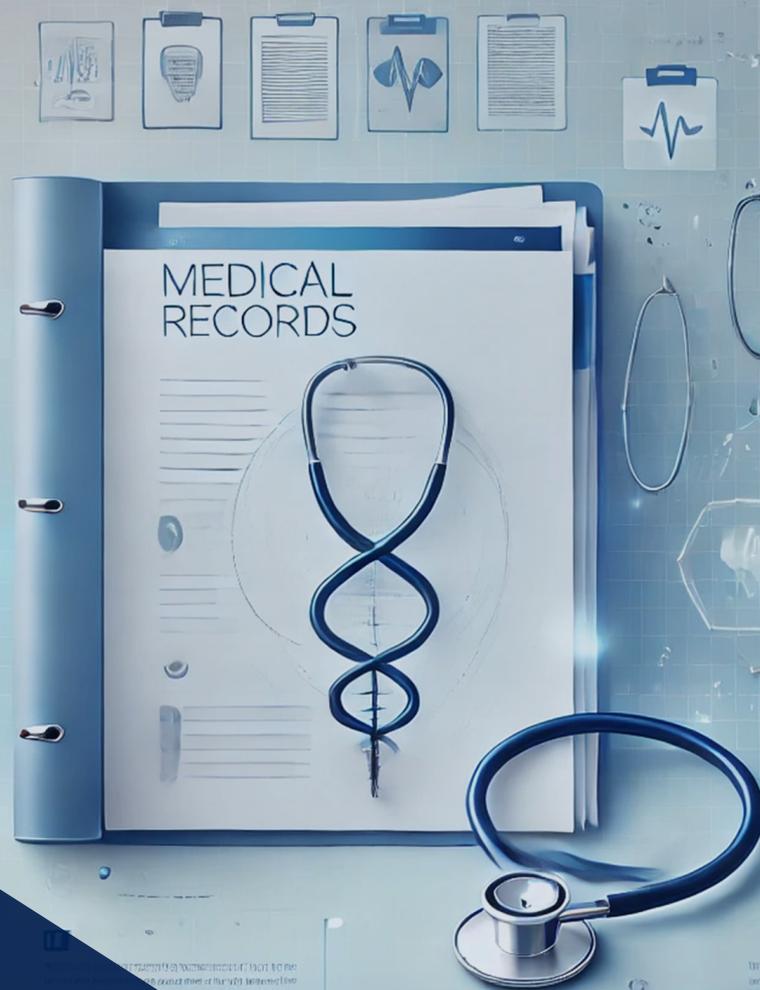


2<sup>nd</sup> International Conference on  
**Clinical Case Reports**

October 10-11, 2024  
London, UK



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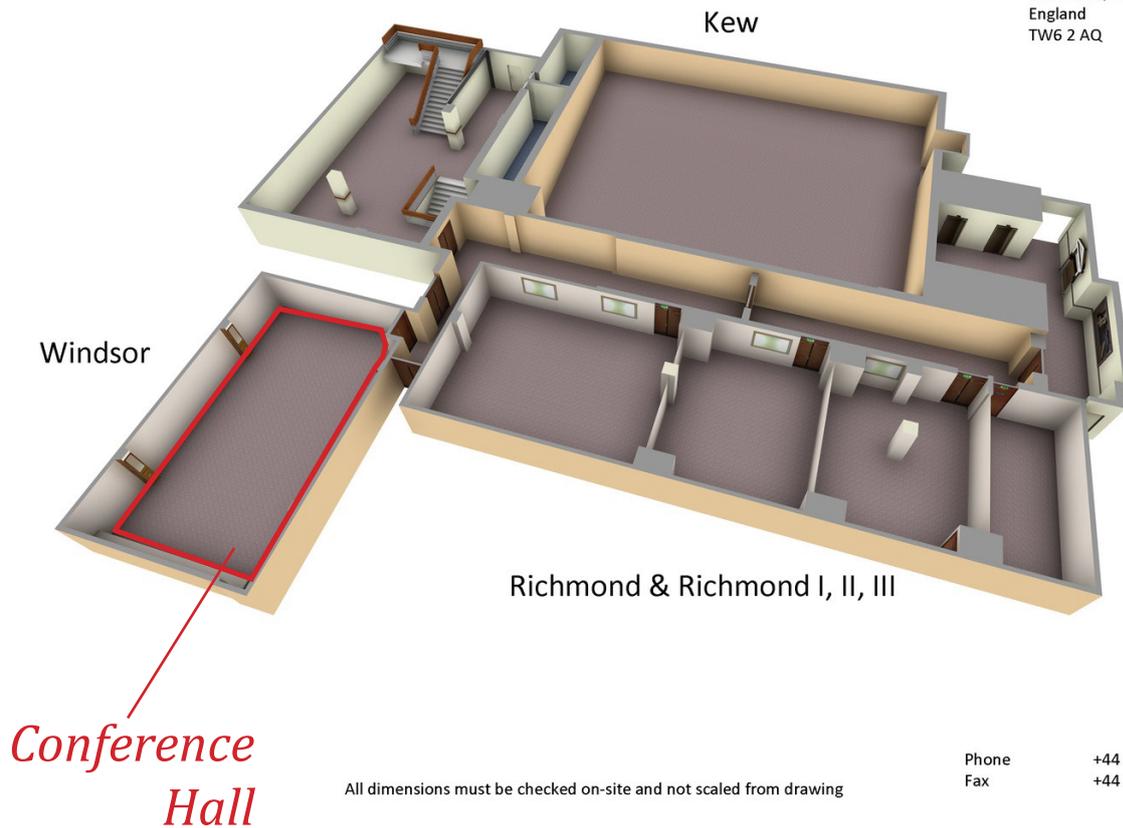
**Contact:** +1-770-832-7291

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# Floor Map

## LOWER GROUND FLOOR

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# Wifi Details

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# **Conference Programme**

# Conference Programme

**Day 1, October 10, 2024**

**Meeting Hall: Windsor Suite**

**8.00 - 8.45 Registrations**

**8.45 - 09.00 Introduction**

**Keynote Presentations**

**09.00 - 09.40 Xiaowei Dong, University of North Texas Health Science Center, USA**

**Title:** Toxicity Evaluation of Oral Docetaxel Granule

**09.40 - 10.20 Omer Bashir Abdelbasit, Security Forces Hospital, Saudi Arabia**

**Title:** A Newborn with a Rare Form of Congenital Adrenal Hyperplasia

**Networking and Refreshments @ York Lobby : 10.20 - 10.40**

**Oral Presentations**

**Session Chair: Xiaowei Dong, University of North Texas Health Science Center, USA**

**Session Chair: Omer Abdelbasit, Security Forces Hospital, Saudi Arabia**

**Sessions:** Clinical & 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 | Anaesthesiology Case Reports | Gastroenterology Case Reports | Hematology Case Reports | Urology Case Reports

**10.40 - 11.05 Maria Cristina Ferreria Buta-Michel, ABOFM - Associação Brasileira de Ortopedia Funcional dos Maxilares, Brazil**

**Title:** Jaws Functional Orthopedic Treatment in Young Children with Respiratory Impairment

**11.05 - 11.30 Oulimata Grossman, West Virginia University, USA**

**Title:** Concordant Nephrotic Syndrome in Twins with PAX2 and MYO1E Mutations

**11.30- 11.55 Assem Mejaddam, Uppsala University, Sweden**

**Title:** Aggregatibacter Endophthalmitis in a Patient with Dentophobia

**11.55 - 12.20 Florian Poncelet, Saint-Philibert Hospital, France**

**Title:** Chyme Reinstillation Device and Undernutrition due to Stomal Hyperflow: A Case Report

<b>12.20 - 12.45</b>	<b>Torbjörn Ogéus, Stockholms Led- &amp; Smärtklinik, Sweden</b>
<b>Title:</b> Amniotic Derived Exosomes in the Treatment of Degenerative Bone- and Cartilage Disease: A Case Series	
<b>Group Photo: 12.45 - 12.55</b>	
<b>Lunch @ Market Garden Restaurant: 12.55- 14.00</b>	
<b>14.00 - 14.25</b>	<b>Agnello Russo, Hospital Paul- Brousse, Italy</b>
<b>Title:</b> Fractional Chemotherapy in Solid Tumours	
<b>14.25 - 14.50</b>	<b>Mucktar Mohammed, King's College Hospital, UK</b>
<b>Title:</b> Seizure in a Man 3 Weeks after IV Iron Infusion	
<b>14.50 - 15.15</b>	<b>Saraswathi Selvaraju, Trichy SRM Medical College Hospital and Research Centre, India</b>
<b>Title:</b> A Rare Case of Incidental Isolated Celiac Artery Aneurysm Necessitating Immediate Intervention	
<b>15.15 - 15.40</b>	<b>Sana Eman, Maidstone and Tunbridge Wells NHS Trust, UK</b>
<b>Title:</b> Common Presentation of Rare Disease	
<b>15.40 - 16.05</b>	<b>Varshika Ramakrishnan Chandrababu, Royal Stoke University Hospital, UK</b>
<b>Title:</b> Navigating Cardiac Myxomas: A Compelling Case of Giant Atrial Myxoma with Embolic Complications	
<b>Networking and Refreshments @ York Lobby: 16.05- 16.30</b>	
<b>16.30 - 16.55</b>	<b>Nihal Sogandji, University of Cambridge, UK</b>
<b>Title:</b> A Case of External Jugular Venous Aneurysm	
<b>16.55 - 17.20</b>	<b>Kalyan Kumar Reddy Annapureddy, Y.S.R University of Health Sciences, India</b>
<b>Title:</b> Mucormycosis in an Immunocompetent Patient Recovering from Dengue Fever	
<b>17.20 - 17.45</b>	<b>Yevgeny Karepov, Tel-Aviv Sourasky Medical Center, Israel</b>
<b>Title:</b> E-Bikes (Electrical Bicycles and Scooters) Related Neurosurgical Injuries in the Adult Population: A Single-Center Experience	
<b>Day 1 Concludes followed by Certificate Felicitation</b>	

**Day 2, October 11, 2024**

**Meeting Hall: Windsor Suite**

**Keynote Presentations**

**09.00 - 09.40 Takaki Shimura, Sosei Ltd. BME Research Laboratory, Japan**

**Title:** Japan's Super-Aging Society and the Need for Dementia Prevention - CKPT to Detect Decline Before Dementia Onset and its Application

**09.40 - 10.20 Osama Hafez, University of South Florida, USA**

**Title:** Mental Nerve Blocks for Lip Brachytherapy

**Networking and Refreshments @York Lobby : 10.20 - 10.50**

**Poster Presentations**

**Poster Judge Tahir Ataözden, Biruni University, Turkey**

**PP001 Suntaree Thitiwichienlert, Thammasat University, Thailand**

**Title:** Miller-Fisher Syndrome and Optic Neuritis in an Alcoholic Patient: A Case Report

**PP002 Maria Cristina Ferreria Buta-Michel, Associação Brasileira de Ortopedia Funcional dos Maxilares (ABOFM), Brazil**

**Title:** Mandibular Dynamic's Recovery at Primary Dentition in Brodie Syndrome Treatment with Neuro-Occlusal Rehabilitation and Functional Jaws Orthopedic

**PP003 Tahir Ataözden, Biruni Hospital, Turkey**

**Title:** 14 Months Old Baby has Condyle Green Branch Fracture

**PP004 Harsh Bidichandani, Indira Gandhi Government Medical College and Hospital, India**

**Title:** An Uncommon Differential Solves the Mystery of Phalangeal Swelling: A Case Report on Tuberculous Dactylitis

**PP005 Luqman Fazal Wahid, University Hospitals Birmingham NHS Foundation Trust, UK**

**Title:** Critical Limb-Threatening Ischemia (CLTI) Presenting as Unresolved Cellulitis: A Case Report

**PP006 Raisham Saleem, Mid and South Essex NHS foundation trust, Essex, UK**

**Title:** To Compare Metformin vs Insulin in Gestational Diabetes in Terms of Neonatal Hypoglycemia

<b>PP007</b>	<b>Dalvir Soor, Mid and South Essex NHS Foundation Trust, Essex, UK</b>
<b>Title:</b> Pleuroperitoneal Fistula in Peritoneal Dialysis: Early Diagnosis and Management	
<b>Oral Presentations</b>	
<b>Session Chair:</b>	<b>Takaki Shimura, Sosei Ltd. BME Research Laboratory, Japan</b>
<b>Session Chair:</b>	<b>Tahir Ataözden, Biruni University, Turkey</b>
<b>Sessions:</b> Case Reports in Emergency Medicine   Nephrology and Dialysis Case Reports   Transplantation Case Reports   Pathology Case Reports   Vascular Medicine Case Reports   Clinical Pharmacology and Therapeutics Case Reports   Clinical Research & Trails	
<b>12.00 - 12.25</b>	<b>Raja Mogallapu, West Virginia University, USA</b>
<b>Title:</b> Neuro Behavioral Changes Resulting from Recurrent Head Injuries	
<b>12.25 - 12.50</b>	<b>Kavitha Paul, Ashford and St Peter's Hospital, UK</b>
<b>Title:</b> A Crisis Within a Crisis: Unmasking an Ectopic Pregnancy as a Trigger for Acute Painful Crisis in Sickle Cell Disease	
<b>12.50 - 13.15</b>	<b>Fouzia Saghir, University Hospital Birmingham, UK</b>
<b>Title:</b> A Study to Assess Association of Maternal and Perinatal Mortality with Hyperuricemia in Females Presenting with Preeclampsia	
<b>Lunch @ Market garden Restaurant: 13.15- 14.00</b>	
<b>14.00 - 14.25</b>	<b>Anna Wood, Cairns Hospital, Australia</b>
<b>Title:</b> Wunderlich's Syndrome in a Haemodialysis Patient	
<b>14.25 - 14.50</b>	<b>Payal Mate, Western India Cancer Care, India</b>
<b>Title:</b> Comparison of AJCC 7 <sup>th</sup> and 8 <sup>th</sup> Edition Staging System in Oral Squamous Cell Carcinoma: A Retrospective Study	
<b>14.50 - 15.15</b>	<b>Sophie Seager, South Tyneside and Sunderland NHS Foundation Trust, UK</b>
<b>Title:</b> Anti-Glomerular Basement Membrane Disease Following a Diagnosis of Mesonephric-Like Adenocarcinoma	
<b>15.15 - 15.40</b>	<b>Khaled Abdullah Rage, Barts Health Trust, UK</b>
<b>Title:</b> Malignant Haemangiopericytomas of Omentum Presenting as Left Inguinal Hernia: A Case Report	

<b>15.40 - 16.05</b>	<b>Ibrahim Alonazi, King Saud Medical City, Saudi Arabia</b>
<b>Title:</b> Sleeve Gastrectomy in a Patient with Situs Inversus: A Case Report	
<b>Networking and Refreshments @ York Lobby: 16.05 - 16.30</b>	
<b>16.30 - 16.55</b>	<b>Shemshat Serdarova, Myrat Garryyev State Medical University of Turkmenistan, Turkmenistan</b>
<b>Title:</b> Efficacy of Corneal Collagen Crosslinking with Photorefractivekeratectomy for Keratectasia	
<b>16.55 - 17.20</b>	<b>Fouzia Saghir, University Hospital Birmingham, UK</b>
<b>Title:</b> A Quality improved project on Compliance in Maternity Triage timings according to Colour Code	
<b>17.20 - 17.45</b>	<b>Tannaz Poulak, Tabriz University of Medical Sciences, Iran</b>
<b>Title:</b> Anterior Palatal Fistula Formation After Le Fort I Osteotomy in Conventional Orthognathic Surgery	
<b>Video Presentations</b>	
<b>VP001</b>	<b>Zeineb Riahi, Monastir University, Tunisia</b>
<b>Title:</b> Prosthetic Approaches to Manage Dental Fluorosis	
<b>VP002</b>	<b>Liam D Hyland, Nottingham University Hospitals NHS Trust, UK</b>
<b>Title:</b> Supraglottic Spindle Cell Lipoma Presenting as Foreign Body Sensation	
<b>VP003</b>	<b>Liam D Hyland, Nottingham University Hospitals NHS Trust, UK</b>
<b>Title:</b> Successful Management of Chronic Chylothorax Secondary to Gorham-Stout Disease	
<b>E-Poster Presentations</b>	
<b>EP001</b>	<b>Olawale Ogunremi, Colchester Hospital, UK</b>
<b>Title:</b> Metastatic Melanoma to the Urinary Bladder: A Rare Cause of Visible Haematuria	
<b>EP002</b>	<b>Natalia Trifonova, Sechenov University, Russia</b>
<b>Title:</b> Pregnancy After Complicated UAE	
<b>EP003</b>	<b>Salar Pour Jafar, HFR - Hôpital Cantonal de Fribourg, Switzerland</b>
<b>Title:</b> Athletic Pubalgia in Soccer Players: Still a Modern Diagnosis?	

**EP004**

**Alex Chu, University Hospital Geelong, Australia**

**Title:** Recto-sigmoid Intussusception in a 90-year-old Lady Presenting with Colonic Obstruction

**EP005**

**José Ángel Rubiño-Díaz, University of the Balearic Islands, Spain**

**Title:** Highly Sensitive Early-onset Alzheimer's Disease: A Case Report

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

# **Virtual Programme**

# Virtual Programme

## Day 1- October 10, 2024 BST (London Time: 10.00 - 16.00)

09.45 - 10.00 Introduction

### Oral Presentations

10.00 - 10.25 Muhammad Kamil Zulfiqar, Sunderland Royal Hospital, UK

**Title:** To Assess the Short Term Outcomes of Ambulatory Selective Varices Ablation Under Local Anesthesia in Primary Varicose Veins Disease

10.25 - 10.50 Xuexia Li, Zhuhai Hospital of Integrated Chinese and Western Medicine, China

**Title:** Glucose Gradient Combined with Pleural Effusion Volume Observation in Pleuro-Peritoneal Communication: Presentation of Two Cases

10.50 - 11.15 Aytan Shirinova, National Center of Hematology and Blood Transfusion (NCHBT), Azerbaijan

**Title:** Clinical Course of Chronic Myeloid Leukemia Patients with Thalassemia Trait

11.15 - 11.40 Pooja Bharadwaj, Rishiraj College of Dental Sciences and Research Centre, India

**Title:** A Case Report on Reduction of Mandibular Incisors Spacing by Frenectomy by Diode Laser

11.40 - 12.05 Pantelis Diamantopoulos, Agios Savvas Oncologic Hospital, Greece

**Title:** Surgical Management of Adipocytic Tumors Our Experience at the Oncologic Hospital

12.05 - 12.30 Merjen Muradova, International Center of Endocrinology and Surgery Ashgabat, Turkmenistan

**Title:** Rare Simultaneous of Undiagnosed Type 2 *Diabetes mellitus* and Neurofibromatosis 1 with only Ophthalmological Anifestation

12.30 - 12.55 Hira Bakhtiar Khan, Hayatabad Medical Complex, Pakistan

**Title:** Unidentified Recurrent Acute Compartment Syndrome of the Right Upper Limb

### Lunch @ 12.55 - 13.30

13.30 - 13.55 Elmir Guluyev, Main Clinical Hospital of the Ministry of Defense of Azerbaijan, Azerbaijan

**Title:** A Case CALR Positive Comorbid Primary Myelofibrosis Patient Treated with Ruxolitinib

<b>13.55 - 14.20</b>	<b>Muhammad Kamil Zulfiqar, Sunderland Royal Hospital, UK</b>
<b>Title:</b> Loop Drainage Versus Conventional Incision and Drainage Technique in Cutaneous Abscesses – A Randomized Controlled Trial	
<b>14.20 - 14.45</b>	<b>Asmaa Chebine, University of Sciences and Technologies Houari Boumedienne, Algeria</b>
<b>Title:</b> Impact of Proinflammatory Cytokines Polymorphisms on Kidney Allograft Outcomes in Algerian Population: A Retrospective Case-Control Study	
<b>14.45 - 15.10</b>	<b>Orlando Santiago Júnior, Unicentro Promove, Brazil</b>
<b>Title:</b> Treatment of Anterior Cross Bite with Jaw Functional Orthopedics	
<b>15.10 - 15.35</b>	<b>David Borg, Mater Dei Hospital, Malta</b>
<b>Title:</b> Necrotizing Fasciitis of the Breast after Bilateral Breast Reduction	
<b>15.35 - 16.00</b>	<b>Johannes René, Institute of Oncology and Radiobiology, INOR, Cuba</b>
<b>Title:</b> Giant Paraganglioma of the Parapharyngeal Space in a Female	
<b>Day 1 Concludes</b>	

**Day 2 - October 11 , 2024 2024 BST (London Time: 10.00 - 14.10)**

**Oral Presentations**

**10.00 - 10.25 Muhammad Kamil Zulfiquar, Sunderland Royal Hospital, UK**

**Title:** Endovascular Closure Devices (VCD) Complications - An Audit

**10.25 - 10.50 Fidan Khalilova, National Center of Hematology and Blood Transfusion (NCHBT), Azerbaijan**

**Title:** Treatment of Polycythemia Vera with Ruxolitinib after Transformation to Myelofibrosis

**10.50 - 11.15 Hira Bakhtiar Khan, Hayatabad Medical Complex, Pakistan**

**Title:** Endodermal Sinus Tumor with Pancreatic Origin: A Case Report

**11.15 - 11.40 Rim Kallala, University of Monastir, Tunisia**

**Title:** Mini Invasive Restorations to Reproduce the Occlusal Morphology

**11.40 - 12.05 Serdar Mamenov Ashgabat, International Center of Endocrinology and Surgery Ashgabat, Turkmenistan**

**Title:** Our Experience in Laparoscopic Surgery of Liver Echinococcosis

**12.05 - 12.30 Vasileios Papanikos, University Hospital, Greece**

**Title:** Hypercalcemic Crisis Due to a Giant Intrathyroidal Parathyroid Adenoma, with Postsurgical Severe Hypocalcemia and Hungry Bone Syndrome: A Case Report

**12.30 - 12.55 Muhammad Kamil Zulfiquar, Sunderland Royal Hospital, UK**

**Title:** Endovascular Repair of a Large Common Femoral Artery Pseudoaneurysm via Axillary Artery Access in a Complex Patient

**12.55 - 13.20 Sana Nazeef, Sunderland Royal Hospital, UK**

**Title:** Efficacy of Misoprostol and Manual Vacuum Aspiration in the Management of Incomplete Abortion in First Trimester

**13.20 - 13.45 Elham Babikir, Telford and Shrewsbury NHS Trust, UK**

**Title:** Heart Failure as First Presentation of HBSS Sickle Cell Disease in a 13-Year-Old Female from Western Sudan

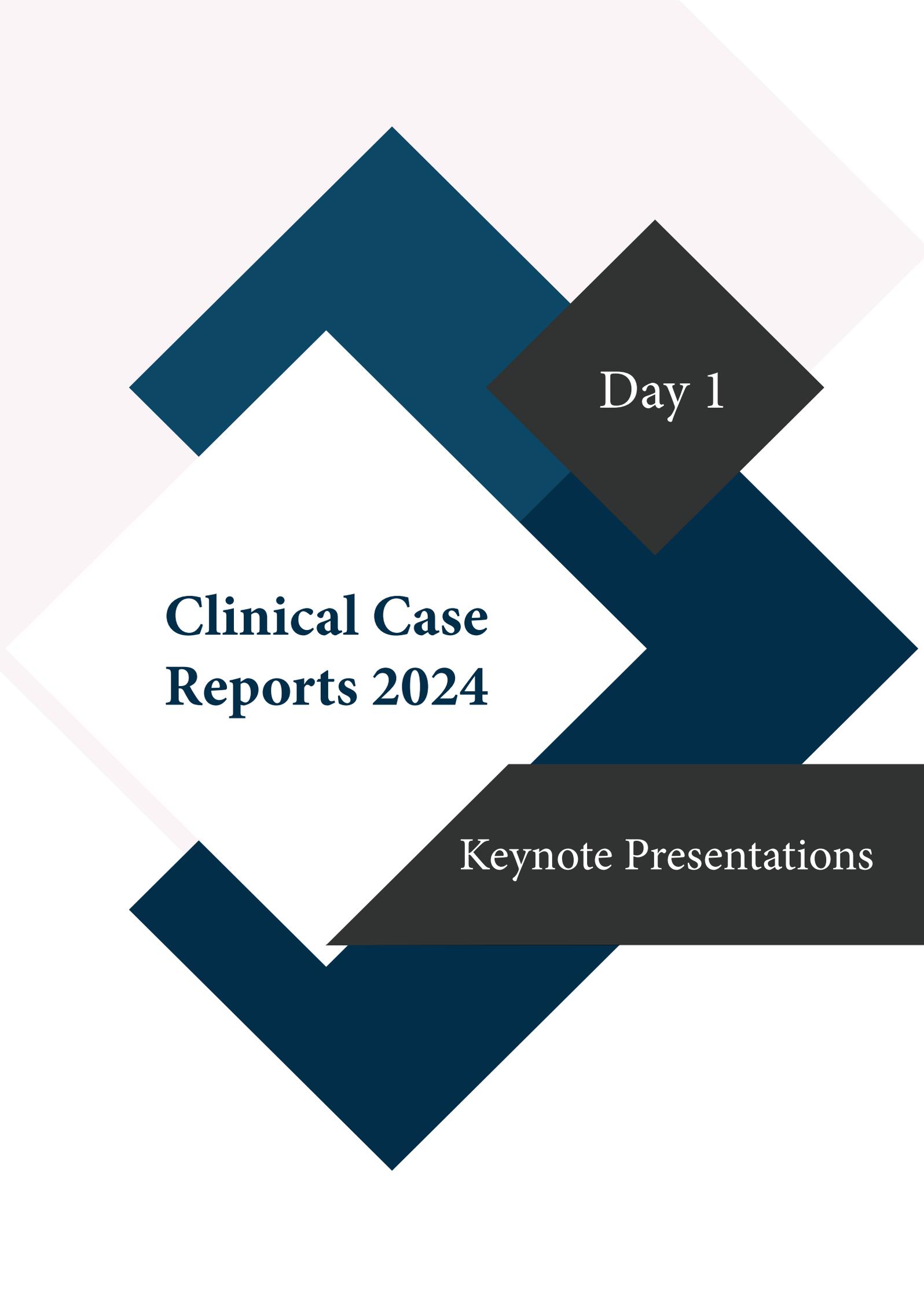
**13.45 - 14.10**

**Sana Nazeef, Sunderland Royal Hospital, UK**

**Title:** A Quality Improvement Project To Enhance Diabetes Management In Pregnancy Through Patient Information Leaflet

**Day 2 Concludes followed by Vote of Thanks**





**Clinical Case  
Reports 2024**

Day 1

Keynote Presentations

## TOXICITY EVALUATION OF ORAL DOCETAXEL GRANULE



**Xiaowei Dong**

*University of North Texas Health Science Center, USA*

### Abstract:

Oral administration of chemotherapy drugs is highly favored due to its convenience, yet many drugs, like Docetaxel (DTX), face challenges due to poor solubility and permeability, necessitating intravenous delivery. DTX, a potent microtubule inhibitor used widely in cancer treatment, is highly lipophilic and water-insoluble, requiring the addition of 50% polysorbate 80 in commercial injections, potentially causing hypersensitivity reactions. Understanding maximum tolerated dose (MTD) and toxicity is crucial in preclinical and clinical settings, yet these parameters remain unexplored for oral DTX formulations. Our previous work developed an oral DTX granule, showing promising tumor growth inhibition. This study systematically assesses MTD, tissue distribution, and toxicity of oral DTX granules in mice. We found sex-specific differences in toxicity and absorption, with MTD set at 50 mg/kg for females and 25 mg/kg for males. Interestingly, females exhibited higher tissue absorption. At an elevated dose (400 mg/kg), kidney damage was observed without impacting liver and lung tissues. These findings furnish foundational insights for future preclinical investigations and clinical translation of oral DTX formulations in cancer therapy.

