAKING

K P D J K Gunarathne and S S H M Y H S Dimbulana

Professorial university surgical unit, teaching hospital Peradeniya, Sri Lanka

Abstract:

Trap gun injuries to lower limbs with associated vascular injury are not uncommon in Sri Lanka. Though these are homemade illegal weapons unique to the country, the destructive capacity to lower limbs is massive. Delayed presentation to primary care units for early resuscitation is the main factor in saving life and limb salvage. The decision to save or amputate the limb should be taken early in such patients to avoid early mortality.

Biography

K P D J K Gunarathne (MBBS, MD), is a senior registrar in surgery, specializing in vascular and transplant surgery experienced with more than three years of surgical training in high volume patient centers in Sri Lanka. He has delivered substantial contributions in leadership, teaching and training fellow members in surgical profession. Apart from his interest in research activities, he is a known dedicated healer in patient care.

ACUTE PROMYELOCYTIC LEUKEMIA WITH T(15;17): A CASE STUDY AND LITERATURE REVIEW

Mohammad Asees

Clinical Lab science, Hematology Professional Labs, Palestine

Abstract:

Introduction: Acute promyelocytic leukemia (APL with t15;17) is a clonal disease characterized by abnormal proliferation of promyelocytic cells in the peripheral blood and bone marrow, along with coagulopathy and thrombocytopenia. It is a subtype of AML that frequently exhibits a typical chromosomal translocation. Laboratory analysis and confirmatory testing for the fusion gene make diagnosis and treatment of APL with t(15;17) possible. APL accounts for 5–8% of AML cases. From morphology point of view, APL cells may contain Auer rods and kidney-shaped or bilobed nuclei, along with high-level myeloperoxidase expression.

Methods: Case study

Results: A 32-year-old male was referred to professional labs for evaluation of anaemia, thrombocytopenia and petechiae. Patient history showed previous fever, bone pain and malaise. The CBC shows moderate normocytic normochromic anaemia with pancytopenia. The biochemical tests show high ESR, high LDH and elevated uric acid. The blood film shows increase in immature, some granular and some Agranular form with moderate N:C ratio, open chromatin, 1-2 nucleolus, clefted, bilobed nuclear shape, Auer rods seen (presence of multiple Auer rods, packing the cytoplasm,), all features consistence malignant Promyelocytes. The bone marrow biopsy shows Hematopoietic cellularity in increased (Around 100%), this is due to extensive infiltration by sheet of blasts with large nuclei, inconspicuous nucleoli and abundant clear to granular cytoplasm. Rare megakaryocytes are seen with unremarkable morphology. On immunophenotyping, the blasts show diffuse expression of MPO and CD117. They are negative for CD34. PAX-5 highlights scattered B cells. CD3 show many scattered T cells. Furthermore, t(15;17) (q22;q12)-PML-RARA translocation by RT-PCR was detected in BM sample. Regarding Flow cytometric immunophenotyping result: Approximately 84% of marrow cells are abnormal promyelocytes expressing CD13, CD33, CD117, CD371, CD64, CD58 and cMPO.

Conclusion: APL is a fatal disease if untreated but targeted therapy such as ATRA and ATO has dramatically improved the prognosis of APL patients.

Biography

Mohammad Y Asees, MSc. Hematology and coagulation PhD candidate in hematology, An Najah National University Manager of Professional Labs in Palestine.

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FRONTOETHMOIDAL MUCOCELE WITH UNILATERAL PROPTOSIS; CASE SERIES

JU Obah, EE Afiadigwe, AI Apakama, G Obasikene and SNN Nwosu

Nnamdi Azikiwe University Teaching Hospital, Nigeria

Abstract:

Introduction: Mucocele may occur in any of the paranasal sinuses, but the frontal sinus is the commonest, followed by the ethmoidal sinuses. Frontoethmoidal mucocele is a disfiguring benign condition with good prognosis when treated promptly but associated with both orbital and intracranial complication if neglected. The current treatment of choice is functional endoscopic sinus surgery (FESS) which is still being developed in many low- and middle-income nations leaving external frontoethmoidectomy as the available treatment of choice.

