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Cândida Fonseca, Fátima Ceia.
Elena Ndrio, Filipa Marques, Susana Jesus, Arturo Botella, Ana Leitão,
Carolina Carvalho, Henrique Sousa, Bruna Ferreira, Sara Grazina,
Ana Abreu, Sara Augusto, Filipa Gandara, Inês Araújo, Rosa Cardiga,
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Xavier - Centro Hospital Lisboa Ocidental- Faculdade De Ciências Médicas Da
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Background: Osteoporosis is a common systemic disease in postmenopausal women. Numerous studies have evaluated the bone mineral density (BMD); a major factor in osteoporotic fracture risk and vitamin D receptor (VDR) gene polymorphisms, as a genetic background with no general consensus. Since the race and ethnicity importance in association studies, the present study was attempted to investigate such possible association among Iranian postmenopausal women.

Methods: One hundred sixty postmenopausal women participated in this study among those 80 patients with low BMD (44 osteopenic; mean age: 54.9±7.9 and 36 osteoporotic; mean age: 61.9±8.6) and 80 with normal BMD (mean age: 52.3±5.2) as control group. The VDR gene typing was performed using polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP) and BMD of lumbar spine, hip, and distal radius measured by dual-energy X-ray absorptiometry (Hologic, Discovery, USA).

Results: There was insignificant difference in distribution of TaqI and ApaI genotypes between the patient and control groups (X²=5.2, P>0.05; X²=1.8, P>0.05, respectively). Although the patients with tt genotype had a lower Zscore than those with TT and Tt genotypes (P<0.05), the mean values for TScore showed insignificant differences. Also, there was no significant difference between the Apal genotypes regarding the mean BMD in both groups.

Conclusions: No potential role for VDR TaqI and Apal polymorphisms and low BMD in postmenopausal women was found.

INVESTIGATING ASSOCIATION BETWEEN VITAMIN D RECEPTOR GENE APAI AND TAQI POLYMORPHISMS AND BONE MINERAL DENSITY IN POSTMENOPAUSAL WOMEN

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Homaion Sheikholesami, Zohreh Yazdi. Qazvin university of medical sciences,
Qazvin, Iran

ACCURACY OF SEVERITY SCORES IN RISK STRATIFICATION OF INTERNAL MEDICINE WARD PATIENTS

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Ricardo Ferreira, Marisa Afacé, Margarida Proença, Daniel Romeira,
Carolina Carvalho, Henrique Sousa, Bruna Ferreira, Sara Grazina,
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Severity scores (SS) as the Charlson Index (CI), Laboratory-based Acute Physiology Score (LAPS) and Comorbidity Point Score (COPS) have demonstrated excellent predictive value for a variety of clinical outcomes in hospitalized patients.

Objective: To compare accuracy of SS for risk stratification of different outcomes.

Methods: Prospective study of inpatients in an Internal Medicine Ward. Data for determination of CI, LAPS and COPS was collected at admission. The discriminatory power of each score for predicting in-hospital mortality, mortality and readmission at 30 and 90 days was evaluated by area under the receiver operating characteristic (ROC) curve.

Results: 286 consecutive patients were included; 55.2% females; mean age 73.4±15.7; 75.9% > 65 years; comorbidities/patient 3.2±1.8; mean length of stay 8.7±6.8 days; mean follow-up time 127.2±60.3 days. From the 75.2% patients with CI > 4, high LAPS and COPS score > 90 and > 150 were observed in 9.3% and 14.4% respectively. Inhospital, at 30 and 90 days mortality rates were 5.9%, 3.1% and 14.2%. Readmission rates at 30 and 90 days were 15.8% and 38.5%. CI was the best performing score for predicting in-hospital mortality (C statistic=0.71) followed by LAPS (C statistic=0.65). For 30 days mortality and readmission rates both scores had poor accuracy. At 90 days, CI showed a better accuracy for mortality (C statistic=0.65) and COPS for readmissions (C statistic=0.64).

Conclusions: Risk severity by CI, LAPS and COPS did not agree. CI was the best score to predict early and late mortality and COPS for late readmission.

ANÁLISIS DE MORTEALIDAD DE MEDICINA DEPARTAMENTO DE LEON HOSPITAL

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Background: Mortality is a very important indicator of quality in care activity. This is an analyse of the exitus in our Department.

Objectives: It is a retrospective descriptive study in which we have previously fixed the following objectives: Finding out the hospital stays of deceased patients, determining our patients’s characteristics and their comorbidity and, finally, discovering their causes of demise.

Methods: We focus on the deceased inpatients (231 patients) during 2009. We have inspected all data (within a previously established protocol) after reviewing medical histories and a statistical study.

Results: The mean age of dead people is 81 [35-101], 58.3% male and mainly from countryside. The principal causes of admission are dyspnoea (40%) and discomfort (33.3%). The 41.7% were exits during the first 3 days and the 60.4% were during the first week. The foremost prevalent times of death are 6:01-7:00 and 21:01-22:00. Most patients were taking 3-6 drugs a day (43%) and they had a high rate of comorbidity [67,6% with >2 points in Charlson Comorbidity Scale (most recurrent items were Hypertension, Arrhythmia and DM)].

Conclusions: Most of deaths are during first days in hospital despite of a correct treatment for their illness after an accurate initial diagnostic. The most significant causes of death are infectious diseases, secondly cancer and thirdly cardiovascular disease (CHF and stroke). We have discovered the
importance of circadian rhythms in our lives (more incidence of deaths in initial hours, in first days of the week and of the year in our Unit).

UNPLANNED REVISIT WITHIN 24 HOURS TO A GENERAL HOSPITAL EMERGENCY DEPARTMENT IN QATAR

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Aims: To determine the frequency and causes of unexpected revisits to the ED, how to avoid them, to evaluate the adequacy of initial treatment and improve the standards of care.

Method: All 1,222 patients who revisited the ED of Hamad General Hospital in Qatar, within 24 hours of their first attendance included. Patients were classified in four groups according to prediction of the outcome and deviation from the medical care standards.

Results: The average monthly rate of revisit was (0.24%). Most patients were male (71.03%), with a mean age (36.31±14.28). Medical cases were (72.46%), surgical (16.09%), other specialties (1.34%). Abdominal pain was the most common presenting symptom (31.83%), upper respiratory tract infection (9.24%) and trauma (8.10%). The most common diagnosis was upper respiratory tract infection (13.74%), then renal and/or ureteric stone (13.42%), and non-specific abdominal pain (11.62%). Most patients (90.6%) were discharged home, (7.3%) were admitted to hospital wards; (0.5%) was sent to intensive care and (1.6%) discharged themselves against medical advice.

The commonest group (79.29%) was the one with a predictable outcome & treated within the standard of care, (12.60%) were treated within the standard of care but returned with an unpredictable course of their illness, (8.01%) were treated outside the standard of care without sequelae and (0.08%) were treated outside the standard of care and developed serious events.

Conclusion: Although unplanned revisits to ED are an important indicator of the quality of medical care, they should not be attributed solely to poor quality service. Better education and communication might reduce unnecessary return visits, while extension of the time frame to 72 hours may be a more consistent indicator for quality management in the ED.

FROM HYPERKALIEMIA TO COLONIC NECROSIS

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Background: Colon necrosis is a rare complication of Sodium Polystyrene Sulfonate (SPS) with a high morbidity and mortality. Methods: The authors describe a case of a 75 years-old female with history of chronic renal failure, hypertension and vascular disease who presented to the emergency room with prostration of 3 days duration. Investigations showed leucocytosis, elevated PCR, Urea 311mg/dL, Creatinine 7.5mg/dL, Sodium 135mEq/L, pyuria, urine with nitrites and metabolic acidosis. She was treated empirically with antibiotics and SPS for hyperkaliemia’s correction.

Results: The therapeutic with SPS with resolution of diarrhea.

Conclusion: Colonic necrosis due to SPS toxicity is a rare situation. Uremia is a predisposing factor for its occurrence. In uremic patients SPS should only be used on severe hyperkaliemia cases.

POSTSTREPTOCOCCAL SILENT HEART DISEASE: A CASE REPORT

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Rheumatic fever (RF) is a multisystem inflammatory disease, which occurs as delayed sequelae to some strains of group A beta-hemolytic streptococcal pharyngitis. While juvenile RF may be easily diagnosed, in the adult patient whose cardiac state deteriorates it is underdiagnosed. We report the case of a 48-year-old Mozambican woman, immigrating in Portugal, admitted in our hospital with a history of dyspnea, tiredness for small effort, productive cough, fever and palpitations. On physical examination she was febrile (38,1°C), with a fast irregular pulse (110/min); arrhythmic heart sounds and tachycardia; diminished vesicular murmur and inspiratory crackles at the base of right hemithorax. Laboratory evaluations revealed leucocytosis 19.860x10~9/L; C reactive protein 13.2 mg/dl; negative D-dimer result. An electrocardiogram revealed atrial fibrillation with an uncontrolled ventricular rate and the chest radiograph showed right lower lobe consolidation and small pleural effusion. We started empirical antibioticotherapy for respiratory infection and Amiodarone for rate and rhythm control. Thyroid function tests were normal; a CT pulmonary angiography excluded pulmonary embolism and revealed cardiomegaly and bilateral pleural effusions. A transthoracic echocardiography showed a rheumatic mitral valve with severe stenosis and mild regurgitation. On further questioning, the patient admitted a past history of untreated tonsillitis although antistreptolysin O test was negative. A diagnosis of rheumatic heart disease (RHD) was made and a week after she underwent mitral valvuloplasty and initiated warfarin therapy to prevent systemic embolism. We conclude that even if RHD has declined dramatically in industrialized nations, the ease of immigration leads to occasional resurgence of this chronic disease.

Keywords: Rheumatic fever; Mitral stenosis; Palpitations; Dyspnea; Adult patient

(No abstract)

STUDYING LEVEL OF KNOWLEDGE OF DIABETES AND ITS RELATIONSHIP WITH DEMOGRAPHIC IN NURSES TO HYGIENIC AND MEDICAL CENTERS IN SANANDAJ CITY, IN 2007

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Introduction: Diabetes is the third leading cause of death from disease, primarily because of the high rate of cardiovascular disease among people with diabetes. In 2000, according to the World Health Organization, at least 171 million people worldwide suffer from diabetes, or 2.8% of the population. Its incidence is increasing rapidly, and it is estimated that by 2030, this number will almost double. Diabetes mellitus occurs throughout the world, but is more common in the more developed countries. The greatest increase in prevalence is, however, expected to occur in Asia and Africa, where most patients will probably be found by 2030. The increase in incidence of diabe-
tes in developing countries follows the trend of urbanization and lifestyle changes, perhaps most importantly a “Western-style” diet. The primary goals of treatment include controlling and preventing complications. Nurses who care for patients with diabetes must help them develop self-care management skills.

**Method:** This was a descriptive and analytical study. The research community contains all nurses working in research environment which are Tohid and Beshat medical center in city of sanandaj. The research samples based on aim contain 180 persons among volunteers using an easy and available method. Data collection tools include questionnaires that containing 10 questions relating personal information and 18 questions relating the rates knowledge. All these questionnaires are completed by research units and for statistical analysis, applied spss, using comprehensive – descriptive statistical methods and using chi – square.

**Results:** The findings showed that most test subjects were female (77.2%) and (55.6%) between 31–40 years old. More than (78.3%) married, and more than (71.7%) nurse over 10 years (51.1%), and also (37.8%) working in evening and night shift and in the . and suffering from knowledge it (23/2%) well (36/4%) average and (40/4%) weak. Also finding, showed that the rate of knowledge was good (8.3%), medium (70%) and weak (21.7%).

**Conclusion:** Diabetes is a self-managed disease that requires many strategies to keep it under control and a system of care to monitor the prevention and provide early treatment of complications. Efforts should be directed to strategies that can be used to teach people with diabetes and a system in which care can be provided in a cost-efficient way to reduce the occurrence of these costly complications. Nurse are ideal professionals to provide this care, patient education is a key component of nursing practice. Patients are often more comfortable with nurses, and nurses spend more time with patients and have the expertise to teach them to manage their diabetes properly. The provision of care in nurse-directed clinics may contribute to keeping patients with diabetes healthy and free of complications.

**Keyword:** Diabetes – knowledge- nurse

**A CASE OF CHRONIC LITHIUM INTOXICATION**
Ana Gabriela Almeida1, Tânia Cerqueira2, Luis Bento2.

**Background:** Lithium is worldwide used in treating bipolar disease, but has narrow therapeutic range. The presence of severe symptoms must lead to an intensive care unit admittance. The treatment in chronic intoxication is limited to hydration and in severe cases or high plasmatic lithium levels hemodialysis.

**Clinical Case:** A female patient with bipolar disease treated with Lithium, was admitted to the Emergency room with lathargic behavior, tremor and disorientation. Neurologic exam, TC scan and lumbar punction were normal. The patient returned 12 days later with diarrhea, alternating lathargic with agitation, somnolence and dehydration and was diagnosed with chronic lithium intoxication with plasmatic lithium value three times the normal range.

She was treated with intravenous hydration, and although normalization of plasmatic lithium level, developed hyponatremia, oligoanuria and aggravated neurologic status with need for invasive ventilatory support and was transferred to an intensive care unit. Neurologic exam was showed depressed level of consciousness in low diencefal transition compatible with toxic or metabolic dysfunction, electroencephalogram showed diffuse lenticulation. TC scan excluded des-mielizination syndrome, lumbar punction and magnetic resonance remained normal. Electrocardiogram showed sinus bradcardia and prolonged QT interval. She had a gradual and slow neurologic recovery.

**Conclusions:** Chronic intoxication can be a diagnostic challenge because they frequently present themselves with neurologic symptoms with late onset in patients with previous psiquiatric disorders. This patient developed the typical neurologic, cardiac, renal and gastrointestinal complications.

In this particular case and by the time the patient was admitted in the intensive care unit hemodialysis was no longer an option.

**ACUTE HEPATIC FAILURE AFTER INGESTION OF MUSHROOMS AMANITA PHALLOIDES – A CLINICAL CASE**
Cristiana Almeida, Susana Rios, Ana Cristina Carneiro, Teresa Vaiio, Luis Andrade, Vitor Paixão Dias. Internal Medicine Service, Centro Hospitalar Vila Nova de Gaia/Espinho EPE, Portugal

Mushrooms are responsible for intoxication cases all over the world due to their ease of access and wide distribution. The most fearful ones are Amanita phalloides and Amanita muscaria. The first one is easily mistaken as ordinary eatable mushroom. The incubation period after ingestion goes from 8 to 24 hours. First symptoms are diarrhea, nausea and vomits followed by disorders on hepatic and renal status as well as severe neurological changes, which frequently result in dead.

The authors present a clinical case of a man 65 years old that presented vomits and diarrhea 12 hours after ingestion of wild mushrooms on a small forest. After 18 hours, and because symptoms maintained unchanged, the patient went to the assistant doctor, which immediately forward the patient to Emergency service. He presented hypotension, 38°C, no signs of hepatic encephalopathy although with signs of hepatic failure (AST 458UL, ALT 558UL), renal failure and prothrombine time 63%. Abdominal echography showed no changes. Viral markers showed negative. On the same day he was admitted in the reference hospital in case of urgent transplant need. He maintained an aggravation of the above factors, which at a given point stabilized, without the need of a transplant. Later he showed analytical and clinical improvements during is internment time on medium care unit and was discharged to a hepatology expert.

This case represents the importance of intoxication suspicion during anamnesis. Preventing measures should be taken with the population to avoid the occurrence of these cases.

**DETERMINING AND PRIORITIZING COMPETENCIES IN UNDERGRADUATE INTERNAL MEDICINE CURRICULUM IN SAUDI ARABIA**
Hani Almoallim. Umm Alqura University, Saudi Arabia

**Introduction:** The primary objective is to determine knowledge and skills competencies in internal medicine for the undergraduate curriculum in Saudi Arabia.

**Methods:** Knowledge and skills competencies in internal medicine were identified based on group work utilizing common textbooks. The Delphi technique was used as a consensus method to determine and prioritize competencies in internal medicine. A group of 20 clinicians rated the identified competencies from 0-3 (0: no need to know, 1: interesting to know, 2: should know and 3: must know). After formulating the results through a special formula using MS excel 2007, a second Delphi was conducted with 5 experts in internal medicine.

**Results:** Total of 1513 knowledge competencies and 189 skills competencies were determined and prioritized. The competencies corresponded to 12 systems in internal medicine. All competencies rated 2.2–3.0 were produced separately and considered as core competencies for undergraduate internal medicine curriculum. The correlation coefficient for all competencies comparing group ratings (in the first Delphi) to expert ratings (in the second Delphi) was 0.86 for knowledge competencies and 0.70 for skills competencies.

**Conclusion:** Competencies in knowledge and skills in internal medicine for the undergraduate curriculum in Saudi Arabia have been determined and prioritized. This should influence curriculum reform process that has been adopted by many medical colleges in the region. It should help designing a national guide for internal medicine teaching in medical colleges of Saudi Arabia.
DIAGNOSIS AND MANAGEMENT OF SUSPECTED CASES OF SWINE (H1N1) INFLUENZA IN HULL AND EAST YORKSHIRE, UK

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Introduction: A global influenza-pandemic was declared by the WHO in June 20091.

In response to the challenges faced by the NHS, the DOH and the Health Protection Agency published pathways to guide the management of swine-flu2,3. Hull and East Yorkshire Hospitals admitted many patients with suspected swine-flu.

Several misdiagnoses were anecdotally noted. Here we evaluate our experience and highlight important lessons relevant for future influenza epidemics.

Methods: A retrospective case-note review of individuals admitted with suspected swine-flu. We included those clinically diagnosed with swine-flu by GP, Pandemic-line and admitting team, between 1st June-31st August 2009.

Results: 71 patients were identified over the study period, 51% were male, 49% were female; median age was 49. GP diagnosed swine-flu in 20%, 7% were diagnosed by the Pandemic-line, 66% in hospital.

6% were confirmed swine-flu. One required ITU admission. Table 2

Table 2

<table>
<thead>
<tr>
<th>Patients</th>
<th>Age</th>
<th>Gender</th>
<th>Co-morbidities</th>
<th>Outcome</th>
<th>ITU admission</th>
<th>Did the patient fit swine flu diagnostic criteria on admission</th>
<th>Level of care</th>
<th>Final diagnosis</th>
<th>Outcome</th>
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<td>HDU</td>
<td>CAP</td>
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<td>Ward</td>
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<td>ITU</td>
<td>DKA 2ndy to LRTI</td>
<td>Survived</td>
</tr>
<tr>
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<td>53</td>
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<td>Tonsilitis / LRTI</td>
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<td>survived</td>
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<td>Acute cholecystitis</td>
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<td>Ward</td>
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<td>survived</td>
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<td>Yes</td>
<td>ITU</td>
<td>CAP + AKI</td>
<td>Survived</td>
</tr>
</tbody>
</table>

Discussion: There was evidence of delay in final diagnosis and harm in 9 (12%) patients. 3 of the 9 patients were treated for patient suspicion on admission of possible swine flu.

The NHS, it is likely that more patients were harmed as result of such delays, but it is unclear whether the swine-flu deaths prevented by the public health response outweigh the harm due to delay in alternative diagnoses. This problem should be considered in future pandemic planning.

CASE PRESENTATION: VISCERAL LEISHMANIASIS PRESENTED WITH FEBRILE NEUTROPENY AND ACUTE RENAL FAILURE

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Background: Leishmaniasis is a zoonotic infection caused by protozoa that belong to leishmania genus. It is the second most common cause of infection of death after malaria. Every year, almost 500,000 people die from leishmaniasis. Spleen, liver and bone marrow involvement of the disease causes death without treatment.

Case: 62-year-old male patient admitted to internal disease department with fatigue, diarrhea, protuberance of abdomen, and pain all over the body which lasted 30 days. He had type 2 diabetes for 6 months and he was on oral antidiabetic therapy. Before coming to our hospital, he was internalised at a university hospital with same complaints and his bone marrow biopsy was taken to detect pansytopenia and febrile neutropeny, but no pathologic finding was shown. On physical examination, body temperature was 37.7°C, pulse/min: 110, liver and spleen were enlarged and extended to 3 cm below costal margin. Laboratory findings revealed anemia; Hb: 6.6g/dL, MCV: 77 fL, trombosite count: 42000, wbc: 1090, neutrophil: 406, BUN: 112mg/dl, creatinin: 7.42mgr/dl. After nephrology doctor’s consultation, the patient was taken to hemodalysis to treat pre-renal azothemia and electrolyte impariment. Piperasillin-tazobactam with renal dose adjustment was started to treat febrile neutropeny and bone marrow aspiration biopsy was carried out for further investigation. All routine infectious marker results were negative, but leishmaniasis was deducted in bone marrow material and the patient was referred to infeccion department for treatment.

Conclusion: Various infections, different malignancies, many chronic diseases and idiopathic illnesses may cause pansytopeny. Leishmaniasis is one of the infectious ethiologies that invade bone marrow leading pansytopeny. As Turkey is in subtropical climate region, leishmaniasis should be considered in the differential diagnosis of pansytopeny. Delay of the treatment may cause death. This case is presented to remind that leishmaniasis is a rare, unusual cause of pansytopeny and febrile neutropeny.

ACUTE METABOLIC ENCEPHALOPATHY AFTER COLONOSCOPY PREPARATION – CASE REPORT

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Successful colonoscopy requires visualization of all the mucosa. Cleansing quality is a critical factor in determining quality and completeness of colonos-
copy. Acute metabolic encephalopathy (AME) is an acute condition of global cerebral dysfunction, in the absence of primary structural brain disease. It is an often-overlooked medical emergency that can arise during preparation for colonoscopy.

Female, 70 years old, caucasian, with hypertension, treated with bisoprolol and no history of psychiatric or neurological disease, presented to our emergency department with neurological symptoms including confusion, disorientation, lethargy, generalized weakness, tremor and multifocal myoclonus. Those manifestations appeared one day after colonoscopy preparation with Fleet Phospho-Soda. She was also tachycardic (100/minute) and had hypertension (180/90 mmHg). The laboratory investigation revealed severe hypopotassemia (1.8 mEq/L), hypocalcemia (2.0 mmol/L), hypomagnesemia (0.75 mmol/L) and hypokalemia (3.5 mmol/L). Computed tomography of the head was normal. No electrolyte abnormalities previous to the colonoscopy preparation existed. She fully recovered and was discharged after correction of the electrolyte disturbances.

We present a case of AME following preparation for colonoscopy with an aqueous sodium phosphate containing regime as Fleet Phospho-Soda. Those types of regimens appear to be better tolerated and are safe in most healthy individuals. However, a growing number of reports have demonstrated serious electrolyte and renal complications in patients with certain risk factors, including age.

SCHNITZLER’S SYNDROME: ANOTHER CASE OF SUCCESSFUL TREATMENT WITH ANAKINRA
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Background: Schnitzler’s syndrome is a rare disorder characterized by chronic urticaria in association with a monoclonal gammopathy and at least two of the following: fever, joint and/or bone pain, lymphadenopathy, hepato- or splenomegaly, increased ESR, leukocytosis and bone abnormalities.

Case report: A 68-year-old man presented with a 8-year history of a chronic pruritic urticarial rash, a 4-year history of chills and bone pain and a 6-month history of recurrent fever. Investigation disclosed leukocytosis, an elevated ESR and CRP, a monoclonal IgM gammopathy and positive ANA and anti-SSA. The skin biopsy showed findings of neutrophilic urticaria. The body CT scan had no significant changes. Bone scintigraphy showed increased concentration of the radioactive tracer in the costocondal and metatarsal joints. Until 2008, he was on and off steroid therapy. Then he began continuous oral deflazacort (minimum dose 30mg/day), but this caused only partial remission of symptoms. In 2011, Schnitzler’s syndrome was diagnosed. Anakinra, an interleukin-1 receptor antagonist, was then commenced at a daily dose of 100mg subcutaneously. A rapid complete remission followed. The patient remains symptom free even after steroid cessation.

Discussion: Unusual features of the reported case include the rash being pruritic from the onset of disease and the positive ANA and anti-SSA. A complete remission following Anakinra occurred, as described in many other cases.

Conclusion: Published data (and the presented case) support monotherapy with Anakinra as the most promising treatment for Schnitzler’s syndrome.

INFERIOR VENA CAVA AGENESIS – ATTENTION TO THIS DIAGNOSIS
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Background: Inferior Vena Cava (IVC) agenesis is a malformation caused by a disturbance of embryological development occurring between the sixth and the tenth weeks of gestation and requires specific attention and management. We report the case of a 39-year-old male who attended the Emergency Department to treat sores of the lower limbs. He had 3 episodes of deep venous thrombosis (DVT) of both lower limbs between the ages of 20 and 23. He has been under anticoagulation therapy since then.

Discussion: Unusual features of the reported case include the rash being pruritic from the onset of disease and the positive ANA and anti-SSA. A complete remission following Anakinra occurred, as described in many other cases.

Conclusion: Published data (and the presented case) support monotherapy with Anakinra as the most promising treatment for Schnitzler’s syndrome.

ADMISSION CHARACTERISTICS OF PATIENTS PRESENTED WITH ACUTE ABDOMINAL PAIN
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Background: Abdominal pain is one of the most common presenting complaints of emergency department (ED) patients. In order to achieve maximum efficiency in managing these patients it would be of benefit to identify clinical and laboratory parameters that would indicate a serious underlying disease process, and therefore warrant more expedited evaluation and treatment. The purpose of this study is to investigate the factors that influence hospital admission for abdominal pain.

METHODS: The aim of this study was to identify the characteristics of patients admitted to the Emergency Department of our hospital with acute abdominal pain. We performed a retrospective study of all patients who were admitted to the Emergency Department for acute abdominal pain from January 2004 to December 2005. A total of 617 patients were included in the study. The characteristics of the patients, the cause of the abdominal pain and the severity of the pain were recorded.

RESULTS: The most common cause of abdominal pain was acute appendicitis (22.2%). The median age of patients was 39 years (range 1-98 years). The male to female ratio was 1:1.5. The most common symptoms were abdominal pain (99.5%), nausea (90.7%) and vomiting (71.3%). The median severity of the pain was 6 (range 1-10). A total of 241 patients (39.1%) were admitted to the Intensive Care Unit.

CONCLUSION: The results of this study showed that the most common cause of acute abdominal pain was acute appendicitis. The most common symptoms were abdominal pain, nausea and vomiting. The median severity of the pain was 6. A total of 241 patients (39.1%) were admitted to the Intensive Care Unit.

DILATED CARDIOMYOPATHY AS A COMPLICATION OF CYTOMEGALOVIRUS CHRONIC MYOCARDITIS
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Background: Myocarditis is an inflammatory heart disease classified by clinical, immune, and histopathological criteria, commonly caused by infectious agents. In Western countries, viral infections are the most common cause. Usually a benign and self-limited disease, viral myocarditis may evolve towards a chronic inflammatory process leading ultimately to a dilated cardiomyopathy that at end-stage is a major cause for cardiac transplantation.

Methods and Results: We present a 27-year-old female patient, with a history of a child delivery 18 months before, and a recent hospital admission for acute cytomegalovirus (CMV) hepatitis. Shortly after discharge (<1 month) she developed acute respiratory distress, hemodynamic instability and altered mental status, with admission to an Intensive Care Unit. A cardiogenic shock secondary to a dilated cardiomyopathy unresponsive to vasopressors with associated multiorgan dysfunction was diagnosed. Given the patient’s serious clinical condition extracorporeal membrane oxygenation was used as a bridge for cardiac transplantation, successfully performed one week after hospital admission. CMV serology was positive (only IgG) and CMV genome was detected in patient’s blood (> 500 copies/mL). The anatomicopathological exam of the patient’s heart revealed a dilated cardiomyopathy secondary to a chronic pancarditis; immunohistochemical assay for CMV was negative.

Conclusion: It’s our belief that in spite of lack of adequate microbiological findings to determine the myocarditis’ etiology (viral serology is insufficient for an accurate diagnosis) this clinical condition was caused by CMV infection. This case illustrates the difficulties in establishing a proper etiology for viral myocarditis given the several limitations of the diagnostic methods currently available.
Methods: We retrospectively analyzed the medical records of 903 patients who presented to the ED with symptoms of abdominal pain, over a 12 month period. Univariate and multivariable logistic regression analysis was used to study the effect of various factors in hospital admission. Results: Overall 239 (26%) patients were hospitalized during our study period. Hospitalized subjects were significantly older (55 vs. 40 years) and had a higher proportion of male patients (51.9% vs. 42.1%) (p<0.05). Furthermore hospitalized subjects had a higher proportion of leukocytosis (55.8% vs. 19.3%) and included a higher percentage of febrile patients (10.6% vs. 4.9%) (p<0.05). The multivariable logistic regression analysis showed that only leukocytosis was significantly associated with patients’ admission to the hospital (Exp β = 0.16, p<0.05). Conclusions: Older and male patients with fever and elevated white blood cell count are more likely to have significant pathology requiring admission to the hospital for further evaluation.

PROTECTIVE EFFECT OF APITHERAPY PRODUCTS AGAINST CARBON TETRAChLORIDE-INDUCED HEPATOTOXICITY IN WISTAR RATS

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Background: Toxic hepatopathy represents a pathology with a continuously growing occurrence. Carbon tetrachloride (CCl4) is a well-known substance used in producing experimental models of chemically induced hepatic injury. This study was designed to investigate the protective effects of the apitherapy products against CCl4 induced hepatotoxicity in Wistar rats.

Methods: Hepatic lesion was induced by intraperitoneal injection of CCl4 (dissolved in paraffin oil, 10% solution). Two ml per 100 g were administered, and the effects of the products were compared to those on the model group. The areas of the liver were determined using histological preparations (H&E stain).

Results: Administration of apitherapy diet to laboratory animals with CCl4 induced hepatopathy determines, when compared to the group which was given CCl4 without protection, the following modifications regarding: I) enzymatic profile –decrease of hepatic enzymes: aspartate aminotransferase (385.1 ± 44.95 versus 93.7 ± 13.75), alanine aminotransferase (99.33 ± 21.51 versus 51.81 ± 13.72), alkaline phosphatase (170.4 ± 14.82 versus 110.9 ± 26.3), gamma-glutamyl transferase (0.95 ± 0.34 versus 0.55 ± 0.36); II) lipid profile – decrease of values for: total cholesterol (55.8 ± 11.33 versus 93.6 ± 7.33), triglycerides (181.2 ± 35.24 versus 84.5 ± 18.42), very low-density lipoproteins (36.64 ± 3.4 versus 50.45 ± 6.72); III) protein profile: increase of total proteins (59.6 ± 7.33) and cholesterol, LDL-cholesterol, HDL-cholesterol, triglycerides and fasting blood glucose using capillary blood in type II diabetic patients with PAD, who had been admitted to five (5) outpatient departments of the same hospital (internal medicine dept, endocrinology dept, cardiology dept, nephrology dept, vascular surgery dept) for the first time. Besides recording complete medical history and cardiovascular risk factors, an ABI (Ankle-Brachial Index) measurement and a carotid duplex ultrasonography were performed at presentation (on admission). We studied 69 type II diabetic patients with PAD (43 males/26 females) with a mean age (±SD) of 71.7±6.5 years, a mean BMI (±SD) of 26.6±4.8 kg/m² and a mean waist circumference (±SD) of 103.4±11.7 cm. The arterial blood pressure levels were within acceptable limits (< 130/80 mmHg) under antihypertensive treatment in 64 patients (92.75%). Metabolic syndrome according to the NCEP-ATP III criteria (2001) was present in 58 patients (84.0%). Results: 29 patients (42.02%) had clinically manifested and objectively documented vascular lesions. Total-cholesterol was 186±42 mg/dl, LDL-cholesterol: HDL-cholesterol: triglycerides 222±108 mg/dl. A total of only 34,78% (24 patients) in this high risk cohort attained the LDL-chol target levels according to the TASC II guidelines. A total of 68,11% (41 patients) were on platelet aggregation inhibitors. Conclusion: According to our results we found poor adherence to international guidelines for secondary prevention in type II diabetic patients with PAD in the above five (5) outpatient departments.

PORTAL AND MESENTERIC VEIN THROMBOSIS SECONDARY TO CYTOMEGALOVIRUS HEPATITIS


Background: Thrombosis is a rare complication of cytomegalovirus (CMV) infection in immunocompetent patient. There are reports of 40 patients with CMV infection and thrombosis in different localisations, 18 of them hepatic-mesenteric-portal vein thrombosis. We communicate a new case of portal vein thrombosis associated with CMV infection.

Case: A man of 66 years old, with history of surgery for hepatic Echinococcus granulosus cyst and surgical reparation of grom hernias in his youth, was admitted for persistent fever and abdominal pain located in epigastrian since one month before. His GP began antibiotic therapy with claritromicin and subsequently levofloxacin for suspected pneumonia. No others treatment was taken. A CT of thorax and abdomen showed rests of fibrotics tracts in the liver and thrombosis spleno-portal. Esofagogastroduodeonescopy and colonscopy were normal. Serology against of CMV showed Ig G negative with Ig M 95 UI/ml, monoclonal gammapathy (lg G lambda 0,6 grid/l). The rest of tests were normal: coproculture, flow cytometry of peripheral blood, HCV, HIV, EBV, Syfilis, ANA, lupus anticogulant, antacidolinopin antibodies, Factor V Leiden mutation, protein C and S deficiency, Methyltetahydrolafolate reductase mutation, G0210A protrombin mutation, JAK2V 616 and homocistim levels.

Anticoagulant therapy was begun with acencumolar. After 3 months, the antiphospolipid antibody remained negative, monoclonal gammapathy had disappeared and abdominal CT showed resolution of thrombosis while serological test showed an increased level of Ig G against CMV with mild persistent lymphocytosis.

Conclusion: In patients with CMV infection and abdominal symptoms, mesenteric thrombosis should be ruled out, to initiate anticoagulant therapy as early as possible.

INFLUENCE OF INTERNATIONAL GUIDELINES (TASC II) ON THE MANAGEMENT OF CARDIOVASCULAR RISK FACTORS IN TYPE II DIABETIC PATIENTS WITH PERIPHERAL ARTERIAL DISEASE (PAD)

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Background/Aim: Recent data on the management of cardiovascular risk factors in high risk patients shows that dyslipidemia is still being treated in an inadequate way especially in type II diabetic patients. This study analyzes the influence of the recommendation of the Trans-Atlantic Inter-Society Consensus for the management of PAD (TASC II) on the actual daily practice.

Materials - Methods: In this retrospective cohort study we analyzed total-cholesterol, LDL-cholesterol, HDL-cholesterol, triglycerides and fasting blood glucose using capillary blood in type II diabetic patients with PAD, who had been admitted to five (5) outpatient departments of the same hospital (internal medicine dept, endocrinology dept, cardiology dept, nephrology dept, vascular surgery dept) for the first time. Besides recording complete medical history and cardiovascular risk factors, an ABI (Ankle-Brachial Index) measurement and a carotid duplex ultrasonography were performed at presentation (on admission). We studied 69 type II diabetic patients with PAD (43 males/26 females) with a mean age (±SD) of 71.7±6.5 years, a mean BMI (±SD) of 26.6±4.8 kg/m² and a mean waist circumference (±SD) of 103.4±11.7 cm. The arterial blood pressure levels were within acceptable limits (≤ 130/80 mmHg) under antihypertensive treatment in 64 patients (92.75%). Metabolic syndrome according to the NCEP-ATP III criteria (2001) was present in 58 patients (84.0%). Results: 29 patients (42.02%) had clinically manifested and objectively documented vascular lesions. Total-cholesterol was 186±42 mg/dl, LDL-cholesterol: HDL-cholesterol: triglycerides 222±108 mg/dl. A total of only 34,78% (24 patients) in this high risk cohort attained the LDL-chol target levels according to the TASC II guidelines. A total of 68,11% (41 patients) were on platelet aggregation inhibitors. Conclusion: According to our results we found poor adherence to international guidelines for secondary prevention in type II diabetic patients with PAD in the above five (5) outpatient departments.

PERITONEAL TUBERCULOSIS: CASE REPORT

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Background: Peritoneal tuberculosis mainly affects patients with risk factors, usually by reactivation of latent infection. Insidious onset and nonspecific clinical presentation retard diagnosis by a mean of 4 months. The most common presentation is abdominal pain, fever and ascites. The gold standard

Methods: Clinical file analysis of a ward patient and review of literature.

Results: A mental handicapped male patient, 59 years-old, was admitted in surgical wards for diffuse abdominal pain, nausea and vomiting evolving in 8 days, lastly complicated by sub-occlusion. The abdomen was distended, tympanic and tenderness was elicited on palpation of left quadrants, without guarding. Abdominal CT showed irregularity of descending colon, a small ascites and signs of peritoneal and ganglion-nar involvement. Colonoscopy, tumor markers, urine, sputum and blood cultures, Mantoux test, search for BK in gastric juice, infectious serology and peritoneal fluid analysis were negative. Exploratory laparotomy, performed at the 55th day, allowed us to establish the diagnosis of tubercu- lar peritonitis.

Conclusion: Diagnosis of peritoneal tuberculosis requires a high level of suspicion. Laboratory tests are nonspecific and the Ziehl-Neelsen staining and cultures of ascitic fluid have a low sensitivity. Only 20-30% of patients have radiological evidence of past or active pulmonary tuberculosis. Laparoscopic biopsy should be considered early in the diagnostic work-up as morbimortal- ity directly correlates with delay in institution of therapy.

THE DIFFERENCE BETWEEN THE CLASSIC METHOD AND STEWARD METHOD TO EVALUATE THE ARTERIAL BLOOD GAS
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Background: Peter A. Stewart published a paper also describing his concept of Strong Ion Difference as an alternative means of assessing clinical acid-base disturbances in 1983. Stewart listed a total of six ion concentra- tions as dependent: [H+] , [OH-], [HCO3-],[CO3−2], [HA], [A−]. In this study we compared the levels of HCO3 and anion gap which were calculated by the classic method and Stewart method.

Method: Four hundred nine (409) arterial blood gas were collected, retro- spectively. Some of them were obtained from the same patients in different times and conditions. The levels of HCO3 and anion gap were calculated by using Stewart method at the website of AcidBase.org. The levels of HCO3, anion gap and strong ion difference (SID) were calculated by using Stewart method in the light of patients age, serum lactate, glucose, sodium, chlorine, and pH, etc. The levels of HCO3 and anion gap which were calculated sepa- rately by using classic method and Stewart method, were compared.

Result: According to classic method the levels of HCO3 and anion gap are 22.4±7.2, 20.1±4.1 respectively, and according to Stewart method the levels of HCO3 and anion gap are 22.6±7.4, 19.9±5.5 respectively. There was a sta- tistical significant difference among the classic method and Stewart method. (p<0.001).

Conclusion: Although there was a statistical significant difference among the levels of HCO3 and anion gap which were calculated separately using clas- sic method and Stewart method, we considered that it hasn’t any clinical importance.

NEW RISK SCORES ARE CHANGING THE THROMBOEMBOLIC PROPHYLAXIS IN ELDERLY PATIENTS WITH ATRIAL FIBRILLATION

Atrial fibrillation affecting the elderly became an epidemic of the 21st century. Because the thromboembolic risk (TBEr) as well as hemorrhagic risk are as higher as older the patients are, it is crucial to define individual risk and effec- tive antithrombotic therapy. Several TBEr scores were published to adequate antithrombotic therapy/prophylaxis.

Aim: to evaluate the adequacy of antithrombotic prophylaxis in the elderly according to CHADS2, vs the most recently developed CHA2DS2VASC and the HASBLED bleeding risk score.

Methods: We retrospectively studied patients ≥65y discharged during a 13-month period, with atrial fibrillation or flutter. TBEr risk was stratified according to both scores and HASBLED was determined. Prescribed anti- thrombotic therapy was analyzed.

Results: 139 consecutive patients, m=79.3±7.3y, 59% women. Using CHADS2, 77.7% of the patients had high TBEr and 22.3% moderate TBEr while applying CHA2DS2VASC all the patients had ≥2 risk factors and thereby indication for oral anticoagulation. HASBLED was low (<3points) in 59% of the patients. As far as oral anticoagulation is concerned, 53.9% of the patients were dis- charged under warfarin (of whom 29.3% had HASBLED≥3) whilst the remain- ing were under antiplatelet therapy or without any antithrombotic therapy. Nonetheless 41.6% of these patients had a low HASBLED.

Conclusions: Applying CHA2DS2VASC, all patients would have high TBEr; excluding the “grey zone” of moderate TBEr by CHADS2, HASBLED score should be used to better stratify the patients with higher bleeding risk to help on the antithrombotic decision. It is of the foremost importance to better adequate antithrombotic therapy to these old high risk populations.

MOXIFLOXACIN IN COMMUNITY-ACQUIRED PNEUMONIA

Background: Community-acquired pneumonia (CAP) is a major source of morbidity and disability and may be a life threatening condition. Moxifloxacin is a fluoroquinolone with a broad spectrum of activity against commonly encountered respiratory tract pathogens. The aim of this study was to assess the efficacy of moxifloxacin therapy in patients with CAP treated under real life conditions and compare with other antibiotic agents.

Methods: This was a retrospective, cross sectional, descriptive study under- taken in the emergency department of a general care hospital, between October 2009 and March 2010. Patients with a diagnosis of CAP according to the usual clinical guidelines were selected for the study. They were finally included if the radiological findings were compatible with pneumonia by a second physician. Paediatric patients were excluded.

Results: A total of 297 patients were analysed and 197 were included. The mean (SD) age was 60.83 (20.83) years and 120 (60.9%) were male. The severity of CAP, assessing the Pneumonia Severity Index, was I in 55 (27.9%) patients, II in 25 (13.2%), II in 23 (11.7%), IV in 34 (17.3%), and V in 29 (14.7%). S. pneumoniae was present in 25 (12.7%) cases, Legionella pneumophila in 1 (0.5%) and Influenza H1N1 in 10 (5.1%). A total of 20 (10.8%) patients received monotherapy with moxifloxacin, 103 (55.7%) levofloxacin, 13 (7%) betalactamic, and 49 (26.3%) received more than one antibiotic (betalactamic plus macrolid, betalactamic plus quinolone, betalactamic plus aminoglycosid or another combination). Most of the patients (165 or 83.8%) did not present any complication, 15 (7.6%) pleural effusion and 7 (3.6%) died. None of these patients with complications were those using moxifloxacin (p NS). Only one patient using moxifloxacin was hospitalised (p=0.093) during the course of CAP.

Conclusion: In our experience, monotherapy with moxifloxacin is an effec- tive and safe treatment for patients with CAP. This makes it as an empirical treatment choice in CAP.

FABYR DISEASE: A NEW MUTATION WITH PHENOTYPIC CORRELATION?
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Background: Over 400 different mutations in GLA gene have been identified in Fabry disease. Besides the classic Fabry disease phenotype, there also exist cardiac and renal variants with late onset of the condition, limited to a single organ, some of these being related to specific mutations.

Aim: To analyse the characteristics of carriers of mutation g.6177T>A and its possible correlation with an early cardiac-renal variant.

Methods: The genotypic and phenotypic characteristics of patients diagnosed with Fabry disease in our hospital in the last twenty years were analysed, and compared with descriptions in the literature (MEDLINE, Cochrane Library and EBM reviews).

Results: 4 patients were studied with 2 mutations: g. 9181T>C, present in a 46-year-old woman and her 19-year-old son, described beforehand, was related with the classic phenotype (angiookeratoma, acropaeracthesias, joint pain, cornal verticillata...). g.6177T>A, present in a 46-year old male and
his brother, both with early kidney affection and severe left ventricular hypertrophy, without other conditions. After reviewing the literature, no patients were identified as carriers of this mutation.

**Conclusion:**

- The mutation g.61777>T is pathogenic for Fabry disease and has not been previously identified.
- It may be related to a mixed cardio-renal phenotype with severe early onset of the condition, unlike single cardiac or renal variants.

**ACUTE PYELONEPHRITIS: MICROBIOLOGY AND ANTIMICROBIAL THERAPY**

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**Background:** Urinary tract infections are the major cause of nosocomial infection. Escherichia coli is the most common germ involved. Since it has been firmly documented the variability of sensitivity and resistance pattern depending on the population studied, the aim of our study is to assess the pattern in the Department of Internal Medicine HGU Gregorio Marañón.

**Methods:** A retrospective study was carried out in a cohort of 82 patients admitted, with the diagnosis of acute pyelonephritis (AP), in the first half of 2011. Epidemiological and microbiological data were collected. The statistical analysis was done with the SPSS v. 18.0.

**Results:** Of our population, 75.6% were females. Average age was 44.3 ± 20.3 years. It was taken out urine and blood cultures at 91.2% and 87.8% of our patients, being "positive" in 75.6% and 20.8% respectively. The agent most frequently isolated was E. coli (65.9%) founding a 100% sensitivity to fosfomycin. It was followed by K. pneumoniae (2.4%), E. faecalis (2.4%), S. saprophyticus (1.2%) and P. mirabilis (1.2%). Third generation cephalosporin was the most frequently antimicrobial used for treatment. Almost 5% of patients were transferred to hospital home care. There being no deaths and only 12 patients had a recurrence of the disease.

**Conclusions:** Acute pyelonephritis mostly affects females, being E. coli the most common organism. Despite of we found a 100% E. coli sensitive to fosfomycin, we used 3rd generation cephalosporin as empirical treatment. We would stress the importance of microbiological analysis for the identification and targeted treatment.

**SPECTRUM OF FOOT PROBLEMS IN PATIENTS WITH DIABETES MELLITUS (DM) TYPE II BASED ON OUR EXPERIENCE. ANOTHER LOOK AT THE SIGNIFICANT ROLE OF PRIMARY HEALTH CARE IN THE PREVENTION AND EARLY DETECTION OF DIABETIC FOOT COMPLICATIONS**

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**Purpose/Aim:** To review the spectrum of foot problems in patients with DM type II and the underlying etiologic factors. Moreover, to emphasize the significant role of primary health care in the prevention and early detection of diabetic foot complications.

**Materials/Methods:** Retrospective study was conducted between June 2002 and June 2010. 72 patients with diabetic foot infection were admitted to the surgical departments of our hospital. The medical records of the above study group were reviewed. The variables analysed were age, gender, family history of DM type II, kind of treatment (oral hypoglycemic drugs or insulin), concomitant neuropathy and clinical presentation (gangrene, infected ulcers, cellulites etc.).

**Results:** Among 72 patients who were thoroughly examined, there were 56 males and 16 females with a mean age of 68.9 years. Most of them (94.5%) were elderly relatives of the military personnel, who were living in very distant rural areas or isolated islands (mainly frontier regions) and they had been admitted for foot problems to a general hospital for the first time. 47 patients had a family history of DM type II. 50 were being controlled by oral hypoglycemic drugs and 22 were insulin-dependent. 5 patients had been newly detected to have diabetes for the first time. On admission, all patients were started on antibiotic treatment covering aerobic and anaerobic organisms whilst awaiting the results of discharges culture and sensitivity tests. 58 patients had an operative intervention for their condition, 18 were treated successfully with simple drainage and debriement, 17 patients had a big toe amputation, 12 patients had other toes amputations, 9 patients underwent below knee amputations and 2 patients underwent above knee amputations. As far as concomitant neuropathy is concerned, there was no significant difference in clinical presentation among patients controlled by oral hypoglycemic drugs as compared with those on insulin prior to admission. A diabetic history had a major effect on the severity of clinical presentation and it was observed that the longer was the history of diabetes; the more severe was the clinical presentation.

**Conclusions:** Diabetes is a very common disease in which several medical specialties are implicated. The above results demonstrate that programs for prevention and early detection of complications are mainly needed in the primary health care, especially in the family medicine departments and in the community medicine departments of isolated rural areas and islands, including foot screening, provision of appropriate footwear and foot care. The establishment of diabetic foot clinics – not only in general hospitals of urban and suburban areas but in primary health care as well – is needed to follow up and treat diabetic complications as early as possible, because the above complications would have been minor if they had been detected earlier. It is certain that limited access to basic foot care and protective footwear may contribute to diabetic foot complications.

**HEPATOSPLENIC SCHISTOSOMIASIS AS RARE CAUSE OF HEMATEMESIS**

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**Background:** Schistosomiasis is endemic in tropical and subtropical areas but it is rarely found in Europe. This paper describes a case of an egg-negative patient with hepatosplenic schistosomiasis presenting as hematemesis in an Egyptian immigrant.

**Case report:** A previously asymptomatic 23-year-old man who migrated to Greece from a rural region of Egypt presented with hematemesis and melena due to ruptured esophageal varices. He had normal hepatic function and ultrasonography revealed portal hypertension, splenomegaly and absence of hepatic or portal vein thrombosis. Although the microscopic examination of stool and urine for eggs was negative, a diagnosis of schistosomiasis was based on the presence of relevant epidemiologic history, positive serologic tests for antibodies to schistosomes, iron deficiency anaemia, elevated IgE concentrations, and a liver biopsy revealing periportal fibrosis, focal epithelioid granulomas, lymphocytes, plasma cells and eosinophils, indicative of a parasitic infection. Coinfection with HIV, HBV, HCV was excluded. ANA and anti-Jo1 antibodies were positive. The patient improved on endoscopic treatment and praziquantel.

**Discussion:** Chronic schistosomiasis is an immune complex disease with various complications. Concurrent infection with HIV, HBV, HCV viruses and alcohoholic cirrhosis worsens the prognosis. Elevated ANA and anti-Jo1 antibodies were considered as reactive to the helminthic infection as there were no laboratory or clinical features of polymyositis.

**Conclusion:** Population movements and international travel have increased schistosomiasis prevalence in Europe, therefore it should be considered in the differential diagnosis of patients with upper GI bleeding.

**A RARE CAUSE OF FEVER OF UNKNOWN ORIGIN IN THE ELDERLY**

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**Background:** Adult-onset Still’s disease (AOSD) is an uncommon febrile disorder of unknown aetiology, with seronegative polyarthritis in association with a systemic inflammatory illness.

**Methods:** A 74 year old woman without relevant past medical history was admitted to an Internal Medicine Department for workup and diagnosis on a
Only 68% had any form of consent documented. Pleural effusion (59%) and pneumothorax (31%) accounted for most of the indications. 38% of the procedures performed out of hours and all of them were justified. Majority (85%) were inserted by senior doctors (ST3+ level). Bedside ultrasound was used in 80% of pleural effusion cases. The nursing drain observation chart was maintained in 88% cases. 8% minor immediate complication reported, no death or organ damage directly related to the procedure.

**Conclusion:** This audit has demonstrated improving safety awareness that includes, most of procedure performed by trained doctors and use of bedside ultrasound. But it has highlighted lack of training at junior doctors level, including thoracic ultrasound. Following this audit we have introduced the safety check list and training programme for junior doctors including ultrasound training.

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**EFFICACY OF AUTOMATIC BLOOD PRESSURE DEVICE TO DETERMINE RELIABLY THE ANKLE BRACHIAL INDEX (ABI)**

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**Introduction:** ABI constitutes a useful tool to detect peripheral arterial disease (PAD) and consequently identifies individuals with subclinical arteriosclerosis. Nevertheless, is rarely used in routine daily clinical practice probably because the gold-standard method for ABI measurement requires Doppler device and trained physicians.

**Aim:** The aim of this study was to evaluate the ability of automatic blood pressure device to measure ABI accurately.

**Material - Method:** ABI measurements with two different methods: with the automatic blood pressure device, Omron M4 (autoABI) and with the Doppler device Minidop ES-100VX 8Hz and a sphygmomanometer (dABI) were obtained sequentially in 130 participants (men 86, mean age 67 ± 7 years). 65 measurements were made first by autoABI and the rest 66 first by dABI (randomly). The results were compared by the Student paired t-test. To determine the reliability of the autoABI in diagnosing PAD, we calculated the sensitivity, specificity, positive predictive value, negative predictive value, and the area under the ROC curve

**Results:** The mean dABI was 0,987 ± 0,178 vs an autoABI of 0,9947 ± 0,2 (p = 0,4) The agreement among two methods was high (Cohen’s kappa coefficient = 0,841). The area under the curve (AUC) was 0,90 (95% confidence interval [CI], 0,863 to 0,97), while sensitivity was 80,49%, specificity 94,68%, positive predictive value 86,84% and negative predictive value 91,75%.

**Conclusion:** ABI measurement with automatic commercial oscillometric devices is an easy and reliable method that would provide a practical tool for physicians not specifically trained to use the Doppler device.
Conclusion: Additional risk factors (eg frequent falls, number of previous spine fractures etc), not represented in FRAX®, warrant individual clinical judgment. Further studies are required to clarify whether QUS combined with FRAX® have the potential to demystify fracture risk assessment and cost-effectiveness for primary care case-finding when DEXA is not available.

THE PATIENT WITH PEPTIC ULCER BLEEDING FOLLOWING ANTIPLATELET THERAPY FOR CARDIOVASCULAR DISEASE – HOW DO WE SOLVE THE PROBLEM?

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Background: The patient with cardiovascular disease and antiplatelet therapy who develops a peptic ulcer bleeding requires a complex approach. We aimed to show the therapeutic strategy for these patients adopted in "Floreasca" Emergency Hospital in accordance with current data in the literature.

Methods: We analyzed medical data recorded between January 1 and December 31, 2010 in "Floreasca" Emergency Hospital for patients with peptic ulcer bleeding and antiplatelet therapy. We also assessed the results of recent clinical trials and the current guidelines for the treatment of these patients.

Results: Patients with peptic ulcer bleeding and antiplatelet therapy have an increased risk of major adverse cardiac events and a significant increase in risk of 30-day all-cause mortality associated with the withdrawal of antiplatelet agents.

Conclusion: Individual assessment of cardiovascular and gastrointestinal risks is indicated for each patient. Early reintroduction of antiplatelet therapy should be considered when vascular risk appears to outweigh the risk of gastrointestinal events (usually within 7 days). In these cases, antiplatelet agents resumption should be associated with effective endoscopic hemostasis, proton pump inhibitors and eradication of Helicobacter pylori, if that infection is demonstrated.

IMPACT OF CO-MORBID CONDITIONS ON CARDIAC STRUCTURE AND FUNCTION IN HYPERTENSIVE PATIENTS

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Background: The aim of this study was to evaluate the interaction of diabete-, or coronary artery disease (CAD) on cardiac structure and left ventricular (LV) function in hypertensive patients (pts) without heart failure or myocardial infarction.

Methods: The study population included 145 consecutive pts (53±9 years) with preserved LV systolic function (EF ≥ 50%): 55 with hypertension (HT), 41 with hypertension and diabetes (HT+DM), 49 with hypertension and CAD (HT+CAD) and 30 healthy controls. Longitudinal systolic function (Sm) by tissue Doppler, diastolic function by conventional and tissue Doppler echocardiography, LV mass indexed (LVMI), left atrial volume indexed (LAVi) and model of cardiac remodeling were evaluated.

Results: The prevalence of diastolic dysfunction was higher in HT+DM group (74%), than in HT group (56%), or in HT+CAD group (61%). Sm was significantly reduced in HT group (8.47 ± 1.3 cm/s) and HT+CAD group (8.64 ± 2.1 cm/s) vs controls (10.92 ± 1.1 cm/s), and significantly reduced in HT+DM group (7.6 ± 1.9 cm/s) vs all groups (p < 0.001).

Conclusion: The patients with cardiovascular and gastrointestinal disorders have a higher risk of developing diastolic dysfunction, which is more pronounced in HT+DM group vs HT, HT+CAD and control groups regarding LVMI (119±29 gr/m2, 106±22 gr/m2, 114±24 gr/m2, 97±24 gr/m2, respectively, p<0.001), LAVi (32.3±6.7 ml/m2, 27.3±4.8 ml/m2, 28.9±5.6ml/m2, 23.4±4.6 ml/m2; respectively, p<0.001) and cardiac remodeling (p<0.001).

Conclusions: The prevalence of diastolic dysfunction was higher in HT+DM group (74%), than in HT group (56%), or in HT+CAD group (61%). Sm was significantly reduced in HT group (8.47 ± 1.3 cm/s) and HT+CAD group (8.64 ± 2.1 cm/s) vs controls (10.92 ± 1.1 cm/s), and significantly reduced in HT+DM group (7.6 ± 1.9 cm/s) vs all groups (p < 0.001).

THE LABEL OR THE DISEASE

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The authors present a case of female patient, 60 years, with history of ulcerative colitis and depression after surviving plane crash 18 years ago. In 2006 Bipolar illness was diagnosed and since then treated with antidepressants.

In 2010 revealed complaints of fatigue, loss of strength and worsening of psychiatric symptoms, by then related to social and family problems. In routine analysis, high level of CPK was found, which led to a reduction of the usual antidepressants, considering iatrogenic effects.

Five months after was admitted to the psychiatric service due to worsening of symptoms, with easy fatigue and decrease in muscle strength, more pronounced in pelvic girdle and thighs, referring to slowing of gait and limitation of some activities of daily living. The patient was then sent to Internal Medicine ward for investigation. The CPK levels kept persistently elevated, regardless conventional therapeutic measures for the management of rhabdomyolysis. The march for diagnostic study of possible myopathy is shown.

Among others, serological and immunological studies, MRI, electromyography and muscle biopsy were performed and revealed the physical diagnosis of polymyositis. Malignancy was excluded.

Polymyositis is a rare condition, characterized by a chronic inflammatory myopathy. General symptoms as fatigue and pain occur, progressing with marked weakness and/or loss of muscle mass in the proximal musculature. In patients with psychiatric illnesses, who can become more apalliative, initially these complaints can be misunderstood or even undervalued.

MORBIDITY OF FOREIGN TRAVELERS IN ATTICA, GREECE: A RETROSPECTIVE STUDY

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Background: Over the last decade, travel medicine mainly focused on the epidemiology of diseases among travelers to developing countries. Less is known about travel-related morbidity in Europe.

Objective: We aimed to present our experience regarding the morbidity of foreign travelers during their visit in Greece during a 5-year period.

Methods: We retrospectively evaluated demographic and clinical characteristics of foreign travelers to Greece from 01/01/2005 to 31/12/2009 that sought medical services from a network of physicians performing house-call visits (SOS Doctors) in the area of Attica, Greece.

Results: Overall, 3414 foreign travelers [children (≤18 years): 27%] were identified; 151 (4.4%) required transfer to a hospital. The most common health problems were: respiratory disorders (34%), diarrheal disease (19%), musculoskeletal (12%), dermatologic (7%), non-diarrheal gastrointestinal (6%), and genitourinary (5%) disorders. Respiratory disorders were the most frequent diagnoses during all seasons, followed by diarrheal gastrointestinal and musculoskeletal disorders. Respiratory/dental conditions were observed significantly more frequently in children; no difference between male and female patients regarding the evaluated diagnoses. Respiratory disorders were observed significantly more frequently (p<0.01) during winter (47%), compared to spring (36.7%), summer (30.9%), and autumn (30.5%). Dermatological disorders were observed significantly more frequently (p<0.01) during autumn (8.3%) and summer (7.9%), compared to winter (4.9%) and spring (2.1%).

Conclusion: Despite the limitations of the retrospective methodology, our findings suggest that mild, self-limited respiratory events may be the prevalent cause for seeking primary health care during travel to Greece. Our
findings may be extrapolated in other countries with similar climatic and socioeconomic status.

**Keywords:** tourists, travel-medicine, European countries, respiratory tract infections, infection-control

**ATRIAL MYXOMA – A DIFFICULT DIAGNOSIS?**

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This review shows the clinical case of a 53 years old patient, smoker, hypertensive, treated with statins and fibrates, who has had no history of claudication, admitted at 48 hours from the onset of intense pain in the hypogastrium and later in the pelvic limb, after a sudden effort. Clinical findings: weakness, walking difficulties, with right calf increased volume and absent pulse at the CFA bilaterally. Biologically determined CK 12150U/L, creatinine 17mg/dl. In this context described by the patient we suspected many causes for the rhabdomyolysis. The lower extremity arteriography Doppler revealed the absence of atheromas but pinpointed the lumen occupied with inhomogeneous, hyperechoenous material. The abdomino-pelvic CT excluded the aortic dissection. The MRI of right calf excluded any tumor or muscle rupture and showed rhabdomyolitic modifications. Although the patient did not have altered cardiac auscultation, we performed echocardiography and found a tumor attached to the interatrial septum, in medio-basal portion (the oval fossa), with wide basal insertion and 2-3 extensions highly mobile, without any contact with the mitral valve (atrial myxoma or atypical vegetation fixed on A/S without valvulopathy). Two weeks after the debut bilateral ileo-femoral- popliteal trombembolectomy was performed with a high risk. Afterwards good clinical condition permitted atrial tumor surgical removal. Atrial myxoma was histopatologically confirmed.

The case particularity is the large amount of disseminated embolic material with multiple implications as first manifestation of atrial myxoma (acute peripheral ischemia, pariesis of EPS, rhabdomyolysis, severe renal failure).

**SEVERE AORTIC STENOSES... A POTENTIAL CAUSE OF CHRONIC DIC**

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**Background:** An 82-year-old man with a background of hypertension, chronic renal impairment, atrial fibrillation, ischaemic heart disease, severe aortic stenosis & left ventricular failure; presented to the emergency department with worsening of exertional dyspnea and lethargy. Examination revealed features of congestive cardiac failure, ECG showed rate controlled AF with no evidence of acute ischaemia, and CXR demonstrated pulmonary oedema.

He was reviewed by the cardiology team who advised on optimizing his heart failure treatment.

Bloods revealed chronically low platelet count for the previous 2 years and deranged clotting; with a mildly elevated PT and APTT, raised D-Dimer and low Fibrinogen. Subsequent tests showed no evidence of haemolysis and there were no signs of sepsis or bleeding.

A diagnosis of DIC was made and haematology advised testing for tumour markers (CA125 and CA19-9 were marginally raised), and a total body CT (incidental 3.6cm abdominal aortic aneurysm, no evidence of malignancy). A diagnosis of chronic DIC secondary to severe aortic stenosis was made. The patient scored 5 on ISTH (International Society on Thrombosis and Haemostasis) scoring system, which translates into an overt DIC state. The patient remained asymptomatic and was discharged home with outpatient follow up. He died 3 months later from congestive heart failure.

**Conclusion:** Chronic DIC is a rare condition and maybe asymptomatic; hence high clinical suspicion is needed. The diagnosis can prompt meticulous investigation of the underlying disorder. New evidence is emerging to link severe aortic stenosis with tissue factor expression, and thus it may potentially precipitate chronic DIC.

**CASE REPORT OF RARE BENIGN DISEASE – FOCAL MYOSITIS**

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Focal myositis is a rare, benign, inflammatory pseudotumour of skeletal muscle. Typically, patients present with localized painful swelling in one limb, usually without features of systemic involvement.

We present a case of 64 years-old man with 4 months enlargement of the upper limbs and right thigh with inflammatory signs, including partial incapacity to flex and extend the right arm. Initially low doses of non steroidal anti-inflammatory drugs ameliorated symptoms but 2 weeks before hospital admission pain became excruciating. He denied history of trauma or localized bruising, fever, rash or generalized muscle dysfunction. Laboratory evaluation: Hemoglobin 10.5 g/dl; Leucocytes 15200; ESR 54 mm/h; CRP 27 mg/dl, CK 192 U/ld; HDL 118 U/ld; Auto-antibodies (ANAs, anti-neutrophil cytoplasmic antibody, and rheumatoid factor) were negative. Ultrasound examination showed muscular infiltration with fibre destruction suggesting an infectious or inflammatory process. The possibility of polymiositis was not supported by electromyography and there were no signs of muscle necrosis. Skin and muscle biopsy showed no classical signs of polymiositis except a lymphocytic inflammatory infiltrate on compromised muscle fibres. High doses of non steroidal anti-inflammatory drugs alone prompted delayed but spontaneous and long-lasting resolution of inflammatory signs and anemia.

He started an ambulatory rehabilitation program discharged after full recovery of member strength and function. He remains on follow-up with no active disease or therapy.

We admit focal myositis as most probable diagnosis and discuss the relevance of this rare entity of benign etiology which nonetheless is associated with increased risk of polymiositis development with justifies an annual follow.

**A PREDICTIVE MODEL OF UNPLANNED HOSPITAL READMISSION IN A DEPARTMENT OF MEDICINE**

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**Background:** The Unplanned Hospital Readmission (UHR) may reflect a not effective approach to the patient or the occurrence of complications related to the initial admission. We aim to identify the factors related to the occurrence of UHR and build a predictive model of the risk of UHR.

**Methods:** Observational study of a cohort of patients discharged from a Department of Medicine (DM). We identified factors related with UHR through a case-control study nested in the cohort. The predictive model of UHR was obtained by multiple logistic regression.

**Results:** 1187 subjects were included. Seven variables were associated with UHR (p < 0.05): More than 1 hospitalization in the previous 3 months (OR 5.3), three or more episodes in the Emergency Department in the prior year (OR 4.0), presence of comorbidities as malignancy (OR 8.5), heart failure and chronic arrhythmia (OR 3.8), dementia (OR 3.5) and sensory impairment (OR 2.6), and finally, more than 1 criteria of clinical instability on the day of the discharge (OR 3.3). The predictive model showed a good discriminatory power (c = 0.83, p < 0.001), with sensitivity of 73.3% and specificity of 82.4%.

**Conclusion:** As important factors related with UHR we identified three dimensions: previous use of hospital care, associated comorbidities and clinical stability on the day of the discharge. The predictive equation obtained, in addition to potential use in risk stratification of UHR, could be used to standardize rates of UHR between different institutions.

**FIBRATE INDUCED RENAL INSUFFICIENCY**

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**Introduction:** Fibrates are frequently prescribed for hypertriglycerideremia or in case of statin intolerance during treatment of dyslipidemia. Renal insufficiency is an important but not well known side effect of fibrates.

**Cases**

**Patient 1**

A fifty years old, Caucasian man with chronic renal insufficiency due to diabetes mellitus type II and hypertension had overnight fasting hypertriglycerideremia of 7.39 mmol/L (653 mg/dL). Bezafibrate 400mg/day was initiated. Triglyceride levels decreased to 3.81 mmol/L (337 mg/dL). However serum creatinine increased from 275 (3.11 mg/dL) before to 401 µmol/L (4.53 mg/dL) after treatment with Bezafibrate. After discontinuation of Bezafibrate; serum creatinine reversed to start value.
A fifty-nine years old Caucasian man with mild diabetes, hypertension and chronic renal insufficiency had overnight fasting hyperglycemiaemia of 7.12 mmol/L (630 mg/dL). Bezafibrate 400 mg/day was started. Triglycerides decreased to 4.23 mmol/L (374 mg/dL). Serum creatinine increased from 189 μmol/l (2.14 mg/dL) to 261 μmol/l (2.95 mg/dL) after treatment with bezafibrate. This was also reversible after stopping bezafibrate.

Discussion: Pathophysiology of renal insufficiency due to fibrates remains to be illuminated. Rhebdomlysis was excluded by normal plasma creatine kinase levels in both cases. Another explanation could be a change in renal hemodynamics with a decrease in glomerular filtration due to a critical balance in afferent glomerulus. Another pathway could be an increased creatinine production in combination with a decline in tubular secretion of creatinine.

Conclusion: Fibrates induced renal insufficiency is important to prevent. In patients with chronic renal insufficiency with a glomerular filtration rate below 60 ml/min or serum creatinine level above 135 μmol/l fibrate therapy is contraindicated.