### Biography

Xiaowei Dong, have received a BS in Industrial Analysis from Sichuan Institute of Light Industry and Chemical Technology, a MS in Applied Chemistry from East China University of Science and Technology, and a PhD in Pharmaceutical Sciences from the University of Kentucky. Xiaowei Dong is a member of American Association of Pharmaceutical Scientists and a regular member of American Association of Immunologists. She is a co-inventor in several pending patents. In 2008, She was selected as one of six students nationwide to participate in the 2008 AAPS Graduate Student Symposium in Drug Delivery and Pharmaceutical Technology sponsored by Bristol-Myers Squibb. She was awarded Faculty of the Year in College of Pharmacy in 2017.

# Clinical Case Reports

October 10-11, 2024 | London, UK



## A NEWBORN WITH A RARE FORM OF CONGENITAL ADRENAL HYPERPLASIA



**Omer Bashir Abdelbasit**

*Security Forces Hospital, Saudi Arabia*

### Abstract:

This was a female baby born at term after Caesarean section to a consanguineous couple.

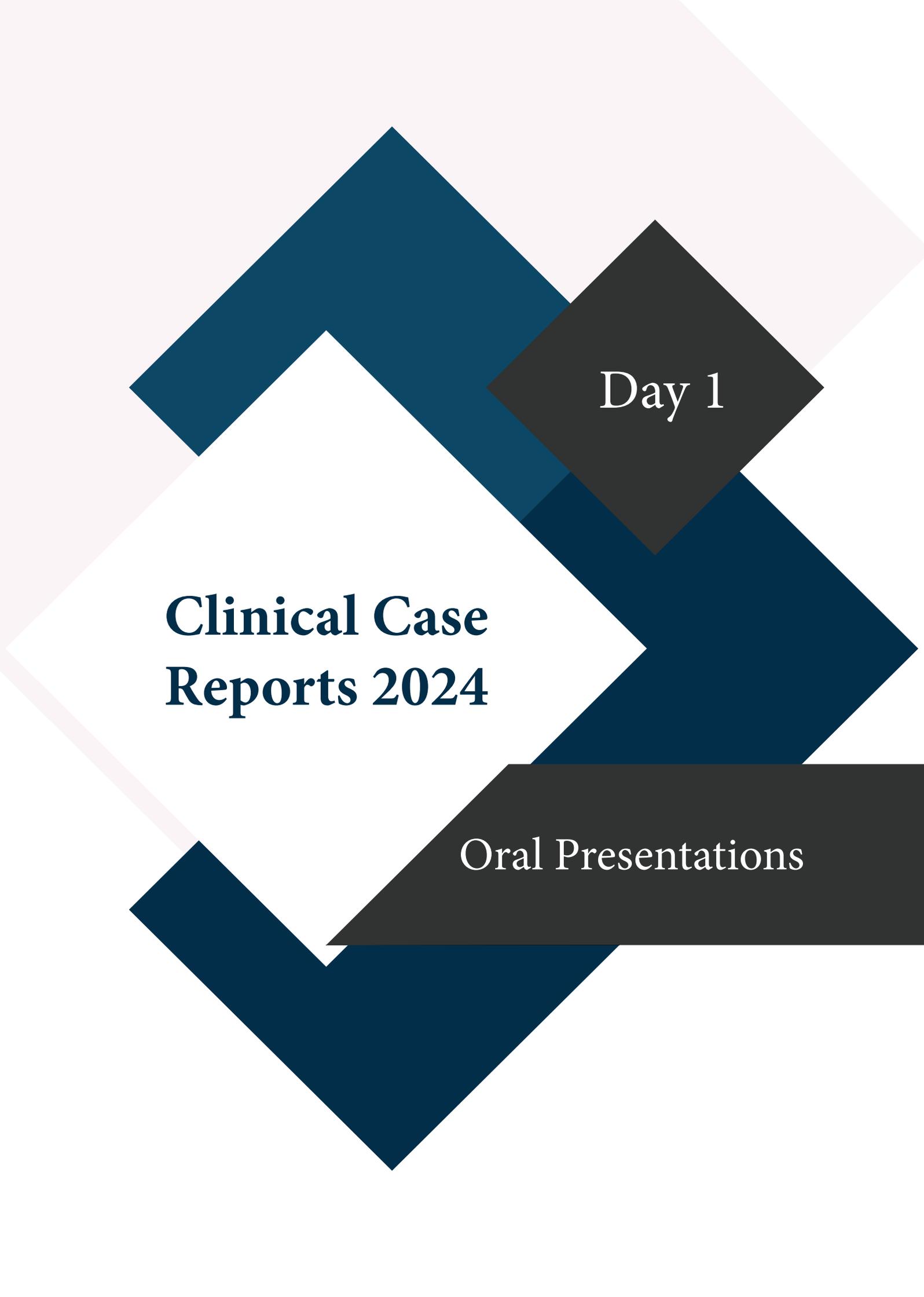
Antenatal follow up revealed intrauterine growth restriction with oligohydramnios. Both kidneys were reported to be normal and there were no observed malformations. The baby girl was born with a very low birth weight of 1500 grams and was found to be SGA. She had mild respiratory distress which resolved within a few days.

There was no evidence of hypoxic insult, and no hypoglycemia was recorded. Clinical examination revealed no dysmorphism. There were no abnormal findings in the heart, no hepatosplenomegaly and no bleeding tendency. At the age of two weeks the baby developed hyponatremia and hypotension.

A significant observation made by the staff was the dark colour of the baby skin compared to the parents' skin. Further investigation revealed normal renal and liver functions. There were no abnormal hematological findings. Investigations for endocrinological disorders revealed the presence of adrenal insufficiency. The baby was treated for adrenal insufficiency. This was a very rare type of congenital hyperplasia which will be discussed in detail highlighting the importance of reaching the proper diagnosis and the difficulties encountered in managing the case.

### Biography

Omer Bashir Abdel Basit received his MBBS degree from the University of Khartoum in the year 1971. He then received his Diploma in Child Health (DCH) from the 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, he worked as a Consultant Neonatologist at Saudi Council for Health Specialties. His research interests include Perinatal and Neonatal Medicine.



**Clinical Case  
Reports 2024**

Day 1

Oral Presentations

# Clinical Case Reports

October 10-11, 2024 | London, UK



## JAWS FUNCTIONAL ORTHOPEDIC TREATMENT IN YOUNG CHILDREN WITH RESPIRATORY IMPAIRMENT

**Maria Cristina Ferreria Buta-Michel**

*ABOFM – Associação Brasileira de Ortopedia Funcional, Master's Degree in Orthodontics – Fundação Hermínio Hometto, Brazil*

### Abstract:

**Background:** Clinical cases from young children who present breathing impairment treated with Functional Jaws Orthopedic Treatment (FJOT), starting when the young patients come to the dental office with one or more problems related to behavioral difficulty, irritability, lack of lip sealing, ankyloglossia, impaired sleep, different kinds of malocclusion or any other type of impairment in growth and development of the craniofacial complex. FJOT maintains the change of therapeutic posture between the jaws, promotes the functional balance of the stomatognathic system, and monitors the development and growth of craniofacial complex.

**Objective:** The objective of this presentation is to demonstrate clinical cases of young children with impaired upper airway space and sleep disorders who improved their malocclusion, respiratory condition, behavior, and sleep quality after undergoing Functional Jaw Orthopedic Treatment (FJOT).

**Methods:** Different kinds of malocclusion can be associated with breathing disorders. FJOT can correct the malocclusion of young patients by changing the therapeutic posture of the jaws, achieving lip sealing, and re-positioning the tongue in its correct place.

**Results:** The FJOT in young children resulted in a significant improvement in the upper airway space, by changing the therapeutic posture of the jaws as observed in the cephalometric profiles of the patients, as well as a considerable improvement in their behavior and interpersonal interaction as soon as the lip is sealed, and the patient can breathe through the nose. FJOT can also work in collaboration with other medical specialties, such as Otorhinolaryngology, Osteopathy, Speech Therapy, and others, if needed.

**Conclusion:** In conclusion, Functional Jaws Orthopedic Treatment improves patient's quality of life, better relating the bone bases between the maxilla and mandible, opening the upper airway space during the important period of growth and craniofacial development, therefore, we highlight the importance of interdisciplinarity among the various areas related to the study and treatment of respiratory impairments related to the craniofacial complex that affect sleep quality, for the benefit of our patient's quality of life.

### Biography

Maria Cristina Ferreira Buta Michel, I have been working with young children since I graduated in Dental school, 1989. I specialized in Pediatric Dentistry in 1996, then in Functional Jaws Orthopedic, Orthodontics and, currently, Temporomandibular Disorders. Working with children is a challenge, as this period is essential for establishing the correct relationship between the bone bases of the craniofacial complex, which is growing and developing. Currently, besides working in my private practice, I am also developing a project to care for vulnerable young children. By better relating the bone bases between the maxilla and mandible, we also have the opportunity to improve the upper air space, which directly influences the quality of sleep and behavior of these children.

# Clinical Case Reports

October 10-11, 2024 | London, UK



## CONCORDANT NEPHROTIC SYNDROME IN TWINS WITH PAX2 AND MYO1E MUTATIONS

**Oulimata Grossman**

*West Virginia University, USA*

### Abstract:

**Introduction:** The Medical literature is scant with reports of twins diagnosed with nephrotic syndrome associated with genetic mutations. Mutations in the protein-coding paired box gene 2 (PAX2) and in the non-muscle class I myosin, myosin 1E, (MYO1E) have been implicated in the development of steroid-resistant nephrotic syndrome

We describe the first case, to our knowledge, of the concordant presentation of nephrotic syndrome in twins with simultaneous mutations in PAX2 and MYO1E.

**Case Report:** At 32 months and 33 months of age, monozygotic, diamniotic twin girls presented with nephrotic syndrome. Each twin experienced three relapses during or after the completion of corticosteroid treatment. Sustained remission was achieved with tacrolimus. Genetic testing of each twin revealed two heterozygous mutations of MYO1E and one homozygous mutation of PAX2. Renal biopsy results of one twin revealed pathologic findings consistent with minimal change nephropathy. The twins' phenotypes have been essentially identical.

**Conclusion:** Our cases add to the scant medical literature addressing nephrotic syndrome in twins with genetic mutations. Close monitoring of our unique patients will provide novel information about the clinical significance of combined mutations in PAX2 and MYO1E.

### Biography

Oulimata K. Grossman is a pediatric nephrologist in Morgantown, West Virginia and is affiliated with multiple hospitals in the area, including West Virginia University Hospitals and West Virginia University Children's Hospital. She received her medical degree from Other and has been in practice 17 years. She is experienced in congenital urologic and renal disorders, pediatric dialysis, pediatric fluid and electrolyte disorders, pediatric glomerular disease, and pediatric hypertension.

# Clinical Case Reports

October 10-11, 2024 | London, UK



## AGGREGATIBACTER ENDOPHTHALMITIS IN A PATIENT WITH DENTOPHOBIA

**Assem Mejaddam**

*Uppsala University, Sweden*

### Abstract:

**Purpose:** To describe a rare case of unilateral, endogenous endophthalmitis caused by *Aggregatibacter aphrophilus* (HACEK group) confirmed in vitreous and blood cultures, in a patient with dentophobia.

**Methods:** Case report.

**Patients:** A seventy-five-year-old male patient with Type 2 diabetes, previous myocardial infarction, and pacemaker implantation.

**Results:** Patient was observed with sudden loss of vision at the Department of Ophthalmology, Uppsala University. Initial diagnosis was posterior vitreous detachment and anterior uveitis, but progression of disease led to vitrectomy, which actually demonstrated endophthalmitis and growth of *A. aphrophilus* of the HACEK group. Aggregatibacter bacteremia and pacemaker endocarditis were also identified and dental examination confirmed growth of Aggregatibacter in the oral cavity. Intravitreal treatment with ceftazidime and vancomycin according to Endophthalmitis Vitrectomy Study protocol was administered with quick resolution of endophthalmitis.

**Conclusion:** Aggregatibacter endophthalmitis is a rare, but devastating cause of vision loss where immediate diagnosis may be delayed. Prompt diagnosis may be facilitated by a thorough medical history and early vitreous biopsy. Systemic investigation by an infectious disease specialist and multidisciplinary assessment are mandatory. Ophthalmologic treatment is effective with intravitreal injections of ceftazidime and vancomycin.

### Biography

Assem Mejaddam is a specialist in Ophthalmology since 2018 with an expertise in the field of vitreoretinal surgery. He is the head of the vitreoretinal department at Uppsala University, Uppsala, having trained several colleagues in the field. He is also a PhD student with a particular focus on complications in the eyes of patients with diabetes mellitus as well as the effects of its various treatments.

# Clinical Case Reports

October 10-11, 2024 | London, UK



## CHYME REINSTALLATION DEVICE AND UNDERNUTRITION DUE TO STOMAL HYPERFLOW : A CASE REPORT

F Poncelet<sup>1</sup>, T Vanderlinden<sup>2</sup>, D Delebarre<sup>3</sup>, EF Pourbaix<sup>3</sup>, S Dardenne<sup>3</sup> and E Floret<sup>1</sup>

<sup>1</sup>Pharmacy, Saint-Philibert Hospital, France

<sup>2</sup>Intensive Care Medicine Department, Lille Catholic Institute Hospital Group, FMMS - ETHICS EA 7446, Catholic University of Lille, France

<sup>3</sup>Digestive Surgery, Saint-Vincent de Paul Hospital, France

### Abstract:

**Introduction and Objective:** A 78-year-old man with a gun-barrel ileostomy due to multifocal venous mesenteric ischaemia was admitted to hospital with stomal hyperflow causing severe protein-energy undernutrition with collapsed strength and muscle mass, dehydration and metabolic acidosis. After failure of the usual treatment (high-dose transit slowers and reduction of pouch capacity to force passage from upstream to downstream), the patient benefited from an intermittent chyme reinstallation system consisting of a feeding tube, a pump and an electromagnetic driver. The chyme is taken from the ostomy pouch and injected into the intestine.

The aim of this case study is to show the benefits of this DM for this type of patient.

**Materials and Methods:** This retrospective study reports the evolution of clinical and biological characteristics during the use of the DM. These data were supplemented by discussions with the patient's specialist physician and stoma therapist.

**Results:** The patient benefited from this device during the 44 days before restoration of continuity of the small intestine. There was an increase in weight of 3kg over 4 weeks (Body Mass Index from 23.1 to 24.1kg/m<sup>2</sup>), muscle strength (grip test from 18kgs to 21.6 (right) and <10kgs to 18.1 (left)), muscle mass (muscle mass index from 7.22 to 8.53kg/m<sup>2</sup>) and a correction of hydration and acid-base balance.

Biological changes during use of the device showed in particular an improvement in albumin (31%) and pre-albumin (84%). A significant reduction in proteinuria (30%) and CRP was also observed (50%).

Tolerance was good. The main problem was the persistent leakage of ileal fluid, causing skin burns, linked to the anatomical position of the stoma and poor patient compliance. Other obstacles, such as the need for training and user protocols, frequent pump changes and management constraints (1), were also observed.

**Conclusion:** Evolution shows the effectiveness of the DM, which improves the conditions for re-establishing continuity of the small intestine. It is of interest for patients with stomal hyperflow impossible to control by other means. However, there are still obstacles to its use.

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## Biography

Florian Poncelet is a French Pharmacy Resident. After completing his basic pharmaceutical course in Reims, he is currently doing his residency in Lille. Last year, in parallel with his second year of residency, he obtained a university diploma in virology. Currently in a research year in the field of therapeutic optimization and in a research internship at the Pasteur Institute in Lille where he works on Human Respiratory Coronaviruses.

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## AMNIOTIC DERIVED EXOSOMES IN THE TREATMENT OF DEGENERATIVE BONE- AND CARTILAGE DISEASE: A CASE SERIES

**Torbjörn Ogéus**

*Stockholms led- and Smärtspecialist, Sweden*

### Abstract:

**Introduction:** Exosomes, nanosized vesicles derived from various cellular sources, hold immense potential in modulating physiological processes and promoting tissue repair. Exosomes derived from amniotic fluid show significant promise in regenerative medicine and tissue repair. To our knowledge, there are no reported cases of reduction of chronic pain due to bone- and cartilage degeneration reported after exosome treatment.

**Case presentation:** Three male patients, all with chronic pain and reduced physical function due to bone- or cartilage degeneration all showed a remarkable reduction in pain and increase in function after one single injection of amniotic-derived exosomes.

**Conclusion:** These cases raise the hypothesis that amniotic-derived exosomes may be an effective intervention in the treatment of degenerative bone- and cartilage diseases. Especially in combination with other regenerative medicine interventions. Further research is required to test this theory.

### Biography

Torbjörn is a pain specialist with extensive clinical experience in the field of regenerative medicine. His team was the first in Sweden to inject autologous growth factors to treat tendon and cartilage injuries in 2013. Since then, over 10.000 extra- and intra-articular treatments have been performed in his clinic.

In August 2019, his team performed Sweden's first autologous mesenchymal stem cell injection in a joint with Osteoarthritis. He has since then carried out over 200 successful stem cell injections.

Since October 2023 he has performed 150 exosome treatments.

His clinic has patients from all over the world flying in to receive treatments.

Before Torbjörn started studying medical subjects, he had a career as a professional athlete, playing handball in clubs all over Europe and the Champions League. An unsuccessful surgery of the knee led to osteoarthritis and ended his athletic career, but his personal experience served as a great starting point and motivation for his current clinical career.

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## FRACTIONAL CHEMOTHERAPY IN SOLID TUMORS

**Agnello Russo**

*Hopital Paul- Brousse, 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 "Hopital 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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## SEIZURE IN A MAN 3 WEEKS AFTER IV IRON INFUSION

**Mucktar Mohammed and K. Ngwu**

*King's College Hospital, NHS foundation trust, London, UK*

### **Abstract:**

**Background:** Iron deficiency anaemia is common in the elderly population and increasingly, we give intravenous preparations of iron as it is more effective in raising hemoglobin and does not cause constipation.

**Clinical Case:** An 86 year old man with a significant cardiac history and iron deficiency anemia presented to the ED due to seizure. A CT head and angio showed no acute abnormality. 3 weeks prior to the event, he had iv ferric carboxymaltose for a long standing iron deficiency anemia for which the cause is unclear after extensive investigation. On admission, phosphate was 0.38, Parathyroid hormone-84 adjusted calcium-2.02, vitamin D-75. The clinical presentation and the biochemistry is very classical of a side effect of ferric carboxymaltose(-ferri inject).

This is a hyperphosphaturic hypophosphatemia caused by FGF-23, resulting in low 1.25, DHCC, hypocalcemia and secondary hyperparathyroidism. Patient had over a course of month several intravenous and oral phosphate replacement before phosphate levels stabilized. His intravenous iron was switched to ferric derisomaltose(diafer) and he did not experience any further episodes of hypophosphatemia.

**Conclusion:** It is important to recognize that ferric carboxymaltose can result in low phosphate and also be aware of the clinical presentation and biochemical abnormalities. Derisomaltose is less likely to cause hypophosphatemia and should be considered as an alternative.

### **Biography**

Mucktar Mohammed, graduated from China medical university in 2019. Worked one year Tanzania and then moved to England to continue my medical journey. I am currently working in Acute and general medicine at King's College Hospital as a Clinical Fellow. As a Clinical Fellow, I am responsible for providing comprehensive care to patients under the supervision of consultants. My duties include diagnosing and managing a wide range of medical conditions, performing procedures, and collaborating with multidisciplinary teams to ensure high quality patient care. I am committed to providing compassionate and evidence-based care to my patients.

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## A RARE CASE OF INCIDENTAL ISOLATED CELIAC ARTERY ANEURYSM NECESSITATING IMMEDIATE INTERVENTION

**Saraswathi Selvaraju**

*Trichy SRM Medical College Hospital and Research Centre, India*

### Abstract:

**Background:** Isolated arterial dissections are commonly seen in aortic or renal vessels. Visceral artery aneurysms are very rare entity. Among visceral artery aneurysms, Superior mesenteric artery is known to be common. Celiac artery aneurysm is one of the rarest forms of splanchnic artery aneurysms.

Fewer than 180 cases have been reported in the world medical literature. They are usually associated with aneurysms of other major vessels. Only 11 cases of isolated spontaneous celiac artery dissection have been reported, dating from 1959 till 2007. Most cases are seen only after rupture becoming symptomatic, diagnosed after torrential / fatal hemorrhage or ischemia. Operative mortality rate associated with ruptured celiac artery aneurysms is 40% compared with only 5% for nonruptured aneurysms.

**Case Report:** We report a rare case of isolated celiac artery aneurysm in a 69-year-old male individual who underwent CT abdomen with contrast to rule out carcinoma rectum. CT angiogram showed fusiform aneurysmal dilatation for ~ 1.5 cm diameter arising ~ 8 mm from the origin of the celiac artery extending for a length of 1.6 cm. Common hepatic artery and left Gastric artery were seen arising from the aneurysmal sac. However, our patient also had Ca anal canal and rectum with few hepatic metastases.

**Conclusion:** Ruptured visceral artery aneurysms although rare, need to be kept as differentials while doing evaluation for abdominal pain in view of its high mortality post rupture. An incidental an incidental Celiac artery aneurysm mandates immediate intervention even though it is asymptomatic at the time of diagnosis.

### Biography

Saraswathi S MD(RD) is an assistant professor in Trichy SRM medical college hospital and research centre. 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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## E-BIKES (ELECTRICAL BICYCLES AND SCOOTERS) RELATED NEUROSURGICAL INJURIES IN THE ADULT POPULATION: A SINGLE-CENTER EXPERIENCE

**Yevgeny Karepov and Carla Richetta**

*Tel-Aviv Sourasky Medical Center, Israel*

### **Abstract:**

E-bikes (electrical bicycles and scooters) have been increasingly used as a means of transportation, especially among young adults. E-bikers have more accidents, at higher velocities and more severe kinematics, increasing the rate of neurosurgical injuries. Severe neurosurgical injury patterns result in significant morbidity and mortality. We collected data regarding adult patients (>18), who suffered e-bike-related neurosurgical injuries, in a single tertiary medical center in Israel, between July 2019 and June 2020. Fifty-eight consecutive patients were included in this study. The average age was 34.9, and the average Glasgow Coma Scale (GCS) score upon admission was 13.2 and was significantly lower in operated patients (10.75). Fifty-four patients were riders; 51 (94.5%!) were not wearing a helmet. Fifty percent of patients had multiple types of traumas. Six patients suffered a spinal injury. Sixteen patients required either cranial or spinal surgery. Three patients died, and 1 remained in a vegetative state. The Median Glasgow Outcome Scale-Extended (GOS-E) score at follow-up was 7.1. Operated patients stayed significantly longer in the intensive care unit (ICU) and in the hospital, and their GOS-E scores at discharge and follow-up were significantly lower. Most spinal injuries underwent surgery. Patients who wore helmets had significantly higher GCS scores and a shorter stay in the ICU and hospital. The unacceptable reality of the careless use of this transportation and the unique kinematics led to severe neurosurgical injuries, comorbidities, and even mortality. Our results reflect the risks of e-bikes in the adult population. Most of our patients were in the middle-age group, and almost none had used a helmet. The results of this study highlight the potential need for neurosurgical treatment, and the need for long-term rehabilitation and follow-up, reflecting the emotional and financial toll of these injuries. This study emphasized that helmets save lives.