Case Report: We report two cases of frontoethmoidal mucocele with orbital involvement jointly managed in our center between January 2011 and February 2013 and reviewed the literature. They were one male and one female, both presented with unilateral proptosis and had external frontoethmoidectomy with good outcome.

Conclusion: Non-axial proptosis is a serious complication of frontoethmoidal mucocele. External frontoethmoidectomy is an effective treatment of choice especially for massive late presenting lesions as ours, where FESS is still at the developmental stages.

Biography

J.U Obah is a young consultant otorhinolaryngology, working in Nnamdi Azikiwe University Teaching Hospital, Nnewi Anambra state. He has his expertise/interest in rhinology. Though operate in a poor resource low-income country, he has done a lot of nasal surgeries including external frontoethmoidectomy. Has interest to advance his skills in functional endoscopic nasal surgeries (FESS) and advanced endoscopic nasal surgeries. He is a researcher with about 7 publications in both international and local journals.

A NOVEL CELL-FREE INTRATHECAL APPROACH WITH PRP FOR THE TREATMENT OF SPINAL CORD MULTIPLE SCLEROSIS IN CATS

Yara S. Abouelela

Cairo University, Egypt

Abstract:

Background: Multiple sclerosis (MS) is a progressive autoimmune demyelinating disease of the central nervous system. To date, there is no effective therapy for it. Our study aimed to determine the potential role of platelet-rich plasma (PRP) in the treatment of MS in cats.

Methods: The current study was conducted on 15 adult Persian cats that were divided into three groups: control negative, control positive (ethidium bromide (EB)-treated group), and PRP co-treated group (EB-treated group intrathecally injected with PRP on day 14 post-spinal cord injury). PRP was obtained by centrifuging blood on anticoagulant citrate dextrose and activating it with red and green laser diodes. The Basso–Beattie–Bresnahan (BBB) scores were used to assess the motor function recovery on days 1, 3, 7, 14, 20, and 28 following 14 days from EB injection. Moreover, magnetic resonance imaging (MRI) analysis, histopathological investigations, transmission electron microscopy (TEM) studies, and immunohistochemical analysis were conducted, and the gene expressions of nerve growth factors (NGFs), brain-derived neurotrophic factors (BDNF), and stromal cell-derived factors (SDF) were evaluated.

Results: Our results indicated that PRP had a significant ameliorative effect on the motor function of the hindlimbs as early as day 20 and so on. MRI revealed that the size and intensity of the lesion were significantly reduced in the PRP co-treated group. The histopathological and TEM investigations demonstrated that the PRP co-treated group had a significant improvement in the structure and organization of the white matter, as well as a high remyelination capacity. Furthermore, a significant increase in myelin basic protein and Olig2 immunoreactivity as well as a reduction in Bax and glial fibrillar acidic protein immune markers was observed. NGFs were found to be upregulated by gene expression.

Conclusion: As a result, we concluded that the intrathecal injection of PRP was an effective, safe, and promising method for the treatment of MS.

Biography

Yara Sayed Abouelela is the director of the 3 D printing modules project that under observation of high educational ministry in Egypt. Yara Abouelela is one of members in Unit of embryonic stem cells research and its applications, faculty of veterinary medicine, Cairo university, Egypt. Dr Abouelela is lecturer of anatomy and embryology, faculty of veterinary medicine, Cairo university, Egypt. She has been very active teaching, speaking in different venues and writing about different anatomical and biological topics with a focus on uses of PRP, Exosomes, and uses of different types of stem cell.

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A RARE CASE OF VASCULITIS IN CYSTIC FIBROSIS: A CLINICAL CASE

Sabrina Nasreddine, Mitchell Issa and Zeina Aoun

Hotel Dieu de France UHC, St Joseph University, Beirut, Lebanon

Abstract:

Introduction: Cystic fibrosis is known to cause serious complications, such as recurrent pulmonary infections, pancreatic insufficiency, and other symptoms related to exocrine gland dysfunction. A rare manifestation of the disease is discussed in this case of a 24-year-old female diagnosed with cystic fibrosis, a purpuric rash was documented during pulmonary infection flares. Skin biopsy shows a leukocytoclastic vasculitis eruption along with infection. Treatment options are limited and not well established. Our patient received a treatment based on colchicine 1mg per day with a total response. The patient was observed during two consecutive pulmonary infection flares separated by a few months, and a total remission without recurrence was found.