CREATININE-BASED FORMULA (MDRD) VERSUS CISTATIN C-BASED FORMULA (SIMPLE CYSTATIN C FORMULA) FOR ESTIMATION OF GFR IN PATIENTS WITH CHRONIC KIDNEY DISEASE

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Introduction: Serum creatinine (S_crea) and S_cys-based formulas are the most commonly used markers to estimate glomerular filtration rate (GFR). Recently, serum cystatin C (S_cys)-based formula was proposed as a new GFR marker. The aim of our study was to compare Modification of Diet in renal Disease Study (MDRD) formula and simple S_cys formula (100 × S_cys) against 51CrEDTA clearance in patients with chronic kidney disease (CKD).

Methods: 617 adult Caucasians patients (266 women, 351 men; mean age 57.6 years) were included. In each patient 51CrEDTA clearance, S_cys (IDMS traceable method) and S_cys (immunonephelometric method) were determined. GFR was calculated using MDRD and simple S_cys formulas.

Results: The mean 51CrEDTA clearance was 47.9 ± 34.7 ml/min/1.73 m², mean S_cys 265.1 ± 195 mcg/l, mean S_cys 2.65 ± 1.6 mg/l. Statistically significant correlations between 51CrEDTA clearance and both formulas were found (P<0.0001). In the ROC curve analysis (cut-off for GFR 60 ml/min/1.73 m²) no significant difference of diagnostic accuracy between MDRD formula and simple S_cys formula was found (P=0.478). Bland and Altman analysis for the same cut-off value showed that MDRD formula (bias: -29 ± (ml/min/1.73 m²) underestimated and simple S_cys formula (bias: 2.7 ml/min/1.73 m²) overestimated measured GFR. Analysis of ability to correctly predict GFR below and above 60 ml/min/1.73 m² showed higher prediction for simple S_cys formula (91.6%) compare to MDRD formula (84.3%) (P<0.0005).

Conclusions: Our results indicate that simple S_cys formula is reliable marker of GFR in patients with CKD and comparable to MDRD formula.

NODULAR PULMONARY AMYLOIDOSIS

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Background: Localized pulmonary amyloidosis is defined as amyloid deposition isolated to the respiratory tract, without evidence of systemic amyloidosis. It is uncommon and occurs in three types: tracheobronchial, parenchymal (single or multiple nodules), and diffuse (senile). Nodular pulmonary amyloidosis is usually found incidentally on chest radiographs in asymptomatic adults and has a benign course.

Case Report: A 66-year-old woman underwent chest CT scan after a car accident she had had. The CT showed a 3-cm calcified nodule at the left upper lobe and a smaller 1-cm at the right middle lobe. She was asymptomatic she had had. The CT showed a 3-cm calcified nodule at the left upper lobe and a smaller 1-cm at the right middle lobe. She was asymptomatic. Bronchoscopy showed no abnormalities, and brushings were unremarkable. Bronchoscopy showed no abnormalities, and brushings were negative for malignancy. A CT-guided needle biopsy of the left upper lobe lesion revealed necrotic material and the suspicion of granulomatous disease. PET scan also, raised the possibility of granulomatous disease. Therefore, thoracotomy and resection of the left nodule were performed. The histo-pathological examination revealed multinucleated giant cells and amorphous eosinophilic material. Congo red stain exhibited apple-green birefringence under polarized microscopy, consistent with amyloidosis. Tests for multiple myeloma were performed and proved negative (i.e. negative immunoelectrophoresis, absence of Bence-Jones proteins in urine). Therefore, a final diagnosis of nodular pulmonary amyloidosis was made. Six months later she remains well, without evidence of recurrence or systematic disease.

Conclusion: There are no disease-specific radiographic characteristics for nodular pulmonary amyloidosis. The differential diagnosis includes but is not limited to bronchogenic carcinoma. Diagnosis relies on biopsy. Treatment is by surgical excision.

A CHALLENGE TO AN INTERNIST: TWO PREGNANCIES IN A NON-COMPLIANT PATIENT WITH A MILD MENTAL RETARDATION DUE TO PHENYLKETONURIA

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We report on a 29 yrs old woman with classic phenylketonuria (IVS12-1G>A homozygosity), an inborn error in aminoacid metabolism. In spite of early treatment with dietary phenylalanine restriction and tyrosine supplementation, the patient developed mild mental retardation due to non-compliance with the prescribed diet. At our Centre all female patients receive routine and repeated counselling concerning possible conception and pregnancy.

Her first unplanned pregnancy (at 21 yrs) occurred in a situation of insufficient metabolic control, and thus posed a high risk of phenylalanine embryopathy (microcephaly, congenital heart defect, low birth weight). During the first trimester her phenylalanine blood concentrations were raised (range 6.9-12.2 mg/dl; recommended 0.7-4.0 mg/dl) resulting in psychomotoric retardation and behavioural problems in the child.

During the second unplanned pregnancy (at 29-yrs) her phenylalanin blood concentrations were raised due to dietary non-compliance almost throughout the whole pregnancy (range 2.6-10.8 mg/dl; median 6.9 mg/dl). Unfortunately all efforts to improve adherence to therapy as intensive dietary counselling, hospitalisation, frequent communication with the patient, her legal guardian, gynaecologist, social worker and lawyers were ineffective. The full-term male newborn had a low birth weight (2730 g) indicating phenylalanin embryopathy. In addition, classical phenylketonuria was diagnosed in the child.

More and more women with phenylketonuria and early onset of therapy reach the childbearing age. With tight metabolic control, at conception and during pregnancy, pregnancy-loss or severe phenylalanine embryopathy can be avoided. However, pregnancy in non-compliant patients with mild mental retardation may, despite all efforts, fail to achieve a safe outcome for the child.

PARADOXICAL RESPONSE IN THE TREATMENT OF TUBERCULOSIS AFTER DISCONTINUATION OF ANTI TNF IN PATIENTS WITH INFLAMMATORY DISEASES: A CASE-SERIES

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Background: Paradoxical worsening of tuberculosis is known since the use of efficient antibiotics and well describe under HAART in HIV-infected-patients as the Immune Reconstitution Syndrome.

Methods: We report cases of paradoxical reaction (PR) of tuberculosis in patients treated with anti-TNFα from the French national register RATIO and a national case call.

Results: Fourteen patients presented a PR of their anti-TNF-induced tuberculosis after antibiotic initiation. Median age of 55,5 years old (27-87), they received adalimumab (5), infliximab (7), certolizumab (1), etanercept (1) for rheumatoid arthritis (4), psoriasis (2), ankylosing spondylarthrit (5) and horton’s disease (1). Mean duration of the inflammatory disease and anti-TNF treatment before tuberculosis diagnosis was respectively 8 years (4 months-
29 years) and 11 months (7 weeks-64 months). Tuberculosis was disseminated or extrapolumony for twelve patients. All discontinued anti TNF treatment. A PR was diagnosed in a mean delay of thirteen weeks (0 week-48 weeks) after antibiotics introduction. Manifestations were fever, lymph nodes swelling (7) with fistulas (3), lung cavitations (2), cold abscess (1), pericarditis (1), cerebral vasculitis (1) and cerebral and medullar tuberculosis (2). In eight patients, underlying inflammatory disease reactivate. All recovered but required steroids dose increase (9), rituximab initiation (1), new antituberculosis treatment (2) or surgery (4). Steroids and antituberculosis treatment were maintained with a mean duration of 11 months (3-14) and 16 months (8-36) respectively.  

**Conclusion:** Paradoxical worsening of anti-TNF induced-tuberculosis after biotherapy withdrawal is an impressive and sometime difficult clinical diagnosis leading to numerous that should be early recognized since therapy requires anti-TB and anti-inflammatory treatment maintain.

**TOLOSA HUNT SYNDROME**

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Tolosa hunt syndrome consists of retro or unilateral periorbital pain associated with ophthalmoparesis of the III, IV or VI cranial nerves with pain relief after (beginning) corticotherapy. It is a diagnosis of exclusion. The authors present the following clinical case: a 56 year old woman with hypertension, depressive syndrome, right facial nerve paralyzis three years ago and left facial nerve paralyzis two years ago. The patient was observed in the emergency room due to right periorbital and supraciliar pain associated with ipsilateral diplopia and ptosis with four days of evolution. The neurological exam showed incomplete paralysys of the III right cranial nerve: ptosis, medial rectus palsy, left looking diplopia with pupil constriction and dilation preserved. Magnetic resonance imaging identified asymmetric cavernous sinus, with right cavernous sinus signal enhancement after contrast, traducing an inflammatory process. The blood and CSF tests were normal. Treatment with 1mg/Kg/day of prednisolone was initiated with pain remission after 48 hours. After six months the magnetic resonance imaging showed resolution of the inflammatory process. After analytical and imagiological studies, the excellent response to the beginning of corticotherapy and exclusion of other differential diagnosis, Tolosa Hunt syndrome diagnosis was established.

**METABOLIC SYNDROME AND CARDIOVASCULAR RISK IN HOSPITALIZED PATIENTS**

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Aim: The assessment of the metabolic syndrome (MS) frequency, the characteristics and its relationship to the smoking habit as well as the cardiovascular events in hospitalized patients.

**Materials & Methods:** In this study participated 287 patients (males: 53.56%), aged 21-87 which had been hospitalized in our clinic. The following data were recorded: smoking history, cardiovascular disease history, waist perimeter, arterial blood pressure, fasting blood glucose, triglycerides, total cholesterol and HDL.

**Results:** The MS frequency was 41.5% and the age of the people with MS was >46 years old. There was no difference between sexes. The smoking habit frequency was the same between the MS patients and the no-MS patients. The patients with MS presented with higher fasting glucose, systolic blood pressure and total cholesterol (p=0.0001); the recorded parameters of people with MS were: increased blood pressure (88.4%), increased waist perimeter (68.1%), increased triglycerides (38.1%), decreased HDL (75.8%) and increased fasting blood glucose (81.4%). The coronary heart disease and cerebrovascular accident history were associated to the presence of diabetes mellitus, age, dyslipidemia and elevated blood pressure. An increased frequency of cardiovascular complications was also noted to the smokers without MS.

**Conclusions:** The metabolic syndrome is frequent at hospitalized patients; it depends on the age and is associated to the frequency of cardiovascular complications. The smoking cessation and the immediate management of the MS risk factors may contribute to the decrease of cardiovascular complications.

**TUBERCULOUS HEPATIC ABSCESS – CLINICAL CASE**

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**Background:** Tuberculosis is an infection caused by Mycobacterium tuberculosis that frequently affects lungs, although any other organ can be stricken. About 20% to 30% of world wide population is infected by mycobacterium, of which prevalence is much high in developing countries. The incidence of extra pulmonary infection is being raised especially with the increase of cases of human immunodeficiency virus (VIH). The most frequent affected, locations are lymph node, pleura, gastrointestinal tract, osteo-articular system, meninges, peritoneum and pericardium.

**Methods:** The authors propose to present a case of a 73 years old patient with no relevant background, who went to the emergency department with complaints of malaise, high fever and abdominal pain located on the right hypochondrium. The patient referred as well significant weight loss in the last month. Physical exam revealed icteric sclerotic and painful hepatomegaly. The abdominal ultrasound revealed an hepatic heterogeneity lesion and abdomino tomography confirmed an abscess in the left lobe. It was made abscess drainage and parenquima biopsies were taken. The direct appreciation of the exudates did not revealed bacteria and anathomopathological study suggested an inflammatory pseudotumor.

**Results:** For abscess relapse, a new drainage was made and culture was positive for Mycobacterium tuberculosis.

**Conclusion:** The authors intend to present this case to be an infrequent form of extra pulmonary tuberculosis, especially in negative VIH patients.

**THE SIGNIFICANCE OF INSULIN SECRETION AND RESISTANCE ON THE OCCURRENCE OF CHD IN PREDIABETES TYPE 2**

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**Objectives:** It has been proven that the occurrence of type 2 DM is associated with abnormalities in insulin secretion and the relationship of sensitivity to the development of coronary heart disease(CHD). In type 2 DM have an important role of metabolic risk factors: elevated insulinemia, IR, dyslipidemia, obesity. This risk is already present in patients with prediabetes.

**Goal:** Evaluation of insulin secretion and resistance in type 2 prediabetes (IGT) and significance levels insulin the occurrence and intensity of CHD.

**Methods:** The study included 120 participants: a) IGT with CHD (n = 30), b) IGT without CHD (n = 30), c) CHD without IGT (n = 30), healthy (n = 30). In each group we performed 75 gr glucose tolerance test (OGTT), we measured glucose level and insulin level to calculate parameters IR (HOMA index) and insulin secretion (insulin index), lipid status, glycogen regulation, obesity and blood pressure parameters.

For statistic analysis we used student T and X2 test, correlation coefficient and un and multivariant logistic regression analysis. Results: The group with IGT with and without IBS, the highest insulin level and calculated HOMA-IR was after 120 minutes, however the lowest insulin index. In subjects with IGT associated with CHD, the most pronounced was insulinemia 120 min after, even 7x more, as calculated by HOMA-IR, while the lowest insulin index. Applying logistic regression analysis, we found that glucose has a significant effect on the expression of CHD in patients with IGT. There was a significant correlation HgbA1C and IR.

**Conclusion:** Significantly decreased sensitivity of peripheral tissue to insulin and significant IR in patients with IGT with IBS points that IR has an important role in appearance of IBS in prediabetes.

**Keywords:** insulin resistance, prediabetes, ischemic heart disease

**FUNGAL PROSTHETIC VALVE ENDOCARDITIS AS A CAUSE OF ISCHEMIC STROKE**

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**Background:** Fungi are a rare cause of endocarditis representing 1.3-6% of all cases but associated with a high mortality rate. The most associated species
is Candida albicans, being Candida parapsilosis the non-albicans most frequent agent. Prosthetic valves are the main risk factor for Candida parapsilosis endocarditis.

Methods/Results: The authors present a case of a 79 year-old-male with a pacemaker and a history of previous MRSA endocarditis with replacement of the aortic valve 11 months prior to the episode. He presented speech difficulties and diminished muscular strength on his left side. On observation, he had normal blood pressure and no fever. His cardiac auscultation revealed a systolic murmur IVVI. Neurologic examination showed dysarthria, anisocoria and a muscular strength level of 1/5 on his left arm and 2/5 on his left leg. The brain CT showed no hemorrhagic or ischemic signs. ECG revealed a pacing rhythm. His laboratory workup was normal.

Considering the suspicious of a right hemisphere ischemic stroke of embolic etiology, a trans-esophageal ecoardiogram was performed and revealed a suggestive image of vegetation in the prosthetic aortic valve. Blood cultures were requested and Candida parapsilosis, both sensitive to amphotericin B and fluconozal, was isolated.

Conclusion: Candida parapsilosis aortic prosthetic valve endocarditis complicated with embolic stroke in the territory of the right medial cerebral artery was assumed and therapy with amphotericin B started. After 27 days of medication and negative blood cultures, it was changed to fluconozal. Currently the patient waits for valve replacement while maintaining antifungal therapy.

Abstract withdrawn.
HYPOTHYROIDISM PRESENTING AS PSYCHOSIS: MYXEDEMA MADNESS REVISED
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Introduction: Hypothyroidism (HYPO) is a common medical condition in the general population. It has multiple somatic complaints and a variety of psychological disturbances. A variety of central/peripheral nervous system and psychiatric manifestations are common. The realization that HYPO might be the potential etiology of an assortment of symptoms is critical in the identification and treatment of the hypothyroid patient. In many cases, the neuropsychological manifestations occur in conjunction with the systemic features and may be noted only incidentally. However, signs and symptoms of neurologic dysfunction may be the presenting feature in some patients and can contribute significant disability. Once HYPO is identified, symptoms usually respond to appropriate thyroid hormone supplementation.

Aims: Review about neurological/psychiatric manifestations of HYPO.

Methods: Consult of patient medical file.

Results: Caucasian male, 79 years old with HBP. Admitted for psychosis, confusion, and disorientation (7 days). Neurological Examination: GCS=13, disorientation, echolalia, visual hallucinations. Laboratory tests: normocytic normochromic anemia, creatine kinase=1970U/L. Brain Computed Tomography, Magnetic Resonance and lumbar puncture were normal. Cytologic normochromic anemia, creatine kinase=1970U/L. Brain Computed Tomography, Magnetic Resonance and lumbar puncture were normal. Ulterior laboratory tests: TSH=8.13U/L with normal unbound T4. The diagnosis of Myxedema Madness was done. The response to thyroxine (0,1mg/day) replacement was excellent, with complete resolution neuropsychiatric disorder and normalization of TSH levels.

Conclusions: Patients with thyroid dysfunction frequently experience a wide variety of neuropsychiatric presentations and their subtle manifestations make HYPO a diagnosis that is easy to miss. As a result, it is imperative to remember that many patients presenting with psychiatric disorders may have alterations in endocrine function.

BEHÇET’S DISEASE: AN OLD ILLNESS WITH A NEW TREATMENT?
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Background: Behçet’s disease is a systemic illness that presents itself by mouth and genital ulcerations, eye disease, skin lesions and might have gastrointestinal, neurologic, vascular and joint involvement. Described by Hulusi Behçet in 1937, it’s distributed throughout the ancient Silk Road. Hyperbaric oxygen therapy (HBOT) is a 50-year old therapeutic technique, able to provide oxygen to tissues at an elevated atmospheric pressure and with recognized indications (i.e. carbon monoxide poisoning and decompression sickness). It’s also been used in the resolution of cutaneous lesions, namely in diabetic ulcers.

Methods: The authors describe the case of a 36 year-old patient, bearer of Behçet’s disease and attending our Internal Medicine Consultation since 2004.

Results: The patient is HLA-B51+, had recurrent oral and genital ulcers, uveitis, multiple skin lesions, but had been stable with prednisone 5 mg daily. On August 2010, the patient was admitted to the ER Department with a maculopapular skin lesion, abscessed and partially ulcerated, located on the tibial surface. It had already been treated with fluoxacillin, then oral cefuroxime and drained surgically, without improvement. The patient was then admitted to our hospital, the abscess was drained and a combination of endovenous meropenem and sessions of HBOT was instituted. Her condition improved and the skin ulcer ameliorated. No microorganism was isolated from obtained swabs.

Conclusion: The authors present this case in order to raise awareness to the expanding indications of HBOT and demonstrate its benefits in skin ulcers of the most diverse etiology, including those of systemic inflammatory nature.

SEVERE AUTOIMMUNE HEMOLYTIC ANEMIA – RETROSPECTIVE ANALYSIS OF 19 CASES ADMITTED INTO AN INTERNAL MEDICINE INTERMEDIATE CARE UNIT
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Background: Autoimmune hemolytic anemia (AIHA) is a rare disease characterized by an immune-mediated destruction of red blood cells. No treatment guidelines are established and the approach of severe cases is based on clinical experience since few case-series have been reported. We aim to review our unit experience.

Methods: Retrospective study (2003-2010) based on data from patients admitted into an Intermediate Care Unit with severe AIHA (Hb ≤6g/dL and/or symptomatic).

Results: 19 patients were included (17 female), with a mean age of 52 years. Mean (±SD) Hb level on admission was 6.5±2.8 g/dL., with a hematocrit inferior to 15% in 6 cases. A viral etiology was presumed in 3 cases and 2 were probably drug-induced. Warm-type AIHA (W-AIHA) was diagnosed in 15 patients: 8 secondary to an autoimmune disease (5 cases of systemic lupus erythematosus) and 6 idiopathic. Eleven patients needed blood transfusion. Steroids were administered to all patients; 68% were additionally treated with intravenous immunoglobulin (IVIG) based on clinical severity and/or lack of response. A 64% response rate was observed in 11 W-AIHA IVIG-treated patients with no difference between idiopathic or secondary types. Splenectomy was performed in 2 non-responders to immunosuppressive therapy. Mean hospital stay was 25 days and 3 patients (with secondary AIHA) died.

Conclusions: Severe AIHA is a life-threatening condition and its successful management demands an experienced medical team. Further research regarding other therapeutic options, such as Rituximab or plasma exchange, is warranted.

CLINICAL AND PATHOLOGIC DESCRIPTION OF PRIMARY RETROPERITONEAL TUMORS IN THE GENERAL HOSPITAL DE SEGOVIA, SPAIN
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Background: Primary retroperitoneal tumors (PRT) are those originated in nonparenquymal structures of the retroperitoneal space.

Methods: We conducted a retrospective review of the patients histologically diagnosed of PRT in the General Hospital of Segovia between January 1995 and May 2010. We reviewed 1181 histories (CIE9: 158.0, 197.6, 211.8). Finally we included a total of 9 cases.

Results: The average age of patient group was 66.33±16.8, and 77.8% were women. 66.7% of the tumors found were malignant, being the most frequent type liposarcoma (55.5%). The diagnosis was casual in 3 of the patients (33.3%). In the physical examination abdominal mass was detected in all patients, accompanied by pain and abdominal defense (44.4%). The pre surgery radio-logical diagnosis was attained in 88.9% of the cases, and the average tumoral size was 22.28 cm ± 5.31cm as measured by CAT. Resection was practiced in 7 patients (77.8%). Global mortality was 44.4% with a median survival of 19 weeks since diagnosis (CI 95%: 3.32-34.68 weeks).

Fig. 1. CAT abdominal. We see a Primary retroperitoneal tumor of 30 x 27 cm. The image is characteristic of liposarcoma.
HEMOLYTIC ANEMIA AFTER VALVULOPLASTY

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Background: Hemolytic anemia after valvuloplasty is an uncommon phenomenon and not only it can be caused by residual regurgitation but also by exposure to the extracorporeal circulation during surgery.

Methods: 74 year old woman with severe mitral valve regurgitation was submitted to a valvuloplasty. Admitted in the hospital at D18 post-surgery (PS) with fatigue since D2 PS, jaundice, choria and right hypochondrium discomfort since D10 PS. The patient was in anasarca, icteric, with normocytic and normochromic anemia, total hyperbilirubinemia of 18 with unconjugated bilirubin of 10mg/dL, reticuloctosis, hemoglobinuria, low haptoglobin and squizocytes. Normal abdominal ultrasound.

Considering the recent surgery and the clinical picture, she was diagnosed with microangiopathic hemolytic anemia after valvuloplasty and right heart failure. The cardiologist performed an echocardiography and reported that the moderate mitral regurgitant central jet did not explain the severe hemolysis. Given these results, cardiac surgeons refused the proposed diagnosis, consequently, the patient was hospitalized to exclude other causes of hemolytic anemia, and received diuretics, which improved her symptoms.

She was readmitted 1 month later with the same clinical picture, and the echocardiography was equal to the first one.

Results: She was submitted to a valve replacement and fully recovered from the anemia and symptoms.

Conclusion: Such severe anemia contributed to the reluctance on the acceptance of the hemolysis etiology, so it’s important to consider this possibility on patients undergoing this procedure, because in the existing similar cases, most of the patients improved with surgical treatment.

BONE METABOLIC DISORDERS IN HIV-INFECTED PATIENTS: A COMPARATIVE STUDY BETWEEN MEN AND WOMEN.

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Background: In the last few years there has been growing interest in metabolic disorders in HIV infected patients. The aim of this study was to gain knowledge on the bone metabolic status of a group of these patients.

Methods: We measured spine and hip BMD by DXA, and assayed serum 25(OH) vitamin-D, PTH, Ca, alkaline phosphatase, osteocalcin, P1NP, and BCTX in 70 outpatients with HIV infection. Duration of infection and anti-retroviral therapy (HAART) were recorded, and a study of CD4 lymphocytes and viral load was done in all patients.

Results: 31 women (44.3%) and 39 men (55.7%) were recruited. Mean age was 42 yrs (SD 12.6 yrs). 35.5% of women were postmenopausal. Low BMD was present in 61.3% of women and in 48.7 of men. 25(OH) vitamin-D serum levels <20 ng/ml were present in 41.9% of women and in 61.5% of men. There was no statistically significant relationship between vitamin-D and low BMD by DXA in either women or men. No relationship was found either between low BMD and duration of HIV infection, viral load, HAART exposure, CD4 count or CD4 rate in both groups.

Conclusions: 1/ Low BMD and low vitamin-D serum levels were highly prevalent in HIV type-1-infected patients. 2/ No relationship between low BMD and low vitamin D levels has been demonstrated. 3/ Low BMD seems unrelated with CD4 accounts or viral load. 4/ No statistical differences have been found in prevalence of low BMD between men and women.

A CASE REPORT OF CONCOMITANT ADVERSE EFFECTS OF MULTIPLE DRUG ASSOCIATION

André Carneiro, André Santa Cruz, Ana Antunes, Paulo Gouveia, Olinda Caetano, Francisco Gonçalves. Department of Internal Medicine, Hospital de Braga, Braga, Portugal

Background: Pharmacological interaction should be considered when introducing new drugs to a multi-medicated patient. This is a particular case of the interaction of ketoconazole, cyclosporine and simvastatin.

Conclusions: PRT were infrequent and had unspecific symptomatology: abdominal mass, pain and abdominal defense. Confirmation was obtained by CAT, and surgery remains the mainstay of therapy. The histological type most frequently found was liposarcoma and the median survival was short.

Key words: Retroperitoneal Tumors

RISK FACTORS OF RELAPSES IN WEGENER’S GRANULOMATOSIS

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Background: Wegener’s granulomatosis (WG) is an antineutrophil cytoplasmic antibody (ANCA)-associated small vessel vasculitis. The immunosuppressive treatment improved the outcomes of patients with WG, but relapses represent a serious problem of them. In this study we assess the risk factors of WG relapses.

Methods: The study was performed on 13 patients with WG. The therapy consisted of corticosteroids and pulse cyclophosphamide (induction of remission) and corticosteroids and azathioprine (maintenance of remission). ANCA positivity, anti-proteinase-3 (PR3) antibodies, nasal carriage of Staphylococcus aureus, lung involvement, serum creatinine and Birmingham Vasculitis Activity Score (BVAS) were assessed at the end of induction therapy. All the values were presented as mean ± standard deviation. The statistically analysis was done using Student’s t-test, p < 0.05 was considered statistically significant.

Results: Relapses appeared in 38.46% of patients. The values of monitored parameters in patients with relapses vs. patients without relapses were: ANCA positivity (100% vs. 25%, p = 0.0002536), anti-PR3 antibodies (47.8 ± 9.78 AU/ml vs. 6.5 ± 5.78 AU/ml, p = 0.00034), nasal carriage of Staphylococcus aureus (100% vs. 37.5%, p = 0.011201), lung involvement (100% vs. 25%, p = 0.002536), serum creatinine (1.4 ± 0.9 mg/dL vs. 0.96 ± 0.3 mg/dL, p = 0.119707), BVAS (23 ± 3.84 vs. 9.5 ± 4.35, p = 0.000442). No differences of sex distribution and age were observed.

Conclusion: The most important risk factors of relapses in WG are: persistence of ANCA positivity, anti PR3-antibodies, nasal carriage of Staphylococcus aureus, lung involvement and high scores of BVAS.

HEART FAILURE WITH AND WITHOUT CHRONIC KIDNEY DISEASE - DOES IT MATTER?


More than 30% of heart failure (HF) patient’s have some degree of kidney disease (KD).

Aim: To compare clinical features, therapy and outcome of hospitalized HF patients with and without KD.

Methods: Prospective study of HF patient admitted in an internal medicine ward. KD was defined as an estimated glomerular filtration rate <60 ml/min/1.73 m2 at admission. Results were described for group A: patients with HF and KD and Group B: HF without KD. End-points were all cause mortality and readmission.

Results: From 286 patients admitted consecutively, 49.3% had HF. Group A: 76.6%; 63.9% in stage III KD, 3.7% in end stage renal disease (ESRD); Group B: 23.4% patients. Mean age 79.6±9.9 vs 76.6%; 63.9% in stage III KD, 3.7% in end stage renal disease (ESRD); Group A: 76.6%; 63.9% in stage III KD, 3.7% in end stage renal disease (ESRD).

Conclusion: The most important risk factors of relapses in WG are: persistence of ANCA positivity, anti PR3-antibodies, nasal carriage of Staphylococcus aureus, lung involvement and high scores of BVAS.

No statistically significant relationship between vitamin-D and low BMD by DXA in either women or men. No relationship was found either between low BMD and duration of HIV infection, viral load, HAART exposure, CD4 count or CD4 rate in both groups.

Conclusions: 1/ Low BMD and low vitamin-D serum levels were highly prevalent in HIV type-1-infected patients. 2/ No relationship between low BMD and low vitamin D levels has been demonstrated. 3/ Low BMD seems unrelated with CD4 accounts or viral load. 4/ No statistical differences have been found in prevalence of low BMD between men and women.

A CASE REPORT OF CONCOMITANT ADVERSE EFFECTS OF MULTIPLE DRUG ASSOCIATION

André Carneiro, André Santa Cruz, Ana Antunes, Paulo Gouveia, Olinda Caetano, Francisco Gonçalves. Department of Internal Medicine, Hospital de Braga, Braga, Portugal

Background: Pharmacological interaction should be considered when introducing new drugs to a multi-medicated patient. This is a particular case of the interaction of ketoconazole, cyclosporine and simvastatin.
Clinical case: A 70 year old, white-skinned woman, with history of hypotension, obesity, hypercholesterolemia and psoriasis. Chronically medicated with simvastatin, started cyclosporine and ketoconazole for skin lesions. For a month revealed progressive malaise, headache, tremors, myalgia and asthenia finally incapacitating her of walking. Attended at that moment to the emergency service where she presented serious rhabdomyolysis (CK > 30000 U/L), acute renal failure and hepatic impairment. At admission treatment and close monitoring were started and that medication was suspended. In the beginning of hospitalization she worsened, developing confusional mentation and close monitoring were started and that medication was suspended. At admission treated for ACS. We studied their cardiovascular risk factor. Hypertension is one of the most common worldwide diseases afflicting humans. Because of the associated morbidity and mortality and the cost to society, is an important public health challenge. Our gold was to investigate the cardiovascular risk factor, being present in almost all patients with ACS. Most are under low medication (0 or 1 drug). We also note that CCB are rarely used on this group. Despite most of patients had "normal" SBP, this might be due to low left ventricle ejection secondary to ACS.

A CASE OF ACTINOMYCOSIS WITH HEMATOGENOUS DISSEMINATION
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Background: Human actinomycosis is rare and is caused by anaerobic bacteria that spread contiguously. Thoracic involvement occurs in 15-34% of cases and is caused by aspiration of oropharyngeal secretions containing Actinomyces. Cardiac infection is extremely rare (1.2%) with preferential involvement of the pericardium due to the contiguous spread of Actinomyces from a thoracopulmonary site. Hematogenous dissemination is uncommon (15.9%) and may occur in any stage of actinomycosis.

Case report: A 63-year-old woman was well until three weeks before admission, when she developed upper chest pain, followed by fever, malaise and polyarthralgia. She was medicated with azithromycin and clarithromycin, with no improvement. Two weeks before getting ill she underwent dental extraction. Past medical history was noncontributory. On admission, she was febrile and chest compression was painful. No other abnormalities existed. Investigation disclosed elevated ESR, RCP and serum ADA levels. The IGRA test was positive. All other tests, including aerobic and mycobacterium blood cultures, HIV serology and auto-immune tests, were normal / negative. The chest X-ray and the abdominal and pelvic ultrasonography were normal. The body CT scan showed a small bilateral pleural effusion, a pericardium effusion (conﬁrmed by echocardiography) and mediastinum lymphadenopathies. Three weeks after admission, an anaerobic blood culture isolated Actinomyces sp. Amoxicilin-clavulanate was begun, with rapid response.

Discussion: We report a case of thoracic actinomycosis following dental procedure, with pericardium, mediastinum and hematogeneous spread, all of which are rare.

Conclusions: Its’ rarity and broad clinical spectrum make actinomycosis difﬁcult to diagnose.

AN ATYPICAL DIAGNOSIS
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The authors present the case of a 79-year old male patient, with a personal history of hypertension, type 2 diabetes mellitus, dyslipidemia, congestive heart failure, pulmonary hypertension, ischemic stroke, chronic atrial fibrilation and chronic renal insufﬁciency, with a recent admission in Cardiology in August 2010, for uncompensated heart failure and a massive pericardial effusion (pericardiocentesis revealed a transudate). In April 2011, the patient presented to the casualty department with signiﬁcant lower limb edema and bilateral knee inflammation. He was admitted to the Internal Medicine Ward with the presumptive diagnosis of uncompensated cardiac insufﬁciency.

During admission, his lab work-up revealed pancytopenia (hemoglobin 7.8 g/dL, leukocytes 3.75 x 10^9/L, lymphocytes 0.78 x 10^9/L and platelets 107 x 10^9/L), which had not been previously documented. Further work-up revealed a positive anti-nuclear antibodies and a strongly positive anti-dsDNA, compatible with an autoimmune pathology. This case of a patient with multiple underlying pathologies, who presented with a relatively typical history of uncompensated cardiac insufﬁciency, and whose investigation documented several positive criteria for Systemic Lupus Erythematosus (hematological abnormalities, serositis, arthritids, positive ANA and anti-dsDNA), ultimately revealed itself as an atypical diagnosis.
ABSTRACT

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**THE FAST SCREENING TOOL IN THE EARLY RECOGNITION OF STROKES INVOLVING THE POSTERIOR CEREBRAL CIRCULATION**

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**Background:** The FAST tool is used for the rapid recognition of strokes but has limitations in identifying those affecting the ophthalmic and posterior cerebral circulation. ROSIER scale is also recommended for triaging stroke patients. A recent pilot study showed a new ABCD-E2 screening tool would detect patients suffering strokes of the ophthalmic and posterior circulation missed by FAST.

**Methods:** 35 consecutive stroke patients admitted to the Stroke Unit in 2011 were assessed with respect to the FAST tool & compared to the ROSIER and ABCD-E2 screening tools.

**ABCD-E2 Screening Tool**

A: Ataxia (Cerebellar dysfunction)
B: Blurring of vision or Blindness: partial or complete (Unilateral or bilateral)
C: Consciousness impairment (Reticular activation system)
D: Dysphagia for liquids (Medullary functions)

**Results:** FAST was documented in 85.7% of patients by paramedics but in-coordination/ataxia (5.7%) and paraesthesia (2.9%).

**Conclusion:** FAST remains an important screening tool but supplementary ROSIER & ABCD-E2 screening should help the earlier recognition of FAST negative strokes.

**CARDIOLOGY EMERGENCIES AT THE DEPARTMENT OF INTERNAL MEDICINE**

Esperanza Castellar Delgado, Paula Dios Díez, Susana García Escudero, Amy Cristina Nava Gutiérrez, María Rosario de Castro Losa. University Complex Care Of Leon, León, Spain

**Background:** Study that analyzes the patient profile that requires urgent attention and even pass Cardiology Service during your stay in Internal Medicine. We analyzed the morbidity, associated cardiovascular risk factors and treatment.

**Methods:** A descriptive, retrospective, observational and uncontrolled study of those patients initially treated at the Department of Internal Medicine, who are discharged from the Cardiology department at the University Complex Care of Leon, during a year.

**Results:** We analyzed a total of 53 patients of whom 64.2% were men with a mean age of 76.23 years. 66% of patients had heart disease before admission and lung pathology in 47.2%, mainly COPD. 5% of patients were smokers and 13% occasional drinkers. 69.9% had hypertension, 32.1% DM and 35.8% DL. The main reason for admission in the Department of Internal Medicine was secondary dyspnoea to cardiac failure (31 patients) and the main reason for transfer to the Cardiology service was refractory symptoms of conventional treatment for heart failure. Of all patients studied, 34% were taking warfarin before admission. At this rate remains high, although some of them were discharged with fraxiparina to reintroduce oral anticoagulants subsequently. The percentage of patients that were discharged with aspirin was 34%. 24.5% of patients were taking aspirin before admission.

**Conclusions:** Patients that enter in internal medicine and require transfer to the cardiology service usually have high morbidity associated with its cardiac process, but one should not conclude that entering in the Department of Internal Medicine was not appropriate. Age should not be a criterion for therapeutic nihilism.
and hemodynamically stable, after which underwent transthoracic echocardiography that revealed no alterations. By day 4 in the hospital presented with an acute pulmonary edema. ECG showed atrial fibrillation with rapid ventricular response. Analytically had a new elevation of myocardial necrosis markers. With medical therapy instituted there was clinical improvement. In this context an echocardiogram was repeated by the 8th day of admission and showed a solution of continuity by the interventricular septum with L-R shunt. He was transferred to a thoracic surgery unit which performed an transesophageal echocardiography that revealed a subvalvular aortic abscess beneath the right coronary valve, fistulating to the right ventricle. Underwent surgery to excise subaortic abscess as well as an aortic valve replacement. Post-operative recovery was positive, yet an third-degree AV block and surgery to excise subaortic abscess as well as an aortic valve replacement.

Conclusion: OC are excellent tools to give treatments or execute clinical procedures other than macrocytic anemia and sub-clinical splenomegaly, common findings in chronic alcoholics with percentages, respectively, 89% and 76%. 2) Prolongation of prothrombin time in chronic alcoholics with percentages, respectively, 89% and 76%. 3) Prolongation of prothrombin time >4,3 U/ml >27 U/ml >7 U/ml Men<42%  < > < 80000- 959000 50% 24% 76%  59% PERCENTAGE OF PATIENTS 89% 31% 12% 52% 24% 76% 59% HEPTOPLASTIN TIME (59%). 4) Finally, it proves useful to measure tumor markers CEA, CA19-9 and AFP.

RESULTS: We studied 152 cases (134 males and 18 females) aged 31-72 years, chronic alcoholic patients in our clinic in the rehabilitation. We investigated: personal history, clinical presentation, stage of disease and complications. In 6 cases coexisted positive HBsAg. 8 were found hepatic cirrhosis (mainly 2 nd and 3 rd stage), while 41% was also diagnosed with hepatic encephalopathy. We performed: complete blood count, hemostasis parameters, however, in many cases, cirrhotic chronic alcoholic patients, it helps monitoring the course of their disease and therefore this should not be omitted.

Conclusion: OC are excellent tools to give treatments or execute clinical procedures other than macrocytic anemia and sub-clinical splenomegaly, common findings in chronic alcoholics with percentages, respectively, 89% and 76%. 2) However, leukopenia occurs only in 31%. 3) Prolongation of prothrombin time was also found in the high 76%, while it increased the time for the partial thromboplastin time (59%). 4) Finally, it proves useful to measure tumor markers CA19-9 and AFP, because although they are less sensitive than the above parameters, however, in many cases, cirrhotic chronic alcoholic patients, it helps monitoring the course of their disease and therefore this should not be omitted.
DOES THE USE OF MUSCULOSKELETAL ULTRASOUND CHANGE MANAGEMENT OF RHEUMATOLOGICAL PATIENTS?

Satvinder Singh Chauhan1, Alison J. Black2.

Background: Within the past decade, musculoskeletal ultrasound (MSUS) has become an established imaging technique in patients with inflammatory arthritis. The use of MSUS has recently been introduced in our rheumatology department. This retrospective analysis aims to determine if the findings of MSUS influenced clinical decision making of our rheumatologists.

Methods: A database search was done to identify all patients who had been referred to the MSUS Clinic up till December 2010. These patients’ MSUS reports along with their pre-ultrasound and post-ultrasound clinical letters were analysed to see if there was any subsequent change in their management. Data extracted was analysed with SPSS Statistical Software.

Results: 37 of the 38 referrals were to assess for the presence of synovitis whilst 1 of the referrals was looking for evidence of temporal arteritis. 36 out of the 37 referrals for assessment of synovitis had their subsequent management influenced by the outcome of the MSUS. Decisions with regards to commencement & continuation of Disease-Modifying Anti-Rheumatic Drugs was the most common change of management observed (n=22). The patient referred looking for evidence of temporal arteritis did not have further management or biopsy based on a negative MSUS result.

Conclusion: This study shows that our rheumatologists appear confident on relying on MSUS reports when deciding on the subsequent management of their patients. Being relatively cheap, quick and painless, MSUS has the potential for regular use in clinical practice if the expertise and resources are available.

FACTORS ASSOCIATED WITH SPATIAL QRS-T ANGLE IN PATIENTS WITH TYPE 2 DIABETES

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Background: Spatial QRS-T angle is a significant and independent predictor of cardiovascular mortality in various patient groups. The spatial QRS-T angle is high in subjects with type 2 diabetes. However, little is known about the association between spatial QRS-T angle and metabolic as well as diabetes-related factors in subjects with type 2 diabetes (T2DM). The aim of this cross-sectional study was to look for relations between spatial QRS-T angle and various anthropometric and metabolic parameters in patients with T2DM.

Methods: We studied 165 patients with T2DM (102 males, 63 females, mean age 65±7 years). All subjects underwent a digital electrocardiographic recording. Spatial QRS-T angle was calculated using the Modular Electrocardiographic Analysis (MEANS) program. In addition, demographic and anthropometric data, data for diabetes complications were obtained and lipids, renal function and HbA1c were measured.

Results: Spatial QRS-T angle was associated significantly with duration of diabetes (B=0.31, P<0.0001), waist circumference (B=0.25, P=0.001), waist-hip ratio (B=0.26, p=0.001), coronary artery disease (B=0.15, P=0.05), peripheral neuropathy (B=0.19, P=0.014) and peripheral vascular disease (B=0.17, P=0.025). No significant associations were found with age, gender, BMI, hypertension, hyperlipidemia, retinopathy, renal function or glycemic control. After adjustment for all associated factors, spatial QRS-T angle was associated significantly with duration of diabetes (B=0.24, P=0.003) and waist circumference (B=0.22, P=0.012).

Conclusion: Increased values of spatial QRS-T angle are significantly and independently associated with long duration of diabetes and central obesity.

ANTIMICROBIAL TREATMENT AND SEPSIS

Gavril Chosnis, Akaterini Rachioti, Konstantinos Theodoropoulos, Eirini Alexiou, Konstantinos Tsamis, Gregorios Markopoulos, Taxiarthis Kyrimis, Anastasios Loidoris, Nikolaos Mparzokas, Magdalini Rapti. Department of Internal Medicine, Livadeia General Hospital, Greece

Background: To study the characteristics of patients with diabetes mellitus type 2 who achieve and maintain the goal of glycated hemoglobin after a two year follow-up in primary health care.

Methods: 127 patients with DM type 2 from the diabetological medical office of Markopoulo’s Health Center were observed in the last two years with follow-up every 2-3 months. The collected data was: age, sex, duration of diabetes and treatment with insulin and antidiabetic tablets. HbA1c, systolic and diastolic blood pressure, BMI, LDL, HDL, total cholesterol, triglycerides, CRP, WBC were measured.

Results: 75 patients (59.05%) were men and 52 (40.94%) women (mean age 66±7.4 and 67±5.3 respectively). 91 patients (71.63%) achieved the level of HbA1c<7% and maintained it for at least two years. In this sample, 58 (63.73%) were male and 33(36.26%) were female. The average age of entry into the study was 63±8.7 years. 73 (80.21%) of patients were treated with combination of piperacillin/tazobactam, glycopeptides or –Linezolid or carbapeneme-glycopeptides or –Linezolid.

Conclusion: Hyperglycemia related to sepsis and not diabetes mellitus. Mortality was not connected to higher CRP levels.

CHARACTERISTICS OF PATIENTS WITH DIABETES MELLITUS TYPE 2 THAT ACHIEVE AND MAINTAIN THE GOAL OF GLYCAEMIZED HEMOGLOBIN AFTER A TWO YEAR FOLLOW-UP IN PRIMARY HEALTH CARE

Christina Bountouri1, Foivos-Evangelos Kakavitsas1, Vassilikos George1, Evangelos Darlasis1, Argiro Knithaki1, Maria Kariofila1, Ioannis Papapostolou1, Aemilia Grammenandi1, Anna Maria Cutcheid1, Antonios Alavera1, Health Center Of Markopoulo Mesogais - Attiki – Greece; 1Private doctor – Athens - Greece; 2General Hospital of Karditsa – Greece; 3Pammakaristos Hospital – Athens - Greece; 4Korgialenio - Benakio E.E.S. Hospital - Athens - Greece

Background: To study the characteristics of patients with diabetes mellitus type 2 that achieve and maintain the goal of glycated haemoglobin (HbA1c) in ADA 2011.

Methods: 127 patients with DM type 2 from the diabetological medical office of Markopoulo’s Health Center were observed in the last two years with follow-up every 2-3 months. The collected data was: age, sex, duration of diabetes and treatment with insulin and antidiabetic tablets. HbA1c, systolic and diastolic blood pressure, BMI, LDL, HDL, total cholesterol, triglycerides, CRP were measured.

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Conclusion: Hyperglycemia related to sepsis and not diabetes mellitus. Mortality was not connected to higher CRP levels.
Conclusion: Patient compliance, regular follow-up and appropriate therapeutic intervention for the treatment of diabetes appear to positively affect the regulation of the other risk factors for micro- and macrovascular complications, although BMI remains high.

FEVER, HEMIPARESIS AND APHASIA PRESENTING AS THE INITIAL SYMPTOMS OF NEURO-SARCOIDOSIS: A CASE REPORT

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Introduction: Symptoms/signs of the nervous system as initial clinical presentation of sarcoidosis are rare. The central nervous system is rarely involved in acute sarcoidosis; myositis and peripheral neuropathy occur more frequently, but in chronic cases. Neuro-sarcoidosis occurs in 5% of sarcoidosis cases.

Case presentation: A 30-year-old Caucasian male with unremarkable medical history, was hospitalized due to fever, and sore groin nodes without other signs of inflammation. Laboratory results (including serological, immunological testing, SACE) and Mantoux turned out negative. Ultrasound revealed medium (≤2 cm) lymph nodes in the groin, the submandibular and the supraclavicular region. Chest X-ray and Ga67-citrate scanning had no findings and endoscopy revealed grade 1 esophagitis. During the sixth day of hospitalization, the patient manifested right pyramidal syndrome (hemiparesis) and receptive-expressive aphasia, while brain CT scan showed a band-like subdense lesion in the left temple-occipital area, potentially ischemic. Spinal puncture showed no abnormalities, while brain MRI showed abnormal signal areas in the left temporal gyrus and caudate and the right lenticular nucleus, and leptomeningeal congestion in the parietal lobules. MRA revealed stenoses on the left rear and middle cerebral and the right middle cerebral artery; the findings were attributed to vasculitis. Lymph node biopsy revealed granulomatous lymphadenitis (sarcoid granulomas) and established the diagnosis of sarcoidosis. The patient was treated with corticosteroids and demonstrated clinical improvement.

Conclusion: Neuro-sarcoidosis should be considered in the differential diagnosis when dealing with young patients with neurological signs. Time of diagnosis and initiation of treatment probably affects remaining neurological deficits and development of the disease.

CLINICAL AND DIAGNOSIS OUTCOME OF ABOVE 65-YEARS OLD IRON-DEFICIENCY ANEMIC PATIENTS AFTER A NON-DIAGNOSTIC STANDARDIZED ENDOSCOPIC PROCEDURE: MULTICENTRIC RETROSPECTIVE STUDY

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Introduction: Standard digestive endoscopy recommended to eliminate neoplastic or ulcerative diseases in Iron-deficiency anemia cannot always deter-
A fine needle aspiration cytology was performed. An adenocarcinoma of pancreatic tissue was diagnosed. We are pending of immunohistochemical results searching cells synthesizes of ectopic ADH.

**Results:** A severe symptomatic hyponatremia due SIADH in a patient secondary a pancreatic adenocarcinoma was diagnoses. Treatment with fluids restriction, saline infusion and oral intake of salt did not correct serum levels of sodium. We decided start with specific antagonists to the vasopresin-2 receptor (tolvaptan). We obtained sodium levels around 130 mEq/L in a few days.

In regard to the patient’s pancreatic tumors, no further treatment was sought by family request. The patient was subsequently discharged from a palliative center.

**Conclusions:**

- Pulmonary neoplasia is the most common malignant causes of SIADH, however pancreatic tumors have been implicated in a small group of cases.
- Diagnosis of the ectopic production of ADH from tumor tissue is very difficult, because it requires ADH determination in the local tumor. Due to the prognosis, pancreatic carcinoma is often unresectable, and it is very difficult to obtain a tumor specimen in the lifetime of the patient.

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**A CASE OF CONJUGATED HYPERBILIRUBINEMIA**

Pedro Correia Azevedo1, Tiago Judas1, Rita Gouveia2, Henrique Vara Luiz1, Rita Magrico2, Joao Namora1.

**Background:** Leptospirosis is an acute and often severe infection caused by pathogenic spirochetes of the genus Leptospira. This disease is worldwide in distribution and it is among the most common zoonotic diseases. Icteric leptospirosis (Weil’s disease) is the most severe, although less frequent, form of the disease. It is characterized by impaired kidney and liver function, frequently with conjugated hyperbilirubinemia.

**Methods and Results:** A 57 year-old man, farmer, heavy alcohol consumer, was admitted because a 4-day history of diarrhea, myalgia, arthralgia, chills and mild confusion. He denied fever and abdominal pain. He was febrile (38°C), oblunublated, without flapping, with marked jaundice and non-tender hepatomegaly. At the time of admission diarrhea had stopped. The analysis revealed high inflammatory parameters, severe thrombocytopenia, high levels of serum bilirubin, mostly conjugated, slight elevation of aminotransferases levels and acute renal failure. Abdominal ultrasonography detected hepatomegaly without signs of dilated bile ducts or stones. A worsening of his clinical condition was noted 48 hours later, with a fall on blood pressure, oliguria, rising of conjugated bilirubin levels (20mg/dL) and severe renal failure (creatinine 9.1mg/dL). Ceftriaxone was started and 3 sessions of hemodialysis were performed. Blood and urine cultures were sterile. Leptospirosis was diagnosed by hemagglutination test, later confirmed by polymerase chain reaction on urine sample. A progressive clinical and laboratory improvement occurred with normalization of renal function and blood bilirubin levels.

**Conclusions:** This case emphasizes the importance of Weil’s Syndrome in the differential diagnosis of fever associated with jaundice and acute renal failure.

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**ERYTHEMA NODOSUM AS CROHN’S DISEASE UNIQUE MANIFESTATION**

Lurdes Correia, Rita Monteiro, Luís Rodrigues, Adélia Simão, Armando Carvalho, Nascimento Costa. Internal Medicine Department – Hospitais da Universidade de Coimbra, EPE - Portugal

Erythema nodosum (EN) may be the first manifestation of a systemic disease, as in inflammatory bowel disease (1 to 4% of EN cases).

Female, 50 years old, caucasian, without pathological personal history, admitted in an Internal Medicine ward with EN and fever. The patient refers appearance of painful erythematous nodules in the right leg 10 days before attending the hospital, fever (38-39°C), fatigue, bilateral tibiotarsal joints oedema, progression of the lesions to the left leg, two days after, and loss of two pound since the beginning of the symptoms. There were no digestive complaints. Physical exam: BMI of 18,7kg/m2, fever (39,6°C), bilateral pretilial oedema and erythematous lesions in the external face of both legs. Laboratory findings: C-reactive protein (CRP) of 9.27 mg/dL (<0.6), normocytic and normochromic anemia (Hemoglobin: 11g/dL) and elevation of the erythrocyte sedimentation (ES) rate.

The fever and EN lesions remained for about a month, despite the treatment with amoxicillin/clavulanic acid (10 days). Additional study was performed. The colonoscopy revealed segmentary areas of ulceration between proximal sigmoid bowel and cecum, whose biopsies were compatible with Crohn’s Disease (CD). She began mesalazine and prednisolone with fever and EN resolution, and also CPR and ES rate normalization. This case is remarkable because of the CD’s unusual presentation, with EN, fever and fatigue as the only clinical manifestations. Another particularity of this case is the limitation of lesions to the colon, which occurs in only 20% of the patients.

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**IMPLEMENTING AN EARLY WARNING SCORE SYSTEM IN A CENTRAL GENERAL HOSPITAL IN PORTUGAL – A PRELIMINARY OBSERVATIONAL STUDY**

Nuno Correia 1, Rui Paulo Rodrigues1, Márcia Sá, Luís Lopes1, 1Internal Medicine Service, Centro Hospitalar de São João; 1Maia’s “Health in Family” Primary Care Unit; 1In-Hospital Resuscitation Commission, Centro Hospitalar de São João

**Background:** Early warning scores (EWS) are simple tools for bedside evaluation that document tendencies based on wards routine measurements. Presumably, these systems would recognize patients at-risk of catastrophic deterioration. In Portugal, these systems haven’t been applied.

**Methods:** Observational study with 100 adult patients admitted into an Emergency Resuscitation Room (ERR) from medical or surgical wards of a central Portuguese general hospital. EWS was retrospectively calculated at 3 periods preceding ERR admission (12h, 24h, 72h) based on available records. Main variables: EWS; mortality; transfers to intensive or intermediate care units (ICU).

**Results:** 35% cases were excluded due to incomplete records. Of 65 included cases, 60% were male; mean age was 67. Respiratory deterioration led to 44.6% admissions to the ERR. 35.4% were transfers from the Internal Medicine wards, mainly in afternoon (31.2%) and night (54.1%). 70% had a score ≥2 at 12h; 27% at 24h and 33% at 72h. 63% were transferred to ICUs, 20% returned to wards while 17% died at the ERR. A significant correlation was found between scores in the 3 periods (p<0.05), scores at 24h vs hospital stay (p<0.05), and on-call doctor alert vs score at 12h and 24h (p=0.029). A relation between score at 12h and mortality was observed but without statistical significance.

**Conclusions:** This retrospective study revealed that EWS was able to detect clinical worsening tendencies before the catastrophic event. A higher sample would possibly show a significant correlation between scores≥3 and mortality. Prospective studies, including co-morbidities indexes, are needed to clarify EWS benefit.

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**UNUSUAL KAPOSI SARCOMA**

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**Background:** AIDS-associated Kaposi sarcoma (KS) is the most common tumor arising in HIV-infected population. Although human herpesvirus 8 (HHV-8) is associated with an increased risk of KS, HHV-8 infection alone is generally not associated with KS in the absence of associated HIV infection.

**Methods:** Male patient aged 48, HIV1 infection known since 1991, currently on antiretroviral therapy with undetectable viral load and 335/mL CD4+, was referred to a proctologist due to perianal pain, constipation, false wills, rectal bleeding, mucorexia, weight loss of 5kg in 6 weeks associated to a palpable rectal mass.

**Results:** On digital rectal examination there was a diffuse nodularity. The sigmoidoscopy showed vegetating, ulcerated, nodular 20 cm lesion occupying the entire circumference of the anal canal (Figures 1 and 2). The biopsy showed changes consistent with KS and was positive to HHV8. CT scan, upper tract endoscopy and bronchofiberoscopy ruled out involvement of other organs.
Conclusion: Regarding AIDS-related KS, skin involvement is characteristic but extracutaneous spread is also common. In the absence of cutaneous disease, gastrointestinal involvement can occur most commonly in the intestines, being the small intestine the most frequently affected. However, an exclusive involvement of anal canal is rather unusual and rare.

THE LIPID PROFILE IN DIABETES: IS APOLIPOPROTEIN B THE FUTURE OR ALREADY THE PRESENT? EXPERIENCE FROM A CLINICAL CENTER

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Background: The ApoB and LDL levels show a good concordance degree, but the first is a better indicator of cardiovascular risk than the second, because it measures the number of atherogenic particles and not the concentration of cholesterol. We sought to assess their correlation in diabetic patients and whether the use of statins interferes in its correlation and interpretation.

Methods: Fasting ApoB and LDL-C were measured in 334 diabetic patients. They were divided according to therapy with statins in 2 groups and to LDL-C values in 3 quartiles (less than 70 mg/dL, between 70 and 100 mg/dL and greater than 100 mg/dL). Linear regression was used to compare both variables.

Results: Mean values were 97.67 (37.87) mg/dL (LDL-C) and 82.39 (26.42) mg/dL (ApoB) in statin group and 110.05 (33.77) mg/dL (LDL-C) and 86.60 (24.81) mg/dL in control group.

When comparing the 3 quartiles in both groups, Pearson’s product-moment correlation coefficient and determination coefficient R² between tests were greater in LDL-C ≥ 100mg/dL quartile and lower in the other ones.

Conclusion: Our study suggests that there is a certain discrepancy between the LDL-C and the ApoB values, mainly in lower ones of the first, and that patients treated with statins have on average, for the same values of LDL-C, higher values of ApoB when compared to the other ones. So if we guide our clinical practice by LDL-C value, we can be prone to error and not treat the patients as such.

LATE DIAGNOSIS OF HEMOCROMATOSIS?

Marta Couto1,2, Jorge Oliveira1. Hospital De Sao Joao - Internal Medicine Department

Background: Hemocromatosis is one of the most frequent genetic diseases but high suspicion level is needed for the diagnosis to be made before permanent organ damage.

Case report: Male, 66 years-old, goes to the Emergency Department because of thoracic discomfort since a week before, dyspnea and syncope. He had DM, arterial hypertension, ischemic cardiac disease, chronic respiratory disease, hepatic steatosis, cataracts, he was an ex-smoker and drank 100g/day of alcohol daily; he was medicated with metformin, formoterol, lisinopril, spironolactone and folic acid.

At admission, he was conscious, collaborative and orientated, tachycardic but normotensive, afebrile, saturating well. An arrhythmia was evident in physical examination. The blood test showed anemia, the chest X-ray condensation of the lingula, and the thoracic CT scan multiple adenopathies conditioning obstruction of the segmental bronchus and atelectasis condensation of the right lobe. She was admitted at our department and performed several exams. The bronchoscopy revealed speckled lesions and swelling of the lining of the right and left bronchial tree and widening of the carina. The Bronchial biopsies showed a no necrotizing chronic granulomatous disease. The bronchial secretions were negative for malignant cells and AFB and the analysis showed ACE 89 and VS 79. The diagnosis of pulmonary sarcoidosis was made and she starts steroid therapy with a good response. The patient was discharged and follow in the outpatient clinic.

Conclusion: Although sarcoidosis resolves spontaneously in many patients, this disease can also take a progressive and severe course. A high alert and close monitoring of these patients will ensure optimal outcome in terms of morbidity and mortality.

SARCOIDOSIS: UNUSUAL PRESENTATION

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Introduction: Sarcoidosis is a systemic inflammatory disease of unknown etiology that usually affects people before the age of 50 years. The disease most commonly involves the lungs and lymph nodes and the diagnosis is established on the basis of compatible clinical and radiologic findings, with histological evidence of noncaseating epithelioid-cell granulomas in the absence of organisms or particles.

Case Study: We report the case of a 33 years-old woman who came to our emergency department for dry cough, chest pain and loss of 5kg in the last 3 months. The physical examination was normal. The blood test shows anemia, the chest X-ray condensation of the lingula, and the thoracic CT scan multiple adenopathies conditioning obstruction of the segmental bronchus and atelectasis condensation of the right lobe. She was admitted at our department and performed several exams. The bronchoscopy revealed speckled lesions and swelling of the lining of the right and left bronchial tree and widening of the carina. The Bronchial biopsies showed a no necrotizing chronic granulomatous disease. The bronchial secretions were negative for malignant cells and AFB and the analysis showed ACE 89 and VS 79. The diagnosis of pulmonary sarcoidosis was made and she starts steroid therapy with a good response. The patient was discharged and follow in the outpatient clinic.

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DETECTION OF BACTERIAL ENDOCARDITIS COMPLICATIONS WITH MACHINE LEARNING PROGRAMS

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Background: Machine Learning is a field related to tasks as recognition, diagnosis, planning, robot control, prediction, etc. These concepts involve techniques, such as algorithms for dimensionality reduction as PCA, artificial neural networks, genetic algorithms, fuzzy systems and swarm intelligence, which investigate complex problems to solve real problems in different fields.

Methods: A decision tree is a leaf node labelled with a class linked to two or more nodes, where each branching node represents a choice between different alternatives. To classify instances, an attribute-vector must be presented to the tree and evaluate each of its composing attributes in the corresponding node. The three commonly used systems for induction of decision trees for classification are CHAID, ID3 and C4.5.

We collected 50 cases diagnosed as infective endocarditis. The input variables have been considered for the study: age, gender, valve type, time to diagnosis and microbiorganism. The following complications have been considered: heart failure, cardiogénic shock, septic emboli or uncomplicated.

Results: 38 of those cases have been used to train the decision tree and the remaining 12 samples are used to test the model. The final (fig 1) model shows the structure of the decision tree. It can be noticed that the organism without urinary obstruction. He was then admitted to the ward and began haemodialysis. Hemolytic-uremic syndrome and interstitial nephritis was excluded, the immunologic, serologic and microbiological studies were all inconclusive and he spontaneously reverted to sinus rhythm and suspended haemodialysis. Bone marrow biopsy and mielogram concluded meliodysplastic syndrome. Given the constellation of hepatomegaly, DM, cardiac disease and cutaneous pigmentation with altered iron kinetics the genetic test to hemocromatosis was requested and showed to be positive.

Discussion: The need of hepatic biopsy in the diagnosis and therapeutics of the individual versus the available genetic test and role of the former in population screening.
input variable does not appear in the model because it does not affect the classification in a substantial way.

Conclusions: The present study describes an ongoing multidisciplinary research in which an application of classical models by means of decision tree algorithms to a medical diagnosis problem has been presented. We have identified the complications with a reasonable degree of accuracy using a relatively quite small amount of samples and attributes.

**CAUSE OR COINCIDENCE? REGARDING A CLINICAL CASE**

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**Background:** Illustration of a possible association between Guillain-Barré-like syndrome and Tuberculosis, showing an atypical manifestation of bone tuberculosis, highlighting Tuberculosis as a contemporary diagnostic challenge.

**Methods:** Presentation of a clinical case.

**Results:** A 38 year old man from Angola, immunocompetent, was admitted to investigate mediastinal lymphadenopathies; he was clinically subfebrile with productive cough occasionally with hemoptoic sputum, lumbar pain, no neurological deficits. He had history of Chronic Inflammatory Neuropathy Guillain-Barré-like 6 months earlier, with apparent remission with immunoglobulin, and right supraclavicular scrofula submitted to drainage 2 years earlier. The mediastinoscopy lead to the diagnosis of Tuberculous Lymphadenitis (by histology, cultural and micробacteriological exam). The framework for low back pain matched with an image of paravertebral mass on MRI, at D12, with multifocal bone lesions affecting various vertebral bodies, no signs of arachnoiditis or vertebral collapse, raising the possibility of Lymphoma rather than Tuberculosis. A biopsy of the mass was made, revealing chronic inflammatory infiltrate, with negative micробacteriological exam. At 6 months of antituberculous therapy reassessment imaging was performed, showing resolution of multifocal bone lesions and paravertebral mass reduction and thus fit into the diagnosis of tuberculosis.

**Conclusion:** Tuberculosis is known for the diversity of clinical forms. The finding of tuberculosis and inflammatory neuropathy has been rarely reported and raises the issue of causation between the two identities. Can Tuberculosis, by autoimmune mechanisms or molecular mimicry, induce a Guillain-Barré syndrome as it occurs in paraneoplastic syndromes? Or does it results from the tuberculous infection itself? Or is it mere coincidence?

**MYCOPHENOLATE FOR THE TREATMENT OF AUTOIMMUNE HEPATITIS: PROSPECTIVE ASSESSMENT OF ITS EFFICACY AND SAFETY FOR INDUCTION AND MAINTENANCE OF REMISSION IN A LARGE COHORT OF PATIENTS**

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**Background:** Standard therapy of autoimmune hepatitis (AIH) is corticosteroids with or without azathioprine. However, 20% of patients do not respond or are intolerant to conventional treatment. Therefore, we evaluated prospectively the efficacy and safety of mycophenolate mofetil (MMF) in inducing and/or maintaining remission in patients with AIH either treated or not treated before.

**Methods:** 68 consecutive patients with well defined AIH [59 treatment naïve (TN) and 9 treated before with conventional therapy (TB)] were treated with prednisolone plus 1.5-2g/day of MMF. Patients were candidates for MMF withdrawal at least after 4-years. Treatment outcomes were defined according to the International Autoimmune Hepatitis Group report.

**Results:** The median treatment duration was 26.5 (3-92) months. Prednisolone was withdrawn in 60% of patients in 8 months. The median prednisolone dose was 9.6 mg/day. 52/59 TN and 7/9 TB AIH patients achieved initial normalization of aminotransferases and γ-globulins; 35/59 TN and 2/9 TB had a complete response (CR), 17/59 TN and 5/9 TB had CR with relapses and 7/59 TN and 2/9 TB had partial response. No patient was non-responder. 78.8% of TN patients achieved complete aminotransferase normalization within 3 months Severe side effects leading to MMF discontinuation occurred in only 3.4% (2/59) of patients. Six patients (2 according to protocol and 4 for personal reasons), stopped treatment with MMF, but 3 relapsed.

**Conclusion:** MMF seems safe and effective in inducing and maintaining remission in treated before as well as in treatment-naïve patients with AIH, having a significant and rapid steroid sparing effect.

**THE CONTROL OF DIABETES: HBAIC**

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**Introduction:** Hemoglobin A1C is an average measure of glucose levels in recent months, while a blood glucose test only indicates the status of diabetes control in a certain point. It is a determination used for tracking and monitoring the treatments in patients with diabetes.

**Objectives:** To study the stability, at controlled room temperature of the laboratory, of Hb A1C and total Hb.

**Material and Methods:** For our study it has been used a total number of fifty blood samples, taken from diabetic patients and contained in tubes with EDTA anticoagulant. Total hemoglobin was determined with a SysmexXE2100 automated analyzer. Glycated hemoglobin was analyzed by high resolution liquid chromatography in an Adams A1C HA-8160 analyzer (Menarini Diagnostics), at intervals of time: 2 hours, 5, 7 and 10 days. Samples were maintained throughout the study at a controlled room temperature (23 ± 1° C).

**Results:** The results obtained on the trial underwent a statistical treatment of Student’s “t” with a significance level of p<0.05. Total Hb did not suffer any significant modification (p=0.007), at controlled room temperature in the first five days of the trial. However, in Hb A1C, it appears significant modifications from the fifth day (p=0.17).

**Conclusions:** According to obtained data, at controlled room temperature (23 ± 1° C), the results of total hemoglobins are valid until the fifth day from the extraction, not being essential a refrigerated storage of the samples during this period. However, for the analysis of Hb A1C it is necessary to refrigerate them and analyze the samples before the fifth day of the extraction to avoid major variations of 2.7% (variation value recommended by SEQC).

**MUTATIONS IN HFE AND TFR2 GENES IN A SPANISH PATIENT WITH HEMOCROMATOSIS**

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**Introduction:** Hemochromatosis is a genetic disease with a wide variety of genotypes. The genetic study of this disease confirms its hereditary nature and enables us to provide genetic counseling for first-degree relatives.

**Methods:** We performed magnetic resonance imaging and liver biopsy in an asymptomatic patient with more than 1,000 μg/L of serum ferritin and studied the genes involved in this condition.

**Results:** The phenotype of iron overload is confirmed by a predominantly perportal pattern of iron deposits in the liver suggestive of genetic disease. In the case we analyzed the molecular study revealed a double heterozygosity for the mutations c.187C>G (p.H63D) and c.840C>G (p.F280L) in the HFE and transferrin receptor 2 (TFR2) genes, respectively.

**Conclusions:** We report the case of a patient with mutations in HFE and TFR2 genes and a clinical phenotype of iron overload. This report confirms the genotypic and phenotypic heterogeneity of hemochromatosis.
STUDY OF THE RATE OF TOTAL STIMULATED SALIVA AND HYPERPIGMENTATION IN THE ORAL MUcosa OF PATIENTS DIAGNOSED WITH HEREDITARY HEMOCHROMATOSIS. SERIES OF 25 CASES

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Background: To study lesions in the oral cavity of patients with hereditary hemochromatosis and determine their association with iron overload.