### **Biography**

Yevgeny Karepov has his expertise in neurotrauma and neuro-intensive care and has passion and eager in improving the treatment of severe TBI patients, upgrade neuro-intensive care as well as improve preventive medicine in neurotrauma field, by creating models of presentation and demonstration of severe consequences of TBI and plan special programs for prevention, which would directly affect healthcare system. Dr. Karepov has experience in research, evaluation and teaching neurotrauma and neuro-intensive care, both in hospital and other education programs.

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## NAVIGATING CARDIAC MYXOMAS: A COMPELLING CASE OF GIANT ATRIAL MYXOMA WITH EMBOLIC COMPLICATIONS

Varshika Ramakrishnan Chandrababu, Omprakash Reddy Desireddygari, Sarah Al-Fayyadh and Prakash Nanjaiah

*Royal Stoke University Hospital, UK*

### Abstract:

**Background:** Cardiac myxomas are the most common primary cardiac tumours, predominantly affecting the left atrium and often seen in females aged 30-60. They can present diagnostic and therapeutic challenges, especially when they occur in atypical demographics. Untreated, myxomas can lead to severe morbidity due to embolic events and intracardiac obstruction. This report details a rare presentation of an exceptionally large left atrial myxoma, emphasizing the clinical, diagnostic, and surgical considerations required to manage such complex cases effectively.

**Case Presentation:** A 65-year-gentleman with a history of poorly controlled hypertension and hyperlipidaemia presented with acute dyspnoea, lower extremity oedema, and syncope. On examination, he exhibited sinus tachycardia and a diastolic murmur. Transthoracic echocardiography (TTE) revealed a large, mobile mass measuring 9.5 × 6 cm in the left atrium, intermittently prolapsing into the mitral valve orifice during diastole, suggesting a myxoma. Additionally, chest CT revealed a small pulmonary embolism, likely due to embolization from the cardiac tumour.

Given the tumour size and embolic risk, urgent surgical resection was performed. Histopathology confirmed a benign cardiac myxoma, characterized by stellate and myxoid cells within a myxomatous stroma. Postoperatively, the patient's symptoms resolved, and six-week follow-up echocardiography showed no residual mass.

**Conclusion:** This case underscores the critical importance of considering cardiac myxoma in the differential diagnosis of acute cardiac symptoms, particularly when embolic phenomena are present. The case highlights the necessity for prompt surgical intervention to mitigate the risk of embolic complications and to restore normal hemodynamic function. Despite the benign nature of myxomas, their potential for severe complications necessitates a high index of suspicion and timely treatment. Future research should focus on refining diagnostic modalities and exploring minimally invasive surgical approaches that could enhance patient outcomes in similar clinical scenarios.

### Biography

Varshika Ramakrishnan Chandrababu is a Junior Training Fellow in Cardiothoracic Surgery at Royal Stoke University Hospital. Her passion lies in cardiology, particularly in identifying and addressing misdiagnosed and underrecognized cardiac diseases. Driven by a commitment to enhancing patient care, Varshika is dedicated to bringing lesser-known cardiac conditions to light through comprehensive research and clinical practice. Her work often explores the complexities of cardiac pathologies such as cardiac myxomas, aiming to improve awareness and outcomes in cases where diagnoses are frequently overlooked. Her dedication to uncovering the intricacies of cardiac health makes her a valuable contributor to the field, with a mission to transform how misdiagnosed conditions are perceived and treated in cardiology.

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## A CASE OF EXTERNAL JUGULAR VENOUS ANEURYSM

Nihal Sogandji, Guglielmo La Torre and Diane Hildebrand

*University of Cambridge, UK*

### Abstract:

**Background:** Aneurysms of the external jugular vein are extremely rare malformations with only around 10 well documented cases to date. As such, no evidenced guidelines regarding optimal management exist. This leads to variable approaches in treatment of these lesions, guided by balancing risks from conservative management, which includes thromboembolism from the aneurysm, with risks from surgery.

**Objectives:** We present a case of this rare lesion in a young woman, which was managed surgically with no complications, followed by a literature review of venous aneurysms.

**Case:** A 37-year-old woman presented with a 10-year history of swelling along the course of the external jugular vein in the posterior triangle of the neck, which became painful and erythematous following an episode of heavy lifting. On examination, the swelling was not pulsatile and increased in size when the Valsalva manoeuvre was performed. A duplex scan of the neck revealed thrombophlebitis within the aneurysm as well as confirm EJV aneurysm aetiology, ruling out other differential diagnoses such as laryngocele, cavernous cyst, lipoma etc. Following multidisciplinary review, management by surgical excision was performed given the symptomatic nature of the lesion, cosmetic concerns voiced by the patient and the lower long-term risk. This was followed by a prescription of 6-week direct oral anticoagulant course, as the patient was scheduled for a long-haul flight following surgery. Recovery was uneventful, with no complications reported.

Our literature review revealed mixed approaches to management of venous aneurysms, with EJV aneurysms deemed to be of relatively low risk with regards to thromboembolism. In general, there was a preference for surgical management in symptomatic cases, whereas conservative 'wait and watch' approach with anticoagulation has been used for asymptomatic cases.

**Conclusion:** EJV aneurysms are extremely rare, with no standardised guidelines for optimal management. Our case demonstrates that surgical management is feasible for symptomatic cases and that management should be guided by patient concerns and long-term risk profiles.

### Biography

Nihal Sogandji is a medical student at the University of Cambridge, School of Clinical Medicine, going into her final year of studies. She has intercalated in her third year of studies to receive a B.A. in Mechanical Engineering and Bioengineering. She is interested in pursuing a career in surgery.

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## MUCORMYCOSIS IN AN IMMUNOCOMPETENT PATIENT RECOVERING FROM DENGUE FEVER

Kalyan Kumar Reddy Annapureddy, Sushmitha D J and Nishan Poojary

*Sri Venkateswara Medical College, Y.S.R University of Health Sciences, India*

### Abstract:

**Background:** Mucormycosis, also known as black fungus, is a rare but aggressive infection caused by molds of the order Mucorales. India has seen a rise in cases post-COVID-19. Timely treatment is crucial, yet diagnosis is challenging due to its nonspecific symptoms that mimic conditions like sinusitis. The high mortality rate necessitates early diagnosis, intervention, and aggressive treatment. It's mostly observed in immunocompromised patients, leading to rapid disease progression and poor outcomes, though it is rare in healthy individuals. Dengue has occasionally been linked to mucormycosis in the recovery phase. This case report underscores the importance of clinical suspicion and early intervention for mucormycosis in patients with recent dengue infections and chronic sinus conditions.

**Objective:** This case study examines a middle-aged immunocompetent patient affected by mucormycosis. It aims to identify potential risk factors and pathogenesis to determine likely etiology, enhancing our understanding of the disease in immunocompetent individuals and improving future treatment through earlier diagnosis. It emphasizes early recognition and intervention in patients recovering from dengue fever who exhibit symptoms of mucormycosis.

**Conclusion:** Mucormycosis has shown a recent shift, indicating its potential to become dreadful in the future. After a detailed analysis of this patient's case, it is evident that changes in the immune system due to dengue along with environmental and anatomical factors play a crucial role in developing Mucormycosis. These findings highlight the need for healthcare providers to maintain a high level of clinical suspicion. Recognizing symptoms early and starting both surgical and medical treatment at the right time involving the multidisciplinary team can prevent any unlikely complications, such as orbital extension, as seen in this case report.

### Biography

Annapureddy Kalyan Kumar Reddy. I obtained my M.B.B.S. from Sri Venkateswara Medical College, Tirupati, India. I have gained experience in the field of Medicine for 2 years. I am planning to pursue my career in the United Kingdom, for which I have obtained the necessary GMC registration and license to practice in the UK. I have two peer-reviewed publications to date. Being keen on medical education, I have formally taught medical students for a period of three months and I am currently pursuing an intercalated degree in teaching and education to improve my teaching skills along with practicing as a full-time doctor at Y.S.R Government Medical college and hospital.

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## COMMON PRESENTATION OF RARE DISEASE

**Sana Eman**

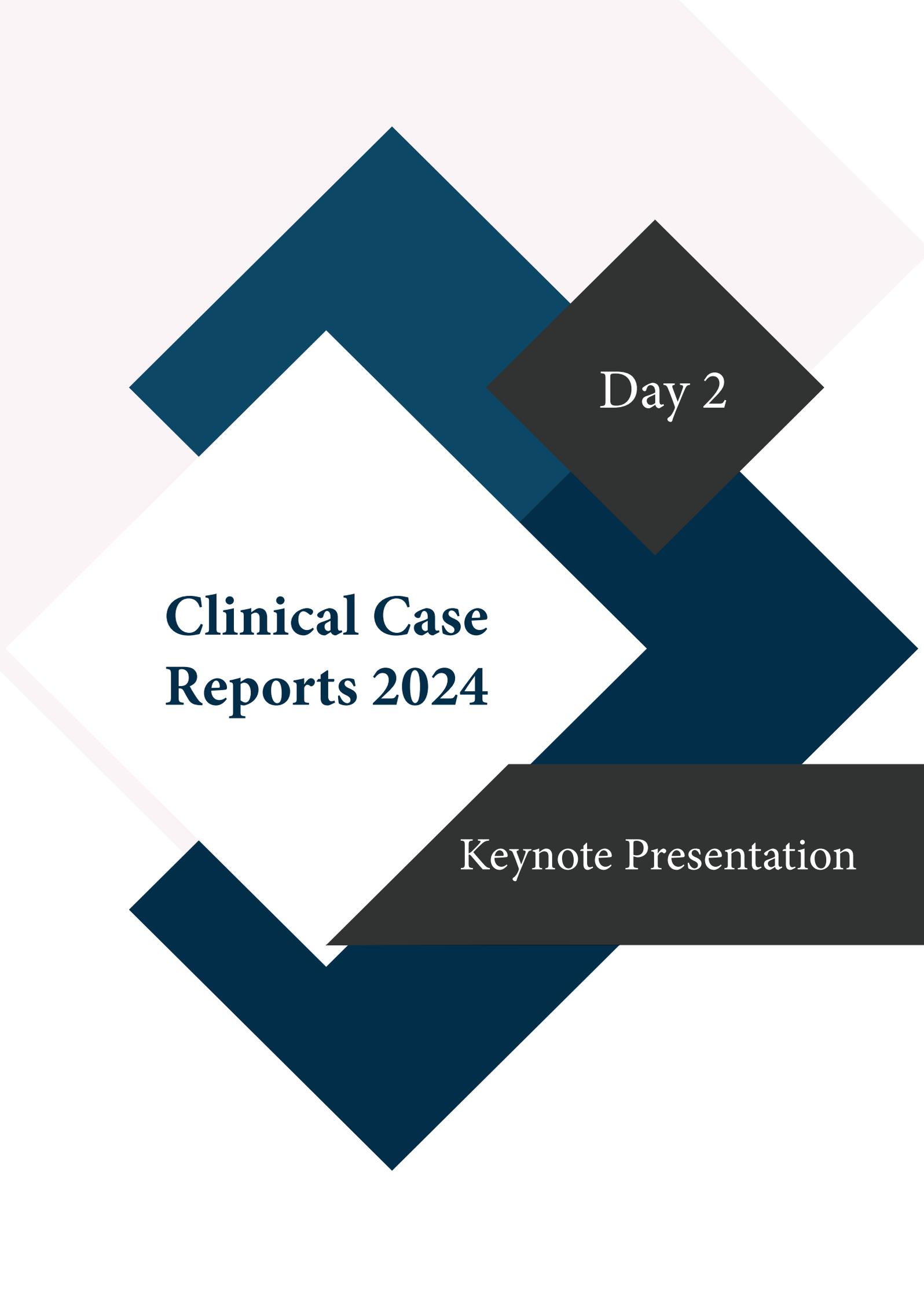
*Maidstone and Tunbridge wells NHS Trust, UK*

### Abstract:

Mantle cell lymphoma (MCL) is a mature B cell non-Hodgkin lymphoma with a variable clinical course. It is one of the rarest varieties, comprising only 6% of NHL. Laryngeal localization of the mantle cell lymphoma is extremely rare, and it can present catastrophically with acute airway obstruction. Here we report a case in which patient was presented with dyspnoea which is a very common presentation. Initially, we treated him for exacerbation of COPD. Then, patient developed stridor, and we found out on CT scan that there was a mass in subglottic area of Larynx. We did Debulking surgery and tracheostomy due to severe airway obstruction. Later, confirmed by Histopathology and immunohistochemistry that it was Blastoid type of Mantle cell lymphoma. Due to aggressive nature of lymphoma, poor performance of the patient and delayed investigations in view of rare occurrence of this disease, we palliated him in the end. This case illustrates that patient who has history of mantle cell lymphoma and present with Dyspnoea we should consider urgent CT neck and thorax to exclude airway mass.

### Biography

Sana Eman, I done my MBBS from University of Health Sciences Lahore, Pakistan. I have completed my house job training from affiliated hospitals of Rawalpindi Medical University in year 2020. After that, I have cleared FCPS part 1 for Medicine in Pakistan in 2021 while working as medical officer in private hospital. I have cleared PLAB exams for GMC registration in year 2022. During my stay in UK I have done clinical attachment in cardiology department of Manchester heart centre. Consequently, I received a Job offer from Maidstone and Tunbridge wells NGS trust in Medicine department. I am currently working in this trust as Medical SHO. I have done multiple audits and clinical case reports. I want to pursue my career in Medicine as Haematologist.



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Day 2

Keynote Presentation

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## JAPAN'S SUPER-AGING SOCIETY AND THE NEED FOR DEMENTIA PREVENTION - CKPT TO DETECT DECLINE BEFORE DEMENTIA ONSET AND ITS APPLICATION



**Takaki Shimura, Eriko Okuyama, Maki Kanno, Atsuko Suzuki, Kayoko Takayanagi, and Battur Munkhtulga**

*Sosei Ltd. BME Research Laboratory, Japan*

### Abstract:

**Background:** The total world population was about 7.8 billion in 2020 but is expected to exceed 10.1 billion in 2060. The population of people aged 65 and over is also expected to rapidly increase from about 700 million to about 1.8 billion. This clearly indicates that the number of dementia patients, the biggest risk factor for which is aging, is rapidly increasing, and this is a challenge for humanity. In Japan, which has the world's highest aging rate, the number of dementia patients is estimated to be about 6.3 million in 2020 and reach 11.54 million in 2060, and the burden on the public in relation to dementia care is a problem. For this reason, the government established the Dementia Policy Promotion Guidelines in 2019 and is promoting policies based on two pillars: coexistence with people with dementia and prevention of dementia.

**Objective:** To detect subtle changes before the onset of dementia without using expensive equipment or invasive methods in order to prevent dementia.

**Methods:** To achieve this goal, we devised a neuropsychological test called CKPT (Color Kanji Pick-out Test) and established evidence for it. We then established diagnostic criteria using large-scale data and are moving towards practical use.

**Results:** It has been about a year since we started dementia prevention activities using CKPT, and we will introduce how it works. Furthermore, we will introduce elderly employment support and brain rehabilitation tools as applications of CKPT. Since the CKPT can be easily translated into other languages, we have been preparing an English version. We have prepared the test questions and the explanatory PowerPoint presentation to be used when administering the test, so we would like to introduce some of them here.

**Conclusion:** I hope that someone will be interested in an English version of CKPT.

### Biography

Since 2009, Takaki Shimura founded Biomedical Research Lab. and daycare service houses to apply his inventions to the elderly with dementia in Sosei Ltd.. Since 2000, he worked at Tokai University as a Professor, researching mainly BME on dementia. From 1965 to 2000, he worked in R&D field of Fujitsu Ltd. and Fujitsu Laboratories Ltd., developing Ultrasound imaging, X-ray imaging by flat panel detector, Remote health care system by TV etc. (2000-1979) and Fault location diagnosis method on digital circuit, Shinkansen passenger automatic guidance system and Laser printer (1979-1965). He graduated from Tokai University majoring Atomic Industry in 1965. He got PhD degree from Tokyo University in 1995 and Engineering fellow of the Japan Society of Ultrasound in Medicine in 2005. He is an honor director of Japan Society for Early Stage of Dementia and the chairman of BME on Dementia Group of the Japanese Society for Medical and Biological Engineering.

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## MENTAL NERVE BLOCKS FOR LIP BRACHYTHERAPY



**Osama Hafez**

*The University of South Florida, United States*

### Abstract:

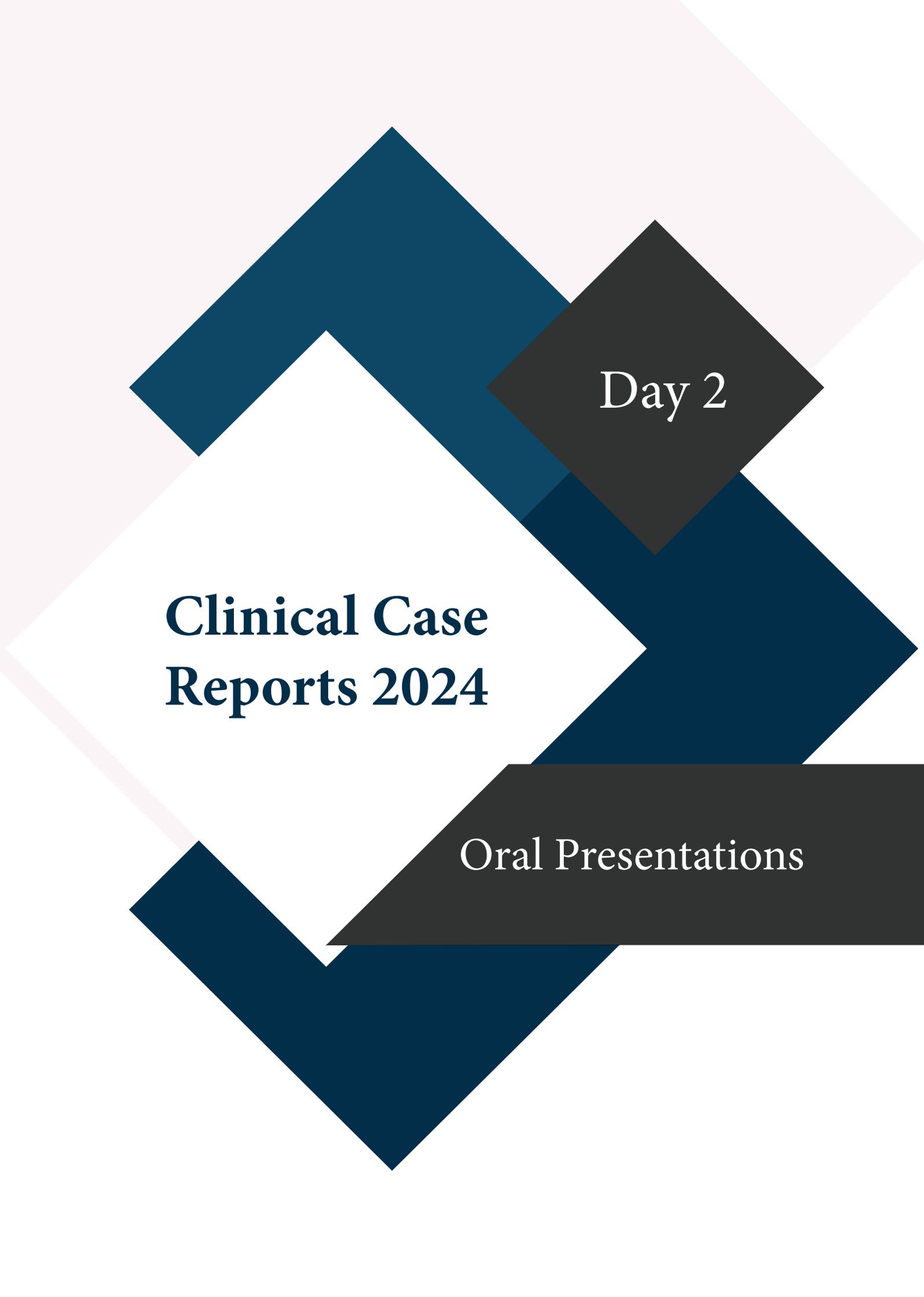
High dose rate interstitial brachytherapy is a commonly performed procedure for carcinoma of the lower lip. Placement of the brachytherapy catheters can be painful and may require monitored anesthesia care or general anesthesia. The use of bilateral mental nerve blocks may facilitate the placement of brachytherapy catheters with minimal sedation.

A 51-year-old man with squamous cell carcinoma of the lower lip presented for high dose interstitial brachytherapy catheter implantation. He had a history of tobacco use and multiple skin cancers involving the chest, face, and nose. Bilateral mental nerve blocks were offered to the patient to provide pain control during the procedure. The patient was positioned supine and standard American Society of Anesthesiology monitors were placed. The patient was sedated with intravenous midazolam 2mg and fentanyl 50µg. A 5-mL mixture of 1 mL of 0.5% bupivacaine and 4mL of 1% lidocaine was prepared. The mental foramen was located by retracting the cheek laterally and everting the lower lip. A 23-gauge needle was used to inject 2.5 mL of the local anesthetic mixture after negative aspiration at each side. Once the lower area was adequately anesthetized, the surgeon proceeded with placement of the guide needles. The patient tolerated the procedure without any discomfort and was discharged home after 2 hours. The patient returned for 6 cycles of external beam radiation after which the catheters were removed.

A major risk of general anesthesia and monitored anesthesia care (MAC) in a patient with lower lip carcinoma is airway obstruction. Additionally, the insertion of lip brachytherapy implants is often done remotely in non-operating room locations, and one must consider off-site challenges such as unfamiliar resources and limited access to emergency assistance. This can be further complicated by sedating patients with a difficult airway. The mental nerve block should be considered as an alternative to MAC or general anesthesia for the placement of lower lip brachytherapy catheters.

### Biography

Osama I. Hafez is a board-certified anesthesiologist in Florida, and is affiliated with multiple hospitals in the area, including H. Lee Moffitt Cancer Center and Research Institute and James A. Haley Veterans' Hospital-Tampa. He received his medical degree from American University of the Caribbean School of Medicine and has been in practice for more than 20 years.



Day 2

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Oral Presentations

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## NEUROBEHAVIORAL CHANGES RESULTING FROM RECURRENT HEAD INJURIES

**Raja N Mogallapu**

*West Virginia University, USA*

### **Abstract:**

In recent years, there has been a significant focus on the potential link between traumatic brain injury due to recurrent head injuries (RHI) and the development of Traumatic Encephalopathy Syndrome (TES), which could lead to chronic traumatic encephalopathy (CTE). CTE is a progressive disease characterized by Axonal injury tau neurofibrillary tangles (NFTs) and, in some cases, transactive response DNA binding protein 43 (TDP43). In this case report, we discuss a patient who experienced auditory verbal hallucinations (AVH) and cognitive symptoms with behavioral issues due to recurrent RHI. We aim to explore this presentation further to study the relationship between RHI and CTE and examine the psychological effects of physical brain trauma.

A 43-year-old white male with a history of RHI from Multiple sports-related concussions was admitted to the Psychiatric unit for Cognitive difficulties with auditory verbal hallucinations with associated mood symptoms for the past four years, impacting both his sleep and productivity at work. We discuss the different types of auditory hallucinations seen in patients with RHI and CTE. We discuss evidence to support our determination in this case due to repeated RHI, which led to symptomatology suggestive of CTE. Differential diagnoses are considered, and evidence is provided to rule them out based on the patient's history.

This case report underscores the diagnostic challenges associated with CTE, which can manifest with a spectrum of psychiatric symptoms encompassing mood, cognition, and behavior. The medical diagnosis of Chronic Traumatic Encephalopathy (CTE) in living patients is still a challenge, as effective biomarkers for this condition have yet to be discovered. Although research diagnostic criteria have been proposed, there is no definitive way to diagnose CTE in living patients. Therefore, further investigation is necessary to develop accurate diagnostic tools and effective treatments for CTE.

### **Biography**

Raja Mogallapu, MD is a psychiatry specialist in Martinsburg, WV. He is affiliated with medical facilities Berkeley Medical Center and Jefferson Medical Center.

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## A CRISIS WITHIN A CRISIS: UNMASKING AN ECTOPIC PREGNANCY AS A TRIGGER FOR ACUTE PAINFUL CRISIS IN SICKLE CELL DISEASE

**Kavitha Paul**

*Ashford And St Peter's Hospital, UK*

### **Abstract:**

Sickle cell disease is an inherited hematological disorder characterized by the presence of abnormally sickle-shaped erythrocytes, resulting from a mutation in the beta-globin gene of hemoglobin. One of the critical complications associated with SCD is vaso-occlusive crisis, also known as an acute painful crisis. These episodes are precipitated by end-organ ischemia and infarction, compounded by the downstream effects of hemolysis due to pathological sickling of RBC. Prompt diagnosis and management of the underlying triggers of VOC are essential in preventing severe complications and optimizing patient outcomes.