Conclusion: Considering its efficacy and safety, further scientific research about colchicine and vasculitis in cystic fibrosis should be aimed at in order to define a strong consensus between the disease and this treatment option.

Biography

Sabrina Nasreddine was born in Zahlé, Lebanon. I embarked on a remarkable journey in the field of medicine, beginning my educational pursuits at the Lebanese University, where I dedicated myself to the study of general medicine. My passion for healing and saving lives led me to specialize further, and I pursued a fellowship in pulmonary and critical care at the esteemed USJ Saint Joseph University in Beirut, Lebanon, where I honed my expertise at Hotel Dieu de France Hospital. My commitment to advancing my medical knowledge and skills then took me to Paris, France, where I continued my sub-specialty training at Cochin Hospital. This international exposure and comprehensive training have equipped me with a wealth of experience and a deep understanding of respiratory and critical care medicine, enabling me to make a meaningful impact on the health and well-being of my patients. My dedication to the field is evident not only through my extensive training but also as a proud member of the Lebanese Pulmonary Society (LPS).

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FLOW CHANGES IN ROUTES OF COLLATERAL CIRCULATION IN PATIENTS WITH LVO AND LOW NIHSS - A POINT FAVOR TO TREAT

Ícaro Araújo de Sousa, Elizeu Pereira dos Santos Neto, Arthur de Oliveira Veras, Irapuá Ferreira Ricarte and Octávio Marques Pontes-Neto

University of São Paulo, Brazil

Abstract:

Introduction: Acute ischemic stroke caused by large vessel occlusions (LVOs) require an emergent detection in prehospital screening and endovascular thrombectomy (ET) has become the standard of care as a result of randomized trials. However, there are several important factors that represent crucial information for treatment decision making, such as the size of the core infarct, the volume of recoverable penumbra, and the robustness of the collateral circulation. Regarding the patients with low National Institutes of Health Stroke Scale (NIHSS) scores, the effectiveness of endovascular thrombectomy remains a topic of controversy, and the acquisition of additional evidence is required to refine the selection of candidates who may benefit the most from this therapeutic modality.

Case Description: In this report, we present the case of a 62-year-old individual with left internal carotid occlusion stroke and low NIHSS, in whom compensatory collateral flow from Willis polygon via the anterior communicating artery was noted. After about eight hours, the patient subsequently exhibited neurological deterioration and collateral flow failure from Willis polygon, which was an indicative of the need for urgent intervention. The patient showed full recovery of deficits after the procedure and modified Rankin Scale score (mRS) 0 at follow-up after 3 months.

Discussion: The study of collaterals in patients with large vessel occlusion stroke has garnered considerable attention, with research suggesting that individuals with low NIHSS scores and poor collateral profiles may be at a heightened risk of early neurological deterioration. This highlights the importance of close monitoring of collateral flow and response to treatment in patients with LVO stroke. An intensive transcranial Doppler monitoring strategy could be a useful tool in identifying patients who may benefit from endovascular thrombectomy. Transcranial doppler can provide real-time information on changes in blood flow velocity and collateral flow patterns, allowing for early detection of neurological deterioration and prompt intervention.

Biography

Icaro Araújo de Sousa worked in basic experimental research through the functional evaluation of tissues with isolated organ bath, notably in the study of ORAI and GABA ion channels. He was awarded the "Professor Dr. Lívio William Sales Parente" medal for the best scientific work presented at the Regional Congress of Biophysics (Brazilian Society of Biophysics), in 2018. In addition, he has worked in clinical research in Neurology, mainly in themes related to Neurology Vascular and Movement Disorders (Parkinson's Disease). He is currently a resident in Neurology at the Hospital das Clínicas, Faculty of Medicine of Ribeirão Preto, University of São Paulo (HCFMRP-USP). He has already acted as a reviewer for an internationally indexed journal and has a current line of research with an interface between Vascular and Cognitive Neurology.