Methods: We took a clinical history, examined the pigmentation of the oral mucosa, and measured total stimulated saliva production. We correlated our results with epidemiological, phenotypic, and genotypic findings. Patients with associated diseases or drug therapy causing xerostomia were excluded.

Results: We evaluated 25 patients (20 men, mean age 52 years) over a period of 6 months. No patient complained of xerostomia and pigmentation was not detected in the oral mucosa. The total stimulated salivary flow was reduced in 9 patients who had an average ferritin level of 796.5 μg/l. The decline in total stimulated salivary rate was significantly correlated with ferritin levels (p = 0.002). Patients with ferritin levels within the normal range also had normal SSF.

Conclusions: We found no pigmented lesions in the oral mucosa; we did observe a decrease in total stimulated salivary flow that correlated with ferritin levels. Therefore, hyposalivation caused by functional impairment of the salivary glands may be an early marker of iron deposition.

INFECTIOUS ETOLOGY OF GUILLAIN-BARRÉ SYNDROME, MORE THAN 10 YEARS OF EXPERIENCE

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Background: Guillain-Barré Syndrome (GBS) is viewed as an inflammatory, autoimmune and acute polyradiculoneuropathy clinically characterised by flaccid paralysis, sensory deficit and hiperproteinorraquia. Our objective is to determine incidence, epidemiology and morbimortality of GBS in our Sabitny Area between 1999 and 2011.

Methods: a retrospective, descriptive, observational study was drawn up with the patients diagnosed of GBS and subtypes at our Hospital, that covers a population of more than 600.000. We revised medical histories of the 50 patients with the National Institute of Neurological and Communicative Disorders and Stroke (NINDS) criteria for GBS and variants.

Results: the mean age is 50 years old, most of them men (64%). The incidence is 0.72 per 100.000 annually, lower than 1.5 per 100.000 of the main studies. 60% of patients report an infectious antecedent, most commonly a respiratory-tract infection or gastroenteritis. The most frequent isolated microorganism is Mycoplasma pneumonia (15%). We do not find evidence of Campylobacter jejuni, the most common agent in the main publications. We remarked a high incidence of Miller-Fisher subtype in our survey (20%). Most of patients (65%) were treated with high-dose intravenous immunoglobulin for 5 days, without adverse reactions. Rehabilitation is needed in 25% of patients for at least one year. No death was reported.

Conclusion: our annual incidence is low. Two-thirds of patients report an antecedent of infectious disease. Mycoplasma pneumonia is the most frequent antecedent pathogen for GBS. Intravenous immunoglobulin is the mainstay of therapy.

QUALITY OF ANTICOAGULATION MONITORING: COMPARISON OF ANTICOAGULATION CLINIC VERSUS ROUTINE MEDICAL CARE

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Background: The evidence indicates that high-quality anticoagulation management results in better health outcomes. Demands for oral anticoagulation have increased greatly in recent years. Worldwide, centers are being overwhelmed for international normalized ratio (INR) monitoring. A study find that 72.7 % of INRs are within range at large anticoagulation clinics of the country. Our study has been performed to assess the quality of anticoagulation therapy in a routine care setting

Methods: Medical record data extraction from physician practices in the routine medical management of vitamin K antagonists, that is, management not overseen by an anticoagulation clinic. The INR values were obtained from CoaguChek point-of-care testing prothrombin time monitor. The cross-section-of-the-files methodology was calculated by taking each patient whose INR value is in range at one point in time divided by the total number of INRs’s done on all patients at that point in time

Results: The final sample consisted of 53 outpatients who were receiving acenocoumarol in November 2010. Fifty-one percent of patients were male; mean age was 77.7 years (SD 10.8). The most frequent indicator for oral anticoagulation was chronic nonvalvular atrial fibrillation. We found that 75.5 % of the INRs were within range, 18.9 % below range, and 5.6 % above range. There was a significant correlation between age and weekly acenocoumarol dose (r=–0.49; P=0.01). Seventeen percent of patients have systolic blood pressure higher than 140 mmHg.

Conclusions: The quality of oral anticoagulation with acenocoumarol in routine medical care was similar to that observed in anticoagulation clinics of the country. Physicians tend to under treat more than over treat.

HYPOVITAMINOSIS D AND HIP FRACTURE IN OSTEOPOREOSIS: FRAX INDEX.

Cristina Diez Romero, Ixtasne Cabezón Estévez Paloma Diez Romero, Miguel Angel Artacho Rodríguez, María Torrea Valdeperez, María Olmedo Samperio, Chiara Fanciulli, Isabel Perez Tamayo, Carmen Cuenca Carvaja, Jose Santiago Figuereau Rubio, Laura Cano Alcaded. H.U.Gregorio Marañón, Medicina Interna III

Background: Osteoporosis is a systemic skeletal disease with a great susceptibility to fractures. Hip fracture is the most serious of all osteoporotic fractures. In this paper, we study the relationship between the index FRAX and levels of vitamin D. And calculate the percentage of patients with hypovitaminosis D present hip fracture.

Methods: The study included 86 patients from a query of osteoporosis in a tertiary hospital, aged between 40 and 85 years, both men and women, all Caucasian. Age,sex, BMI, blood levels of vitamin D, PTH, bone mineral density, FRAX index, intake of steroids, alcohol and snuff. And the presence or absence of prior hip fracture, family history of hip fracture and a history of rheumatoid arthritis.

Results: Of the patients studied, 94.2% were women and 5.8% male, with a mean age of 66.69+/−10.07 ng/dl, 89.5% of patients had hypovitaminosis D. As the average vitamin D 17.81+/−10.07 ng/dl. 36.4% of patients with hip fracture had vitamin D deficiency There is a negative relationship between vitamin D deficiency and the rate FRAX, there being a correlation ratio -0.223, with p=0.0047.

Conclusions: This study has found that the lower the levels of vitamin D in blood, the greater the probability of an osteoporotic hip fracture or higher in the next 10 years, ie the higher the index FRAX. The average vitamin D was lower among patients with hip fracture among people who did not have this complication, although in both groups was observed hypovitaminosis D.

COMPLICATED MULTIPLE HEPATIC HEMANGIOMAS: A CASE REPORT WITH CLINICAL AND PATHOLOGICAL FINDINGS

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Background: Hepatic hemangiomas are common benign tumors, occurring at all ages. Most of the cases are asymptomatic, often discovered accidentally on abdominal ultrasonography. Very rarely, giant or multiple hemangiomas could evolve with spontaneous rupture and necrosis and may cause abdominal pain, fever and thrombocytopenia.

Methods: We report a case of a 70 year old woman presented a complaint of right upper abdominal pain and fever. The biological evaluation revealed inflammatory markers, mild anemia and normal liver function tests. The abdominal ultrasound and computed tomography scan showed multiple lesions in segments III, IV and VIII of the liver, consistent with the features
of hemangiomas. Taking in account the persistence of fever and abdominal pain, exploratory laparotomy and surgical therapy were indicated.

Results: The patient’s pathology examination revealed the characteristics of hemangiomatosis complicated with necrosis and thrombosis: prominently increased vascular proliferation with fibrosis, large necrosis and inflammation. Vascular endothelial cells showed positive immunochemical stains, included Masson’s trichrome stain and Gomori reticulin stain.

Conclusion: We presented the clinical, radiological and pathological particularities of a case with multiple, diffuse and complicated hemangioma of the liver. Epithelioid hemangioendotheliomas and angiosarcomas should be considered in the differential diagnoses.

IMMUNOSUPPRESSANTS REDUCE VENOUS THROMBOSIS RELAPSES IN BEHÇET’S DISEASE

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Objective: To report the outcome of venous thrombosis in patients with Behçet’s disease (BD).

Methods: Among a cohort of 820 BD patients, 296 patients (36.7%) [73.6% of male and the median (Q1-Q3) age was 30 [24-36] years] fulfilling the international criteria of BD and with venous thrombosis were reported. Factors associated with relapses of thrombosis and mortality were assessed.

Results: There was a total of 582 venous thrombosis events including 555 deep and 27 superficial thrombosis. Main deep thrombosis localizations included limbs (n=323, 55.1%), cerebral veins (n=77, 13.1%), pulmonary embolism (57, 9.7%), vena cava (n=63, 10.7%), Budd Chiari syndrome (n=14, 2.4%) and cervical veins (n=13, 2.2%). The mortality rate was 6.4% (19/296) after a median (Q1-Q3) follow up of 4.75 [2-7] years. In univariate analysis, death was associated with male gender (p=0.0088), cardiac involvement (p=0.026) and Budd Chiari syndrome (p=0.004). In multivariate analysis, factors that prevent relapses of venous thrombosis were immunosuppressants [HR 0.27 (0.14-0.52), p<0.001] and corticosteroids [HR 0.62 (0.40-0.97), p= 0.058].

Conclusion: Immunosuppressants use reduces the relapses of venous thrombosis in BD.

SYMPTOMATOLOGY FROM THE GASTROINTESTINAL SYSTEM AS THE FIRST SIGN OF MENINGITIS FROM LISTERIA

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Background: Listeriosis in adults occurs mainly in older patients with impaired immune systems, in treatment with corticosteroids, with diabetes mellitus or hematologic malignancies and is presented as septicaemia or infection of the CNS. Both forms of the disease may occur initially with symptoms from the gastrointestinal system.

Purpose: Meningitis from Listeria in a patient on corticosteroid treatment presented with an image of gastroenteritis.

Materials - Methods: Female patient, 82 years old, treated with methylprednisolone due to autoimmune hemolytic anemia and diabetes, presented with vomiting, diarrhea and fever (38.2°C) from twelve hours. During the clinical examination she was stimulating and discount consciousness. No electrolyte abnormalities were found and despite the fluids administration, neurological picture worsened to muscle spasms.

Result: Treatment with ceftriaxone, amikacin and ciprofloxacin and supportive treatment with fluids and antiarrheal and anticonvulsants drugs started and blood cultures and CSF was taken for testing. Listeria monocytogenes was grown directly in blood and CSF and a general examination of CSF revealed pleocytosis (780/ml) with a predominance of neutrophils, negative Gram staining, and low CSF glucose. We stopped ceftriaxone and ciprofloxacin and started administration of ampicillin (12g/24h IV), amikacin and osmotherapy. The radiological assessment of brain CT was normal, and testing for Brucella, Salmonella and Shigella proved negative. The patient remained stable and her neurological image improved within four days. The IV treatment with ampicillin was continued for 21 days and the patient was discharged in improved overall situation.

Conclusion: Persistent disturbance of consciousness without associated electrolyte disturbances in patients with immune system disorders and symptoms from the gastrointestinal system should be considered as a possible premonitory signs of CNS infection by Listeria.

NON-TYPHOIDAL SALMONELLA BACTEREMIA IN A PATIENT WITH A VALVE REPLACEMENT

Christodoulos Dolapaskis1, Irini Lagoudaki1, Andreas Koutios1, Argiro Gogou1, Theoharoula Mylonaki1, Marina Papadogianni2, Emmanouil Tsouganakis1, Serafeim Kastanakis1. 1General Hospital of Chania, Greece, Internal Medicine Clinic; 2General Hospital of Chania, Greece, Microbiology Department

Background: Non-typoidal Salmonella (NTS) species are important food borne pathogens and most NTS infections result in short-lived gastroenteritis. However, bacteremia occurs in 5% of the patients with NTS gastroenteritis and in some cases, the initial gastrointestinal infection may be subclinical. Bacteremia can lead to extra-intestinal focal infections, mainly endarteritis and infectious endocarditis which are associated with a significant mortality and morbidity.

Methods: We present a case of primary bacteremia due to Salmonella serogroup C1 (serotype infantis) in a patient with valve replacement.

Case report: A 66-year-old man was admitted in our clinic because of fever without any gastrointestinal symptoms. His past history included aortic valve replacement, hypertension and atherosclerosis. The patient was hemodynamically stable. Blood cultures grew Salmonella serogroup C. Antibiotic treatment including ceftriaxone and ciprofloxacin was initiated. HIV test was negative. Despite of the antibiotic treatment, blood cultures again grew Salmonella for the next 4 days. A CT scan of the thorax and abdomen with iv contrast and a transesophageal echocardiography were performed. There were no signs of endocarditis or mycotic aneurysm. Blood cultures became sterile after 5 days of treatment. The patient remained stable. He received iv antibiotic treatment for 6 weeks.

Conclusion: NTS bacteremia when it is not associated with gastrointestinal symptoms may be a marker of underlying immunodeficiency, especially HIV infection. Older patients with any kind of vascular disease are in danger of having extra-intestinal focal infections. CT scan with iv contrast or angiography and transesophageal echocardiography must be performed. The duration of antibiotic treatment must be at least 6 weeks and the presence of focal infections requires surgical treatment.

NON-TYPHOIDAL SALMONELLA BACTEREMIA IN A PATIENT WITH A VALVE REPLACEMENT

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POST-RE-VASCULARIZATION RENAL STUDY

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Background: We analyze the clinical characteristics and treatment of patients diagnosed with renovascular hypertension defined as a systemic hypertension resulting from a renal artery affection, often due to occlusive lesions in the main renal arteries, which underwent arteriography +/- percutaneous transluminal angioplasty.

Methods: Retrospective study in patients admitted with suspected renovascular hypertension from January 2000 to October 2010, whom were subjected to diagnostic arteriography. We analyzed the extent of stenosis and the indication of percutaneous transluminal angioplasty with stent implanting. After that, we studied the control of blood pressure in our patients and the necessity for reduction/elimination of antihypertensive drugs.

Results: Angiography was performed in the renal artery in 52 patients, 47% had no significant stenosis (< 70%) and 53% had significant stenosis (>70%). In patients with <70% stenosis: 16 patients had left renal artery stenosis (64%), 3 patients with right renal artery (12%) and 6 patients bilateral stenosis (24%). In patients with >70% stenosis: 18 patients with left unilateral stenosis (67%) and 9 patients with bilateral stenosis (33%).
Stent implantation was performed in 88% of cases of significant stenosis > 70%. Necessity for antihypertensive drug treatment after surgery, with a statistically significant average reduction of 1.8 drugs (p = 0.005), 53% of patients continued to required hypertension treatment after revascularization.

Conclusions: The percutaneous transluminal angioplasty with stent implantation showed no significant improvement in reduction of antihypertensive treatment.

Failure in clinical response to revascularization, should be search not only in technical causes.

ASSOCIATION OF ANTIDIABETIC MEDICATION TO LONG TERM PROGNOSIS AFTER AN ISCHEMIC STROKE
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Background: Serious issues have been raised regarding the impact of various antidiabetic medications in insulin (INS), biguanides (BIG), sulfonylureas (SULF), meglitinides (MEG), alpha-glucosidase inhibitors, thiazolidinediones (TZD), dipeptidyl peptidase IV (DPP-4) inhibitors, glucagon-like peptide-1 (GLP-1) analogs, and their commonest combinations to the prognosis of ischemic stroke diabetic patients. The aim of the present study was to evaluate the effect of various antidiabetic medications on the long-term outcome after an acute ischemic stroke (IS).

Methods: Two hundred and sixty-six consecutive IS, type I or type II diabetic patients, admitted between January 2008 and February 2009, comprised the study population. End points were recurrence of stroke (RS) or death due to primary cause within 2 years following the initial episode.

Results: There was significant beneficial effect of TZDs (HR = 0.34, 95% CI: 0.11–0.81, p = 0.043) as well as of DPP-4 inhibitors (HR = 0.15, 95% CI: 0.01–0.79, p = 0.008) on RS or death. A multivariate analysis of all risk factors, identified TZDs (HR = 8.26 95% CI: 1.73-39, p=0.008) as the strongest significant negative predictor of RS or death, followed by the use of antiplate-lets (HR = 5.63, 95% CI: 1.92-16.46, p = 0.002) and angiotensin receptor blockers (ARB) (HR = 0.04, 95% CI: 0.01-0.18, p<0.001). Long diabetes duration (HR = 5.63, 95% CI: 1.92-16.46, p = 0.002) and angiotensin receptor blockers (ARB) (HR = 0.04, 95% CI: 0.01-0.18, p<0.001). Long diabetes duration (HR = 0.85, 95% CI: 0.81-0.91, p<0.001) and elevated admission HbA1c levels (HR = 3.45, 95% CI: 2.45-4.85, p<0.001) were also positive predictors of RS or death.

Conclusion: High-risk diabetic patients that receive TZDs or DPP-4 inhibitors in addition to their existing medication significantly reduce the risk of RS or death within 2 years after an acute IS. TZDs along with the concomitant use of ARBs and antiplatelet agents significantly decrease the long-term risk of RS or death, taking into consideration patients’ initial glycemic control and diabetes duration.

LONG-TERM SURVIVAL OF OCTOGENARIANS FOLLOWING INTENSIVE CARE ADMISSION WITH SEPSIS: A MULTICENTER STUDY
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Background: Little is known about the long-term outcome of patients admitted to the intensive care unit (ICU) with severe sepsis. Less is known about prognostic factors for octogenarians admitted with sepsis. The purpose of this study was to estimate in-hospital, 1-year and long-term mortality of octogenarians admitted with sepsis to the ICU.

Methods: The study was a population-based multicenter retrospective cohort study, including all patients >80 years of age admitted to the ICUs of seven general hospitals in Israel (2002-2008) and diagnosed with sepsis. Survival data were collected and analyzed according to demographic and clinical characteristics.

Results: 1,041 patients were included in the cohort (median age: 84 years, 52.6% males, median Charlson's co-morbidity index: 6). In-hospital mortality was 70% mortality. The survival rates at 1-, 2-, 5- and 8-years were 17.3%, 14.9%, 8.1% and 5.7%, respectively. In-hospital mortality was associated with male gender, the number of failing organ systems, the presence of septic shock, and Charlson’s comorbidity index and inversely related to the presence of a urinary tract infection or gastroenteritis. In a Cox proportional hazard model survival was associated with the presence of a urinary tract infection and inversely related to the number of failing organ systems. One-year age-standardized mortality ratio was 11-fold higher than that of the general population.

Conclusions: Mortality among octogenarians admitted to the ICU nad diagnosed with sepsis is extremely high and correlates with the cause and the severity of the sepsis episode and underlying patients’ characteristics.

EVALUATION OF LIVER ENZYMES FOR THE PREDICTION OF VIREMIA IN ASYMPTOMATIC CHRONIC HBV INFECTED PREGNANT WOMEN (“ELENA” STUDY)
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Background: The major risk factor for perinatal transmission of HBV infection and/or immunoprophylaxis failure is the level of maternal HBV-DNA. The aim of this study was to evaluate commonly used laboratory parameters in HBeAg-negative chronic HBV infected pregnant women and to correlate the findings with the presence or absence of viremia.

Methods: 166 consecutive chronic HBV infected pregnant women were hema­to logically, serologically and virologically evaluated between 28th and 32nd week of gestation. 101 women were finally evaluated (66 HBV-DNA positive and 35 HBV-DNA negative). Twenty-one women exhibited HBV-DNA levels above 2000 IU/mL and 12 of them had HBV-DNA levels above 10000 IU/mL.

Results: Viremic women exhibit significantly higher ALT (25.43 IU/L vs. 15.07 IU/L, p = 0.016) and GGT (14.67 IU/L vs. 33.56 IU/L, p = 0.008) as well as significantly lower white blood cell (10527 vs 13793, p=0.001) and neutrophil count (7776 vs 11088, p = 0.001), compared to non-viremic women. The optimal cut-off points discriminating those women with a high probability to have detectable serum HBV-DNA were 7 IU/L for GGT (sensitivity = 91.4%, specificity = 69.6%, AUC = 75.3%) and 12 IU/L for ALT (sensitivity = 74.1%, specificity = 56.2%, AUC = 65.4%). The positive predictive value of detectable HBV-DNA in women with both serum parameters above the new limits proposed was 88.8% whereas the negative predictive value was 75%.

Conclusion: Presence of HBV-DNA in maternal blood during the third trimester of pregnancy is significantly associated with maternal serum ALT and GGT levels. Women with GGT above 7 IU/L and ALT above 12 IU/L have the higher probability of HBV-DNA presence in maternal blood.

PROGLITAZONE VERSUS CYPROTERONE COMPOUND ON LIPID PROFILE OF POLYCYSTIC OVARY SYNDROME
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Background: Polycystic ovary syndrome (PCOS) is recognized as the most common endocrine disorder in women, affecting 6-7% of women in reproductive age. Dyslipidemia which is characterized by altered lipid profile is usually detected in these patients and increases the risk of cardiovascular disease by 3 folds in comparison with normal population. The aim of this study is to compare the effects of cyproterone compound versus pioglitazone on lipid profile of these patients.

Methods: In this clinical trial, thirty two women aged 18-45 divided into two groups by block randomization. One group received cyproterone compound (0.035 mg ethinyl estradiol plus 2mg cyproterone acetate) and the other...
received Pioglitazone (15mg). Clinical and lab data were collected on the first visit, 2 and 4 months after treatment.

Results: Total of 29 patients completed the study. Baseline lipid profile parameters of patients between two groups were not significantly different but parameters significantly changed after 4 months of treatment. Pioglitazone decreased the mean Low Dose Lipoprotein from 99.86 to 88.73 mg/dl (P=0.024), triglyceride from 86.0 to 76.40 mg/dl (P=0.001) and total cholesterol from 169.13 to 156.60 mg/dl (P=0.001). High Dose Lipoprotein increased significantly in both groups.

Conclusion: Pioglitazone therapy improved lipid profile in PCOS patients in contrast to conventional cyproterone compound therapy. It should be taken in consideration in the treatment of PCOS patients.

ANALYSIS OF IMMEDIATE AND LATE COMPLICATIONS OF TREATING UPPER AIRWAY OBSTRUCTION (UAO) USING INTERVENTIONAL PULMONOLOGY TECHNIQUES

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Background: Upper airway obstruction (UAO) is an increasingly common disease. Nonpathological causes include prolonged intubation and tracheotomy, and pathological causes include bronchogenic and metastatic carcinoma and lymphoma. Interventional pulmonology techniques (rigid bronchoscopy, laser, stenting, etc) are used to treat these types of stenosis.

Methods: A prospective follow-up study of the patients diagnosed with UAO. Data sources included a database, therapeutic and follow-up fiberoptic bronchoscopy performed within 72 hours, at 3 months, 6 months and every 6 months thereafter until the end of follow-up.

Results: Series of 63 patients (46, male). Immediate complications: All bleedings occurred in males (11 cases) and all vocal chord lesions in females (3 cases). Immediate complications occurred more frequently in patients with a malignant etiology (37.5%); the majority of the bleedings occurred in patients in this category. There were more complications with laser (29.6% vs 9.1%) and stenting (28.8% vs 18.1%). Late complications: these occurred mainly in women (granuloma formation and stent migration). In-stent obstruction due to secretions always occurred in smokers (7.7%). Patients with a malignant etiology presented fewer long-term complications (9.7%). Granuloma was the most common in subglottic stenosis and in the upper third of the trachea (18.8%). There were no complications of the mainstem bronchi in 95.2% of patients.

Conclusions: The most common immediate complication was bleeding, which usually occurred in patients with a malignant etiology. Early complications were not associated with the subsequent development of late complications.

STOMACH CANCER CASES IN AN INTERNAL MEDICINE UNIT AT A REFERENCE HOSPITAL, PORTUGAL: STATISTICAL REPORT

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Background: Gastric cancer is one of the most common malignancies worldwide and it is associated with a high death rate. Portugal places itself among the developed countries with the highest prevalence of this disease. The authors analysed the prevalence of stomach cancer cases in an Internal Medicine Unit in a Reference Hospital (Portugal).

Methods: This report consists of a retrospective study of gastric neoplasia cases diagnosed in an infirmary of Internal Medicine in a University General Hospital in Lisbon, between July 2006 and June 2011. All data was collected from patient files. Tumours were classified histologically according to WHO recommendations. Associated risk factors and prevalence rates were compared to those of other West European countries.

Results: Forty-three patients were diagnosed with stomach cancer; mean age was 75, and 51% were men. Thirty-eight cases (88%) were adenocarcinomas, most of which were Tubular type; the remaining 12% of cases were of signet-ring cell carcinoma or lymphoma. The most frequent clinical sign was anemia and the majority of patients presented with an advanced stage of the disease.

Conclusions: In spite of a downhill trend in its incidence, gastric carcinoma seems to still be frequent in Portugal, mostly amongst the older cohorts. Our results suggest a lingering insufficiency of screening methods for stomach cancer in Portugal.

A CASE OF ACUTE COCAINE INTOXICATION

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Acute cocaine intoxication is severe and potentially lethal. Cocaine is a dose and time-dependent hepatotoxic in mice, with numerous reports attesting its hepatotoxic potential in humans. Associated features include rhabdomyolysis, hypotension, hyperpyrexia, disseminated intravascular coagulation and renal failure.

A 29-year old male with prior history of drug use was admitted with acute renal failure with metabolic acidosis, rhabdomyolysis and severe acute hepatitis following intravenous injection of cocaine and heroin. At the time of admission, the patient was restless, anxious, sweaty, dehydrated, pale, hypotensive, tachycardic and presented miotic pupils and a right foot drop. Analysis results showed: creatinine - 3.74 mg/dl, potassium - 8.9 mmol/L, AST - 1919 IU/L, ALT - 4683 IU/L, GGT - 402 IU/L, alkaline phosphatase - 141 IU/L, CK - 85340 IU/L, myoglobin - 10864 IU/L, LDH - 7106 IU/L, prothrombin time - 24.9s (control 13.6s). Serological assays were positive for HBsAg, anti-HBc IgM, HBeAg and anti-HCV. The HBV-DNA was > 170x10^6 IU/ml and HCV-RNA was undetectable. All serological markers were negative 6 months earlier.

Therapy with entecavir was started, and the patient underwent hemodialysis for two weeks. By day 27, the patient developed acute myopericarditis (LVEF: 37%), treated with ibuprofen, which was suspended after 4 days due to ami-notransferases increase. A liver biopsy, performed at day 47, showed hepatitis with moderate portal fibrosis, lobular activity and acidophile bodies. Liver markers and renal function progressively normalized. HBeAg was negative after 5 months, HBsAg and HBV-DNA after 12 months. HCV RNA remained undetectable. The patient made a parcial neurological and cardiac recovery.

A CASE OF FEET THROMBOEMBOLISM IN NEWLY RECOGNIZED ATRIAL FIBRILLATION

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Background: We report the case of an 84-year-old white Caucasian man with a history of a previously stroke attack, arterial hypertension and psoriasis that presented on the emergency department with a prior fall to the floor episode with loss of consciousness. There was cyanosis of the toes and ischemic areas of the feet that, by the relatives’ statement, does not exist the previous day.

The electrocardiogram pattern at the time of presentation was normal.

Methods: We performed full blood test analysis, urine analysis, computed tomography of the brain, echocardiography study, abdominal ultrasound study, triplex ultrasound study of the aorta, inferior limbs artery system and of carotid and vertebral arteries.

Results: By the blood analysis we found a platelet count number of 145 k/µl, CRP of 3.4, R.A test of 42.5, INR of 0.97, d-dimers of 8.89, fibrinogen of 511.57. The C.T scan revealed ischemic ictus in the area of the parietal lobe. The ultrasound studies did not show any pathological abnormality. During hospitalization the patient presented arrhythmia concomitant with atrial fibrillation (AF) that was not known from the medical history therefore the diagnosis of paroxysmal AF was established. Atrial fibrillation was considered to be the cause of the emboli to the patient’s feet and toes.

Conclusions: Thromboembolism is a potentially devastating consequence of AF, a raremanifestation of which is described above. The problem consists of the early recognition of this rhythm disturbance so as to allow the appropri- ate therapy and prevent its progression.
PREVALENCE OF DIABETIC NEUROPATHY IN PATIENTS WITH DIABETES MELLITUS TYPE II

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Background: Diabetic Neuropathy (DN) is one of the most common complications in patients with diabetes mellitus type 2 (DM2). The aim of this study was to investigate the prevalence and characteristics of DN in patients with DM2 in our area.

Methods: 638 patients with DM2, 397(62.2%) female and 241(37.8%) male with mean age of 57 ± 12.4 years, who were followed up in our Diabetes Ward, were included in this study. The diagnosis of DN was based on physical examination with neurological and sensory tests and patients were divided in two groups, with and without DN. Demographical data, co-morbidities, anthropometrics measures such as height, weight, body mass index (BMI), sex specific central obesity (SSCO) and laboratory findings were registered and analyzed. SPSS 15 package was used for statistical analysis. Differences were considered significant if p < 0.05.

Results: The mean duration of diabetes was 9 ± 4.3 years. MS was detected in 512(80.25%) cases. 411(64.4%) patients were hypertensive, 273(42.8%) had BMI >30 and 579(90.7%) had SSCO. DN was detected in 194(30.4%) cases. The DN was positively associated with age (67.3±8.6 vs. 61.3±8.3, p<0.001), prolonged history of diabetes (12.7 ± 7.9 vs. 8.4 ± 6.1, p<0.001), poor glycemic control as assessed with HbA1c (7.8±1.3 vs. 6.8±0.8, p<0.001) and presence of hypertension (78.5% vs. 67.3%, p<0.01).

Conclusion: In our study indicated that patients with DM2 and hypertension, early onset of diabetes and prolonged age may be at high risk for the progression of diabetic neuropathy.

A METHOD USEABLE IN CLINICS FOR SIGNIFICANTLY INCREASING THE EFFECTIVENESS OF TREATING PATIENTS WITH MALIGNANT TUMORS

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Background: A number of our studies confirmed that in cancer patients, more than 66% of immune system cells are infected with herpes group viruses (as a rule, several: the Epstein-Barr virus, cytomegalovirus, and herpes simplex viruses).

Methods: We took blood from patients with oncological diseases, separated the lymphocytes, and using indirect immunofluorescence method to discover viral antigens under a luminescent microscope, we determined the infection level of the cells of the immune system with herpes group viruses.

Results: Also we studied smears of biopsy materials from cancer patients and discovered that more than 70% of their tumors were completely infected with the herpes virus (fluorescence index approximately 100%). A correlation dependence (C=0.99) was discovered between the level of tumor infection with the herpes virus and the level of immunocyte infection: the more cancer cells there were that were infected with herpes viruses, the more infected immunocytes there were.

Conclusion: As a result of preliminary trials of the method (inclusion of Valacyclovir in the chemotherapy schedule) on volunteers, a significant increase in the level of effectiveness of the chemotherapy was demonstrated, as were a more significant reduction in the size of tumors in comparison with those of patients not taking Valacyclovir, a slowing in the tumors’ resistance to chemotherapy drugs, an improvement in the patients’ bodies’ acceptance of chemotherapy, and an increase in the remission periods (periods until the tumors started growing again) by a factor of 3-5. In all cases, the tumors remained sensitive to initial chemotherapy and did not require a change to the combination of drugs.

LEUCOPENIA AND NEUTROPENIA AS COMPLICATIONS OF INTRAVENOUS IMMUNOGLOBULIN TREATMENT FOR THROMBOCYTOPENIA

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Background: Intravenous immunoglobulin (IVIG) has been used to treat autoimmune disease, including immune-mediated thrombocytopenia. IVIG is generally considered a safe therapy, with leucopenia and neutropenia rarely and transiently developing immediately after IVIG. Corticosteroid pre-treatment has been reported to be protective against white blood cell (WBC) decrease. The aim of this study was to investigate the consequences of IVIG therapy in the complete and differential WBC count.

Methods: In this retrospective study, we analysed 38 instances of IVIG administration in 31 patients with immune-mediated thrombocytopenia admitted in a Medicine Department, between January 2005 and May 2011. The frequencies of leucopenia and neutropenia were determined. The leucocyte, neutrophil and lymphocyte counts before and after IVIG administration were compared and the effect of pre-treatment with corticosteroids was analyzed. Statistical assessment was carried out using the t-test for paired variables or Wilcoxon test, with p<0.05 considered statistically significant.

Results: 7.9% (3 cases) of leucopenia and neutropenia were found. In 78.9% (30 instances) WBC and/or neutrophils decreased. Significant decreases were seen in WBC and neutrophil counts (p=0.013 and 0.030, respectively). When patients were pre-treated with corticosteroids (81.6%), decreases in mean values of both WBC and neutrophil counts were seen but with no statistic significance.

Conclusions: In this study, despite leucopenia and neutropenia constituted rare events after IVIG administration, decreases in WBC and neutrophil counts were common. A protective effect of corticosteroids was also found. All these results are in concordance with the literature.

SEVERE DYSCRASIA IN A PATIENT WITH ACQUIRED HEMOPHILIA

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Background: Acquired hemophilia A is a rare disease. The diagnosis is based on clinical and laboratory findings. The immediate therapeutic measures are cessation of bleeding and simultaneous eradication of the autoantibodies. The mortality is between 8 and 22%.

Case report: A 81 years old woman, came to emergency room after a syncope. The Physical examination findings were signs of low cardiac output and ecchymoses in the limbs. The laboratory evaluation just revealed normocytic normochromic anemia.

There isn’t any personal or family history of bleeding or clotting disorders.

Days after she developed an extensive hematoma of the neck’s soft tissues, in subglottic localization, compromising the airway.

Laboratory investigations had confirmed the anemia with a normal prothrombin time and platelet count. The activated partial thromboplastin time was elevated, at 102 seconds.

We assayed for clotting factors specific to the intrinsic pathway, the presence of antiphospholipid antibodies and Von willebrand antigen and activity. It
was determined a reduced level of factor VIII activity (1.2%) with the presence of factor VIII inhibitors, at a level of 65.0 Bethesda units. Acquired hemophilia A was diagnosed.

We initiated corticotherapy, activated prothrombin complex concentrate, Imunoglobulin and rFVIIa (recombinant activated FVII) as a life-saving measure during 20 days.

After etiology’s investigation, the disease was assumed as idiopathic.

Conclusion: The authors present a case of a rare disease with a difficult preliminary diagnosis. However the initial treatment is crucial to prevent life-threatening hemorrhagic complications.

The main treatment is with clotting factors being controversial the rFVIIa application.

CHRONIC HEPATITIS C IN ROUTINE CLINICAL PRACTICE
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Background: Most previous studies of hepatitis C virus (HCV) infection have included selected groups of patients. The aims of the present study were to estimate the clinical characteristics of unselected HCV patients, and analyze the effectiveness of antiviral treatment.

Methods: From January 2008 to December 2009 we include prospectively all evaluated patients in Internal Medicine with HCV. We excluded previously evaluated patients in our outpatient clinic. Treatment was administered according to clinical guidelines.

Results: One-hundred patients were included, 68% males, mean age 45 years. The most common route of infection was intravenous drug use (IDU). The RNA was positive in 79 patients, negative in 12 and unknown in 9 patients. The most frequently genotypes were 1 (44 patients), and 3 (20 patients). Antiviral treatment was initiated in 50 patients. The most frequent reasons for not initiating therapy in positive RNA patients were: patient refusal, lost in follow-up and age >70 years (6 patients each). Thirty-five patients completed therapy and 11 stopped before completing. Sustained virological response (SVR) was 66%, with rates of 44%, 100%, 92% and 66% for genotypes 1, 2, 3 and 4, respectively. Platelet count was reduced from 215000/mm3 to 118000, without bleedings, and one patient discontinued treatment for severe thrombocytopenia. The Hb dropped from 15.2 g/dl to 11.4. Neutrophils were reduced from 3600/ mm3 until 1170, and two patients reduced the dose of peginterferon.

Conclusions: The most common risk factor is IDU, and the more prevalent genotype is 1. Only 50% of all HCV patients are treated. The most common reason for not implementing treatment is patient refusal.

MILIARY TUBERCULOSIS – SEVERE CLINICAL PRESENTATION
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Background: Miliary Tuberculosis is mostly presented in subacute form, resulting from the uncontrolled haematogenous dissemination of Mycobacterium tuberculosis. However it may lead to an acute onset and to a severe clinical course, which may progress into septic shock with multiorgan dysfunction.

Methods: The authors presents a 76-year-old caucasian man clinical case, admitted to the Urology Department presenting a complicated urinary tract infection with pyelocalycial dilatation of the right kidney after recurrent urinary tract infections within the last 2 months. During hospitalization persistent fever was verified, followed by onset of dyspepsia and mental confusion at 8th day.

Results: Chest radiography showed diffuse reticulonodular infiltrates of both lungs and thoracic CT scan also revealed bilateral pleural effusion, mediastinal adenopathies and a perfusion defect in the right pulmonary artery compatible with pulmonary embolism. Cerebral CT scan was normal and the cerebrospinal fluid (CSF) analysis revealed 20 cells with neutrophil predominance (42%), an elevated protein level of 1.2 g/L and elevated ADA (18 UI/L). Urinary polymerase chain reaction for Mycobacterium tuberculosis has revealed positive, as the CSF and sputum culture.

Antitubercolus and anticoagulant therapy was added to treatment regimen with good clinical evolution, establishing Miliary Tuberculosis and Pulmonary Embolism as diagnosis.

Conclusion: This clinical case demonstrates the importance of fast investigation and effective treatment, sometimes based on presumptive diagnosis, when the clinical situation demands.

Also emphasizes the multisystemic presentation of Mycobacterium tuberculosis infection, which although being rare can not be dismissed, reaching a mortality near 50%.

IS CHRONIC KIDNEY DISEASE A PUBLIC HEALTH PROBLEM?

With increasing age expectancy, incidence of diabetes, obesity and hypertension, the prevalence and incidence of Chronic Kidney Disease (CKD) is growing and needs to be a central part of future public health planning.

Objective: To estimate prevalence of CKD and characterize patients with and without CKD and their prognosis.

Methods: Prospective observational study of patients admitted in an Internal Medicine Ward. CKD was defined by glomerular filtration rate (GFR) estimation CKD-EPI < 60 ml/min/1.73m². Results were presented for Group A (GA): patients with CKD and group B (GB): without CKD. We compared clinical and demographic characteristics, Charlson index, outcomes during hospitalization and follow-up (mortality and readmissions).

Results: 286 consecutive patients were evaluated Mean follow-up time 126.7±59.8 days: GA: 60.9%, CKD stages III 67.1% and IV 29.5%; GB: 39.5%; GA mean age 78.6±12.0 years (p <0.001); Charlson Index 7.8±2.8 (p <0.001); length of stay 8.9±6.2 days (p =0.026). CKD was strongly associated with hypertension (OR, 2.92; 95% CI, 1.74-4.89) and heart failure (OR, 4.03; 95% CI, 2.42-6.70). Temporal analysis of outcomes showed no statistical differences. At the end of follow-up CKD tend to predict all cause deaths OR, 1.76; CI, 0.59-3.8 and readmission OR, 1.25; CI, 0.75-2.09.

Conclusion: CKD patients were significantly older, most in stage III, with severe illness, prolonged length of stay and tend to poorer short-term outcome. Outcomes can be biased by systematic detection of CKD and nephrotoxic drug dosage adjustment preventing inhospital GFR worsening and progression to end stage CKD.

GENDER DIFFERENCES IN HIP FRACTURE: EPIDEMIOLOGICAL TRENDS, PATHOPHYSIOLOGICAL CHARACTERISTICS, COMORBIDITY AND OUTCOMES
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Aims: To evaluate gender-related aspects in hip fracture (HF) epidemiology, comorbidity, bone metabolism and outcomes.

Methods: Annual sex- and age-specific standardised incidence rates (per 100,000 population) between 1994 and 2008 were determined. In 761 patients with HF clinical characteristics, outcomes, serum 25(OH) vitamin D, PTH, leptin, adiponectin, resistin, and markers of bone turnover were examined.

Results: HF rates rose from 1994 to 2001 (by 80.5% in females and by 73.1% in males), but thereafter decreased in females by 35.7% (from 831.7 to 534.5), in males by 28.3% (from 296.5 to 212.6). Women were 2.5 years older, have a higher prevalence of stroke (16.7% vs. 5.1%), renal impairment (47.6% vs. 31.7%), vitamin D deficiency (84.6% vs. 40.0%) and hyperparathyroidism (39.4% vs. 25.3%), despite a higher use of anti-osteoporotic medications (16% vs. 2.3%). Men were more likely to smoke (30.8% vs. 9.9%) and overuse alcohol (11.5% vs. 2.5%) (All p<0.010). In women, mean values of bone turnover were 31.7%, vitamin D deficiency (84.6% vs. 40.0%) and hyperparathyroidism (39.4% vs. 25.3%), despite a higher use of anti-osteoporotic medications (16% vs. 2.3%). Men were more likely to smoke (30.8% vs. 9.9%) and overuse alcohol (11.5% vs. 2.5%) (All p<0.010). In women, mean values of bone metabolism and outcomes.

Conclusion: At the end of follow-up CKD tend to predict all cause deaths OR, 1.76; CI, 0.59-3.8 and readmission OR, 1.25; CI, 0.75-2.09.
Conclusion: Gender-related pathophysiological, behavioural and clinical factors underlying the differences in HF epidemiology and outcomes should be incorporated in preventive and treatment strategies.

HAND, FOOT AND MOUTH SYNDROME IN AN IMMUNOCOMPETENT ADULT: ON PURPOSE OF A CASE REPORT

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Introduction: Hand-foot-mouth syndrome (HFMS) is characterized by fever, oral vesicles on the oral mucosa and tongue, and peripherally distributed small, tender cutaneous lesions on the hands, feet and buttocks. This syndrome is rarely seen in adults, and when present, the majority of them have Common Immunodeficiency Variable. The group A Coxsackie viruses are recovered most often from this patients.

Case Report: N.O.M., 35 years, male sex, caucasian and works as an ambient technitian. Has a personal history of multiples acute faringitis, hypertension, hypercholesterolemia and occasional abdominal pain. He refers poliarthralgia affecting knees and fists, odynophagia, followed by fever (38°C) and afoous lesions on oral mucosa, vesicles on the palms of hands and feet. On April 2011, 3 weeks later of the described presentation, he is admitted to the emergency room with oppressive retrosternal pain, with slightly downwards of ST segment at inferior leads on ECG and Troponin I 0,15ng/mL and MB fraction of Creatine kinase 0,5mg/mL. From the evaluation during in-hospital stay, he has serologies positive for Coxsackie A9 and Echovirus (1/160), positive IgA anti-transglutaminase (25,3U/ml) and IgA and IgG anti-gladiine (77,8 U/ml) antibodies, with normal immunoglobulins, antinuclear antibody double strand DNA, and being HIV negative.

Conclusion: It is described a case of HFMS caused by Coxsackie A9 infection complicated by acute myopericarditis rarely seen in an immunocompetent adult. 

Keywords: Hand-foot-mouth syndrome, myopericarditis, Coxsackie A9

SUBCLINICAL ATHEROSIS IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Systemic lupus erythematosus (SLE) is associated with an increased risk of accelerated atherosclerosis. The aim of this study is represented by the assessment of the subclinical atherosclerosis by common carotid ultrasonography, and the characterization of factors implied in its appearance. 

Methods: The study was done on 30 women, divided into two groups: SLE group (15 patients with SLE, without renal involvement) and control group (15 healthy age). Carotid ultrasonography was done in all subjects, assessing intima-media thickness (IMT) and the presence of atherosclerotic plaques. Total cholesterol, triglycerides, antinuclear antibodies, anti dsDNA antibodies, C3, circulating immune complexes, blood pressure were determined in all patients. SLE was characterized by means of SLEDAI and SLICC/ACR. The statistical analysis was done using Pearson’s test and Student’s t-test, p < 0,05 was considered statistically significant. 

Results: IMT and the incidence of atherosclerotic plaques were higher in patients with SLE (p < 0,05). In these patients, IMT was strong correlated with SLEDAI and SLICC/ACR. The stages that an initially cronic cardiovasculary affection goes through until the onset of cardiac insufficiency are marked, usually by intermediate modifications at the myocard’s level, these modifications usually being along the lines of hypertrophy or overload.

Conclusion: The patients with SLE present a high incidence of subclinical atherosclerosis. The principal factors which contribute to its appearance are: dyslipidemia, arterial hypertension, smoking, and SLE related factors.

PERITONEAL NEOPLASMS – REGARDING A CASE OF PRIMARY PERITONEAL SEROUS PAPILLARY ADENOCARCINOMA (PPSPA)

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Background: Most of peritoneal adenocarcinomas comes from malignant neoplasms of the ovaries and fallopian tubes, and as such it is imperative a gynecologic investigation during the study of peritoneal carcinomatosis and / or a serous ascites. In 10-15% of cases there is no evidence of pathology in the ovaries or fallopian tubes, so the hypothesis of PPSPA should be considered.

Methods: The authors present the case of a 76-year-old woman with ascites and constitutional syndrome since 3 months. 

Results: She had an elevated serum CA-125. An adnexial mass and “omenta cake” was found on CT Scan. Paraconsites of the ascitic fluid resulted in a positive cytologic for malignant cells. With the conclusion of peritoneal carcinoma from ovarian cancer, she underwent chemotherapy and cytoreductive surgery. The histologic and immunohistochemical study of peritoneal and ovarian biopsies specimens revealed the absence of ovarian neoplasias, resulting in the diagnosis of PPSPA.

Conclusion: PPSPA is a rare clinical entity. The authors make a review of its diagnostic criteria, highlighting the importance of histology in the distinction between ovarian cancer and primary carcinoma of the peritoneum.

AN UNUSUAL PRESENTATION OF AN ABDOMINAL INFECTION IN THE ELDERLY PATIENT

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Background: Pyogenic hepatic abscesses are relatively rare. Although high, mortality has been reduced since the use of percutaneous drainage. Clinical presentation in the elderly is often scarce or atypical and aggressive treatment can be harmful.

Case description: We report the case of a 93-year-old woman admitted for fever, cough, dyspnoea, and without gastrointestinal signs or symptoms like nausea, vomiting, abdominal pain, jaundice or hepatomegaly. Laboratorial tests showing high inflammatory parameters, and the thoracic radiography showing a pleural effusion. Degradation of the general state has conduced to computed tomography, where a voluminous subcapsular hepatic abscess was found. Percutaneous drainage was performed and Escherichia coli sensitive to amoxicillin with clavulenate was isolated. A 2-month control computerized tomography shows no evidence of the abscess and the patient regained her functional status. (Barthel Index 90).

Conclusion: Most complications of this treatment are related to long admissions in inpatient departments. In this case, frequent follow-up as an outpatient was conducted and this may have contributed to the excellent result and restored functionality of the patient, avoiding bed rest and loss of physical condition commonly seen in long-term stays. More than the rarity of this clinical situation it is relevant the paucity of abdominal and gastroenterology symptoms and the particularly presentation of an acute abdominal infection as a pulmonary disease. This case is the evidence that elderly patients can have not common symptomatic presentation and that geriatrician must be always aware of this possibility.

CORRELATION BETWEEN CLINICAL ASPECTS, ULTRASONOGRAPHY AND HISTOPATHOLOGICAL CHANGES IN PATIENTS WITH LEFT VENTRICULAR HYPERTROPHY

Mircea Catalin Fortofoiu1,2, Maria Fortofoiu1,2, Florin Petrescu1,2, Liviu Constantin Ionanescu1,2, Violeta Comanescu2, Mihai Relu Stanescu1, Florin Bogdan1. University Of Medicine And Pharmacy Of Craiova, Dolj, Romania; Emergency Clinical County Hospital, Craiova, Dolj, Romania

Background: The stages that an initially chronic cardiovasculary affection goes through until the onset of cardiac insufficiency are marked, usually by intermediate modifications at the myocard’s level, these modifications usually being along the lines of hypertrophy or overload.

Methods: The clinical study was made through processing the data from the medical documents of 185 subjects. Histological and immunohistochemical study include collection of samples from the necropsy, histiological preparations, staining with Hematoxin-Leosin, light green and immunobalancing with specific antibodies. Microscopic examination of samples and relevant image acquisition was made with a microscope connected to a computer that has specific software necessary for the morphometric study. Morphometric study of the samples are processed using a special software that determines quantitive estimate of the size of miocardocytes and the degree of myocardial fibrosis.
**Background:** This study aims to reveal the differences and correlations of the novel biomarker sST2 between healthy controls and patients with type 2 diabetes, especially those with Left Ventricular Diastolic Dysfunction (LVDD). Methods: A total of 158 volunteers were recruited: 42 healthy controls [Group A], 50 patients without diabetes with LVDD [Group B], 48 patients with diabetes without LVDD [Group C] and 50 patients with diabetes & LVDD [Group D]. Soluble ST2, FPG, total Cholesterol, HDL, LDL, triglycerides, BNP, hsCRP, HbA1c and fibroinogen were measured. Statistical analysis performed with Mann-Whitney test (continuous variables), x2 test or Fischer exact test (discrete variables), Spearman coefficient (univariate analysis) and step-wise backward method (multivariate analysis).

**Results:** Significant variability among the 4 study groups found only for the mean values of: sST2, hsCRP, FPG, total Cholesterol, HDL, LDL, triglycerides, HbA1c. Mean ± SD of sST2 in Group A: 9.16 ± 4.56 pg/ml, B: 9.93 ± 3.57 pg/ml, C: 11.31 ± 3.05 pg/ml, D: 14.97 ± 5.23 pg/ml [A vs. C (p=0.007), A vs. D (p=0.001), B vs. D (p=0.001), C vs. D (p=0.001)]. Analysis in Group C revealed a positive correlation of sST2 with hs-CRP (p=0.04), fibrinogen (p=0.027), HbA1c (p<0.001) and negative with LDL (p<0.001). Multivariate analysis confirmed HDL & HbA1c as the independent parameters that interpret the 81% of sST2 variability. For Group D, a strong positive correlation of sST2 with HbA1c (p<0.001) and negative with LDL (p=0.041) was found. HbA1c proved as the unique independent factor correlated to the sST2 value in multivariate analysis.

**Conclusion:** All subjects with diabetes present higher sST2 – especially those with LVDD - compared to controls without diabetes Soluble ST2 value was found independently correlated to HbA1c. These results may reflect the additional burden of diabetes on heart function, suffixing to higher circulating sST2.

**Acknowledgements:** This study was funded by a grant of Hellenic National Diabetes Center.

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**PROGRAMME OF SOCIAL WELFARE – ESTIMATION OF HEALTH NEEDS OF PEOPLE OVER 65 YEARS OLD IN THE AREA OF THE 3RD CARE CENTRE FOR THE ELDERLY OF MUNICIPALITY OF HERAKLION**

Demetrios Fragakis, Prefectural Health Unit-Social Insurance Institution Of Heraklion

The elderly constitute a proportionally broadened population group with special features which are determination by the combination of their multiple diseases and the social situation they live in.

**Background:** The aim of the study is to deal with their everyday and perennial health problems, aiming at the advancement of their health, the development of the necessary structures and services.

**Method:** We studied 250 patients aged over 65 years old (150 women and 100 men). A special questionnaire was filled in a detailed case history was taken during a clinical examination by the group of the doctor and with the support of a social worker and two nurses.

**Results:**

<table>
<thead>
<tr>
<th>BRAIN STROKE</th>
<th>HEART DISEASE</th>
<th>HIGH BLOOD PRESSURE</th>
<th>DIABETES</th>
<th>CHRONIC PSYCHIC SYNDROME</th>
<th>FRATURES</th>
<th>BEDRIDDEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>77%</td>
<td>87%</td>
<td>58%</td>
<td>5%</td>
<td>7%</td>
<td>20%</td>
</tr>
</tbody>
</table>

It was noticed that the 48% of the patients have had more than two diseases. Also, both the lack of relatives and children and the frequency of visits were in a high percentage of 52%.

**Conclusions:** The estimation of health needs of the elderly constitutes a useful and essential step for the development of services like the Unit of Social Welfare, aiming at the complete primary health care for the most effective dealing with the patients, with a basic financial benefit for the state as well as the decongestion of hospitals because of the timely handling of the cases.

**ALMOST FATAL POISONING**

Ana Maria Oliveira, Andreia Castro, Simão Miranda, Paula Freitas, Mascalreshas Araújo, Ana Maria Freire, Fernando Fonseca, EPE

Organophosphates are a group of chemicals widely used in agriculture and as domestic insecticides, causing accidental poisonings, although they are also used intentionally.

Organophosphates poisoning is a major cause of morbidity and mortality worldwide, particularly in developing countries. They can be absorbed through skin and respiratory and gastrointestinal tracts. Despite appropriate treatment, mortality ranges between 10 and 20%, with respiratory failure being the main cause. Superwarfarin rodenticides are the most used rodenticides. They can cause coagulopathy if ingested in large quantities.

We report the case of a 38-year-old male who was admitted to the emergency department with global respiratory failure and respiratory arrest as the result of voluntary ingestion of organophosphates and rodenticides. He was admitted to the intensive care unit and was under mechanical ventilation for 21 days, with complications such as pulmonary infection by *Acinetobacter baumannii*, chemical pneumonitis and drug-induced hepatitis. 22 months later, he does not have neurological sequelae and his respiratory function is compatible with a restrictive pattern.
STATISTICAL REVIEW OF HIV OUT-PATIENT IN A HOSPITAL
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Background: HIV infection is currently considered a chronic disease according to the new therapeutic guidelines. The authors propose a statistical review of all out-patient cases followed in our hospital with HIV diagnosis.

Methods: Systematic review of out-patient clinical files with HIV infection.

Results: In a total of 88 patients, there were 59 males and 29 females who have been diagnosed with HIV infection at an average age of 41.64 years-old. 74 were being treated with anti-retroviral therapy. At the time of the diagnosis, 54 patients had a viral count superior to 50,000 copies and 48 of these cases had a lymphocyte population between 100-500 CD4+/µl. In 20 of these cases the lymphocyte population exceeded 500 CD4+. In the last medical examination, 41 of the patients being treated with anti-retroviral therapy had a lymphocyte population superior to 500 CD4+. In one case, the lymphocyte population was inferior to 100 CD4+. There was an irregular follow-up observed in 16% of the patients prescribed to anti-retro viral therapy (poor adherence).

Conclusion: These data agree with literature, showing patients are in a better immunological state after receiving anti-retroviral therapy, in spite of significant poor adherence.

NEUROPSYCHIATRIC INVOLVEMENT IN BEHÇET’S DISEASE
Amel Rezgui, Asma Gabbouj, Fatma Ben Frjd, Monia Karmani, Belgacem Mrad, Hosni Mhiri, Chedia Laouani. Department of Internal Medicine, University Hospital Sahboul, Sousse, Tunisia

Background: Behçet’s disease (BD) is a frequent multisystem disease in Mediterranean countries. Mucocutaneous manifestations are the most prevalent. Neuropsychiatric involvement’s frequency remains variable. The aim of this study is to describe the clinical features, course and prognosis of neuro–Behçet’s disease.

Material: A retrospective study of 50 files of patients with BD diagnosed between 1997 and 2010.

Results: 18 cases among 52 (35%) presented neurological manifestations. It was inaugural for 7 patients. Neurological findings were: headaches in 7 cases, hemiparesis in 7 cases, meningitis in 1 case, seizures in 1 case and psychiatric manifestations in 1 case. The examination of cerebrospinal fluid revealed asptic lymphocyte meningitis in 2 cases. MRI performed in 14 cases, found a signal abnormalities in the basal ganglion region or in the brainstem in 7 cases and lesions of acute brain stroke in 6 cases and a cerebral venous in 1 case.

Conclusion: Neuro–Behçet’s disease is well described with variable rates between 5 and 50%. Our study shows that the BD in Tunisia is characterized by high frequency of neuro- psychiatric involvement.

WHICH IS THE BEST WAY TO ESTIMATE GLOMERULAR FILTRATION RATE?

Increasing life expectancy has led to a rising incidence of Chronic Kidney Disease (CKD). In our hospital an automatic estimation of glomerular filtration rate (GFR) by the Cockcroft-Gault (CG) formula is currently used to adjust the dosage of nephrotoxic drugs.

Aim: To evaluate correlation between CG and CKD-EPI formulas on estimating GFR.

Methods: Prospective observational study of consecutive patients admitted in Internal Medicine Ward. Weight, serum creatinine (Cr), age, gender were collected at admission. GFR was obtained by both formulas.

Results: GFR obtained in 269 (94.1%) patients; m = 73.3 ± 15.7 years; 54.3% females; 94.8% Caucasian, 5.2% black; Cr 1.4±0.7 mg/dL; weight 71.2 ± 17.7 kg. Pearson correlation was r = 0.84, p < 0.001. Agreement of both methods classified 54.3% patients as having CKD, while CG classified 63.2% and CKD-EPI 59.9%. CKD stages III, IV and V were concordant by both methods in 78.8% of pts. Discordance on CKD classification was found in 8.9% by CG formula (mean GFR: CG 47.3 ml/min; CKD-EPI 61.6 ml/min/1.73²m²; p < 0.001) and 5.6% by CKD-EPI (mean GFR: CKD-EPI 49.1 ml/min/1.73²m²; CG 66.1 ml/min; p < 0.001). Discrepancies were related with extreme body mass index (BMI) values: CKD identified by CG had mean BMI 23.9; by CKD-EPI 34.3 kg/m².

Conclusion: We found a very good correlation between formulas when GFR was <60 ml/min. Despite CKD-EPI formula is the recommended by International Guidelines, there is no clear consensus on the best method to estimate GFR to drug-dosage adjustment mainly in very low or very high BMI.

CHARACTERISTICS OF PATIENTS ADMITTED WITH HYPONATREMIA AT THE INTERNAL MEDICINE DEPARTMENT OF IBIZA ISLAND HOSPITAL
Roberto Oropesa Juanes, Montserrat García Vera, María Amparo Pérez Buigues, Josep Maria Tugues Roure, Leonor López Montes, José Antonio González Nieto, Isabel Murado Mari, Francisco Antonio Bas Sanchis, Natalia Costa, Ramón Leopoldo Canet González, Francisco Gallego García, Pedro Fernández. Internal Medicine department, Hospital Can Misses, Ibiza, Spain

Background: Hyponatremia is a frequent reason for admission at the Internal Medicine Services in hospitals. It often raises diagnosis and treatment questions especially in patients with comorbidities and polypharmacy where the cause may be unclear. Our goal with this study is to analyze the clinical, aetiological and sociodemographic characteristics of patients admitted with hyponatremia in the island of Ibiza.

Methods: Descriptive, retrospective study reviewing all the discharge reports of our service during the last three years (from January, 2008 to December, 2010) having as either principal or secondary diagnosis hyponatremia. We analyzed the variables: age and sex, cause of the hyponatremia, average stance, figures of sodium at admission and discharge, cardiovascular risk factors, hyponatremia predisposing factors, clinical symptoms, treatment, need of intensive care, complications and exitus.

Results: From January, 2008 to December, 2010 there were admitted at the internal medicine service of our hospital (the only public one in the island) 3684 patients, 17 of them had hiperonatremia as a principal diagnosis, which means a 0.46% of the admissions. The rest were secondary diagnoses. From a total of 110 admissions with hyponatremia, 50% were women and 50% men with an average age of 74. A 20% had previous diagnosis of cognitive impairment and 7.3% were institutionalized. A 38.2% presented a previous diagnosis of congestive heart failure (CHF), hypertension 62.7%, and a 24.5% were diabetics. The average number of Na on admission was 122.98±/16.63 meq/l and on discharge was 133.06±/5.20 meq/l. One of our patients (0.9%) was diagnosed of pseudohyponatremia due to hipertrigliceridemia. A 61.8% were taking diuretics previously and 81.8% were polymedicated (more than three drugs). As for the causes identified of hyponatremia in our most frequent series it was the multifactorial aetiology (23.6%), being 19.1% medica-mentous, following a 17.3% due to CHF and 15.5% to extra-renal losses. Other reasons were dehydration, renal insufficiency, ADHUS and some resulted unknown. A 32.7% of the patients presented neurological symptoms whereas 53.6% of the cases were diagnosed by chance. The treatment of the hypona- tremia consisted in most of the cases (57.3%) on the administration of fluids, 15.5% on treatment with loop diuretics being 10% of the patients treated with water restriction and another 10% with removal of potentially causative medi- cations. None were treated with diuretics or aldosterone antagonists. After the admission due to hiperonatremia a 1.8% of the patients were diagnosed from a central nervous system disease and/or a pulmonary sickness consequently. A 2.7% presented central pontine myelinolysis as a complication. A 4.5% were admitted in the ICU. The 14.5% of the cases were exitus during the admission for hyponatremia. The average stay was 11.35 days.

Conclusions: The hyponatremia in our island appeared without differences with regard to sex in patients over 65 years where one out of five was pre- senting cognitive impairment and most of them were hypertensive. More than 30 % had precedents of CHF (where the reason of the hyponatremia was assumed in 17.3%) and almost the fourth part were diabetics. Most of the patients entered with moderated hyponatremia and left hospital with Na levels considered sure (> 130meq/l). Only a third part presented neuro- logical symptomatology, being half of the patients incidentally diagnosed. A patient presented pseudohyponatremia due to severe hypertrigliceridemia. Almost two thirds were taking diuretics as a risk factor and more than 80%
THE EUROASPIRE SURVEYS - THE EXPERIENCE AT THE ISLAND OF MADEIRA
João Gaspar1, João Freitas1, Ana Fino1, Eva Pereira1, M. Luz Brazaó1. 1Hospital Central Do Funchal - Serviço De Medicina; 2Hospital Central Do Funchal - Serviço Cardiologia

Background: The EUROASPIRE collection of studies was a group of 3 surveys conducted by the European Society of Cardiology. Their objective was to assess if the recently approved guidelines by the aforementioned society were being followed in patients at high cardiovascular risk, if they were effective and to compare the findings with previous surveys. It was concluded that despite the available drug regimes to prevent primary and secondary events, the targets were not met. This was attributed to the high prevalence of poor lifestyle factors and the consensus that more was needed in the chapter of patient education and motivation. We decided to conduct a study in the island of Madeira, Portugal, to compare the reality in our island with the findings of the EUROASPIRE surveys.

Methods: We conducted a retrospective analysis of patients admitted to the Cardiology Department with the diagnosis of an ischemic event, between 2005 and the first semester of 2010; we compared the prevalence of cardiovascular risk factors in these patients, namely hypertension, overweight/obesity, smoking habits, diabetes type II and dyslipidemia, throughout this period.

Results: Throughout this period, there was an increase in the prevalence of hypertension, diabetes and obesity; smoking remained unchanged and there was a decrease in the prevalence of dyslipidemia.

Conclusion: The same trends were found in our study; the authors conclude that there is a need for a higher investment in patient education and the creation of multidisciplinary teams involved in patient formation pre and post cardiovascular events.

CLINICAL SIGNIFICANCE OF DEAMIDATED GLIADIN PEPTIDE ANTIBODIES IN PATIENTS WITH CHRONIC LIVER DISEASES
Nikolaos K. Gatselis1, Kalliopi Zachou1, George Tzelas2, Stella Gabeta1.

Background: We have shown that the specificity of autoantibodies against tissue-transglutaminase (anti-tTG) for the diagnosis of celiac disease is low in patients with chronic liver diseases. Serology has evolved with the identification of more specific antibodies against deamidated gliadin peptides (anti-DGP). We assessed the significance of anti-DGP in patients with chronic liver diseases.

Methods: We studied 667 patients (426 chronic viral hepatitis, 94 autoimmune liver diseases, 61 alcoholic liver disease, 46 non-alcoholic fatty liver disease, 40 with other liver disorders). Anti-DGP were measured by ELISA, while anti-tTG were determined by ELISA and a microsphere-based flow cytometric assay. Anti-DGP(+) patients were investigated for IgA antiendomysial antibodies and were invited to undergo a small-intestinal biopsy and HLA-DQ allele typing.

Results: Anti-DGP were detected in 57/667 (8.5%), while anti-tTG in 38/667 (5.7%) patients (p=0.05). Fifty-three were anti-DGP(+)anti-tTG(+), 34 anti-DGP(+)anti-tTG(+), and 4 anti-DGP(+)anti-tTG(+) with increased age characterizing the first group of patients (p<0.01). Anti-DGP were related with cirrhosis and increased IgA (p<0.05). Small intestinal biopsy and HLA-DQ typing was performed in 14/57 anti-DGP(+) patients. Histological changes of Marsh grade I and III were found in 2 and 5 patients respectively, and HLA-DQ related with celiac disease in 11/14 patients, while no one mentioned gastrointestinal symptoms.

Conclusions: The prevalence of anti-DGP is increased in patients with chronic liver diseases, but the specificity for celiac disease is low. However, the presence of “suspicious” histological findings cannot exclude an early or latent type, necessitating a close monitoring of patients.

CEREBRAL ATTACKS IN PATIENTS WITH CHRONIC LIVER DISEASES: THROMBOSIS OR HEMORRHAGE

Background: The concept of so-called “auto-anticoagulation” in patients with chronic liver diseases is very much challenged lately.

Methods: 54 patients (31 men, 23 women), 38-95 years, were admitted last year to the Clinic of Neurology, County Hospital Timisoara, with acute stroke and chronic liver diseases. 30 non cirrhotic patients (55,55%): 6 chronic viral C hepatitis, 24 nonalcoholic steatohepatitis (NASH), 24 cirrhosis of various causes (Child A=14, B=7, C=3). Patients were thoroughly neurological and gastroenterological examined. They underwent biochemical exams, viral serology, us abdominal scans, upper digestive endoscopy, Duplex of carotidian arteries with assessment of intima-media thickness (IMT), plaque, volumetrics, cerebral CT or MRI.

Results: 44 patients (81,48%) developed acute ischemic stroke, 25 having non cirrhotic stage (46,29%), 4 transient ischemic attacks, 3 patients having non cirrhotic stage (5,55%). 6 acute hemorrhagic stroke, 2 having non cirrhotic stage (3,70%). 45 patients (83,33%) exhibited features of early carotidian atherosclerosis. The other 9 patients (16,66%) displayed advanced aspects of atherosclerosis: 6 having ecogenic plaques, 3 also calcifications. 7 patients (12,96%) had features of unstable plaques with associated thrombosis; 5 patients stenosis of carotids <50%, 2 patients 50-70%, and 2 patients >70%. 10 patients had low platelet count, 31 patients having INR over 1.4 (21 with INR 1,4-1,7; 7 with INR 1,7-1,2; 2; and 3 with INR >2,20).

Conclusions: No matter the stage of liver disease, ischemic thrombotic stroke was diagnosed more often than the hemorrhagic one (81,48%), raising the problem of a hypercoagulability status. An elevated INR does not appear to correlate to the coagulation status in chronic liver disease, questioning the usefulness of some traditional coagulation tests.

USEFULNESS OF THE CURRENT ELECTRICAL CRITERIA FOR THE LEFT VENTRICULAR HYPERTROPHY IN CLINICAL PRACTICE
Gabriela Silvia Gheorghi1, Ana Cirstea2, Andreea Sorina Berbec2, Andrei Cristian Dan Gheorghe1, Ioan Tibereiu Nanea1, Mariiana Nanea1.

Background: ECG versus ECHO criteria accuracy for left ventricular hypertrophy (LVH).

Method: Patients (pts) with arterial hypertension (HTA), aortic stenosis (AS) and aortic regurgitation (AR) having ECHO LVH (interventricular septum (IVS) or posterior wall (PW) diastolic thickness > 11.5 mm: moderate (mLVH)) if IVS and PW < 13 mm and severe (sLVH) if IVS or PW ≥ 13 mm), ECG Cornell (C) (S V3 + R aVL > 24 mm in men and > 20 mm in women) and Sokolow-Lyon (S-L) (S V1 + R V5 or V6 ≥ 35 mm).

Results: 136 pts, 66.84 +/-12.45 years old, 62.3% women; 97% HTA, 23.52% AS and 10.14% AR; 49.27% had body mass index (BMI) 25-30. 30.14% had ECHO mLVH and 69.8% sLVH. 21.5% had S-L and 26.4% C LVH; 79.3% in S-L group and 77.7% in C group, had ECHO sLVH. Positive predictive value for sLVH was 77.78% for C and 78.57% for S-L. The sensitivity for mLVH was 19.04% for C and 14.23% for S-L; for sLVH, 29.16% for C and 22.91% for S-L. Overweight decreased the sensibility of S-L but not of C. 96% pts from the S-L and 76.6% from the C group (p < 0.05), had both S-L and C criteria of LVH.