We present the case of a 34-year-old female with HbSD sickle cell disease, currently managed on hydroxycarbamide. She was admitted to the hospital due to an acute painful crisis, which was unresponsive to her usual home analgesic regimen—an atypical presentation for this patient. Notably, she had experienced a miscarriage one week prior to the crisis at approximately 5 weeks of gestation, with a subsequent negative pregnancy test. Upon hospital admission, she was observed to have recurrent per vaginal spotting. An early pregnancy unit ultrasound revealed a suspected right ectopic pregnancy with hemoperitoneum. Consequently, she was transferred to a tertiary care center for an urgent exchange transfusion and laparoscopic salpingectomy.

Through this case I like to highlight the complexities and challenges in managing sickle cell crises in acute medicine ward. This emphasizes the importance of identifying potential triggers to optimize treatment outcomes.

### **Biography**

Kavitha Paul is a Clinical Fellow at Ashford and ST Peter's Hospital, Chertsey KT160PZ, Surrey, UK.

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## A STUDY TO ACCESS ASSOCIATION OF MATERNAL AND PERINATAL MORTALITY WITH HYPERURICEMIA IN FEMALES PRESENTING WITH PREECLAMPSIA

**Fouzia Saghir, Marina Khalid and Sana Nazeef**

*University Hospital Birmingham, United Kingdom*

### Abstract:

**Background:** Pre-eclampsia is a disorder of pregnancy characterized by the onset of high blood pressure and often a significant amount of protein in the urine. Hyperuricemia is an abnormally high level of uric acid in the blood.

**Objective:** To assess the association of maternal and perinatal mortality with hyperuricemia in females presenting with preeclampsia

**Methods:** It was Cohort study conducted in the Department of Obstetrics Gynaecology, Nawaz Sharif Hospital, Gujrat, (Pakistan) from August 2021 to Jan 2022. A total of 90 Females were divided into two groups. During delivery, alive fetal conditions were noted. After delivery female and neonate were shifted in post-delivery wards for 2 days. Maternal and Perinatal outcome was noted. Data was entered in SPSS version 20.

**Results:** In this study the maternal death occurred in 20 cases and the perinatal death occurred in 21 (23.33%) patients. 3.25 times more risk of perinatal death was found in hyperurecemic group, similarly 1.93 times more risk of maternal death was found in hyperurecemic group.

**Conclusion:** There is significantly increased risk of perinatal and maternal mortality with hyperuricemia in females presenting with preeclampsia.

### Biography

A Doctor's life is a fascinating journey of several ups and downs, of feelings, making a difference in the lives of those who have placed their precious lives in our hands, because our hands are the ones that give hope, heal and spread happiness. It's invigorating, more so in the life as an obstetrician and gynaecologist, as we deal with the two lives of the baby and mother. I achieved fellowship degree from Pakistan as well as I am also a member of Royal College of Obstetrics and Gynaecologist, London UK. I joined the profession by choice, in this 9 years journey I participated in researches, audits and quality improved projects. Along with that I also participated in teaching and leadership programmes in my trust, as I always believe in continuous professional development.

In this my this beautiful journey I always believed in a quote:

“You can't do anything about the length of your life, but you can do something about its width and breadth” -Evan Esar

So utilizing my credentials I want to share my work and achievements at a broader level.

# Clinical Case Reports

October 10-11, 2024 | London, UK



## WÜNDERLICH'S SYNDROME IN A HAEMODIALYSIS PATIENT

**Anna Wood**

*Cairns Hospital, Australia*

### **Abstract:**

Wunderlich's syndrome, or spontaneous renal haemorrhages, are rare, atraumatic, intraparenchymal and perirenal haemorrhages, which are difficult to diagnose and can be potentially fatal.

Patients who are dialysis-dependent are at an increased risk of bleeding, due to an association between uraemia and platelet dysfunction; for this reason, the use of double antiplatelets is avoided in this cohort. Case studies exist demonstrating spontaneous bleeds in these patients.

Fish oil is used increasingly within medicine: however, it is known to interfere with platelet aggregation, therefore, theoretically increasing the tendency to bleed. The topic remains under debate, with systemic reviews refuting a correlation between intraoperative and postoperative bleeding and fish oil consumption. There is, however, an absence of literature on the adverse effects of fish oil when taken in large quantities.

This case study explores the case of a patient who had a spontaneous renal bleed following a large, self-medicated dose of fish oil

### **Biography**

Anna Wood, Medical Registrar from the UK, is working in Australia. Currently taking time out to complete a diploma in tropical medicine at the London School of Hygiene + Tropical Medicine.

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## COMPARISON OF AJCC 7TH AND 8TH EDITION STAGING SYSTEM IN ORAL SQUAMOUS CELL CARCINOMA: A RETROSPECTIVE STUDY

Payal Mate, Arjun Agarwal and Aamir Malick Saifi

*Western India Cancer Care, India*

### Abstract:

**Background:** Globally, oral cancer is the sixth most common type of cancer with India contributing to almost one-third of the total burden and the second country having the highest number of oral cancer cases. The American Joint Committee on Cancer (AJCC) proposed staging system in order to stratify patients with oral cancer. The tumor-nodal-metastasis (TNM) classification is widely used to plan treatment and to estimate the prognosis of patients.

**Objectives:** The 8th edition staging system incorporated two major prognostic factors; depth of invasion (DOI) and extra-nodal extension (ENE). This study was done to evaluate and assess the difference in staging of AJCC 8th edition oral squamous cancer carcinoma (OSCC) when compared with AJCC 7th edition and to understand the pattern of stage migration due to these modifications.

**Materials and Methods:** Patients operated for OSCC with histopathology reports staged according to AJCC 8th edition were included in this single center, retrospective study between 2019 and 2022.

**Results:** Out of total 200 patients, 9 cases were upstaged on the basis of DOI. 2 cases underwent stage migration from stage I to stage II, 4 cases from stage II to stage III, 2 cases from stage III to IV and 1 case underwent stage migration from II to IV. Likewise, 31 cases were upstaged on the basis of ENE and underwent upstaging from stage IVa to stage IVb.

**Conclusion:** The AJCC 8th edition upstaged a total of 31% of patients with oral cavity cancers. 4.5% cases were upstaged on the basis of DOI. 26.5% patients were upstaged on the basis of presence of ENE. To conclude, the new classification has enabled us to adequately manage patients who were previously under-staged and under-treated.

### Biography

Payal Mate is an Oral and Maxillofacial surgeon from India. She has been trained exclusively in head and neck oncology and has completed her fellowship in Oral Oncology and Reconstructive Surgery. She is a young surgeon practicing dynamically in the field of maxillofacial trauma, head and neck oncology and implantology. She has numerous national and international research papers credited to her name. She is also one of the editors of Pencil Editorial System, Genetic Awards. With her intellectual nature, soft-spoken attitude and skilled surgical work she thrives to serve mankind to the best of her abilities.

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## ANTI-GLOMERULAR BASEMENT MEMBRANE DISEASE FOLLOWING A DIAGNOSIS OF MESONEPHRIC-LIKE ADENOCARCINOMA

**Sophie Seager, Thomas Fairhead, Jennifer Whitehead and Sean Fenwick**

*South Tyneside and Sunderland NHS Foundation Trust, UK*

### Abstract:

Anti-glomerular basement membrane (anti-GBM) disease is a rare and potentially fatal autoimmune small vessel vasculitis that affects the glomerular and pulmonary capillaries. A causative stimulus has not yet been identified for the development of these antibodies; however multiple environmental factors have been described. Evidence suggests a genetic involvement, and a strong association with certain HLA types. There are reports of anti-GBM disease potentially triggered by malignancy or treatment of malignancy however, the nature and significance of any association is presently unknown.

We report the case of a 63-year-old female with ovarian mesonephric-like adenocarcinoma (MLA), FIGO stage IIIA, treated with a total abdominal hysterectomy, omentectomy, bilateral salpingo-oophorectomy, and adjuvant chemotherapy with paclitaxel and carboplatin. One year after the initial presentation and four months following completion of adjuvant chemotherapy, the patient presented with generalized fatigue and malaise and was found to have non-visible haematuria and anaemia. She was urgently referred to urology. Three weeks later, she re-presented with anorexia, fatigue, nausea, and loose stools associated with crampy abdominal pain. She was diagnosed with stage 3 acute kidney injury, necessitating dialysis for refractory hyperkalaemia and acidosis. Blood tests were positive for anti-GBM and MPO antibodies. Despite clinical uncertainty regarding pulmonary haemorrhage, her presentation was more consistent with anti-GBM disease than ANCA/GBM overlap glomerulonephritis. Treatment commenced with steroids, cyclophosphamide, rituximab, and plasma exchange. The patient remains under nephrology care with ongoing dialysis and steroid tapering. To our knowledge, this is the first reported case of anti-GBM disease developing following treatment for ovarian mesonephric-like adenocarcinoma.

Anti-GBM disease can be life-threatening, and its recognition is critical. Further research into elucidating any relationships between anti-GBM disease and cancer may alert clinicians to the possibility of the increased risk of anti-GBM disease in those with a history of certain malignancies and advance the understanding of the anti-GBM disease pathogenesis itself.

### Biography

Sophie Seager is currently a Foundation Year 1 doctor completing foundation training in the Northeast of England, UK. She graduated from Newcastle University in 2023, where she completed her MBBS degree. Currently at the very early stages of her career, during her training to date, Dr Seager has shown an interest in various medical specialties however, nephrology has always stood out as fascinating and complex. She finds nephrology particularly engaging due to the diverse range of presentations and conditions, including both acutely ill inpatients and patients under long-term follow-up. Additionally, she is interested in the extensive multidisciplinary involvement and patient-centered care in the management of nephrology patients. Dr Seager is enthusiastic to learn more about the evolving specialty, including advancements in treatments and emerging research, and is especially captivated by the potential for improvements in patient experience. She looks forward to exploring this exciting field further in the future.

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## ANTERIOR PALATAL FISTULA FORMATION AFTER LE FORT I OSTEOTOMY IN CONVENTIONAL ORTHOGNATHIC SURGERY

**Tannaz Pournak and Saeed Nezafati**

*Tabriz University of Medical Sciences, Iran*

### Abstract:

**Introduction:** The prevalence rate of maxillary ischemic complications following Le Fort I osteotomy was estimated to be about 1%. Understanding the local and systemic factors affecting maxillary perfusion before, during, and after the surgery can prevent the development of these complications. The present study investigated a case of anterior palatal fistula following the classic LeFort I osteotomy

**Methods and Material:** In the present study, the patient was a 35-year-old woman with the chief complaint of maxillary retrusion who was referred by the orthodontist for orthognathic surgery. Le Fort I osteotomy and maxillary advancement were performed with no particular problem. Although cauterization of large arteries was not performed, and minor bleeding in the area of the nasopalatine artery was controlled with electrosurgery cauterization. In the fourth week of the visit, the patient complained of swelling of the palate behind the upper first incisors, and she had noticed it from the second week but had forgotten to inform the surgeon. In the clinical examination, a slight fluctuant hemorrhagic swelling on the incisive papilla was observed, and its clinical diameter was approximately 5–10 mm. Finally, to determine the extent of possible necrosis, the surgery was performed under general anesthesia using an oral tube and Davis Gag. The von-Langenbeck flap was done, and the closing of the fistula was performed.

**Discussion:** Although electrocautery has many benefits, both iatrogenic and patient-related causes can affect its benefits and then cause damage under the following conditions. Studies have previously shown that having contact with the alveolar bone by active electrocautery leads to time-dependent bone destruction and thermal necrosis of the ablation bone, which does not fill with new bone

**Conclusion:** In our study, the direct heat and unwanted deep depth of cauterization and its possible contact with the bone to control minor bleeding may have led to bone necrosis of the area as well as the formation of oro-nasal fistula in the incisive papilla.

### Biography

Tannaz Pournak is a specialist in oral and maxillofacial surgery. She is currently working as an assistant professor at the School of Dentistry, Tabriz University of Medical Sciences. She believes that educating students and treating patients is not possible without conducting research projects, as science is dynamic. She obtained her doctorate degree in maxillofacial surgery in 2017 and after completing 5 years of residency from at Tabriz University of Medical Sciences. In addition to teaching at the university and conducting research projects, she also has a private office where she treats different patients. She is busy working as the only female maxillofacial surgeon in Tabriz city. She works in various fields of maxillofacial surgery, especially rhinoplasty and orthognathic surgery. Her research resume, which is on in stem cells and oral and maxillofacial surgery fields.

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## MALIGNANT HAEMANGIOPERICYTOMAS OF OMENTUM PRESENTING AS LEFT INGUINAL HERNIA: A CASE REPORT

**Khaled Abdullah Rage, Sana Shahid, Hina Khan, Muniba Mehmood and Summaya Saeed**

*Barts Health Trust, United Kingdom*

### Abstract:

**Background:** Hemangiopericytomas (HPC) are vascular tumors and can be found at any place where vessels are present. These were previously known as 'extrapleural Solitary Fibrous Tumor'. These tumors may reoccur and metastasize after surgical excision. We present herein a HPC of the greater omentum, diagnosed as left inguinal hernia preoperatively.

**Case presentation:** A 61-year-old male, presented with a huge painless mass in his left inguinoscrotal region secondary to weight-lifting associated with malaise and vague abdominal pain. A well-defined, non-tender, and firm mass was found at the left lower abdomen extending to the left inguinoscrotal region. Based on the examination, a diagnosis of indirect inguinal hernia was made. Abdominal ultrasound showed a heterogeneous, hyporeflexive, and vascularized mass. Contrast-enhanced computed tomography scan identified a localized, extraperitoneal, heterogeneously hypodense, well-defined, and lobulated mass, with marked contrast enhancement. On exploration, an encapsulated large mass originating from the omentum with enormously dilated blood vessels was excised. On histopathology, a neoplastic lesion, composed of spindle-shaped cells and moderate cytoplasm was identified. The blood vessels appeared thin-walled with a staghorn appearance in hemangiopericytic pattern. Omental sections showed fibro adipose tissue with dilated lymphatics and thick-walled blood vessels. Features were consistent with a malignant HPC of 20 × 14 × 10 cm.

**Conclusion:** We present an unusual presentation of primary omental malignant HPC as an inguinal hernia, treated by complete surgical resection. To the best of our knowledge, malignant hemangiopericytomas presenting as an inguinal hernia has not been reported before.

These tumours are rare therefore, timely diagnosis is important for proper evaluation, diagnosis, and treatment. It also requires long-term follow-up for better survival.

### Biography

Khaled Rage is a Surgical Registrar (SpR) at Bart's Health Trust Newham University Hospital. He earned his medical degree from Dow University of Health Science Pakistan and went on to complete his general surgery training at Dr. Ruth K.M. Pfau Civil Hospital Karachi.

His commitment to the field led him to achieve a prestigious fellowship in general surgery from the College of Physicians and Surgeons Pakistan. Possessing a profound passion for surgery, particularly in the realm of surgical oncology, Khaled aspires to advance his expertise and make significant contributions in this specialized area.

Khaled is driven by a relentless pursuit of excellence and seeks to continually enhance his skills and knowledge in order to provide the highest standard of surgical care.

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## SLEEVE GASTRECTOMY IN A PATIENT WITH SITUS INVERSUS: A CASE REPORT

**Ibrahim Alonazi, Yam Alharthy and Ghadeer Alghamdi**

*King Saud Medical City, Saudi Arabia*

### **Abstract:**

Situs inversus (SI) is a very rare congenital disease affecting one in 10 000 people. It is characterized by a mirror image transposition of both abdominal and thoracic organs. Diagnosis of SI is usually made incidentally while investigating unrelated medical problems. It can be associated with cardiac and respiratory anomalies that may cause perioperative morbidity if not diagnosed before surgery. There are limited case reports in literature of SI patients that underwent bariatric procedures. We report a case of a 32-year-old female with SI partialis and levocardia who successfully underwent laparoscopic sleeve gastrectomy. We concluded that sleeve gastrectomy is safe in patients with SI if diagnosed preoperatively and if all the necessary precautions are taken into consideration before and during the surgery.

### **Biography**

Ibrahim Alonazi has shown his expertise both in administrative and surgical field- as Consultant and Director in Bariatric Surgery Center since 2019 up to present. A member in IFSO (International Federation for the Surgery of Obesity and Metabolic Disorders); SASMBS (Saudi Arabian Society for Metabolic and Bariatric Surgery), Master Surgeon in Metabolic & Bariatric Surgery by SRC (Surgical Review Corporation) He was able to show and prove his dedication and passion in caring for bariatric patients. Modifying and creating new protocols, and pathways for improving healthcare that will benefit both the institution and patient. He has done more research and presented clinical studies during symposiums/conferences locally and internationally.

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## EFFICACY OF CORNEAL COLLAGEN CROSSLINKING WITH PHOTO-REFRACTIVEKERATECTOMY FOR KERATECTASIA

**Shemshat Serdarova and O Hojamberdiyeva**

*Myrat Garryyev State Medical University of Turkmenistan, Turkmenistan*

### Abstract:

**Actuality:** Keratoconus (KC) and pellucid marginal degeneration (PMD) are important problems in ophthalmology, and corneal collagen crosslinking (CXL) is now widely used in the treatment of these pathologies.

**Objective:** to study the effectiveness of photorefractivekeratoectomy (PRK) + CXL in the correction of ametropia in keratoectasias and to evaluate this type of surgical intervention.

**Materials and methods.** The study analyzed the effectiveness of surgical intervention in 101 patients (126 eyes) with stable, non-progressive refraction, who were observed for two years. According to H. Amsler's classification, 69 eyes with grade I-II KC comprised group I, and group II consisted of 57 eyes with corneal thickness PMD >500  $\mu\text{m}$  and average spherical equivalent refraction below 4.50 D. The CXL operation was carried out jointly with the PRK operation on the "CSO" apparatus in Italy. PRK was performed using the SCHWIND AMARIS 500 excimer laser.

**Results:** Epithelialization was completed within 3 days after surgery in 72% and within 5 days after surgery in the remaining patients. All patients were diagnosed with early haze. Hazes were more frequent in patients with KC than in patients with PMD. In 28% of patients, haze reached grades II-III. In 75% of patients, haze resolved within three months, in 19% within six months, and in 6% within 1 year. This phenomenon is characterized by the formation of a demarcation ring in the stroma. Keratometric reduction was found in both groups up to 6.0D with a mean of  $3.7\text{D} \pm 1.5\text{D}$ . Preoperative peak visual acuity increased from a mean of  $0.2 \pm 0.25$  to a mean of 0.75 to 0.93 in both groups at one year. The refractive outcome varied due to haze. At 1 year after surgery, 35% of patients in Group I had a refractive outcome within  $\pm 0.50$  D of the target refraction, and 59% had a refractive outcome within  $\pm 0.75$  D of the target refraction. In group II, 1 year after surgery, 65% of patients had a refractive result within  $\pm 0.35$  D of the target refraction, and in 35% - within  $\pm 0.50$  D of the target refraction. The disease did not progress in any of the patients, and simultaneous correction of CXL and ametropia allowed us to achieve the expected result. No serious postoperative complications were identified.

### Biography

Shemshat Serdar. Was born on 6th October 1985. Since 2004 to 2010 had studied in the State Medical University of Turkmenistan. Since 2010-2012 studied clinical residence. International eye diseases center of Turkmenistan.

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## A QUALITY IMPROVED PROJECT ON COMPLIANCE IN MATERNITY TRIAGE TIMINGS ACCORDING TO COLOUR CODE

**Fouzia Saghir and Idora Ikhwan**

*University Hospital Birmingham, UK*

### Abstract:

**Background:** A quality improvement (QI) project to enhance compliance with maternity triage timings according to colour code involved systematically identifying areas for improvement, implementing changes, and measuring the impact of those changes. Maternity triage systems typically use colour codes (e.g., red, orange, yellow, green) to prioritize patients based on urgency. Adherence to these timings ensures timely and appropriate care, reducing risks for both mother and baby.

Our triage service became a stand alone service to only provide urgent care in pregnancy and we aim to see people within 15 minutes of arriving for an initial review and assessment.

**Objective:** To assess the efficacy of patients being assessed in triage to ensure that the service operates safely and to access if RAG rating review targets were being met and being documented on Triage sheets.

**Methods:** Data was collected prospectively using Obstetric Triage Sheets proformas in Maternity Triage of Heartlands Hospital, UK. Triage sheets were assessed for documentation, and if missing information, the patient encounter was checked on Badgernet. 100 Triage sheets were selected at random between June – Oct 2022 in Maternity Triage. Assessing parameters include the time of arrival, whether initial triage occurred within 15 minutes or not by midwife and whether doctors review occurred within code frame time. Following a departmental re-audit, we have conducted education sessions and emphasized the importance of documentation during induction programs for junior doctors and midwifery staff. Additionally, we have introduced the Birmingham Symptom-specific Obstetric Triage System (BSOTS). We also advocated for a dedicated increase in bed space for the maternity triage area, along with an expanded workforce. The results were compared directly between two phases.

**Results:** Out of 100 patients whose triage sheets were selected, 84 [84%] patients were triaged within 15 min of arrival and RAG rating done according to colour code. 3 [3%] patients were not triaged within time frame, and no data was found for 13 [13%] patients. Data showed 35 [35%] out of 100 patients were seen by a doctor within triage code. In a re-audit significant improvement had been seen.

**Conclusion:** Improving compliance with maternity triage timings according to colour codes enhances patient care and outcomes. By using a structured QI approach, engaging stakeholders, and continuously monitoring progress, sustainable improvements can be achieved.

### Biography

A Doctor's life is a fascinating journey of several ups and downs, of feelings, making a difference in the lives of those who have placed their precious lives in our hands, because our hands are the ones that give hope, heal and spread happiness. It's invigorating, more so in the life as an obstetrician and gynaecologist, as we deals with the two lives of the baby and mother. I achieved fellowship degree from Pakistan as well as I am also a member

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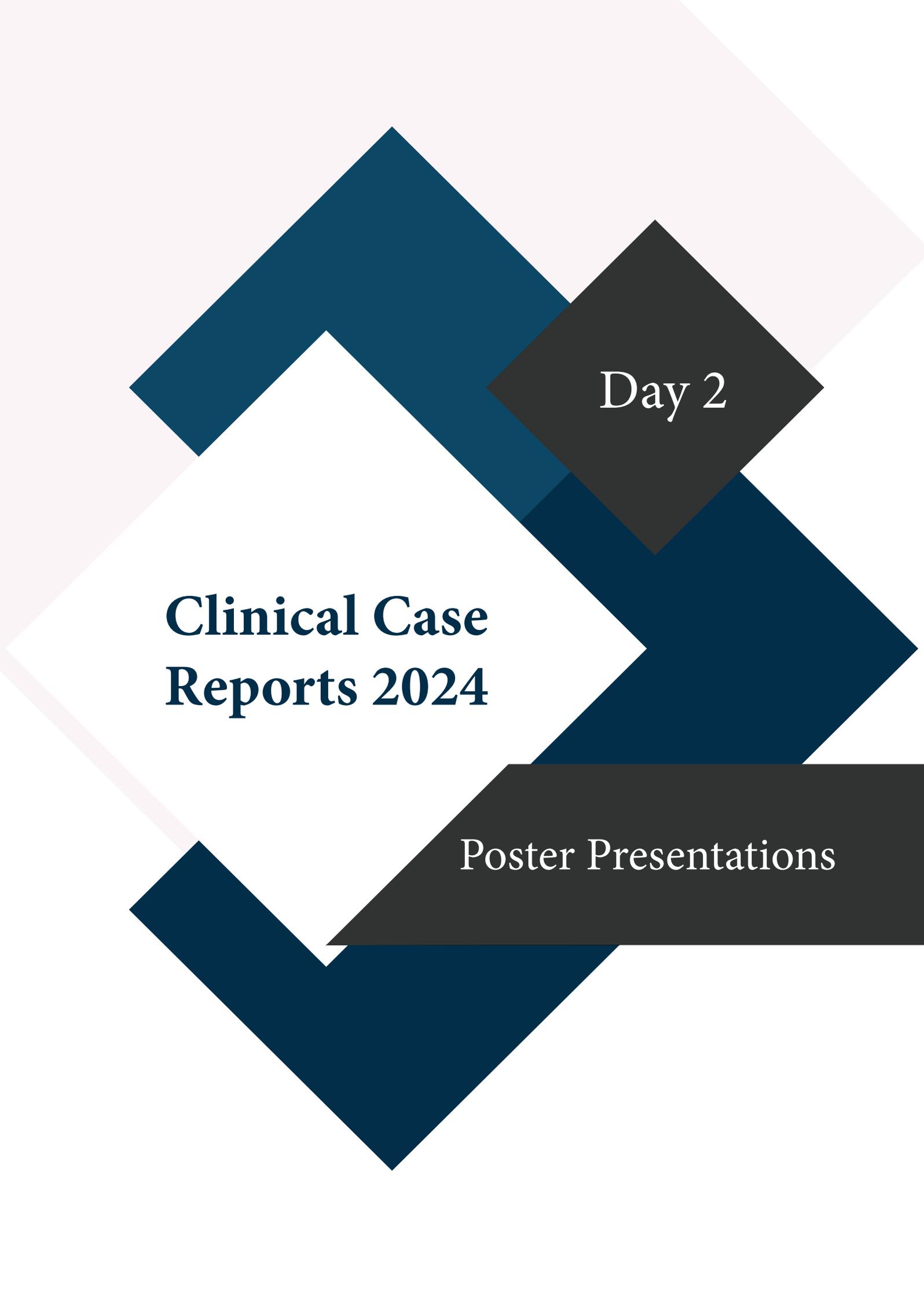
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of Royal College of Obstetrics and Gynaecologist, London UK. I joined the profession by choice, in this 9 years journey I participated in researches, audits and quality improved projects. Along with that I also participated in teaching and leadership programmes in my trust, as I always believe in continuous professional development.