PRIMARY TREATMENT OF MALIGNANT RETINAL DETACHMENT CAUSED BY CHOROIDAL BREAST CANCER METASTASIS USING ONLY SYSTEMIC CHEMOTHERAPY AND ANTI-HER-2 THERAPY

Hala E J Shareef, Graeme Sharpe and Douglas James Alexander Adamson

Specialist Registrar in Medical Oncology, UK

Abstract:

Introduction: Choroidal metastasis is a disabling complication of several types of common cancer, including breast cancer. Metastases to the choroid may present insidiously but ultimately cause significant visual disturbance and more rarely may result in retinal detachment, causing sudden and profound visual impairment. The usual treatment of choice for choroidal metastases is palliative radiotherapy.

Case Report: A 69-year-old woman was referred to the oncology clinic after a computed tomography scan done to investigate breathlessness showed widespread metastatic disease with limited liver metastases, multiple pulmonary nodules, and a large sternal mass due to recurrent breast adenocarcinoma. In addition to requiring oxygen, she reported right eye pain, photophobia, and nausea. Computed tomography scan confirmed the presence of hyperdense, thickening seen postero-laterally in the right globe suggestive of retinal detachment. An ophthalmic examination revealed a large metastasis in right infero-temporal choroid with associated retinal detachment and no retinal tear. The contra-lateral left choroid was normal and remained so. Biopsy of a left breast mass showed grade 3 breast carcinoma of no special type with Allred score ER 8, PgR 0, and HER-2 3+. She was commenced on chemotherapy and dual anti-Her-2therapy with marked regression of the retinal lesion and improvement in her symptoms. After some treatment, the appearance of the choroidal metastasis improved however ten months after treatment commenced tumor markers rose and although CT scan appearances of chest, abdomen, and pelvis were stable, the choroidal metastasis had enlarged and was then treated with palliative radiotherapy.

Conclusion: We propose that in selected cases systemic therapy alone may be sufficient initial treatment for choroidal metastases from cancers that are expected to show a marked and relatively rapid response to systemic therapy, allowing radiotherapy to be kept in reserve for further treatment of malignant lesions in the choroid in the future.

Biography

Hala E J Shareef is a senior medical Oncology registrar in NHS Tayside, United Kingdom, Hala is actively involved in providing specialized care for patients with cancer. With an interest on precision oncology.

Hala is a distinguished member of the Royal College of Physicians, UK, specializing in medical oncology. This prestigious qualification reflects her expertise and commitment to upholding the highest standards of medical practice. Her dedication to continuous learning is evidenced by her ongoing pursuit of a master's degree in cancer biology and precision oncology at the University of Edinburgh.

Throughout her career, Hala has made significant contributions to the field of oncology research. She has published an abstract on the role of immunotherapy in colorectal cancer. Additionally, she has authored a case report highlighting the importance of targeted anti-HER2 treatment in breast cancer, along with several papers investigating the impact of COVID-19 on the treatment and outcomes of upper gastrointestinal (GI) cancers.

Hala's expertise has also empowered her to actively participate in numerous late-phase clinical trials as a subinvestigator. Her involvement primarily focuses on trials related to upper and lower gastrointestinal cancers, contributing to the development of cutting-edge treatments and improving patient care.

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CASE REPORT ON CONSERVATIVE MANAGEMENT OF JAW SWELLING IN CHILDREN

Laresh Mistry

Bharati Vidyapeeth (Deemed to be) University Dental College and Hospital, India

Abstract:

Swellings in the oro-facial area is a clinical concern most dentists have trouble diagnosing and treating. Cystic swellings of dental origin in the jaws demand a lot of meticulous work in terms of diagnosis, treatment and prognosis with important considerations on associated post surgical morbidity. Dental cysts may be a product of unrestricted dental infection or abnormal development. But the complications of treating such cysts may be difficult to manage due to surgical interventions. Surgical removal of cyst completely is the only option to prevent relapse and further complications. The surgical technique and its associated considerations are of significant concern to the patient, parent and operator . Thus, the aim of this presentation is to discuss conservative treatment of cystic lesions which focus on minimum post surgical morbidity with no effect on growth and development in pediatric dental patients through a case report.