Conclusions: S-L and C have low sensibility for mLVH, while ECHO sLVH. The positive predictive value is higher for the sLVH. Most pts with S-L have also C LVH, but the reverse is not true. The obesity reduces the diagnostic value of S-L but not of C.
ABSENCE OF AN EFFECT OF A POTENT VITAMIN D RECEPTOR ACTIVATOR ON IN VITRO PLATELET AGGREGATION RESPONSES

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Background: Experimental evidence suggests that vitamin D participates in physiological antithrombotic mechanisms. A recent study has shown the presence of vitamin D receptors (VDR) in human platelets. Platelets from genetically modified animals lacking VDR expression show increased aggregation responses. We examined whether exposure of platelets to a potent VDR activator would influence their aggregability.

Methods: Platelet rich plasma (PRP) from four healthy volunteers was incubated with therapeautic concentrations of paricalcitol, a synthetic analog of 1,25-dihydroxy-vitamin D for 30 min at 37°C. Agregation responses to ADP, collagen, arachidonic acid and ristocetin were studied using an optical aggreagometer. PRP incubated with normal saline served as control. Additionally, aggregation studies were performed with PRP from three chronic kidney disease (CKD)-stage 3 patients, before and after treatment with oral paricalcitol for secondary hyperparathyroidism.

Results: Incubation of normal platelets with paricalcitol had no effect on platelet aggregation responses to any of the agonists (Table below).

<table>
<thead>
<tr>
<th>Agonist</th>
<th>20µM PRP+paricalcitol</th>
<th>0.1µM PRP+paricalcitol</th>
<th>500µg/mL PRP+paricalcitol</th>
<th>1.25mg/mL PRP+paricalcitol</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADP</td>
<td>74(11.3)</td>
<td>74(4.2)</td>
<td>73(1.2)</td>
<td>86(0.3)</td>
</tr>
<tr>
<td>Collagen</td>
<td>73(10.7)</td>
<td>73(4.6)</td>
<td>78(5.7)</td>
<td>92(6.1)</td>
</tr>
<tr>
<td>Arach. Acid</td>
<td>74(11.3)</td>
<td>74(4.2)</td>
<td>73(1.2)</td>
<td>86(0.3)</td>
</tr>
<tr>
<td>Ristocetin</td>
<td>73(10.7)</td>
<td>73(4.6)</td>
<td>78(5.7)</td>
<td>92(6.1)</td>
</tr>
</tbody>
</table>

Values shown are mean (SD)/% aggregation. Differences were not statistically significant.

Similarly, treatment of CKD patients with oral paricalcitol for an average period of 35 days (range 13-58) did not have any effect on platelet aggregation responses to the above agonists (data not shown).

Conclusion: Our in vitro and ex vivo data do not support the hypothesis that treatment with a potent VDR agonist would result in inhibition of platelet aggregation. Further studies are needed to elucidate the role played by platelet VDR.

ASCITES IN AN ELDERLY – AN UNEXPECTED CAUSE

Karolina Godula, Anabela Santos, Pedro Lopes. Internal Medicine I Department, Fernando Fonseca Hospital, Amadora, Portugal

Background: Ewing’s sarcoma /primitive neuroectodermal tumor (PNET) are rare tumors of soft tissues of thorax, pelvis and lower extremities. The majority of patients are younger than 30 years, with a peak incidence at the age of 15, being rare in patients above 40 years. There is much controversy regarding the role of age for an outcome and even less literature about its management in non-pediatric patients.

We present the case of a 58-year-old man, ex worker in a factory of asbestos cement. Admitted in January 2011 to investigate diffuse abdominal pain, tension ascites, unilateral pleural effusion and a recent 18 kg weight loss.

Methods: A diagnostic paracentesis was performed, being drained 4000 mL of soro-hematic liquid. The analysis was suggestive of spontaneous bacterial peritonitis. Ceftriaxone was initiated. Cultures of blood, urine and ascitic fluid were negative.

Results: An eco-endoscopy of the lower intestine and an aspiration biopsy of the bulging tumor were performed. The histopathological examination revealed primitive neuroectodermic tumor/ Ewing sarcoma.

In a multidisciplinary reunion with the Oncology and Palliative Care Unit was decided to initiate palliative chemotherapy. The patient died of sudden death at home two months after diagnosis.

Conclusion: Ewing’s sarcoma /PNET are rare in adults, but important in a differential diagnosis of undifferentiated tumors because prolonged survival is possible after complete surgical resection and adjuvant therapy.

SLEEP APNEA/HYPOPNEA SYNDROME IN YOUNG MEN WITH PREHYPERTENSION

Tatjana Comowa, Yulia Venetseva, Aleksandr Melnikov, Elena Kazidaeva, Irina Perelomova. Tula State University

Background: Little is known about sleep apnea-hypopnea syndrome in adolescents with heart rhythm impairments.
Methods: 89 adolescents and young men aged 15-34 years (mean 20.7 +/-4.1 yr, height 179.6 +/-7.2 cm, weight 80.9 +/-15.8 kg, BMI 25.0 +/-4.4 kg/m²) with II stage prehypertension underwent 24-h. monitoring of ECG, BP and breathing (respiratory inductance plethysmography, Inkart, Russia).

Results: One patient reported snoring and none - upper airway disease. 13.5% of pts had low weight (BMI<20 kg/m²), 34.8% - overweight (25-29 kg/m²) and 14.6% were obese (BMI=30-34.3 kg/m²). Patients were divided into 3 groups: under 5 AH episodes/hour (AHI 3.0 +/-1.0, n=25), with 5-9 (6.9 +/-1.5, n=41) and with >10 episodes/hour (AHI 12.8 +/-4.0, n=23). Height was significantly bigger in group I (182.5 +/-7.8 cm) than in the group II (177.8 +/-7.9) and didn’t differ from group III. No differences were found in age, weight, BMI, HR, SBP at day (137.8 +/-11.8, 137.5 +/-12.4 and 138.4 +/- 9.4 mm Hg) and DBP both at day and night, whereas SBP at night in group III was higher (125.4 +/-8.4) than in group I (120.4 +/-11.2 mm Hg, P=0.04). Power of LF band of HRV in group III was significantly bigger at day and HF - at night than in group I. All pts in group III had night pauses up to 2 s. Weak significant correlation obtained between height and AHI (r = -0.22).

Conclusions: SAHS has been found in 71.9% of young men with prehypertension without snoring and was accompanied by elevation of HRV value: power of LF band at day and HF - at night.

MYCOPHENOLATE MOFETIL IN THE TREATMENT OF SJÖGREN SYNDROME

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Introduction: Sjögren (SS) syndrome is a systemic rheumatic disease with a prevalence of 0.6-3.3% of the population, there is a clear tendency on appearing in females (14:1). In its physiopathology inflammatory phenomena intervene such as (T e B), cytokine and auto-antibodies. The dry complaints are frequent, however the symptomatology extra-oral, potentially more serious might be difficult to treat.

Clinical case: Female, 45 years old with SS (xerostomia, Xerophthalmia, positive Schirmer test, anti-nuclear positive antibodies with anti-SSA and anti-SSB in it) with 10 years of evolution followed by Medicine and Rheumatology medical appointments. Was continuously medicated with hydroxychloroquine, and Azathioprine, however, through a marked and persistent disease (Leukopenia with Azathioprine, vasculities lesions in the lower limbs, VS and Raynaud) the patient started treatment with Rituximab and Prednisolone. There was a significant improvement in the clinical and laboratorial picture. The patient was continuously medicated with hydroxychloroquine and Azathioprine.

Background: Some researches suggest that heart failure with preserved ejection fraction (HFPEF) might represent an early stage of heart failure with reduced ejection fraction (HFREF). However, there are no strong data regarding the natural history of this clinical syndrome. Aims of this study were: 1. To determine whether a cohort of patients diagnosed with HFPEF progress to systolic dysfunction. 2. To evaluate potential variables involved in systolic dysfunction progression.

METHODS: We enrolled 178 patients with HFPEF. Diagnosis of heart failure was confirmed based on current guidelines. A doppler-echo cardiographic study was performed in all cases. The diagnosis of diastolic dysfunction required one of the following conditions to be satisfied: 1. Enlarged left atrium (LA) + brain natriuretic peptide (BNP) levels > 100 pg/ml or E / Ea ratio > 8.2. Normal LA + BNP levels > 500 pg/ml or E / Ea ratio > 15. Patients with significant valvular heart disease or pericardial disease were excluded. Primary endpoint was progression to systolic dysfunction during the follow-up. We used a T-student or a U-Mann-Whitney test for quantitative variables and the statistical J-i-squared test with Fisher corrections for hypothesis testing.

RESULTS: Median follow-up was 24 months (16 to 36.5). The average age was 80.5 +/-5.7 years. Main baseline features were: women (75.7%), hypertension (96%) and type-2 diabetes mellitus (43.4%). Twenty-five patients (14%) had confirmed coronary heart disease (CHD) and hypertensive cardiomyopathy was present in 61.3%. Mean baseline ejection fraction (EF) was 56.4 +/- 7.2. Only five patients (2.8%) progressed to systolic dysfunction during the follow-up (EF2 41.6 +/- 3.8). Patients with highest BNP levels were associated with increased risk for progression to HFREF (p < 0.0001). Low glomerular filtration rate did not reach statistical significance (p = 0.08). Treatment with beta-blockers, digoxin and/or dihydropyridine calcium antagonists were associated with reduced risk of developing systolic dysfunction. EF reduction was associated with increased risk of mortality (p < 0.05).

A CASE OF MEDULLARY NECROSIS

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Medullary necrosis consists of medullary stroma and myeloid tissue necrosis. It’s a rare finding and its cause is almost always malignant. Frequent signs and symptoms are bone pain and fever and laboratory findings include anemia, thrombocytopenia, leucopoenia and elevated LDH. Bone marrow histological evaluation is diagnostic and treatment and prognosis depend on the underlying cause.

We report the case of a 70-year old caucasian male that was admitted to our Emergency Department with a 6-month history of weight loss, malaise, anorexia, fever and lumbosacral pain. Clinical evaluation revealed arpyrexia, mucocutaneous paller and hepatomegaly. Blood tests showed pancytopenia (Hb: 6.7 g/dL, MCV: 86 fl, MCH: 26.8 pg: leukocytes: 2800/mm³, neutrophils: 900/mm³; platelets: 62.000/mm³) and LDH: 1341 U/L. Bone marrow aspirate showed amorphous substance with no cells. Extensive medullary necrosis was revealed by osteomedullary biopsy. Abdominal ultrasound and body CT scan showed hepatomegaly and a liver biopsy revealed a follicular B-cell lymphoma. Metastatic lesions in the thoracic and lumbar spine were shown in spine MRI. The patient started treatment with Rituximab and Prednisolone. There was significant clinical and laboratory improvement. He was discharged 2 months after admission with continuous follow-up by Oncology and Internal Medicine. The treatment was later changed to cyclophosphamide + vincristine + prednisolone. Seven months after hospital discharge he developed a iatrogenic neutropenia and a severe, bilateral community acquired pneumonia and died.

HEART FAILURE WITH PRESERVED EJECTION FRACTION: AN EARLY STAGE OF LEFT VENTRICULAR SYSTOLIC DYSFUNCTION?

Pérez-Rubio M1, Carrasco-Sánchez FJ1, Escolar-Cervantes C1, Yebra-Yebra M2, Sánchez-Gómez N1, Santiago-Ruiz JL2, González-García A1, Manzano L3.

1Department of Internal Medicine. Juan Ramón Jiménez Hospital. Huelva; Spain; 2Cardiology department. Infanta Sofia Hospital. San Sebastián de los Reyes. Madrid; 3Department of Internal Medicine. Ramón y Cajal Hospital. Madrid

Background: Some researches suggest that heart failure with preserved ejection fraction (HFPEF) might represent an early stage of heart failure with reduced ejection fraction (HFREF). However, there are no strong data regarding the natural history of this clinical syndrome. Aims of this study were: 1. To determine whether a cohort of patients diagnosed with HFPEF progress to systolic dysfunction. 2. To evaluate potential variables involved in systolic dysfunction progression.

METHODS: We enrolled 178 patients with HFPEF. Diagnosis of heart failure was confirmed based on current guidelines. A doppler-echo cardiographic study was performed in all cases. The diagnosis of diastolic dysfunction required one of the following conditions to be satisfied: 1. Enlarged left atrium (LA) + brain natriuretic peptide (BNP) levels > 100 pg/ml or E / Ea ratio > 8.2. Normal LA + BNP levels > 500 pg/ml or E / Ea ratio > 15. Patients with significant valvular heart disease or pericardial disease were excluded. Primary endpoint was progression to systolic dysfunction during the follow-up. We used a T-student or a U-Mann-Whitney test for quantitative variables and the statistical J-i-squared test with Fisher corrections for hypothesis testing.

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Conclusions: There is no evidence of progression from diastolic to systolic dysfunction. Our findings strongly suggest that both of them are completely different syndromes. New investigations need to be performed to understand the pathogenesis of HFPEF in order to know specific therapeutic targets.

ANTIPHOSPHOLIPID SYNDROME AND CRONIC HEPATITIS C – A CASE REPORT
Ana Faria, Ana Filipa Carvalho, Ricardo Pereira e Silva, João Mascarenhas Araújo. Department of Internal Medicine, Medicine Ward 1, Hospital Fernando da Fonseca

Background: Several studies describe a statistical correlation between viral infections and elevated antiphospholipid antibodies; it is reported that about 20% of patients with Hepatitis C Virus (HCV) infection have elevated antiphospholipid levels. However, an association between HCV and antiphospholipid syndrome itself is yet to be demonstrated.

Case report: A 36 year old woman, with chronic HCV infection under irregular treatment with ribavirin and pegylated interferon, was admitted to the hospital with right-sided hemiparesis and aphasia; a cranial CT scan was performed and confirmed left hemispheric stroke. There were no previous thrombotic events in her medical history, and the gynecological/obstetric history was also unremarkable. The initial laboratory findings included frankly elevated levels of anticoagulant and anti-beta2 glycoprotein 1 antibodies; this elevation persisted on reevaluation workup after sixteen weeks. The final diagnosis of antiphospholipid syndrome was thus determined, and the patient was directed to an autoimmune consult for additional follow-up.

Conclusion: The pathogenic role of HCV infection in this patient’s antiphospholipid syndrome remains controversial, as there are very few case reports and thus no proven statistical correlation; however, the possibility of an association, and not a just mere coincidence, cannot be excluded.

BICUSPID AORTIC VALVE – A SILENT DANGER
Fíla Gonçalves1, Ana Barroso1, Carla Costa1, Miguel Costa1, Pilar Barbeito1, Bruno Vale1, Carlos Oliveira1. Internal Medicine, Hospital Santa Maria Maior, Barcelos, Portugal.

Background: The Bicuspid Aortic Valve (BAV) is the most common congenital cardiac malformation, affecting 1-2% of the population with strong male predominance. In most cases remains undetected until infection.

Case Presentation: A 62-year-old man admitted for 3-week history of intermittent afternoon fever and chest pain. Associated symptoms included abdominal discomfort and anorexia. Physical examination revealed fever, diastolic murmur and splinter haemorrhages. Transesophageal echocardiogram showed 12mm vegetation over BAV, severe aortic regurgitation and 10 mm vegetation over the anterior leaflet of mitral valve. The patient was unaware of his BAV. Two months prior to the diagnosis he was submitted to a prostatectomy complicated by urinary tract infection and treated with antibiotics.

Subacute infective endocarditis (IE) was diagnosed by the following DUKE’s criteria: presence of vegetations, predisposing heart condition (BAV), fever, vascular phenomena such as splenic embolization, and blood culture positive for Enterococcus faecalis. One week after diagnosis, the patient was admitted on Intensive Unit Care, with ruptured cerebral mycotic aneurysms.

Conclusion: Subacute IE commonly presents with already damaged heart valve and is usually preceded by invasive procedures, represented here by unknown BAV and concomitant prostatectomy. Embolic events are a frequent and live threatening complication, being the brain and spleen the most prevalent sites of embolization. The detection of a BAV will not only make it possible to offer antibiotic prophylaxis for IE but should also increase the prevalent sites of embolization. The detection of a BAV will not only make it possible to offer antibiotic prophylaxis for IE but should also increase the possibility of an autoimmune event.

INDIVIDUAL CORONARY RISK EVALUATION IN MALE RAILWAY WORKERS
Svetlana G. Gorokhovaya, Elena V. Muraseeva1, Eduard V. Generozov2, Oleg Yu. Atkova1. I.M. Sechenov First Moscow State Medical University, Moscow, Russia; N.A. Semashko Central Clinical Hospital No 2 of the Russian Railways JSC, Moscow, Russia; Research Institute of Physico-Chemical Medicine, Moscow, Russia; Russian State Medical University, Moscow, Russia

Background: Coronary artery disease (CAD) is multifactorial pathology and has genetic component. The aim of this study was to estimate different calculation models for individual coronary risk index, based on the number of risk alleles in candidate genes and conventional risk factors, and to reveal relationship between the index and CAD.

Methods: The study included 159 railway workers (men, mean age 43.6 ± 6.4 y) subjected to coronary angiography for CAD diagnosis. SNP genotyping from the 12 candidate genes was performed using MALDI mass spectrometry. Principal Component Analysis allowed us to detect the structure of the data set. Genetic risk index and total individual coronary risk index (TICR) were calculated for each patient by different calculation models. According to index values, individual risk was classified as mild, intermediate or severe.

Results: Genetic risk index and TICR were significantly associated with CAD, and in case of TICR the correlation was the closest one. The most accurate calculation model was TICR with 1st principal component genes (NOS, ACE, AGT-235, AGT-174, AGTR, CRP-1) (R = 0.53, p = 0.000). According to this model, TICR value in workers averaged 8.12 (95% CI: 6.96 – 9.27), mode 7. Mild TICR was in 10%, intermediate – 54%, severe – 36% of these patients.

Conclusion: Calculation models for individual coronary risk, which include genetic and conventional risk factors, are better than models based on genetic risk only. Assessment of TICR may be used for early detection of workers with CAD risk.

A RARE CASE OF INFECTIVE ENDOCARDITIS
Mónica Grañño, Andrea Pestana, Ana Alho, Maria Adélia Castelo Branco, Glória Silva. Department of Medicine, Hospital Pulido Valente, Lisbon, Portugal

Cardiac device-related infective endocarditis (CDRIE) – permanent pacemaker and implantable cardioverter defibrillators – is an infrequent situation associated with high mortality, morbidity and financial cost. It is one of the most difficult forms of infective endocarditis to diagnose. Recommended treatment consists in prolonged antibiotic therapy and cardiac device (CD) removal.

We report the case of an 84-year-old women with many co-morbidities including chronic heart failure by ischemic and valvular disease and implanted pacemaker. She was admitted in our hospital with decompensated heart failure for lack of compliance of therapy. In the fifth day of hospitalization, the patient started with fever and we documented peripheral phlebitis. She performed three blood cultures, transthoracic and transesophageal echocardiography (TEE). The blood cultures were positive to Enterococcus faecalis and the TEE identified a lead vegetation. We admitted CDRIE (pacemaker) and the patient started ampicillin and gentamicin, based on culture and susceptibility results. The patient completed six weeks of antimicrobial therapy with good results. Taking in consideration the previous difficulties in lead extraction and the patient’s co-morbidities, we decided not to remove the CD.

In conclusion CDRIE must be suspected in the presence of unexplained fever in a patient with a CD. Despite the standard treatment includes prolonged antibiotic therapy and CD extraction, it must be individualized assessing benefit-risk.

Keywords: Cardiac device-related infective endocarditis; pacemaker; Enterococcus faecalis

PM (PARTICLES MATTERS) AND HEALTH EFFECTS IN A POLLUTION EPISODE IN ATHENS
K. N. Grigoropoulos1,2, C. Panagopoulos3, A. Gialouris3, N. Kouris3, G. Ferentinos3, G. Polichetti2, E. Thoma3, J. Papadopoulos1, P. T. Nastos1, Z. Tsirigian1, M. Spiridopoulos2. “ELPIS”, 1st Division of Internal Medicine, 11522, Athens, Greece; 4S. Sarande Health Station, Piraeus, Greece; 2University of Naples, School of Medicine, Department of Neuroscience, 80131, Naples, Italy; “Regional General Hospital “ELPIS”, 1st Division of Internal Medicine, 11522, Athens, Greece; “S. Sarande Government Hospital, division of Pneumonology, San Sarande Albania; “University Patras, Department of Geology-environment,Rio,26500, Patras, Greece; “National Technical University of Athens, Laboratory of Physical Metallurgy, Athens, Greece; “University of Athens, Laboratory of Climatology and Atmospheric Environment, Athens, Greece

Background: The mega cities’ pollution problem during the last two decades, occupied the whole European scientific community, Asia and the U.S.A. The atmosphere remains suffocating due to rapid industrial development and the ever increasing traffic. Registered health problems are numerous and dramatic in all ages groups, but particularly in infants, old people and patients suffering chronic diseases.
After 1980 many governments applied restrictions to maintain a clearer atmosphere. Particulate matters are everywhere, they are inhaled, they enter the lungs, migrate through the blood stream and finally, they deposit in several organs which leads to severe consequences. Wind remains the only restraining factor of PM concentrations, but this is not the desired solution.

**Methods:** The issue of atmospheric pollution and its influence on health are both the main aim of this study, which consists of monitoring and mapping the UFP (ultra fine particles) in six areas of Athens and examining the relation of the quantity inhaled by pedestrians and number of health incidents during an acute pollution episode in Athens in November 2008. In this empirical model, values of PM inhaled by humans at a height of two metres above ground are shown as number/ litre and µg/m³.

**Results:** In fact, a lot of patients appeared in the city’s hospital emergency centres needing assistance. Most of them exhibit the PM symptomatology which includes: dyspnea, dry cough, lacrimation, headache, arhythmias. K.N.Grigoropoulos et al, 2008.

**Conclusion:** Although this situation is already widely known to everyone, governments continue to ignore it systematically. The time is probably right for the European Community to apply restrictions on PM1.

In this paper we present for first time worldwide, photos of PM, localized in side, in human cell.

**GASTRIC PERFORATION INTO THE PERICARDIUM – CLINICAL CASE**

**Ana Maria Grilo,1 Denise Pinto,1 Margarida Lopes,1 José Reina,1 Paulo Jácome,1 José Vaz.2 Department of Internal Medicine I, ULSBA - José Joaquim Fernandes Hospital, Beja, Portugal; 2Department of Surgery, ULSBA - José Joaquim Fernandes Hospital, Beja, Portugal; Intensive Care Unit, ULSBA - José Joaquim Fernandes Hospital, Beja, Portugal**

**Background:** Perforation is a rare complication of the gastric carcinoma (less than 1% of all the cases of gastric neoplasia). It takes place normally in advanced stages, which does not contraindicate radical therapy.

**Methods and Results:** The authors report a case of a 68-year-old male, with a partial gastrectomy (Billroth II) admitted to the hospital with epigastric pain. Endoscopy revealed a large perforated area at the gastric fundus, with a protruding and strongly pulsatile base, mobile and free in relation to the margins. Endoscopic findings suggested gastric perforation into the pericardium. At surgery, the gastric mucosa was invaded by neoplastic tissue, with the fundus adherent to the diaphragm, with invasion of the pericardium and protrusion of the cardiac tip into the gastric cavity. Total gastrectomy was carried out. After surgery the patient was transferred to the Intensive Care Unit, where he needed mechanical ventilation, renal replacement techniques and vasoactive amines, though with progressive worsening of the hemodynamic and respiratory status, and died.

**Conclusion:** The perforation into the heart or pericardium is described as a rare complication in some cases of peptic ulcer. Cardiac involvement determines the mode of presentation and clinical course. This clinical case is illustrated by a rare endoscopic image which, although not useful as treatment, provided endoscopic findings suggesting a perforation into the pericardium and allowed the early diagnosis and guidance.

**THE Seldom-SEEN CASE OF SYNCHRONOUS BILATERAL SPORADIC RENAL CELL CARCINOMA**

**Pedro Guedes, Patricia Gomes, António Figueiredo, Helena Sá Damásio, Ana Serrano, António Murielto. Internal Medicine I Unit, Hospital de Curry Cabral, Lisbon, Portugal**

**Background:** Renal cell carcinoma (RCC) is by far the most frequent type of kidney cancer, but synchronous bilateral neoplasms are rare (1-4% of cases), even more so in sporadic RCC. An increasing number of tumours is being found sporadically while they are still small and yet to cause any symptoms, thus allowing less-invasive surgery with potentially brighter outcomes.

**Methods:** The authors report a 49-year-old caucasian male with type 2 diabetes, obese and heavy smoker. He presented to the Emergency Department with a one-week course of productive cough, worsening dyspnoea and anorexia. He denied fever or any pain, and showed no abdominal or urinary complaints whatsoever.

**Results:** His physical exam was irrelevant apart from an enlarged liver. This prompted an abdominal ultrasound and a CT scan, both of which confirmed hepatomegaly while disclosing a right renal mass. Kidney function tests were normal. Renal MRI ensued, revealing a solid tumour in each kidney. The renal biopsies diagnosed synchronous bilateral clear cell RCC and the patient underwent a successful total right nephrectomy with left tumorectomy. Four months on, his renal function remains normal and he is escaping the burden of dialysis.

**Conclusion:** This case shows the seldom-seen coexistence of sporadic RCC in both kidneys. We stress the fact that the patients are frequently asymptomatic, which can delay the correct diagnosis and hinder treatment. Tumours found on an early stage can be dealt with using less drastic measures that spare nephrons and elude, or at least postpone, definitive haemodialysis.

**CLINICAL PROFILE, ICU COURSE AND OUTCOME OF PATIENTS ADMITTED IN ICU WITH H1N1 INFECTION**

**Gina Guerreiro Mascarenhas1, Silvia Castro2, Maria Perez2, Maria Melyo2, Francisco Nunez2, Alexandre Baptista2, Arlindo Sousa2, Celso Esteves2, Rui Patraquim2. Internal Medicine Department -Hospital De Faro- Portugal; Intensive Care Unit - Hospital De Faro- Portugal**

**Aim:** To assess the winter impact of severe cases of infection with H1N1 referred to ICU for mechanical ventilation on occupancy rates and on mortality.

**Methods:** Patients admitted in the ICU between 15/12/2010 and 15/02/2011 with a diagnosis of H1N1 infection were studied to evaluate the mean length stay in ICU and the mortality rate. Characterization of the population studied consisted of: gender, age, co-morbidities and risk factors associated, severity of the disease on admission according to APACHE II score, any organ failure (respiratory, cardiovascular, renal, neurologic); Progress during ICU stay (development of new organ failures, pneumonia, myocardic symptoms, gastro-intestinal complications, nosocomial infection (suspected or confirmed); treatment protocols implemented - antimicrobials (oseltamivir 1st line and zanamivir 2nd line), initial empirical AB and AF agents, steroids, curarization, alveolar recruitment techniques, ventral decubitus, thoracic drainage, paracentesis, broncho-fibroscopy, dialytic techniques and parenteral nutrition.

**Results:** Eleven cases evaluated: 6 females and 5 males, mean age 41.9 years (range 19-66), mean length stay in ICU 15.1 days, 8 patients discharged from ICU (73%) and 3 deaths (27%) and. The APACHE score on admission ranged between 4 and 23. All 11 patients presented respiratory failure (ARDS in 6 patients), 8 patients developed cardio-circulatory failure, 2 patients converted to pneumothorax, 5 patients had acute renal failure with the necessity of dialysis, 8 patients needed parenteral nutrition and 3 developed symptoms of myocardities. 7 patients had suspected nosocomial infection (bacterial and/or fungal infection) with one confirmed bacterial infection.

**Discussion:** H1N1 infection leads to a high admission rate in ICU during winter what reflects in a bigger investment in human and technical resources. This type of patients justifies a strategy of action to develop an adequate antibio-therapeutical protocol due to the high rate of super infections. The protocol should include AB and AF antimicrobials according the local epidemiology and resistance profiles.

The authors also stress the need to develop the IV formulations in current and future antiviral drugs.

**CENTRAL CYANOSIS AND CHRONIC LIVER DISEASE – WHAT COULD IT BE?**

**Rodia Ioana Pavelescu, Mara Jidveian, Cosmin Dacouon, Roxana Dantes, Ioana Tudor, Adriana Gurghiean, Dan Sapaturu, Ion Bruckner. Coltea Clinical Hospital Bucharest, Romania**

**Background:** Up to 30% of the patients with chronic liver disease can develop hepatopulmonary syndrome characterized by portal hypertension, pulmonary vascular dilatation, and a defect in arterial oxygenation.

**Methods:** A 56 year old patient presented with ashenia, abdominal distension and leg swelling. The symptoms progressed slowly over the last 3 weeks. He was diagnosed with hepatitis C in 2000 and cirrhosis in 2004. The patient has been complaining of dyspnoea on minimal effort, cyanosis and clubbing for 2 years. He does not smoke and drinks alcohol occasionally. His treatment includes hepatoprotective medication.

On physical examination the patient presents cyanosis, clubbing, spider angioma, leg swelling, abdominal distension with a small amount of ascites, hepatomegaly, tachicardia. Initial lab tests revealed normal haemoglobin with macrocytosis, thrombocytopenia, derranged LFT's, positive anti-HCV antibodies, hypoxemia with orthodeoxia, partially corrected with oxygen, high A-a O2 gradient, normal spirometry.
Chest X-Ray revealed diffuse interstitial fibrosis. Abdominal ultrasound revealed typical changes for cirrhosis and portal hypertension. Echocardiography did not show any congenital cardiac malformations. Contrast-enhanced transthoracic echocardiography showed the presence of microbubbles in left cardiac chambers after 5 cardiac cycles.

**Results:** The final diagnosis was postviral cirrhosis class C Child Pugh with portal hypertension and hepatopulmonary syndrome. The treatment included high flow LTOT, unselective beta blocker and nitrates for portal hypertension, diuretics.

**Conclusions:** The prognosis is poor with a 5 year survival rate of 23%. The patient was referred to a Gastroenterology Department in view of OLT.

**PREDICTORS OF USE OF ORAL ANTICOAGULANTS IN NON VALVULAR ATRIAL FIBRILLATION PATIENTS: THE ATA-AF SURVEY**

Gualberto Gussoni1, Domenico Panuccio2, Paula Carvalho3, Fabrizio Colombo4, Carlo Nozzoli5, Giorgio Vescovo6, Concetta Baldo1, Lucio Gonzini7, Giuseppe Di Pasquale8, Giovanni Mathieu9.

**Background:** Oral anticoagulation therapy (OAT) offers the best protection against ischemic stroke in atrial fibrillation (AF), but vitamin K antagonists are cumbersome to use and their prescription is far from recommended by guidelines. Aim of the ATA-AF study was to evaluate the predictor of use of OAT in “real world” AF patients.

**Methods:** From May to July 2010, 7148 patients with current or previous diagnosis of AF were prospectively enrolled in 196 Italian Internal Medicine (IM) and 164 Cardiology (C) centres. OAT was analyzed in 4845 patients with non-valvular AF. Thrombotic and hemorrhagic risk were evaluated by means of CHADS2 score and a study-specific bleeding score (HAS-BLED without the item “labile INR”).

**Results:** 63.9% of patients had a CHADS2 score ≥2 (IM: 75.3% - C: 53.1%), and 28.4% a bleeding score ≥3 (44.0% IM - 19.4% C). OAT was prescribed in 55.5% of patients. Thrombosis and hemorrhagic risk were evaluated by means of CHADS2 score and a study-specific bleeding score (HAS-BLED without the item “labile INR”).

**Conclusions:** OAT is less frequently used in IM than in C, and general characteristics of IM patients (older, more frequent cognitive impairment, higher bleeding risk) may account for this finding. Choice for OAT frequently depends on the individual patient, and the percentage of patients in whom prescription is independent from scores of thrombotic or hemorrhagic risk is not negligible.
INFLUENCE OF GENDER ON LEFT VENTRICULAR GEOMETRY (STRUCTURE) AND FUNCTION IN ISOLATED SYSTOLIC ARTERIAL HYPERTENSION

Dafni Koumoutsou1, Stephos Chriseanthopoulos2, Vasilios German1, Pantelis Kapralos1, Damianos Aspanoglou1, Ioannis Harizgeorgiou1, Panagiota Thalassinou1, Eleftherios Antoniadou1, Alkiviadis Kafantogias2, Alexandros Vasiliopoulos2, Nikolaos Christodoulou1, Dimitrios Patsios1. 1First Department of Internal Medicine, 401 General Military Hospital of Athens, Greece; 2Department of Cardiology, 401 General Military Hospital of Athens, Greece; 3Department of Internal Medicine, General Hospital of Syros, Greece

Background/Aim: Isolated Systolic Hypertension (ISH) is associated with an increased risk of cardiovascular and cerebrovascular diseases. Left ventricular (LV) hypertrophy and low myocardial contractility have been demonstrated to be strong predictors of cardiovascular morbidity and mortality in arterial hypertension. This study was conducted to estimate the influence of gender differences in LV geometry (structure) and function in patients with untreated ISH who were normoalbuminuric.

Materials - Methods: 41 patients, 22 males and 19 females (mean age 58.9±10.7 years) with newly diagnosed untreated grade 1-2 ISH were thoroughly examined. All patients underwent detailed physical examination as well as clinical and laboratory investigations. Fasting blood glucose, glycosylated haemoglobin (HbA1c), serum creatinine levels and microalbuminuria were all measured three times. Echocardiographic and Doppler studies were also performed to determine LV mass index (LVMi), relative wall thickness, the ratio between the observed value of midwall fractional shortening (mFS) and that predicted on the basis of the circumferential end systolic stress as well as the ratio between the peak early and atrial transmitral flow velocities, that is the E/A ratio.

Results: The results are shown below:

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<td>Predicted mFS (%)</td>
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<td>0.68±0.3</td>
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Conclusions: According to the above data our results demonstrate that in females isolated Systolic Hypertension is associated with an increased LV mass index (LVMi), a depressed midwall systolic performance and a significantly impaired diastolic function.

ASSOCIATIONS BETWEEN VITAMIN D, CALCIUM AND SECONDARY HYPERPARATHYROIDISM 5 YEARS AFTER BARIATRIC SURGERY

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Background: Calcium and vitamin D intake and absorption are reduced after bariatric surgery, and the prevalence of secondary hyperparathyroidism (SHP) is increased despite supplementation with vitamin D and calcium. Methods: Serum 25(OH)D, iCa and PTH were measured at 5 year follow-up. 108 patients were included, 79 (73%) were women, age 39±9 years (mean±SD) at time of surgery. 97 (90%) underwent gastric bypass (GB) and 11 (10%) duodenal switch (DS). Mean preoperative BMI was 47±6 kg/m² before GB and 56±7 kg/m² before DS. PTH > 7 pmol/l was considered diagnostic for 0.173, 0.315, 0.045, respectively, chi-square statistic or Fisher’s exact test. Moreover, 1, 3 or 4 abnormal AFTs or gender could not predict and abnormal H/M, but 2 abnormal AFTs could (p values of 0.811, 0.173, 1.000, 0.738 versus 0.011, respectively). Patients with an abnormal H/M were older (38±9 versus 30±9 yrs, p=0.019) and age was found the only independent predictor of an abnormal H/M in binary logistic regression statistic (variables with a p<0.02 entered in analysis).

Conclusion: Despite adjusted for age, clinical tests may determine suboptimal cardiac sympathetic system impairment in T1DM patients, whereas age remains a significant predictor of abnormal MIBG studies.

PULMONARY INVOLVEMENT AS FIRST SIGN OF A PERIPHERAL T-CELL LYMPHOMA

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Background: The Lennert lymphoma is a peripheral T-cell lymphoma (PTCL). Sites of extra nodal disease are seen in 60% of cases, including bone marrow, skin, gastrointestinal tract, liver and spleen. The diagnosis is usually made in advanced stages. This lymphoma has a poor response to treatment and a bad prognosis.

Clinical Case: 85-year-old female with non relevant past medical history. She was admitted to the Hospital complaining of malaise, anorexia and weight loss. She presented with cough, dyspnea and a neuropathic chest pain in left hemithorax due to a previous herpes zoster. On physical examination she had neither adenopathies nor megalies, and bibasal crackles in the pulmonary auscultation. The routine laboratory tests showed leukocytosis with eosinophilia, and respiratory insufficiency. The chest X-Ray showed a bilateral patchy alveolar infiltrate with fibrotic tracts in the left pulmonary base and a right sided pleural effusion. The pleural effusion was an exudate with negative cytology. During the evolution in the hospital, enlargement of axillary and clavicular adenopathies were found. A CT scan was performed, finding progression of the pulmonary lesions, enlarged adenopathies and a splenic mass. The axillary adenopathy biopsy consisted of a peripheral T-cell lymphoepithelioma, positive to LMP1 and EBER mRNA.

Fig 1.

Conclusions: The pulmonary involvement is uncommon in the PTCL. The Lennert variety is rare (0.09%) and is usually seen in females with a mean age of 53 years. The most frequent extra nodal sites of disease are the liver, the spleen and the skin. Pulmonary involvement is less than 0.1%.

CLINICAL PREDICTORS OF CARDIAC MIBG SYMPATHETIC FUNCTION IN TYPE 1 DIABETIC PATIENTS

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Background: This study aimed to identify potential clinical predictors of cardiac sympathetic dysfunction as assessed with 123I metaiodobenzylguanidine (MIBG) imaging in patients with type 1 diabetes mellitus (T1DM).

Patients – Methods: Forty-nine patients (29 male), aged 36±10 years, with a duration of T1DM 19±6 years, without known diabetic complications were enrolled. Patients participated to the following automated function tests (AFTs): mean circular result (MCR),Valsalva maneuver (Vals), postural index (PI) and orthostatic hypotension (OH). Tests were interpreted as normal-abnormal according to age. Within one month patients underwent MIBG imaging and the ratio of the heart to upper mediastinum count density (H/M) at 4 hours post-injection was calculated.

Results: There were 37 cases with abnormal MIBG studies and 29, 8, 5 and 11 patients with abnormal MCR, Vals, PI and OH, respectively. MCR, Vals and PI could not determine MIBG abnormality but OH could (p values of 0.684 0.173, 0.315, 0.045, respectively, chi-square statistic or Fisher’s exact test). Moreover, 1, 3 or 4 abnormal AFTs or gender could not predict and abnormal H/M, but 2 abnormal AFTs could (p values of 0.811, 0.173, 1.000, 0.738 versus 0.011, respectively). Patients with an abnormal H/M were older (38±9 versus 30±9 yrs, p=0.019) and age was found the only independent predictor of an abnormal H/M in binary logistic regression statistic (variables with a p<0.02 entered in analysis).

Conclusion: Despite adjusted for age, clinical tests may determine suboptimally cardiac sympathetic system impairment in T1DM patients, whereas age remains a significant predictor of abnormal MIBG studies.
SHPT. Cut-offs for lower tertiles of 25(OH)D and iCa were 57 mmol/l and 1.22 mmol/l, respectively. Results: Mean PTH was 6.8±3.8 and 15.9±5.8 pmol/l after GB and DS, respectively. 25(OH)D was 68±23 and 61±35 mmol/l and iCa 1.24±0.05 and 1.18±0.11 mmol/l, respectively. We found SHPT in 37/38 (97%) GB patients and in 11/11 (100%) DS patients. There were no differences between the associations of SHPT and tertiles of 25(OH)D. In the total population, the upper 2 tertiles of iCa were associated with lower prevalence of SHPT (OR 0.4; p<0.05) compared with the lower tertile. This was not significant in GB patients, but mean iCa was shifted towards the lower reference range. Conclusion: The prevalence of SHPT 5 years after gastric bypass and duodenal switch is high despite adequate calcium and vitamin D supplementation. A shift of serum calcium due to the decreased ingestion and the decreased absorptive surface in the intestine are probable explanations for the high prevalence of SHPT.

COMPARISON OF GLYCEMIC EXCUBITION IN PATIENTS WITH NEW ONSET TYPE II DIABETES MELLITUS BEFORE AND AFTER TREATMENT WITH REPAGLINIDE

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Introduction: Due to industrialization and sedentary life, incidence of type 2 diabetes (DM2) is seriously increasing. Repaglinide is a glucose reducing agent that predominantly reduces post-prandial glucose. CGMS monitors blood glucose excursions over a 3-days period. The aim was to determine the blood glucose excursions in patients with new onset DM2.

Methods: Ten patients with new onset DM2, aged between 30-60 years entered this study. As the first therapeutic management, patients received diabetic regimen and moderate exercise for 3-weeks, if they did not achieve blood glucose goal (FBS<120 mg/dl, 2hpg<180 mg/dl), patients were considered to undergo 3-days CGMS at baseline and after 4-weeks on repaglinide 0.5mg Tid.

Results: Mean age of patients was 45.7±6.46 years. Mean excursions of blood glucose was not different at the onset and end of treatment (6:4:0.05 VS 7.6:5:2.5 episodes, P=0.49) and also between mean duration of hypoglycemic episodes before and after therapy (zero VS 5.1±14.1 hours, P=0.28).

There was no significant difference between hyperglycemia episodes before and after therapy. (7.6:5:2 VS 5.7±4.1, P=0.42) but mean hyperglycemia duration was significantly reduced at the end of therapy (21±16.17 VS 57±35.3, P=0.001). Patients experienced a mean of 0.3±0.67 episodes of hypoglycemia after therapy that showed no significant difference with before it (P=0.19). Mean FBS (with CGMS) after therapy was significantly lower than before it (142±5.54 VS 222.9±82.6 P<0.001).

Conclusion: This study demonstrates that repaglinide (with the lowest effective dose and duration) beside CGMS, can reduce FBS significantly and post-prandial BS to target goal, and hypoglycemic events are significantly low. The repaglinide is a safe and effective treatment for new onset diabetic patients and CGMS is an effective adjuvant therapy for control of DM in these patients.

GENETIC AND FUNCTIONAL ANALYSES OF THE MRAS AND HNF1A GENES IN DIABETES AND DIABETIC NEPHROPATHY

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Background: Evidence has recently indicated that the MRAS and HNF1A genetic polymorphisms are associated with coronary artery disease. The MRAS and HNF1A genes are located in chromosomes 3q and 12q within the linkage regions of diabetes and diabetic nephropathy (DN). We thus performed genetic and functional analyses of these two genes to evaluate their impact on diabetes and DN.

Methods: MRAS and HNF1A genetic polymorphisms were genotyped in 1399 Czech subjects of European descent including non-diabetic controls, type 1 (T1DM) and type 2 (T2DM) diabetic patients with and without DN with TaqMan allelic discrimination. Gene expression levels in kidney of diabetic Goto-Kakizaki (GK) and Wistar rats were detected with real time RT-PCR.

Results: SNP rs2259816 in the HNF1A gene was found to associate with DN in T1DM. The gene expression was decreased in kidney tissues of GK rats compared to Wistar and insulin treated GK rats. There was neither statistically significant association in the MRAS genetic polymorphism with DN nor variation of MRAS gene expression in kidney of Gk and Wistar rats.

Conclusion: Data of the present study suggest that the HNF1A gene, but not MRAS, may have primary genetic impact on the development of DN.
SERUM TOTAL BILIRUBIN (TBIL) LEVEL AND PERIPHERAL ARTERY DISEASE (PAD)
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Introduction: Bilirubin has been recently identified as antioxidant and anti-inflammatory agent and may provide important protection against cardiovascular and inflammatory diseases.

Aim: The aim of the study was to investigate the association of TBil levels and PAD.

Material - Method: A total of 142 patients referred to outpatient department of Konstantopoulio Hospital were selected for the study using predetermined inclusion criteria. Ankle brachial index (ABI), TBil concentration and lipid levels were measured. Cardiovascular risk factors, diabetes, smoking, coronary artery disease (CAD), stroke, hypertension and family history of cardiovascular disease were recorded. Patients were divided in a PAD (ABI<0.9) and a non-PAD (ABI>0.9-1.3) group. Exclusion criteria were: 1) Medical history of liver or biliary disease, 2) Increase in serum AST or ALT levels of greater than twice the upper normal limit, 3) Serum albumin<3.5mg/dl, 4) Laboratory of MetS.

Methods: Multiple regression analysis after adjustment for sex, age, and disease/con-
trol status showed a positive correlation with high density lipoprotein cholesterol (p=0.021) and an inverse association with history of CAD (p=0.002) and smoking (p=0.025). There was no association between bilirubin and diabetes, hypertension or stroke (p=0.29, p=0.95, p=0.057 respectively), in our study.

Conclusion: Lower serum TBil levels may be related to higher risk for peripheral artery disease.

CYTOMEGALOVIRUS REACTIVATION IN IMMUNOCOMPETENT PATIENTS ADMITTED TO THE INTENSIVE CARE UNIT
Razieh Jahangard, Mona Hedayat. Infectious Diseases

Introduction: Cytomegalovirus (CMV), a deoxyribonucleic acid virus belonging to the herpes family, is a common viral infection affecting 60 to 100% of all individuals by adulthood, depending on geographic and socioeconomic factors. Following CMV infection, as evident by CMV seropositivity, the virus remains latent in T lymphocytes throughout the person’s life. CMV reactivation, as a consequence of impaired cell-mediated immunity, has been associated with increased mortality in immunocompromised individuals. The purpose of the present study was to evaluate CMV reactivation and its associated risk factors as well as its impact on mortality among immunocompetent patients admitted to intensive care units (ICU).

Materials and Method: We prospectively assessed quantitative plasma CMV DNA by weekly real-time polymerase chain reaction (PCR) in a cohort of 132 CMV-seropositive immunocompetent adults admitted to ICU between March 2009 and April 2010. Clinical measurements were assessed by personnel blinded to CMV PCR results. Risk factors for CMV reactivation and its association with hospital and ICU length of stay were assessed by multivariable logistic regression and proportional odds models.

Results: One hundred thirty two patients were enrolled in the present study. The overall rate of active CMV infection was 34% (P < 0.0001), which was increased to 42.2% among those who were hospitalized for ≥7 days (P < 0.001). The overall mortality rate associated with active CMV infection was 1.93 times higher than that without CMV infection (p = 0.001). The strongest risk factors for CMV viremia were older age, male gender, severe sepsis, care in a trauma or burn ICU (compared to medical or coronary ICU), blood product transfusion, and mechanical ventilation.

Conclusions: CMV reactivation occurs frequently in immunocompetent patients admitted to ICU, especially in those with ICU stay >7 days. Accordingly, mortality rate is significantly increased with active CMV infection.

BETA-2 AGONIST AND LACTIC ACIDOSIS
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Background: Lactic acidosis may be present in many acute situations associated with Asthma, like the state of poor tissue perfusion or oxygenation (hypovolemic shock, sepsis). However, more rarely, can be related to excessive administration of beta-agonists.

Methods: We present a case of a 17-year-old patient, who was under intermittent use of salbutamol inhaler and was admitted to the Emergency Room during an acute exacerbation of asthma.

Results: It was detected severe metabolic acidosis with increased anion gap and progressive hyperlactataemia in the first 6 hours after admission, without any evidence of hypoxia, hypovolemia or sepsis.

Conclusions: Excluded other pathologies that could justify this acidosis (renal failure, diabetes or drug intoxication), and due to the persistence of sinus tachycardia and hypokalemia, we believe that the lactic acidosis was caused by a beta2-agonist overdose. Discontinuation of the medication led to complete recovery and serum lactate levels returned to normal in 24h without any specific treatment. Failure to recognize this entity, mainly among young people who abuse of this therapy during a crisis, can lead to severe and irreversible consequences.

SPECIAL CARE UNIT IN SERVICE OF INTERNAL MEDICINE: A SERIES OF ONE YEAR
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Background: The first Intermediate Care Units in North America emerged in the 60s, in response to pressure in the management of admissions and the rising cost of beds of intensive care unit. The Special Care Unit was created in October 2005, equipped with four beds was created to accommodate patients who require greater vigilance and monitoring.

Methods: We consulted the medical records of 259 patients who were admitted to the Special Care Unit over a period of one year. We evaluated the following parameters: distribution by sex, age group, Office of origin, reason for admission, personal history, date and day of hospitalization, complications and destination.

Results: In 2010 were admitted to the Special Care Unit 259 patients, 52.2% were female and 47.8% were male, the average age for females was 68 years and male was 66, 55, 5% of patients came from the ER, 23.9% of the Department of Internal Medicine, 14.2% of the Department of Critical Care
CHARACTERISTICS OF PATIENTS WITH CASTLEMAN’S DISEASE IN AN INTERNAL MEDICINE DEPARTMENT

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Background: Castleman’s disease (CD) is a rare lymphoproliferative disorder which has two distinct forms with different prognoses: unicentric CD (UCD) and multicentric CD (MCD). Three classical histological variants and a new plasmablastic variant of MCD associated with HIV/HHV-8 have been described.

Methods: We reviewed all CD cases diagnosed in an internal medicine department of a tertiary hospital in Madrid, Spain. Medical files were reviewed and clinical features, management, and outcome were analyzed for each patient.

Results: There were 22 patients in the series; 10 with UCD and 12 with MCD (6 patients with MCD were both HIV and HHV-8 positive). Mean age at diagnosis was 37.0 years for MCD and 29.4 years for UCD. In the UCD group there were 7 females and 3 males, and in the MCD group there were 9 males and 3 females. The main presenting symptoms were lymphadenopathy for UCD and fever for MCD. Seven patients with UCD were treated with surgical resection with no evidence of disease thereafter. In the MCD group 4 cases received corticosteroids, 5 received rituximab (as well as HAART and treatment for HHV8), and 4 received second-line chemotherapy with a global cure rate of 70%.

Conclusions: Diagnosis of CD is always a clinical challenge, as patients commonly present with non-specific signs and symptoms. Although the optimal therapy for CD has not been established, in general, patients in our series had favourable outcomes using different therapeutic approaches.

AUGMENTED CARE ASSESSMENT TOOL: RESPONSE TO EARLY WARNING SCORES

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Background: The Augmented Care Assessment Tool (ACAT) is an early warning score system which has been used in our district general hospital since 2000. It reflects the physiological status of ward patients and provides multi-professional teams with guidance regarding safe and effective assessment throughout an episode of care. The policy dictates that an accurate ACAT score must be calculated by the staff nurse following every recording of vital signs. If an aggregate score of 5 or more occurs, the doctor must respond within 30 minutes.

Methods: The audit took place in 3 general wards over a 6 week period. Patients who had an ACAT score ≥5 were included. Time between 2 recorded points was audited for 21 days. These points included 1) documented time of vital signs and 2) time of medical review documented in the medical notes. An intervention was initiated: posters were displayed throughout wards and staff debriefs. Data was collected for a further 21 days.

Results: Results showed a positive impact upon response to ACAT score with the intervention. Initially only 9% of patients were reviewed within 30 minutes in the pre-intervention group (n=33). This increased to 35.5% in the post-intervention group (n=17). The mean time taken to review patients fell from 387 minutes to 156 minutes.

Conclusion: Early warning scores do identify patients who are in need of medical attention. There is a need for regular ACAT score training to be offered to both medical and nursing/healthcare staff in order to be a continuous reminder.

A CASE OF PANCYTOPENIA

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Background: Visceral leishmaniasis (VL) occurs worldwide, mostly in India, Bangladesh, Sudan and Brazil. It sporadically occurs in the Mediterranean littoral in children and immunocompromised persons, namely in patients with AIDS. Clinical manifestations frequently have a chronic course, sometimes
with atypical manifestations. Laboratory findings include pancytopenia that warrants a differential diagnosis, but also suggest this diagnosis.

**Methods and Results:** The authors report a case of a 22-year-old male, S. Tomé and Principe born, living in Portugal for 9 years, asymptomatic until 3 months before admission. He noted progressive complaints of fatigueability, night sweats, abdominal pain and weight loss. Pancytopenia was detected and the patient referred to hospital consultation. On physical examination he was afebrile, had low body mass index, mucosal pallor, non-tender lymphadenopathies, hepatomegaly and splenomegaly. Blood samples revealed anemia, leukopenia (1900/mm3), thrombocytopenia, high erythrocyte sedimentation rate (120 mm/hr), moderate elevation of aminotransferases and marked hypergammaglobulinemia. Abdominal ultrasonography confirmed hepatosplenomegaly. Blood cultures were sterile. Viral serologies, including for HIV, were unrevealing. Bone marrow aspirate revealed Leishmania donovani amastigotes. Excisional ganglionar biopsy only showed reactive lymphadenitis. Once the diagnosis of visceral leishmaniasis was established, the patient was admitted to the hospital and treated with Amphotericin B. Renal toxicity occurred, later controlled with hydration and longer interval administration, until the cumulative dose was achieved. Clinical improvement was noted, with resolution of lymphadenopathies and hepatosplenomegaly and, simultaneously, hematological normalization occurred.

**Conclusions:** This case report highlights the diagnosis of leishmaniasis in immunocompetent patients with pancytopenia, namely in travelers or residents in endemic regions.

**UNFRACTIONATED HEPARIN IN DIAGNOSTIC RADIAL ANGIOGRAPHY**

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**Background:** Unfractionated heparin is used in radial coronary angiography to prevent radial artery occlusion. Our aim was to compare different doses of heparin and observe if there was an increased incidence of complications or delayed discharge after achieving haemostasis of the radial artery.

**Methods:** Patients undergoing diagnostic coronary radial angiography were included in the study. Heparin dose was used at operator discretion, along with an intratheral vasodilator. On completion of angiography, a Terumo band was applied and air gradually deflated till haemostasis was achieved. The radial pulse was palpated prior to discharge and haemotoma greater than 15 cm² was considered significant.

**Results:** 23 patients were included in the study. Mean age was 63 years, and there were 17 males. In 3 patients, the procedure had to be switched to femoral route due to difficulty with radial access. Of remaining 20 patients, 10 patients received 5000 iu, 9 patients 3000 iu, and remaining one patient 2000 iu heparin. Only one patient had a complication that included radial artery thrombosis, and was seen in the heparin 2000 iu group. Mean time to discharge was 203 minutes, and no significant difference in time to discharge was noted in the different heparin doses groups (5000 iu: 191 mins, 3000 iu: 191 mins, p = NS).

**Conclusion:** Our data suggests higher doses of heparin do not delay discharge, and are a safer alternative to lower doses of heparin in Radial angiography.

**THE IMPORTANCE OF CALCULATING GLOMERULAR FILTRATION RATE IN PATIENTS WITH TYPE 2 DIABETES MELLITUS**

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**Background:** To determine – before and during treatment – the presence of renal dysfunction in patients with diabetes mellitus type 2 (DM type 2) who maintain normal levels of serum creatinine.

**Methods:** 127 patients with DM type 2 from the diabetological medical office of Markopoulo’s Health Center were studied. The collected data was: sex, age, body weight (BW), level of serum creatinine (Cr-s). The glomerular filtration rate (GFR-Glomerular Filtration Rate) was estimated using the Cockcroft-Gault equation. Levels of Cr-s> 1.2 mg/dl were considered elevated (in accordance with the laboratory reference values) and GFR< 60ml/min/1.73m² as renal dysfunction (according to KDOQI).

**Results:** From the 127 patients, 75 (59.05%) were male with mean age 66.4 years, mean BW 93.69kg and mean Cr-s 1.09mg/dl. 52 (40.94%) were female with a mean age 67.2 years, mean BW 81.86kg and mean Cr-s 0.91 mg/dl. 11 (8.66%) patients had renal impairment according to GFR<60ml/min/1.73m², of which 7 (63.63%) were women and 4 (36.36%) were men with mean age 72.45 years. From the 11 patients with affected renal function, 7 (63.63%) women had normal values Cr-s, with mean age 78.42 years.

**Conclusion:** In DM type 2, chronic kidney disease is a fairly common complication and occurs in approximately 20-30% of patients. Therefore, it is necessary to calculate the GFR in these patients, before and during the selection of medical treatment, as many patients with impaired renal function maintain normal serum creatinine levels.

**GRANULOMATOUS HEPATITIS AND PNEUMONITIS WITH NEGATIVE RT-PCR IN THREE PATIENTS TREATED WITH INTRAVESICAL BCG INSTILLATIONS FOR BLADDER CARCINOMA**

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**Background:** Disseminated infection from Mycobacterium bovis (M.bovis) is a rare complication of Bacillus Calmette-Guerin (BCG) immunotherapy in patients with bladder carcinoma which may be associated with the presence of epithelioid granulomas in many organs such as liver and lungs. Our aim is to present three cases of granulomatous hepatitis and pneumonitis which improved following the administration of triple anti-mycobacterial therapy with or without steroids, even though the molecular amplification technique was negative.

**Methods:** We retrospectively studied the cases of three male patients who developed disseminated M.bovis infection with hepatic and pulmonary involvement following intravesical BCG-instillations. Laboratory and imaging tests for other common causes of systemic, granulomatous diseases (atypical infections, autoimmune diseases, malignancies, drugs and hepatitis-bilary diseases) were negative. No mycobacteria were grown on blood, urine, sputum, pleural fluid, bone marrow and liver tissue cultures and Zielh-Nelsen staining was negative. No mycobacterial material was detected after Real Time-Polymerase Chain Reaction was performed in any of our patients.

**Results:** Epithelioid liver granulomas were revealed by biopsies in all three cases while a milliary, micro-nodular pulmonary pattern was evident on chest CT scan. All patients were clinically and biochemically improved only after administration of empirical, triple anti-mycobacterial therapy with isoniazid, rifampicin and ethambutol. Steroids were concomitantly given in two patients.

**Conclusion:** These cases highlight the importance of a thorough patient assessment and high clinical suspicion in order to confirm and treat M.bovis disseminated infection following intravesical BCG instillations, especially in the case of negative RT-PCR results.

**RELATIONSHIP BETWEEN GLUCOSE VARIABILITY AND AUTONOMIC NERVOUS SYSTEM DYSFUNCTION IN PATIENTS WITH TYPE 2 DIABETES**

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**Background:** Heart rate variability (HRV), a marker of autonomic nervous system (ANS) function, is known to be impaired in patients with type 2 diabetes (T2D). Glucose variability is known to be increased in diabetes and may be related to ANS dysfunction. Aim of the present study was to assess the relationship between glucose variability and function of ANS in patients with T2D.

**Methods:** A total of 45 (27 males) T2D patients [mean age (±SD) 57.4±9.6 years, diabetes duration 5.0 (0.2-22) years] underwent ECG recording and continuous glucose monitoring (CGMS), simultaneously and continuously for 48 hours. ANS function was assessed by frequency and time domain analysis of HRV (during day, night and the 24-hour period). Glucose variability
was estimated using the M-Value, as this is provided by the CGMS apparatus (Glucoday®; Menarini Diagnostics).

**Results:** Glucose variability was negatively correlated with both frequency and time domain indices of HRV. Strong negative correlations were observed during the night period. Glucose variability was strongly correlated with PNN50 (time domain index of HRV) during the night (r = -0.438, p = 0.004). After adjustment for age and diabetes duration, most correlations remained statistically significant. HbA1c and mean blood glucose were strongly correlated among themselves, but glucose variability was strongly correlated with HRV indices. The relationship with PNN50 was independent of all other parameters.

**Conclusions:** Glucose variability, as assessed by CGMS, was associated with autonomic dysfunction in patients with T2D, independently of diabetes duration and glycemic control.

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**CAUSES OF DEATH OF PATIENTS HOSPITALISED IN MEDICAL WARD**

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**Background:** Our aim in this retrospective study was to identify the causes of death among patients of the internal medicine ward, in order to investigate in what percentage these deaths were expected and inevitable. In contrast, how many deaths could be avoided and what measures could be of help towards that direction.

**Method:** 4635 patients were admitted to the internal medicine clinic during 2 years (2009-2010). From them 184 patients (3.96%) died. The following table summarizes the diseases that led these patients to death.

<table>
<thead>
<tr>
<th>Lethal disease</th>
<th>Number of patients</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Cancer/malignancies</td>
<td>59</td>
<td>32%</td>
</tr>
<tr>
<td>Infection/sepsis</td>
<td>42</td>
<td>22.8%</td>
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<tr>
<td>Stroke</td>
<td>37</td>
<td>20%</td>
</tr>
<tr>
<td>Dementia complications</td>
<td>18</td>
<td>9.78%</td>
</tr>
<tr>
<td>Chronic heart-respiratory diseases</td>
<td>16</td>
<td>8.69%</td>
</tr>
<tr>
<td>Diabetes mellitus complications</td>
<td>5</td>
<td>2.71%</td>
</tr>
<tr>
<td>Gastrointestinal bleeding</td>
<td>4</td>
<td>2.17%</td>
</tr>
<tr>
<td>Alcohol cirrhosis</td>
<td>2</td>
<td>1.08%</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td>1</td>
<td>0.54%</td>
</tr>
</tbody>
</table>

**Conclusions:** Although more 50% of patients died of uncurable – at least with current medicine – diseases like cancer, dementia and chronic systemic failures, it is also true that a large proportion died of diseases not necessarily lethal. Especially sepsis and infection (22.8% in our study) is a very important field and all the efforts should be made, so less patients are lost in the future. There are of course other parameters to take notice of, like the early or late arrival of the patient to the hospital which plays big role in almost every case and every disease.

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**THE ASSOCIATION BETWEEN THE RESULTS OF VIBRATION SENSATION TESTING WITH POTENTIOMETER AND PERSPIRATION TESTING**

**Alexandros Kanaratos, Anastasios Koutsovassilis, Xanthippos Gasparatou, Paraskevas Drekozidis, Ioannis Protopsaltis, Alkaterini Sereti, Styliani Iraklianiou, Andreas Melidonis. Diabetes Center, Tzanio General Hospital Of Piraeus**

**Background:** Both sensorymotor and autonomic neuropathy play an important role in lower limb ulcer development. The qualitative assessment of vibration sensation testing is an established, predictive factor for potential ulcer formation. The aim of this study was to determine the association between vibration sensation testing (sensorymotor neuropathy evaluation) and perspiration testing - using neuropad test (sympathetic system dysfunction evaluation).

**Methods:** The researchers evaluated 73 patients with diabetes (34 men), randomly chosen from the outpatient diabetic clinic of our hospital. The subjects had a mean age: 64.74±10.29 years, mean duration of diabetes: 10.48±8.49 years and mean BMI: 29.65±5.2 Kg/m². Vibration sensation using a potentiometer was performed for each patient as well as qualitative assessment of perspiration using neuropad test.

**Results:** Potentiometer test indicated an 42.11% (≥25V) of patients in high risk for ulcer formation, whereas the adequate with neuropad positive test was 56.58%, results significantly correlated (p<0.0001). Additionally, the values of the potentiometer and the subjects’ age were also statistically associated (p<0.001). No association was observed between the potentiometer’s values and the duration of diabetes or BMI. The mean values of potentiometer at the group of patients that proved negative on neuropad test were 19.56±9.75 and were significantly different compared to those at the group with positive neuropad test (28.93±10.46) (p<0.0001).

**Conclusions:** There is a strong correlation among the results of vibration sense, perspiration testing and age. The perspiration testing was found positive in a higher percentage of patients with future development of ulceration, probably due to the fact that it evaluates more accurately the function of smaller nerve fibres.

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**THE PROGNOSTIC VALUE OF HER-2/NEU EXPRESSION IN COLORECTAL CANCER**

**Apostolos Pappas¹, Emmanuel Lagoudianakis², Anastasia Kaperoni¹, Konstantinos Toutouzas², Eiaaggelos Tsiamaps², Artemisia Papadima², Vasiliki Drantaki¹, Athanasios Panoutsopoulos¹, Ioannis Manouras¹. Internal Medicine Department, General Hospital of Argos, Greece; 2First Department of Propedeutic Surgery, Hippokration General Hospital, Athens Medical School, University of Athens, Greece**

**Background:** Over-expression of Her-2/neu protein has been reported in different human tumors and shown to be a valuable prognostic factor in breast cancer. To date, data regarding the prevalence and clinical usefulness of this protein in colon cancer remains controversial. The aim of this study is to evaluate the extent of Her-2/neu expression and its relationship to clinicopathological parameters and prognosis in colon cancer.

**Methods:** We used immunohistochemistry to determine the expression of Her-2/neu in primary tumor samples from 51 patients with stage I-III colorectal cancer.

**Results:** Forty-nine patients (98%) showed a barely immunostaining (1+), 2 (2%) were moderately (2+) and none was strongly positive (3+). There was no association between HER2/neu expression and patient demographics or tumor characteristics. No relationship was found between HER-2 expression and overall survival or local recurrence.

**Conclusion:** Only a small proportion of patients showed expression of HER2/neu protein and no significant association was found with tumor characteristics or patients’ survival. These results suggest the limited clinical utility of this marker in colon cancer.

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**MEETING THE CHALLENGES OF ACUTE CARE QUALITY INDICATORS IN A DISTRICT GENERAL HOSPITAL**

**Manish Kapoor, Fiona Ritchie, Waseer Bashir, Thikra Al-Wattar. Acute Medical Unit, Yeovil District Hospital NHS Foundation Trust, United Kingdom**

**Background:** The Acute Medical Unit (AMU) plays an essential role in providing high quality care and treatment for acute medical patients. This audit evaluates current performance within our AMU in a district general hospital and improve adherence to Quality of Acute Care indicators as outlined in RCPE UK Consensus Statement 2008.

**Methods:** Retrospective case notes review of 112 consecutive patients admitted to AMU in January 2011 was done; 100 patients were included in the audit, with insufficient data being available for analysis of remaining 12 patients. Data collected included date and time of referral from Emergency Department or direct admission to AMU, time of first medical review by a competent decision maker and time reviewed by admitting consultant physi...
cian. The data were collected using a standardised proforma and analysed using Microsoft Excel.

Results: The number of patients admitted during each hour period is shown in Figure 1. 6% of patients were seen by a competent decision maker within 30 minutes of referral to acute medical team. The mean waiting time for medical assessment was 165.5 minutes (median 128 minutes, range 0-465 minutes). The maximum waiting time was noted between 14:00 and 18:00 hours. 19% of patients were reviewed by consultant within 12 hours of admission. The mean review time was 13.8 hours (median 14.15 hours, range 0:20.6 hours).

Conclusion: Restructuring of junior doctors’ working pattern, with staggered start times across the day matching with peak admissions period, plus extended consultant presence is necessary to ensure AMU manage acutely unwell medical patients in line with recommendations.

OUTPATIENT TREATMENT OF DEEP VEIN THROMBOSIS (DVT) IN ONCOLOGIC PATIENTS UNDERGOING CHEMOTHERAPY

Dafni Koumoutsea1, Vasilios Tsiligiris2, Christos Pozziopoulos1, Pantelis Kapralos3, Panagiota Thalassinou1, Evangelos Nanas3, Nikolas Filiotis1, Ioannis Angelakas1, Charalampos Christophyllakis1, Ioannis Koutouds1, Dimitrios Patios1. 1First Department of Internal Medicine and Division of Oncology and Chemotherapy, 401 General Military Hospital of Athens, Greece; 2Department of General and Vascular Surgery 401 General Military Hospital of Athens, Greece; 3Sixth IKY Oncological Hospital, Athens, Greece; 4Department of Oncology, University Hospital of Bari, Italy

Background/Aim: Outpatient treatment of deep vein thrombosis (DVT) has generally become a common practice nowadays. However, in some oncologic centers, oncologic patients with DVT are usually excluded from home treatment because they have a higher risk of active bleeding and recurrent DVT. We performed a retrospective review of clinical practice patterns, so as to assess the rate of oncologic patients undergoing chemotherapy, who were deemed eligible for outpatient (home) treatment of their DVT.