In this my this beautiful journey I always believed in a quote:

“You can’t do anything about the length of your life, but you can do something about its width and breadth” -Evan Esar



Day 2

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Poster Presentations

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## MILLER-FISHER SYNDROME AND OPTIC NEURITIS IN AN ALCOHOLIC PATIENT: A CASE REPORT

Suntaree Thitiwichienlert, Siriphan Jetsadawiroj, Praween Lolekh, Varalee Mingkwansook, Amolchaya Kwankua and Waraporn Mitsuntisuk

*Thammasat University, Thailand*

### Abstract:

**Background:** Miller-Fisher Syndrome (MFS) is a benign variant of Guillain-Barré syndrome (GBS) characterized by ataxia, areflexia, and ophthalmoplegia. Most diseases affect the peripheral nervous system, which is not often affected by the central nervous system, including optic neuropathy. In an alcoholic patient, it may be necessary to differential diagnosis from Wernicke's encephalopathy, which is accompanied by ataxia and ophthalmoplegia.

**Objective:** To report a rare case of MFS with optic neuritis that indicate the involvement of the central nervous system.

**Case Report:** A 37-year-old man with history of heavy alcoholic drinking presented with diplopia and blurred vision. The patient had good consciousness and he noticed fatigue, imbalance, and a tendency to drop things while lifting. Eye examinations revealed bilateral ptosis, total ophthalmoplegia, and retrobulbar optic neuropathy. Neurological examinations revealed a positive tandem gait test, normal deep tendon reflexes without motor or sensory deficits. MRI brain and orbit demonstrated multiple cranial nerves enhancement. Lumbar puncture revealed albuminocytological dissociation. Visual evoked potentials revealed delayed P100 latency, which suspect of bilateral optic neuritis. The nerve conduction test revealed slow motor conduction velocity. The diagnosis was confirmed by a serum test showing anti-GQ1b antibody seropositivity. The patient was diagnosed with MFS and optic neuritis. He was given intravenous immunoglobulin (IVIg) 2 g/kg/course for 5 days. At 5 weeks of follow-up, the patient's symptoms and signs have gradually improved.

**Conclusion:** MFS is usually presented with peripheral neuritis, but central nervous system involvement such as optic neuritis can be found. The analysis of CSF, neuroimaging, and serological testing of anti GQ1B antibodies will support the clinical diagnosis.

### Biography

Suntaree Thitiwichienlert is an instructor at the Pediatric & Strabismus and Neuro-Ophthalmology units, Department of Ophthalmology, Faculty of Medicine, Thammasat University, Thailand. She earned an undergraduate degree (Doctor of Medicine) from the Faculty of Medicine, Siriraj Hospital, Mahidol University and a postgraduate degree (Diploma of the Thai Board of Ophthalmology) from the Faculty of Medicine, Thammasat University, and a research fellowship in Neuro-Ophthalmology from Kitasato University, Japan. She has published 20 research papers in national and international academic journals and authored 9 books. Her research interests include neuro-ophthalmology and strabismus. She intends to pursue neuro-ophthalmic diseases for residents in the future.

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## MANDIBULAR DYNAMIC'S RECOVERY AT PRIMARY DENTITION IN BRODIE SYNDROME TREATMENT WITH NEURO-OCCLUSAL REHABILITATION AND FUNCTIONAL JAWS ORTHOPEDIC

**Maria Cristina Ferreria Buta-Michel**

*ABOFM – Associação Brasileira de Ortopedia Funcional, Master's Degree in Orthodontics – Fundação Hermínio Hometto, Brazil*

### Abstract:

**Background:** The consequences of not intervening, from the first years of life, on a young child who has a developing malocclusion may be predisposing to potential consequences, as well as, compromising the quality of life of this child related to oral health, possible craniofacial asymmetries, compromising chewing and respiratory function.

**Objective:** The objective of this poster is to present the clinical case of a child, 2 years and 9 months old with tooth 73 causing trauma to the premaxilla region with bleeding, deep bite, unilateral scissor bite, change in the chewing cycle and asymmetry in the craniofacial complex, characterizing aspects from Brodie Syndrome. Patient underwent successful Jaws Functional Orthopedic treatment considering the principles of Neuro-Occlusal Rehabilitation by Pedro Planas.

**Methods:** Plana's Direct Tracks and a Functional Orthopedic Appliance was installed to promote deflective contacts uncrossing of the scissor bite and at the same time the correct inclination of the tracks led to bio-mechanical results with modulation of the left hemi-maxilla and adequate development in the three planes, transverse, vertical and sagittal between the maxilla and mandible, thus restoring correct masticatory function and reestablishing harmonious growth and development craniofacial.

**Results:** After two years of treatment, the patient presented correct function and chewing cycles compatible with the primary dentition stage, canines and molars in Class I, correct laterality and facial symmetry. Treatment was continued until 7 years old to be sure about stability and avoid relapses. After the age of 8, the patient never again had to undergo any Functional Orthopedic or Orthodontic treatment and today, at 23 years of age, she has good masticatory function and perfect craniofacial symmetry.

**Conclusion:** During craniofacial growth we can identify in primary dentition, malocclusions that modify the masticatory cycle, altering the correct dynamics and symmetry of the mandibula, leading to severe functional imbalances and possible irreversible consequences for the dento-aveolar and craniofacial complex, if not intercepted from the beginning. Health professionals who work with craniofacial growth and development need to consider the importance and need to reestablish the correct occlusal plane and adequate chewing function, even in the primary dentition, to avoid unpleasant consequences that could compromise Quality of Life.

### Biography

Maria Cristina Ferreira Buta Michel, I have been working with young children since I graduated in Dental school, 1989. I specialized in Pediatric Dentistry in 1996, then in Functional Jaws Orthopedic, Orthodontics and, currently, Temporomandibular Disorders. Working with children is a

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challenge, as this period is essential for establishing the correct relationship between the bone bases of the craniofacial complex, which is growing and developing. Currently, besides working in my private practice, I am also developing a project to care for vulnerable young children. By better relating the bone bases between the maxilla and mandible, we also have the opportunity to improve the upper air space, which directly influences the quality of sleep and behavior of these children.

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## 14 MONTHS OLD BABY HAS CONDYLE GREEN BRANCH FRACTURE

**Tahir Ataözden**

*Biruni University, Turkey*

### Abstract:

14 months old baby boy patient with the left mandibular condyle green branch fracture, has been visited Caucasian University Dental Medicine centre of the Faculty of Dentistry in May 2022. The patient was fallen down to a soft place beside of his family and the trauma was occurred without having any scare. After the clinical and radiological examination, on the left mandibular condyle green branch fracture was detected. The reason for the panoramic x-ray was not taken but only computed tomography got, cause the patient was a complex baby and only 14 months old so on after he was sleep B.T was performed. As a treatment option maxillomandibular fixation cant performed cause of the age. Childrens fractures has differences Than adults due to developmental bone procedure that is very different from normal adult broken pathology. this kind of fracture, we can see mostly bikes accidents. If fracture condition is suitable, the mixture treatment is going to be applied. Also patient physico therapy and mechane therapy together was doing. We have followed our patient for 6 months in our clinic, because of the obligation of sucking his mother, this mechano thraphy is increase the blood and the ther- apical event has accelerated the improvement. the normal occlusion was important in that case patients with half-finished \ milk teeth ureption ,a slight slip was, normal which can be achieved but the mechano teraphy can be provide if they are not provided another methods forthe childeren under six years

According to the information obtained from family he was fell on the plastic slide there is no scar injury. Computerized tomography was magnified. prescribed medicals necessary Mouth opening was 22 mm//25 mm with normal measurements ,But in the occlusion, a slight slip was found to give up us 2-3 mm in the record of laterals. Our baby after pain stop he start slaughtered her mother and stop feding whit soft foods. After 4 the days, he started to suck his mother again and the mechano terapic effect has begun to show itself. planning a concervative exams his family conservative treatment day of the day approach the specific mouth opening with in 20 days periodic has observed and physical examination. Anormal limits of the emphasis-30 mm-size it reached the family impressions also the same was no any abnormality of the baby boy eating fonctions

### Biography

Tahir Ataözden 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.

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## AN UNCOMMON DIFFERENTIAL SOLVES THE MYSTERY OF PHALAN-GEAL SWELLING: A CASE REPORT ON TUBERCULOUS DACTYLITIS

Harsh Bidichandani, Bhawana Sonawane, Anagha Vaidya- Deshpande and Sunita Bhutada

*Indira Gandhi Government Medical College and Hospital, India*

### Abstract:

**Background:** Tuberculosis, historically known as ‘consumption’, is an infectious disease caused by the bacteria *Mycobacterium tuberculosis* (MTB). Though it primarily affects the lungs, extra-pulmonary involvement by the MTB bacteria and its clinical manifestations are becoming increasingly common, particularly in immunocompromised patients. Skeletal tuberculosis constitutes 10-15% of cases of extra-pulmonary tuberculosis. Tuberculous infection of the metatarsal, metacarpal, and phalanges of hand and feet is known as tuberculous dactylitis. Tuberculous dactylitis is rare and it constitutes 2– 4% of skeletal tuberculosis cases, predominantly affecting children under 5 years of age and adolescents. Clinically, it presents as an insidious, painless swelling, however in some instances it can be associated with mild pain. Tuberculous dactylitis occurs most commonly through hematogenous route with primary focus being in the lungs. Due to its unusual and rare presentation in adult population, diagnosis of tuberculous dactylitis in this demographic presents a unique challenge as clinicians usually have a lower level of suspicion.

**Method:** Imaging modalities vis-à-vis USG, plain radiograph, non-contrast CT scan and MRI were used to evaluate the case of a reproductive age-group female presenting with a painless swelling over middle phalanx of third digit of left hand. The aim is to highlight how to navigate the complexities of imaging findings, eventually helping us to eliminate other differential diagnoses. Histopathological examination however was found to be conclusive in making the diagnosis of tuberculous dactylitis.

**Results:** The case highlights the enigmatic radiological nature of tuberculous dactylitis. Despite the use of USG, plain radiograph, CT scan and MRI, imaging findings yielded non- specific outcomes and were not conclusive in arriving at the diagnosis – underscoring the challenges encountered in differentiating tuberculous dactylitis from other bone pathologies.

**Conclusion:** Tuberculosis remains a menace, especially in the developing countries, with ever increasing globalization leading to an increase in the incidence of tuberculosis in the developed world as well. Thus, tuberculous dactylitis should always be a part of differential diagnoses when evaluating a case of phalangeal swelling as prompt diagnosis will lead to appropriate and adequate treatment. However, it remains a diagnostic dilemma radiologically hence emphasizing the importance of adopting a multidisciplinary approach, including incorporating clinical context and tissue (FNAC or biopsy) correlation, for arriving at the diagnosis.

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## CRITICAL LIMB-THREATENING ISCHEMIA (CLTI) PRESENTING AS UNRESOLVED CELLULITIS: A CASE REPORT

**Luqman Fazal Wahid**

*University Hospitals Birmingham NHS Foundation Trust, UK*

### Abstract:

**Introduction & Epidemiology:** While rare, uncontrolled peripheral artery disease can lead to critical limb-threatening ischemia. CLTI is a serious condition caused by a lack of blood flow due to atherosclerotic plaque buildup in the arteries, which if not treated over time can result in tissue damage and potential loss of a limb.

CLTI affects approximately 1-3% of the global population over 50 years old. Men are more commonly affected than women.

**Case Description:** A 65 year old male Presented to A&E with history of Right foot unresolving Cellulitis despite being on antibiotics for 2 weeks following treatment of an Ingrown Nail. Patient stated to experience Worsening burning pain, numbness and claudication in both lower limbs but predominantly on the right side. Furthermore, the pain was not limited to exertion only, but has also been experienced at rest.

Patient known to have Hypertention, Hypothyroidism, COPD, Dyslipidaemia, and Left Iliac artery Stent which was done 6 years ago. Moreover, Chronic tobacco and cannabis smoker (10 Cigarettes / day) along with Alcohol Dependence.

### Examination:

- Alert, Conscious and oriented; hemodynamically stable
- Abdomen: Soft, non-tender, no pulsatile mass
- Lower limb examination: Right foot sunset appearance with dusky 2nd toe, cold to touch, non-palpable dorsalis pedis, posterior tibial, and popliteal pulses bilaterally, bilateral pitting edema, capillary refill time >5 seconds, and signs of ulceration on the 2nd toe.

**Investigations:** Blood investigations including Full blood count, CRP, Coagulation profile, Liver Function Tests and Kidney Function Tests were within normal limits

CT angiogram showed extensive vascular calcification, aortoiliac occlusion, long right superficial femoral artery occlusion with hypertrophy of the profunda circulation, and minimal flow in the heavily calcified vessels. Left superficial femoral artery stenosis with reasonable popliteal and three-vessel runoff was also noted, along with tight celiac axis stenosis.

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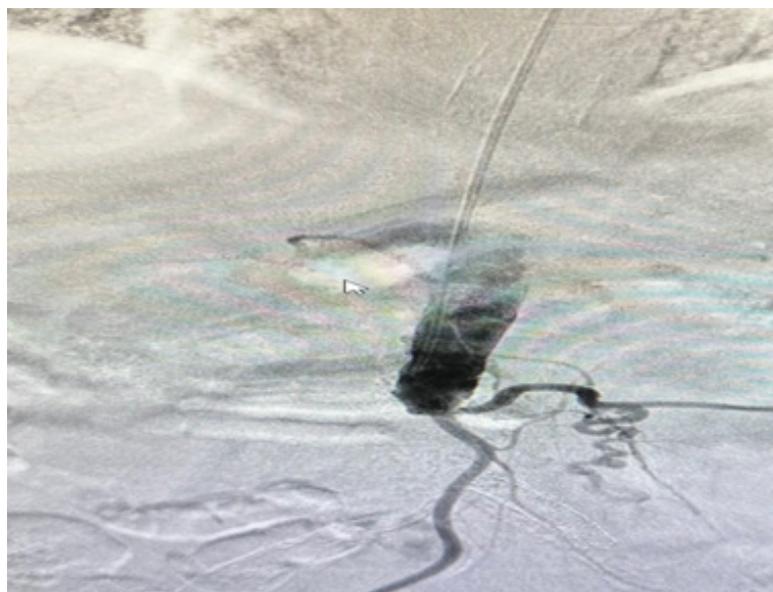


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**Management & Outcome:** The patient was admitted under the vascular surgery team and underwent bilateral femoral endarterectomy with the placement of kissing iliac stents. This intervention aimed to restore adequate blood flow and prevent tissue loss or limb amputation. Postoperatively, Pulses were restored in the previously non-palpable arteries.



## Learning Points:

- **Presentation:** This case reminds us that redness and swelling aren't always just infections; sometimes, they're signs of something much more serious disease that requires immediate attention.
- **Importance of Pulses Examination:** In any patient with limb redness, especially in the context of known vascular disease, checking for pulses is crucial.
- **Imaging:** CT angiogram is gold standard in diagnosing and planning the treatment of PAD/CLTI. It provides detailed visualization of vascular anatomy and helps identify the extent of disease, guiding therapeutic decisions.
- **Patient Education and Follow-up:** Continuous patient education on the importance of follow-up and lifestyle modifications, including smoking cessation, is essential to prevent recurrence and manage chronic conditions effectively.

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## TO COMPARE METFORMIN VS INSULIN IN GESTATIONAL DIABETES IN TERMS OF NEONATAL HYPOGLYCEMIA

**Raisham Saleem, Saadia Mir, Fouzia Saghir, Shafia Zaib Mir, Aisha Iqbal and Ayesha Manzoor**

*Mid and South Essex NHS Foundation Trust, Essex, UK*

### Abstract:

**Background:** Approximately 4% of all pregnancies are complicated by GDM and it is increasing due to rising rates of obesity and more pregnancies in older women. In Pakistan, the incidence of GDM is estimated to be about 3.45%. Treatment of GDM is multidimensional starting with counseling and education regarding nutrition, diet, exercise and drugs; up to 50% of women will require pharmacologic therapy to meet glucose goals. Although insulin remains the only FDA approved agent to treat GDM, oral hypoglycemic agents are an attractive and increasingly studied alternative in the recent years. Because of the potential side effects with usage of insulin, the oral hypoglycemics are considered to be much required. The use of oral metformin has considered as a cheap, safe and effective alternative to insulin in treating hyperglycemia in pregnancy. The objective of the study was to compare metformin vs insulin in Gestational Diabetes in terms of neonatal hypoglycemia.

**Objective:** To compare metformin vs insulin in Gestational Diabetes in terms of neonatal hypoglycemia

**Methods:** This randomized controlled trial was conducted in Obstetrics/Gynecology Unit-I, Holy Family Hospital, Rawalpindi for 6 months i.e. 10-01-2022 to 10-07-2022. Sample size for both study groups was calculated using standard WHO sample size calculator as follows:

Level of significance 5%, Power of test 80%, and Sample size is 120 in each group. Sampling technique used was nonprobability consecutive sampling

Study design: Randomized controlled trial

### Inclusion criteria:

1. Age 20-40 yrs.
2. Patients between GA 20-28 wks diagnosed for the first time as diabetics.
3. Patients with controlled blood sugar levels on the prescribed monotherapy.

### Exclusion criteria:

- Patients with multiple gestations.
- Patients with acute severe complications of diabetes like DKA
- Patients having any contraindication to taking metformin.

Data collection procedure: The study was subjected to approval by the IRF of RMC& CPSP. Thorough history, examination, and investigations was done, the patients met the criteria of GDM was admitted both through the OPD and the emergency department. Informed consent was taken from the patients. Group A received met-

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formin and group B received regular insulin. Patients fulfilled the selection criteria were given ID in chronological order and corresponding study group in random ID list were allocated to each patient. Six level blood sugar profiles were maintained for each group for one week during admission and dosage of both drugs adjusted accordingly. Good glycemic control was when the BSF was <1.

**Results:** In this study, the mean age of patients was  $28.7 \pm 5.05$  years in insulin group while  $28.01 \pm 4.37$  years in metformin group. Data was stratified for age of mothers. In mothers aged 20-30 years, neonatal hypoglycemia was noted in 15(19%) patients in insulin group while 1(1.2%) in metformin group. The difference was significant ( $p < 0.05$ ). In mothers aged 31-40 years, neonatal hypoglycemia was noted in 13(31.7%) in insulin group while (0.0%) in metformin group. The difference was significant ( $p < 0.05$ ). Saleh et al conducted a study to evaluate efficacy of metformin in comparison to insulin for managing GDM. In prospective randomized comparative study, 150 antenatal women with GDM and did not respond to diet alone were recruited. No significant difference in controlling high blood sugar in GDM with the use of metformin or insulin ( $P = 0.95, 0.15$ ). Maternal complications in both groups had no significant difference and hypoglycemia occurred more in insulin group with P value 0.01. Glycaemic control in GDM can be achieved by using metformin orally without increasing risk of maternal hypoglycemia with satisfying neonatal outcome. In another study, Metformin is an alternative to insulin in the treatment of hyperglycemia during pregnancy. It decreases hepatic gluconeogenesis and improves peripheral glucose uptake. It does not induce hypoglycemia. Evidence supporting the use of metformin in pregnancy is available from studies in patients with polycystic ovary syndrome<sup>8</sup>.

**Conclusion:** Metformin has better outcome than insulin in terms of less number of neonatal hypoglycemia.

## Biography

Raisham Saleem is a dedicated Gynaecologist based in Southend on Sea, UK. With a career spanning over more than 10 years Dr. Raisham is committed to advancing in women's health through both clinical practice and research.

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## PLEUROPERITONEAL FISTULA IN A PATIENT ON PERITONEAL DIALYSIS

**Dalvir Soor**

*Basildon University Hospital, United Kingdom*

### Abstract:

**Background:** Pleuroperitoneal fistulas are a rare complication of peritoneal dialysis (PD), with an estimated incidence of 1.6% to 10%. These fistulas result from abnormal communication between the pleural and peritoneal cavities, leading to the leakage of dialysis fluid into the pleural space. This can cause pleural effusions and respiratory distress, significantly impacting morbidity. Early diagnosis and intervention are crucial to avoid further complications. Patients with underlying conditions such as IgA nephropathy, which leads to end-stage renal disease (ESRD), are particularly susceptible to these complications due to increased intra-abdominal pressure. Surgical management has traditionally been considered the definitive solution, but recent cases have demonstrated the effectiveness of conservative, non-invasive treatment approaches.

**Objective:** To report a case of pleuroperitoneal fistula in a patient on peritoneal dialysis, emphasizing the successful outcome achieved through early, aggressive medical management without the need for surgical intervention.

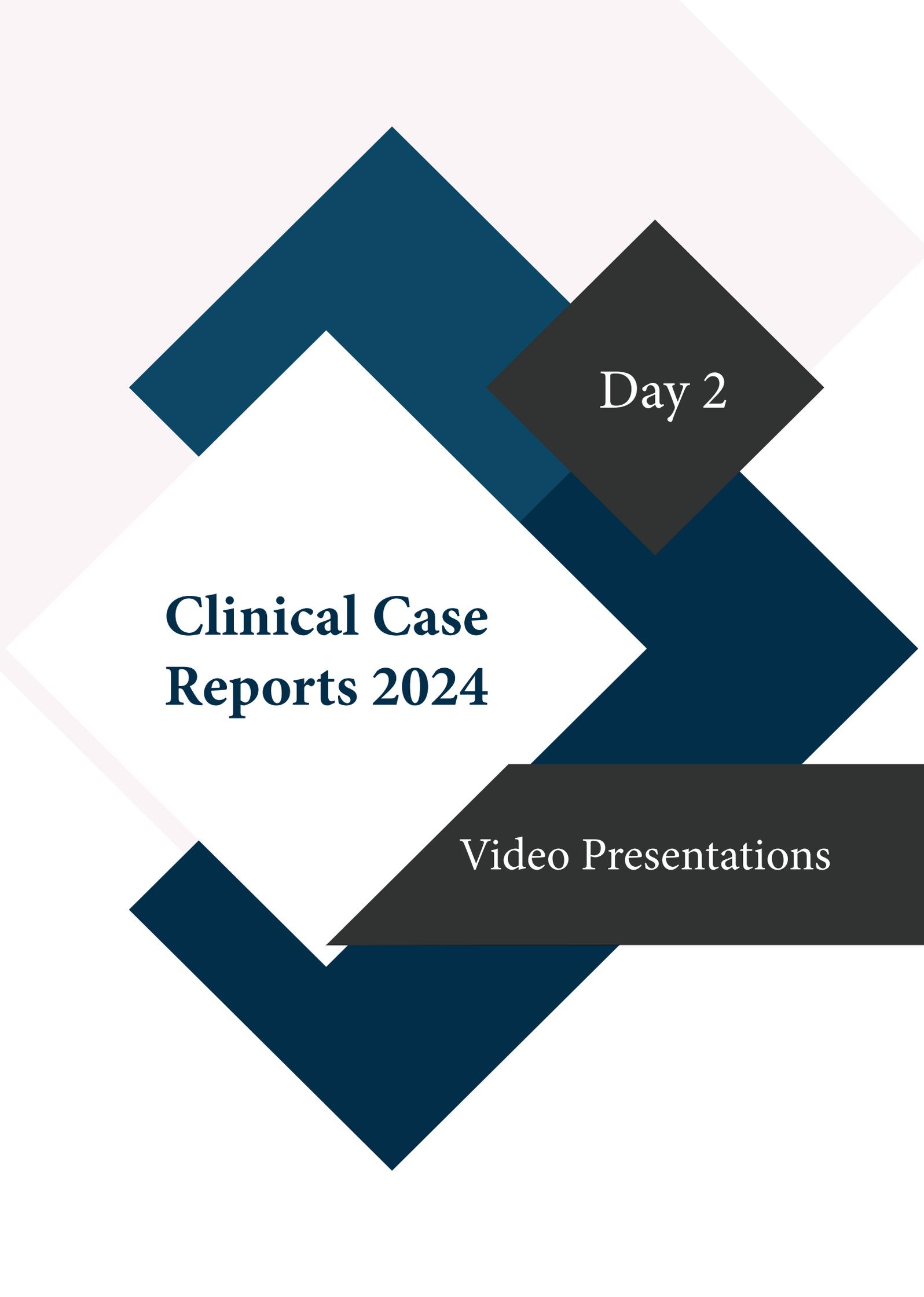
**Methods:** A 37-year-old male with ESRD secondary to IgA nephropathy, receiving peritoneal dialysis, presented with progressively worsening shortness of breath. Initial chest X-ray and CT scan revealed a large right-sided pleural effusion. The presence of a pleuroperitoneal fistula was suspected, later confirmed by imaging. Peritoneal dialysis was immediately discontinued, and the patient was managed conservatively with high-dose loop diuretics to resolve the pleural effusion.

**Results:** The patient responded well to early conservative treatment. Cessation of PD and aggressive use of high-dose furosemide led to a significant reduction in pleural effusion without the need for surgical intervention. Haemodialysis was initiated to manage the patient's renal function, and the patient showed continued improvement with no recurrence of the effusion.

**Conclusion:** This case highlights the importance of early recognition and conservative management in treating pleuroperitoneal fistulas. While surgical intervention may be necessary in some cases, this report demonstrates that early aggressive medical management can be an effective alternative. Conservative therapy, when initiated promptly, can prevent the need for invasive procedures, reducing the risk of complications and improving patient outcomes. Given the rarity of pleuroperitoneal fistulas, this case adds valuable evidence supporting the use of non-invasive treatments in selected patients.