Biography

Laresh N. Mistry is an astute clinician adept at all clinical pediatric dental procedures, maintains academic interest in teaching postgraduate students and inclined to research interest in systematic reviews and clinical topics in pediatric dentistry. He has multiple international and national papers to his credit. He has published scientific papers including systematic reviews, original studies and case reports in PubMed and Scopus indexed journals. Presently, he is a full time postgraduate teacher and researcher associated with Bharati Vidyapeeth Dental College and Hospital, Navi Mumbai, India. He maintains his consulting pediatric practice in Navi Mumbai and Thane in Maharashtra, India. He has a fellowship from Orthodontic World institute Barcelona and has certificate training in Dental Leadership from UK and is undergoing research training through series of courses from Indian Council of Medical Research (ICMR). His areas of interest include Pediatric Restorative Dentistry and Endodontics and Orofacial Development and therapy.

UNUSUAL LOCATION OF GOUTY ARTHRITIS WITH SHOULDER JOINT INVOLVEMENT IN AN OLDER MALE PATIENT: A RARE CASE REPORT

Mohammad Asees

Clinical Lab science, Hematology Professional Labs, Palestine

Abstract:

Introduction: The formation of monosodium urate crystals in the synovial fluid of joints and soft tissue is a hallmark of gout. Although the axial spine has been reported to be affected, the peripheral joints are typically the focus of gout. Although it is unclear how common axial gout is, computed tomography (CT)-graphic evidence was found in 35% of individuals who had a history of chronic, poorly managed gout. The primary risk factor for repeated gout attacks is hyperuricemia, which is more common in mature men and is connected to the use of diuretics and alcohol, particularly beer and spirits. Serum uric acid levels exceeding 6.8 mg/dL

Methods: Case Report

Results: 73-year-old male who came with the chief complaint of right shoulder pain with a 2-week duration. The patient describes his pain as excruciating in nature, mostly occurring at night and awakening him from sleep. Upon admission, the physical assessment was unremarkable except for right shoulder pain and tenderness with movement in the absence of redness, swelling, and hotness. Laboratory evaluation revealed CRP of 111 mg/L, ESR of 122 Mm/hr, BUN of 32 mg/dL, creatinine of 1.4 mg/dL, uric acid of 13.8 mg/dL, and a normal white blood cell count. An arthrocentesis was performed, and analysis of the aspirated synovial fluid revealed the presence of yellow needle-shaped monosodium urate crystals under a light microscope (Figure 1) along with a white blood cell count of 2500 cell/microliter. A diagnosis of gout with right shoulder involvement was established. The patient was prescribed Prednisolone 40 mg/d for 10 days, Allopurinol 300 mg/d, and colchicine 0.5 mg/d.

Conclusion: The condition of gout affecting the shoulder joint is quite rare. According to past medical history and clinical manifestations, doctors and orthopedic surgeons should take gouty shoulder arthritis into consideration when there is serious erosion.

Biography

Mohammad Y Asees, MSc. Hematology and coagulation PhD candidate in hematology, An Najah National University Manager of Professional Labs in Palestine.

MANAGEMENT OF SNAKE BITE DURING THIRD TRIMESTER OF PREGNANCY WITH COAGULOPATHY AND DELIVERY OF A LIVE BABY IN RESOURCE-LIMITED SETTING IN NEPAL: A CASE REPORT

Ashwini Gupta, Sudeep Bhandari, Ayush Anand, Sanjib Kumar Sharma, Arun Gautam, KC Priyanka, Neeraj Acharya and Sweta Singh

B.P. Koirala Institute of Health and Sciences, Nepal

Abstract:

We reported a case of snakebite in an 18-year-old woman, Gravida 2 Para 1+0 in the third trimester of pregnancy who presented with pain and swelling over the left hand and forearm and vaginal spotting. The laboratory investigations revealed coagulopathy attributed to green pit viper envenomation. On the fourth day of admission, the patient developed sudden abdominal pain and massive per vaginal bleeding with hemorrhagic shock, most likely abruptio placentae. The constituents of viper snake venom can lead to derangement of coagulation profile leading to consumption coagulopathy. Snake bites in pregnancy could lead to various maternal and foetal complications. In Nepal, no anti-snake venom has been developed for green pit-viper. So, she was managed conservatively, including blood transfusion, and thus delivered a single live female baby without any foetal complications. The patient was discharged along with the baby after 8 days of hospitalisation. This case demonstrated that vigilant observation and appropriate resuscitation with fluids and blood products could save mother and baby in green pit viper envenomation cases in settings where specific anti-snake venom is unavailable.