Materials - Methods: All oncologic patients with clinically manifested and objectively documented DVT were treated as outpatients, unless there was an urgent need of admission for other reason, such as active bleeding, recurrent cancer pain that required parenteral analgesia or other medical problems related to the underlying disease. Outpatient treatment consisted of low-molecular-weight heparin (LMWH) followed by warfarin/acenocoumarol or with LMWH alone.

Results: Over a long-lasting period of almost eight years, there were 225 oncologic patients undergoing chemotherapy, 54.22% of whom had metastatic disease. The most frequent locations of solid tumors were the urogenital tract (38.22%), the gastrointestinal tract (35.11%) and the breast (22.22%). Treatment with LMWH and warfarin/acenocoumarol was prescribed to 67.11% and LMWH alone to 32.89%. In total 69.33% (>2/3) of oncologic patients were fully treated (38.22%), the gastrointestinal tract (35.11%) and the breast (22.22%). Treatment was deemed eligible for outpatient (home) treatment of their DVT.

Conclusion: Oncologic patients undergoing chemotherapy, 54.22% of whom had metastatic disease (cancer) is advanced. Lenalidomide (Revlimid®) is a thalidomide analogue with proven efficacy in all stages of multiple myeloma. Diarrhea is reported to occur in up to 48% of patients on long-term therapy with lenalidomide. Clostridium difficile colitis in immunosuppressed patients may present atypically and follow a fulminating course.

Methods: We examined the medical records of two patients with refractory myeloma on long-term lenalidomide therapy who were admitted to a General Medical Department with diarrhea.

Results: Case 1: A 54-year-old male taking lenalidomide, methylprednisolone and prophylactic co-trimoxazole developed diarrheic episodes attributed to lenalidomide and treated symptomatically with loperamide. Following a 4-day episode of massive diarrhea, he was admitted in a state of circulatory collapse with a laboratory profile of profound electrolyte imbalance, acute-on-chronic renal failure and pancytopenia. Abdominal imaging revealed colonic dilatation compatible with toxic megacolon. Despite intensive treatment including broad spectrum antibiotics plus oral and intravenous metronidazole and vancomycin combined with probiotics, his condition deteriorated and he died of multi-organ failure.

Case 2: A 62-year-old male on lenalidomide and acyclovir presented with a 7-day history of diarrhea and low-grade fever. Laboratory investigations demonstrated dehydration and severe pancytopenia. Administration of metronidazole p.o. resulted in complete resolution of the diarrhea.

Conclusion: Symptomatic treatment of diarrhea in patients with myeloma on lenalidomide may have devastating consequences in the presence of C. difficile infection. Timely diagnosis and treatment of the latter is mandatory in this clinical setting.

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Dafni Koumoutsea1, Vasilios Tsiligiris2, Christos Pozziopoulos1, Pantelis Kapralos3, Panagiota Thalassinou1, Evangelos Nanas3, Nikolas Filiotis1, Ioannis Angelakas1, Charalampos Christophyllakis1, Ioannis Koutouds1, Dimitrios Patios1. 1First Department of Internal Medicine and Division of Oncology and Chemotherapy, 401 General Military Hospital of Athens, Greece; 2Department of General and Vascular Surgery 401 General Military Hospital of Athens, Greece; 3Sixth IKY Oncological Hospital, Athens, Greece; 4Department of Oncology, University Hospital of Bari, Italy

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Conclusion: Symptomatic treatment of diarrhea in patients with myeloma on lenalidomide may have devastating consequences in the presence of C. difficile infection. Timely diagnosis and treatment of the latter is mandatory in this clinical setting.

HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH CHRONIC HEPATITIS C: THE IMPACT OF ANTIVIRAL THERAPY

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Background: Chronic hepatitis C (CHC) is a systemic disease with many extrahepatic manifestations that may result in poor health-related-quality of life (HRQoL). This study aimed to assess the impact of CHC to HRQoL and the influence of antiviral treatment to that outcome.

Methods: Ninety patients with CHC (group-A), 90 healthy-controls (group-B) and 90 previously treated patients who had achieved sustained viral response (SVR) (group-C) were evaluated. In group-A, ALT, viral load, HCV genotype, and BMI were determined and the HQLQ-questionnaire (QualityMetric Inc, USA) was used to assess HRQoL at baseline, and 3 months after initiation of combined antiviral therapy according to current protocol. The HQLQ-questionnaire was also completed by all subjects in group-B and group-C.

Results: In group-A, HRQoL was found to be below that of group-B in all SF-36 scales. Significant differences were detected in 4 concepts (role-physical, general-health, social-functioning and role-emotional). A further significant reduction was detected in 7/12 scales of the HQLQ-questionnaire, 3 months after initiation of therapy. HRQoL in group-C was significantly better as compared with group-A in 7/12 HQLQ scales. Multiple linear regression analysis showed that a history of drug abuse seemed to play a significant role in bodily pain and general health, as well as age in vitality and mental health.

Conclusion: HRQoL is significantly impaired in CHC patients as compared to healthy controls. HRQoL further deteriorates during antiviral treatment but achievement of SVR results in a significant improvement that seems to exceed pre-treatment levels. Drug-abuse/age can independently influence HRQoL in CHC patients.

THE EXPERIENCE OF TREATMENT OF UNCOMPLICATED HYPERTENSIVE CRISIS WITH DRUGS FOR TRANSMUCOSAL APPLICATION

Svyatoslav Kechnyi1, Igor Kechnyi2. 1Kiev National Medical University, Ukraine; 2Zaporozhye State Medical University, Ukraine

Background: The transmucosal application of drugs allows to increase the absolute delivery of the effective substance by decreasing its liver biotransformation. The intranasal introduction facilitates the passing by the histoen-
cerephalic barrier, due to the fact that substance moves along the capsules of olphactory nerves.

For this study the Sodium Nitroprussidum in buccal polimeric films with 5 mg substance content and the intranasal gel of oliphactory nerves. For this study the Sodium Nitroprussidum in buccal cephalic barrier, due to the fact that substance moves along the capsules of the left ventricle index of the myocardium mass of the left ventricle varied between 140 to 160 g/m2).

**Results:**
During the cardial crises the transbuccal introduction of Sodium Nitroprusside effectively decreased the arterial blood pressure by 10 to 20% of the cress level, as of first 40 mins after one time application.During the cerebral crises the intranasal introduction of Nimodipini gel effectively decreased arterial blood pressure by 10 to 20%, as of first 240 mins after one time application. The level of decreasing of the arterial blood pressure directly depends on the complication of the remodullation of the carotid arteries (r=0.78 p=0.005). During the application of Sodium Nitroprussidum the hypertensive reaction among the patients with cardiac crises was recorded and lasted 3 to 40 mins. The level of the fall of blood pressure had inverse proportional relation to the heart muscle mass of the left ventricle (r=0.58 p<0.05).

**Conclusion:**
The transmucosal way of substance delivery allows to increase the bio-accessibility of the substances of antihypertensive drugs, more efficiently arrest uncomplexed hypertensive crises in patients with AH with high risk of development of cardiovascular complications.

HEPATITIS C GENOTYPE 4 RESPONSE RATE TO PEGYLATED INTERFERON A2A OR A2B AND RIBAVIRIN IS SIMILAR BETWEEN CAUCASIANS AND EGYPTIAN PATIENTS

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1. First department of Internal Medicine, General Hospital of Rhodes, Rhodes; 2. Department of Gastroenterology, Agios Savvas Hospital, Athens; 3. State Department of Internal Medicine, “Ipokration” General Hospital of Athens; 4. Department of Internal Medicine, Helena Venzetzou Hospital, University of Athens, Athens; 5. First Department of Internal Medicine, “Konstantopoulio” Hospital, Athens; 6. Reference Center for Viral Hepatitis, IKA, Athens, Greece

**Background:**
HCV genotype 4 (HCV-4) is common in the Middle East and Africa, but recently has become increasingly prevalent in some southern European countries of the Mediterranean Sea. The influence of the ethnic origin on the treatment outcomes in patients with HCV-4 remains controversial. The present study aimed to compare the sustained virologic response (SVR) rates between Caucasian and Egyptian chronic HCV-4 infected patients treated with either pegylated interferon a2a (PEG-IFN-a2a) or a2b (PEG-IFN-a2b) and ribavirin (RBV).  

**Methods:**
A total of 117 HCV-4 subtype A, treatment naïve patients (M/F=83/34, mean age=43.5±9.6) were treated for a fixed period of 48 weeks with pegylated interferon and ribavirin. During the study HCV-RNA levels were measured at weeks 48 and 72. From the 117 patients, 58 were Caucasians treated with PEG-IFN-a2a and RBV (Group A=30 patients) or PEG-IFN-a2b and RBV (Group B=28 patients) and 59 were Egyptians treated with PEG-IFN-a2a and RBV (Group C=30 patients) or PEG-IFN-a2b and RBV (Group D=29 patients).

**Results:**
Baseline characteristics, including liver histology, were comparable in all treatment groups. All patients completed the 48-week therapy and were followed up until week 72. Overall SVR rates were 36.7% (11/30) in Group A, 35.7% (10/28) in Group B, 26.7% (8/30) in Group C and 34.5% (10/29) in Group D (p=n.s).

**Conclusion:**
The overall response to treatment was similar between patients of Caucasian and Egyptian origin, infected with HCV-4. No differences in effectiveness and adverse event rates were observed between PEG-IFN-a2a and PEG-IFN-a2b treated patients.

**SERUM SOLUBLE RECEPTOR ACTIVATOR OF NUCLEAR FACTOR-KAPPA B LIGAND, OSTEOPROTEGERIN, AND SERUM SOLUBLE RECEPTOR ACTIVATOR OF NUCLEAR FACTOR-KAPPA B LIGAND/OSTEOPROTEGERIN RATIO IN FEMALE PATIENTS WITH RHEUMATOID ARTHRITIS

Ailezra Khabazi, Susan Koulaei1, Amir Ghorbani Haghjo2, Bustani2.
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**Background:**
Rheumatoid arthritis is characterized by chronic inflammation and progressive destruction of cartilage and bone tissues mediated by synovially derived cytokines which are active in both the inflammation and the osteoclastogenesis. The purpose of this study was to determine whether circulating levels of osteoprotegerin (OPG), total soluble receptor activator of nuclear factor-kappa B ligand (RANKL), and osteoprotegerin/soluble receptor activator of nuclear factor-kappa B ligand ratio (OPG/RANKL) change in patients with rheumatoid arthritis.

**Method:**
Forty-five women with rheumatoid arthritis fulfilling the American College of Rheumatology criteria for rheumatoid arthritis were included in this cross-sectional study. The overall disease activity was evaluated by the disease activity score based on 28 joint counts (DAS-28). OPG, RANKL were measured by enzyme-linked immunosorbent assays.

**Results:**
The mean age across all women patients with rheumatoid arthritis was 40.73±9.5 years. In these patients OPG concentrations were not associated with disease duration, DAS-28, Z score and T score (P>0.05). There were significant association between RANKL with disease duration (P=0.02) and spine T score (P=0.005). OPG/RANKL were associated with disease duration (P<0.02), femur T score (P=0.031) and spine T score (P=0.007) too.

**Conclusion:**
Our findings suggest that RANKL and OPG/RANKL may reflect different aspects of the inflammatory process in rheumatoid arthritis. But OPG were not associated with disease activity, disease duration and bone density and it is not useful for early diagnosis of rheumatoid arthritis.

**KNOWLEDGE AND ATTITUDES REGARDING CRIMEAN-CONGO HAEMORRHAGIC FEVER EMERGENCY NURSES IN TURKEY: ENDEMIC REGIONS

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**Background:**
This study was carried out in order to determine the knowledge and attitude about Crimean-Congo Haemorrhagic Fever (CCHF) of emergency nurses.

**Method:**
This descriptive research was carried out in where the disease is seen frequently at six cities in Turkey. One hundred forty one (143) nurses who worked at the emergency rooms. Data were collected a questionnaire form and were analyzed Chi-square test.

**Results:**
The average age of the nurses was 31.0±5.7. Eighty seven point two percent (87.2%) declared that they did not want to care these patients and would not direct the patient to their friends either (83.7%). It was determined that nurses 68.8% told to have sufficient knowledge about the disease. Ninety nine point three percent (99.3%) said that it was a virus that caused the disease and health care personnel (94.3%) were under great risk. It was determined that nurses 68.8% told to have sufficient knowledge about the disease. Ninety nine point three percent (99.3%) said that it was a virus that caused the disease and health care personnel (94.3%) were under great risk. It was found out that the nurses used 97.2% gloves, 88.7% masks for protection from nurses.

**Conclusion:**
It was concluded that most of the nurses did not want to cure patients with CCHF, which ran the risks of infection and high mortality, that they had a relatively good knowledge about the disease. However, a protective behavior not only for the personnel but also for the patients had to be promoted.

**Keywords:**
Therapeutic Effect of Ecbabet Sodium in Non-Erosive Reflux Disease of Type A Gastritis

Tae Ho Kim, Dae Young Cheung, Hyung Geun Kim, Sung Soo Kim, Jin Il Kim, Soo-Heon Park, Sok Won Han. Department of Internal Medicine, College of Medicine, The Catholic University of Korea, Seoul, Korea

Background: Type A gastritis is the rare autoimmune gastritis affecting the parietal cell containing gastric corpus and fundus with sparing of the antrum. We designed to compare the therapeutic effect of ecbabet sodium in the non-erosive reflux disease in type A gastritis patients

Methods: Between September 2008 and March 2009, we screened 453 patients. We enrolled 103 patients with reflux symptoms without erosive esophagitis in endoscopy. Type A gastritis is assessed by anti-parietal cell antibody test. Divided into 2 groups, patients randomly received either 1 g ecbabet sodium bid, or lansoprazole 15 mg qd for 4 weeks. Dyspepsia assessment by using a diary card and compliance of the test drug are conducted at every 2 weeks until 4 weeks. The degree of the dyspeptic symptoms was calculated as composite score (Symptom frequency X severity).

Results: Mean age of the patients was 51.5±14.3 and male gender was 32%. Among the following symptoms - fullness, early satiety, bloating, nausea, vomiting, heartburn, and acid regurgitation, epigastric pain was the most frequent symptom (83.3% in ecbabet sodium group, 70.9% in lansoprazole group). Lansoprazole was more effective in patients with epigastric pain (<0.01), and ecbabet sodium was more effective in patients with early satiety (<0.01).

Conclusion: Ecbabet sodium was not sufficiently effective on treatment of non-erosive reflux disease. But ecbabet sodium was very useful in reducing dyspeptic symptom especially early satiety. It can be used as a complementary drug in type A gastritis patients with gastroesophageal reflux symptoms.

Complementary Treatment Strategies Applied by Osteoarthritis Patients: Example from Turkey

Sibel Kipek, Nazan Kılıç Akça. Department of Medical Nursing, University of Bozok, School of Health, Turkey

Background: The treatment of osteoarthritis is done by complementary therapies such as galenic, magnetic-therapy, therapeutic touching in addition to medication. This study is to determine the complementary therapies applied by osteoarthritis patients

Methods: In this descriptive study the osteoarthritis patients were selected from those who stayed in Physical Therapy and Rehabilitation center for a year and accepted to join the study. After doing literature research about social demographic properties of osteoarthritis and complementary therapies, the questionnaire compose of 3 different parts and face to face talk techniques were used to collect data. The written official and verbal permission were taken from the patients, respectively. The data was analyzed by using percentage distribution and Chi-Square test.

Results: It was determined that the mean age of patients is 63.4±9.8. The duration of osteoarthritis is 8.3±6.9 and 78% of patients are female. 69.5% of them used complementary treatments in addition to medication and at most 59.3% of them applied locally applied creams, 47.0% of them went to thermal spring, 8.3% of them applied religious things. 61.9% of patients used complementary treatments for the pain. 38.7% of them referred complementary treatments over medication since they did not benefit from medicines.

Conclusion: More than half of the patients used complementary treatments in addition to medication. Their satisfaction of treatments is in middle level.

Key words: Osteoarthritis, Complementary treatments, Turkey

Celiac Disease Related Resistant Hypocalcaemia Misdiagnosed as Epilepsy

Ledijana Kllogjeri, Suayp Oygen, Mehmet Hursitoglu, Ibrahim Bilen, Gulkan Kaplan, Fatih Borlu. Sisli Efhal Training And Research Hospital

Introduction: Many patients with celiac disease present with anemia or osteoporosis without diarrhea or other gastrointestinal symptoms. Individuals most likely have proximal disease that impairs iron, folate, and calcium absorption. We presented a patient misdiagnosed as epilepsy, to have resistant hypocalcaemia due to celiac disease.

Case: 27-year-old male, with 2 year history of epilepsy, admitted to emergency with seizure in spite of using carbamazepine and quetiapine fumarat. Physical examination revealed carpopedal spasm, Chvostek's sign, tetany and rachitic rosary. On admission Calcium level was 5.6 mg/dl and did not respond to calcium gluconate infusion treatment. Routine blood screening tests showed low vitamin D level, hypocalcaemia, high PTH, low follic acid level and prolonged PT-aPTT. Positive test results for fat malabsorption and screening studies for the antigliadin (AGA), antiendomysial (EMA) and anti-tissue transglutaminase (anti-TG) antibodies indicated Celiac disease. After treatment with gluten free diet and calcitriol, calcium level increased to normal range. Carbamazepine was discontinued and seizure attack did not repeat. The patient remained normocalcemic in outpatient clinic controls.

Conclusion: Hypocalcaemia related to celiac disease can mislead the physician to diagnose the patient as epilepsy and giving the patient antiepileptic drugs may exacerbate his hypocalcaemia and vitamin D deficiency. Patients under carbamazepine treatment should be closely followed-up for hypocalcaemia and vitamin D deficiency and as in our case celiac disease could be a cause of resistant hypocalcaemia.

A 56 yo Woman with Microsopic Polyangitis, Chronic Renal Failure and Hypertension Who Had Been Picked by Hyalomma

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A 56 years old woman refers dyspea, cough, hemoptoic sputum, fever till 38°C, fatigue, vertigo, anorexia, black color faeces, and lost 20 kg in 3 months. She refers that 2 weeks ago has been picked by hyalomma. She also refers to have 5 year history of chronic renal problems, anemia, hypertension and peripheral polyneuropathy from 6 years. She doesn’t refer any previous treatment. She presented O2 Saturation 90%. She had bilateral cracles in lungs; rhythmic heart tones and minimal pitting oedema in extremities.

Blood analyses: WBC 15200; RBC2290000; Hb 6.6g/dl; Hct 19%; PLT 341000; BUN 23; Creatinine 4.53; Prothrombin time 88%; D-Dimer 10.5; IgG 1970; IgA 575; C4 56; RF 164; Fibrinogen 348; Anticardiolipin anticomposites 20.3; Anti phospholipid anticomposites IgG 0.5; IgM 1.0; ANA 37; Anti ENA 2.55; ENA plus:SS-A60 positive; P-ANCA 64.7; C-ANCA 16.3; ds-DNA 14.7; CRP 21; Anti GMBA positive, Sputum for TB neg, fecal occult blood positive, hantavirus negative and CCHF(Crimean Congo) negative. Urine analysis: PH 6; WBC 2-3; RBC11-15; protein 150mg/dl.

Thorax CT: middle zones bilateral ground glass alveolar opacities. Fig 1. Differential diagnoses: between pulmonary oedema and alveolar hemorrhage. Spirometry: FEV1 90%; FVC 79%; FEF1/FVC 114%; PEF 90%. Gastroscopy: candidosic esophagitis. Colonoscopy: colon diverticulosis. No ORL problems. Neurological examination: polyneuropathy. Based on her clinical examination, the radiographic and the specific laboratory immunological tests we concluded in diagnosis of small and middle vessels vasculitis, probably a microscopic vasculitis. Fig 2. She presents her after 3 weeks of 75mg prednison/d and endoxan 100mg/d.

Fig 1.

Fig 2.
with the generation of reactive oxygen species. Increased oxidative stress could lead to cancer development. The aim of this study was to evaluate the level of antioxidants in patients with pancreatic cancer (PC) and patients with chronic pancreatitis (CHP) in comparison with healthy controls (CON).

**Methods:** This study includes 34 patients suffering from PC, 34 patients with CHP and 34 CON. Patients and controls are sex and age matched. Levels of conjugated dienes in precipitated LDL (CD/LDL), reduced glutathione (GSH) and activities of superoxide dismutase (CuZnSOD), catalase (CAT), glutathione peroxidase (GPX), glutathione reductase (GR) and paraoxonase (PON1) were estimated.

**Results:** Lowered activity of GPX1 in PC and CHP patients in comparison with controls and lowered levels of antioxidant GSH in PC patients compared to CHP patients were observed. Activity of PON1 was decreased in both patients group compared with controls and also in PC than in CHP. Furthermore activity of SOD was lower in CHP patients in comparison with controls and in addition in CHP compared to KP. Increased levels of CD/LDL in CHP patients in comparison with PC were found.

**Conclusion:** The results of our study suggest that in both pancreatic diseases the antioxidant defense mechanism is weakened, while the lipid peroxidation is enhanced.

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**THE EFFECT OF LEAN BODY MASS ON INSULIN RESISTANCE AND OTHER CARDIOMETABOLIC RISK FACTORS IN HEALTHY POSTMENOPAUSAL WOMEN**

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**Background:** Recent data suggest a “paradoxically” adverse contribution of lean body mass (LBM) to metabolic risk in obese postmenopausal women. Aim of the present study was to investigate the association of LBM, assessed with Dual-energy X-ray Absorptiometry (DXA), with a number of cardiometabolic parameters in healthy postmenopausal women.

**Methods:** A total of 150 postmenopausal women (age 54±7 years, BMI 29.6±5.8 Kg/m²; waist circumference 93±12 cm) underwent a detailed body composition analysis using DXA, and a number of indices of total fat and muscle mass and their distribution, were obtained. For all participants, a full cardiometabolic risk profile was evaluated including glucose homeostasis, blood pressure, lipids and high-sensitivity C-reactive protein (hs-CRP).

**Results:** After controlling for age, physical activity and total fat mass, all muscle indices (MI) were positively associated with fasting insulin levels, HOMA index, mean blood pressure, triglycerides, total cholesterol/HDL ratio, triglycerides/HDL cholesterol ratio, γ-glutamyltransferase and hs-CRP, and negatively associated with HDL cholesterol (p≤0.05 for all). All the above associations were significantly attenuated after adjusting for waist circumference. All MI showed a strong positive correlation with waist circumference and DXA-derived indices of central fat distribution. Similar associations were observed separately in normal-weight and obese women, but they were more pronounced in the obese subjects.

**Conclusions:** LBM is positively associated with insulin resistance, hypertension, dyslipidaemia and chronic low-grade inflammation, independently of BMI and total fat mass, in healthy postmenopausal women. This “paradoxical” adverse association is proposed to be partially mediated by the coexistent central fat distribution.

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**THE ROLE OF THE GENERAL INTERNIST IN MODERN MEDICINE THROUGH AN UNCOMMON CASE-KIKUCHI LYMPHADENOPATHY**

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**Background:** The initial careful assessment by the General Internist in terms of history and appropriate diagnostic tests can help in the solution of difficult diagnostic problems.

**Methods:** This is the story of a 19 year old lady who presented with a five year history of intermittent painful cervical lymphadenopathy and fever. Investigations for HIV, TB and malaria were negative. CT of chest, abdomen and pelvis showed bilateral cervical, axillary, subpectoral, paraaortic, iliac and inguinal lymphadenopathy (Figure 1). Biopsy of a cervical lymph node showed a histiocytic necrotising lymphadenitis of the Kikuchi-Fujimoto type with absence of haematoxylin bodies.

On further investigation specific anti-Ro antibodies were positive and therefore a diagnosis of Systemic Lupus Erythematosus (SLE) which complicated the underlying Kikuchi-Fujimoto disease was made. The patient was treated with immunosuppressants and control of symptoms was achieved.

To our knowledge this is a histologically rare case of Kikuchi-Fujimoto disease complicated by SLE although haematoxylin bodies were absent. Subpectoral lymphadenopathy was another uncommon feature.

**Results:** Kikuchi disease is an idiopathic self-limited lymphadenitis, first described by Kikuchi and Fujimoto in 1972. The disease usually runs a benign course. It can be complicated by SLE and the differential between them is often very difficult requiring specialist advice [1].

**Conclusion:** The Internist is not just a generalist. In many occasions he get involved as a coordinator in specialty specific areas of a diagnostic problem. In this case involvement of the relevant specialties (histopathology and rheumatology) and thorough overall assessment were essential to make the correct diagnosis.

**Reference**

**OUTCOMES AND FACTORS PREDICTING SURVIVAL FOLLOWING IN-HOSPITAL CARDIOPULMONARY ARREST**

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**Background:** The aim of this study was to determine the clinical characteristics and outcomes of in-hospital patients who had cardiopulmonary arrest (CA) and received cardiopulmonary resuscitation (CPR) and to evaluate the factors predicting short and long term survival following CA.

**Methods:** This is a retrospective study of all CA over a 24-month period in our hospital. Data was retrieved from cardiac arrest data collection form based on Utstein template.

**Results:** 146 in-hospital patients, 82(56.2%) male with mean age of 67±13.4 years, were included in this study. 129(88.4%) episodes were CA, 17(11.6%) were primary respiratory arrests, 132(90.4%) were witnessed and 14(9.6%) unwitnessed. 104(71.2%) of the patients had non-shockable rhythm. The mean number of CPR cycles were 3 (range 1-14). 83(56.8%) patients were intubated during CPR, 58(39.7%) patients received defibrillation, 118(80.8%) adrenaline, 93(63.7%) atropine, 18(12.3%) amiodarone and 9(6.2%) sodium bicarbonate. Successful resuscitation was achieved in 58(39.7%) patients. 36(24.6%) patients were discharged from the hospital. 1-month and 1-year survival following CPR was 24% and 16% respectively. Non-shockable rhythm
and need for adrenaline, atropine and intubation were associated with poor outcomes. Witnessed arrests had favorable immediate outcome (p<0.01). In cases with primary respiratory arrests successful resuscitation was achieved in 90% and 1-year survival was 76%. There was no statistically significant difference in survival with increasing age.

Conclusions: The initial, 1-month and 1-year survival following CPR were 37.9%, 24% and 16% respectively. Early recognition of critically ill patients, nursing in monitored areas and effective advanced life support training may be improving outcomes in our hospital.

QUALITY OF LIFE IN PATIENTS WITH PACEMAKER
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Pacemaker implantation, affecting the lives of patients with symptoms such as confusion, palpitations, fatigue, chest pain, dizziness, dyspnea gives a positive answer. On the other hand pacemaker leads to fear, limited social activities, depression, anxiety and negative effects in quality of life. This research was conducted to determine the quality of life in patients with pacemakers. The sample of the research consisted of pacemaker patients admitted to the hospital at a metropolitan city in Turkey. Cause of number of the universe known, stratified random sampling method was used and 183 patients was selected. As a data collection tool, "Introductory Information Form" and "SF-36 Quality of Life Scale" was used.

According to the results obtained from the research, quality of life of patients was affected by gender, age, education, working status, the situation of regularly come to control, patient education attainment about pacemaker (p>0.05). 48.6% of the sample were women, 54.1% 61 years and older, 45.9% were primary school graduates, 75.4% are married. 35.3% of these individuals live 2-6 years with a pacemaker, 51.9% occasionally feel existence of pacemaker, 68.3% of them feel no restriction in the daily life, 69.9% received education related to pacemaker. As patients’ ages increased, their scores decreased in areas of quality of life.

Nurses have a key role among medical staff in pacemaker clinics. Therefore nurses should evaluate the quality of life in patients with pacemaker and their psychosocial status regularly, provide education and counseling.

HEPATOCELLULAR CARCINOMA: CLINICAL CHARACTERISTICS OF THE DISEASE IN CENTRAL GREECE
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Background: Hepatocellular carcinoma (HCC) is a global health problem. It remains the 6th most common cancer and the 1st cause of death in cirrhotic patients. The aim of the study was the assessment of disease characteristics in Central Greece.

Methods: Between 2000 and 2010, 117 patients were diagnosed with HCC in our referral centre. Epidemiological, clinical and laboratory characteristics were available and analysed retrospectively in 94 patients.

Results: 82% of the patients were men (median age 66, range 33-87 years). 73.4% of the patients were cirrhotic in the first visit. Underlying liver disease was detected in 94.7%; 70/94 had chronic viral hepatitis, 51/94 alcohol abuse and 2/94 autoimmune hepatitis. At diagnosis, 4.3% of the patients were stage 0 according to BCLC classification, 11.7% stage A, 53.2% stage B, 23.4% stage C and 7.4% stage D. Treatment for HCC received 86/94. A single lesion, with a mean size of 5.1 cm (range 0.9 – 33.5 cm), was detected in 58.5%. The rest had multimodal HCC. Mean a-FT levels at diagnosis was 28.2 IU/ml (range 1.22-148610 IU/ml). Histopathological confirmation was available in 68.1%. 59/94 patients died from liver related disease (mean follow-up time 12 ± 16.8 months), 194 died from other reasons, 194 underwent liver transplantation and 5/94 were lost in follow-up. 28/94 are still in follow-up (mean follow-up time 24.5 ± 22.9 months).

Conclusions: HCC has a high morbidity and mortality. In Central Greece, it is directly related with the high incidence of chronic viral hepatitis and the widespread use of alcohol.

OBSTRUCTIVE SLEEP APNEA SYNDROME AS A CAUSE OF SECONDARY ARTERIAL HYPERTENSION IN YOUNG ADULTS
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Background/Aim: The diagnosis of Sleep Apnea Syndrome as a cause of Secondary Arterial Hypertension in young adult recruits, which is related to the obstruction of upper airway in this particular age-related group, raised the following significant issue: whether we should potentially examine and assess the upper respiratory tract in all young adults with arterial hypertension (in the entirety of hypertensive young adults), because of some certain particularities of our demographic sample.

Materials - Methods: During a long-lasting period of almost eight years, 298 recruits/soldiers with a mean age of 22.3 ± 3.4 years (18-26) were admitted to the internal medicine, cardiology and renal medicine departments of our hospital with clinical suspicion of secondary hypertension for further investigation. These soldiers underwent detailed physical examination as well as detailed diagnostic evaluation which included complete and specific laboratory tests as well as other additional specialized laboratory investigation. The clinical suspicion of secondary hypertension was finally confirmed in 49 military recruits/soldiers.

In the above group, eleven (11) cases of Sleep Apnea Syndrome were diagnosed.

The diagnosis of Sleep Apnea Syndrome was established by Polysomnographic Study of Sleep (Polysonnography) which was held in the certified and accredited Laboratory of Sleep in the Department of Pulmonary Medicine of our hospital. Among the eleven (11) patients with Sleep Apnea Syndrome, eight (8) patients had Obstructive Sleep Apnea due to certain anatomical abnormalities of upper respiratory tract and obstruction of upper airway [abnormally large or massive tonsils, massive uvula, massive tongue, tied tongue (ankyloglossia), high narrow nose, massive tori, elongated soft palate, high palate – upper dental narrow arch etc.]. The remaining three (3) cases of patients had Central Type Sleep Apnea. All of them were obese (BMI: 33.7 kg/m2, 36.3 kg/m2 and 37.8 kg/m2) with abdominal (visceral) type of obesity. All of them were judged unsuitable for military commitment and they did not join the army. The eight (8) hypertensive patients with anatomical abnormalities of upper respiratory tract and Obstructive Sleep Apnea Syndrome underwent specific surgical interventions (operations) of correction and restoration of their anatomical abnormalities with permanent surgical removal of upper airway obstruction.

Results: After permanent surgical removal of upper airway obstruction had been achieved, during a long-lasting postoperative period of 9-months follow up, we realized that the arterial blood pressure levels were within normal range in all of our patients. Postoperatively, all patients were absolutely normotensive. The causes of Secondary Hypertension in 49 military recruits/soldiers are shown below: 1) Chronic Glomerulonephritis (renal parenchymal hypertension): 25 patients (51.02%), 2) Sleep Apnea Syndrome: 11 (22.44%), 3) Aortic Isthmus Stenosis: 4 (8.16%), 4) Polycystic Kidney Disease (renal parenchymal hypertension): 4 (8.16%), 5) Primary Hyperaldosteronism: 2 (4.08%), 6) Lupus Nephritis: 1 patient (2.04%), 7) Systemic Vasculitis (Polyarteritis Nodosas): 1, 8) Liddle Syndrome: 1.

Conclusions: After we had carefully reviewed the relevant current international literature, we realized that the correlation of Obstructive Sleep Apnea Syndrome with Secondary Arterial Hypertension has not been fully investigated and is not sufficiently focused on this particular age-related group as well as on this particular demographic sample (young adult recruits) with its entirely special clinical characteristics. Sleep Apnea Syndrome remains a potentially life-threatening condition and very significant public health burden. It is of the utmost vital importance to consider the diagnosis of Obstructive Sleep Apnea Syndrome in all hypertensive young adults with anatomical abnormalities of the upper respiratory tract, when there is a strong clinical suspicion of Secondary Arterial Hypertension.
THE INFLUENCE OF MEDICAL COMPILATIONS IN PATIENTS WITH ACUTE STROKE

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Background: Patients with acute stroke are vulnerable to development of various complications as a result of the stroke and they are related with poor outcome. The aim of this study was to evaluate the clinical consequences of stroke-associated complications in our internal medicine department.

Methods: We reviewed the medical files of 523 hospitalized patients with ischemic stroke, 276 (52.8%) female and 247 (47.2%) male with mean age of 73±12.3 years, during last five years. Demographical data, co-morbidities, risk factors, complications during hospitalization and outcome were retrospectively evaluated. SPSS 15 package was used for statistical analysis.

Results: 197 (37.7%) patients with stroke had at least one complication during their hospitalization. The more common complications were: 48 (24.4%) urinary tract infections, 27 (13.7%) pulmonary infections, 26 (13.2%) depression, 23 (11.7%) limb pain, 22 (11.2%) uncontrolled hypertension, 18 (8.1%) urinary retention, 16 (8.1%) cardiovascular events (acute coronary syndrome, arrhythmias, cardiac failure), 14 (7.1%) pressure sores, 13 (6.6%) falls, 11 (5.6%) thromboembolic events, 4 (2.0%) recurrent stroke, 4 (2.0%) gastrointestinal bleeding and 2 (1.0%) epileptic seizures. Females were more likely to have urinary tract infection (p=0.038), urinary retention (p=0.002) and depression (p=0.018). Patients >65 years were more likely to suffer multiple complications (>2). Mortality rate and global length of stay were 17.7% vs. 9.7 days, (p<0.001), between patients with and without post-stroke complications, respectively.

Conclusions: In this study population there was a high incidence of medical complications after stroke. A pro-active approach is ideal in all post stroke patients, in order to identify and treat any complications early, thereby, improving outcome and reducing costs.

DIAGNOSTIC APPROACH TO A PATIENT PRESENTING WITH ABDOMINAL PAIN AND SEVERE/RESISTANT HYPERTENSION

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Background: A 40-year-old male presented to the ER with chronic weakness, myalgia and a 15-day history of worsening epigastric pain. He had no previous medical history. On clinical examination he had BP of 220/120mmHg, a mitral systolic murmur, epigastric tenderness on palpation and an abdominal murmur. Initial laboratory studies revealed normocytic normochromic anaemia(Hb=10mg/dl,Hct=30,7%), ESR=130, urea=63mg/dl, creatinin=1,4mg/dl, microscopic haematuria. Echocardiography showed moderate mitroid/aortic regurgitation, hypertrophic left ventricles and dilatation of the ascending aorta(44mm). Chest/abdominal CT were normal.

Methods: The patient was admitted and remained hypertensive despite the use of three antihypertensive agents(~180mmHg), had low-grade fever and complained of episodes of left blurred vision and testicular pain. Consecutive blood cultures, hepatitis B and C screen, HIV, KPR/VRLD tests were negative. Fundoscopy was remarkable for grade III hypertensive retinopathy. Further serology/immunology tests showed hypergamaglobulinemia (lgG=3494mg/dl) and RF=270IU/ml, whilst all other autoantibodies including pANCA/cANCA were negative. A performed angiography revealed multiple microaneurysms of the superior mesenteric artery, renal arteries and their branches.

Results: Based on the history, clinical findings laboratory and imaging results we have established the diagnosis of polyarteritis nodosa. Initiation of steroids improved the patient’s symptoms, anaemia, ESR and ischaemic nephropathy.

Conclusion: Polyarteritis nodosa is a rare cause of secondary hypertension. Constitutional symptoms, multiorgan involvement, severe/resistant hypertension should raise the suspicion for the disease. Diagnosis can often be challenging; exclusion of vasculitis “mimics” and secondary causes should take priority but prompt diagnosis and treatment is essential to ameliorate prognosis.

SEVERALUMINUM LEVEL AS A PREDICTOR OF ISCHEMIC STROKE OUTCOME

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Background: Human serum is a unique albumin multifunctional protein with neuroprotective experimental. Studies showed that human albumin therapy substantially improves neurological function, markedly reduces the volume of infarction and eliminates brain swelling in animals with acute stroke. The aim of our study was to determine the association of serum albumin (s.a.) with outcome and mortality after ischemic stroke.

Methods: We prospectively studied 460 patients with ischemic stroke. Serum albumin was measured within 36 hours after stroke onset. Stroke severity on admission was assessed using Scandinavian stroke scale (S.S.S.). Functional outcome was measured with modified Rankin scale (m.R.S.) on day 7 and 3 months after stroke.

Results: The mean age of patients was 79.6 (SD +/- 10.5 years) and 48% were women. During the 3 months follow-up period, 48 patients (10%, 4%) died. Patients with poor outcome had significantly lower s.a. level than patients with non poor outcome (3.0 +/- 0.68 gr/dl vs. 3.4 +/- 0.66 gr/dl). On logistic regression analysis high s.a. was independently associated with a better outcome OR 0.95, 95% CI 0.92 to 0.98.

Conclusions: Relatively high s.a. level in acute stroke patients is associated with better outcome and lower mortality.

NONTYPEABLE HAEMOPHILUS INFLUENZAE Meningitis IN A PATIENT WITH EMPTY SELLA SYNDROME

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Background: Severe, invasive infections from Haemophilus influenzae have been significantly reduced, due to the widespread use of H. influenzae type-b (Hib) vaccine. This paper describes a case of nontypeable H. influenzae (nHi) meningitis in a patient with empty sella syndrome.

Case Report: A 58-year-old woman with a history of obesity, diabetes mellitus and hypertension presented with fever, headache and signs of meningeal irritation. The CSF analysis was typical for bacterial meningitis. The CSF culture was negative, probably due to the preceding use of antibiotics, but the PCR analysis was positive for nHi. The MRI brain scan was compatible with primary empty sella syndrome. The patient recovered completely.

Discussion: H. influenzae commonly colonizes the upper respiratory tract. There is an increase in invasive infections from nHi strains recently, owing to the successful Hib vaccination. The most common are pneumonia and primary bacteremia, whereas meningitis is relatively rare. Risk groups are premature infants, patients older than 65 years and immunocompromised patients. There was no cause of immunosuppression here and we searched for local predisposing factors. Primary empty sella syndrome is usually asymptomatic. However, in a small percentage, there is a predisposition to bacterial meningitis, due to intracranial hypertension and spontaneous CSF leak. Our patient did not report having CSF rhinorrhea or otorrhea, but occult CSF leak cannot be excluded, leading possibly to haemophilus invasion.

Conclusion: The empty sella syndrome may be a predisposing condition for nHi meningitis.

VIRAL LOAD AT 12 WEEKS OF TREATMENT IS A STRONG PROGNOSTIC MARKER OF RESPONSE IN PATIENTS WITH CHRONIC HCV INFECTION

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Background: Pegylated interferon and ribavirin is the standard of care treatment for HCV infection. A substantial number of patients, mainly those infected with genotypes 1 and 4, do not respond well to this treatment. There are several prognostic markers of response to treatment. One of them...
is early virologic response (EVR), defined as at least 2 log₁₀ IU/ml decrease of HCV RNA level at 12 weeks. In this paper we describe a cohort of patients receiving treatment for chronic HCV infection and the percentage of them achieving sustained virologic response (SVR), defined as the absence of detectable hepatitis C virus RNA at 24 weeks after the end of treatment. Method: 88 patients received treatment with pegylated interferon and ribavirin for 24 or 48 weeks, depending on HCV genotype. For each patient, viral load was performed at 12 weeks, at the end of treatment and 24 weeks after the end of treatment. Results: From a total of 88 patients, 55 (62.5%) had EVR and non detectable viral load at 12 weeks of treatment and 57% of them achieved SVR. 7 patients (7.95%) had EVR with detectable viral load and 70% of them achieved SVR. None of the remaining 26 patients (29.5%) not achieving EVR, achieved SVR. Conclusion: Non detectable viral load at 12 weeks of treatment predicted a high percentage of SVR, whereas not achieving EVR correlated with lack of SVR. It is recommended that treatment in patients who do not achieve EVR is withheld until approval of novel therapies.

WHAT ARE THE ODDS?
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Lymphomas incidence is known to be growing. In Portugal, the incidence of non-Hodgkin lymphomas was 11.2/100000 in 2001 (last available data). Although they aren’t rare diseases, it isn’t a very frequent diagnosis at an internal medicine ward. Nevertheless, the authors diagnosed four cases of lymphoma in only two weeks. The first patient was a 34-year-old male, presenting with nausea, abdominal discomfort and weight loss. The physical exam revealed an abdominal mass and the CT scan showed multiple pathological lymph nodes. His final diagnosis was follicular lymphoma. One week later, a 76-year-old female complaining of asthenia, anorexia and post prandial abdominal pain, was found to have abnormal inguinal nodes on observation adding to further abdominal pathologic lymph nodes on the CT scan, also diagnosed as follicular lymphoma. By the same time, an 84-year-old man was admitted for further investigation of abnormally high leukocytes and lymphocytes. At admission, he only mentioned mild weakness. His CT scan was clean for abnormal lymph nodes but blood immunophenotyping identified a mantle cell lymphoma. Another four days went by and a 64-year-old male was referred for multiple palpable lymph nodes, which, after biopsy, were also diagnosed for mantle cell lymphoma. The authors thereby prove that “whatever can happen will happen” and take the chance to show how important it is for the internist to keep this less frequent diagnosis in mind. Fortunately most palpable lymph nodes are benign but, during these two weeks, the wheel of fortune drew nothing good.

THE ROLE OF LIVER BIOPSY IN ESTABLISHING DIAGNOSIS IN A PATIENT WITH FEVER OF UNKNOWN ORIGIN: REPORT OF A CASE
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Background: Fever of unknown origin (FUO) in the immunocompetent patient has been defined as a febrile illness lasting more than three weeks and extensive diagnostic work up, after one week of hospital stay, has failed to explain the cause. We present the case of a 58-year-old man, that presented to our Hospital, with a 4 month history of fever, weight loss and profuse sweating. He had a known history of chronic hepatitis B and had undergone splenectomy 16 years ago due to traumatic rupture. He reported a previous admission, for the same reason, to another hospital 3 months ago. He had an extensive diagnostic work up, that was not diagnostic. On admission to our hospital, the patient was febrile. Liver function tests were abnormal. An extensive imaging study revealed only mild hepatomegaly. The rest was unremarkable.

Methods: The patient underwent liver and bone marrow biopsy.

Results: Liver biopsy revealed diffuse non Hodgkin lymphoma of large cells CD20(+), bcl6(+), mum-1(+), CD10(+), bcl2(-), LMP-1(-), ALK-1(+), ki67(+) 90%. Bone marrow biopsy revealed only few elements of large B-cell diffuse lymphoma that could not be diagnostic.

Conclusions: It is evident, that in this particular case, the diagnosis was established by liver biopsy. Lymphomatous infiltration of the liver is more common in non Hodgkin lymphoma (NHL) than in Hodgkin’s disease. Rarely, NHL can present as a primary hepatic lymphoma (PHL) and it is of note that chronic hepatitis B that has been linked to PHL.

EFFECT OF PREVIOUS STATIN TREATMENT IN THE PROGNOSIS OF PATIENTS WITH FIRST STROKE
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Aim: Possible favourable effects of previous statins treatment, in the in-hospital and finally medium-term and long-term prognosis of patients who had a stroke.

Method: 1032 patients, without previous medical history of a stroke, who were hospitalized between 2003-2008 for first stroke, were included in the study. The sample was separated into two groups: the first consisted of patients who followed therapy with statins for at least three months before the stroke and the second consisted of patients who did not take statins at all. The patients’ clinical characteristics were recorded while being hospitalised, as well as the in-hospital mortality. After leaving the hospital, the follow up of the patients included the recording of the medium-term and long-term mortality.

Results: Of 1032 patients, 124 (12,02%) were in statins treatment, while the other 908 (88,98%) was not. The in-hospital mortality of patients that received statins was reduced, however not statistically important, compared to those who did not receive statins before but received precociously during hospitalization (2.8% opposite 4.9%, p=0.38). At the medium-term follow-up after the first 30 days, important reduction in mortality was observed (p=0.029) in those patients who received statins before their hospitalisation: 7 died (7/124, percentage 5.6%) compared to 112 (112/908, percentage 12.3%) patients of the second group. Finally, at the long-term follow-up (medium duration 3.5±0.4 years), 27 (27/124, percentage 21.8%) patients who took statins before the stroke died. Respectively, 202 (202/908, 22.4%) of the patients of the second group died and there was no statistically important difference in the repercussion of long-lasting mortality between the two teams being studied (p=0.876).

Conclusions: The preceded use of statins is not related with statistically important reduction of in-hospital mortality in patients with first stroke. On the contrary, an important reduction of medium-term mortality in the first 30 days was recorded after the episode, while the reduction of long-term mortality of the patients who did not take statins before the stroke was not essential.

PREVALENCE OF METABOLIC SYNDROME AND RELATED FACTORS IN NON DIABETIC POPULATION
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Aim: Prevalence of metabolic syndrome (M.S) and related risk factors in non-diabetic population.

Material And Methods: 617 not diabetics (365F-252M) aged 63.3±5 years were examined, as well as the in-hospital mortality. After leaving the hospital, the follow up of the patients included the recording of the medium-term and long-term mortality.
bolic syndrome. Overweight females were nearly 5.7 times as likely as under-weight and normal weight females to meet the criteria for MS(OR=5.26; 95% CI:3.75–8.12), and obese females were more than 17 times as likely to meet this criteria(OR=16.94; 95% CI:13.12–22.94).

Conclusions: There is increased prevalence of obesity and M.S in non diabetic population with arterial hypertension, central type obesity and increased triglycerides, being the most frequent diagnostic triinity. The prevalence of M.S increased with increasing BMI for both sexes. The existence of patients with DMT2, was statistically cross-correlated with M.S.

ISCHEMIC STROKE – ISOLATED EVENT OR SOMETHING MORE?
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Background: Multiple myeloma is a lymphoproliferative disorder allied with a monoclonal gammopathy most associated with bone, kidney and hema-tologic abnormalities. Clinical presentation is variable and it can include minimal symptoms to life threatening ones. It is most frequent in patients above 65 years old, but we are now frequently facing this diagnosis in much younger patients.

Methods: 54 year old female, with a personal history of high blood pressure, dislipidemia and hypoacusia. Admitted to our Internal Medicine ward with the diagnosis of ischemic stroke associated with extreme caquexia. 8 months earlier she started complaining of significant weight loss, asthenia, nocturnal hypersudoresis, intermittent diarrhea, hypotension and malaise. She denied fever, hemorrhage, bone pain, vertigo or behavioral changes.

Results: Complementary study revealed microcytic hypochromic anemia, IgGκ monoclonal spike in serum protein electrophoresis, urinary κ light chains, hypoalbuninema, normal kidney function and serum calcium. Full body CT scan showed multiple splenic and kidney infarctions, cardiomagely and osteopenia. Echocardiography was compatible with infiltrative restrictive disease. Amyloid deposits were evident in salvar glands biopsy and bone marrow aspirate and biopsy confirmed the diagnosis of multiple myeloma with systemic amyloidosis. Despite the start of treatment with dexametha-sone, the patient died 11 days later.

Conclusions: A very unusual presentation of the disease and cause of ischemic stroke. The major complaints were related to the deposits of amyloid protein. In spite of presenting with stage I multiple myeloma, the presence of systemic amyloidosis set the rapid fatal course of the disease.

LENGTH OF STAY OF DIABETIC INPATIENT AUDIT: BENEFIT OF WEEKEND WARDemplate Rounds
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Background: Diabetic inpatients have longer length of stay (LOS) than non-diabetic patients with the same complaint. This seems most in the 25-64 age group. Research shows increased complication rates in diabetics, such as admissions due to hip fractures. These complications are a reason for increased LOS. At King’s Mill Hospital (KMH), endocrine consultant ward- rounds take place twice a week. The choice of days for senior input is key to discharge rates especially regarding weekends.

Method: A retrospective audit of 40 patients who were admitted under the care of the Endocrinologists. Our inclusion criterion was the first 40 admissions between August and November 2010 with Diabetes recorded as reason for admission.

Results: There was a median LOS of 3.5 days (Interquartile range 2-6.5 days) and mean age of 46 years. There was a significantly longer LOS for admissions on a Saturday [11.7 Days SD 20.3] in comparison to a weekday [2 Days SD 0] (p=0.01). Unsurprisingly there were significantly more discharges on days of consultant ward-rounds [52.5% SD 5.3] as opposed to non-consultant ward-rounds [47.5% SD 5.4] (p<0.0001).

Conclusion: Diabetic admissions at weekends have longer LOS than during the week, resulting in less efficient care and increased cost to the NHS. Introducing an Endocrine Consultant ward-round on Saturday could possibly reduce this to an equivalent of the weekday LOS, a mean reduction of 4.1 days. With KMH having 10 admissions due to diabetes per week, using the NHS Institute bed value this would be an annual saving of £130,000.

ELEVATED CA 15-3 DUE TO INTERSTITIAL LUNG FIBROSIS IN PATIENT WITH POLYMYOSITIS
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Background: CA 15-3 is a cancer marker which has been associated with a wide range of malignancies. On the other hand, polymyositis is strongly related with the presence of cancer. We present a case of an elevated CA 15-3 due to interstitial lung disease in a patient with polymyositis.

Methods: A 42 years old woman was referred due to muscle weakness, and easy tiredness. The clinical examination revealed exfoliated rash at the lateral edge of the fingers (mechanical hands), severe reduction of the proximal muscle strength and crackles at the middle and lower lung fields. No arthritis was noted. The laboratory workup showed ANA 1.5, ENA (+), CPK 1200, LDH 956, SGOT 67, Ca 15-3 300 (<40). The HMG study and the muscle biopsy were compatible with polymyositis. The pulmonary function tests (PFTs) showed restrictive pulmonary FVC 55%, FEV 59% and HRCT showed ground glass opacities at both lung fields. Further investigation with U/s, CT abdomen, gastroscopy, colonoscopy and mammography were negative for cancer.

Results: The patient was treated with monthly iv pulses of methylprednisolone and cyclophosphamide for 6 months and then continued with mycophenolate 2gr/day. Her symptoms, the PFTs ( FVC 90%, FEV 95%) and the HRCT were markedly improved. The Ca15-3 was subsequently restored to normal values.

Conclusion: A physician has to be aware that CA 15-3 can reflect the tissue damage due to pulmonary fibrosis in a patient with polymyositis.

CONSERVATIVE TREATMENT OF SPONDYLODISCITIS
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Background: Spondylodiscitis is an infectious disease highly prevalent, but sometimes is under-diagnosed. An early diagnosis would allow healing with-out sequelae and without surgical treatment.

Methods: Analysis of patients diagnosed of spondylodiscitis from June 2009 until June 2011 who received medical treatment for that infection and needn't surgery.

Results: 20 patients were diagnosed of spondylodiscitis, 55% were male with a total mean age of 66.9 years.

The average stay was 28.1 days.

Microbiological isolation obtained in 75% of cases (40% blood cultures, urine culture 5% and 30% by punch biopsy).

The most frequently isolated microorganism was Staphylococcus in 30%, followed by M. tuberculosis in 15%.

The most widely used antibiotic levofloxacin at discharge in 30% of cases.

The HMG study and the muscle biopsy were compatible with polymyositis.

The patient was treated with monthly iv pulses of methylprednisolone and cyclophosphamide for 6 months and then continued with mycophenolate 2gr/day. Her symptoms, the PFTs ( FVC 90%, FEV 95%) and the HRCT were markedly improved. The Ca15-3 was subsequently restored to normal values.

In all cases, except tuberculosis spondylodiscitis, received sequential intrave-nous therapy and after 2-3 weeks received oral treatment.

The most widely used antibiotic levofloxacin at discharge in 30% of cases.

5% of the patients died and 60% were discharged with motor sequelae.

All cases were reviewed in specialty outpatient until they complete their treatments.

Conclusions: Spondylodiscitis is a relatively frequent in our environment and early diagnosis will allow us to perform conservative treatment and reduce the sequelae after cure.

The most common pathogen was Staphylococcus followed in our means of Mycobacterium tuberculosis.

DISTINCT PATHOPHYSIOLOGIC MECHANISM OF SEPTIC ACUTE KIDNEY INJURY – ROLE OF IMMUNE SUPPRESSION AND APOPTOSIS
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Background: Sepsis is the most common cause of acute kidney injury( AKI) in critically ill patients. However, the mechanisms leading to AKI in sepsis remain elusive. Although, sepsis is traditionally considered an excessive systemic inflammatory response, according to recent observations, sepsis
induced organ dysfunction might be associated with paradoxical immune suppression. The purpose of this study was to examine the pathophysiology of septic AKI focusing on immune suppression and apoptosis of kidney and immune cells by providing on-site quantitative comparison between septic vs ischemia/reperfusion (IR) induced AKI, a well known disease mediated by activation of innate immunity.

Methods: At 24 h after cecal ligation & puncture (CLP) or IR injury, biochemical, histologic kidney injury and cytokine profiles were compared. Apoptosis of immune cell and renal cell was assessed by TUNEL staining and measurement of caspase 3 activity. We also examined the effect of caspase 3 inhibition and IL-10 blocking on renal function. Finally, we observed CD4+CD25+ regulatory T cells (Tregs) frequency and the effect of depletion of these cells in renal function.

Results: Acute tubular necrosis or inflammation were hardly observed in septic kidneys. However, tubular cell apoptosis was prominent and caspase 3 activity showed a positive correlation with plasma cr. Pretreatment with caspase 3 inhibitor resulted in attenuation of renal dysfunction in septic AKI with reduced apoptosis. Septic AKI was associated with increased IL-10, and massive immune cell apoptosis with increased percentage of Tregs. In contrast to IR injury that depletion of Tregs aggravates renal injury, depletion of these cells resulted in significant renoprotective effect and IL-10 blocking was associated with renoprotection in septic AKI.

Conclusion: Our data showed a link between apoptosis, immune suppression and kidney dysfunction during sepsis and suggest that inhibition of apoptosis and recovered immune balance might be useful to decrease mortality or organ dysfunction. Future studies are needed to clarify the exact pathophysiology of this devastating disease to develop various strategies to improve overall prognosis in sepsis.

NURSE-LED ANTICOAGULATION CLINIC: DECENTRALIZATION FROM HOSPITAL TO PRIMARY CARE

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A majority of anticogulation patients will continue taking chronically vitamin K antagonists. Our hospital anticoagulation clinic uses a computerized decision support system (CDSS) and a near patient INR testing device managed by nurses under a physician's direction. In 2009 we started the decentralization of anticoagulation management from hospital to primary care.

Aim: To compare the quality of oral anticoagulation (OAC) monitoring provided to the same patients in both sites.

Methods: Having equipped primary care and trained local nurses and physicians, we compare quality of care delivered 6 months before and after decentralization. Quality Indicators: number of appointments/patient, percentage of INR within and outside therapeutic ranges and of hemorrhagic and thrombotic events.

Results: 39 patients were included, 55% males, 75% between 60-79 years and 15% over 80. Atrial fibrillation was the main reason for OAC (77.5%). Before and after decentralization (hospital vs primary care) the patients were seen in a total of 245 vs 259 appointments (6.3 vs 6.6 visits/patient/semester). Percentage of INR within therapeutic ranges 18% vs 12%; in appropriated therapeutic ranges 76.3 vs 75.7% and above therapeutic ranges 5.7% vs 12.4%. A major bleeding complication was registered in one patient before decentralization. No other thrombotic or hemorrhagic complications were found.

Conclusions: The quality of OAC monitoring was similar in secondary and primary care. The use of CDSS and nurses led clinic allowed a safe transfer of anticoagulated patients from hospital to primary care, with all the advantages of proximity care for elderly patients.

INSULIN RESISTANCE AS A MARKER OF RISK FOR DIABETES AND IMPAIRED GLUCOSE REGULATION IN THE ESTONIAN ADULT POPULATION

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Background: Insulin resistance (IR) is considered to have a major role in development of type 2 diabetes many years before diagnosis. The aim of this study was to test whether IR is a marker of risk for diabetes and impaired glucose regulation in the Estonian general population.

Methods: A random population-based sample (n=495) of the Estonians (20–74 years) was studied. All participants underwent anthropometric measurements and blood tests. The standard oral glucose tolerance test was conducted for all non-diabetic subjects. Diabetes, impaired glucose tolerance (IGT) and impaired fasting glucose (IFG) were diagnosed according to WHO1999 and ADA2003 criteria. Insulin resistance (IR) was estimated using the homeostasis model assessment (HOMA) formula. IR was defined as the upper quartile of HOMA-IR in the whole group without previously known diabetes. Risk factors were analysed with logistic regression analysis.

Results: When compared to the subjects with normal glucose tolerance (adjusted for age and gender), newly diagnosed diabetes (n=19) was most strongly associated with increased HOMA-IR, followed by a family history of diabetes, increased waist circumference, hypertension, BMI ≥ 30 and triglycerides ≥ 1.7 mmol/L. Multiple logistic regression model gave the strongest association between diabetes and increased HOMA-IR (OR 18.20, 95% CI 4.25–77.92). Associations between IGT and increased HOMA-IR (OR 5.89, 95% CI 2.67–12.95), and IGF and increased HOMA-IR (OR 3.62, 95% CI 2.08–6.29) were also stronger than associations between IGF and IGT and obesity measurements.

Conclusion: Insulin resistance was identified as the strongest risk factor for developing IFG, IGT and diabetes. HOMA-IR may be a useful marker to identify subjects at the greatest risk for developing diabetes.

PULMONARY VEIN ISOLATION: A COMPARISON OF THE ABLATION PROCEDURAL OUTCOMES BETWEEN POINT BY POINT AND MULTIPOLAR CIRCULAR ABLATION CATHETER (PVAC) IN PATIENTS WITH ATRIAL FIBRILLATION

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Background: Catheter ablation is widely used in the treatment of atrial fibrillation. The aim of this study is to compare the procedural outcomes between point by point ablation and multipolar circular ablation catheter (PVAC) for pulmonary vein isolation (PVI) in patients with atrial fibrillation.

Methods: This was a retrospective cohort analysis of adults undergoing PVI in a tertiary care center. Procedural outcomes were compared between PVAC and point to point ablation group using student’s t-test and the chi-square as appropriate. A p<0.05 was considered statistically significant.
Results: Among 85 patients (mean age 56years, 54men) undergoing PVI ablation, 57 patients had point to point ablation and 28 had PVAC ablation. NAVX based mapping of the left atrium was used with point by point ablation. Screening time (46 vs 66mins; p=0.000), radiation dose from fluoroscopy (5553 vs 8282Gy.cm²; p=0.010) and duration of procedure (3 vs 4 hours; p=0.000) were significantly shorter in the PVAC group. There was also higher success of complete electrical isolation of targeted pulmonary veins using PVAC (93 vs 76%; p=0.064), Ablation duration, procedure complications (1 case of cardiac tamponade in each of the groups without any strokes) and days of admission were comparable between both groups.

Conclusion: Patients undergoing PVI ablation using PVAC had achieved higher success in electrically isolating the targeted pulmonary veins with lower screening time, procedure duration and radiation dose. The results suggest PVAC may prove to be a practical option to point by point ablation.

INTRACEREBRAL HAEMORRHAGE IN A FORGOTTEN CAUSE OF IMPAIRED HAEMOSTASIS: HAEMOPHILIA

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Background: Haemophilia is a well-recognised genetic bleeding disorder relatively rarely encountered in acute take. We present a case of acute neurological impairment in a haemophiliac in which greater awareness of management may have significantly altered the outcome.

Case Report: An 83 year old man with mild haemophilia B presented with 1 hour history of right arm and leg weakness. On presentation, GCS was 15/15 with right facial palsy and hemiparesis (MRC scale: 3/5). A brain CT scan demonstrated left thalamic haemorrhage with intraventricular extension and mild midline shift (Figure 1). Three hours later, his GCS dropped to 4/15 with bilateral extensor plantars. After discussion with haematologist he was treated with Factor IX concentrate and a repeat CT scan demonstrated considerable increase of haemorrhage with significant hydrocephalus and midline shift (Figure 2). He died 24 hours after admission.

CONCLUSION: Intracranial haemorrhage (ICH), with lifetime risk of 2.2% to 7.5%, is the second most common cause of death in haemophiliacs. The most important aspect of management of ICH in haemophiliacs is early replacement and mild midline shift. The classic triad and CSF characteristics guide the diagnosis. Delaying treatment is associated with poor prognosis. Have to a high morbi-mortality. We emphasize the importance of preventive measures / prophylaxis in individuals with risk factors.

INVASIVE PNEUMOCOCCAL – THE PURPOSE OF A CLINICAL CASE


Background: Invasive pneumococcal infection is confirmed by the isolation of Streptococcus pneumoniae in sterile biological products (blood, CSF), and often occur in immunocompromised individuals. It has an estimated incidence of 23 cases per 100,000 inhabitants/year, mortality between 15 and 20% prevailing in the first 72 hours after identification of bacteremia.

Purpose and material / methods: Case study and reflection of a patient with invasive pneumococcal, citing their particular clinical relevance.

Description: Male, 47 years, gas station, history of dyslipidemia, smoking and alcoholism relevant, resorted to the ER with acute clinical symptoms (fever, chills, sweating, agitation, positive meningeal signs), changes rapidly unfavorable (Glasgow 8) and admission to the ICU. Research: CSF with pleocytosis (leukocytes/mm3 8450, 58% PMN), 1000 erythrocytes, protein (753 mg / dL), hypoglycorrhachia (<2 mg / dL), chest X-ray pulmonary infiltrate law; leu-kocytosis (25000) with neutrophilia (92%), CRP 19.2 mg / dL, gamma-CSF and blood cultures (4+) isolation of Streptococcus pneumoniae. Remaining research irrelevant. Empirically started antibiotic therapy (suspected meningitis) with ceftriaxone, ampicillin and vancomycin, later to descale cefotaxime and azithromycin. In D1 internment - with ARDS and sepsis need for invasive mechanical ventilation support and animeric. D 4 a favorable outcome with resolution of seizures; D5 extubation. Discharge to 21 days of hospitalization, improved, with the diagnosis of invasive pneumococcal.

Conclusions: Invasive pneumococcal disease is an entity with enormous potential for high severity and mortality. We emphasize the importance of preventive measures / prophylaxis in individuals with risk factors.

TUBERCULOUS MENINGITIS: A REVIEW OF 19 CASES

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Background: Tuberculous meningitis is the most severe manifestation of extrapulmonary tuberculosis with a high mortality rate. The aim of this study is to analyze the etiology, diagnosis, treatment and prognosis of patients with tuberculous meningitis (TM).

Methods: Retrospective study of all cases diagnosed to TM, between 2000 and 2010, at Asistencial Complex University of Leon. Inclusion criteria: definitive (CSF culture for M.tuberculosis) or presumptive (subacute meningitis + >10cel/mm3 CSF + M.tuberculosis elsewhere or subacute menin-gitis + glucose<2.2 mmol/L + treatment response).

Results: Nineteen patients with mean age of 54.52 years (SD = 22.25, range 27-84). The 63.16% were male. The 68.42% had risk factors (alcoholism (n=3), diabetes mellitus (n = 5), neoplasm (n=3), respiratory disease (n=4), heart disease (n=3), IDU (n=2), HCV (n=2), HIV (n= 4), immunosuppressive medications (n=1)). The average clinical’s duration was 8.57 days (84.21% fever, abnormal mental status 68.42%, 47.37% neck stiffness, headache and palsies 15.79%). The lumbar puncture showed a delay of 50 days (84.21% fever, abnormal mental status 68.42%, 47.37% neck stiffness, headache and palsies 15.79%). The lumbar puncture showed a delay of 50 days (84.21% fever, abnormal mental status 68.42%, 47.37% neck stiffness, headache and palsies 15.79%). The lumbar puncture showed a delay of 50 days (84.21% fever, abnormal mental status 68.42%, 47.37% neck stiffness, headache and palsies 15.79%).

Conclusion: Pathology associated with risk factors and subacute presentation. The classic triad and CSF characteristics guide the diagnosis. Delaying treatment is associated with poor prognostic. Have to a high morbidity-mortality.

PYLEPHLEBITIS – THE CASE OF A RARE COMPLICATION OF A COMMON DISEASE

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Background: Pyelophlebitis is a rare entity that consists in inflammation of the portal vein or any of its branches. It has a high mortality rate, with few pub-

Fig 1. Fig 2.
lished cases and usually occurs as a complication of intra abdominal sepsis, like diverticulitis or appendicitis.

**Clinical case:** We present the clinical case of a 55 year old trucker with complaints of hematemeses accompanied by melena with two days of duration. He denied any other problems.

Upon entrance his blood panel showed only anemia. An upper endoscopy revealed a duodenal ulcer with signs of recent bleeding.

Three days later the patient started with high spiking fevers. A new blood panel showed a marked elevation of GGT and ALP and inflammatory markers. An Abdominal CT revealed several hepatic nodules, compatible with abscesses and the presence of a large thrombi in the right portal vein. Pus was obtained by drainage of nodules. The diagnosis of multiple hepatic abscesses as a consequence of a septic thrombus was established. The duodenal ulcer was considered the likely starting point and the study to exclude any other pathologic process was normal. Antibiotic therapy and hypocoagulation was started, and the patient was released from hospital a month latter.

**Conclusion:** This is the third reported case of pylephlebitis starting in a duodenal ulcer, having the first case been in 1937. Having in mind this diagnosis can have serious impact on the life of patients, especially because it involves hypocoagulation and longer antibiotic therapy compared with many other infectious processes.

### ADVERSE REACTIONS DUE TO INTRAVENOUS IRON THERAPY IN HOSPITALIZED PATIENTS IN INTERNAL MEDICINE DEPARTMENT

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**Background:** Intravenous administration of iron-carbohydrate complexes is a key component in the management of iron deficiency anemia. The present study aimed to record the adverse reactions of intravenous iron therapy, in a sample of hospitalized patients.

**Methods:** We evaluated a total of 15 patients, aged 57 - 101 years old, hospitalized for iron deficiency anemia. Exclusion criteria included history of allergies or asthma, intake of tetracyclines or quinolones. A complex of trivalent iron hydroxide (100mg/5ml ampoule) with saccharose (iron dextran) was administered intravenously via a separate peripheral line. A test dose of 50 mg iron dextran diluted in 100 ml NS 0.9% was infused in 1 hour, under close supervision for the first 15 minutes. Subsequently, a dose of 200 mg iron dextran diluted in 250 ml NS 0.9% was infused in 2 hours, every alternate day. The duration of treatment lasted from 1 to 15 days, based on adverse reactions and duration of hospitalization.