### Biography

Dalvir Soor is a dedicated physician with experience in acute and general medicine. Throughout this time, he has developed a robust foundation in diagnosing and managing acute medical conditions, particularly in fast-paced environments such as emergency and inpatient settings. He is committed to delivering high-quality patient care, focusing on evidence-based practice and patient safety. His approach is driven by a commitment to improving healthcare delivery and fostering learning environments that encourage growth and excellence. By bridging clinical practice and academic insight, he has fostered environments that support innovation and continuous improvement. Passionate about continuing professional development, he strives to stay current with advancements in medicine, ensuring the best outcomes for their patients.



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## PROSTHETIC APPROACHES TO MANAGE DENTAL FLUOROSIS

**Zeineb Riahi, Islem Ayachi, Imen Kalghoum, Dalenda Hadyaoui and Beelhassen Harzallah**

*Monastir University, Tunisia*

### Abstract:

**Background:** Dental fluorosis is one of the most prevalent dental anomalies. Mainly, it is due to an excess supply of fluoride. It can also be caused by the exposure to high concentrations of fluoride in drinking water.

**Objective:** to show through clinical cases different prosthetic treatment options to manage dental fluorosis

**Case Description:** Two different patients reported to our fixed prosthodontics department or aesthetic problems. The two case reports describe two different grades of dental fluorosis based on the Thylstrup and Fejerskov index. Two different prosthetic treatments were chosen for each patient: ceramic veneers and Zirconia based crowns.

**Discussion:** Preventive measures to manage fluorosis exist, they particularly include the de-fluoridation of drinking water in endemic areas, reducing fluor supplies to children, and supervising the use of fluoride toothpaste by children aged below 5 years.

When dental fluorosis is diagnosed with objectionable discolorations of teeth, many treatment options can be available: bleaching, micro-abrasion, veneering or crowning. The choice between the different treatments depends on the severity of dental fluorosis.

**Conclusion:** The dental fluorosis management is a demanding procedure. Having a satisfactory result depends on a well-made diagnosis and an adequate treatment option.

### Biography

Zeineb Riahi, Assistant professor in the fixed prosthodontics department in the dental clinic of Monastir. She studied dentistry at the faculty of dental medicine of Monastir, in Tunisia, and graduated as dentist in 2017. After 4 years in the fixed prosthodontics department, she obtained her fixed prosthodontics speciality diploma in 2018. Since 2020, she is an assistant professor in the same department, and she is an active member of the research laboratory of Occlusodontics and Ceramic Prostheses LR16ES15.

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## SUPRAGLOTTIC SPINDLE CELL LIPOMA PRESENTING AS FOREIGN BODY SENSATION

**Liam D Hyland**

*Nottingham University Hospitals NHS Trust, UK*

### Abstract:

**Introduction:** A spindle cell lipoma (SCL) is a variant of lipoma that accounts for approximately 1.5% of all lipomas; its prevalence within the larynx is rare. We present the case of a female patient whose foreign body sensation was ultimately attributed to an SCL that was emanating from the supraglottis and we review the literature on the natural history of supraglottic SCLs as well as their histological features and options for excision.

**Case Presentation:** A 59-year-old female patient presented with foreign body sensation in the throat. Notably, the patient did not report any voice changes, shortness of breath or weight loss. An oesophagogastroduodenoscopy and flexible laryngoscopy both revealed a large submucosal mass in the right supraglottic region which impeded visualisation of the vocal cords. Subsequently, the patient was referred to the Ear, Nose and Throat (ENT) Department on a two-week-wait pathway in order to conduct further investigations of this mass. She underwent magnetic resonance imaging (MRI) scan of the neck with contrast, which delineated a well-defined, non-enhancing, fat-containing lesion in the right supraglottic region and was reported as measuring 2.9 cm in its widest dimension.

Head and Neck multi-disciplinary team discussion took place with likely diagnostic consensus of a lipoma and recommendation of excision; the patient underwent orotracheal intubation and endoscopic excision of the mass via microlaryngoscopy with a stepwise approach. Histological analysis of the lesion concluded it as being a spindle cell lipoma with a small possibility of an atypical lipomatous tumour such as a liposarcoma, however, the histological features strongly favoured the former.

The patient exhibited a successful recovery following the operation and follow-up flexible endoscopy revealed absence of any residual disease with normal vocal cords.

**Conclusion:** SCL is a rare variant of lipomatous tumour and its existence within the larynx is even rarer. There are a number of ways in which a SCL can manifest clinically, however, once seen, it should be excised under direct vision ideally and undergo robust histological assessment to clearly distinguish it from more aggressive neoplasms such as a liposarcoma in order to help guide further management.

### Biography

Liam Hyland and I am an ENT surgical trainee based in Nottingham in the East Midlands in the UK. It is my intention to pursue a career in Rhinology and Facial Plastics.

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## SUCCESSFUL MANAGEMENT OF CHRONIC CHYLOTHORAX SECONDARY TO GORHAM-STOUT DISEASE

Liam D Hyland, Abdelrahman Elsayed, Mohammad Hawari and John Duffy

*Nottingham University Hospitals NHS Trust, UK*

### Abstract:

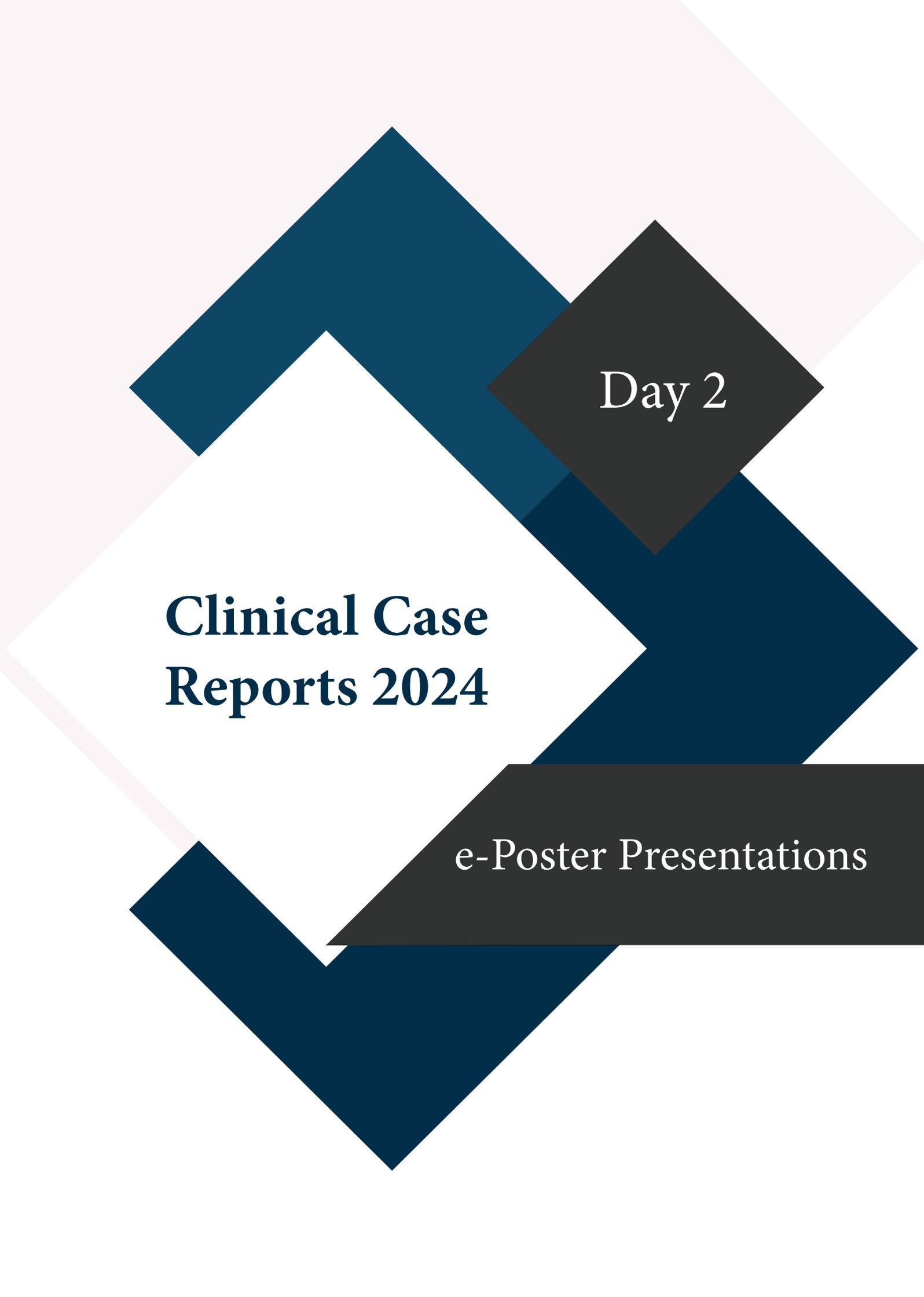
**Introduction:** Gorham-Scout Disease (GSD) is a rare skeletal disorder of unknown aetiology characterised by progressive osteolysis and excessive lymphovascular proliferation. Chylothorax is a severe and life-threatening complication of GSD that confers a poor prognosis. We report the case of a teenager who presented with a large pleural effusion, confirmed to be a chylothorax secondary to GSD. A number of surgical and oncological interventions were performed that successfully stabilised the chylothorax and improved the patient's clinical status.

**Case Presentation:** A teenage asylum seeker presented with increasing dyspnoea and chest pain secondary to a large left pleural effusion confirmed on a chest X-ray and CT scan. This was on a background of chronic left flank collection secondary to lymphovascular malformation. There was no history of tuberculosis (TB), nor did she smoke. Cytological analysis of the fluid drained from chest drain insertion confirmed a chylothorax. The CT scan had also shown lytic lesions throughout T7-T12 vertebrae and left sided posterior ribs; a posterior rib excision biopsy helped to confirm the diagnosis of GSD. The patient had VATS ligation of the thoracic duct and talc pleurodesis, however, due to recollection of the chylothorax and ongoing symptomatic discomfort, she subsequently underwent left thoracotomy, decortication of lung and pleurectomy. This final procedure successfully resolved the chylothorax and no further pleural recollection was identified at follow up. Ongoing management needs for this patient's GSD related to persistent bone pains for which she was commenced on bisphosphonate infusions a year later. Five years following the last surgery, thoracic imaging of our patient showed stable changes with no evidence of intrathoracic recollection.

**Conclusion:** GSD is a rare disease that can develop a number of severe complications including a chylothorax. Management via surgical and radiotherapeutic techniques can provide long term remission, however, other modalities may be needed in order to optimise analgesic requirements.

### Biography

Liam Hyland and I am an ENT surgical trainee based in Nottingham in the East Midlands in the UK. It is my intention to pursue a career in Rhinology and Facial Plastics.



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## METASTATIC MELANOMA TO THE URINARY BLADDER: A RARE CAUSE OF VISIBLE HAEMATURIA

**Olawale Ogunremi, Dinelle Sirjuesingh and Aniket Deshpande**

*Colchester Hospital, East Suffolk and North Essex NHS Foundation Trust, UK*

### Abstract:

**Background:** Melanoma is the fifth most common cancer in the United Kingdom and has been established as the deadliest of the skin cancers. It may metastasize to any part of the body; however, metastasis of melanoma to the urinary bladder is a very rare clinical finding. The postmortem series of melanoma patients have found an 18-37% rate of metastases to the urinary bladder. Melanoma metastases to the urinary bladder commonly presents with haematuria and are often associated with synchronous metastases and portend poor prognosis.

**Case presentation:** A 79-year-old woman presented to the haematuria clinic on account of painless visible haematuria. Ten years prior to this index presentation, she was diagnosed with melanoma on her right thigh following a total excision of the skin lesion. Cystoscopy showed a pigmented but uncommon solid bladder tumour, and the histology report following a transurethral resection was consistent with metastatic melanoma, and further CT imaging revealed metastasis to the lungs, adrenals, and lymph nodes. The treatment options could vary from observation, transurethral resection, partial or radical cystectomy, radiotherapy, or immunotherapy. Following the uro-oncology multidisciplinary team review, she was referred to the clinical oncologist, and she subsequently had pembrolizumab single-agent immunotherapy. Further interval cystoscopy revealed no recurrence.

**Conclusion:** Metastatic melanoma to the bladder is a rare manifestation of diffuse metastatic disease, and the clinician should be aware of this diagnosis when evaluating patients with haematuria. Further treatment with systemic immunotherapy is most times indicated in fit patients.

### Biography

Olawale is presently a Specialist Urology Registrar at ESNEFT, United Kingdom. His Research Interest are Uro-oncology, endourology

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## PREGNANCY AFTER COMPLICATED UAE

Komarova AD, Trifonova NS and Lavrenteva KI

*Sechenov University, Moscow, Russia*

### Abstract:

**Background:** Asherman's syndrome (AS) is one of the leading factors of female infertility, affecting 24–64% of women. The most common cause of intrauterine adhesions is surgical interventions, such as hysteroscopy, curettage after abortions or bleeding, as well as uterine artery embolization (UAE) aimed at preventing adenomyosis, inhibiting the growth of leiomyomas, and treating hypermenorrhea. AS following UAE is particularly severe and challenging to treat, likely due to endometrial necrosis. Patients with AS after UAE have increased conception difficulties and a higher risk of preterm birth, placental disorders, postpartum hemorrhage, and stillbirth. These findings highlight the need for careful consideration of UAE use in women planning future pregnancies.

**Objective:** Optimize pregnancy management in patients with AS following UAE.

**Methods:** Patient M., a 38-year-old woman, was diagnosed with AS after undergoing UAE for uterine fibroids (FIGO type 3-5), complicated by necrosis of the left ovary, necessitating surgical removal. Due to severe AS (grade IV ESGE, stage III ASRM), three hysteroscopic procedures were performed to separate uterine adhesions, and she underwent two unsuccessful IVF/ET attempts.

**Results:** The current pregnancy occurred spontaneously but was threatened by miscarriage in all trimesters, resulting in multiple hospitalizations. At 18-19 weeks, cervical cerclage was performed due to cervical insufficiency. At 30 weeks, exacerbation of chronic pyelonephritis and right ureter hydronephrosis required a right ureter stent. Throughout pregnancy, the patient received progesterone and anticoagulant therapy. Ultrasound revealed numerous hyperechoic pinpoint inclusions in the uterus and cervix. At 32 weeks and 4 days, placental abruption occurred, necessitating an emergency C-section. A live premature girl was born, weighing 2144 g and measuring 44 cm, with an Apgar score of 5-6. The newborn was transferred to intensive care. The patient was discharged on the third postoperative day.

**Conclusion:** Optimizing pregnancy management in AS patients post-UAE is crucial to reducing adverse outcomes. Individualized treatment plans and comprehensive monitoring can improve maternal and fetal health.

### Biography

Natalia Trifonova studied Medicine at Sechenov University, Moscow, Russia, and graduated in 2003. Since then, she has worked at the Clinic of Obstetrics and Gynecology at Sechenov University as an obstetrician and gynecologist. She received her PhD degree in 2009 and her MD degree at the same institution. Since 2021, she has been a professor at the Department of Obstetrics and Gynecology at Sechenov University. She has published more than 50 research articles in SCI(E) journals.

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## ATHLETIC PUBALGIA IN SOCCER PLAYERS: STILL A MODERN DIAGNOSIS?

S Pour Jafar<sup>1,2</sup>, F Pogliacomi<sup>2</sup> and F Ceccarelli<sup>2</sup>

<sup>1</sup>Hôpital Universitaire-Cantonal de Fribourg, Switzerland

<sup>2</sup>Clinica Ortopedica – Ospedale Maggiore, Università degli Studi di Parma, Italy

### Abstract:

**Introduction:** Despite injuries affecting hip in athletes have a lower incidence than other lesions that involve lower limb, these injuries should not be underestimated. These kind of lesions are frequently characterized by high morbidity with a prolonged absence from playtime. Furthermore, if athletes are unable to return to their sport, this may result in a significant economic impact on professional sporting clubs and organizations. Groin pain, as seen in literature, may result from an acute or chronic repetitive trauma and also from systemic diseases. The differential diagnosis of hip pain is broad. Even after many years of research and advancing in diagnosis in literature, anterior groin pain is simply classified as athletic pubalgia or rectum-adductor syndrome, even if the real aetiology is unknown.

**Objectives:** Aim of the study was to verify the real prevalence of athletic pubalgia, intended as rectum-adductor syndrome, in a group of professional Italian soccer players affected by groin pain and moreover verify the accuracy of the initial diagnosis.

**Methods:** In our study, we selected 44 professional soccer players divided into 2 groups: group A composed by 22 patients with anterior groin pain and generic diagnosis of athletic pubalgia; group B with 22 healthy patients. Each player underwent a clinical and instrumental evaluation with pelvis' x-rays (antero-posterior and oblique views) and a telerradiography of the lower limb; symptomatic patients furthermore performed a pelvis' MRI with the aim to find typical pathological signs such as bone marrow oedema and enthesopathies. In some cases other specialists were consulted (i.e. urologist).

**Results:** The results showed that only 50% of the players were affected by a real athletic pubalgia. Moreover, our results showed, with support of statistical analysis, that midfielders players are more affected by this kind of pathology (81%). Postural examination revealed a difference in feet pressure between dominant foot and contralateral one.

**Conclusion:** In conclusion, our results showed that athletic pubalgia may still be a real cause of anterior groin pain in a suitable number of cases, but it is always necessary to consider other pathologies or morpho-structural alterations, which could be associated, or be the cause of these symptoms.

### Biography

Salar Pour Jafar, Senior resident in orthopedic surgery and sports medicine. I work at the University-Canton Hospital of Fribourg (Switzerland) and collaborate for research and sports medicine with the orthopedic department of the University Hospital of Parma (Italy).

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## RECTO-SIGMOID INTUSSUSCEPTION IN A 90-YEAR-OLD LADY PRESENTING WITH COLONIC OBSTRUCTION

Alex Chu, Conor McDonald, Steve Yee Chiang Lau and Douglas A. Stupart

*University Hospital Geelong, Australia*

### Abstract:

**Description:** Intussusception is the phenomena of one part of the bowel sliding into the next, often described as ‘telescoping’. More commonly seen in children, it is a surgical emergency that is rare in adults and causes potentially life-threatening bowel obstruction. Intussusception of the large bowel is even less common, accounting for approximately 20% of adult intussusception presentations and 1% of all bowel obstructions requiring hospitalisation.

Symptoms of large bowel intussusception include abdominal pain, nausea, anorexia, malaise, PR bleeding, and other well-described symptoms of bowel obstruction. The aetiology of adult intussusception varies, however in older patients may arise from underlying bowel tumours including lipoma, adenoma, colonic carcinoma and other malignant causes such as lymphoma or metastatic melanoma.

CT scans remain the gold standard test for diagnosis of intussusception, however pre-operative diagnostic accuracy remains variable. As such, clinical correlation and awareness of intussusception as a mechanism of bowel obstruction remains imperative for timely surgical management. Although laparoscopic reduction of adult large bowel intussusception has been described, in cases where malignant aetiology is suspected, open bowel resection (with stoma formation) to oncological standards remains an appropriate treatment choice, with the added benefit of providing concurrent tissue diagnosis. Nevertheless, outcomes of surgical management of adult intussusception remain poor, due to its rarity leading to often delayed diagnosis and management. Therefore, prompt diagnosis is a vital factor in influencing patient outcomes.

**Conclusion:** This case highlights that, although uncommon, recto-sigmoid intussusception remains an important diagnosis in elderly patients with symptoms of large bowel obstruction, particularly secondary to suspected malignancy. If recognised early and prompt surgical intervention is available, decisive management can lead to excellent patient outcomes.

### Biography

Alex Chu is a surgical registrar from Melbourne, Australia. He has had years of clinical experience as well as teaching and research both in hospital and educational institutions. He has particular interest in general surgery.

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## HIGHLY SENSITIVE EARLY-ONSET ALZHEIMER'S DISEASE: A CASE REPORT

José Ángel Rubiño-Díaz<sup>1</sup> and Melania Zapata-Moreno<sup>2</sup>

<sup>1</sup>University of the Balearic Islands (UIB), Spain

<sup>2</sup>RAICES. Specialised Centre in Neuropsychology and Psychology, Spain

### Abstract:

**Background:** Early-onset Alzheimer's disease (EOAD) is an atypical syndrome that can be confused with other neurodegenerative diseases. The disease presents before the age of 65 years with symptomatology generally affecting executive functions, praxias and visuo-perceptive abilities, and less so episodic memory. Highly sensitive individuals exhibit the temperament trait of sensory processing sensitivity. This trait is characterised by individuals having a differential susceptibility to other people. Neuropsychological assessment should involve a holistic and integrative person-centred care approach for an optimal approach and slowing down of the disease.

**Objective:** To evaluate a case with highly sensitive early-onset Alzheimer's disease in neuropsychological follow-up for 6 years.

**Methods and Results:** Case presentation summary: Highly sensitive 54-year-old person diagnosed with OADS at the age of 47, in 2017. Neuropsychological follow-up was performed for 6 years. Initial neuropsychological tests showed a cognitive pattern with alteration of executive, attention and visuo-perceptive functions whose evolution led to a progressive deterioration of functionality on a daily, occupational and social level. During this period, he received psychotherapy with a psychologist specialised in neuropsychology and high sensitivity with a holistic and integrative approach. Initially, two sessions were held twice a week during the first year in the consulting room, and then continued at home and in the patient's usual context with a totally ecological perspective and person-centred care. The 59-year-old patient, in 2022, was admitted to an old people's home. This situation outside the usual environment, without the autobiographical references and the history of his own life, caused an accelerated deterioration and finally, the patient died at the age of 60, in 2023.

**Conclusion:** The neuropsychological intervention was maintained with a holistic and integrative person-centred care approach from the unmet needs model for the cognitive, psychological and functional approach. Follow-up with this approach is key to a slowing down of the disease and the satisfaction of the person throughout the evolutionary process of the disease. diagnosis, which will have an important impact on the treatment and evolution of the disease.

### Biography

José Ángel Rubiño-Díaz is a psychologist. PhD. Specialised in clinical neuropsychology. His professional activity is university teaching and research in the areas of clinical neuropsychology and neurophysiology of sleep and biological rhythms in ageing. He has numerous scientific publications and books published in the areas of neuropsychology and psychobiology. His fascination with innovation and research into cognitive processes and sleep science leads him to undertake projects that help bring about changes in the healthcare system and the health of healthcare professionals and patients. Highly sensitive person with significant involvement in the visibility and research of the temperament trait of sensory processing sensitivity in older adults.



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## TO ASSESS THE SHORT-TERM OUTCOMES OF AMBULATORY SELECTIVE VARICES ABLATION UNDER LOCAL ANESTHESIA IN PRIMARY VARICOSE VEINS DISEASE (CASE SERIES)

Muhammad Kamil Zulfiquar, Muhammad Awais, Sundas Javeed, Saulat Naeem, Aysha Waheed, Rizwan Khan and Rooh-Ul-Ain

*Sunderland Royal Hospital, UK*

### Abstract:

**Background:** Varicose veins are superficial veins that have become enlarged and twisted. A vein that is confined within fascial planes or buried beneath subcutaneous tissue can carry massive amounts of high-pressure reflux without being visible at all.

**Aim:** To assess the short-term outcomes of Ambulatory Selective Varices Ablation under local anesthesia in primary varicose veins disease.

**Methods:** This descriptive case series was conducted in the Department of Surgery at Services Institute of Medical Sciences Lahore (Pakistan) from December 2018 to June 2019. A total of 181 patients who met the inclusion criteria were enrolled. Preoperatively, all varicose veins were marked with the patient in a standing position, as identification is difficult or impossible in the recumbent position. A micro incision or puncture was made near the vein after administering local anesthesia into the peri-venous tissues. After removing a segment, the surgeon proceeded along the vein for a similar distance, making subsequent incisions and repeating the procedure until all sections of the varix were removed. This method reduces the risk of inflammatory response from residual segment thrombosis.

**Results:** The mean age of the patients was  $35.03 \pm 5.25$  years. C2 CEAP classification was noted in 52 (28.7%) patients, and C3 CEAP classification was found in 101 (55.8%) patients. Reflux was observed in 54 (29.8%) patients, and recurrence was noted in 33 (18.23%) patients.

**Conclusion:** The study concluded that Ambulatory Selective Varices Ablation under local anesthesia is a feasible and reliable technique with a lower rate of recurrence in patients presenting with primary varicose veins disease.

### Biography

Muhammad Kamil Zulfiquar is a dedicated Vascular Registrar at Sunderland Royal Hospital, U.K., with a robust background in both general and vascular surgery. Over the past eight years, he has gained five years of experience in general surgery, which he completed in Pakistan, and three years of vascular surgery experience in the NHS. He has successfully completed two research projects, four audit cycles, and is currently participating in two international audits. His scholarly contributions include two publications, alongside presenting his audit work at both regional and local levels. His expertise lies in evaluating and enhancing patient care through meticulous research and clinical practice. His passion for understanding research methodologies drives his continuous professional development. Eager to share his findings on a broader stage, he is committed to presenting his work internationally.