Biography

Ashwini Gupta is a passionate and dedicated medical professional hailing from Kathmandu, Nepal. Motivated by a deep desire to make a positive impact on people's lives, Ashwini pursued a Bachelor of Medicine and Bachelor of Surgery (MBBS) degree at B.P. Koirala Institute of Health and Sciences in Dharan, Nepal.

Throughout her medical studies, Ashwini showcased exceptional commitment and a thirst for knowledge. Alongside her academic pursuits, she actively engaged in research projects, contributing to various publications. Her research work focused on diverse topics such as the effects of yoga intervention on type 2 diabetes mellitus, ethical responsibilities during undergraduate medical studies, and the impact of online education during the COVID-19 pandemic. Additionally, Ashwini co-authored significant medical case reports, shedding light on topics ranging from snake bite management during pregnancy to suspected illegal abortions and their complications.

With her vast knowledge, research acumen, and compassionate approach to patient care, Ashwini aspires to make a meaningful difference in the medical field. She is determined to provide excellent healthcare services, advance medical science, and contribute to the well-being of individuals and communities.

ASSOCIATION BETWEEN AUTOIMMUNE HEPATITIS AND APLASTIC ANEMIA : A CASE REPORT

Sarra Ben Azouz¹, Dhouha Cherif¹, Habiba Debbabi¹, Ines lassoued¹, Eya Chakroun², Hajer Hassine¹, Haythem Yacoub¹, Hela Kchir¹, Sonia Mahjoub² and Nadia Maamouri¹

¹Department of Gastroenterology B, Rabta Hospital

²Department of Hematology, Rabta Hospital

Abstract:

Introduction: Hepatitis-associated aplastic anaemia (HAAA) is a rare variant of acquired aplastic anaemia (AAA), in which an episode of hepatitis precedes the onset of aplastic anaemia. The exact pathophysiology is unknown; however, immune destruction of hematopoietic stem cells is believed to be the underlying mechanism. HAAA is a potentially lethal disease if left untreated.

Here, we report a case of a boy aged 14 with autoimmune seronegative hepatitis who developed aplastic anemia in the course of hospitalization.

Case Report: A 14-year-old boy was admitted to the Department of Gastroenterology and Hepatology with symptoms of jaundice and nausea. Laboratory findings revealed elevated aminotransferases (aspartate aminotransferase (AST) 2089 U/L, alanine aminotransferase (ALT) 3228 U/L) and conjugated hyperbilirubinemia (total bilirubin 523 $\mu\text{mol/L}$, conjugated fraction 257 $\mu\text{mol/L}$). The synthetic liver function was still preserved. A wide spectrum of diagnostic procedures was conducted with exclusion of viral, autoimmune, and metabolic liver diseases. He denied alcohol consumption and any illicit drug usage or exposure to any medications or toxins.

Two weeks after the admission, laboratory tests revealed pancytopenia and reticulocytopenia with a normal peripheral smear (haemoglobin 8.1 g/dl, reticulocytes 20 000/mm³, leucocytes 3000/ μl , neutrophils 600/ μl and platelets 7000/ μl) with persistence of the hepatocellular injury. The prothrombin level were normal.

Bone marrow aspiration and biopsy showed hypocellular marrow with depression of all three cell lines, thus meeting the diagnostic criteria of aplastic anaemia. There were no signs of fibrosis or malignancy. The diagnosis of HAAA was then considered. Given the thrombocytopenia and the unavailability of a transjugular approach in our country, we postponed percutaneous liver biopsy (LB). A therapeutic trial of oral corticosteroids at a dose of 30 mg/d was initiated, with marked biological improvement: progressive rise in all three blood lines and decrease in cytolysis. Six weeks after the initiating of the treatment, biological tests were absolutely normal. A LB was performed, which revealed lesions compatible with HAI. Corticosteroid therapy was discontinued and the patient was kept on imurel.