**Results:** Four patients (26.7%) sustained thrombophlebitis (pain, redness, heat, tenderness) at the site of infusion, leading to line failure. Two of them (13.3%) developed again thrombophlebitis at the site of a different peripheral line and the treatment was discontinued. One patient (6.7%) sustained an acute allergic reaction during the test dose and the infusion was immediately discontinued. Two patients (13.3%) reported nausea during the infusion; nevertheless the treatment was not terminated.

**Conclusions:** Local adverse reactions and allergic reactions are observed in cases of intravenous iron dextran treatment, indicating the necessity of a closer medical attendance.

### HIF-1α AND ENOS ARE OVEREXPRESSED IN THE AORTA OF HYDROXYCHLOROQUINE TREATED APOE KNOCKOUT MICE

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**Background:** Autoimmune rheumatic diseases are associated with higher rates of cardiovascular morbidity and mortality. It has been suggested, in previous clinical studies that in patients with lupus, hydroxychloroquine (HCQ) might have a beneficial effect on lipid profile and atherosclerosis. The apolipoprotein E-deficient mouse has been the most widely studied animal model for atherosclerosis.

**Methods:** HCQ (100 mg/kg) was administered to the mice in the drinking water. Seventy (70) animals were used, divided in four groups: 48 animals (24M/24F) were given HCQ whereas 22 animals (10M/12F) were used as controls. Drug treatment was initiated at the 16th week of age, and the animals were maintained for 16 additional weeks on HCQ. At 32 weeks of age blood was drawn for plasma lipid determination. Subsequently the proximal aorta was removed for atherosclerosis area measurement and immunohistochemical evaluation of eNOS and HIF-1α expression in the atherosclerotic plaques. ANOVA was used for statistical analysis and all values are expressed as Mean±SEM.

**Results:** Cholesterol and LDL-C (mg/dl) were increased in male HCQ treated mice compared to Controls (Chol: 641.5±24.04 vs 483.3±27.61, p=0.001-LDL-C: 544.75±20.83 vs 404.64±22.08, p=0.001). Atherosclerosis area (mm²) was significantly increased in HCQ treated mice compared to Controls (M: 0.2546±0.020 vs 0.1213±0.034, p=0.009-F: 0.3576±0.035 vs 0.1765±0.025, p<0.001). eNOS and HIF-1α expression were also significantly increased in HCQ treated mice compared to Controls (eNOS: M: 4.666±0.280 vs 1.500±0.341, p<0.001-F: 4.857±0.198 vs 1.166±0.440, p<0.001 and HIF-1α: M: 156.50±6.67 vs 230.62±9.05, p=0.001-F: 113.33±9.50 vs 231.96±8.35, p<0.001).

**Conclusion:** eNOS and HIF-1α are overexpressed in ApoE knockout mice treated with HCQ. Increased superoxide generation from dysfunctional eNOS might be responsible for atherogenesis augmentation.

### SURVIVIN IN BLOOD AND LUNG CANCER

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**Background:** Lung cancer is one of the leading causes of death worldwide, with an increasing incidence and poor prognosis. Survivin, a member of the Inhibitors of Apoptosis Protein (IAP family), has been implicated in the pathophysiology of cancer with apoptosis and cell division and its expression could be informative for the development and relapse of disease. In this study SURVIVIN expression was estimated in peripheral blood of patients with small and non small lung cancer (SCLC and NSCLC) and compared to healthy volunteers.

**Methods:** Peripheral blood samples of twenty lung cancer patients, 12 with NSCLC and 8 with SCLC, and 30 healthy volunteers, as control group, were obtained. For quantitative evaluation of SURVIVIN mRNA expression hybridization PCR methods were used.

**Results:** Survivin’s mRNA levels expression in peripheral blood is:

1. Low-detected in samples of healthy volunteers (m.v.=sem/surv/abl=0.125±0.004) determining the basal state of expression under physiological conditions.
2. 5.4 times higher in lung cancer patients (m.v.=sem/surv/abl=0.676±0.034, p=3.086-05) compared to controls.
3. 2.98 times higher expressed in NSCLC patients than controls (m.v.=sem/surv/abl=0.35±0.031, p=1.54.10-7) and 5.54 times more expressed in SCLC (m.v.=sem/surv/abl=0.693±0.069, p=5.2.10-7) compared to control group.

**Conclusion:** Increased SURVIVIN mRNA levels in blood of lung cancer patient can be attributed to circulated malignant cells. Finally, determining the levels of expression of SURVIVIN mRNA, could provide an informative marker of evaluating the gravity, the development and the relapse of the disease and furthermore a useful tool for selecting or differentiating of the therapy strategy.

### MY HEALTH LOG

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**Background:** To improve the exchange of information between health workers and patients given the difficulties arising from the constant transfer of inmates between Spanish prisons, the absence of updated medical records and ignorance on the part of the inmates regarding their own clinical situation.

**Methods:** We created a personalised and easy-to-use health log to provide the health worker and HIV+ patient, held in the 4 prisons of Cádiz Province,
with useful information that can be used in further medical visits either inside or outside the prison context.

Results: Before the program was introduced, information on the most recent medical examination and blood tests, whether conducted inside or outside prison, was 44.2% and 31.6%, respectively, vs 94.7% and 94.7% after its introduction. The results of blood tests (HbA1c701, serum tests, biochemical parameters, immuno-virological data) were missing from 95.8% of the medical records prior to the start of the program vs 9.5% 6 months later. Information on previous HAART and reasons for treatment modification was 22.1% before the program vs 85.3% after its introduction. Correct completion of the immunization schedule prior to the start of the program was 9.5% vs 94.7% afterwards. The results of all the analyses were statistically significant at P < .001 (McNemar test).

Conclusions: There was an increase in the exchange of health information between different care levels used by the patient and an improvement in the quality of the information recorded.

THE EFFICACY OF THREE PROTON PUMP INHIBITORS IN ERADICATION OF HELICOBACTER PYLORI INFECTION

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Background: We evaluated the efficacy of three different PPI used in triple therapy for the eradication of H. pylori infection.

Material and methods: Our study included patients who underwent gastrointestinal endoscopy in 2010 in the Department of Internal Medicine in the City Hospital and were found to have chronic gastritis with positive urease test at gastric biopsy. After initial evaluation, patients were randomly divided in 3 groups: one group received Esomeprazole 2×20 mg/day and 2 antibiotics (Amoxicilíny 2×1g/day and Clarithromycine 2×500 mg/day), another group received Pantoprazole 2×20 mg/day and the last group received Lansoprazole 30 mg/day with the same antibiotics. The PPI treatment lasted 4 weeks, the antibiotic therapy 10 days: in week 5 after the initiation of the therapy, we performed the stool Antigen test in order to evaluate the infection eradication.

Results: From all the patients who performed gastroscopy during one year (870), 328 (37.7%) were found to have chronic gastritis with positive urease test at biopsy. 110 patients (33.53%) received triple therapy with Esomепrazole, 114 patients (34.75%) Pantoprazole and 104 (31.70%) received triple therapy with Lansoprazole. In Esomeprazole group, eradication was achieved in 97 patients (88.18%), while in group 2 eradication was achieved in 98 patients (85.96%) and in group 3 eradication was obtained in 84 patients (80.76%).

Conclusion: Eradication rate for H. pylori infection was the highest in patients treated with Esomeprazole, followed very close by Pantoprazole and the lowest is the group treated with Lansoprazole. The medium eradication rate for the whole patients was 84.96%.

THROMBOPROPHYLAXIS IN HOSPITALIZED PATIENTS: DO WE DO SAME TWO YEARS LATER?

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Objective: To assess the use of thromboprophylaxis and compliance with the Spanish guidelines in all patients admitted in hospital and compared with our own results presented in International Society Thrombosis & Haemostasis (ISTH 2009) congress two years ago.

Methods: A cross section study was made in a random weekday with all patients admitted in our hospital and analyzed the correct or not thromboprophylaxis. It was used as reference the PRETEMED 2007 guide for medical patients, SECOT guide for orthopaedic and Spanish Association of Surgeons guide for the surgical ones.

Results: 120 patients were analysed. 53.3% were women. Medium age 74.15±15.45. 67% were admitted in medical wards. 16.7% were anticoagulated due to atrial fibrillation and VTD. 81 patients (67.5%) realized thromboprophylaxis but only it was indicated in 73 (60.3%) (p = 0.001). In this group, 87% have a correct indication. 12 % did not realize it in spite of the fact that it was indicated. Internal Medicine had the better fulfillment. The bedridden was the main risk factor and infection and lower limbs fractures, the main reasons of admissions. Compared with ISTH 2009 data, the ratio of thromboprophylaxis was the same (68.2 % vs 67.5%) but it increased the number of correct indications (68 % vs 87 %). The ratios on not realized indications were also the same ones (14 % vs 12 %).

Conclusions: In two years, the fulfillment has increased when it is indicated. It seems that we did thromboprophylaxis better than two years ago.

ONE PATIENT, A FEW DIAGNOSIS HYPOTHESIS

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Introduction: Biliary disorders seen in AIDS patients can be classified into AIDS cholangiopathy, acalculous cholecystitis and HIV-associated disease, gallstone disease being the most commonly observed in the post-HAART era.

Clinical Case: A 57-year-old man with type 2 diabetes, HIV/AIDS for 10 years (CD4 T-lymphocyte count 586×10³/mm³ and viral load < 20 copies/mL) and dyslipidemia, medicated with zidovudine, tenovifor, atazanavir/ritonavir, insulin and rosuvastatin, was admitted because of abnormal “routine” liver enzyme panel, with AST of 291 U/L, ALT of 325 U/L, GGT of 1901 U/L, alkaline phosphatase of 409 U/L and total bilirubin of 3.99 mg/dL. CBC, C-reactive protein, prothrombin time and albumin were normal. The patient was asymptomatic. He had mild alcoholic habits, history of herbal medicines use in the previous year and multiple sexual partners. Physical examination at admission was normal. Abdominal ultrasonography showed a regular shaped liver with normal architecture, absence of gallbladder Wall thickening, intra- or extra-hepatic bile ducts dilation or stones. Laboratory investigations: viral markers of hepatitis A, B, C, cytomegalovirus, Epstein-Barr virus, serologies for syphilis and autoimmune studies- was unrevealing. MRCP showed intra- and extrahepatic biliary ductal dilation with identification of stone in the terminal portion of the common bile duct and ERCPP evidenced common biliary duct dilation with distal tapering due to papillary stenosis with impacted stone. Endoscopic biliary sphincterotomy was performed, with progressive improvement of liver enzymes.

Conclusion: The authors intend to draw attention to the importance of differential diagnosis in HIV-related biliary diseases.

RETROSPECTIVE ANALYSIS OF URINARY TRACT INFECTIONS: THE EXPERIENCE OF AN INTERNAL MEDICINE WARD

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Background: Urinary Tract Infections (UTIs) are prevalent in Internal Medicine Wards. In Europe, there are few data concerning UTIs. In the USA UTI account for more than 100,000 hospital admissions annually. Despite published guidelines for optimal antimicrobial therapy, there’s wide variation in prescribing practices. Stains resistant to antibiotics frequently used for UTI are increasing. This study aim is characterize pathogens and prescription habits for UTI in an Internal Medicine Ward.

Methods: Retrospective study of routinely collected data from a 18-bed Internal Medicine ward over a 12-month period. Adequate statistical analysis was performed.

Results: 864 admissions were reviewed from which 17.7% had a discharge diagnosis of UTI. Of the selected patients 65% were women and 86% were over 65 years old. Most UTI were community acquired (77.8%). Of the sample, 89.5% had Cystitis and 10.5% Pyelonephritis. The most frequent pathogen was E.coli (51.6%), followed by Klebsiella (11.6%) and Enterococci faecalis (6.6%). There were no differences in pathogens identified in urologic or diabetic patients. In patients with urinary catheter the most frequent pathogen was Pseudomonas. Antibiotic resistance was identified in 56% of the cases for quinolones, 48% for cefadroxil, 44% for trimetoprim/sulfamethoxazol and 42% for amoxicillin/clavulanate. The most frequently used antibiotics were amoxicillin/clavulanate and ciprofloxacin.

Conclusions: These results show consistency with literature. Antibiotic resistance to quinolones and amoxicillin/clavulanate reflects empiric treatment. Prescriptions should be adjusted to microbiological profile. Adaptation of international treatment guidelines is warranted in our ward.
HBA1C CORRELATES WITH FASTING GLUCOSE OR POST PANDRIAL GLUCOSE BUT ALWAYS?
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Background and aims: Diabetes is well known for his direct and indirect costs – a share of those directly related to Hba1c, starving glucose and post-prandial glucose measurements. The study was developed to determine if Hba1c correlated better with fasting glucose or post prandial glucose.

Methods: We selected all patients that were followed in Diabetes Consultations (N=856), being excluded those that didn’t had three values of Hba1c, fasting glucose and post prandial glucose values within the last year or diagnosed as gestational diabetes. We tested correlation of median Hba1c with starving glucose and postprandial glucose using Spearman’s and Pearson coefficient. Data was analyzed using SPSS Statistics Version 18.0

Results: We included 523 patients, 43.7% male, median age of 62, median years of disease 18.4 years. Hba1c correlates moderately with starving glucose (Spearman’s=0.526 Pearson=0.573) and postprandial glucose (Spearman’s=0.459 Pearson=0.522), still as time of evolution rises the degree of correlation decreases to a weak correlation (Spearman and Pearson lower than 0.3).

Conclusions: Hba1c correlates moderately with both fasting glucose and postprandial glucose, still as time of disease increases the correlation gets weaker. This raises the question of utility of fasting glucose and postprandial glucose, especially in patients with long-time disease, representing an important cost to all health systems.

BONE METASTASIS FROM GASTRIC CARCINOMA AFTER EIGHT-YEAR DISEASE-FREE INTERVAL
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Introduction: Skeletal metastatic lesions and/or bone marrow metastasis is relatively uncommon. A 68-year-old woman presented with metastatic disease in lumbar spine and pelvis 8 years after total gastrectomy for gastric carcinoma.

Case: A 68-year-old woman was admitted with a 4 months history of diffuse lower back pain and weight loss. Eight years previously, a diagnosis of gastric adenocarcinoma poorly differentiated with areas of signet ring cell carcinoma was carried out. Surveillance for 8 years that include: Abdominal ultrasound, chest x-ray, blood count cell, liver function test, tumours markers (CEA, Ca 19.9) were normal with apparent remission. At time of admission, Physical examination showed no abnormal sign. Laboratory studies showed: Hb 9 gr/dl, WBC 6500/µL, platelets 8700/µL, LDH 578 U/L, alkaline phosphatase 1350 U/L, CEA was 7.1 ng/mL, Ca 19.9 1580 U/mL. CT scan of chest, abdomen and lumbar MRI showed, multiple mixed osteolytic-osteoblastic lesion on lumbar spine and pelvis without evidence of extra-osseous metastasis. Transilic bone biopsy revealed an infiltrating adenocarcinoma poorly differentiated with signet ring cell. Outcome was unfavourable and patient died 2 months after diagnosis.

Discussion: Metastasis to the bone from gastric tumours is rare and has been estimated to appear in 1.2-13.4%, are a late complication occurring years after total removal of primary tumour. Scirrhouos carcinomas and poorly differentiated adenocarcinoma were the predominant types of gastric cancer which resulted in bone metastasis. Main symptoms of metastasis are pain (70%), fractures (8.5%) paraplegia but 21 % are asymptomatics. Bone marrow aspiration and biopsy provide the evidence of malignancy. Prognosis remains poor and therapy is mainly aimed at relieving pain and discomfort.

DYSPNEA AND PALPITATION, JUST AN ORDINARY HEART FAILURE?
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Introduction: Primary tumours of the heart are rare. The majority of these tumours are benign, with myxomas located in the left atrium being the most common form. Almost all malignant tumours are sarcomas and occur preferentially in the right side of the heart with the exception of leiomyosarcomas which occurs predominantly in the left atrium.

Case Report: The authors report the case of a 77 year old woman that presented with complaints of a non-painful nodule on the left side of the neck with rapid growth. A biopsy of the nodule revealed a non-differentiated carcinoma. Three months later, the patient was admitted in the emergency room with dyspnea and palpitations. Transthoracic echocardiogram showed a large heterogeneous mass in the left atrium that obstructed the flow into the ventricle. The patient was submitted to an incomplete resection of the mass. Pathohistological examination demonstrated a pleomorphic leiomyosarcoma. A two months post-operative echocardiogram revealed re-growth of the tumour. The patient did no adjuvant chemotherapy or radiotherapy. She died 4 months after diagnosis.

Conclusion: The prognosis of Leiomyosarcomas is very poor with a mean survival after diagnosis of 6 months. Since this is a rare disease the therapeutic experience is still poor, the role of adjuvant chemotherapy or radiotherapy is not defined especially in patients with metastatic Leiomyosarcoma. Local recurrence is common and usually occurs soon after surgery as happened in the presented case.

THE INFLUENCE OF DIABETES IN STROKE: AN OBSERVATIONAL STUDY
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Background: Diabetes is a major risk factor for cerebrovascular events. It has been suggested that the mortality and disability grade in stroke patients are higher in the diabetics. The purpose of this study is to characterize diabetic and non-diabetic patients admitted to our department for transient ischemic attack or stroke.

Methods: We conducted a 9 month observational study. The patients were divided in two groups, diabetic (Dg) and non-diabetic (NDg), and characterized by gender, age, type of stroke, Oxfordshire classification, vascular risk factors, functional outcome, hospital length of stay and mortality. Data were analyzed using the SPSS Statistics 18.0.

Results: 187 patients were enrolled, 52.9% in Dg. The mean age was 72.7±11.0 years (Dg) and 75.4±12.0 years (NDg). The most frequent diagnosis was cerebral infarction, 82.8% (Dg) vs 77.3% (NDg). There was a higher prevalence of hypertension (88.9%, p<0.001) and dyslipidemia (55.6%, p<0.05) in the Dg. There was no difference in the average length of stay (Dg 9.9±5.9 days; NDg 9.5±5.6 days). Mortality was higher in Dg (7.1% vs 5.7%). At hospital discharge 50.6% of diabetics and 53.0% of non-diabetics had disabling neurological deficits.

Conclusion: Comparative analysis of both groups showed that stroke occurred at younger ages in the Dg. Contrary to other studies we found no association between diabetes and the degree of disability. We did observe a higher mortality in the Dg, although not statistically significant. We also found an association between diabetes and a greater number of risk factors, with special emphasis to hypertension and dyslipidemia.

TAKOTSUBO: A CASE REPORT
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The authors describe the case of a 72-year-old female patient, with known cardiovascular risk factors - tobacco smoking and hypertension, who presented to the casualty department with sudden onset dyspnea at rest and intense prolonged retrosternal pain the day prior to presentation. Her admission ECG revealed scarring consistent with anterior and inferior necrosis, with ST-segment elevation in V1 to V6, negative T waves in leads I and AVL, and positive biological markers for myocardial necrosis (Troponin T 2.59ng/ml), compatible with acute ST-segment elevation myocardial infarction. The patient’s echocardiogram revealed a non-dilated, non-hypertrophied left ventricle, with major segmental alterations: apical dilatation, medial akinesis and significantly compromised systolic function. A control echocardiogram documented improvement of systolic function, no apical ecdasia and severe hypokinesia of the anterior wall, with conserved inferior, septal and lateral wall motility.
To establish the differential diagnosis between Takotsubo Syndrome and myocardial reperfusion syndrome, the patient was submitted to a coronary angiography and ventriculography which revealed normal coronary arteries and normal ventricular function. This result permitted the diagnosis of Takotsubo Syndrome which, although rare, should be considered in the differential diagnosis of acute chest pain.

HEPCIDIN AS A NEW ACUTE PHASE REACTANT IN HEPCIDIN AS A NEW ACUTE PHASE REACTANT IN INTRAABDOMINAL BACTERIAL SEPSIS. RELATIONS TO A SET OF CYTOKINES AND ACUTE PHASE PROTEINS

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Background: Hepcidin, a small cysteine-rich peptide produced by the liver, was first described as an antimicrobial peptide and subsequently discovered as a key regulator of iron homeostasis. The aim of this study was to characterize the dynamics of circulating hepcidin and its precursor prohepcidin in relation to systemic inflammatory response associated with bacterial sepsis.

Methods: The prospective study was performed on patients with proven intraabdominal bacterial sepsis after large abdominal surgery. Plasma levels of hepcidin, prohepcidin, tumor necrosis factor (TNF-α), interleukin (IL)-1, IL-6, IL-8 (ELISA analysis), C-reactive protein and α-antitrypsin (nephelometry analysis) were evaluated after admission to ICU and repeatedly in 12-h intervals to day 5.

Results: 26 patients were enrolled into study during 3 years. Significant elevation of plasma hepcidin was found 48 h after admission to ICU compared to initial levels (p=0.025). Currently prohepcidin decreased during initial phase of sepsis reaching minimal concentrations 48 h after admission to ICU. Maximum concentrations of hepcidin measured 48 h after admission to ICU correlated with IL-6 (r=0.744, p=0.015) and with C-reactive protein at the same time (r=0.718, p=0.044). No other tested inflammatory parameter correlated with hepcidin on p<0.05.

Conclusion: Bacterial sepsis stimulated the increase of hepcidin, and the course of hepcidin was related to IL-6 dynamics. The findings are in conformity with recent experimental studies defining hepcidin as a type II acute-phase protein and suggesting different regulation of hepcidin and its precursor prohepcidin by inflammatory stimuli.

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HOSPITAL AT HOME (UHD): A HEALTHCARE ALTERNATIVE – A 4 YEARS EXPERIENCE

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Background: The UHD is a healthcare alternative in the Comunidad Valenciana (Spain) that provides specialized hospital level in-home patient care when patient no longer needs the hospital infrastructure.

Methods: All patients admitted by the UHD of Marina Baixa Hospital (Alicante, Spain) have been reviewed, valuing which kind of pathological group is the rightful and which hospital service has referred them.

In addition, the medical team identifies the most outstanding procedures and common pathologies.

Results: During 4 years of operation the UHD has attended 910 patients, this have generated 3.409 outpatient visits. Four pathological groups are defined: day hospital, chronic patient hospitalization, terminal patient hospitalization and acute processes.

The most notable one, has been the chronic patient hospitalization (34.6%). Terminal patients hospitalization accounted for the 24%, comparable to the day hospital group with 26.6%. It should be noted the progressive increase in patients admitted for acute diseases: 6% among acute diseases, infectious are the most prevalent: skin infection and soft tissues, infection of joint prosthesis and infective endocarditis.

Breaking down the different services, Internal Medicine stands out with 28% of the patients, followed by oncology with 18.2%. Other medical specialties patients have reached in similar range.

Conclusions: The UHD is a healthcare efficient alternative as part of the process attended by internal medicine, making possible to approach the most prevalent diseases in our hospital wards, preventing nosocomial infections and save costs to our sanitary service.

HIGH SERUM PANCREATIC ENZYMES IN PATIENTS WITH ISCHEMIC AND HEMORRHAGIC STROKE

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Background: High serum concentrations of pancreatic enzymes in patients with non pancreatic diseases are difficult to interpret in clinical practice. This elevation is associated with various conditions. Among them, increased serum amylose and lipase, have been noted after brain damage. The aim of this prospective study is to determine the incidence and significance of hyperamylasemia and hyperlipasemia in patients with ischemic and hemorrhagic stroke.

Methods: We evaluated 104 patients who were hospitalized with stroke, at the internal medicine department of our institute, during the first 5 months of 2011. The group comprised 57 female patients and 47 male, aged 44-96 years (mean age 77 years). The normal ranges of the two enzymes established in our laboratory were 28-100 IU/l for amylose, and 21-67 IU/l for lipase. To be eligible for the study, the patients had to be free of pancreatoc and biliary tract disease involvement, concomitant abdominal trauma, tumors, digestive diseases, renal insufficiency, macroamylasemia, burns, gestation, myeloma, history of thoracic surgery, alcoholism, salivary gland diseases, diabetic ketoacidosis and head injury.

Results: Serum amylose and lipase were measured in 104 patients. 88(84.62%) patients presented with ischemic stroke and 16(15.38%) with hemorrhagic. The overall incidence of hyperamylasemia was 27.88% (29 patients : 23 with ischemic stroke and 6 with hemorrhagic. Median 93,32 IU/l, range 12-474 IU/l). The incidence of hyperlipasemia was 8.65% (9 patients : 6 with ischemic stroke and 3 with hemorrhagic. Median 45,90 IU/l, range 6,5-458 IU/l).

Conclusions: The present study shows that elevated serum pancreatic enzyme concentrations in patients with stroke are note-worthy and this knowledge can save them from invasive and costly examinations.

SEVERE HSV 2-HEPATITIS ASSOCIATED WITH REACTIVE HEMOPHAGOCYTIC SYNDROME IN AN IMMUNOCOMPETENT PATIENT

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Background: Severe herpes simplex hepatitis (HSH) occurs rarely in immunocompetent patients. It must be suspected in case of extensive cytolyis and thrombopenia but diagnosis is frequently missed or delayed because of the absence of mucocutaneous ulcers [1,2].

Case presentation: A 41 year old caucasian immunocompetent man admitted for fever (40°), weight loss since 3 weeks, cough and severe pharyngitis with dysphagia presented with denutrition, jaundice, ascites and hepatomegaly. Medical history: gastric ulcers, B- hepatitis 5 years ago, and alcoholism. Biology: Hb 9,2g/dl, WBC 15,5nl, platelets 84/ml, CRP 200mg/I, AST 13N, ALT 20N, bilirubine 45μmol/I, PT 55%, ferritinemia 20000 μg/l (glycolysated fraction 24%), triglycerides 2,9 g/l. HBs antigen negative, anti-HBs 7,6, anti-HBc >1000μ/l, EBV reactivation with transitory PCR elevation, HSV2: IgG/IgM positive, HSV1, HIV, HCV negative. PCR HSV2 was positive in blood, liver biopsy, CSF, ascites and pleural effusion. CT-body-scan: bilateral pleural effusion, hepatomegaly with micro-nodular pattern, ascites. Liver biopsy: acute hepatitis with extensive coagulation and necrosis. Patient received iv aciclovir (10 mg/kg x 3/d, 3 weeks) then valaciclovir (3gd, 5 weeks), and iv etoposid 150 mg (2x) for associated reactive hemophagocytic syndrome (RHS). Outcome was slowly favourable with PCR of HSV2 remaining positive at 7 months. Patient is lost for follow-up, with alcohol dependence persisting.

Conclusion: We describe another case of severe HSH in a patient without immunodeficiency, besides alcoholism as possible risk factor. Association with RHS has been described in only one other immunocompetent patient with HSH [3]. Prognosis of HSH is severe even under rapidly introduced aciclovir treatment [2].

References


ROOT CAUSE ANALYSIS IN CLINICAL GOVERNANCE: APPLICATION OF A NEW METHOD TO EVALUATE THE MANAGEMENT OF DIABETIC KETOACIDOSIS
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Background: Large organisations use care models characterised by staff working shifts and high turn-over. These models rely on the systematic use of local guidelines. Their implementation depends on availability, awareness and access. In clinical governance it is easy to monitor the existence and implementation of guidelines. Less is known on the root cause analysis of suboptimal implementation. We evaluated this aspect in relation to suboptimal implementation of the guidelines for the management of diabetic ketoacidosis (DKA) using a methodology drawn from the aviation industry.

Methods: Cross-sectional survey with questionnaire focused on awareness, access and use of guidelines approved in our institution. Target: Emergency Department and Acute Care Unit staff. We formulated an original methodology to maximise the validity of our data and deal with the leading-question bias, inherent to questionnaires about awareness. We evaluated three approved guidelines, including those for DKA. We also included four ‘test’ guidelines. These were titles unavailable from the hospital directory. Arrangements were made to exclude other forms of bias.

Results: 22 respondents. 95% reported awareness for the DKA guidelines. 64% reported awareness for > 1 ‘test’ item and 23% reported using them routinely. 90% described correctly the pathway to access the DKA guidelines.

Conclusion: The reported degree of awareness for the DKA guidelines is likely to be an overestimate. A leading-question bias is indeed a potentially misleading influence in the interpretation of the results. We advocate the use of our methodology for root cause analysis in connection with protocols implementation.

A CASE OF GLYCOCEN STORAGE DISEASE
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Background: Glycogen is the stored form of glucose, being more abundant in liver and muscle. There are a high number of mutations in genes that can bring errors to glycogen metabolism. Pompe disease is one of those, characterised by lysosomal acid maltase deficiency. It can be seen in all ages but in different forms.

Methods: Female patient aged 57, with a clinical history of hepatitis B, started being followed in the last year by our auto-immune diseases’ group. She presented with severe respiratory distress and were admitted to the ICU. One patient (12,5%) died.

Results: The imaging studies (spinal cord TC and MRI) didn’t show any changes. The EMG agrees with myopathy diagnosis, and a muscle biopsy was performed revealing glycogen overload in a compatible pattern with Pompe disease.

Conclusion: The main diagnostic hypothesis relayed on tuberculosis. Given the patient background, and after serologic tests, serotype 2 human immunodeficiency virus was detected. The unusual main diagnosis came with biopsy, which revealed type 3 lymphomatoid granulomatosis.

AUTOIMMUNE HEPATITIS TYPE I – A CASE REPORT
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Autoimmune hepatitis is a chronic disorder characterized by continuing hepatocellular necrosis and inflammation, usually with fibrosis, which tends to progress to cirrhosis and liver failure. Case report: 45-year-old female, with history of toxic hepatitis in 2008, without regular medication. There is no history of drug or alcohol abuse or herbal remedies since 2008. In April 2011 she was admitted in our hospital because she developed nausea and vomiting for the previous three days. She also experienced itching in her abdomen and lower back. She denied dark urine or pale stools. On examination she was jaundice; without peripheral stigmata of liver disease; BP 110/90mmHg; HR 70/min, regular; without ankle edema. Laboratory evaluation revealed no abnormalities on hemogram; total bilirubin 5,23mg/dl; direct bilirubin 3,46mg/dl; alanine aminotransferase 1566U/l; aspartate aminotransferase 1160U/l; alkaline phosphatase 214U/l; immunoglobulin G 867mg/dl; serology was negative for HCV, HBV and HIV; also negative anti nuclear antibody, anti-LKM1; anti-Jo1, anti-RNP, anti-Scl 70, anti-Sm, anti-SS-A, anti-SS-B, anti-ANCA, anti-endoxymophilic antibodies. Smooth muscle antibody was positive (1/160); HLA DR3 and DR4 were negative. Abdominal ultrasonography: hepatomegaly; without small ducts pathology and no further abnormalities. Needle biopsy of liver showed portal mononuclear infiltrate with areas of piecemeal necrosis and fibrosis. Final diagnosis: autoimmune hepatitis type I, according to the International Autoimmune Hepatitis Group score. The patient was medicated with prednisolone and azathioprine, with good response.

ENCEPHALITIS DUE TO WEST NILE VIRUS DURING THE SUMMER 2010 OUTBREAK IN NORTHERN GREECE
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Background: West Nile virus is an infection transmitted by mosquitoes. It has become increasingly widespread in recent years, affecting people and livestock in Europe. Most infected people have no signs or symptoms. However, some may develop a life-threatening illness that includes inflammation of the brain. We present our experience concerning the identification and treatment of West Nile Virus infected patients.

Methods: We conducted a retrospective study of eight infected patients. We collected the following variables: age, sex, underlying medical conditions known to be risk factors for complications, clinical features, requirement for intensive care unit (ICU) and outcome.

Results: We identified 8 patients (87,5% males and 12,5% females). Median age was 69 years old (range:28-80). All the patients presented with high fever, headache, rash, neck stiffness, and confusion. The diagnosis was confirmed by lumbar puncture. The blood test and cerebrospinal fluid analysis showed a rising level of antibodies against West Nile Virus. Five patients (62,5%) received only supportive therapy, and fully recovered. Three patients (37,5%) presented with severe respiratory distress and were admitted to the ICU. One patient (12,5%) had permanent flaccid paralysis with weakness in his arms and legs. One patient (12,5%) died.

Conclusion: Encephalitis is one of the major threats from West Nile Virus. Most people who are infected fully recover. Adults over the age of 50 are at higher risk of infection. Serious and fatal complications usually occur in the elderly.
RESISTANT MELANCHOLIC DEPRESSION: A STRATEGY OF TREATMENT
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Background: Major depressive disorder (MDD) increases morbility and mortality risk in adults affected by medical illness [1]. Although the prevalence of MDD is 11.3% in patients admitted to general hospitals [2], the diagnosis and the treatment of MDD is often neglected. Melancholic depression (MD) is a severe subtype of MDD. Patients with MD have a severe depressed mood associated with affective, cognitive and somatic symptoms. We are reporting a case of resistant MD treated with an augmentation strategy using an atypical antipsychotic as aripiprazole.

Case: An Italian 58 year-old woman presented with a 6 months history of marked depressed mood, with Bradypyschism and cognitive impairment. She presented mutism, an excessive psychomotor retardation, anorexia and weight loss (15 Kg), terminal insomnia (early awakening). Laboratory and neuroimaging investigations were normal. She had previously been treated with citalopram 20mg daily without improvement. Aripiprazole 5mg daily was added to citalopram. The clinical symptoms improved within 14 days after the therapy.

Discussion: The use of atypical antipsychotics in resistant depression is described [3]. We report an useful association between a SSRI, citalopram, and an atypical antipsychotic, aripiprazole, to treat a resistant MD effectively and without serious side effect. Aripiprazole has a partial agonist activity at the D2/D3, receptors and at the 5-HT1a, serotonin receptor [4], both of them involved in pathogenesis of depression [3].

Conclusion: MD is a severe form of MDD, an effective and rapid treatment can reduce the morbility and the mortality in non psychiatric patients as well as in psychiatric patient.

References

PREVALENCE OF OVERWEIGHT AND OBESITY AMONG GREEK ARMY RECRUITS
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Background: Obesity is a major public health issue whose prevalence is reaching epidemic proportions in both developed and developing countries, especially among younger ages. The aim of the present study was to deter-mine the prevalence of overweight and obesity among Greek young men recruited in the Army and to evaluate potential associations with place of residence and educational level.

Methods: Anthropometric measurements (height and weight) were performed in 3684 male recruits of the Greek army (November 2010 – February 2011), aged 23.2±2.8 years. Body mass index (BMI, kg/m²) was used as a tool to define overweight and obesity status according to the World Health Organization classification. Associations between BMI and level of education (>9 school years or >9 years) and between BMI and place of residence (urban, semi-urban or rural) were evaluated using chi-square test. Analyses were per-formed with Microsoft Excel 2007 and Stata 10.0 (two-tailed p-values).

Results: Mean BMI (±standard deviation) of the recruits was 25.2 ± (4) kg/m². The prevalence of overweight (25<BMI<30 kg/m²) was 33.7% and associated positively with a higher educational level (p<0.001), whereas the prevalence of obesity (BMI>30 kg/m²) was 10% and was not associated with educational level. BMI was not associated with the place of residence of the recruits.
Conclusion: Overall, we documented a high prevalence of overweight and obesity (43.7% were either overweight or obese) among young men, highlighting the urgent need for particular focus from a policy perspective on the obesity pandemic.

POLYPHARMACY IN ELDERLY STROKE PATIENTS: AN OBSERVATIONAL AND INTERVENTIONAL STUDY IN A PORTUGUESE STROKE UNIT
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Background: Portugal’s population is ageing. High comorbidity and polypharmacy are associated to increased age. Although controversial, most authors define polypharmacy as ≥ 6 or more prescribed drugs. Polypharmacy represents increased risk of interaction and side-effects. Stroke is a critical event that demands review of long-term medication. To our knowledge, this is the first study to analyze the profile of highly medicated stroke patients.

Methods: Observational study of routinely collected data over a 6-month period in a Stroke Unit of an Internal Medicine Department. Statistical analysis with T-test and chi-square test was performed.

Results: 89 consecutive acute stroke patients reported during this period. Mean age 75.5±11.5 years, 59.6% women and 55.1% of patients had ≥ 6 more drugs before admission. We found that polypharmacy patients were older (80.3±8.8 vs 69.7±11.9, p<0.001); had more established diagnosis (9.8 vs 7.7, p<0.01); higher Charlson Comorbidity Index (7.3 vs 4.0, p<0.001) and a higher prevalence of Dementia (34.7% vs 5.0%, p<0.001), Ischemic Heart Disease (86.7% vs 73.3%, p=0.007), Heart Failure (44.9 vs 10.0%, p<0.001) and Diabetes mellitus (46.9% vs 20.0%, p=0.008). At discharge, a reduction of 19.1% of the total amount of drugs was achieved.

Conclusion: There is a high prevalence of polypharmacy in patients with acute stroke and an association to high comorbidity. Evidence-based guidelines may increase the total number of recommended drugs in stroke patients but, meanwhile, a reduction is observed. Criteria should be used to screen and stop potentially inappropriate medication (PIM). An interventional study on PIM is warranted in our unit.

ANTICOAGULATION THERAPY IN ATRIAL FIBRILLATION, STILL A DIFFICULT APPROACH?
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Background: Atrial fibrillation (AF) is frequent and highly associated to stroke, therefore diagnosis and appropriate treatment are critical. We aim to describe AF patients hospitalized in an Internal Medicine ward and analyze oral anticoagulation (OAC) use.

Methods: Descriptive study of non-valvular AF patients hospitalized between 2008-2010. Epidemiology, therapy, stroke risk assessment and bleeding risk assessment was recorded. p<0.05 was considered significant. SPSS v17.0 was used.

Results: 346 patients, 53.5% female, mean age=79.5 years being women older (p<0.05). AF types: first diagnosed-25.8%, paroxysmal-3.6%, persistent-20.5%, long-standing persistent-18.8%, permanent-43.9%. Hospitalization was due to respiratory infection (26.7%), stroke (20.2%) or heart disease (12.1%). All patients had ECG and 45 performed echocardiogram. When hospitalized, 38.1% did not receive antithrombotic therapy, 23.7% warfarin, 21.1% aspirin. Mean CHADS2-VASc score=4.65 (2.6%<2) and main contributors were high blood pressure=87.5%, age=75 years=74.1% and congestive heart failure=57.6. 24.4% previous stroke. Rhythm control was achieved mainly with amiodarone (112 pts) and digoxin (69 pts). Mean hospitalization stay was 9.5 days. There were 52 deaths. At discharge, patients (n=291) had mean CHADS2-VASc score=4.65. 282 patients had recommendation for OAC (score ≥2) and 29.4% were treated with warfarin. Mean HAS-BLED score=3 and 32.4% scored ≥2. Only 8% of patients with OAC indication and without contra-indications received warfarin.

Conclusion: Patients were very old and women. AF was not the main reason for hospitalization but contributed to comorbidity. Almost all patients had OAC recommendation although only around 30% received warfarin, mainly by presence of contraindications. Therapy individualization and balance between OAC benefits and risks should be assessed.

RELATIONSHIP BETWEEN RED CELL DISTRIBUTION WIDTH AND CAROTID INTIMA-MEDIA THICKNESS IN PATIENTS WITH CORONARY ARTERY DISEASE
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Background: Recent studies have shown the red cell distribution width (RDW) level as prognostic factor in various cardiovascular diseases and noted that a low cost to its determination, could lead RDW introduced between new algorithms used to predict cardiovascular risk. The aim of this paper was to evaluate the association between RDW and carotid atherosclerosis in patients with angiographically confirmed coronary artery disease.

Methods: We enrolled 201 patients with angiographically confirmed coronary artery disease that were divided in three groups by the extent of coronary artery affection: 126 patients with monovascular affection (group A: mean age 59.1±9.84 years), 42 with bivascular affection (group B: mean age 59.1±9.65 years) and 33 with trivascular affection (group C: mean age 64.0±8.81years). The groups were compared with a control group formed by 41 apparently healthy subjects. We measured by ultrasound imaging carotid intima-media thickness (IMT) in all patients.

Results: We obtained significant increased values of mean RDW in trivascular compared to bivascular, monovascular and control groups (all p<0.001). We observed significant increased values of carotid IMT in trivascular group compared to bivascular, monovascular and control groups (all p<0.001). We obtained a moderate significantly correlation between carotid IMT and RDW r=0.50, p<0.001.

Conclusion: Our study showed that RDW is associated with carotid IMT in patients with patients with angiographically confirmed coronary artery disease. Future studies are necessary to determine the mechanism of association between anisocytosis and carotid atherosclerosis.

DO COLORECTAL CANCER (CRC) PATIENTS WITH A FALSE NEGATIVE FECAL OCCULT BLOOD TEST (FOBT) ACTUALLY BLEED LESS?
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Background: FOBT is a widely accepted screening test for CRC. We have previously shown, that in CRC patients, the “False negative” cohort (“FNs”, only negative FOBT’s), have higher prevalence of metastases and increased mortality compared to the “Positive conversion” cohort (“PCs”, diagnosed due to positive FOBT, but had past negative). Our goal was to characterize blood counts as a surrogate marker of bleeding.

Methods: Data regarding antplatelets/anticoagulants, hemoglobin levels at diagnosis and anemia indices up to 3 months prior to diagnosis were collected from an electronic data base and compared between the two cohorts (“FNs”, 76 patients and “PCs”, 57 patients).

Results: “FNs” had a lower hemoglobin level than “PCs” (11.5±2.04 vs. 12.5±2.06 g/dl, p=0.007). The anemia was normocytic (MCV 83.0 vs. 84.2 fl, P=NS) with equal iron/transferin ratio of 17%, (P=0.926), indicating iron deficiency. However, ferritin level was significantly higher in “FNs” as compared to “PCs” (95.2±142.3 vs. 47.0±40.6 ug/l, P=0.034). B12, folic acid and ferritin level was significantly higher in “FNs” as compared to “PCs” (12.5±2.06 g/dl, P=0.007). The anemia was normocytic (MCV 83.0 vs. 84.2 fl, P=NS) with equal iron/transferin ratio of 17%, (P=0.926), indicating iron deficiency. However, ferritin level was significantly higher in “FNs” as compared to “PCs” (95.2±142.3 vs. 47.0±40.6 ug/l, P=0.034). B12, folic acid and TSH were within normal range (P=NS). No difference was found regarding antplatelets/anticoagulants use.

Conclusion: Patients with false-negative FOBT have lower hemoglobin, equally low iron saturation and higher ferritin. Thus, the false result cannot be attributed to diminished bleeding. The two folds higher ferritin level with equal iron saturation may suggest an increased inflammatory response. Efforts should be made to characterize this subgroup of patients, falsely reassured by false-negative FOBT.

HYPOCALCEMIA AND HYPERPHOSPHATEMIA IN PATIENTS WITH CHRONIC RENAL FAILURE
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Background: Disturbances in calcium and phosphorus metabolism are almost invariable consequences of Chronic Renal Failure (CRF). This study aimed
to determine the frequency of hypocalcaemia and hyperphosphatemia in patients with CRF.

**Methods:** In this cross-sectional study data were collected through a checklist and from biochemical analysis of serum calcium (corrected for serum albumin), albumin, phosphorus, PTH, creatinine of patients admitted with CRF at Hasheminejad hospital in 12 months (2010) study.

**Results:** One hundred CRF patients (53 males, mean age 60 ± 16 years) were enrolled in the study that 31% were on Hemodialysis (HD). Associated HTN & diabetes was the most common cause of CRF(28%). Hyperphosphatemia and hypocalcaemia were reported in 40% and 15% of patients respectively. Mean of age in patients with hypocalcaemia was significantly lower than patients without hypocalcaemia (41.20 ± 18.12 vs 64.14 ± 13.88 years, p = 0.001). Ninety percent of patients with hyperphosphatemia were categorized as ESRD in comparison with 46.7% of those without hyperphosphatemia, (p = 0.001). There were significant negative associations among the following variables, serum calcium level and serum PTH level, (r = -0.486, p = 0.001); between serum phosphorus level and serum calcium level, serum phosphorus level and GFR, (r = -0.285, p = 0.004) and (r = -0.474, p = 0.001) respectively.

**Conclusion:** Based on our findings, most of the patients with hyperphosphatemia and hypocalcemia were categorized as ESRD. Therefore conducting clinical trial to explore the impact of applying new methods and strategies of controlling calcium and phosphorus metabolism on the outcome of the CRF and hemodialysis patients is necessary.

**SULODEXIDE TREATMENT IN PATIENTS WITH TYPE 2 DIABETES MELLITUS AND INTERMITTENT CLAUDICATION**

**Corina Moldovan, Felicia Marc, Dorina Farcaș, University of Oradea, Faculty of Medicine and Pharmacy**

**Background:** To prove the efficacy and safety of treatment with Sulodexide in patients with diabetes mellitus type 2 and intermittent claudication.

**Methods:** 30 patients with DM type 2 and chronic peripheral arterial obstructive disease (intermittent claudication) diagnosed through colour Echo-Doppler method, aged between 45 – 75 years, with a history of claudication for at least six months, were treated with sulodexide 60 mg intramuscular 10 days, than oral 2 cps of 25 mg twice/day, while 30 patients received placebo.

We evaluated at the beginning of the study, at 3 and 6 months: the ankle-brachial index (ABI), pain-free walking distance, maximal walking distance with standard test (3km/hour and 10% slope), plasma fibrinogen.

**Results:** ABI raised from 0.60 to 0.68 in sulodexide group and from 0.59 to 0.61 in placebo group (p = 0.05); pain-free walking distance was raised by 82.4 ± 7.2m from baseline in sulodexide group, by 30.2 ± 4.5m in placebo group (p < 0.001); maximal walking distance was raised by 145.4 ± 8.8m from baseline in sulodexide group, by 42.3 ± 7.2m in placebo group (p < 0.001). Fibrinogen decrease with sulodexine by 32.4 ± 7.4mg/dl, increase by 31.3 ± 6.7mg/dl in placebo (p < 0.001).

Side effects were observed in 5 patients with sulodexide, in 4 patients with placebo: diarrhea, epigastrical pain, nausea, hemotoma at the injection site.

**Conclusions:** Sulodexide improves the walking ability of peripheral arterial obstructive disease patients, lowers plasma fibrinogen. The treatment was well tolerated.

**EPIDEMIOLOGICAL REPORT OF PATIENTS WITH DIAGNOSIS OF PRIMARY BILARY CIRRHOSIS IN A PRINCIPAL HOSPITAL IN SPAIN**

**Belen Morz, Blanca Pinilla, María Fernández, Olga López, Teresa Blanco, María Gómez, Antonio Muñoz. Hospital General Universitario Gregorio Marañón**

**Background:** Primary biliary cirrhosis (PBC) is an autoimmune liver disease characterised by inflammation and progressive intrahepatic bile duct destruction that leads to chronic cholestasis, fibrosis and eventually cirrhosis of the liver.

Fatigue and pruritus are the most common symptoms, although the frequency of asymptomatic disease arise sixty percent. PBC is associated to other autoimmune diseases, like scleroderma and Sjögren.

In our study, we describe clinical features of patients with diagnosis of PBC from 2004 to 2010 in a principal hospital in Spain.

**Methods:** Observational retrospective study of patients with diagnosis of PBC from 2004 to 2010 in a principal hospital in Spain. We analyzed the prevalence of initial symptoms, diagnosis criteria, autoimmune diseases associated, liver histological findings, the progression to cirrhosis and the presence of hepatocellular carcinoma.

**Results:** From 2004 to 2010, we analyzed data from fifty patients joined our hospital with the diagnosis of PBC. 94 percent of the patients were women, with a middle age of 54 years (range age between 19 and 86). We only approached data about symptoms about 20 patients. Fatigue was present in 50% and pruritus in 60%. The autoimmune diseases that coexisted with PBC were: haemolytic anaemia in 2%, scleroderma in 6% and Sjögren in 10%. The prevalence of thyroid dysfunction was 28%, although we did not can established the autoimmune diseases. 28% had hyperlipidemia, 22% osteoporosis; sarcoidosis and celiac disease were not presence in any patient. Elevated serum alkaline phosphatase were described in 93.5% of the patients and 92.8% were AMA auto antibodies-positive patients. Liver biopsy was performed in 66.7% of the patients, 19.2% of findings were normal, 53.8% stage I-II and approximately 27% established cirrhosis. Liver transplantation was performed in 16% of the patients and hepatocellular carcinoma was reported in one case.

**Conclusion:** PBC primarily affects women, with females-males ratio 10:1. In our study data are similar to this preponderance. The middle aged in our cohort is also similar to the age described in bibliography. 16% of the patients were asymptomatic at diagnosis, although the absence of data about that in the histories revised could differ to reality. In symptomatic patients, pruritus was the most common complaint. Thyroid dysfunction and hyperlipemia are the most prevalence disease associated to PBC in our patients. More than 90% presented serum markers of the disease and the diagnosis was confirmed with histological findings in more than 60%. In clinical practice, the presence of these markers should put in alert on the investigation with other procedures to reach the diagnosis of the disease and the association to other conditions.

**Conclusions:**

- PBC affected primarily young women.
- Most patients have serum markers of the disease, which are the base to suspect it.

**HODGKIN LYMFHOMA PRESENTED AS A MEDITERRANEAN SPOTTED FEVER**

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Mediterranean spotted fever is an endemic zoonosis caused by *Rickettsia conori* an intracellular gram-negative bacteria. Severe cases of Mediterranean spotted fever can present with atypical signs. This presentation should lead to the consideration of different diagnosis, usually of infectious origin or malignancies.

The authors describe a case of a 68 year-old man that was hospitalized for persistent hyperthermia. He reported being bitten by a tick two months before having started oral treatment with oral doxycycline, with resolution of the symptoms. Nevertheless, after having completed the treatment he initiated fever. He also reported arthrosia, holocranial headache and abdominal pain associated with dysuria, polaquiuria and tenesmo. Denied dyspnea or other respiratory symptoms as well as cutaneous rash. He referred contact with animals (rabbits and goats) but denied ingestion of unpasteurized milk or derivatives, as well as no-drinkable water or recent travelling.

The laboratory exams showed moderate hypocommic microcytic anemia, an elevated sedimentation velocity and C-reactive protein. Serologic markers were negative except for *Rickettsia conorii*. Other causes were excluded, like brain or abdominal abscesses. Thoracic-abdominal computer tomography showed multiple lymphadenopaties associated with hepatomegaly, spleno-megaly. Taking in consideration this facts a malignant process was suspected. A needle aspiration biopsy was performed revealing a Hodgking lymphoma type 2 nodular esclerosis.

The authors aim to demonstrate that the initial approach to the patient presenting with fever should include a comprehensive history, physical examination. Newer diagnostic modalities, updated serology, viral cultures, computed tomography, and magnetic resonance imaging, have important roles in the assessment of these patients.

**INTERSTITIAL LUNG DISEASE: ABOUT TWO CASES**

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**Background:** Interstitial lung diseases (ILDs) are a group of individually rare disorders, there are over 200 described, with an acute or chronic evolution, with varying degrees of inflammation and/or fibrosis.
Methods: Case 1: A 67-year old female with a history of hypertension, dyslipidemia and hay occupational exposure; was admitted to our hospital with dry cough, pleuritic chest pain, dyspnea and crackles. Chest radiograph revealed reticulonodular infiltrates. Computed tomography showed interstitial pattern and ground glass opacity, suggesting interstitial pneumonia. Case 2: A 67-year old female with a history of hypertension, dyslipidemia, obesity, hypothyroidism and Pemphigus vulgaris with both mucosal and cutaneous involvement treated with immunosuppressive drugs (azathioprine, mycophenolate mofetil and rituximab), actually suspended by side effects. Admitted to our hospital with the initial diagnosis of interstitial pneumonia; computed tomography: bilateral and diffuse infiltrates and a reticular pattern. Despite antibiotic treatment the patients kept radiologic abnormalities. Infection was excluded. The study was continued by bronchoscopy with bronchoalveolar lavage (BAL).

Results: In both cases bronchoscopy with bronchoalveolar lavage showed a marked CD8 lymphocytosis and a CD4/CD8 ratio < 1. Diagnosis: case 1- extrinsic allergic alveolitis; case 2- rituximab associated interstitial lung disease? In the first case the patient initiated treatment with prednisone 1mg/Kg/day, in the second case intravenous immune globulin; both with good clinical and radiologic response.

Conclusion: This two cases described above, highlights the diversity and the difficulty of etiological diagnosis of the ILDs.

SERUM CONCENTRATIONS AND ADIPOSE TISSUE EXPRESSION OF PIGMENT EPITHELIUM-DERIVED FACTOR (PEDF) IN OBESE PATIENTS WITH TYPE 2 DIABETES MELLITUS: THE INFLUENCE OF VERY-LOW-CALORIE DIET

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Background: The aim of our study was to explore the possible role of pigment epithelium-derived factor (PEDF), a novel metabolic regulator, in the positive metabolic effects of short term very-low-calorie diet (VLCD) in obese patients with type 2 diabetes mellitus (T2DM).

Methods: Thirteen obese females with T2DM and 17 healthy lean sex- and age-matched controls (C) were included into the study. Serum concentrations and subcutaneous adipose tissue (SCAT) expression of selected parameters were assessed at baseline and after 3 weeks of VLCD (energy intake 2500 kJ/day).

Results: Compared to C subjects serum PEDF was significantly elevated in T2DM group and correlated positively with BMI, fasting glucose, insulin, HOMA index, CRP and IL-6 in the combined population of T2DM and C patients. mRNA expression of PEDF, adiponectin and adiponectin receptor 2 was significantly reduced in SCAT of T2DM subjects, while no expression change was seen in other investigated parameters.

Three weeks of VLCD markedly decreased body weight and improved glycaemia, insulin resistance and inflammatory profile. PEDF serum concentrations and mRNA expression showed no significant change after VLCD. The same was true for mRNA expression of other studied factors.

Conclusion: Our results show that serum PEDF is increased in patients with T2DM and obesity and correlates well with nutritional status, parameters of glucose metabolism and inflammatory markers. The lack of change in serum concentrations or mRNA expression after VLCD does not a significant role of PEDF in the positive metabolic effects of short-term caloric restriction.

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MICRONA A NEW BIOMARKER FOR VASCULAR DISEASE

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Purpose: Small noncoding RNAs, (miRNAs), identified as important transcriptional and posttranscriptional inhibitors of gene expression, are also implicated in the pathogenesis of various cardiovascular diseases.

Methods: 60 patients (32-84 years old, mean age 46.5) with various degree of vascular damage were enrolled. The vascular diseases included acute myocardial infarction (AMI), stroke, diastolic dysfunction, heart failure (HF) and were confirmed by biochemical, vascular Doppler, cerebral CT scan and echocardiography examination. White blood cells expression levels of three miRNAs (miR126, miR21 and miR155) were estimated in real-time PCR (ABI reagents). As control group, white blood cells from patients without vascular damage were used. The expression levels of investigated miRNAs were normalized versus RNU143 house keeping gene. Statistical analysis was performed using Mann-Whitney test.

Results: When compared with normal group, only miR126 levels were significantly changed in patients with vascular damage (p=0.0315). The significant values for miR126 were observed in patients with stroke and AMI. miR21 expression levels were comparable for all types of vascular damage when compared with control, no significant association with any type of disease being noted. In AMI and HF patients we found a significant decrease of miR155 expression (p=0.0303) and a moderate decrease of miR 126 (p=0.048). No significant changes in studied microRNAs were observed in diastolic dysfunction.

Conclusions: Cardiac damage is correlated with miR55 expression levels. miR126 was modified in patients with vascular damage. Controversially, our results displayed miR126 higher values in vascular damages, due probably to biological samples we used (RNAs isolated from white blood cells).

INITIAL EFFECTS OF HUNGER STRIKE ON THE METABOLISM OF YOUNG MALE PATIENTS: A CASE REPORT

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Background: Hunger strike, described as voluntary refusal of food and/or fluids, is a rare condition. We report the case of patients, capable of decision making, who undertook hunger strike avoiding the intake of food, whereas they drank unlimited amounts of tea with sugar.

Methods: Four male patients with a mean age of 29.25years (range: 20 - 34 years), without a past medical facts or abnormal alcohol consumption, were hospitalized after 41 days of starvation. Physical and biochemical examination was performed at baseline, before any administration of treatment.

Results: The subjects exhibited low mean levels of BMI, 17.48kg/m² (range: 15.87 – 20.01kg/m²), mentioning a mean weight loss of 8kg, and were slightly hypotensive (range, systolic blood pressure: 90 – 133mmHg; diastolic blood pressure: 58 – 73mmHg), with mean levels of diuresis 2662.5cc/day. Three patients had decreased levels of urea (mean: 7.75mg/dl; range: 6-11mg/dl), whereas mean levels of creatinine, electrolytes, transaminases, bilirubin (direct and indirect) were within the normal range. Biological markers of rhabdomyolysis were found to be elevated, namely CPK levels in two subjects (mean: 1400U/l range 80 – 194U/l) and LDH levels in all subjects (mean, 326.5U/l; range 269 – 439U/l). Furthermore, levels of INR were higher in three cases (mean: 1.397, range: 1.15 – 1.5), while aPTT was elevated in two cases (mean: 36.96sec, range: 27.44 – 41.61sec).

Conclusions: These young male subjects showed decreased levels of urea and prolonged aPTT and especially INR, an early and sensitive marker of liver synthetic dysfunction. First stages of hunger strike might deteriorate liver synthetic function, in young patients.

A STUDY OF PERI-OPERATIVE CARE IN PARKINSON’S DISEASE PATIENTS IN A DISTRICT GENERAL HOSPITAL

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Background: Parkinson’s disease (PD) is a complex neurodegenerative disorder affecting in excess of 100000 people in the U.K. With advances in anaesthesia, perioperative care and technical expertise, more patients with Parkinson’s disease undergo surgical procedures.

Methods: A retrospective study of forty two patients with Parkinson’s disease undergoing surgical procedures in a district general hospital was conducted. Analysis was based on age, urgency and type of procedure, anaesthesia, duration, complications and length of stay. All aspects of pharmacotherapy
including PD regimen, dose omission, alternative routes and involvement of PD team were considered.

Results: The results obtained are shown in the figures above. Input from specialist Parkinson’s disease team was sought in only one patient and hence it wasn’t clear if the rest required modifications to therapy. However, bipolar diathermy was used appropriately in one patient with a Deep Brain Stimulator (DBS).

Post operative complications included pneumonia, hip wound infection, reduced mobility with falls, delirium, dystonia and urinary tract infection.

Conclusions:
1. Best practice warrants medications to be administered on time for these patients when they undergo prolonged procedures.
2. Referral to the multidisciplinary team of PD nurses and specialists may enable better management of these complex regimens including alternative routes when necessary.
3. With increasing incidence of PD and advances in therapy, there is a need for better awareness during perioperative assessments.

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WHAT ARE THE LIVED EXPERIENCES OF FATIGUE AMONG THE SULFUR MUSTARD VICTIMS: A PHENOMENOLOGY STUDY

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Background: Fatigue is a lived experiences which is a common and debilitating symptom in sulfur mustard chemical victims. Definitions of fatigue have been the most comprehensive, encompassing the holistic nature of fatigue. Subjective self-evaluation is the key component of these definitions as it determines how an individual perceives the sensation. Despite the prevalence of fatigue in the chemical victims, patients’ experiences of this symptom have not been researched. The aim of this study is to reports research findings on lived experiences of fatigue in patients with chronic bronchiolitis who have been exposed to sulfur mustard.

Methods: In a qualitative design, an interpretive-phenomenological approach developed by van Manen was chosen. The six research activities of van Manen proposes as essential to carrying out phenomenological research was used.
When carrying out these activities, the researcher commits to investigating a phenomenon of deep interest. Six participants who were proved as sulfur mustard chemical victims, were interviewed about their lived experiences of fatigue.

Results: Seven themes were identified: emotional reactions, unpleasant feelings, inability to perform activities of daily living, selecting appropriate methods to manage fatigue symptoms, changes in social and family relationships, to indentify factors that exacerbate the fatigue, physical manifestation. These themes reflected the unrelenting, intrusive nature of fatigue into the lives of those affected.

Conclusion: This research will provide empathic insight into the fatigue experience in sulfur mustard victims and provide communication about to knowing and caring strategies. It will add to the body of research on fatigue in chronic conditions, especially in chronic chemical victims and may generate ideas for model development in intervention research.

THE EVALUATION OF ATRIAL FLUTTER AFTER ABLATION. CASE PRESENTATION

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Background: To study the mechanical atrial function after ablation of the isthmus for typical atrial flutter.

Method: We present the case of a 50 years old patient with typical atrial flutter treated by isthmus ablation. We performed echocardiographic examinations (spectral Doppler and tissue Doppler - TDI) before the ablation, during periods of fixed and variable atrio-ventricular block and after the ablation, in sinus rhythm.

Results: In atrial flutter with 2:1 atrio-ventricular block one of the two waves of atrial activity opens the atrio-ventricular valves and produce a A wave. During the carotid sinus compression, once the atrio-ventricular block increases, there are repetitive openings of the atrio-ventricular valves with flows back and forth through the atrio-ventricular orifices confirmed by spectral Doppler and TDI. Anterograde aortic flow is not recorded when the degree of AV block is high, 8:1. After ablation, the resumption of mechanical function of the left and right atria is different. On spectral Doppler, trans-mitral A wave velocity (30 cm/sec) is lower than that of tricuspidus wave A (60 cm/sec). The TDI velocity of lateral tricuspidian annulus A' wave (18 cm/sec) is higher than the velocity of lateral mitral annulus A' wave (7 cm/sec). The velocities of mitral A and A' became normal after 3 weeks.

Conclusions: After ablation for atrial flutter left atrial mechanical function is resumed late in relation to mechanical function of the right atrium. The resumption of atrial mechanical function is achieved in about three weeks, justifying the continuation of anticoagulation after restoring sinus rhythm.

TRACHEOBRONCHOPATHIA OSTEOCHONDROPLASTICA (TO) – A PULMONARY ORPHAN DISEASE

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Background: Orphan diseases are different diseases with prevalence less than 1/ 1500 birth. TO is a pulmonary orphan disease and consists at the presence of multiple osseous or cartilaginous nodules that protruding at the tracheas and large bronchus lumen.

Method: We studied in retrospective all cases of TO diagnosed with fiberoptic bronchoscopy for the period 2001 - 2011.

Results: We found 17 cases, 52 % were female and 48 % male. The average age was 40.6 years, 42 % were smokers (≥40 UPA) without family history for TO. The duration of symptoms till the diagnostic was 2.3 years. The most frequent symptoms were: cough 100 %, sputum 64 %, dyspneea 41 %, haemoptosis 5 %, and erythema nodosa 5 %. The laboratory findings demonstrate an increase of sediment in 58 % of cases, 11 % leucocytosis and all the others were normal. Proteus mirabilis was the most frequent microbiological strain (71 %). Functional respiratory tests resulted: 35 % obstruction, 11 % restriction, 5 % mixed and 17 % normal. The bronchial biopsy demonstrated epithelial displasia and fibrosis stroma with inflammatory elements. One case was accompanied with bronchial cancer. The treatment was with antibiotics and symptomatic.

We didn’t have the possibility to realize FBS reevaluation for judging the disease’s evolution.

Conclusions: TO present frequently with chronic or acute non specific respiratory symptoms, but with pathognomonic characteristic features in FBS. Thoracic CT scanner is a non invasive diagnostic method. The treatment is symptomatic.

SPONTANEOUS ACUTE SUBDURAL HAEMATOMA IN A YOUNG PATIENT WITH TURNER’S SYNDROME

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Background: Turner’s syndrome is associated with several vascular malformations and gastrointestinal bleeding as a result of telangiectasia is well described in the literature. Intracranial haemorrhage (ICH) is rare and very few cases exist in the literature reporting ICH in association with Turner’s syndrome.

Case Report: A 35 year old female with Turner’s syndrome was admitted to the Acute Admissions Unit with a two week history of sudden onset severe fronto-occipital headache and vomiting. There was no preceding trauma or previous history of headaches. Prior to admission, she sought medical attention from GP and twice from A&E, and was given simple reassurance. She was haemodynamically stable and neurological examination was unremarkable. One day into her admission, while the GCS remained 15/15, we noticed behavioural and personality changes. An urgent brain CT scan revealed a large (1.5 cm in depth) right subdural haematoma (SDH) with marked midline shift and effacement of the right lateral ventricle. The patient underwent an urgent burr-hole evacuation. Postoperatively, she made a remarkable clinical improvement and resolution of SDH was confirmed on postoperative MRI scan.

Conclusion: This is the first reported case of spontaneous SDH in a patient with Turner’s syndrome. Persistent headache associated with behavioral changes might be the only manifestation of SDH in patients with Turner’s syndrome and this case emphasises the need for careful evaluation of acute symptoms - in particular persistent headache - in these patients due to the wide range of associated complications, some of which are rare.

References:

Q-FEVER ASSOCIATED WITH FALSE POSITIVE TREPONIMAL ANTIBODIES

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Background: Q-fever infection may be accompanied by auto Abs, prompting the clinicians to look for autoimmune disease such as SLE or autoimmune chronic hepatitis.

Case report: A 46 years old healthy male presented with one week fever, headache, vomiting, and weakness. The patient denied any sexual transmitted disease. On the sixth day of hospitalization the patient developed cough and pleurisy.

Physical examination was normal except for temperature 39°C & crepitations over both lungs.Blood tests disclosed normal CBC & elevated cellular liver function tests (LFT)

Serologic workup for acute viral & bacterial infection was negative. Chest C.T revealed bilateral infiltration of both lungs. Repeated test for auto Ab. detected high titers of ANA, Ds-DNA, VDRL, TPHA, P-ANCA, C-ANCA, RF, and anticardiolipin Abs.

Results: A diagnosis of Q-Fever infection was made based on pneumonia, abnormal LFT and positive serology.
Patient treated with doxycycline 100 mg bid for two weeks with significant clinical and laboratory improvement. Six weeks later repeated tests for auto Abs including VDRL and TPHA turned to be negative. Conclusion: The literature of the last years shows an increasing amount of reports about auto Abs in Q-Fever patients. TPHA test is quite a specific test for Treponema Pallidum infection when accompanied with a positive VDRL test. The patient we describe had no syphilis but only transient positive serology for TPHA and VDRL.

To the best of our knowledge this is the first report in the English medical literature of a Q-Fever patient with transient TPHA positive test.

PULMINANT LEPTOSPIROSIS (WEIL’S DISEASE) AS AN OVERLOOKED CAUSE OF MULTIPLE ORGAN FAILURE: A CASE REPORT

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The leptospirose is an infectious disease caused by a bacterium Leptospira, has recently come to international attention as a globally important re-emerging infectious disease. Weill disease is one of the most serious forms with multiple organs involvement. A 40 years old man, homeless with alcohol and drug abuse. He was admitted due to loss of conscience. After he woke up, he complained of anorexia, nausea and abdominal pain in the upper part of abdomen that last for 2 months, he also complained of fever and diarrhea with multiple organs involvement. A 40 years old man, homeless with alcohol and drug abuse.

We compared echo-derived indices of left ventricular (LV) systolic and diastolic function in three groups of patients with DM based on albuminuria status: I = no albuminuria (<30 mg albumin/g creatinine),numbers of patients 27; II = microalbuminuria (30 to 300 mg/g) numbers of patients 26; and III = macroalbuminuria (>300 mg/g) numbers of patients 27. Results: Left ventricular systolic function was lower in the groups with albuminuria. Similar findings were noted in diastolic LV filling with lower mitral E/A ratios in groups with albuminuria. LV mass indexed to body size were highest with macroalbuminuria and lowest without albuminuria.