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## GLUCOSE GRADIENT COMBINED WITH PLEURAL EFFUSION VOLUME OBSERVATION IN PLEURO-PERITONEAL COMMUNICATION: PRESENTATION OF TWO CASES

Xue-xia Li<sup>1,2</sup>, Li-fang Yang<sup>2</sup> and Wan-jun Lu<sup>2</sup>

<sup>1</sup>Zhuhai Hospital of Integrated Chinese and Western Medicine, China

<sup>2</sup>Macau University of Science and Technology, China

### Abstract:

Peritoneal dialysis (PD) is an established effective renal replacement therapy (KRT) for patients with end-stage renal disease (ESRD). PD accounts for 9% of all KRT and 11% of all dialysis worldwide. An uncommon but well-recognized complication is hydrothorax due to pleuroperitoneal communication (PPC) occurring in 1.6–10% of PD patients. An increased intra-abdominal pressure results in dialysate leaking across the diaphragm into the pleural space causing PPC. It is most commonly to be right-sided. Some PPCs appear rapidly. Some exist with long-term PD. Origin of PPC can be detected via contrast CT peritoneography and peritoneal scintigraphy using Technetium-99m tagged macro aggregated albumin or Tc-99m sulfur colloid. Thoracentesis is consistent with a transudative effusion with a high glucose concentration (50 mg/dL greater than simultaneous blood glucose). However, glucose measurement may be equivocal if prolonged effusion results in significant glucose absorption. Here we reported two cases of PPC verified by glucose gradient combined with pleural effusion volume observation which might provide an easy, reliable, and cost-effective method for diagnosing PPC.

In conclusion, PPC is an uncommon but well-recognized complication in PD. Glucose gradient combined with pleural effusion volume observation could be a fast, accurate, simple, easy-to-implement, and cost-effective method for diagnosing PPC. PPC treatment is frequently unsuccessful. Nephrologists prescribing peritoneal dialysis should be aware of this complication.

### Biography

Xuexia Li has her expertise in combining Chinese Medicine and Western medicine in nephropathy. Deputy Director of the Nephrology Department of Zhuhai Integrated Traditional Chinese and Western Medicine Hospital, associate chief physician, Associate Professor at Yunnan University of Traditional Chinese Medicine. Member of the Professional Committee for Promoting Blood Circulation and Resolving Stasis of the Chinese Association of Integrated Chinese and Western Medicine, Executive Committee Member of the Metabolic Nephropathy Committee of Guangdong Association of Traditional Chinese and Western Medicine, Vice Chairman of the Kidney Disease Branch of Zhuhai Medical Association, Vice Chairman of the Blood Purification Branch of Zhuhai Association of Traditional Chinese and Western Medicine, Vice Chairman of the Kidney Disease Branch of Zhuhai Medical Association, Vice Chairman of the Kidney Disease Branch of Zhuhai Association of Traditional Chinese and Western Medicine.

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## CLINICAL COURSE OF CHRONIC MYELOID LEUKEMIA PATIENTS WITH THALASSEMIA TRAIT

**A Shirinova, Z Alimirzoyeva and C Asadov**

*National Center of Hematology and Blood Transfusion, Azerbaijan*

### Abstract:

**Background:** Chronic myeloid leukemia (CML) is a myeloproliferative bone marrow neoplasm that occurs because of a fusion gene called BCR-ABL1. The co-existence of thalassaemia trait and CML is a very rare event.

**Objective:** To analyze the clinical course of CML with thalassemia trait.

**Methods:** 21 years old female patient with thalassemia trait (HbA2-5.1, HbF-1.3), B.M., has been diagnosed in 2016 with CML chronic phase intermediate risk group. As a first line treatment we used Imatinib, after 2 years there was no molecular response. T315I mutation negative. Since 2019 treatment changed to second line- Nilotinib. After second line treatment -Tasigna patient did not achieve Major Molecular Response (MMR).

**Results:** Two years after first line Imatinib 400 mg treatment on May 2018 platelet count was 1, 928, 000 with no MMR. Dose elevated to 600 mg with no results after 6 months. On November 2018 platelet count was 3, 137,000, leukocyte count was 69,5. Imatinib 800 mg and hydroxiurea 1000 mg prescribed. Hematological improvement achieved but without remission and molecular response. In 2020 Nilotinib has been prescribed as a second line therapy. After Nilotinib patient achieved hematological response but again without MMR. In 2021 the disease progressed into blast crisis and patient passed away.

**Conclusion:** Clinical course studies in CML patients with thalassemia carriers are almost non-existent. Given that thalassemia carriers are widespread in Azerbaijan, we hope to study such patients in a wider population and share more complete results in the future.

### Biography

Medical Scientist and physician with background in clinical hematology. Sophisticated skills in working with patients, handling clinical samples and ability of independent study design, data compilation, data analysis, manuscript preparation, submission and correspondence and several peer review experiences. In 2020 she started her research work for getting PHD degree. She is one of the winners of EHA CRTTH 2020 program. Fluent in English, Russian and Turkish.

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## A CASE REPORT ON REDUCTION OF MANDIBULAR INCISORS SPACING BY FRENECTOMY BY DIODE LASER

**Pooja Bharadwaj**

*Rishiraj College of Dental Sciences and Research Centre, India*

### **Abstract:**

**Introduction :** In the field of Periodontology, there is the protective structure and the supportive structures. The protective structure consists of gingiva whose main function is the protection of the underlying supportive tissues i.e. periodontal ligament, cementum and alveolar bone and the main function of these supporting structures is to hold the tooth in its socket and hereby preventing mobilization of the tooth.

**Frenum and Frenectomy:** Apart from these structures there is one important structure present in the oral cavity which connects the lips with the gingiva and the tongue with the floor of the mouth and this structure is called as frenum which is a fold of mucous membrane and which is present in both the maxilla and the mandible. In the normal condition this frenum is attached at the mucogingival junction but if this frenum is attached to the gingival, papillary and papilla penetrating level then this frenum is called as the high frenal attachment and can leads to the diastema between the incisor teeth, opening up of gingival embrasure which again leads to the creation of space between two teeth, or it can lead to the pulling of gingiva which can itself leads to recession of the teeth. Hence considering all these factors in the mind, this high frenum needs to be removed and for removal of this high frenum a procedure called as frenectomy is performed which can relocate the frenum to its normal level. Frenectomy can be performed by various modalities like scalpel, lasers, electrosurgery.

**Case Report:** This case report is on a 38 years old female who came to the department of Periodontology with the chief complaint of the spacing between the mandibular incisor teeth. Upon intraoral examination, it was found that the patient had a gingival type of high frenal attachment because of which there was an opening up of gingival embrasure, leading to the creation of spacing between the mandibular incisors. Since the size of the frenum was small, hence frenectomy procedure was planned by a modality called as Laser. After the 1 week follow up the frenum was relocated to its original level, because of which there was a reduction in the spacing between the teeth as well the patient did not report any further complications.

### **Biography**

Pooja Bharadwaj is a Periodontist by profession and has her expertise in the field of gums. She completed her BDS in 2016 from India and then completed for her masters in the field of Periodontology in 2020. At present, she is working as an assistant professor in the department of Periodontology at Rishiraj College of Dental Sciences and Research Centre, India. Dr. Pooja Bharadwaj had 15 publications, 2 books publications, and 2 patents published and accepted so far in the field of Periodontology and is in the editorial board of various reputed journals. She had been awarded with many awards pertaining to her field.

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## SURGICAL MANAGEMENT OF ADIPOCYTIC TUMORS. OUR EXPERIENCE AT THE ONCOLOGIC HOSPITAL

P Diamantopoulos<sup>1</sup>, E Zografaki<sup>2</sup>, S Diamantopoulou<sup>3</sup> and S Stavrianos<sup>2</sup>

<sup>1</sup>Plastic Surgery Clinic, "PD Athens Plastic Surgery", Greece

<sup>2</sup>Plastic Surgery Clinic, "Agios Savvas" Oncologic Hospital, Greece

<sup>3</sup>Maxillofacial Clinic, "Evangelismos" Hospital, Greece

### Abstract:

**Purpose:** The presentation of our experience on surgical management of the adipocytic tumors at the oncologic hospital.

**Material & Methods:** We present our 6-year experience on dealing with adipocytic tumors, from 2016 until 2021. That consists of 348 cases of lipomas, 24 fibrolipomas, 12 myolipomas, 4 spindle cell lipomas, 3 angiolipomas, 2 atypical lipomatous tumors, 2 myxoid liposarcomas, 1 well-differentiated liposarcoma, 1 pleomorphic liposarcoma.

**Results:** All patients submitted to surgical excision of their tumors. All liposarcomas were managed with wide surgical excision followed by radiotherapy. Chemotherapy followed excision of myxoid liposarcomas and pleomorphic liposarcoma. Patients with recurrent tumors were submitted to simple or wide excision.

**Discussion:** The clinical spectrum of adipocytic tumors ranges from benign lipomas until high-differentiated liposarcomas. Liposarcomas are divided into 5 histologic subtypes: well-differentiated, dedifferentiated, myxoid, pleomorphic and myxoid pleomorphic. The atypical lipomatous tumor is a new-described entity presenting 10-15% percentage of local recurrence and no mitotic activity. Surgical excision consists the main way of dealing with adipocytic tumors.

**Conclusion:** Adipocytic tumors are mesenchymal tumors frequently encountered in clinical practice. Ultrasound and core-needle biopsy are reliable diagnostic methods. Cases of liposarcomas demand a more complex therapeutic approach.

### 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. He completed 2 fellowship programmes in Cosmetic Plastic Surgery. His basic interests are breast reconstruction, melanoma / skin cancer and cosmetic plastic surgery.

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## RARE SIMULTANEOUS OF UNDIAGNOSED TYPE 2 DIABETES MELLITUS AND NEUROFIBROMATOSIS 1 WITH ONLY OPHTHALMOLOGICAL MANIFESTATION

Merjen Muradova<sup>1</sup>, Nury Serdarov<sup>1</sup>, Selbi Hudaýgulyýeva<sup>1</sup>, Leyli Ovezova<sup>1</sup>,  
Ogulnur Baýramammedova<sup>2</sup> and Mayagozel Zhutdieva<sup>1</sup>

<sup>1</sup>International Center of Endocrinology and Surgery Ashgabat, Turkmenistan

<sup>2</sup>Arkadag City Health Care Center, Arkadag, Turkmenistan

### Abstract:

**Purpose:** Neurofibromatosis type 1 is an autosomal dominant hereditary disease that increases the risk of developing benign and malignant tumors. It allows the growth of tumors along the nerves of bone, skin and brain. Autoimmune disease associated with NF1 can be seen. It is rarely associated neurofibromatosis with diabetes mellitus. An early multidisciplinary consultation may lead to more effective treatment strategies.

**Case Presentation:** We report on a 30-year-old female with undiagnosed type 2 diabetes mellitus and the only manifestation of neurofibromatosis type 1 as bilateral Lisch nodules without other ophthalmological problems. Blood tests revealed hyperglycemia: 18.7 mmol/l (blood glucose concentration: reference range 3.8-6.1 mmol/l), glycated hemoglobin: 10.5% (HbA1c: reference range 4.3-6.0%).

**Conclusion:** In our case demonstrate of the only clinical manifestation on the iris by neurofibromatosis 1 as Lisch nodules identified by routine eye examination about undiagnosed diabetes mellitus. Both proper diagnosis and treatment of the patient with neurofibromatosis type 1 and undiagnosed diabetes mellitus require cooperation of different specialties.

### 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.

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## UNIDENTIFIED RECURRENT ACUTE COMPARTMENT SYNDROME OF THE RIGHT UPPER LIMB

**Bakhtiar H, Shiraz A and Farman G**

*Hayatabad Medical Complex, Pakistan*

### Abstract:

**Background:** Acute compartment syndrome (ACS) is a surgical emergency that requires urgent fasciotomy to prevent irreversible sequelae. Symptoms usually include intense pain, tenderness in the affected area, tingling or burning sensation, and in severe cases, numbness or weakness and limb amputation due to ischemia from compression of the blood vessels, respectively. This case report describes a 19-year-old female who presented with complaints of severe pain and swelling in her right forearm. On examination, no bite marks, blisters, or skin necrosis were noted except for several surgical scars from her previous surgeries for the same condition, i.e., compartment syndrome. Upon thorough examination, including relevant investigation and clinical judgment, she was diagnosed with acute compartment syndrome, for which she underwent fasciotomy. The same patient was received in the Emergency Department multiple times with similar presentation and investigatory findings. No basic underlying pathology was found each time thus making it an unidentified case of acute compartment syndrome.

**Objective:** To highlight an extremely rare clinical presentation of a common surgical emergency.

**Conclusion:** Idiopathic acute compartment syndrome is rare phenomenon. Timely diagnosis and clinical judgment followed by prompt fasciotomy can be a limb-saving measure. Our case highlights the importance of recognizing such unique cases to aid other surgeons and clinicians in recognizing and treating these patients effectively.

### Biography

Hira Bakhtiar Khan is a passionate resident surgeon dedicated to excellence in patient care and the pursuit of medical knowledge. With a keen interest in self-development and research, she continually seeks to expand her expertise and stay at the forefront of surgical advancements. She has an exceptional eye for unique surgical cases, that bring both skill and innovation to the operating room, striving to make a significant impact in the field of surgery.

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## A CASE CALR POSITIVE COMORBID PRIMARY MYELOFIBROSIS PATIENT TREATED WITH RUXOLITINIB

Elmir Guluyev, Elvin Rustamov, Meded Abbasov and Azer Kerimov

*Main Clinical Hospital of the Ministry of Defense of Azerbaijan, Azerbaijan*

### Abstract:

**Background:** Approximately 20-25% of patients with primary myelofibrosis carry a CALR mutation. Janus kinase (JAK) inhibitors are new targeted therapies for myelofibrosis that reduce palpable spleen size to 50% of baseline in approximately 40% of patients and improve symptoms in the majority of patients. In CALR-mutated patients in COMFORT-II, ruxolitinib showed an efficacy and safety profile consistent with that seen in the overall COMFORT-II population. Ruxolitinib was associated with a reduction in splenomegaly and had the potential to improve patients' quality of life.

**Objective:** To demonstrate the efficacy of ruxolitinib treatment in patients with CALR mutation-positive primary myelofibrosis.

**Methods:** Patient S.A., born in 1952, was diagnosed with primary myelofibrosis in 2011. His bone marrow analysis showed normocellular marrow with grade 2 reticulin fibrosis and increased atypical megakaryocytes. Ph chromosome was negative and cbc was normal. The patient has splenomegaly (spleen size in abdominal USM: 21x9 cm). DIPSS score was 1, risk group intermediate 1. In 2012, the patient was diagnosed with coronary artery disease and a coronary artery stent was implanted. In 2017, the patient underwent open heart surgery and has been treated with hydroxyurea for 11 years. In 2017, the patient was analysed for Jak2V617f and was negative. In 2021, a second bone marrow biopsy and Mpl and CALR mutation analyses were performed. Bone marrow fibrosis grade 2 and CALR mutation were positive. DIPSS score was 4 and risk group was intermediate - 2. The patient with massive splenomegaly and transfusion requirement was started on ruxolitinib 30 mg/day. After 2 years of follow-up, the transfusion requirement decreased and the splenomegaly regressed.

**Results:** After treatment with RUX and 2 years of follow-up, the patient's transfusion requirements decreased and the size of the spleen decreased by > 35%. Despite intermittent interruptions, the patient is currently receiving ruxolitinib.

**Conclusion:** Ruxolitinib is an effective treatment option for the reduction of spleen size and improvement of symptoms in patients with JAK-negative CALR-positive primary myelofibrosis.

### Biography

Elmir Guluyev graduated Azerbaijan Medical University in 2009. In 2009-2011 he worked as an military medical doctor. Between 2011- 2015, he received specialty training in hematology at Science Research Institute of Hematology and Transfusiology in Azerbaijan, in Baku. From 2015 till now has been working as a haematologist in the hematology department of Main Clinical Hospital of the Ministry of Defense of Azerbaijan in Baku. In 2020 he started his research work for getting PHD degree at the National Center of Hematology and Blood Transfusion in Azerbaijan, Baku. He studies patients with malign hematology diseases, and especially with myeloproliferative disorders. He participated in international medical conferences with posters and oral presentations.

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## LOOP DRAINAGE VERSUS CONVENTIONAL INCISION AND DRAINAGE TECHNIQUE IN CUTANEOUS ABSCESSSES – A RANDOMIZED CONTROLLED TRIAL

Muhammad Kamil Zulfiquar<sup>1</sup> and Muhammad Adil Zulfiquar<sup>2</sup>

<sup>1</sup>Sunderland Royal Hospital, UK

<sup>2</sup>Services Hospital Lahore, Pakistan

### Abstract:

**Background:** Cutaneous abscesses are increasingly frequent in adult and paediatric surgical emergency rooms. Most immunocompromised patients have them. Gram-positive cocci cause infections, although immune-compromised individuals may have polymicrobial infections. The treatment methods include conventional incision and drainage and secondary closure, primary closure with antimicrobial coverage, and loop incision, drainage.

**Objective:** To compare the short-term outcomes after Loop Drainage of Cutaneous abscess versus conventional Incision and Drainage technique in adult population.

### Materials and Methods

**Study design:** Randomized controlled trial

**Place and duration of study:** Department of Surgery, Services Hospital, Lahore, Pakistan from 30-11-2019 to 30-5-2020.

**Methodology:** Study was conducted on 256 participants. Participants were randomized in two groups in 1:1 ratio using lottery method. Group A included Conventional Incision and Drainage Technique which is Simple incision made at the most fluctuant part of the swelling. Group B was Loop Drainage Technique in which two small incisions were made at abscess edges, 3-5 cm apart. Outcome variables were recorded on proforma.

**Results:** Patients in group A had a mean age of  $42.61 \pm 13.34$  years, whereas those in group B had  $41.80 \pm 14.79$  years. Compared to group B, group A included 56 men (43.8%) and 72 females (56.3%). The p-value showed significant differences in mean operational time between treatment groups. The p-value showed significant differences in mean pain scores between treatment groups. The mean abscess diameter following drainage in group A was  $2.66 \pm 1.04$ , whereas in group B it was  $2.77 \pm 1.16$ . The p-value showed that treatment groups had significantly different mean abscess diameter changes.

**Conclusion:** The loop drainage technique is superior to conventional incision and Drainage Technique in terms of reduction in operation time, reduced pain and more change in Change in diameter of abscess. So, it is concluded that Loop Drainage Technique for Cutaneous abscess is a safe and effective technique in the adult population.

### Biography

Muhammad Kamil Zulfiquar is a dedicated Vascular Registrar at Sunderland Royal Hospital, U.K., with a robust background in both general and vascular surgery. Over the past eight years, he has gained five years of experience in general surgery, which he completed in Pakistan, and three years

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of vascular surgery experience in the NHS. He has successfully completed two research projects, four audit cycles, and is currently participating in two international audits. His scholarly contributions include two publications, alongside presenting his audit work at both regional and local levels. His expertise lies in evaluating and enhancing patient care through meticulous research and clinical practice. His passion for understanding research methodologies drives his continuous professional development. Eager to share his findings on a broader stage, he is committed to presenting his work internationally.

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## IMPACT OF PROINFLAMMATORY CYTOKINES POLYMORPHISMS ON KIDNEY ALLOGRAFT OUTCOMES IN ALGERIAN POPULATION: A RETROSPECTIVE CASE-CONTROL STUDY

**Asmaa Chebine**

*University of Sciences and Technologies Houari Boumedienne, Algeria*

### Abstract:

No consensus has been reached regarding the association between the -308A/G single nucleotide polymorphism (SNP) in the tumor necrosis factor- $\alpha$  gene (TNFA) and kidney allograft rejection (KAR). Our retrospective case-control study aimed to assess the association of the SNP with KAR in Algerian patients who underwent kidney transplantation. The study enrolled 313 Algerian patients: 58 kidney-transplant recipients without rejection events (PWoR); 58 kidney-transplant recipients with at least one rejection event, with or without graft loss (PWR); and 197 healthy individuals (HI). The TNFA -308A/G SNP was genotyped using a real-time polymerase chain reaction. The results demonstrated that, the frequencies of TNFA -308A allele and AA genotype were higher in the PWR than in the HI groups ( $p = 0.001$ , OR = 2.26, CI = 1.33-3.77 and  $p = 0.0004$ , OR = 5.53, CI = 1.89-16.6, respectively). Furthermore, the frequencies were higher among the PWR than among the PWoR groups ( $p = 0.001$ , OR = 3.29, CI = 1.56-7.21 and  $p = 0.0006$ , OR = 28.26, CI = 1.62-493.2, respectively), particularly among PWR patients with de novo anti-human leukocyte antigens (HLA) antibodies (PG-a-HLA-Ab). However, the frequency of TNFA -308G allele was lower in the PWR group than in the PWoR group ( $p = 0.001$ , OR = 0.3, CI = 0.1-0.64) and the HI group ( $p = 0.001$ , OR = 0.44, CI = 0.27-0.44). Our results suggest an association of the TNFA -308A/G alleles with KAR in Algerian patients who underwent kidney transplantation. Carriers of TNFA -308A allele who have PG-a-HLA-Ab might have a higher risk, whereas TNFA -308G allele carriers could have a lower risk of KAR. Thus, therapeutic strategies can be adapted to minimize KAR risk in patients who have a genetic proclivity for increased pro-inflammatory TNF- $\alpha$  activity.

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## TREATMENT OF ANTERIOR CROSS BITE WITH JAW FUNCTIONAL ORTHOPEDICS

**Orlando Santiago Júnior**

*Dental School, Arnaldo Jansen Faculty, Belo Horizonte, Brazil*

### **Abstract:**

The anterior cross bite must a result of an underdevelopment of the maxilla in the anteroposterior direction, an overdevelopment of the mandible, or the combination of the two situations. For such differential diagnosis of true anterior cross bite or true Angle's class III malocclusion (overdevelopment of the mandible) and false anterior cross bite or false Angle's class III (underdevelopment of the maxilla) that is clinical diagnosis (corroborated with lateral telerradiography) is fundamental for treatment planning. Manipulation of the mandible into centric relation position will determinate the type of anterior cross bite we are dealing with, if the mandible retrudes and interfering occlusal contact occurs in incisors we are dealing with false anterior cross bite. The aim of the conference is showing how jaw functional orthopedics treats this malocclusion reporting a series of cases. The lecture will address the basics of construction, installation in the mouth and clinical management of the functional orthopedic appliances.

### **Biography**

Orlando Santiago Júnior received his Ph. D in Mechanical Engineering (Department of Mechanical Engineering) Universidade Federal de Minas Gerais Belo Horizonte, MG, Brazil in 2023. He is a Specialist in Jaw Functional Orthopedics, and in Temporomandibular Disorders and Orofacial Pain, Master in Physiology and in Orthodontics. Now he works at dental office and is Associate professor at School of Dentistry at Arnaldo Jansen Faculty. His current research interest includes Jaw Functional Orthopedics, Temporomandibular Disorders, Dental Occlusion, Bite Force Measurement, bioengineering, nanomaterials

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## NECROTIZING FASCIITIS OF THE BREAST AFTER BILATERAL BREAST REDUCTION

David Borg, Kurt Lee Chircop and Duncan Aquilina

*Mater Dei Hospital, Malta*

### Abstract:

**Background:** Necrotizing fasciitis is a rare infection which rapidly progresses through fascial planes. Due to the latter, diagnosis in a timely manner is imperative to ultimately decrease morbidity and mortality. Such a disease process can occur anywhere in the body, however necrotising fasciitis of the breast is extremely rare and not well documented in the available literature.

**Discussion:** This is a case report about a 49-year-old woman who developed severe necrotizing fasciitis of both breasts following elective bilateral breast reduction. The patient developed a severe soft tissue infection leading to destruction of local tissue and required management in a Surgical High dependency unit (HDU). This case report outlines the immediate management and the ensuing steps in reconstruction.

**Conclusion:** Necrotizing fasciitis of the breast is a rare complication of breast reduction surgery. Early recognition and aggressive treatment with broad-spectrum antibiotics, hyperbaric therapy, and repeated debridement are essential for successful management. The use of Integra Bilayer Wound Matrix and skin grafting can result in satisfactory outcomes. It is important to obtain tissue samples for culture and sensitivity testing to identify the offending organism in patients with suspected necrotizing fasciitis. This case report highlights the importance of early diagnosis and management of necrotizing fasciitis to prevent morbidity and mortality.

### Biography

David Borg is a dedicated surgical trainee currently pursuing advanced training at Mater Dei Hospital, Malta's primary general hospital. At 26 years old, Dr. Borg brings a passion for surgical excellence and a commitment to patient care. With a keen interest in plastic surgery, Dr. Borg is actively involved in innovative surgical techniques and research endeavours aimed at advancing his skills. Currently finalising a Masters in Advanced Surgical Practice at Cardiff University, Dr. Borg is poised to make significant contributions to the field of surgery, with a focus on improving patient outcomes and enhancing surgical practice.

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## GIANT PARAGANGLIOMA OF THE PARAPHARYNGEAL SPACE IN A FEMALE

Johannes René Mestre Cabello, Roberto Yoendris Ortiz Benet and Ana Cecilia Hernández Ochotorena

*Institute of Oncology and Radiobiology, Head and Neck Service Havana, Cuba*

### Abstract:

**Background:** Paragangliomas are rare tumors, with a prevalence of 1 in 30,000 to 100,000 individuals in the general population. According to the type, the most common is paraganglioma of the carotid body, which corresponds to approximately 60-78% of cases. This is the only disease that affects the carotid body, whose presentation in the parapharyngeal space is very unlikely, since it represents between 0.5-0.8% of all head and neck tumors. Of these, the most frequent are those of the accessory salivary glands (40-50%) and with a lower incidence, neurogenic tumors (17-25%) and paragangliomas (10-15%) appear.