Conclusion: HAAA is a rare condition with a poor prognosis if left untreated. Rapid diagnosis and appropriate management are therefore essential.

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REFRACTORY ANTI-NMDAR ENCEPHALITIS WITH MULTIPLE NOSOCOMIAL INFECTIONS: PARADIGM SHIFT REQUIRED IN THE THERAPEUTICAL OPTIONS

Sachin G Nair, Elezabeth Koshy, Rajender Kandikonda and Sudheeran Kannoth

AIMS Health Sciences Campus, India

Abstract:

An 18 y/o female diagnosed of anti-NMDAR encephalitis and treated with first- and second-line immunosuppressive agents, develops multiple nosocomial infections. Despite the fact that the clinician starts the next line of treatment when the patient's clinical response is less than ideal, the therapeutic decision when infections occur while the patient is receiving immune-suppression therapy presents a significant dilemma. With no evidence yet reported on this issue, we describe a case that demonstrates the need for de-escalation of immunosuppression therapy during nosocomial infections and addresses the overlooked clinical practise when treating this condition.

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A DELAYED PRESENTATION OF A TRAUMATIC ISOLATED DUODENAL INJURY

K P D J K Gunarathne

Professorial university surgical unit, teaching hospital Peradeniya, Sri Lanka

Abstract:

Blunt injury to the abdomen resulting in isolated duodenal injury is rare in surgical practice. Due to the insidious onset of symptoms and the vague non-specific nature of the clinical presentation, these injuries can be easily missed even in experienced hands. Contrary to Europe or developed countries, assaults to the abdomen using hands, fists, and feet in home-based violence is common in third-world countries. These patients have the habit of hiding the assault part of the history to avoid litigations to 'known' people. A high level of suspicion, a continuous revisiting of history, and timely damage control surgery can improve the outcomes of such patients.

Biography

K P D J K Gunarathne (MBBS, MD), is a senior registrar in surgery, specializing in vascular and transplant surgery experienced with more than three years of surgical training in high volume patient centers in Sri Lanka. He has delivered substantial contributions in leadership, teaching and training fellow members in surgical profession. Apart from his interest in research activities, he is a known dedicated healer in patient care.

HEPATIC TUBERCULOMA ON A BACKGROUND OF CHRONIC LIVER DISEASE: A DIAGNOSTIC CHALLENGE

Hajer Hassine¹, Sarra Ben Azouz¹, Dhouha Cherif¹, Habiba Debbabi¹, Ines lassoued¹, Haythem Yacoub¹, Hela Kchir¹ and Nadia Maamouri¹

¹Department of Gastroenterology B, Rabta Hospital

²Department of Hematology, Rabta Hospital

Abstract:

Introduction: Hepatic tuberculoma is the localized, macronodular form of hepatic tuberculosis (TB). The nodule corresponds to a central necrotic area surrounded by a fibrous capsule rich in granulomas. Its diagnosis is challenging in the context of chronic liver disease and can pose a diagnostic problem with a malignant tumor. We report a case of hepatic tuberculoma in a cirrhotic patient.

Patient and Observation: A 81-year-old patient with a medical history of diabetes managed with metformin was followed in our department for chronic post-viral hepatitis B with entecavir since 2013. He presented with an abdominal ultrasound performed as part of the biannual surveillance of his chronic hepatic condition, revealing a tissue mass in liver segment IV associated with central calcification measuring 50 mm. The patient reported a general decline in health, including weakness, loss of appetite, unquantified weight loss, and right upper quadrant pain evolving for 2 months. Physical examination showed no anomalies and liver function tests were normal. Hepatitis B viral DNA was undetectable, and alpha-fetoprotein (AFP) level was normal. A hepatic and thoracic angio-CT scan revealed a non-dysmorphic liver with a heterogeneous, necrotic lesion in segment IV measuring 47 mm in its longest dimension, associated with capsular retraction and micro-nodular infiltration of adjacent fat without deep lymphadenopathy. Given the diagnostic uncertainty between hepatocellular carcinoma and cholangiocarcinoma, a percutaneous hepatic biopsy was performed. Histological examination revealed extensively remodeled hepatic tissue with areas of extended fibrosis. This fibrosis was associated with a dense inflammatory infiltrate composed of lymphocytes, plasma cells, neutrophils, and epithelioid granulomas, occasionally centered around a caseous-like grumous necrosis without evidence of acid-fast bacilli. These findings were highly suggestive of hepatic TB. Tuberculin skin testing had a positive reaction of 10 mm. Clinical, radiological, and microbiological assessments did not reveal any other sites of TB involvement. The patient was started on anti-tuberculosis treatment with a favorable clinical response. He is currently two months into treatment.