Conclusions: Albuminuria is independently associated with LV systolic and diastolic dysfunction in type 2 DM; this may explain in part the relationship of albuminuria to increased cardiovascular (CV) events in the DM population. Keywords: ventricular dysfunction, microalbuminuria, type2 diabetes.

TUBERCULOSIS IN AN INTERNAL MEDICINE WARD: A CASE SERIES

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Background: Tuberculosis is an infectious disease that health systems have been battled over time. Nowadays, it is still a big burden among various countries. Here we present a case series of patients with tuberculosis.

Methods: We retrospectively reviewed the clinical documentation of patients with tuberculosis in an internal medicine ward, from December 2009 to May 2011. We emphasize that our hospital has an Infectious Diseases Department, and the enrolled patients were not suspected to have tuberculosis.

Results: Among the 2458 patients admitted to an internal medicine ward in an eighteen-month period, sixteen (12 men; 4 women) had tuberculosis. The mean age was 49 years (minimum 20 years; maximum 77 years). There was one latent tuberculosis case detected through a tuberculin test performed before initiating a tumor necrosis factor inhibitor. The others had active tuberculosis, with the following involvement: lungs (4), lymph nodes (2), spine (1), pleura (1), pericardium (1), appendix (1), lungs/lymph nodes (1), lungs/spine (1), lungs/colons (1), pleura/central nervous system (1), and miliary (1). Later isolation of Mycobacterium tuberculosis confirmed the diagnosis, except in 4 cases of pulmonary involvement, 1 case of Port’s disease, and the tuberculous pericarditis. All patients had impressive imaging tests and responded well to standard therapy. Three patients (20%) had HIV co-infection.

Conclusion: Tuberculosis has heterogeneous manifestations that impose challenging differential diagnosis. Our patients were generally young, which is concordant to the World Health Organization report. An important portion of these patients have HIV co-infection, and attention has been drawn to this global health issue.

ACUTE MEDICINE EXPOSURE, TEACHING AND KNOWLEDGE IN UNDERGRADUATE MEDICAL CURRICULUM

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Background: Graduate medical education in Singapore has undergone major changes with introduction of residency programme. It is crucial that all postgraduate year one (PGY1) residents are competent and confident in managing acutely ill patients. This survey, adapted from United Kingdom where Acute Medicine is recognized as a part of the Modernizing Medical Careers (MMC) project, aims to determine undergraduate exposure and teaching in Acute Medicine, self perceived knowledge of acute medical conditions and finally procedural skills.

Methods: Final year students were surveyed anonymously. A 5-point Likert scale was used to rate challenging medical specialties in Acute Medicine, perceived knowledge in medical emergencies, confidence in assessment of the acutely ill patient and in performing practical medical procedures.

Results: 172 students participated. Metabolic disorders and nephrology were the two most challenging specialties with mean scores of 4.26 (SD +/- 0.77) and 4.15 (SD +/- 0.80). They felt that knowledge was least lacking in management of drug overdose and delirium with mean scores of 2.77 (SD +/- 1.01) and 2.91 (SD +/- 0.94). Students felt most confident in managing asthma with mean score of 3.87 (SD +/- 0.72). The students had very little confidence in managing sick patients with a mean score of 3.1 (SD +/-0.8). Students were most confident performing venepuncture with mean score of 4.05 (SD +/- 0.65) and least so in fluid and drug prescription with mean scores of 3.21 (SD +/- 0.92).
Correlation between Etiology, Clinical Probability and D-Dimer in Patients with Pulmonary Embolism (PE) Confirmed with Angio-CT

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Backgrounds: The evaluation of the clinical probability according to Geneva and Wells scores, as an indicator for diagnosis of PE; its correlation with d-dimer and risks factors.

Method: We studied retrospectively 94 patients with PE confirmed by angio-CT, from April 2010-11. We evaluated the etiology, clinical presentation, d-dimer and clinical probability.

Results: The number of patients was 52 M, 42 F. The most frequent clinical sign was dyspnea (89%). The clinical probability according to Geneva: low probability 14 cases (14.8%), moderate 52 (55.3%), high 28 (29.7%). Wells: low 12(12.7%), moderate 70 (74.4%), high 12 (12.7%). D-dimer: positive 64 (68%), negative 12 (12.7%). Cases with negative d-dimer have a medium probability with Wells score; with Geneva 1 high, 1 low and 4 medium probability. Risk factors: Deep venous thrombosis (40.42%), trauma, surgery, immobilization in 10 cases (10.6%), fractures (8.5%) collagenosis, FA, vasculitis, deficiency of coagulation factors 2 cases respectively (2.1%).

Conclusions: Both scores are important in diagnose of PE, however the highest probability of patients resulted with moderate probability even if angio-CT resulted positive for PE. We found differences in high probability: 29% vs. 12% more sensitive is Geneva score, maybe because it takes more in consideration clinical signs. D-dimer has high sensibility but in our group resulted negative in 12.7% of cases. The main risk factor is DVT. D-dimer, clinical probability and etiology are important and necessary tools in diagnosis of PE, but angio-CT is the gold standard definitely.

The Burden of Adult Pneumococcal Diseases in Central Europe, Russia and Turkey

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Background: Pneumococcal diseases (PD), including invasive pneumococcal disease (IPD) and pneumococcal community-acquired pneumonia (CAP) represent a major clinical burden in adults, increasing in the ageing population and largely vaccine-preventable. This review summarizes the literature on age-related burden of PD in Central Europe (CE), Russia and Turkey.

Methods: PubMed was searched with terms specific to the burden of pneumococcal disease in four CE countries, Russia and Turkey. >115 papers published in 1990-2011 were analyzed by age-related subsets. The majority of publications covered all-cause meningitis and CAP and was separately evaluated for burden attributable to pneumococci.

Results: In these countries, incidence and mortality of IPD and CAP in adults start to increase from the sixth decade of life. Reported IPD incidence rates are lower than the EU average. Pneumococcal etiology is reported in over 20% of bacterial meningitis (two-fold greater mortality vs. all causes) and 40% in CAP. Serotype distribution data have limitations as they usually include limited numbers of isolates not always attributed to a specific age group or diagnosis. Significant antibiotic resistance, hospitalization rates, disability and associated costs of IPD and CAP are reported.

Conclusions: The burden of PD in adults has been growing in spite of advances in therapy and is under-estimated in the countries reviewed. Recently improved surveillance in Czech Republic and Poland suggests remarkably higher IPD incidence and mortality in the elderly. This warrants a closer attention to pneumococcal surveillance and prevention in adults.

The Type of Atrial Fibrillation is Associated with Long-Term Outcome in Patients with Acute Ischemic Stroke

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Background: We aimed to investigate the association between the type of atrial fibrillation (AF) and long-term outcome in terms of mortality and stroke recurrence in patients with ischemic stroke and non-valvular AF.
Patients and methods: All consecutive patients admitted to our stroke unit between 1993 and 2010 with acute ischemic stroke were included in the analysis. Patients were divided in 3 groups according to the type of AF (paroxysmal, persistent, and permanent) and were followed-up up to 10 years after the index stroke or until death. The endpoints were inhospital, 30-days and 10-years stroke recurrence, and 30-days and 10-years all-cause mortality. The Kaplan–Meier product limit method was used to estimate the probability of 10-years stroke recurrence and survival. Multivariate Cox Proportional Hazard models were used to identify significant predictors of stroke recurrence and all-cause mortality.

Results: There were 811 patients with non-valvular AF (27.5% newly diagnosed cases) followed-up for 38.1±37.2 years. The probability of 10-years stroke recurrence was significantly higher in patients with permanent AF (p<0.01 by log-rank test). The probability of 10-years survival was significantly higher in patients with paroxysmal AF (p<0.001 by log-rank test). The type of AF was a significant predictor of 10-year stroke recurrence and mortality. Patients with permanent AF had a higher risk of stroke recurrence (HR:1.78, 95%CI:1.21-2.61) and mortality (HR:1.55, 95%CI:1.20-1.99) compared to patients with paroxysmal AF.

Conclusion: Long-term outcome in stroke patients with AF is associated with the type of AF; patients with paroxysmal AF have lower rates of recurrence and mortality.

A HUGE COMPLICATED RENAL CYST
Ana Maria Oliveira, Andreia Castro, Simão Miranda, Mascarenhas Araújo. Medicine I – Hospital Prof. Doutor Fernando Fonseca, EPE, Amadora, Portugal

Cysts are the most common space-occupying lesions of the kidney. Most common presentation is incidental, diagnosed on imaging performed for other reasons. The vast majority of simple cysts require no treatment. Therapy is only required when cysts are large, cause signs and symptoms, or are associated with complications. Complications are rare with a reported range of 2 to 4%. The most common are hemorrhage, infection, or rupture.

We report the case of a 47-year-old female patient presented with difficult to control hypertension and an asymptomatic palpable abdominal mass at the right upper quadrant. Renin was twice the normal value. The abdominal ultrasound revealed a renal cyst with 971cc (12 cm diameter). To classify the cyst, a renal computerized tomography was performed 5 days later, and revealed that the renal cyst had grown to 2266cc (16.3 cm), with posterior calcification, lying in Bosniak Class II F.

Over the next ten days, clinical symptoms worsened including abdominal pain on palpation, the mass became larger, with lumbar contact, conditioning liver ischemia, renal failure and increased inflammatory parameters. The percutaneous drainage removed 3400cc of turbid/purulent fluid with isolation of Escherichia coli. A nephrostomy tube was inserted and ciprofloxacin was initiated.

Pleural fluid (PF) analysis revealed an exudate; microbiological culture, smear for acid-fast bacilli and nucleic acid amplification test for Mycobacterium tuberculosis were all negative. Cytology and flow-cytometry of PF and histology of the pleural biopsy showed no evidence of malignancy. The chest, abdomen and pelvis CT scan revealed diffuse densification mediastinal fat tissue in peri-esophageal topography and a non-pure left ovary mass with 3.3 cm. An Esophagastroduodenoscopy showed signs of plastic linitis and biopsy revealed a gastric carcinoma.

Conclusion: The main diagnostic hypotheses were Tuberculosis and lymphoma and were ruled out. Gastric cancer was diagnosed. We assume ovarian or Krukenberg tumor as the most likely etiology of the adnexal mass. It was decided at a multidisciplinary team meeting that an exploratory laparotomy with biopsy should be done. Patient died before surgery from respiratory failure. We underline the importance of a careful evaluation of pleural effusions in HIV-infected patients.

EPIDEMIOLOGY AND CHARACTERISTICS OF HYponatREMIA IN THE EMERGENCY DEPARTMENT
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Background: Hyponatremia is the most common electrolyte abnormality and it is associated with increased morbidity and mortality. Here, we studied the etiology and management of hyponatremia in an unselected population presenting with hyponatremia to the emergency department.

Methods: A descriptive, retrospective hospital record study was performed. A database search was conducted for all patients presenting to the emergency departments in Lund and Malmo and patients with a P-Na-value<135 mmol/L were identified. Patients were divided into four groups based on the severity of hyponatremia (Group1: P-Na<120mM, Group 2: Na120-124mM, Group 3: Na125-129mM, Group 4: Na130-134mM) and 100 patients from each group were included using random samples. Groups 2-4 were matched to Group 1 for age, gender and month of year. Management and likely etiologies were registered.

Results: The prevalence of hyponatremia (P-Na<135mmol/L) was 3% in the entire emergency population. A single etiology was identified in 45% of patients in group 1. The leading etiology in group 1 and 2 were thiazide diuretics (23%) and SIADH (19%) and in groups 3 and 4 SIADH (15%).
The likelihood of being on thiazide diuretics increased with hyponatremia severity (P<0.0001) and patients in group 1 were 3.6 times (CI95%:1.9-6.8) more likely to be on thiazide diuretics compared to group 4. The in-hospital mortality ranged between 2-7% between the groups (NS). One patient developed osmotic demyelination syndrome but survived. Only 31% of patients in group 1 were evaluated with a basic laboratory investigation.

Conclusions: Thiazide diuretics and SIADH were dominating etiologies, however, the frequency of adequate diagnostic testing was low.

SCREENING FOR ADRENAL FAILURE IN PATIENTS WITH TYPE 2 DIABETES MELLITUS AND RECURRENT HYPOGLYCEMIA

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Background: Addison’s disease is known to be associated with type 1 diabetes mellitus (T1DM) as part of the autoimmune polyendocrine syndromes. However, there is no such association between adrenal failure and type 2 diabetes mellitus (T2DM). We, therefore, retrospectively audited referrals for short synacthen tests (SST) on patients with T2DM.

Methods: A Seven year retrospective study was undertaken were we looked at the indications for and results of SST on patients with T2DM referred for exclusion of adrenal failure. A normal SST was defined as a serum cortisol increase of >200 nmol/l over baseline and peak serum cortisol response >550 nmol/l.

Results: There were 89 referrals SSTs in patients with T2DM. Recurrent hypoglycaemia was the sole indication for a SST in 55 patients and in 4 patients in combination with other indications such as weight loss. Seventeen SSTs were performed on patients with known or suspected hypothalamic-pituitary-adrenal axis disorder including three on long-term steroids. The remaining 12 SSTs were requested for other miscellaneous indications. Three patients had suboptimal cortisol responses to synacthen, all of who were on long-term steroid therapy.

Conclusion: In this study we have shown that all patients with T2DM who had SST because of recurrent hypoglycaemia had normal SSTs. It is, therefore, recommended that patients with T1DM with unexplained recurrent hypoglycaemia be screened for Addison’s disease. However, patients with T2DM and recurrent hypoglycaemia should not be referred for SST in the absence of other features of adrenal failure as association with Addison’s disease is uncommon.

TUBERCULOSIS-INDUCED IMMUNE HEMOLYTIC ANEMIA: 2 CASE REPORTS

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Introduction: Normochrom normocytic anemia (NNA) is the most frequent hematological finding in tuberculosis (TB) but Immune hemolytic anemia (IHA) is very rare. We represented 2 cases of IHA due to TB.

Case 1: A 38-year-old previously healthy male was admitted to our hospital because of recent onset of fever, rash and scleral jaundice. Physical examination(PE) revealed axillary temperature 37.5°C, macular rash on his back, scleral jaundice and 1cm palpable hepatomegaly. On admission hemoglobin (Hb) was 8.5g/dl and compatible with anemia of chronic disease. On the 5th day of admission, Hb decreased to 6.2g/dl without any sign of bleeding. Low haptoglobin level and positive Coombs’ tests indicated IHA and steroid therapy was started(for a short period). On control chest x-ray film there was new onset of bilateral pleural effusion. Sputum test for acid-fast bacillus(AFB) was positive. Patient’s military TB and anemia responded well to anti-TB treatment.

Case 2: A 74-year-old male, with history of partial gastrectomy due to peptic ulcer 20 years ago, referred for investigation of 9.0g/dl Hb level. There was clubbing on PE. Laboratory findings revealed positive Coombs’ tests and low haptoglobin level. There was a cavitary lesion on thorax CT. Sputum tests for AFB were positive. The patient’s IHA attributed to TB and treated accordingly.

Conclusion: IHA is very rare in TB. Treatment options are steroid and anti-TB drugs. In the first case, due to military TB we initiated steroid for a short period but both patients’ clinical picture was improved by anti-TB treatment.

THE EFFECTS OF FATIGUE AND PAIN ON DAILY LIFE ACTIVITIES IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Systemic Lupus Erythematosus (SLE) is an autoimmune disease affecting young people in their most productive years. As with many chronic diseases, fatigue and pain are the symptoms of SLE, affecting the activities of daily life. The aim of this study was to determine the effects of the pain and fatigue on daily life activities of SLE patients.

Methods: The study sample included 74 SLE patients in a university hospital and two local hospital outpatient departments between 30.9.2009 and 15.5.2010. Data was collected using the Fatigue Severity Scale, Katz’s Daily Life Activities Index, Lawton and Brody’s Instrumental Daily Life Activities Index, and the McGill Pain Scale.

Results: The mean scores were 6.0 (fatigued) on the Fatigue Severity Scale, 18.0 (independent) on the Daily Life Activities Index, 24.0 (independent) on the Instrumental Daily Life Activities Index, and 1.56 (discomforting) for pain felt at the moment of questioning on the McGill Pain Scale.

A low-level negative relationship was observed between scores on the Fatigue Severity Scale and the Daily Life Activities Index (p<0.05, r = -0.298), and between Fatigue and Instrumental Daily Life Activities scores (p<0.05, r = -0.354). A medium-level positive relationship was observed between scores on the Fatigue Severity Scale and the McGill Pain Scale (p<0.05, r = 0.478).

Conclusion: This study determined that pain and fatigue affected the daily lives of SLE patients. The study should be repeated on a larger sample.

Key words: Systemic lupus erythematosus, pain, fatigue

WHEN TO ADJUST SERUM CHLORIDE FOR ANION GAP CALCULATION?

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Background: Different methods have been suggested and used to correct serum chloride levels, necessary for calculation of anion gap, due to changes in sodium levels. Therefore, in the present study, it was investigated whether serum chloride levels correction is always necessary for anion gap calculation.

Method: Four hundred nine (409) serum chloride levels were collected, retrospectively. Some of them were obtained from the same patients in different times and conditions. Subsequently, all serum chloride levels were corrected by using to the two methods suggested in AcidBase.org (they make correction considering absolute difference between serum sodium and chloride levels or using its proportion to serum sodium levels) and the method suggested by Feldman et al (they suggest another formula). Then, all the data were divided into three groups, according to the serum sodium levels, as hyponatremia, normonatremia and hypernatremia groups.

Result: The serum chloride levels were compared to the adjusted chloride levels derived from above mentioned methods. In both hyponatremic and hypernatremic groups the measured serum chloride levels were different from those of the adjusted chloride levels(p<0.001 for all comparisons), however, there was no statistical significance among these parameters in normonatremic group.

Conclusion: It seems that there is no necessity to adjust serum chloride levels in calculation of serum anion gap of normonatremic patients.

HICCUPS – FIRST SYMPTOM OF NEUROLOGIC MALFORMATION

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Hiccups usually present as a common annoyance lasting for short periods. Rarely, it may be the sign of a serious disease. We present a case of 27 years-old man with 2 weeks history of hiccups which triggered his visit to A&E department. A further history of slight left hand hemiparesis, nausea and vomiting was elicited. Hiccups were regular (one every 4 seconds) and only stopped during sleep. Initial neurologic examination suggested peripheral pathology. Laboratory evaluation revealed: Hemoglobin 14.2 g/dL; Leucocytes 8200; CRP 2.39 mg/dL; Electrolyte concentrations were normal as well as hepatic and kidney function panels. Abdominal ultrasound and CT scan had pathologic changes. Subsequent
investigations included cranioencephalic magnetic resonance imaging scans that demonstrated enlargement of syringo-myelic space as well as descent of the cerebellar tonsils to 15 mm below the foramen magnum, which conditioned liquor drainage. Patient symptoms’ progressively got worst with the onset of upper limb muscle weakness and left side face paresthesias. Total recovery was possible after surgical approach. On follow up the patient did not reveal any disease activity.

Classic neuroradiologic description of type 1 Arnold-Chiari malformation (CM I) includes descent cerebellar tonsils to a level 5 mm below the foramen magnum. Common clinical findings comprise headache, myelopathy and cerebellar, lower brainstem and central cord symptoms. Even though it is rare, hiccups may be a clinical presentation of this neurologic malformation. Surgical decompression is indicated and the prognosis depends on the exuberance of the preoperative neurological deficit.

NORMAL FIRST ELECTROCARDIOGRAM IN MEN AND WOMEN WITH ACUTE CORONARY SYNDROMES IN SOUTHERN GREECE

Vasilios Panagopoulos, Theodora Dimitroutla, Apostolos Kotidis, Virginia Linardou, Anna Zika. General Hospital Of Pyrgos

Background: In some cases, during the setting of acute chest pain the Electrocardiogram (E.C.G.) can be normal. The aim of this report is to determine if differences exist in the incidence of men and women with Acute Coronary Syndrome (A.C.S.), who presented with a normal E.C.G. in the emergency department of a Hospital in Southern Greece.

Methods: We have studied 80 patients (59 men and 21 women), who were hospitalized with A.C.S.: ST-elevation myocardial infarction (STEMI), non ST-elevation myocardial infarction (non STEMl) and Unstable Angina (USAP). During a five months period. Among them we have identified those with a normal first E.C.G in patients with Acute Coronary Syndrome is considered to be not statistically significant.

Results: Of the 59 men with A.C.S. (32 STEMI, 15 non STEMl and 12 USAP) 11.8% had a negative first ECG (9.3% STEMI, 13.3% non STEMl and 16.7% USAP). As regards the women, of the 21 patients with A.C.S. (7 STEMI, 7 non STEMI and 7 USAP) 9.5% had a normal first ECG in the emergency room (14.3% STEMI, 14.3% non STEMl and 0% USAP).

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Methods: We have studied 80 patients (59 men and 21 women), who were hospitalized with A.C.S.: ST-elevation myocardial infarction (STEMI), non ST-elevation myocardial infarction (non STEMl) and Unstable Angina (USAP). During a five months period. Among them we have identified those with a normal first E.C.G in patients with Acute Coronary Syndrome is considered to be not statistically significant.

Results: Of the 59 men with A.C.S. (32 STEMI, 15 non STEMl and 12 USAP) 11.8% had a negative first ECG (9.3% STEMI, 13.3% non STEMl and 16.7% USAP). As regards the women, of the 21 patients with A.C.S. (7 STEMI, 7 non STEMl and 7 USAP) 9.5% had a normal first ECG in the emergency room (14.3% STEMI, 14.3% non STEMl and 0% USAP).

CURRENT PRESENTATION AND MANAGEMENT OF 7148 PATIENTS WITH ATRIAL FIBRILLATION IN INTERNAL MEDICINE AND CARDIOLOGY UNITS: THE ATA-AF SURVEY

Domenico Panuccio1, Gualberto Gussoni2, Stefano Di Marco3, Fabrizio Colombo4, Carlo Nozzoli5, Giorgio Vescovo6, Donata Lucci7, Antonella Valerio1, Giuseppe Di Pasquale8, Giovanni Mathieu9.

Background: Atrial fibrillation (AF) is an expanding clinical burden both for internists and cardiologists. Aim of the ATA-AF study was to evaluate the clinical profile, and antiarrhythmic and antithrombotic strategies of “real-world” patients with AF referred to Internal Medicine (IM) or Cardiology (C) units in Italy.

Methods: From May to July 2010, 360 centers (196 IM and 164 C) prospectively enrolled 7148 consecutive patients with current or previous (within 12 months) AF.

Results: 46% of patients were enrolled in IM units, and 79.3% of them were hospitalized (vs 57.2% in C). Patients in C were more often admitted for AF (58.8% vs 25.2%). Median age was 80 years (IQR 74-86) in IM patients and 74 (IQR 66-80) in C. At least one comorbidity was present in 71.8% of IM patients vs 49.7% in C. Cognitive deficits or dementia were more prevalent in IM pts (20.4% vs 3.5). In the 4845 pts with non valvular AF, a CHADS score ≥ 2 was present in 75% of IM patients (C: 53%). Oral anticoagulant therapy (OAT) was prescribed at discharge in 49.1% of IM and 67.0% of C patients.

Conclusions: Our survey shows that internists and cardiologists manage different populations of patients with AF in terms of clinical profile. This seems to be the main explanation for the different OAT prescription and arrhythmia strategy adopted.
Results: A total of 34 microorganisms in 30 positive blood cultures were isolated (4 positive cultures had 2 microorganisms); 14 were Gram-negative bacteria (41.18%) (3 Klebsiella pneumoniae spp, 6 Enterobacter cloacae, 3 Escherichia coli, 2 Brucella melitensis) and 20 were Gram-positive cocci (58.2%) (10 Staphylococcus negative coagulase spp, 4 Staphylococcus aureus, 3 Enterococcus spp, 2 Streptococcus spp and 1 anaerobic Peptonophilus asaccharolyticus). KPC strains were isolated in 2 Klebsiella-positive cultures. Difference was noted in the percentage of positive cultures depending on season (1.16% positive in spring, 3.85% in summer, 26.15% in autumn and 12.33% in winter cultures, overall p-value <0.001, with p-value 0.001, 0.001 and 0.042 for comparisons between autumn vs. spring, summer and winter cultures, and p-value 0.020 between spring and winter cultures). The ratio of cocci to bacteria was not affected by seasonality (56.67% were cocci in autumn/winter vs. 75.0% in spring/summer cultures, p-value >0.10).

Conclusion: The percentage of positive blood cultures increased during the autumn and the winter, while both Gram-positive and Gram-negative microorganisms were isolated. Multidrug-resistant strains of enterobacteriaceae occurred with increased frequency; however, other traditionally intrahospital bacteria and fungi were not isolated.

HEREDITARY HEMORRHAGIC TELANGIECTASIA (OSLER-RENDU-WEBER SYNDROME) AND BRAIN ABSCESSES: CASE PRESENTATION

Nikitas Papanikitas1, Aikaterini Volonaki1, Anastasios Kanotides1, Ipakoi Papantoniou1. 1Internal medicine department, Euromedica Clinic of Rhodes; 2Radiology Department, Euromedica Clinic of Rhodes

Background: Presenting an interesting case of Rendu-Osler syndrome with brain abscess formation

Methods: A 28 year old female presented with persistent headache and visual disturbances from the left eye. Anamnestic: Rendu-Osler syndrome for 10 years with occasional epistaxis. No hemoptysis, or GI tract hemorrhage ever reported.

Results: Clinical examination was positive for cyanosis and lip, tongue and nasal mucosa telangiectasiae. Temporal hemianopia of the left eye was discovered. Lab tests: SatO2 91% on ambient air, Hemoglobin 18,3gr/dl, WBC 11,570/dl, PLT 191,000, CRP 1,1mg/l. Upper and lower GI tract endoscopy normal. Brain MRA not depicting vascular malformations. Brain MRL: abscess on the right occipital lobe. Pulmonary MRA: multiple bilateral arteriovenous malformations (AVMs). Pulmonary AVMs caused this patient’s polycythemia, as well as the brain abscess formation from an embolic aetiology due to AVMs. The patient was treated both surgically with abscess drainage and antibiotics with clinical improvement.

SEROVIBRINOGEN LEVELS AS POTENTIAL SURROGATE MARKER FOR CARDIOVASCULAR DISEASE IN ONCOLOGIC PATIENTS

Dafni Koumoutsoua1, Ioannis Karydis1-2, Panagiota Thalassinou1, Vasiliios German1, Pantelis Kapralos1, Stavrouta Papaoikonomou1, Nikolaos Filiotis1, Konstantina Filioti1, Christos Paziopoulos1, Ioannis Koutandos1, Dimitrios Patsios1, Kyriakos Lazaridis2. 1First Department of Internal Medicine and Division of Oncology and Chemotherapy, 401 General Military Hospital of Athens, Greece; 2Department of Cardiology, 401 General Military Hospital of Athens, Greece; 3Department of Pathophysiology, Herokopeion University, Athens, Greece; 4Sixth IKA Oncologic Hospital, Athens, Greece; 5Department of Oncology, University Hospital of Bari, Italy

Background/Aim: Serum fibrinogen levels have been generally used as surrogate marker for cardiovascular disease. We compared serum fibrinogen levels of oncologic- to those of non-oncologic patients in an attempt to verify any potential necessity of cardiovascular risk assessment in the former patient group.

Materials/Methods: We measured serum fibrinogen levels and CRP levels of 250 oncologic patients (group A) treated for solid tumors in the Divisions of Oncology and Chemotherapy of the Internal Medicine Departments in two General Hospitals and compared them to those of 150 non-oncologic patients (group B) treated as outpatients in the Departments of Internal Medicine and the Departments of Cardiology of the same hospitals. Both groups were similar with respect to age and sex distribution. Oncologic patients had satisfactory performance status and were treated for gastrointestinal, urogenital, lung and breast cancer. Statistical analysis was performed with t-test and chi square (x2) test as appropriate.

Results: Serum fibrinogen levels were significantly higher in oncologic as compared to non-oncologic patients (471 ± 222 mg/dl -group A- vs 312 ± 69 mg/dl -group B-, p< 0.0001). On the contrary CRP levels were not significantly higher in oncologic as compared to non- oncologic patients (2.53 ± 1.66 mg/dl -group A- vs 2.36 ± 1.49 mg/dl -group B-, p: NS). Conclusions: Our study showed significantly higher serum fibrinogen levels in oncologic patients compared to non-oncologic patients. Potential necessity of estimating cardiovascular risk in oncologic patients treated for solid tumors with favorable prognosis should be considered as part of their treatment.

EMERGENCY DEPARTMENT EVALUATION OF ABDOMINAL PAIN IN ELDERLY PATIENTS

Apostolos Pappas1, Hara Toutouni1, Emmanuel Lagoudianakis2, Vasiliki Drantaki1, George Andrianopoulos1, Athanasios Panoutopoulos1, Manousos Konstantouliakis1, Vaggelgiannis Katериannakis1. 1Internal Medicine Department, General Hospital of Argos, Greece; 2First Department of Propaedeutic Surgery, Hippokrateion General Hospital, Athens Medical School, University of Athens, Greece

Background: Acute abdominal pain is one of the most common reasons for presenting to an emergency department (ED). Elders manifest abdominal pathology atypically thus making diagnosis and management a challenge. The aim of this study is to assess the presence of differences in clinical presentation and management among nonelderly and elderly patients presenting with acute nontraumatic abdominal pain.

Methods: A retrospective documentation of clinical and laboratory data was obtained from patients who were presented to the ED over a 12 month period with symptoms of abdominal pain.

Results: Of 884 patients evaluated, 24% aged more than 65. Between elder and non elder patients no differences were detected with respect to site, onset, character and duration of abdominal pain. Laboratory values did not differ significant between the two groups, while similar proportions of patients underwent abdominal xray imaging and received similar treatment modalities. Elder patients were more likely to receive further evaluation with the use of ultrasound (34.9% vs. 21.9%) and CAT scan (5.2% vs. 0.7%) (p<0.05). Furthermore, compared to non elderly patients, elderly patients had higher admission rates (42.8% vs. 22.2%, p<0.05), with the majority of admissions being in the internal medicine department and had higher length of stay. From those patients admitted in the surgical department no statistically significant difference was seen with respect to the necessity for emergent surgery.

Conclusion: Although no differences were detected with regard to clinical presentation and management, older patients with abdominal pain had a
更高的可能性被接受且被更频繁地尝试用于进一步的诊断测试；尽管没有差异被看到，但考虑到需要进一步的手术干预。

MORBIDITY IN FIRST DEGREE RELATIVES OF OBESE YOUNG ADULTS
Dafni Koumoutses1,2, Stavroula Papaokonomou1, Ioannis Karydis1,4, Konstantina Filioti3, Panagiota Thalassiniou1, Pantelis Kapralos1, DAMIANOS ASLANOGLU1, ELENI ANTONIADOU1, Ioannis Megas1, ANTONIOS HAHRZIOANNIDIS3, KYRIAKOS LAZARIDIS2, Dimosthenis Papadakis1
1First Department of Internal Medicine and Division of Endocrinology 401 General Military Hospital of Athens, Greece; 2Division of Endocrinology 417 Veterans Affairs Hospital of Athens, Greece; 3Department of Pathology and Forensic Medicine 417 Veterans Affairs Hospital of Athens, Greece; 4Department of Nutrition and Dietetics, Harokopio University, Athens, Greece

Background/Aim: Morbid conditions (mainly cardiovascular diseases) of first degree relatives constitute risk factors in a given study population. We studied the frequency of common causes of morbidity (mainly cardiovascular) in first degree relatives of obese young army recruits as compared to corresponding causes of morbidity in first degree relatives of young army recruits with normal weight.

Materials - Methods: First degree relatives of 60 young obese army recruits (BMI > 30, with normal fasting blood glucose, lipids, arterial pressure and thyroid function) with a mean age of 21.7 years were compared with equal number of first degree relatives of 60 healthy, non-obese army recruits of similar age. First degree relatives (parents, siblings) of young army recruits were examined as outpatients to identify obesity, hypertension, dyslipidemia, diabetes mellitus and thyroid disease. Complete patient history included smoking habits as well as presence of coronary heart disease and stroke in age younger than 55 years (age < 55 years).

Results: MORBID CONDITIONS IN FIRST DEGREE RELATIVES

<table>
<thead>
<tr>
<th>Condition</th>
<th>OBSESE ARMY RECRUTS</th>
<th>NON-OBSESE ARMY RECRUTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBESITY</td>
<td>55% (33)</td>
<td>26.6% (16)</td>
</tr>
<tr>
<td>HYPERTENSION</td>
<td>23.3% (14)</td>
<td>6.6% (4)</td>
</tr>
<tr>
<td>DYSLIPIDEMIA</td>
<td>43.3% (26)</td>
<td>16% (6)</td>
</tr>
<tr>
<td>DIABETES</td>
<td>11.6% (7)</td>
<td>0% (0)</td>
</tr>
<tr>
<td>THYROID DISEASE</td>
<td>18.3% (11)</td>
<td>5% (3)</td>
</tr>
<tr>
<td>CORONARY HEART DISEASE</td>
<td>3.3% (2)</td>
<td>0% (0)</td>
</tr>
<tr>
<td>STROKE</td>
<td>0% (0)</td>
<td>0% (0)</td>
</tr>
<tr>
<td>SMOKING</td>
<td>58.3% (35)</td>
<td>65% (39)</td>
</tr>
</tbody>
</table>

Conclusions: Obese young army recruits have increased frequency of obesity in their first degree relatives. Moreover, first degree relatives of obese army recruits have higher frequency of hypertension, dyslipidemia, diabetes mellitus and thyroid disease compared to first degree relatives of non-obese army recruits. The above multiple morbid conditions in first degree relatives constitute risk factor (primary cardiovascular) for the obese young army recruits.

FROM SEPSIS TO SYSTEMIC LUPUS ERYTHEMATOSUS: A CASE REPORT
Filipe Paula, Isabel Ferreira, Marisa Neves, Daniel Leal, Cláudia Monteiro, Maria Vergueiro, Marta Amaral, Catarina Fava, José Alves. Internal Medicine Department - II, Prof. Fernando da Fonseca Hospital, Amadora, Portugal

Systemic Lupus Erythematosus (SLE) is known to cause immunosuppression, which predisposes to infections by unusual agents or with an unusually severe presentation. Moreover, SLE often mimics other diseases, leading to challenging diagnoses. We report the case of a 36 years old black male who presented with a 5-day history of fever, dyspnea and pleuritic chest pain. Chest X-ray suggested a bilateral community-acquired pneumonia, with Streptococcus pneumoniae isolated in blood-cultures, which complicated to severe sepsis. He was admitted to the ICU, and 5 days later he was discharged to our ward. Nevertheless, fever and chest pain persisted, along with psychomotor slowing and episodes of dizziness and loss of consciousness. The ESR remained over 100mm, there was a worsening normocytic normochromic anemia, chest X-ray showed a bilateral pleural effusion, exudative and culturally sterile, and chest-CT described axillary and inguinal adenopathies. A pleural biopsy showed a lymphocytic inflammatory infiltrate without cellular atypia or granuloma formation. Elevated cardiac lesion biomarkers and ST-segment changes suggested myocarditis, and an echocardiogram described a pericardial effusion. Further work-up showed ANA 1/640, anti-Sm++, anti-SSA+++ and anti-SSB++, low C1q and positive lupus anticoagulant in serum, and an acellular CSF with ANA 1/640 and anti-SSA++. EEG was normal. Cranial-MRI showed exuberant diffuse cortical atrophy and deep white-matter hypertensive lesions. We assumed SLE and he was started on steroids, hydroxychloroquine and azathioprine, which resulted in prompt improvement. This case emphasizes not only the importance of autoimmune pathology but also the capital role for Internal Medicine in the diagnosis of systemic diseases.

INCREASED LEVELS OF GLYCOXIDATION PRODUCTS IN PATIENTS WITH CLINICAL AND SUBCLINICAL HYPOTHYROIDISM
Melopomeni Pepa1, Eleni Boutati1, Efstrathios Garofolos2, Georgia Isari1, Maria Alevizaki1, Sotirios A. Raptis3,4, George Dimitriadi3, Dimitrios Hadjidakis1, 1Endocrine Unit, Second Department of Internal Medicine-Propaedeutic, Research Institute and Diabetes Center, Attikon University Hospital, Athens, Greece; 2Second Department of Internal Medicine-Propaedeutic, Research Institute and Diabetes Center, Attikon University Hospital, Athens, Greece; 3Department of Clinical Therapeutics, Athens University, "Athena" Hospital, Athens, Greece; 4Hellenic National Diabetes Center for the Prevention, Research and Treatment of Diabetes Mellitus and its Complications (H.N.D.C.), Athens, Greece

Background: Hypothyroidism, either clinical (CH) or subclinical (SH) is associated with adverse cardiovascular events, which cannot be fully explained by the traditional risk factors. Advanced glycation end products (AGE), have been associated with the pathogenesis of various diseases and their complications. The aim of the study was to evaluate AGE levels and their association with metabolic parameters, in patients with hypothyroidism.

Methods: Patients with CH (n = 14), SH (n = 60), and 43 healthy controls (C), with an age of 43±10 yrs, (mean±1 SD), were studied. In addition to a full biochemical evaluation, C,N-carboxymethyllysine (CML) and methylglyoxal derivatives (MG) were measured by ELISA. Dietary AGE intake (dAGE) was estimated by 3-day dietary records.

Results: Increased levels of CML were found in patients, compared to C (CH: 10.4±3.2, SH: 9.7±2.9, C: 6.9±2.9 µM, respectively, p<0.05). CML levels were also elevated in patients, compared to C (CH: 2.2±0.4, SH: 2.4±0.8, C: 1.7±0.9 nmol/ml, respectively, p<0.05). No differences in AGE levels were noted between patient groups. Mean dietary intake was higher in all patient groups compared to C, reaching statistical significance only in patients with CH (CH: 20596±1829, C: 14200±6154 U/day, respectively). CML levels exhibited positive correlation with HOMA (r=0.69, p<0.05) and area under the curve for glucose and insulin (r=0.7, p<0.05) and negative correlations with QUICKI and MAFSUDA (r=-0.7, p<0.05).

Conclusion: Increased AGE levels in patients with hypothyroidism, might be the result of increased dietary AGE intake, increased formation or decreased degradation. AGE seem to induce insulin resistance, via a vicious cycle. AGE may represent a non-traditional risk factor for CVD, in hypothyroidism.

POLYARTHRALGIA AS A MANIFESTATION OF SACROIDISIS
Pereira Antonio. Hospital Barcelos, Paredes, Portugal

Introduction: Sacroïdosis is a systemic granulomatous disease of unknown etiology. It can affect almost any organs, most commonly the lungs and intrathoracic lymph nodes.

Case Report: A 51-year-old woman, with a history of hypertension and dyslipidemia. She was admitted to our hospital with polyarthralgias of large and small joints with 1 year of evolution. Also reported dry cough with several episodes of chest auscultation in her upper lungs. Joints without arthritis and synovitis. Laboratory findings revealed an elevated erythrocyte sedimentation rate and thrombocytopenia. Viral serology for HIV, Hepatitis C and B were negative. The tuberculine skin test was negative. Serological studies for collagen disease were negative. The level of serum angiotensin-converting enzyme was normal. HLA-B27 was negative. A chest X-Ray revealed apical fibrosis and no lymphadenopathy.

CT scan of chest revealed apical fibrotic lesions and small granulomas in the left lung. Bronchoscopy findings were normal and bronchoaveolar lavage showed slightly elevated lymphocyte number and an elevated CD4/CD8 ratio.

S73
Infection with Plasmodium falciparum (PF) is known to cause several neurologica
complications usually with bad prognosis. Rarely these complications occur weeks after complete recovery from an infection by the parasite and it is described as Post-Malaria Neurological Syndrome (PMNS). It is characterized by various clinical symptoms, and its pathogenesis remains elusive, probably immunologically mediated. We describe a case of a 48-year-old female patient, born and resident in Angola, admitted to an area hospital on February 2011 for non-complicated Malaria by PF and discharged home after treatment with quinine. Two days after she started with symptoms of dizziness, vertigo, vomiting, slowed speech and gait abnormality, which persisted after symptomatic therapy. For clinical investigation and treatment she was admitted to our hospital in Portugal. On physical examination she had dysarthria, bilateral dysmetria, dysdiadochokinesis, positive Romberg’s test and ataxic gait. The otolaryngologist excluded peripheral origin of the vertigo and further investigations revealed: blood smear negative for PF; MRI with moderate cerebral and cerebellar atrophy and multifocal white matter abnormalities. During the first 20 days of hospitalization the patient remained symptomatic and after exclusion of any other infectious cause (negative microbiological study, negative cultures of the cerebrospinal fluid, blood and urine), we assumed the diagnosis of PMNS. She was treated with high-dose Methylprednisolone, with complete resolution of neurological deficits. In conclusion PMNS is still a discussed entity that occurs after an episode of successfully treated PF malaria. It is self-limited and requires no specific treatment, despite steroids may play a role in severe cases.

Key words: Post-Malaria Neurologic Syndrome; Malaria; Plasmodium falciparum; Ataxic gait

GOUT IN YAKUTIA

Milana Petrova. North-Eastern Federal University

Background: The official data of gout in Republic of Sakha (Yakutia) are absent. This is a preliminary report on incidence of gout requiring hospitalization 2007-2010.

Methods: A research project has been initiated to determine the incidence and characteristics of gout in Yakutia from 2007-2012. Patients hospitalized in the department of rheumatology of Yakut City Hospital are being studied by means of a questionnaire developed by the Institute of Rheumatology (Moscow), which includes questions on anamnesis, form of gout, and specific characteristics of gout in Yakutia from 2007-2012. Patients hospitalized in the department of rheumatology of Yakut City Hospital are being studied by means of a questionnaire developed by the Institute of Rheumatology (Moscow), which includes questions on anamnesis, form of gout, and specific characteristics of gout in Yakutia from 2007-2012. 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Results: Percentages of morbidity (M) and complications (C) in the 17 patients:

<table>
<thead>
<tr>
<th></th>
<th>Apache</th>
<th>Ranson</th>
<th>MGAPS</th>
<th>SOFA</th>
<th>BISAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;cut off point</td>
<td>M = 0 %</td>
<td>M = 0 %</td>
<td>M = 0 %</td>
<td>M = 0 %</td>
<td>M = 0 %</td>
</tr>
<tr>
<td>&gt;cut off point</td>
<td>M = 16.7 %</td>
<td>M = 16.7 %</td>
<td>M = 25 %</td>
<td>M = 100 %</td>
<td>M = 33 %</td>
</tr>
</tbody>
</table>

Comparison of the results with literature-based results:

<table>
<thead>
<tr>
<th></th>
<th>Apache</th>
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<th>MGAPS</th>
<th>SOFA</th>
<th>BISAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; cut off</td>
<td>M = 4 %</td>
<td>M = 0 %</td>
<td>Mild complications</td>
<td>M = 33 %</td>
<td>0; M &lt; 1 %</td>
</tr>
<tr>
<td>&gt; cut off</td>
<td>M = 11-18 %</td>
<td>M = 11-15 %</td>
<td>Serious complications</td>
<td>M = 95 %</td>
<td>S; M = 22 %</td>
</tr>
</tbody>
</table>

Conclusions: The APACHE II and RANSON criteria had the same prognostic value concerning morbidity and complications compared to literature based results.

- The MGAPS in our patient sample had the same prognostic value concerning morbidity with the APACHE and Ranson criteria but showed increased frequency of complications.
- SOFA had the same prognostic value with the previously mentioned criteria concerning morbidity but it was not applicable in our sample concerning complication detection (it is applied in serious conditions with multi organ failure).
- BISAP had the same prognostic value with the previously mentioned criteria concerning morbidity and similar value concerning complications as long as a cut off point ≤ 2 is used.

USEFULNESS OF THE NEUTROPHIL-TO-LYMPHOCYTE RATIO IN PREDICTING SHORT- AND LONG-TERM MORTALITY IN BREAST CANCER PATIENTS

Jaya Phookan, Staten Island University Hospital, New York City

Background: Neutrophil-to-lymphocyte ratio (NLR) is a strong predictor of mortality in patients with colorectal, gastric, hepatocellular, pancreatic, and lung cancer. To date, the utility of NLR to predict mortality in breast cancer patients has not been studied. Therefore, the aim of our study was to determine whether the NLR is predictive of short- and long-term mortality in breast cancer patients.

Methods: Our observational study used an unselected cohort of breast cancer patients treated at the Staten Island University Hospital between January 2004 and December 2006. A total of 316 patients had a differential leukocyte count recorded prior to chemotherapy. Survival status was retrieved from our database.

Results: A total of 316 patients had a differential leukocyte count recorded prior to chemotherapy. Survival status was retrieved from our database. The NLR was calculated using the formula: NLR = (Neutrophils/Leukocytes) / (Lymphocytes/Leukocytes).

Conclusions: The MGAPS in our patient sample had the same prognostic value concerning morbidity with the APACHE and Ranson criteria but showed increased frequency of complications.

- The MGAPS in our patient sample had the same prognostic value concerning morbidity with the APACHE and Ranson criteria but showed increased frequency of complications.
- SOFA had the same prognostic value with the previously mentioned criteria concerning morbidity but it was not applicable in our sample concerning complication detection (it is applied in serious conditions with multi organ failure).
- BISAP had the same prognostic value with the previously mentioned criteria concerning morbidity and similar value concerning complications as long as a cut off point ≤ 2 is used.

SILENT RENAL INSUFFICIENCY IN DIABETIC PATIENTS

Alice Pinheiro, David Silva, Miguel Marques, Helga Martins, Angela Coelho, Lara Maia, Nuno Cardoso, Maria Esteves, Augusto Duarte. Centro Hospitalar Médio Ave - Unidade de Fanalidão

Background: Ageing and increased prevalence of chronic diseases raises chronic kidney diseases’ (CKD) numbers and economics’ burden. Diabetes, the main cause of end stage renal disease should become a primary target for screening programs.

Methods: All patients followed in our Hospital’s Diabetology consult enrolled this cross sectional descriptive study. Data concerning age, gender, serum creatinine value and ethnic origin was recorded. EGFR was calculated using Modification of Diet in Renal Disease 4. CKD stage was classified according to internationally accepted staging system. Two groups were compared concerning CKD stage: SCrV within vs outer normal range.

Results: An overall of 630 patients enrolled the study. Mean age was 62 years, 43.8% were males. SCrV were within normal range in 78.4% of patients. Within this group, 33% were stage 2 and 3 % stage 3 CKD; none figured in stage 4 or 5. In patient’s group with higher than normal SCrV, 33% were stage 2, 54% stage 3, 12% stage 4 and 1% stage 5 CKD.

Conclusions: Our data suggest that SCrV only is suitable to exclude patients in early stages of CKD using estimated glomerular filtration rate (EGFR) formulae.

POLYARTERITIS NODOSA


Background: Polyarteritis Nodosa (PAN) is a systemic necrotizing vasculitis that typically affects medium sized muscular arteries with occasional involvement of small muscular arteries. This study was undertaken to describe the main characteristics and clinical presentation of PAN in a tertiary hospital.

Methods: We conducted a systematic retrospective study. All patients with a diagnosis of PAN treated in our hospital (only hospitalization) during the last five years were eligible. 38 patients with diagnosis of PAN were reviewed. Of all the patients we excluded those with positive PR3 ANCA or MPO ANCA.

The following data was collected: age, sex, clinical features, hepatitis B virus infection, hepatitis C virus infection, HIV infection, tissue biopsy, arteriography and treatment.

Results: Nine patients were finally included. At diagnosis the mean age was 43.74 years. There were eight male patients and one female patient. The most frequent findings were general symptoms (66%), neurologic manifesta-
tions (66%) and skin involvement (88%). All diagnosis were confirmed by biopsy of a clinically affected organ. Only one patient had an arteriography done.

Conclusions: The spectrum of disease known as PAN has been narrowed down due to the identification and classification of other forms of vasculitis that had previously been considered PAN like microscopic polyangiitis and other ANCA associated systemic vasculitis. To know clinical features and epidemiology of PAN is important for Internal Medicine specialists.

GENERALIZED MYALGIAS – A CASE REPORT
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1Department of Internal Medicine, IULSBA - José Joaquim Fernandes Hospital, Beja, Portugal; 2Head of Department of Internal Medicine I, IULSBA - José Joaquim Fernandes, Beja, Portugal

Background: Myalgia is a symptom of many diseases and disorders. Myalgia without a traumatic history can be associated with a wide variety of conditions ranging from infections, medications, or autoimmune diseases.

Methods and Results: The authors present a case of a 74 years old male with no relevant past medical history. Admitted to our hospital with a two month history of symmetrical upper and lower limb myalgias, with an escalating progression. He denied any relief or worsening factors. The patient also complained of fever, which was not evidenced during admission. Physical examination was unremarkable. On the laboratory evaluation increased ERS and no other abnormalities. The patient was admitted and an exhaustive differential diagnosis was performed. After excluding other causes of myalgias, the diagnosis of rheumatic polymyalgias was reached. Corticotherapy was initiated with total reversion of all the complaints.

Conclusion: Polymyalgia rheumatica is a clinical syndrome characterized by severe aching and stiffness in the neck, shoulder girdle, and pelvic girdle. It is classified as a rheumatic disease, although the etiology is undetermined. After presenting the case, the author makes a brief theoretical review.

HEALTHY HOSPITALS PROJECT: SMOKING HABITS AND CESSATION ADVICE IN HOSPITAL
Manish Plaha1, Innan Satia2, Ram Sundar3.
1Manchester Medical School, UK; 2Department of Respiratory Medicine, Royal Albert Edward Infirmary, Wigan, UK

Background: Adequate smoking cessation advice is crucial for in-patient smokers as part of our healthy hospitals agenda. Our hospital aimed to evaluate whether smoking cessation advice was being offered to ward patients in accordance with national guidelines from NICE [1].

Methods: In-patients were asked about their smoking habits to identify smokers. A questionnaire was given to find out whether they were willing to stop smoking and whether smoking cessation advice had been given by any staff.

Results: 47/151 interviewed were smoking during their in-patient stay, out of which 44 had received smoking cessation advice in the form of Nicotine Replacement Therapy (NRT). All of 47 smokers said they smoked off the hospital grounds. Of the 3 patients who had not received smoking cessation advice there was 1 individual who would have liked help in stopping smoking.

Conclusion: We have highlighted that a large proportion of inpatients are smoking and need to be given more encouragement in stopping smoking. A quick survey of hospital grounds will find shelters and enclosed areas littered with cigarette ends. We need greater collaboration between health professionals in encouraging and creating innovative ideas in helping patients to stop smoking both as in-patients but also in the community. All smokers should be given follow up appointments to smoking cessation clinics prior to discharge.

References
1. National Institute for Health and Clinical Excellence. Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities. February 2008

PRESENCE OF GAS INTRAVASCULARLY AND INTRAHEPATICALLY IN A PATIENT INITIALLY ADMITTED AS A STROKE: A CASE OF PROBABLE INTESTINAL ISCHEMIA
Paraskevi Platitska, Apostolos Tolis, Charalampos Giannakakos, Stavroula Koliva, Dimitra Panagiotopoulos, Apostolos Xilomenos. 2nd Department of Internal Medicine, ‘G.Gennimatas’ General Hospital of Athens, Greece

Introduction: Presence of gas in the liver or the portal system is noted in complications of abdominal disease (intestinal ischemia, diverticulitis, pan-creatitis, cholangitis, necrotizing enterocolitis, inflammatory bowel disease, ileus, mesenteric or splenic artery thrombosis) that, without prompt diagnosis and surgical intervention, are usually fatal. Neurological signs can occur, while coexisting hyperglycaemia is a poor prognostic factor.

Case presentation: A 70-year-old Caucasian woman with history of atrial fibrillation, hypertension and arterial embolism in the lower limb was admitted with dysarthria, hyperglycemia and mild lactic acidosis. Brain CT scan showed atrophy, chest X-ray had no findings, and upper abdominal ultrasound revealed cholelithiasis without inflammation in the area. Treatment with insulin and isotonic solutions led to initial clinical improvement. During the first day, the patient manifested hemodynamic instability and impaired consciousness, deterioration of lactic acidosis, renal and hepatic dysfunction. A second CT scan revealed gas bubbles in subtemporal areas, in arteries and veins close to the sternum, intrahepatically, throughout the portal system, in Haller’s tripod and the upper mesentery artery, while it showed thrombosis of the portal vein. The patient was intubated due to hypoxemia, and, despite cardiorespiratory and hydration treatment, died few hours later, with non-removable shock and multi-organ failure. Autopsy revealed acute liver failure without signs of inflammation, gastrointestinal perforation or other abdominal disorder. The above chain of events was then attributed to probable intestinal ischemia.

Conclusion: In patients with gas in the portal system or the liver, immediate surgical intervention could increase chances of survival, depending on the underlying pathophysiology.

WEIGHT CONTROL IN TYPE 2 DIABETES PATIENTS TREATED WITH INCRETIN MIMETICS
Mihaela Simona Popovicu, University of Oradea, Faculty of Medicine, Bihor County, Romania

Background: The aim was to follow the influence of weight loss in patients with type 2 diabetes treated with incretin mimetics.

Methods: In the study participated 37 type 2 diabetic patients treated with incretin mimetics and which were followed over a period of six months. The most commonly used method in the classification of obesity is based on BMI and waist (abdominal circumference).

Results: During the six months (27.0%) changed their weight status, of which (5.4%) within the first 3 months and (21.6%) within the 6 months. During the first three months the 2 patients with grade II obesity went to grade I obesity, these patients remaining at the same weight status in the next 3 months. In 6 months we have noted the following evolutions in weight status: 2 patients with grade III obesity has gone to grade II obesity, 4 patients went from grade II obesity to grade I obesity, and 2 patients went from grade I obesity to overweight obesity. Mean BMI value showed a decreasing trend during the 6 months (from 41.40 to 38.96 kg/m²), the size of effect being ES = 0.52. Mean waist circumference decreased during the 6 months, from 127.7 to 119.8 cm.

Conclusion: Initially all patients were obese, majority presenting grade III obesity (51.4%). During the 6 months (27.0%) changed their weight status (5.4%) within the first 3 months and (21.6%) in 6 months.

GENETIC ALGORITHMS TO SIMPLIFY INFECTIVE ENDΟCARDITIS OUTCOME
Vera Portillo Tuñón1, CarlosDuquehas Gutiérrez1, Leticia Curiel2, Bruno Baruque3, Cristina Pérez Tárrago1, Emilio Corchado1, Miguel Angel Moran Rodríguez1, Alicia Fernández Ibáñez3, Marta Cuesta Lasso3, Sheila Molinero abad4, Aránzazu Blanco Martínez de Morentín5, Aránzazu Blanco García1, Juan Francisco Lorenzo González1. Complejo Asistencial Universitario Burgos; 1Departamento de Ingeniería Civil de la Universidad de Burgos; 2Departamento de Informática y automática de la Universidad de Salamanca; 3Servicio de emergencias 112 de SACYL

Background: This research proposes the use of genetic algorithms techniques to select the most important features of this illness once the patient is in treatment, helping to predict the mortality risk.

Methods: The aim of this study is found the better classifier model. We collected data from 50 patients with infective endocarditis. We applied 2 databases from 3 different classification models. The input variables have been collected: diagnostic tool, time to diagnosis, age, gender, clinical complications, sepsis, septic shock, treatment, valve type, prosthetic valve, infected
valve, microorganism and ICU income. Output variables were 30 days mortality.

**Results:** Results were shown in Table 1. The variables discriminated by each algorithm in Table 2.

### Table 1

<table>
<thead>
<tr>
<th>Feature Selection</th>
<th>Classification</th>
<th>Classification with all features</th>
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</thead>
<tbody>
<tr>
<td>SVM</td>
<td>ID3</td>
<td>Naive Bayes</td>
</tr>
<tr>
<td>Class recall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alive</td>
<td>94.12%</td>
<td>84.62%</td>
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<tr>
<td>Dead</td>
<td>12.50%</td>
<td>33.33%</td>
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<tr>
<td>Accurary</td>
<td>79%</td>
<td>79.50%</td>
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### Table 2

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<th>Naive Bayes</th>
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<td>Septic shock</td>
<td>Complications</td>
<td>Appropriate treatment</td>
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<td>Complcations</td>
<td>Appropriate treatment</td>
<td>Change time</td>
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<td>Appropriate treatment</td>
<td>Change time</td>
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<tr>
<td>Catheter Sepsis</td>
<td>Previous valve</td>
<td>Change time</td>
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<td>Clinical time</td>
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<td>Diagnostic Tool</td>
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**Conclusions:** These features are able to predict the mortality risk with a reasonable degree of accuracy using a relatively quite small amount of samples and agree with de mortality medical literature results. Also, has been able to reasonable degree of accuracy using a relatively quite small amount of samples

### POSTPARTUM FOLLOW-UP OF PREGNANT WOMEN POSITIVELY SCREENED FOR THYROID DISORDERS: THE NEED FOR A BETTER CARE

**Background:** About 11% of women are positive for antibodies against thyroid peroxidase (TPOAb). The utility of screening for TPOAb in early pregnancy remains controversial. The aim of our study was to examine the thyroid function in initially euthyroid TPOAb+ women two years after delivery.

**Methods:** We invited 822 women screened positive for thyroid disorders in the 9th-12th gestational week for follow-up. This included measurement of thyroid-stimulating hormone (TSH), free thyroxine (FT4) and filling of a detailed questionnaire.

**Results:** Two hundred and thirty-seven (28.8%) of invited women joined the study, with the median time after delivery of 21 months. One hundred and thirteen women were TPOAb+ and euthyroid in pregnancy. At follow-up, 38 (33.6 %) of these women had TSH outside of normal range: 13 (11.5%) had TSH <0.37 mIU/L, 18 (15.9%) had TSH between 4 and 10 mIU/L; and 7 (6.2%) had TSH >10 mIU/L. Thirty-four percent of women who were never treated for thyrothyrin developed thyroid dysfunction at follow-up. Similarly, 32% of women were treated for thyroid disease in pregnancy had TSH outside of normal range at follow-up. Based on data in personal/family history, 57.8% of women were at high-risk for autoimmune thyroid diseases.

**Conclusion:** One third of TPOAb+ women euthyroid in early pregnancy have TSH outside of the normal range at nearly two years after delivery. The follow-up and treatment of these women is insufficient. These data support the implementation of universal screening for autoimmune thyroid diseases in pregnancy.

**Acknowledgement:** Supported by the Grant of The Czech Health Ministry IGA 10662-3.

### PROTECTIVE EFFECT OF PHITALIDES FROM *APRIUM GRAVEOLENS* IN ACRYLAMIDE INTOXICATION

**Anca Irina Prişăcaru1, Călin Vasile Andritoiu2, Cornelia Prişăcaru1,**

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**Background:** The high levels of acrylamide in alimentary products and the exposure risk of consumers demand the necessity of finding means of reducing its toxicity. The present experiment evaluates the protective effects of phytopreparations from *Apium graveolens* in laboratory animals with acrylamide induced hepatotoxicity.

**Methods:** Hepatic lesion was induced by daily administration of 25 μg acrylamide/kg body weight by cage, for 11 weeks. Protection was achieved with extractive solutions from *Apium folium*, *Api radix* and *Api semen*. Results: Administration of phytotherapeutic extracts to laboratory animals with acrylamide induced hepatopathy determines, when compared to the group that received acrylamide without protection, the following modifications regarding: I) cytolysis parameters: decrease of aspartate aminotransferase for *Api folium* (39.53 ± 4.22 versus 35.89 ± 3.45), for *Api radix* (39.53 ± 4.22 versus 33.53 ± 4.35), for *Api semen* (39.53 ± 4.22 versus 35.89 ± 2.88); decrease of alanine aminotransferase for *Api folium* (34.85 ± 4.09 versus 30.01 ± 1.4), for *Api radix* (34.85 ± 4.09 versus 30.31 ± 3.15), for *Api semen* (34.85 ± 4.09 versus 25.95 ± 3.16); II) proteosynthesis parameters: increase of total proteins for *Api folium* (7.21 ± 0.75 versus 7.75 ± 0.59), for *Api radix* (7.21 ± 0.75 versus 7.70 ± 0.73), for *Api semen* (7.21 ± 0.75 versus 8.07 ± 0.41). Parameters revealing oxidative stress (catalase, superoxide dismutase and glutathion peroxidase) were also evaluated.

**Conclusions:** Administration of extracts from *Apium graveolens* reflect the improvement of cytolysis, proteosynthetic and oxidative stress parameters. The most significant protective effect is obtained for the *Api semen* extract.

### STREPTOCOCCUSCONSTELLATUS AS CAUSATIVE AGENT OF THORACIC INFECTIONS

**Rubén Puerta Louro, Laura González Vázquez,**


**Background:** Streptococcus constellatus (member of S. anginosus group) form part of the normal flora of the mouth, gastrointestinal tract, and genitourinary tract and are often associated with purulent infections. Most patients had evident predisposing conditions. Streptococcus constellatus may be aspirated and can cause a variety of thoracic infections. These include pneumonia, lung abscess, empyema, and mediastinitis. Risk factors include male gender, alcoholism, cancer, and cystic fibrosis.

We report two cases. The first, 71 years old male with pancreatic cancer and endoscopic stent was used to drain the biliary tree five weeks ago, that consulted in the emergency room for coughy fever of 2 days of evolution. A right lung abscess was diagnosed. The bacteriological culture of the effusion disclosed the presence of Streptococcus constellatus. The second, 42 years old male that consulted in the emergency room for productive cough and fever of 2 days of evolution. A pneumonia and left empyema was diagnosed.

The bacteriological culture of the effusion disclosed the presence of Streptococcus constellatus and Peptostreptococcus magnus. The patients were treated with a percutaneous thoracic drainage pleural and antimicrobial therapy with amoxicillin and clavulanate potassium. They were discharged with amoxicillin and clavulanate potassium. They were discharged with amoxicillin and clavulanate potassium. They were discharged.
MANAGING SPONTANEOUS BACTERIAL PERITONITIS: A LOCAL GENERAL HOSPITAL EXPERIENCE
Laith Alrubaiy1, Rhodri Pearse2, Clement Leal2, 1College of Medicine, Swansea University, UK; 2Neath Port Talbot Hospital, UK

Background: Spontaneous bacterial peritonitis (SBP) carries high mortality. Our aim was to identify the factors that affect the mortality due to SBP in our local hospital.

Methods: A retrospective study of all cases of SBP admitted to our local district hospital over 7 year period. We excluded cases with malignant ascites, secondary peritonitis, and no clear diagnosis of SBP. Results were analysed statistically using SPSS software.

Results: Twenty one cases with SBP were identified. The median age was 47 years for survivors and 68 years for non survivors. Seven cases (33%) were Child Pugh grade B and 14 (67%) were Child Pugh grade C. The median MELD score was 40. Eight cases (38%) presented with painless ascites and only 2 (10%) had abdominal pain. Seven cases (33%) only had fever and raised White cell count in blood. Eleven cases (52%) had raised neutrophiles count > 250/mm3 in the ascetic fluid and ascetic fluid culture was positive in 16 (76%) cases. The in-patient mortality rate was 57%. The age was significantly higher (p < 0.05) in the non survivor group. Creatinine level > 100 Mmol/L at time of presentation with SBP and developing Hepatorenal syndrome were associated with high mortality rate (p<0.05). There was no statistical difference between the two groups with regards to sex, having albumin infusion, timing of antibiotics treatment, timing of ascetic tapping and whether SBP was hospital acquired or not.

Conclusions: The mortality rate in our hospital was (57%). In our study, the median MELD score was > 40. Developing Hepatorenal syndrome and high Creatinine at SBP presentation were the main mortality predictor with mortality of 90%.

CHARACTERIZATION OF ATRIAL FIBRILLATION PROPHYLAXIS IN AN INTERNAL MEDICINE NURSERY
Cláudio Quintanheiro, Ana Linda Borges, Maria João Lobão, Rosário Marineheiro, Amélia Pereira. Internal Medicine, Hospital Distrital da Figueira da Foz, Figueira da Foz, Portugal

Background: Atrial fibrillation (AF) affects 2.5% of Portuguese population, increases with age reaching 10.4% of patients over 80 years old (yrs). Antiagulation is underused for stroke prevention especially in the elderly. Our purposes were to characterize the population of an Internal Medicine (IM) nursery and to understand the therapeutic strategy for antithrombotic prevention.

Method: retrospective and descriptive study. Were included all patients admitted and discharged with AF diagnosis from an IM nursery during a year. The admittance and discharge CHADS2 and HAS-BLED was calculated and compared with the antithrombotic prophylaxis.

Results: Among a population of 159 individuals (67 men and 92 women, medium age 80.3 yrs), 69.8% have intermediate or high thromboembolic risk at admission and 81.2% at discharge. At admission 33.3% are antiagregated vs 49,3% at discharge (p<0,001), and 88,1% of the patients did not change the prophylaxis indication. In this group, discharged with AF diagnosis from an IM nursery during a year. 47.8% are antiagregated, 22% are anticoagulated, 27% have AdP. The medium HAS-BLED score is below 2 for the all population and subgroups.

Conclusions: this population is under-anticoagulated and over-antiagregated with medium incipient variations after hospital stay according to the CHADS2 and HAS-BLED scores. Most of them do not initiate anticoagulation during hospitaal stay. The real antithrombotic strategy probably takes into account other variables not present in the scores.

SNIFFING GASTROINTESTINAL DISEASES WITH AN ELECTRONIC ‘E’ NOSE – IS THIS THE FUTURE FOR DIAGNOSTICS?
M.N. Quraishi1, L. Harrison2, L. Wedlake2, N. Ouaret2, J. Maxim2, C. Nwokolo1, 1Hospital S.

Background: An electronic ‘E’ nose which is a chemical sensor array that uses an electronic nose to detect chemical fingerprint for particular disease group. This can then be characterised using artificial olfaction (E-nose), and this study aims to determine its feasibility to distinguish gastrointestinal and metabolic diseases.

Methods: A series of urine and faecal samples were obtained from patients with ulcerative colitis (n=6), Crohn’s disease (n=9), diabetes (n=10), those undergoing pelvic radiotherapy (n=22) and controls (n=10). Samples were heated and analysed using an ‘e’ nose. Analysis was performed using Principal Component Analysis (PCA).

Results: E-nose was able to distinguish between disease groups based on their VOC/gaseous profile with >90% selectivity. Specifically there was polarity between UC and CD subjects and importantly, shifting of profile in the UC sample with treatment towards a normal configuration (Figure1). E nose was also able to distinguish those with low vs high gastrointestinal radiation toxicity from faecal samples.

SERUM ALBUMIN CONCENTRATION AND MORTALITY IN ACUTELY ADVANCED HEART FAILURE
Joana Ramalho1, Sofia Ribeiro1, Rui Baptista2, Fátima Franco1. 1Hospital S. António, Porto, Portugal; 2Hospital Universitário Coimbra, Portugal

Background: Hypoalbuminemia has been established as an independent predictor of death in chronic Heart Failure (HF). Our aim is to study the prognostic value in those with decompensated advanced HF (DAHF).