The clinical case of a 57-year-old patient with a history of arterial hypertension is described, who was assisted in the Head and Neck Surgery Service of the National Institute of Oncology and Radiobiology of Havana, referred from the Otorhinolaryngology clinic of his primary hospital for presenting clinical manifestations of dysphagia and clinical diagnosis of suspected carotid paraganglioma. After carrying out the physical examination and the relevant complementary studies, the case was discussed by the members of a multidisciplinary team and the existence of a paraganglioma of the parapharyngeal space was confirmed, so it was decided to perform surgical treatment. The evolution was satisfactory and 2 years after the surgical procedure there were no sequelae.

**Objective:** Describe the surgical procedure in a female patient diagnosed with a giant paraganglioma of the parapharyngeal space.

**Method:** The clinical characteristics and complementary studies for the diagnosis are described. Additionally, the surgical procedure is described.

**Conclusion:** Given the complexity of the surgical procedure in this type of injury, it is important to know the therapeutic principles for this, in order to guarantee the patient's quality of life.

### Biography

Johannes René Mestre graduated with a Doctorate in Stomatology in 2009, from the Faculty of Stomatology of the University of Medical Sciences of Santiago de Cuba. He then completed the specialty of Maxillofacial Surgery at the university itself from 2009 to 2013. He then completed a postgraduate degree in head and neck oncological surgery at the Institute of Oncology and Radiobiology of Havana, Cuba. He is currently a Master in Stomatological Sciences, a leading researcher in the area of head and neck oncological surgery and assistant professor of the department of maxillofacial surgery at the Faculty of Stomatology of Havana. He has participated in several clinical trials and authored several publications in national and international journals and books. He is a member of IAOMS, ALACIBU and AOCMF. He has also participated in several international conferences.

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## ENDOVASCULAR CLOSURE DEVICES (VCD) COMPLICATIONS: AN AUDIT

Muhammad Kamil Zulfiquar, Ahmed Youssif, Ahmed Bayoumy and Haytham Hamid

*Sunderland Royal Hospital, UK*

### Abstract:

**Background:** Vascular Closure Devices (VCD) are integral to achieving hemostasis following endovascular procedures. They are categorized into active approximators, passive approximators, and external hemostatic devices, each designed to manage arteriotomy sites differently. Despite their utility, VCDs can be associated with complications such as post-operative groin hematoma, acute lower limb ischemia, and device failure, prompting a need for rigorous evaluation and audit.

**Aims:** This audit aimed to assess the failure rates and complications associated with various VCDs used in endovascular procedures at Sunderland Royal Hospital, with a particular focus on Mynx, the most frequently utilized device. Standards were set against existing literature which reports variable complication rates, particularly noting post-operative hematoma as the most common.

**Methods & Sample:** A retrospective review was conducted on 167 patients who underwent elective and emergency endovascular procedures between March 1, 2023, and December 22, 2023. Data analysis utilized Microsoft Excel for Mac version 16.59.

**Results:** The mean age of patients was 79.9 years, with a predominance of males (122) over females (58). Sheath sizes ranged from 4F to 10F, with 4F being the most frequent. Complications associated with Mynx included post-angiography ischemia, hematomas requiring various interventions, and a correlation between sheath size and hematoma incidence. Severe complications with Angioseal included bleeding necessitating groin exploration and pseudoaneurysm with embedded plug requiring surgical intervention.

**Limitations:** The audit did not address guidelines on VCD failure or complication rates at the national or trust levels and did not explore other post-operative complications like groin infections.

**Conclusion:** The audit underscores a high failure rate of VCDs, particularly noting a 12% complication rate associated with Mynx. Addressing these findings may guide improvements in procedural outcomes and patient safety in endovascular interventions.

### Biography

I am a dedicated Vascular Registrar at Sunderland Royal Hospital, U.K., with a robust background in both general and vascular surgery. Over the past eight years, I have gained five years of experience in General surgery, which I completed in Pakistan, and three years of vascular surgery experience in the NHS. I have successfully completed, two researches, four audit cycles and is currently participating in two international audits. My scholarly contributions include two publications, alongside presenting my audit work at both regional and local levels. My expertise lies in evaluating and enhancing patient care through meticulous research and clinical practice. My passion for understanding research methodologies drives my continuous professional development. Eager to share my findings on a broader stage, I am committed to presenting my work internationally.

# Clinical Case Reports

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## TREATMENT OF POLYCYTHEMIA VERA WITH RUXOLITINIB AFTER TRANSFORMATION TO MYELOFIBROSIS

F Khalilova and A Kerimov

*Center of Hematology and Blood Transfusion (NCHBT), Azerbaijan*

### Abstract:

**Background:** Polycythemia vera (PV) belongs to the group of myeloproliferative diseases and is the most common among this group of diseases. Acute leukemia and myelofibrosis (MF) transformation can be noted after a period of the disease. Timely and correctly prescribed treatment is important for prevention of complications and improving of life quality. The administration of ruxolitinib (RUX) as a new generation target therapy is recommended for treatment of refractory patients (NCCN, ELN).

**Objective:** To study the response of a patient with PV to treatment with RUX after transformation to MF.

**Methods:** Patient, A.T., born in 1967, has been registered at NCHBT since 2011 with the diagnosis of PV. The patient has been treated with phlebotomy, interferon and hydroxyurea for 11 years. Despite the treatments, the clinical and hematological remission was not achieved. In 2022, the transformation of the patient to MF was confirmed (MF2) (DIPSS-Intermediate-1) and RUX in a dose of 30 mg daily was prescribed. The patient was observed for 2 years and showed significant clinical and hematological improvement.

**Results:** After the treatment with RUX and 2 years of observation, the patient's complaints decreased (MPN-SAF-TSS); the size of the liver decreased from 186 x 72 mm to 169x79 mm, the size of the spleen decreased from 295 x 25 mm to 255 x 74 mm. The positive dynamics were noted in hemogram parameters. Before treatment with RUX, the patient had Hb-128 g/L, Ht-40.7%, RBC-4.6 x 10<sup>12</sup>/L, WBC-31.4 x 10<sup>9</sup>/L, PLT-428 x 10<sup>9</sup>/L; after 2 years of observation and treatment- Hb-113 g/L, Ht-39%, RBC-4.39 x 10<sup>12</sup>/L, WBC-13.3 x 10<sup>9</sup>/L, PLT- 290 x 10<sup>9</sup>/L.

**Conclusion:** Despite the transformation of PV to MF, after treatment with RUX the complaints of patients decreased, the size of the liver and spleen, and the number of leukocytes and platelets decreased. Overall, the quality of life was significantly improved. It is possible that with earlier administration of this drug, even better results can be achieved.

### Biography

F.Khalilova graduated Azerbaijan Medical University in 2007. In 2007-2008 she worked as an intern doctor at the Scientific-Research Institute of Hematology and Blood Transfusion. In 2009 she started her job as a junior scientific worker at the Scientific-Research Institute of Hematology and Blood Transfusion. Now she is a hematologist and senior researcher at National Center of Hematology and Blood Transfusion in Azerbaijan, Baku. She studies patients with oncohematology diseases, and especially with myeloproliferative disorders. In 2018 she started her research work for getting PHD degree. In 2024 she finished another scientific-research work that was started in 2019. She is an author of medical scientific articles, theses and participated in international medical conferences with posters and oral presentations.

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## ENDODERMAL SINUS TUMOR WITH PANCREATIC ORIGIN: A CASE REPORT

**Khan HB, Zahid MJ and Hussain M**

*Hayatabad Medical Complex, Pakistan*

### Abstract:

**Background:** Endodermal Sinus tumor is a rare malignant type of germ cell tumor (GCT). Primary endodermal sinus tumor, especially in the head of pancreas, is extremely rare. The case under consideration is of a 22-year-old male who presented with pancreatic mass causing postprandial nausea and vomiting, and raised AFP levels. The biopsy of the mass revealed the endodermal sinus tumor, and the pancreatic origin was confirmed by a CT scan and a negative scrotal ultrasound. As the tumor was unresectable initially, a gastrojejunostomy was done to relieve the obstructive symptoms. Whipple procedure was performed two months after 4 cycles of BEP chemotherapy to remove the residual tumor in pancreas.

**Objective:** To highlight an uncommon case in order to increase surgeons' and oncologists' knowledge of the malignant extra-gonadal GCTs diagnosis and treatment.

**Conclusion:** In order to choose the best course of treatment, a thorough differential diagnosis must be made. It is to be noted that in this particular case, despite not very high levels of AFP compared to other studies, histological and immunohistochemical analysis confirmed EST hence the possibility should be kept in differentials. This unusual instance is very important for raising surgeons' and oncologists' awareness of the malignant extra-gonadal GCTs diagnosis.

### Biography

Hira Bakhtiar Khan is a passionate resident surgeon dedicated to excellence in patient care and the pursuit of medical knowledge. With a keen interest in self-development and research, she continually seeks to expand her expertise and stay at the forefront of surgical advancements. She has an exceptional eye for unique surgical cases, that bring both skill and innovation to the operating room, striving to make a significant impact in the field of surgery.

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## MINI INVASIVE RESTORATIONS TO REPRODUCE THE OCCLUSAL MORPHOLOGY

**Rim Kallala**

*University of Monastir, Tunisia*

### **Abstract:**

The occlusal morphology of teeth plays a crucial role in maintaining proper function and esthetics in the oral cavity. With the advent of minimally invasive restorative techniques, it is now possible to restore the occlusal surfaces while preserving a maximum amount of natural tooth structure. This presentation explores various minimally invasive methods and materials used to reproduce occlusal morphology accurately, focusing on techniques like composite restorations, onlays, and digital workflows. We will discuss the principles behind these approaches, the clinical indications, and the long-term outcomes, emphasizing the balance between functionality, esthetics, and tooth preservation. By adhering to these advanced yet conservative techniques, practitioners can achieve restorations that mimic natural occlusal anatomy, ensuring patient satisfaction and overall oral health.

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## OUR EXPERIENCE IN LAPAROSCOPIC SURGERY OF LIVER ECHINOCOCCOSIS

**B Agayev, Nury Serdarov, J Ymamgulyyev, S Mamenov, R Charyev, M Garyagdyew, O Orazow and A Korpayew**

*International Center of Endocrinology and Surgery, Turkmenistan*

### Abstract:

Echinococcosis is a parasitic disease caused by *Echinococcus granulosus* and characterized by the formation of fluid cysts in various organs and tissues. Echinococcosis is endemic in many countries with developed livestock production. Surgeons around the world may encounter this disease due to high population migration. *Echinococcus* cysts in 50–93% of cases are found in the liver. Laparoscopic echinococcectomy is a relatively new method of treating liver echinococcosis.

**Purpose:** To evaluate the immediate and long-term results of using minimally invasive surgery treatment of patients with liver echinococcosis in our Center.

**Methods:** A total of 48 patients were operated on, 31 of them (64%) were women and 17 (36%) were men. Laparoscopic echinococcectomy was performed in 32 patients, 4 patients underwent open surgery. The age of the patients was from 19 to 62 years. Location of cysts: in the right lobe in 38 (79.1%), in the left lobe in 7 (6.3%), in both lobes in 3 (6.3%) cases. The 41 patient had a single liver cyst, 7 patients had 2 or more cysts. Cyst suppuration were found in 6 cases. It should be noted, that suppuration and the number of cysts did not affect the results of laparoscopic echinococcectomy. Of the 32 cases laparoscopic surgery, 1 patient with relapsed echinococcosis underwent conversion with completion of the operation via laparotomy. The reasons for switching to laparotomy were an unsuccessful attempt to achieve stable hemostasis after resection of adhesions from a previous operation. There were no complications or relapses of the disease after laparoscopic echinococcectomy. The diagnosis of the disease was based on ultrasound and CT scan data; if necessary, intraoperative ultrasound was used. CT scan played a leading role in determining surgical tactics, since it is highly informative in terms of determining the location and number of cysts and the contents of the cysts, as well as the location of the vessels in relation to the cyst. We have developed several instruments specifically for use in laparoscopic echinococcectomy. We believe that the development of new similar instruments will significantly facilitate laparoscopic echinococcectomy of the liver and other organs.

**Results:** The results of liver echinococcectomy (laparoscopic and open) in 48 patients are presented. An analysis of the immediate and long-term results of treatment was carried out. The criteria for choosing a surgical method have been determined. The advantages and disadvantages of the laparoscopic method are shown.

**Conclusion:** Laparoscopic surgery of liver echinococcosis, combines the advantages of minimally invasive interventions and the possibility of using various surgical techniques - from organ resection to suturing residual cavities. This method is not inferior, and in some cases superior in the quality of immediate and long-term results to traditional laparotomy intervention. A shorter period of hospital treatment, as well as the advantages of early rehabilitation for laparoscopic surgery and a good cosmetic effect, make the laparoscopic version of liver echinococcectomy the operation of choice.

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## HYPERCALCEMIC CRISIS DUE TO A GIANT INTRATHYROIDAL PARATHYROID ADENOMA, WITH POSTSURGICAL SEVERE HYPOCALCEMIA AND HUNGRY BONE SYNDROME: A CASE REPORT

Vasileios Papanikos, Elli Papadodima, Dimitra Bantouna, Rodis D. Paparodis, Sarantis Livadas, Nikolaos Angelopoulos and Evangelos Karvounis

*University Hospital, Greece*

### Abstract:

**Background:** Parathyroid adenoma is the most common cause of hypercalcemia and can rarely lead to hypercalcemic crisis; an unusual endocrine emergency which requires timely surgical excision.

**Case presentation:** A 67 years old male patient attended the Euroclinic hospital, Athens, Greece, because of elevated calcium levels and a palpable right sided neck mass, accompanied by symptoms of nausea, drowsiness and weakness for six months, increased prior to our evaluation. The initial laboratory investigation identified severely elevated serum calcium (14.4 mg/dl) consistent with hypercalcemic crisis (HC) and parathyroid hormone PTH (476 pg/ml) due to primary hyperparathyroidism. Neck ultrasonography (USG) identified a large, well-shaped, cystic mass in the lower half of the right thyroid lobe. With a serum calcium concentration of 19.5 mg/dl and a PTH of 2500 pg/ml, the patient underwent partial parathyroidectomy and total thyroidectomy, which decreased serum calcium and PTH to 10.0 mg/dl and 19.3 pg/ml respectively. Histology revealed a giant intrathyroidal cystic parathyroid adenoma, which was blamed for the hypercalcemic crisis. Post-operatively the patient developed severe biochemical and clinical hypocalcemia with calcium concentration as low as 6.6 mg/dl consistent with hungry bone syndrome (HBS) which were treated medically with high doses of intravenous calcium gluconate and oral alfacalcidol with slow recovery of serum calcium. After discharge, parathyroid function recovered, and symptomatology resolved entirely, in more than one month.

**Discussion/Conclusion:** We present a case involving an exceptionally large intrathyroidal parathyroid adenoma, characterized by clinical manifestations that mimicked malignancy. Identification and treatment of such tumors is challenging and requires careful preoperative evaluation and postoperative care for the risk of hungry bone syndrome.

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## ENDOVASCULAR REPAIR OF A LARGE COMMON FEMORAL ARTERY PSEUDOANEURYSM VIA AXILLARY ARTERY ACCESS IN A COMPLEX PATIENT

**Muhammad Kamil Zulfiquar**

*Sunderland Royal Hospital, UK*

### Abstract:

**Introduction:** Endovascular repair of a large right common femoral artery (CFA) pseudoaneurysm using an unusual access route via the left axillary artery. This approach was employed due to the patient's extensive comorbidities and complex vascular anatomy.

**Case Description:** A 69-year-old male with significant comorbidities including metastatic lung cancer on palliative chemotherapy, atrial fibrillation on warfarin therapy, and a history of abdominal aortic aneurysm (AAA) repair, presented with recent onset of leg discoloration and swelling in the right groin. Computed tomography angiography (CTA) identified a large pseudoaneurysm arising from the anterior wall of the right CFA with an orifice of 15 mm, accompanied by an adjacent soft tissue hematoma. Further findings included a chronically occluded right superficial femoral artery (SFA) and incidental significant paraumbilical hernia.

Given the patient's frailty and complex history, an endovascular approach was preferred. Due to previous surgeries and vascular alterations, traditional femoral access was deemed unsuitable. Therefore, the decision was made to access through the left axillary artery. The procedure involved embolization of the right inferior epigastric and medial circumflex femoral arteries, followed by the deployment of multiple overlapping Viabahn stents from the external iliac artery (EIA) to the profunda femoris artery (PFA). Intraoperative imaging confirmed successful stent placement and patency, with no evidence of endoleak.

**Discussion:** This case is rare due to the use of the left axillary artery for vascular access in the treatment of a large CFA pseudoaneurysm. Axillary access in endovascular repairs is uncommon and was necessitated by the patient's anatomy and previous surgeries. The successful outcome underscores the importance of tailored approaches in vascular surgery, especially in high-risk patients with multiple comorbidities.

**Conclusion:** This case highlights the adaptability required in the management of complex vascular pathologies. The use of the axillary artery for endovascular access provides a valuable alternative in situations where traditional routes are not feasible. The case demonstrates the importance of a multidisciplinary approach and offers insight into managing patients with severe comorbidities and complex vascular histories.

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## EFFICACY OF MISOPROSTOL AND MANUAL VACUUM ASPIRATION IN THE MANAGEMENT OF INCOMPLETE ABORTION IN FIRST TRIMESTER

Sana Nazeef, Fouzia Saghir and Anum Aitzaz

*Sunderland Royal Hospital, Sunderland, UK*

### Abstract:

**Introduction:** Abortion is the expulsion or extraction of all or part of the placenta and membranes without an identifiable fetus or with a live born infant or still born infant weighing less than 500 grams or before the age of 20 completed weeks. Medical treatment of incomplete abortion with misoprostol is an effective alternative to MVA or sharp curettage. Most studies comparing MVA with misoprostol have shown that the former is more effective, but both have a high success rate.

**Objectives:** To compare the efficacy of misoprostol versus manual vacuum aspiration in females presenting with incomplete abortion.

**Method:** A total of 130 females (65 in each group) were included in the study. In group-A females underwent MVA and in group-B females were given single stat dose 600µg oral misoprostol.

**Results:** Mean age of the patients was  $27.09 \pm 4.87$  and  $27.54 \pm 5.19$  in group-A and B, respectively. Mean gestational age in group-A was  $8.77 \pm 1.46$  and in group-B  $9.00 \pm 1.65$  weeks. Mean BMI in group-A was  $28.73 \pm 2.90$  and in group-B was  $27.75 \pm 3.91$  kg/m<sup>2</sup>. There were 31 primigravida (47.7%) in group-A and B while, multigravida in group-A and B were 34 (52.3%). Efficacy in group-A was found to be 63 (97%) while in group-B 56 (86.2%). The difference between two groups was statistically significant ( $p=0.027$ ). Stratification for age, gestational and BMI was also carried out.

**Conclusion:** In conclusion, for treatment of first-trimester incomplete abortion, both manual vacuum aspiration and 600 microg oral misoprostol are safe, effective, and acceptable treatments. However, MVA had a significantly higher complete evacuation rate than misoprostol ( $p=0.027$ ).

### Biography

I am a dedicated doctor with a passion for advancing maternal and fetal healthcare. With a solid foundation in clinical practice and a growing interest in research, I am committed to improving outcomes for pregnant women and their babies through evidence-based care and innovative research. I have 7 years clinical experience in obstetrics and gynecology in Pakistan. During this time period I actively participated in research work and audits. I am currently a member of Royal College of Obstetricians and Gynecologists, London. I have a keen interest and passion to participate in audits and research work for my continuous professional development. I have also conducted various teaching sessions relating to my field. I believe in taking my research work to a next level and present at an international stage for which international conference provides the best platform.

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## HEART FAILURE AS FIRST PRESENTATION OF HBSS SICKLE CELL DISEASE IN A 13-YEAR-OLD FEMALE FROM WESTERN SUDAN

Elham Babikir, De Hayat Othmana and Sara Abdallah

*Telford and Shrewsbury NHS TRUST, UK*

### Abstract:

**Summary:** A 13-year-old female from western Sudan presented with fever, joint pain, and jaundice for a few weeks. She had a positive family history of sickle cell disease. On examination, she appeared unwell, small for her age, and clinically jaundiced and pale. A cardiac murmur and hepatomegaly were noted. While rheumatic fever was initially suspected, further investigations revealed a sickle cell crisis with haemolytic anaemia and elevated reticulocyte count. Chest X-ray showed enlarged cardiac shadows and no lung abnormalities. Echocardiography confirmed tricuspid and mitral valves regurgitation. The patient was treated with antibiotics and managed with a multidisciplinary approach involving cardiologists and haematologists. The case highlights the importance of considering sickle cell disease as a cause of heart failure in young children, even without previous recurrent sickle cell disease presentations.

**Background:** This case report emphasizes the significance of early diagnosis and management of sickle cell disease, as well as the need for a comprehensive evaluation when approaching heart failure in young children in developing countries.

**Case Presentation:** The 13-year-old female from western Sudan presented with fever, joint pain, and jaundice. Her medical history revealed a positive family history of sickle cell disease. Physical examination showed clinical signs of jaundice, pallor, an apical pansystolic murmur, and hepatomegaly. A working diagnosis of rheumatic fever was considered due to the patient's age and endemic area, but further investigations revealed a sickle cell crisis.

**Investigations:** Laboratory tests showed haemolytic anaemia with a haemoglobin level of 7 g/dL, leucocytosis of 25,000 cells, and an elevated erythrocyte sedimentation rate. Blood cultures were negative, but C-reactive protein levels were elevated. The patient also had hyponatremia on renal profile check. Reticulocyte count was significantly elevated, and HB electrophoresis confirmed HBSS sickle cell disease.

**Treatment:** The patient received antibiotics and underwent fluid management to address the sickle cell crisis and heart failure. Collaboration between cardiologists and haematologists was crucial in managing the patient's condition.

**Outcome and Follow-Up:** The patient showed improvement, gained weight, and remained compliant with medications during follow-up visits. She was in good condition, indicating successful management of her sickle cell disease and heart failure.

**Discussion:** This case report highlights the late diagnosis of HBSS sickle cell disease without early childhood recurrent sickle cell disease presentations. It also emphasizes the importance of a comprehensive approach when evaluating heart failure in young children, considering multiple factors that may contribute to the condition in developing countries.

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## 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).

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## A QUALITY IMPROVEMENT PROJECT TO ENHANCE DIABETES MANAGEMENT IN PREGNANCY THROUGH PATIENT INFORMATION LEAFLET

**Sana Nazeef, Fouzia Saghir and Syeda Shaista Waheed**

*Sunderland Royal Hospital, Sunderland, UK*

### **Abstract:**

**Background:** The challenge of achieving a healthy pregnancy and a successful birth outcome in women with gestational diabetes mellitus (GDM) requires a multidisciplinary approach with close collaboration between healthcare providers. Poor glycaemic control in pregnancies increases the risk of maternal–fetal complications and thus women with GDM require education, frequent follow-up and treatment to reduce these risks. Delays in care could potentially result in increased maternal–fetal complications. One of the key elements for the successful management of GDM is the education of pregnant women. Patient education is the cornerstone to improve quality of life, contribute to better compliance, and reduce complications and healthcare costs.

This quality improvement project focuses on developing patient information leaflets specifically tailored to pregnant women with diabetes, aiming to enhance their understanding and management of the condition. This led to the design of patient information leaflet in simple layman local language(URDU)

**Objective:** To improve pregnant women's knowledge of diabetes management during pregnancy, including lifestyle modifications, blood glucose monitoring, and medication adherence through patient friendly information leaflet.

**Methods:** A two-part survey was conducted, before and after providing 2 paged PIL at 6 weeks interval. Paper based PIL were distributed randomly to diabetic woman in outpatient department of Aziz Bhatti Shaheed Teaching Hospital, Pakistan for 6 weeks in April 2024. The primary outcomes measured include opinions about readability of the PIL, knowledge about GDM, lifestyle modifications, blood sugar control, objective identifications of “abnormal” levels, and the number of admissions to antenatal ward.

**Results:** Of the 55 woman with GDM participated in 1st part of survey, 40(72%) woman have no knowledge about GDM, and lifestyle (Diet, exercise) modifications, 26 (47%)woman had admissions to antenatal wards with uncontrolled blood sugar levels, of these 19 (73%)woman have no basic knowledge of how and when to check blood sugar levels. In 2nd part of survey after introduction of PIL, a significant improvement had been seen in all the aspects including reduction in hospital admission and improvement in women’s understanding of GDM.

**Conclusion:** The development and dissemination of patient information leaflets tailored for diabetes management during pregnancy is a promising strategy to enhance patient education, improve adherence to treatment, and support better maternal and fetal health outcomes. Continued refinement and evaluation of these materials are essential to maximize their effectiveness and ensure the well-being of both mother and child.

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## Biography

I am a dedicated doctor with a passion for advancing maternal and fetal healthcare. With a solid foundation in clinical practice and a growing interest in research, I am committed to improving outcomes for pregnant women and their babies through evidence-based care and innovative research. I have 7 years clinical experience in obstetrics and gynecology in Pakistan. During this time period I actively participated in research work and audits. I am currently a member of Royal College of Obstetricians and Gynecologists, London. I have a keen interest and passion to participate in audits and research work for my continuous professional development. I have also conducted various teaching session relating to my field. I believe in taking my research work to a next level and present at an international stage for which international conference provides the best platform.

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