Conclusion: Hepatic tuberculomas are rare lesions, and achieving a definitive diagnosis is very challenging without histopathological evidence, even in regions with a high prevalence of tuberculosis.

UNEXPLAINED LYMPHADENOPATHY IN 9 YEARS OLD FEMALE

Elham Babikir

Telford and Shrewsbury NHS TRUST, UK

Abstract:

This case report presents the clinical findings and management of a 9-year-old female who developed lymphadenopathy accompanied by constitutional symptoms. The patient had a history of recurrent upper respiratory tract infections and had recently traveled to Africa. After a comprehensive evaluation, she was diagnosed with a viral infection. This case serves as a reminder to consider viral etiologies in patients presenting with unexplained lymphadenopathy and constitutional symptoms.

Introduction: Lymphadenopathy in children can pose a diagnostic challenge, requiring a comprehensive workup to determine the underlying cause. This case report presents a 9-year-old female with lymphadenopathy and constitutional symptoms.

Case Presentation: The patient presented with recurrent upper respiratory tract infections, high fever, lethargy, weight loss, poor appetite, and epistaxis. She had recently traveled to Africa but had no known contact with tuberculosis or individuals with chronic coughing. Physical examination revealed hepatomegaly, palpable lymph nodes in various locations, and bruises on the chin. Laboratory investigations showed slight neutropenia, relative lymphocytosis, and elevated liver enzymes. Ultrasonography indicated suspicious cervical lymphadenopathy. Viral PCR testing was positive for Epstein-Barr virus (EBV) and CMV IgM antibodies. Follow-up blood tests showed normalization of abnormalities and improvement in lymph node size.

Discussion: This case highlights the importance of considering viral infections, such as EBV and CMV, in patients with unexplained lymphadenopathy and constitutional symptoms. Viral infections can mimic other systemic diseases, posing a diagnostic challenge. Prompt recognition and appropriate management are crucial for optimal patient outcomes.

Conclusion: This case report emphasizes the significance of considering viral etiologies in patients with unexplained lymphadenopathy and constitutional symptoms. It underscores the importance of a thorough evaluation and appropriate workup to accurately diagnose and manage such cases. Healthcare professionals should remain vigilant in their assessments and consider viral infections as potential causes, even when classical constitutional symptoms are present.

Biography

Elham Elfatih Ahmed Babikir is a highly accomplished Paediatric specialty doctor at Shrewsbury and Telford NHS Trust, with extensive experience in various areas of pediatric medicine. Her background includes a Doctor of Medicine (MD) in Pediatrics in Sudan, with a focus on nephrology, Pediatric Intensive Care Unit (PICU), and general pediatrics. She holds licenses from DHA (Dubai Health Authority), DOH (Department of Health, Abu Dhabi), and MOH (Ministry of Health, Sudan). Elham Babikir is also a holder of the MRCPCH (Membership of the Royal College of Paediatrics and Child Health) qualification, demonstrating her commitment to professional development and expertise in her field. She actively contributes to medical education as an undergraduate teacher and postgraduate trainer. Her contributions to the field are not limited to clinical practice but extend to research and academic achievements. She has authored three publications and presented her work at numerous international conferences. As an Audit Lead, she plays a pivotal role in ensuring the quality of healthcare services provided. Elham Babikir's dedication to her profession is evident in her continuous pursuit of knowledge through participation in various workshops, courses, and conferences. She is an active member of multiple medical clubs and societies, and she is engaged in public health initiatives that contribute to the well-being of the community. Her impressive career and contributions make her a valuable asset to the field of pediatrics and healthcare as a whole.

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November 08-09, 2023 | Dubai, UAE



Note:

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2nd International Conference on
Clinical Case Reports

October 10-11, 2024

London - UK



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