Methods and Results: A cohort of 479 patients with DAHF, admitted to an advanced heart failure unit (mean age 59+-14 years, mean left ventricular ejection fraction 28% +/- 20%) was analyzed. Demographic, clinical and laboratory data was collected and a long-term follow up was performed. Patients with hypoalbuminemia (defined as serum albumin < 3.8 mg/dl;35%) were more likely to have cardiogenic shock (P<0.0001) and ventricular arrhythmias (p=0.003). Moreover, those patients had also more frequently other markers of poor prognosis, as anemia (p < 0.0001), renal and hepatic dysfunction (p<0.0001), elevated BNP (p<0.0001), thyroid dysfunction (p=0.019), dyslipidemia (p=0.007) as well as B12 vitamin and folate deficiency (p < 0.02), PCR and white blood count elevation (p < 0.03). Regarding medication, there was also a lower usage of ACE inhibitors (p=0.004) and beta-blockers (p<0.0001). At a mean follow-up time of 3 years, patients with hypoalbuminemia had a higher mortality rate (78.4%), compared with patients with normal albumin (58.4% (hazard-ratio 2.5 [95% CI 1.7 – 3.7]).

Conclusion: Hypoalbuminemia is an important determinant in the evaluation of DAHF patients, probably because it is associated with independent prognostic factors and may itself provide incremental prognostic information. This determination is simple and cheap to obtain, but the benefits of albumin administration and targeted nutritional intervention are not clear in available literature.
CASE REPORT: WEGENER GRANULOMATOSIS IN INTENSIVE CARE UNIT: A CHALLENGING DIAGNOSIS
Filipe Rebelo1, Igor Miller2, Dina Carvalho2, Sónia Carvalho2, Paulo Sabulí1, Nelson Barros1, Lurdus Gonçalves1, A. Paula Dias1, António Marques1, Francisco Estaves1. 1Internal Medicine, Centro Hospitalar Trás-os-Montes e Alto Douro - Unidade de Vila Real, Portugal; 2Intensive Care Unit, Centro Hospitalar Trás-os-Montes e Alto Douro - Unidade de Vila Real, Portugal

The authors present and discuss a clinical case of a patient of 44 years old, with a history of arthralgia, recurrent ear infections and cough for two months who presented in the ER referring asthma, headache, fever and productive cough with bloody mucus. The chest x-ray reveal opacity in right upper lobe suggesting an infectious process. Patient was admitted to the Internal Medicine ward, where despite the escalating antibiotic, shows no clinical and radiographical improvement. Although macroscopic findings of bronchoscopies suggested neuroformative process, the microscopic observation was negative for neoplastic cells. By the 16th day of admission, the patient developed Acute Respiratory Distress Syndrome, hemodynamic shock and multiple organ dysfunction and was admitted to the Intensive Care Unit (ICU) for hemodynamic and ventilatory support. Without a proper diagnosis, antifungal and wide spectrum antibiotic treatments were started. The laboratory analysis at ICU reveals anemia, leukocytosis, thrombocytosis, and marked elevation of erythrocyte sedimentation rate. The immunological study showed a positive titer of c-ANCA positive with PR 3 positive. Once confronted with a vasculitic syndrome, steroids were started by 2nd day. The patient slowly responded with imagiological resolution of infiltrates, keeping the right upper lobe opacity. By Day 9, she underwent a biopsy of lung injury with partial resolution of right upper lobe and biopsy of the nasal cavity. Both biopsies revealed vasculitis, capillaritis and the existence of a granulomatous inflammatory infiltrate, confirming the diagnosis of Wegener’s granulomatosis. By the 12th day of ICU patient was extubated. Patient was transferred to another Internal medicine department, where adjuvant treatment with cyclophosphamide was started. As we see in this case, the delay in diagnosis can lead to adverse outcome, requiring intensive care support or even be fatal.

SEPTIC SHOCK – DISSEMINATED INTRAVASCULAR COAGULATION (INTERESTING CASE)
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The goal of this publication is the description of an especially challenging case due to the unusual presentation, with multiple organ failure (MODS) and disseminated intravascular coagulation (DIC) following a bacterial infection. An 18 y/o white female initially presented to the emergency department with a fever of 8 hours duration which was presumed to be of viral etiology. 12 hours later she returned to the ER with persisting fever and deterioration of her condition, which included malaise, a disseminated hemorrhagic skin rash, mucosal lesions, acute renal and circulatory failure, a decreased mental status and abnormal coagulation – but without any meningeal symptoms. The clinical and laboratory presentation lead to the presumption of an underlying bacterial infection leading to septicemia and septic shock, further complicated by MODS and DIC, without the identification of a specific pathogen. The patient’s critical condition required tracheal intubation and admission to the ICU, where she received supportive and antibiotic treatment including transfusions with 76 platelets, 13 FFP, 12 RBC’s and renal dialysis.

After the patient’s gradual recovery in the ICU, she was transferred to the Internal Medicine Department for further treatment and physical therapy. Although the use of diagnostic procedures was substantially limited by the patient’s critical condition, the patient’s initial quick deterioration, the results of the laboratory and imaging studies, the exclusion of other diagnoses – supported also by the gradual recovery with the therapy provided – strongly favored the most likely cause of septic shock to be a bacterial meningitis, in particular fulminant meningococcemia.

STUDY OF CORPORAL COMPOSITION IN A MEDICINE DEPARTMENT
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Background: Body composition parameters can be correlated with several pathologies. While height, weight and waist circumference are easy to access, they may be relatively insensitive to bone, muscle, or visceral fat mass. Methods: To explore Internal Medicine inpatient corporal composition using bio-impedance metrics, a sample of 41 cases was evaluated regarding a number of physical parameters through a monitor of segmental bioelectric impedance (Tanita BC 545). Results: 65,9% were males; mean age was 63,29 years [21–90]. Mean weight was 72,6 Kg [32,7–99,2], height 105 cm [138-190], BMI 26,5 [17,2-37,1] 5 months who presented in the ER referring asthenia, headache, fever and cough for two years history of arthralgia, recurrent ear infections and cough for two months who presented in the ER referring asthma, headache, fever and productive cough with bloody mucus. The chest x-ray reveal opacity in right upper lobe suggesting an infectious process. Patient was admitted to the Internal Medicine ward, where despite the escalating antibiotic, shows no clinical and radiographical improvement. Although macroscopic findings of bronchoscopies suggested neuroformative process, the microscopic observation was negative for neoplastic cells. By the 16th day of admission, the patient developed Acute Respiratory Distress Syndrome, hemodynamic shock and multiple organ dysfunction and was admitted to the Intensive Care Unit (ICU) for hemodynamic and ventilatory support. Without a proper diagnosis, antifungal and wide spectrum antibiotic treatments were started. The laboratory analysis at ICU reveals anemia, leukocytosis, thrombocytosis, and marked elevation of erythrocyte sedimentation rate. The immunological study showed a positive titer of c-ANCA positive with PR 3 positive. Once confronted with a vasculitic syndrome, steroids were started by 2nd day. The patient slowly responded with imagiological resolution of infiltrates, keeping the right upper lobe opacity. By Day 9, she underwent a biopsy of lung injury with partial resolution of right upper lobe and biopsy of the nasal cavity. Both biopsies revealed vasculitis, capillaritis and the existence of a granulomatous inflammatory infiltrate, confirming the diagnosis of Wegener’s granulomatosis. By the 12th day of ICU patient was extubated. Patient was transferred to another Internal medicine department, where adjuvant treatment with cyclophosphamide was started. As we see in this case, the delay in diagnosis can lead to adverse outcome, requiring intensive care support or even be fatal.

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Conclusion: The usage of bioimpedance in Internal Medicine wards may open new avenues to explore corporal composition in relation to current metrics, namely showing that waist circumference alone may not suffice when accessing visceral fat contents.

IATROGENIC IMMUNOSUPPRESSION SECONDARY TO IMMUNE THROMBOCYTOPENIC PURPURA TREATMENT
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Background: Intravenous immunoglobulin (IVIG) has been used to treat immune thrombocytopenic purpura (ITP). It is generally considered a safe therapy. However, there are a few reports of neutropenia after IVIG administration, occasionally severe enough to require discontinuation of this therapy. The nadir of neutrophil count may occur 24 hours to 1 week after initiating treatment and can last from 2 days up to 4 weeks. Several mechanisms for IVIG associated neutropenia have been proposed. No significant infectious complications have been reported. Previous treatment with corticosteroids has shown to be protective against the neutrophenic effect of IVIG.

Case: The authors report the case of a 69-year-old woman admitted for ITP, with a platelet count of 2000/µL. She was given corticosteroids in increasing doses, having occurred successive relapses. IVIG was administered for 5 days, which led to sudden increase in platelet count (60000/µL). Within 2 days of the first administration, drops in leucocyte (from 8600/µ to 1400/µl) counts were observed, reaching a nadir by the 21st day after the administration. By then, the patient was admitted to an intensive care unit due to severe pneumonia, which progressed into acute respiratory distress syndrome (ARDS), with death occurring 2 weeks later.

Conclusion: This case reports a long-lasting neutropenia occurring after IVIG administration, highlighting the potential risks this therapy holds. The protective effect of pre-treatment with corticosteroids may not occur and its use causes further immunosuppression, which may lead to severe consequences.

RED BLOOD CELL DISTRIBUTION WIDTH PREDICTS MORTALITY IN DECOMPENASATED ADVANCED HEART FAILURE
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Background: Red blood cell distribution width (RDW) as well as anaemia are important predictors of morbidity and mortality in acute and chronic heart failure (HF). We assessed the prognostic value of RDW values regarding mortality, regardless of haemoglobin levels and anaemia status in those with decompensated advanced HF (DAHF).

Methods and Results: During a 3-year period, we retrospectively collected data from 339 patients hospitalized with DAHF (mean age 59±15 years, 72.4% men, mean left ventricular ejection fraction 29.5% +/- 12%).
Higher RDW values were associated with increased 3 year mortality or heart transplantation (tertile ≤ 14% = 33%; tertile 14-15,25 = 48% and tertile >15,25 = 58%, p=0,0001) and 3 year mortality (tertile ≤ 14% = 15%; tertile 14,01-15,25 = 26% and tertile >15,25 = 37%, p<0,0001).

A significant association was noted between higher level of RDW and prolonged length of hospitalization (p=0,008), presence of pulmonary hypertention (p=0,006), low cardiac output (p=0,03), haemoglobin (p=0.0001), brain natriuretic peptide (p=0.0001), renal and thyroid (p<0.05) and inotropic support (p<0.05).

Conclusion: In our advanced heart failure population, higher levels of RDW predicted 3-year mortality. Patients with higher RDW had also higher morbidity and progression to heart transplantation, RDW is a measurement that is widely available to clinicians as part of the full blood count, which increased it applicability to clinical practice.

AN UNCOMMON CAUSE OF SEROSITIS
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Background: Medically assisted procreation (MAP) has evolved rapidly over the past two decades with significant progress. Advanced technologies to help a woman become pregnant, including in vitro fertilization (IVF), are now more common than ever. Ovarian stimulation with exogenous hormones has been widely applied to increase the number of oocytes available for fertilization. Ovarian hyperstimulation syndrome (OHSS) is a rare and potentially fatal complication observed in some patients undergoing hormonal stimulation during IVF and has a varied spectrum of clinical and laboratory manifestations.

Methods: We report a case of a 29 year-old woman who presented to the emergency room with complaints of dyspnea, lower abdominal pain, abdominal distension, nausea and vomit 14 days following ovulation induction (carried out in a private clinic) by gonadotropin.

Results: Blood investigations showed leukocytosis, hemoconcentration (hemoglobin of 16 g/dl, hematocrit of 48%), low serum albumin, hyponatremia and a positive pregnancy test. The diagnosis of severe OHSS was confirmed by ultrasound scan revealing enlarged, multi-cystic ovaries 8 x 10 cm each, ascites and bilateral pleural effusion.

Conclusion: OHSS can be classified as mild, moderate or severe. Severe cases, as the one we report, can be life-threatening and may range from electrolytic disorders, neurohumoral and haemodynamic changes, hypoalbuminemia, hemoconcentration to pulmonary manifestations, liver dysfunction, thromboembolic phenomena and febrile morbidity. Being familiar with this condition will lead to early recognition and will allow for an appropriate diagnostic and therapeutic management in order to prevent serious consequences.

INTERMEDIATE CARE UNIT IN INTERNAL MEDICINE FOR LONG TERM CARE OF INTENSIVE CARE UNIT PATIENTS: COST MINIMIZATION ANALYSIS
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Background: Although ICU constitutes a reduced number of hospital beds, it accounts approximately for 10-15% of the hospital budget. The Intermediate Care Unit in Internal Medicine (MICI) may help provide a quick release to patients attended at the ICU.

Methods: The MICI is a part of the Internal Medicine Department and includes four individual rooms out of an 800-bed teaching hospital, 44 of which in the ICU. The MICI is aimed primarily to admit patients after a long term hospitalization in ICU, usually around 20 days. A Cost Minimization Analysis for those long term ICU patients, once they are no longer intubated, has been performed against two equally effective alternatives: to keep the patients in ICU until they are transferred to the appropriate service floor, or to transfer them earlier (5 days) to MICI.

Results: Taking the cost difference of 671,85 Euro for a total of 3.359,23 for a 5 day stay, and assuming that accepted patients at the MICI is currently 100/year, we could generate savings of 335,923,17 Euro.

Conclusion: MICI is an efficient unit in the process of gradual attention of the Critical Care Patient. Most of the savings are in Personnel cost.

STOP REQUESTING D-DIMERS PLEASE!
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Background: Pulmonary embolism (PE) carries a high mortality if left undiagnosed. It is frequently missed because of variability in its clinical presentation and over-reliance on diagnostic tests. Assessment of clinical probability to predict the likelihood of PE has been validated in several large studies. The aim was to evaluate the degree of compliance with national guidelines (British Thoracic Society) on requesting of CTPA.

Methods: Data was collected retrospectively for all patients who underwent CTPA imaging during January 2011 in a District General Hospital. Auditable standards were identified as follows:

- was a clinical probability assessed?
- were D-dimers requested appropriately?
- was the D-dimer on the CTPA request form?
- was a clinical probability on the CTPA request form?
- were alternative diagnoses considered?

Results: Only 2 of the 59 patients (3%) had a clinical risk documented, including mention of risk factors for venous thromboembolism or clinical prediction rules such as the Wells score. 15 (25%) had a confirmed PE following CTPA. 55 (93%) of the patients had a positive D-dimer which led to the CTPA request.

Conclusion: The use of clinical risk assessment to aid diagnosis of PE was low. There was over-interpretation of D-dimers leading to a high number of inappropriate CTPA requests. To be an effective diagnostic tool, D-dimers and CTPA require concomitant pretest clinical probability assessment. They should only be requested by clinicians who are aware of their limitations.

BLOOD PRESSURE VARIABILITY IN AN OUTPATIENT’S CLINIC
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Background: Natural variation in blood pressure (BP) is a problem in some patients to correctly diagnose arterial hypertension (HT). We aim to increase knowledge in the characterization of such variation.

Methods: Cross-sectional study. BP and heart rate are measured twice in every participant: the first time when they enter the clinic and the second time 10 minutes later. Measurements are made with the conventional technique. BP and heart rate of both measurements are compared and a multivariate analysis to assess the possible relationship between variation of BP and the other study variables is carried out.

Results: A total of 821 visits from 317 patients are included. Mean ± standard deviation (SD) of age of patients is 59 ± 18 years; 483 visits (39.6 %) belong to women. Systolic BP is 144.3 ± 23.6 and 137.1 ± 22.6 respectively in both measurements (P < 0.001), diastolic BP is 76.7 ± 13.2 and 76.5 ± 12.2 (P = 0.922), and heart rate is 79.5 ± 13.5 and 76.6 ± 12.6 (P < 0.001). In a multiple logistic regression an association exists between variation in BP and high BP in the first visit (P < 0.001), younger age (P < 0.001), low BP in the first visit (P < 0.001), high heart rate in the first visit (P = 0.003), and female gender (P = 0.040).

Conclusion: A single measurement of BP must be interpreted with care. BP tends to be higher in the first of two measurements.
OUTPATIENT PARENTERAL ANTIBIOTIC THERAPY (OPAT) IN ATTICA, GREECE

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Objectives: The interest in outpatient parenteral antibiotic therapy (OPAT) is increasing as it is considered an important adjunctive or alternative treatment strategy to hospitalization. We aimed to present our experience regarding OPAT in the area of Attica, Greece.

Methods: We retrospectively evaluated data regarding the demographic and treatment characteristics of patients that sought medical advice from a network of physicians performing house-call visits and received OPAT during a 17-month period (May 2009-September 2010) in Attica, Greece.

Results: Ninety-one patients (69.2% females, median age: 85 years; range: 53-103 years) were identified. The most frequent types of comorbidity were arterial hypertension (25.2%) and dementia (24%), followed by stroke (15.3%). Urinary tract infections (26.3%), aspiration pneumonia (23%), and lower respiratory tract infections (23%) were the most common diagnoses. All patients received intravenous antibiotics. Penicillins (42.2%) and cephalosporins (33.3%), followed by fluoroquinolones were most frequently prescribed. Mean treatment duration was 4.7 days (± standard deviation: 3.3 days). The average total cost per patient was 637€, average total cost per nursing day was 164€. Forty-six (50.5%) patients were cured; 13 (14.3%) were admitted to a hospital and 25 (27.3%) died.

Conclusions: In this clinical setting outpatient parenteral antibiotic therapy (OPAT) was administered mainly to elderly patients with considerable comorbidity. Penicillins and cephalosporins were the most frequently administered antibiotic agents, followed by fluoroquinolones.

Keywords: outpatient, hospitalization, cephalosporins

LUNG SYMPTOMS – BEYOND RESPIRATORY DISEASE

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Background: Lung metastases are the first presentation form of many neoplasias, indicating disseminated disease. In tumor node metastasis (TNM) classification of melanoma, M parameter is subdivided in three-a, b, c. M1b lung metastatic disease of melanoma associated with normal LDH has worse prognosis. Metastases can be asymptomatic and detected in routine tests or easily confused with respiratory illnesses.

Case report: 32-year-old Caucasian woman, presented to our hospital with fever, productive cough with blood tinged sputum, left chest pain and night sweats. Laboratory investigation revealed elevated inflammatory markers and normal LDH. Opacity in lower left lung was visible in chest X-ray. Direct sputum examination was negative for Mycobacterium tuberculosis. She was discharged with Levofloxacin and reevaluation was planned for 2 weeks later. The symptoms persisted and she was then admitted for study. CT scan showed lingular consolidation without air bronchogram. Fiberoptic bronchoscopy washing and brushing were inconclusive. Later, a pleural effusion was detected. Thoracocentesis (hematic fluid) and pleural biopsy were performed, but didn’t reveal adiagnosis. Transthoracic needle biopsy exhibited lung involvement by melanoma in the patient with multiple nevi scattered through the body. PET pointed lung, lymph node, bone and left adrenal metastases. Chemotherapy with Dacarbazine was started. Despite that, clinical progression with uncontrolled pain occurred and the patient died 4 months after diagnosis.

Conclusions: We present this case due to its rarity and to remind the high clinical index of suspicion regarding melanoma.

WHIPPLE’S DISEASE WITH NEUROLOGICAL MANIFESTATIONS

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Introduction: Whipple’s disease (WD) is a rare systemic disease (less than 1000 descriptions in the last 90 years) caused by Tropheryma Whipplei. The presentation with only central nervous system involvement is less frequent (5%). The typical symptoms include cognitive impairment, eye motility disturbances and movement disorders.

Patient: A 69 years old woman was admitted in our Hospital because progressive ataxia, paraparesis, bradykinesia, hand’s tremor and psychiatric disturbances (major depression and mixed hallucinations) since 2 years ago. During hospitalization she showed progressive neurological deterioration with delirium, cognitive decline and severe parkinsonism, limb myoclonic jerks with elevated transaminases. She did abdominal tomography showed bowel wall intense contrast uptake in the ilion terminalis. The lumbar puncture showed positive Polimerase Chain Reaction (PCR) for Tropheryma Whipplei. WD of the Central Nervous System (CNS) was diagnosed because she had one of the major diagnostic criteria ( Louis et al ) - positive PCR in cerebrospinal fluid - and began treatment with Ceftriaxone during 15 days and continued with Cotrimoxazol. Actually she receives treatment with Cotrimoxazol. She had minimal recovery nevertheless the level of consciousness improved (Mini-Mental State Evaluation-Folstein: 2 points at discharge)

Conclusions: WD is a diagnostic challenge, because cardiac and CNS involvement are misdiagnosed, implies many differential diagnosis like encephalopathies, encephalitis, demyelinating and granulomatosis diseases, CNS vasculitis, chronic CNS infections, early stages of Alzheimer’s disease, Creutzfeldt-Jakob and Machado-Joseph diseases. WD is treatable and we must thinking about this disease in patients with atypical or undefined neurological disturbances.

OSTEOCALCIN AND METABOLIC SYNDROME


Background: Osteocalcin (linear peptide hormone synthesized by osteoblasts) may play a role as an endocrine signal and thus participate in the control of energy metabolism and glucose homeostasis through its effects on adipocytes and pancreatic beta cells. Therefore, other metabolic disorders associated with high cardiovascular risk may be accompanied by changes of osteocalcin plasmatic levels.

Objectives: The aim of this study was to determine the presence of metabolic abnormalities associated with high cardiovascular risk according to the osteocalcin concentration, in order to assess whether low levels of osteocalcin may be involved or contribute to the development of metabolic syndrome.

Material and Methods: We studied 29 patients who had lower serum levels of osteocalcin to 2.7 ng/dl. In this population has given the following cardiovascular risk profile: LDL, HDL, glucose, triglycerides, BMI and presence of metabolic syndrome. The data are processed with spss version 16.0. Statistical tests are used chi square and Mann-Whitney.

Results: The metabolic syndrome was present in 55.2% of the sample. Hypertension was the most frequent component trait, present in 51.7%. The proportion of low levels of osteocalcin in patients with metabolic syndrome was 60% (p = 0.68).

Conclusions: Low levels of osteocalcin are related, but not significantly, with an increased incidence of metabolic syndrome. This feature could be related as an indirect marker of cardiovascular risk. However, further studies are needed to confirm this hypothesis.

VASCULAR RISK FACTORS AND METABOLIC SYNDROME IN PATIENTS HOSPITALIZED WITH ACUTE CORONARY SYNDROME

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Background: The prognostic significance of the metabolic syndrome is unsettled.

Objective: To assess the prevalence of the main vascular risk factors (VRF) and the metabolic syndrome (MS) in the patients hospitalized with acute coronary syndrome.

Methods: Retrospective chart-review of the patients hospitalized from January 1-April 30, 2011 by an acute coronary syndrome in our hospital. Variables included: sex, age, weight, height, BMI, waist and hip perimeters, smoking, physical activity, blood pressure, diabetes mellitus, arterial hypertension, hypercholesterolemia, hypertriglyceridemia, cholesterol and triglycerides levels, glucose levels, BUN, creatinine and liver enzymes. For the diagnosis of MS syndrome was established by the ATP III criteria.
Results: Seventy-eight patients, 65.5 +/- 4.4 years old (age range: 31 to 84 years), with 34 women (43.6%) were included. 43 patients (55.1%) fulfilled diagnostic criteria of the syndrome. Increased waist/hip circumference ratio was observed in 38 patients (48.7%). Twenty-five patients fulfilled 3 diagnostic criteria (58.1%), 10 patients 4 diagnostic criteria (23.3%) and 8 patients fulfilled all the diagnostic criteria (18.6%). Prevalence of VRF: 43.6% for obesity (BMI > 30 Kg/m2), 68.4% arterial hypertension, 65.4% smoking, 58.9% elevated cholesterol levels, 53.8% sedentarism, 45.9% diabetes mellitus and 44.9% elevated triglycerides. MS was associated with the occurrence of an acute coronary syndrome (p < .01).

Conclusions: Patients hospitalized for an acute coronary syndrome have an elevated prevalence of vascular risk factors and the metabolic syndrome. This syndrome, in spite of the discrepancies on its prognostic significance, is associated with an increased risk for an acute coronary syndrome.

CERVICOFACIAL ACTINOMYOCOSIS
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Background: Actinomycosis is an uncommon, chronic bacterial infection caused by Actinomyces species, normal inhabitants in the oral cavity, respiratory and digestive tracts. This is characterized by suppuration, abscess formation, tissue fibrosis and granuloma formation. Actinomyces species are anaerobic bacteria that cannot penetrate healthy tissue. It has three main forms cervicofacial, pulmonary and abdominal. Actinomyces israelii is the most common pathogen. It is diagnosed by examining the exudates and infected tissue. Gram staining reveals gram positive long-branching filaments. The histologic and microscopic diagnoses are made by the finding of sulfur granules in the specimens; incisional biopsy is often undertaken to determine a diagnosis. Prolonged antimicrobial therapy with penicillin has typically been recommended.

Case Report: We present the case of 50 years old, female, with personal history of Diabetes Mellitus type I, who was admitted to our hospital because fever of 38°C and painful right submaxillar mass, six weeks before admission the patient had suffered dental manipulation. At physical examination we found a painful, hard, red, and hot right submaxillary mass of about 3 cms of diameter running to right lateral cervical region. Lab test shown severe leukocytosis, hyperglycaemia and raised ESR and CRP. Cervicofacial CT scanner shown bulky and heterogenic right laterocervical mass.

Cytology and the culture of material obtained shown Actinomyces radiigae. Incision and drainage of abscess, following of Penicillin G 24 millions U/d IV daily was the treatment with an excellent clinical response.

ALCOHOL USE DISORDERS AND ITS DETECTION AMONG MEDICAL INPATIENTS IN EUROPE. THE ALCHIME STUDY. FIRST PHASE DATA
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Background: This project aims to investigate the prevalence of alcohol use disorders (AUDs) in medical wards across Europe and to assess its recognition by physicians.

Methods: Point-prevalence, multicentre study performed in 8 European countries. Patients were screened with the AUDIT-C and the SIAC questionnaires. Drinking patterns were determined using ICD-10 criteria. Medical records were reviewed to collect information about recording of alcohol use.

Results: We interviewed 2123 (79%) inpatients [1114 (52%) men; mean age 67.9 ± 17.3 years]. Reasons for admission were not alcohol-related in 2031 (95%) patients. Overall, 300 (14%) patients had current AUDs. Drinking patterns were: non-drinkers 984 (46%), low-risk 773 (36%), hazardous 163 (8%), harmful 63 (3%), dependent 74 (2%), and unknown pattern 19 (1%). There were significant differences in the prevalence of AUDs between countries with range of 22% for France and 8% for Estonia. We reviewed 2100 (98%) medical records. Alcohol consumption was recorded in 920 (44%) patients. Recording was more frequently performed in patients with AUDs than in the other patients (58% vs 41%). Quantitative recording was performed in 119 (13%) with significant differences among countries ranging from 46% of medical records in Austria to 0% in Latvia.

Conclusion: AUDs are frequent among European patients hospitalized for reasons not alcohol-related. They are frequently undetected during hospitalization. Adequate quantification of alcohol intake is rarely performed. We stress the need to implement measures to increase and improve the detection and recording of alcohol use among hospitalized patients.

NECROTISING PNEUMONIA WITH STAPHYLOCOCCUS AUREUS CARRYING PANTON-VALENTINE LEUKOCIDIN GENES: AN UNDERESTIMATED GRAVITY?
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Background: Panton Valentine Leukocidin (PVL) associated staphylococcal pneumonia is a distinct clinical entity affecting healthy young people. Its physiopathology is well known and its clinical specifications were recently described. Our study aims to assess the clinical, biological and radiological features of S. aureus pneumonia due to PVL.

Methods: Our study reports a serie of ten retrospective cases of PVL-associated staphylococcal pneumonia. We studied the clinical, biological and radiological features with a standardized questionnaire. We compared our data with a serie of ten S. aureus pneumonia without leukocidin by a statisti-

analysis.

Results: We report on 8 men and 2 women without any immunodepression. Four of them had an influenza-like syndrome a few days before. The median age was 29.5 years for the PVL-positive patients and 64.2 years (59.2-81.4) for the others (p=0.001). No clinical difference was found between PVL positive and PVL negative pneumonia. A neutropenia (p=0.039) and a higher level of C reactive protein (p=0.012) was found in PVL positive pneumonia. SAPS2 (Simplified Acute Physiology Score) and PSI (pneumonia severity index) scores in PVL pneumonia were lower than in PVL negative pneumonia.

Conclusions: PVL-producing S. aureus causes rapidly progressive, haemor-
hagic, necrotising pneumonia, mainly in healthy children and young adults. In 40% of the cases, the pneumonia is preceded by influenza-like symptoms. There is no clinical distinction in our study. A neutropenia must alarm the physician. In our study, the gravity scores seem to under-estimate the risk of unfavourable evolution in spite of a high lethality rate.

IDIOPATHIC VENOUS THROMBOEMBOLISM: RISK FACTORS OF RECURRENTITY AND OPTIMAL DURATION OF ANTICOAGULANT THERAPY
Pedro Ruiz-Artacho, Jose Maria Pedrajas-Navas, Angel Molino-Gonzalez, Vanesa Sendin-Martin, Nike Sanchez-Martinez, Belen Gonzalez-Casanova, Emilio Agrela-Rojas, Vanesa Lopez-Pelaez, Angeles Martin-Serrat, Isabel Jimenez, Ruth Velarde, Pedro Gonzalez-delara. Hospital Clinico San Carlos

Background: Unprovoked venous thromboembolism (VTE) has a high inci-
dence of recurrence. The optimal duration of secondary prophylaxis is not estab-

lished. Predictors for recurrent VTE in these patients are unknown. Our objectives were to identify factors involved to recurrence of thrombo-
embolism and the optimal duration of anticoagulant therapy in patients with idiopathic venous thromboembolism (VTE) and to assess the cumulative probability of recurrence after 18 months.

Methods: Registro Informatizado de Enfermedad Tromboembólica (RIETE) is an ongoing, prospective registry of consecutively enrolled patients with objectively confirmed, symptomatic, acute VTE. We determined independent predictive factors (clinical and analytics) for recurrent venous thromboembolism (VTE) after stopping anticoagulation, including duration of anticoagula-

tion.

Results: Between January 2001 and March 2010, 30949 were included in RIETE. 8939 (28.9%) were unprovoked venous thromboembolism. 2294 were followed after stopping anticoagulation for a median of 5.4 months (IR 2.5-12.0), and had been treated for a median of 6.2 months of anticoagulation (IR 4.1-8.5). Cumulative probability of recurrence, until 18 months of follow up, was 17.5%. There were no significant independent predictor factors for recurrent VTE, including duration of anticoagulation.
Results: were stratified in three groups according to HbA1c values. To assess the impact of three of these guidelines in the HbA1c estimation that 5% of patients experience clinically isolated cardiac involvement.

Methods: When we use the recommended values by the ADA. Results of HbA1c are shown in Table 1.

Conclusions: Prevalence of DM in patients admitted in IMD is high (37.4%). Regardless of the criteria consulted, the percentage of patients with good control of their illness is very poor, however it varies from 54.9 % (ADA) to 35.3% (IDF and NICE). The difference of gradation between these guidelines may influence the therapeutic decision during the clinical practice.

USEFULNESS OF HBA1C DETERMINATION IN DIAGNOSIS OF DIABETES MELLITUS IN PATIENTS ADMITTED TO INTERNAL MEDICINE

Leticia Ruiz-Rivera, Andrés Ruiz-Sancho, Clara Lahoz García, Alfonso Lluna Carrascosa, Manuel Moreno Higuera, Marta García Morales, Jorge Parra Ruiz, Antonio Diez Ruiz. Department of Internal Medicine. San Cecilio University Hospital. Granada. Spain

Background: To identify non-diabetic patients admitted to Internal Medicine (IM) Department fulfilling diagnostic criteria for diabetes mellitus (DM) or at high risk of DM by HbA1c determination.

Methods: As part of a prospective study of early identification of people at risk of developing DM (which is currently ongoing), we have included all hospitalized patients in an IM ward. We elaborated an initial analysis of the data obtained from April to December 2010. HbA1c was determined in all of them. Patients with known history of DM were excluded. The rest of the patients were stratified in three groups according to HbA1c values.

Results: until December 2010, 356 patients were screened and 223 (62.6%) were enrolled. Most of the patients (53.4%) were male with an average of 67.6 years of age. Results of HbA1c values are shown in the following table:

<table>
<thead>
<tr>
<th>HbA1c</th>
<th>n</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>&lt;5.7%</td>
<td>134</td>
<td>60.1</td>
</tr>
<tr>
<td>5.7-6.4%</td>
<td>67</td>
<td>30</td>
</tr>
<tr>
<td>&gt;6.3%</td>
<td>22</td>
<td>9.9</td>
</tr>
</tbody>
</table>

Conclusions: Among patients with no history of diabetes, 9.9% (22 persons) showed diagnostic criteria for DM (HbA1c > 6.5%) and 67 (30%) were at high risk of diabetes. Improving diagnostic accuracy, classification and therapy of DM in those patients would be translated into considerable clinical benefits. ADA recently included the HbA1c values as a diagnostic criteria of DM, as well as scoreboard of risk of future diabetes and cardiovascular disease. Routine determination of HbA1c would identify most of those patients at risk.

GLYCATED HAEMOGLOBIN MONITORING IN A COHORT OF PATIENTS WITH DIABETES MELLITUS ADMITTED IN AN INTERNAL MEDICINE DEPARTMENT

Andrés Ruiz-Sancho, Leticia Ruiz-Rivera, Alfonso Lluna Carrascosa, Clara Lahoz García, César Magro-Checa, Antonio Diez Ruiz. Department of Internal Medicine, Hospital Universitario San Cecilio. Granada. Spain

Background: HbA1c is the most widely used measure of chronic glycaemia. Several therapeutic guidelines on type 2 diabetes have been published in the last years.

Objective: To assess the impact of three of these guidelines in the HbA1c on a group of Type 2 diabetic patients admitted in an Internal Medicine Department (IMD).

Methods: We gathered clinical and laboratory data, including HbA1c and mean glucose levels, from 356 consecutive patients admitted in our IMD between April and December 2010 admitted under different reasons. For a correct metabolic control, classification was made according to recommended values by ADA, IDF and NICE guides.

Results: Patients without history of DM were excluded and 133 patients were selected (37.4%); the average age was 76.43 years old and 57.1% of patients were female. According to IDF and NICE guides, only 35.3% of our patients had a good control of their illness; however this proportion rises to 54.9% when we use the recommended values by the ADA. Results of HbA1c are shown in Table 1.

<table>
<thead>
<tr>
<th>Good control</th>
<th>Bad control</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDF (&lt; 6.5%)</td>
<td>47 (35.3%)</td>
</tr>
<tr>
<td>NICE(6.57.5%)</td>
<td>47 (35.3%)</td>
</tr>
<tr>
<td>ADA (&lt;7%)</td>
<td>73 (54.9%)</td>
</tr>
</tbody>
</table>

Conclusion: Prevalence of DM in patients admitted in IMD is high (37.4%). Regardless of the criteria consulted, the percentage of patients with good control of their illness is very poor, however it varies from 54.9 % (ADA) to 35.3% (IDF and NICE). The difference of gradation between these guidelines may influence the therapeutic decision during the clinical practice.

AL AMYLOIDOSIS MANIFESTING AS ISOLATED CARDIAC DISEASE – CASE REPORT AND THE REVIEW OF CASES OF PRIMARY AMYLOIDOSIS

Vânia Sá-Araújo1, Joaquim Andrade2, Teresa Antunes1. São João Hospital – Department of Internal Medicine, Porto, Portugal; São João Hospital – Department of Hematology, Porto, Portugal

Background: Amyloidosis AL is an uncommon systemic disease characterized by deposition of insoluble fibrillar protein in different organs. It has been estimated that 3% of patients experience clinically isolated cardiac involvement.

Methods: The authors present a case report of cardiac amyloidosis and review the cases of primary amyloidosis followed at our institution between 2000 and 2010.

Results: A 76-year-old female patient presented to the emergency department with exertional dyspnea, in which a pericardial effusion was diagnosed. The investigation study was negative and as the symptoms improved, the patient was discharged. Two weeks later, she was admitted with acute heart failure. Electrocardiogram and echocardiogram raised the hypothesis of cardiac amyloidosis and the diagnosis was confirmed through endomyocardial biopsy. Laboratory parameters included an increase in cardiac biomarkers and a presence of a monoclonal gammopathy in immunoelectrophoresis. The patient was managed by chemotherapy associating bortezomid and dexamethasone.

This entity gave reason for a review of the cases diagnosed at our department with primary amyloidosis. The study group included 18 men and 14 women with a mean age of 69 years. The most frequent presentation feature was renal. Cardiac involvement was suspected in 16 patients, but only 5 were confirmed through endomyocardial biopsy (8 patients are dead).

Conclusion: Clinical signs of heart failure can be the presenting feature of amyloidosis, however, it remain undiagnosed due to the rarity and lack of suspicion on part of physician. Cardiac involvement represents the most important prognostic determinant, with a median survival of one year from diagnosis.

AN OVERVIEW OF FAMILIAR TULAREMIA IN KOSOVO

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Background: In 1999/2000 epidemic of tularemia was established for the first time in Kosovo and 22 cases were reported. Aim of our study is presentation of the familial epidemics of tularemia in Kosovo during 2010-2011 and analysis of epidemiological, clinical, and treatment of tularemia in Kosovo.

Methods: We have analyzed 4 family cases (included 8 patients) which were from the endemic regions of Kosovo. All the cases were from rural areas. We have analyzed data from their medical histories included anamnesis, physical examination, laboratory analyses and treatment.

Results: 3 family cases were supplied with water only from wells one was supplied from two sources: form well and from city water supply. Mean age of patients was 21.25 years. Clinical manifestation were: lymphadenopathy, temperature, neck pain, neck lymphadenopathy, axillary and supraclavicular lymphadenopathy. Erythrocyte sedimentation rate was increased in all patients and hemogram was in normal values. The other biochemical analy-
Efficacy of Leflunomide Addition in Relation to Prognostic Factors for Patients with Active Early Rheumatoid Arthritis Failing to Methotrexate in Daily Practice

Grigoris Sakellarios, Charalampos Berberidis. 424 General Military Hospital

Background: The recommendations of European League Against Rheumatism (EULAR) for the management of rheumatoid arthritis (RA) suggest different therapeutic approach to failure to methotrexate (MTX) according to the presence or not of poor prognostic factors.

Methods: Retrospectively, in our patients with active early RA (Disease Activity Score in 28 joints (DAS28) >3.2) failing to initial MTX monotherapy, we investigated whether leflunomide (LEF) addition had different efficacy in relation to the presence or not of poor prognostic factors.

Results: Of 20 patients in whom LEF was added, fifteen (2 males, 13 females) tolerated the combination. Five patients had no poor prognostic factors. Four (80%) of them achieved remission or low disease activity (LDA) according to DAS28 and also a good response with EULAR criteria. For the 10 patients with at least one poor prognostic factor, there was remission or LDA in 4 (40%) patients and a good EULAR response in 3 (30%) patients (Table 1). By Fisher’s exact test, it was found no significant difference in remission or LDA (p=0.28) according to DAS28 and good response (p=0.12) with EULAR criteria between the two groups of patients. In all patients with inadequate response to combination LEF+MTX, the substitution of a TNF inhibitor for LEF or the addition of a TNF inhibitor to combination led to remission or LDA.

Table 1

<table>
<thead>
<tr>
<th>Poor prognostic factors</th>
<th>DAS28</th>
<th>EULAR response</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;2.6 (n=9, no.)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3.2 ≤ &lt;3.2 (n=5, no.)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3 (n=4, no.)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>&gt;3.2 (n=1, no.)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

DAS28, Disease Activity Score in 28 joints; EULAR, European League Against Rheumatism; LEF, leflunomide; MTX, methotrexate; RF, rheumatoid factor

Conclusion: Large studies are required to investigate the efficacy of LEF addition in relation to prognostic factors in patients with active RA failing to initial therapy with MTX alone.

Unusual Case of Primary Cardiac Sarcoma

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Primary cardiac tumours are rare entities. In a series of autopsies an incidence of less than 0.1% was found. In comparison, metastatic involvement of the heart is over 20 times more common. Although the overall incidence is low, these cardiac tumours provide unique diagnostic and therapeutic challenges. We report a case of a young lady who presented to our hospital with a history of increasing shortness of breath and fatigue. Pulmonary embolism was ruled out and subsequent Transthoracic Echocardiography (TTE) revealed the presence of a left atrial mass with features of atrial myxoma. Histopathology confirmed the mass to be a malignant peripheral nerve sheath tumour (MPNST) type cardiac sarcoma.

Case presentation: A 52 years old lady presented to the emergency department with two weeks history of increasing shortness of breath, fatigue and worsening exercise tolerance. She had no past medical history. Her chest x-ray showed bilateral pleural effusions, blood results were all normal and her electrocardiogram showed sinus tachycardia. An urgent transthoracic echocardiography was performed and showed a large left atrial mass prolapsing through the mitral valve and filling part of the left ventricle cavity (Fig. 1). She was referred urgently to the cardiac surgeons. Intra operatively the appearance was of a myxoma and the mass was removed completely, base was excised and the atrial wall and intra –atrial septum were patched with a pericardial patch. Post operatively she showed a good recovery and her symptoms improved dramatically. The histology of the excised mass was suggestive of an unusual form of primary sarcoma, Trojani Grade 3 with immunocytochemical pattern suggesting a malignant peripheral nerve sheath tumour MPNST (Fig. 2). To rule out distant metastases she had a full body computed tomography (C.T) scan which showed no metastatic spread. Cardiac Magnetic Resonance (MRI) and a repeat transthoracic and transophageal echocardiography five weeks post operatively didn’t show any evidence of residual tumour. She was eventually referred for radiotherapy with plans of close follow up for recurrence.

Discussion: Primary cardiac tumours are rare and account for only 0.0017 – 0.19 % in unselected patients at autopsy. Approximately 25 % are malignant of which cardiac sarcoma presents 75 % (2, 3). It commonly affects the right heart and carries a poor prognosis.

In a large reported series of cardiac sarcomas, angiosarcoma was the commonest (37%) followed by malignant fibrous histiocytoma (MFH) 24%, leiomysarcoma 9%, rhabdomyosarcoma 7%, unclassified 7%, others 16%. On the other hand, malignant peripheral nerve sheath tumour (MPNST) is an extremely rare type of cardiac sarcomas and only accounts for 0.75 % of all cardiac tumours. MPNST previously had different nomenclature as malignant schwannoma, neurofibrosarcoma and neurogenic sarcoma and therefore it has been difficult to assess the exact number of similar reported cases. It originates from the cardiac plexus and branches of the vagus and phrenic nerves. The presenting symptoms depend on the location and the extent of tumour. They manifest by one of the four mechanisms: local invasion causing arrhythmia or pericardial effusion, obstruction to blood flow and valvular function, embolism or systemic symptoms of dyspnoea, fever malaise and weight loss. Dyspnoea is the commonest symptom 60%, followed by chest pain 28%, congestive cardiac failure 28%, palpitations 24%, fever 14%, myalgia 10%, embolism 5% and constitutional symptoms of weakness, fever, anaemia. The mean age of presentation is the fourth decade and is rarely seen in childhood. These highly malignant tumours rapidly infiltrate all layers of the heart and metastasise widely. Hence up to 80% of patients have evidence of metastasis at the time of presentation. Transthoracic echocardiography is an easy and quick modality of identifying intracardiac tumour, the location and any haemodynamic consequences. Transoesophageal echocardiography is frequently used for a more comprehensive study of the tumour. C.T scan

Reference:

1. Reference

2. Reference

3. Reference

Fig. 1. 2-D Transthoracic echocardiography apical 4 chambers view. A mass visualised in the left atrium prolapsing through the mitral valve.

Fig. 2. Histological staining demonstrating MPNST changes, necrotic small cells tumour made up of spindle and round cells in a myxoid stroma with extensive mitotic activity and necrosis.
Efficacy of Bromocriptine in Patients with Active Rheumatoid Arthritis Receiving Methotrexate Therapy

Mansour Saleji, Somayeht Sadeghifaddazavareh, Peyman Nasri, Nasrin Namdarigharaghi, Isfahan University of Medical Sciences, Isfahan, Iran

Background: To determine the efficacy of oral bromocriptine in patients with active rheumatoid arthritis (RA) who are in methotrexate (MTX) therapy.

Methods: Patients receiving stable doses of MTX were randomized to one of two dose groups and received 12 weeks of double blind bromocriptine (5 mg/day) or matching placebo. The moderate and major efficacy measure was the proportion of patients with >0.6 and >1.2 improvement in RA based on the Disease Activity Score 28 (DAS 28) at 12 weeks. Safety measures included adverse events and laboratory assessments.

Results: On a background of MTX, the percentage of patients with a moderate/major DAS 28 response at week 12 in the bromocriptine groups (73.8%/59.5%) was significantly different from placebo (63.1%/31.6%). Adverse events were similar in both groups.

Conclusion: In patients with active RA receiving stable doses of MTX, bromocriptine showed significant improvement in efficacy outcomes compared to placebo.

Metabolic Bone Assessment Following Adalimumab Treatment in Crohn’s Disease

Daniel Sánchez-Cano1, Ricardo Ruiz-Villaverde2, Carmen Olivera-Porcé1, José Luis Callejas-Rubio1, Carlos Cardeña5, María Gómez6, H. S. Cecilio, Granada, Spain; 6Gastroenterology Dep. H. V. de las Nieves, Granada, Spain

Background: To investigate the metabolic bone involvement in patients with active Crohn’s disease (CD) who have been treated with adalimumab (ADA).

Methods: 17 CD patients receiving ADA were included. Bone mineral density (BMD) and bone turnover markers were measured at baseline, at 2 and at 12 weeks of treatment. Adverse events and laboratory assessments were also evaluated.

Results: The BMD and bone turnover markers (BMP, OPG, OCN and ICTP) significantly improved in both groups, though not significantly.

Conclusion: Adalimumab might ameliorate bone loss in CD, at least at FN, but the improvement is not statistically significant.

Primary Percutaneous Coronary Intervention (PCI) in 2 District General Hospitals in the United Kingdom – A New Model of Care

Smiti Saraf1, Belinda Sandler1, Katarzyna Dickinson1, Eric McWilliams1, Guy Lloyd1, Steve Furniss3, Nikhil Patel2, Neil Sulke1, David Walker1, Conquest Hospital, Hastings, UK; Eastbourne District General Hospital, UK

Introduction: Mapping of travel times in East Sussex have shown a geographic area which is difficult to serve from other planned PCI centres (Brighton and Ashford) due to distance and poor road infrastructure. Modelling has suggested that even with optimal door to balloon times, the extra journey time would mean many East Sussex patients would fail to reach call to balloon times of < 120 minutes. Therefore, a pilot model to provide PCI for East Sussex was developed between Conquest Hospital, Hastings and Eastbourne District General Hospital.

Methods: Both Conquest Hospital and Eastbourne DGH provide PCI services Monday to Friday between 0900-1700 hours, with one site on call out of hours on alternate weeks. This pilot has been running since January 2009 and 9 months data has been retrospectively analysed. (1 year data will be presented subject to acceptance).

Results: Between January – October 2009, 77 PCI were done across the two sites. Mean age was 66 and there were 71% males, and 29% females. Median door to balloon time was 71 minutes (<90 minutes in 77%), median call to balloon time 110 minutes (<120 minutes in 53%) and median pain to call time 70 minutes. Overall, 82% patients had a bare metal stent and 18% drug eluting stent. GP263a inhibitors were used in 65% cases.13% patients presented in cardiogenic shock, for which inpatient mortality was 70%. For patients not in cardiogenic shock, mortality at 30 days was 4.4%.

Conclusion: Early results from this pilot study suggest shared delivery of PCI services to remote areas is a reasonable option. Our door to balloon times have steadily improved over the 9 month period, with greater experience. There is a high incidence of cardiogenic shock locally, partly because of the elderly population we serve, although one younger patient with learning difficulties also presented late in cardiogenic shock.

Adult-onset Still Disease

André Santa Cruz, André Carneiro, Ana Antunes, Olinda Caetano, Paulo Gouveia, Francisco N Gonçalves. Braga Hospital, Braga, Portugal

Background: Fever of unknown origin (FUO) remains a diagnostic challenge due to the wide range of possible causes and the heterogeneity of some clinical entities.

Clinical Case: A 35-year-old woman, black-skinned, with a personal history of hyperthyroidism, was admitted to emergency room due to intense myalgia lasting for 10 days, spiking fever (>39°C) for a week and a 3-day migratory sore throat and denied skin lesions. Excepting the heat felt in the left knee, physical examination showed no alterations. She was hospitalized and treated with ibuprofen, tramadol, ceftriaxone (10 days) and doxycycline (14 days). Blood tests revealed: anemia (Hb 9.9 g/dL), leucocytosis (23.000 u/L), ANAs and rheumatoid factor were both negative.

Conclusion: Still Disease shall be considered in cases of FUO but even after diagnosis special awareness of possible complications and treatment’s adverse effects is required.
31/38 were treated with correct anti-biotics (pipercillin + tazobactam) as per local guidelines. 6/38 received full 7 day course as per guidelines. Overall mortality was 42%, with 80% mortality in RF patients. The mortality in patients with respiratory disease was 37%.

Conclusions: HAP is a serious illness with a high mortality especially in RF patients. Our management showed that not enough samples for culture were sent and most of the patients did not receive full duration of IV therapy. This may be due to lack of knowledge, late diagnosis and individual preferences in the absence of a consensus guideline. There is an urgent need for research and development of European guidelines for management of HAP. We have developed a flow chart for the management of HAP and will present this at the meeting.

Reference

PREVALENCE OF LIFESTYLE RISK FACTORS AND RELIABILITY OF PATIENT SELF REPORT
Willie H. Scharwächter, Sander WM, Keet, Katrin Stoeckleim, Stephan A. Loer, Christa Boer. Department of Anesthesiology, Institute for Cardiovascular Research, VU University Medical Center, Amsterdam, The Netherlands

Background: Increasing evidence shows that acquired lifestyle risk factors are unbeneficial for anesthesia and surgical outcome. The present study investigated the prevalence of these risk factors in a general population admitted for surgery in a large teaching hospital, and evaluated the reliability of the prevalence of self-reported lifestyle risk factors by patients.

Methods: Patients (n=1111) filled out a questionnaire about lifestyle risk factors (smoking, drugs and alcohol use, hypertension, diabetes mellitus, overweight and inactivity). The self-reported risk factors by patients were compared with risk factors stated in the preassessment report of the physician.

Results: The population was 51 ± 17 years of age (56.6% females) with an average body mass index (BMI) of 25.6 ± 4.7 kg/m2. The most frequently reported lifestyle risk factors by the physician were overweight (47.5%), smoking (25.3%) and hypertension (23.7%). The prevalence of 0 – 6 lifestyle risk factors in the population was 26.9%, 35.7%, 23.5%, 11.0%, 2.7%, 0.1% and 0.1%, respectively. Patients with more lifestyle risk factors were older and had a higher BMI. Underreporting of lifestyle risk factors by patients occurred especially with overweight (26.5%) and hypertension (19.6%) when compared to physician reports (47.5% and 23.7%, respectively). In about 3% of cases, physicians overlooked excessive alcohol abuse by the patient.

Conclusions: The prevalence of lifestyle risk factors in the preassessment outpatient patient population is high. Physicians should be aware of underreporting of lifestyle risk factors by patients, which may suggest that some patients are unaware of their unhealthy state.

RISK FACTORS AND PROGNOSTIC MARKERS IN WERNICKE ENCEPHALOPATHY: A PILOT STUDY
Elena Seco, Javier Marnotes, Camino Mouronte, Lara Rey, Almudena Pérez-Iglesias, Paula Rodríguez-Alvarez, Verónica P.Carral, Inés F. Regal, Beatriz Suárez, Elvira González-Vázquez, Jose-Luis Jiménez, Antonio-J Chamorro. Department of Internal Medicine, Complejo Hospitalario de Ourense, Ourense, Spain

Background: Wernicke’s encephalopathy (WE) is a neuropsychiatric disease secondary to thiamine deficiency characterized by mental confusion, ophthalmoplegia and gait ataxia. The study aims to analyze possible risk factors and prognostic markers in WE.

SYSTEMIC LUPUS ERYTHMATOSUS AND HOMOCYSTEINE: IS THERE ANY RELATIONSHIP?
Sima Sediqie1, Zahra Rezaiz Vazdi2, Mohammad Reza Hafe9, Mehrdad Aghaie1, Sima Besharat2, Shahareh Hezarkhani1. 1Department of Rheumatology, Golestan University of Medical Sciences, Gorgan, Iran; 2Department of Rheumatology, Mashhad University of Medical Sciences, Mashhad, Iran; 3Golestan Research Center of Gastroenterology and Hepatology, Golestan University of Medical Sciences, Gorgan, Iran; 4Department of Endocrinology, Golestan University of Medical Sciences, Gorgan, Iran

Background: Systemic lupus erythematosus (SLE) is an inflammatory multigorgan disease with unknown origin, variable clinical manifestations and laboratory findings. Coronary artery disease is an important cause of mortality and morbidity in these patients. This study was designed to evaluate homocysteine as a new risk factor for cardiovascular complications.

Methods: Sixty known case of SLE and 30 healthy controls were included. Disease activity in patients was assessed using the Systemic Lupus Erythematosus Disease Activity Index (SLEDAI). Age, sex, drug history, diabetes mellitus, hypertension>140/90mmHg, Body Mass Index (>30kg/m2), early menopause (amenorrhea before 40 years old) and coronary artery disease, disease duration, duration of treatment with corticosteroids and anti malaria drugs were recorded in the questionnaire. Hematological and immunological tests were done along with lipid profile, 24 hours urine protein and C-reactive protein in all individuals Analysis was done using chi-square tests, student’s t test or Mann-Whitney test. Correlation was evaluated with Spearman’s rank-order or Pearson’s correlation coefficient.

Results: Homocysteine level was significantly higher in patients than controls (P-value =0.001). Only LDL, HDL and TG had significant relationship with homocysteine level. Homocysteine showed no relationship with the disease activity (P-value =0.609).

Conclusions: Homocysteine could be considered as a potential risk factor for cardiovascular disease in subjects with an inflammatory condition such as Systemic lupus erythematosus.

TWO RARE CASES OF NEOPLASMS OF THE NOSE AND PARANASAL SINUSES
Fokion Sefriol1, Efklidis Proimos1, Theognosia S. Chimon1, Debora Klagiaki1, Chariton E. Papadakis1, Serafim Kastanakis1. 1ENT Department, Chania General Hospital, Chania, Crete, Greece; 2Internal Medicine Department, Chania General Hospital, Chania, Crete, Greece

Background: Woman 65 years old presented to the ENT outpatient clinic complaining of gradually worsening nasal congestion, diplopia and lower eyelid swelling. The second case refers to a man of 80 years old, complaining unilateral recurrent epistaxis.

Methods: Patients assessment included full ENT examination, laboratory tests and imaging. In the first case, C/T and MRI scans showed a solid formation of the right maxillary sinus. In the second case, C/T scan showed a compact formation in the left nasal cavity.

Results: In the first case excision biopsy was performed using a combination of Caldwell-Luc and endoscopic approach. Biopsy revealed haeman-
A COMPARISON OF SEROLOGICAL AND HISTOLOGICAL STATUS bodies in patients with documented vitamin D insufficiency. attempt to evaluate the relationship, we therefore tested thyroid auto-anti-D were documented in patients with autoimmune thyroid diseases. In an observed in several autoimmune diseases. Significantly low levels of vitamin D deficiency.

**Conclusion:** Clinical examination raises suspicion, diagnosis is confirmed from histology, extent and staging of disease is achieved with C/T and MRI scanning. Biopsies should be taken with care and after imaging because of high vascularity of these tumors. Appropriate treatment is extended removal of the diseased mucosa.

**RELATIONSHIP OF VITAMIN D DEFICIENCY AND AUTOIMMUNE THYROID DISEASES**

Gulbuz Sezgin1, M. Esref Ozer1, Oya Uygur Bayramici1, A. Melih Ozel1, Fehimle Aksungar2, Selim Nalbant1. 1Maltepe University Medical School Department of Internal Medicine; 2Maltepe University Medical School Department of Biochemistry

**Background:** Vitamin D has immune modulatory effects and low levels were observed in several autoimmune diseases. Significantly low levels of vitamin D were documented in patients with autoimmune thyroid diseases. In an attempt to evaluate the relationship, we therefore tested thyroid auto-anti-bodies in patients with documented vitamin D insufficiency.

**Material and Methods:** Three hundred twenty-one patients with documented vitamin D deficiency were evaluated. Along with vitamin D levels, patients were tested for parathormone (PTH), thyroid stimulating hormone (TSH), anti-thyroglobulin antibodies (Anti-Tg) and anti-thyroid peroxidase antibodies (Anti-TPO). Auto-antibodies were measured by immuno-chemiluminisence (COBAS, Roche Systems).

**Results:** Our results revealed that although anti-TPO levels are higher in patients with 25-OH vitamin D levels between 4-10 ng/ml than in those with 25-OH vitamin D levels between 10-20 ng/ml, there is no statistically significant difference. Interestingly anti-TPO levels are significantly higher in patients with 25-OH vitamin D levels 7 20 ng/ml (p < 0.047) which is completely contrary to the results in the available medical literature. Our findings also revealed that there is a positive correlation (r = 0.001) between body mass index and vitamin D levels and there is a tendency in women to have lower vitamin D levels (p = 0.001). According to our results there is also a negative relationship between vitamin D levels and PTH (r = 0.261, p = 0.001).

**Conclusion:** Although in patients with autoimmune thyroid diseases it has been reported that vitamin D deficiency is more frequently seen, we did not find an increased risk of autoimmune thyroid disease in patients with vitamin D deficiency.

**IS HELICOBACTER PYLORI REALLY INNOCENT FOR METABOLIC SYNDROME?: A COMPARISON OF SEROLOGICAL AND HISTOLOGICAL STATUS**

Dong Wook Shin1, Hyuk Tae Kwon1, Jung Min Kang2, Jin Ho Park1,2, Ho Chun Choi1, Seung Won Oh1, Woo Kyung Bae3, Min Seon Park1, Sang Min Park1, Ki Young Son1, BeLong Cho1. 1Department of Family Medicine & Health Promotion Center, Seoul National University Hospital; 2Healthcare System Gangnam Center, Seoul National University Hospital; 3Department of Family Medicine & Health Promotion Center, Seoul National University Bundang Hospital

**Background:** Serological positivity for Helicobacter pylori (HP) does not necessarily indicate current infection. To date, the serologic association of HP status and metabolic syndrome has not been compared with other diagnostic methods to detect current infection. We simultaneously evaluated the serologic and histologic association of HP status with metabolic syndrome and its individual components.

**Methods:** HP status was ascertained histologically and serologically in healthy Korean adults who underwent comprehensive health screening in a private health screening center in Korea. Metabolic syndrome was defined according to the International Diabetes Federation (IDF) definition. Multivariate analyses were performed, after adjusting for potential confounders, including age, sex, smoking, alcohol consumption, and income level.

**Results:** A total of 5889 was included in the analysis. The prevalence of metabolic syndrome was significantly associated with histologic (adjusted odds ratio [aOR] = 1.26, 95% confidence interval [CI], 1.08-1.48), but not serologic (aOR = 1.12, 95% CI, 0.95-1.32) positivity for HP, after adjusting for age, sex, smoking status, alcohol consumption, and economic status. The association was stronger in younger individuals and in those who reported previous HP infection and eradication.

**Conclusion:** Metabolic syndrome is associated with current, not previous, HP infection, suggesting that the effects of HP infection on the pathogenesis of cardiometabolic outcomes may be reversible, and that the risk may be reduced by HP eradication.

**ANTHROPOMETRIC PARAMETERS AND EARLY RECURRANCE OF ATRIAL FIBRILLATION**

Maxim Menzorov, Alexander Shutov, Valery Serov, Elena Menzorova. Department of Internal Medicine of Medical Faculty of Ulyanovsk State University, Ulyanovsk, Russian Federation

**Background:** The purpose of this study was to examine the interaction between anthropometric parameters and incidence of relapse of atrial fibrillation (AF).

**Methods:** 76 patients (47 males, 29 females, mean age 58±8 years) with recurrent AF and rhythm-control strategy were studied. Amiodarone was used for pharmacological cardioversion and than for maintain sinus rhythm. Chronic heart failure had 55 (72%) patients. Estimated glomerular filtration rate (eGFR) was calculated using Modification of Diet in Renal Disease (MDRD) formula and chronic kidney disease was defined according to NKF/DOQI Guidelines, 2002. Basic anthropometric measurements including body height, body weight, body mass index (BMI), skinfold thickness were taken and fat body weight (FBW) and lean body weight (LBW) was calculated. Total body water (TBW) was calculated by Watson formula.

**Results:** 53 (70%) patients had pre-obesity and obesity. 32 (43%) patients had eGFR<60 mL/min/1.73m2. FBW was 29.9±12.7 kg, percentage of body fat was 35.0±8.1%. The correlation was not revealed between FBW and number of recurrence of AF in anamnesis and incidence of AF episodes. LBW was 53.4±8.5 kg, percentage of LBW was 65.0±8.1%. LBW was significantly associated with number of recurrence of AF in anamnesis (p = 0.048) and incidence of AF episodes (p = 0.006). Multiple regression analysis showed that low LBW (low total body water) was independently associated with early recurrence of atrial fibrillation (during 3 month).

**Conclusion:** These findings suggest that early recurrence of atrial fibrillation is not associated with fat body weight, but negative associated with lean body mass and total body water.

**URINARY TRACT INFECTIONS: MICRO-ORGANISMS AND ANTIBIOTIC SUSCEPTIBILITY**

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**Background:** Urinary Tract Infection (UTI) are a common cause of Emergency Department admission and the main hospital acquired infection. Appropriate empiric antibiotic therapy (EAT) remains a dilemma whereas knowledge about local agents and antibiotic sensitivity may help therapeutic decision. Our objective was to identify causing agents, antibiotic susceptibility and evaluate inpatient/outpatient differences in UTI.

**Methods:** Urine samples from patients with suspected UTI were analyzed for causal agent and antibiotic susceptibility using MicroScan® panels. Data concerning age, gender and outpatient/inpatient status was recorded. Antibiotic susceptibility of most frequent bacteria was analyzed.

**Results:** From 4290 urine samples collected, 626 were positive (21% male, mean age 59 years): Escherichia coli [54%, 11 of which extended spectrum beta-lactamases producer], Pseudomonas spp (9%), Klebsiella spp (7%), Proteus spp (6%), Enterococcus spp (6%), other (18%). Escherichia coli were resistant to quinolones and Co-trimoxazole in >20% samples. Pseudomonas spp showed resistance to Ciprofloxacin, Levofloxacin, Piperacillin/tazobactam, Cefepime, Cefazidime and Gentamicin in >20% samples.
Klebsiella spp were resistant to Piperacillin/Tazobactam, Ciprofloxacin, Levofloxacin, Co-trimoxazole and Fosfomycin in >20% samples. Inpatients isolates resistance to antibiotics was higher than among outpatients ones.

Conclusion: Neither quinolones nor Co-trimoxazole should take place at EAT for UTI. Pseudomonas spp resistance to antibiotics raises our concern; EAT should include aminoglycosides or carbapenems. Inpatient’s decreased susceptibility to antibiotics must be taken into account when choosing.

Knowing the local uropathogens and its susceptibility to antibiotics is useful to guide empiric therapy in UTI.

ASPERGILLUS TRACHEOBRONCHITIS: REPORT OF 8 CASES AND REVIEW
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Background: In Aspergillus Tracheobronchitis (AT) the fungal infection is entirely or predominantly confined to the tracheobronchial tree. It is a rare but severe disease with a high mortality rate.

Methods: We have reviewed 8 cases of AT diagnosed in our hospital in an 18-year-old period and 42 cases published in the English literature.

Results: Most cases were diagnosed in neutropenic patients due to chemotherapy or hematopoietic stem-cells transplantation, immuno-suppressed solid-organ transplants and advanced AIDS. 46% of patients had fever accompanied by respiratory complaints, but up to 16% of the patients were afebrile and 10% were clinically asymptomatic. Bronchoscopy and pathological studies were diagnostic in all cases and cultures allowed the identification of the Aspergillus species in 88% of patients. Aspergillus fumigatus was responsible for most of the cases. Radiological studies were considered normal in 42% of patients. Amphotericin B was the antifungal prescribed more often (77%), especially systemic. A monotherapy regime was used in 66% of all cases. Mortality was of 54%, and occurred especially in neutropenic patients, accounting for 63% of all deaths.

Conclusions: Neutropenia, lung transplantation and advanced AIDS are the primary predisposing risk factors for AT. Fever and respiratory symptoms may be absent. Radiological evaluation proves a lack of sensitivity. Bronchoscopy and histological study of biopsies and bronchoalveolar lavage leads to diagnosis in all patients and is highly specific. Aspergillus fumigatus is responsible for most cases. Voriconazole, amphotericin B and itraconazole appear to be effective against this fungal infection. AT has a considerable lower mortality than IPA.

DOUBTFUL CYSTITIS
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Background: Thrombosis of the major renal arteries or their branches is an important cause of deterioration of renal function, especially in the elderly. It may occur as a result of intrinsic pathology in the renal vessels or as a result of emboli originating in distant vessels.

Methods: Female patient aged 83, with a history of hypertension and chronic atrial fibrillation, developed fever, hematuria, urinary urgency and confusion. Her blood tests revealed leukocytosis, high LDH (1073 U/L) and AST (62 U/L) levels and also renal dysfunction. She was admitted in our ward with the diagnosis of cystitis and acute pre-terminal failure.

Results: The physical exam revealed low abdominal pain. The patient started antibiotics after collection of sterile urine sample. The urine culture was negative. Abdominal pain and high LDH levels (827 U/L) persisted. In addition, high D-Dimer values (1994 U/L) were documented. She went through a CT scan which revealed renal ischemia. Oral coagulation was started. The clinical condition improved and the lab tests became normal.

Conclusion: Renal ischemia is often difficult to diagnose with a large spectrum of clinical presentations depending on the time course and the extent of the occlusive event. Our patient had some of the major symptoms that may appear after acute thrombosis and infarction. We underline the importance of a high index of suspicion.

PREDICTORS OF EARLY MORTALITY IN STROKE PATIENTS
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Background: Stroke is one of the leading causes of serious, long-term disability and death in adults. The purpose of this study was to evaluate prognostic factors related with 30-day mortality in patients with ischemic stroke.

Methods: The study included 92 patients with ischemic stroke occurring between 2010 and 2011. Baseline characteristics, risk factors and follow-up data at 30 days were recorded for all patients.

Results: Nine patients (9.8%) died during our study period. Univariate analysis demonstrated that compared to the survival group, non survivors had a higher percent of patients with difficulty in swallowing (88.9% vs. 22.9%), with a National Institute of Health Stroke Scale (NIHSS) score of 15 or greater (55.6% vs. 4.8%) and with a prehospital Modified Rankin Scale (MRS) score of 4 or greater (44.4% vs. 7.8%) (p<0.05). Multivariate logistic regression analysis revealed that both NIHSS score (OR=0.05, P<0.05) and prehospital MRS score (OR=0.13, P<0.05) were significantly associated with death after 30 days.

Conclusion: According to our results the presence of severe neurological deficit as measured with the NIHSS score at admission and the presence of severe prehospital disability were important indicators of 30-day mortality in patients with ischemic stroke.

TRANSPERINEAL TEMPLATE-GUIDED MAPPING BIOPSY FOR DETECTION OF PROSTATE CANCER AS AN INITIAL APPROACH
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Background: We report our results from an alternative prostate biopsy approach (transperineal template-guided mapping biopsy or TGBM) for patients undergoing their first biopsy or after at least one negative conventional transrectal.

Methods: From July 2008 through May 2011, 67 patients underwent TGBM of prostate and seminal vesicles, under constant TRUS guidance. 22 men (32.8%) had at least one prior negative transrectal biopsy. Samples were taken every 5mm throughout the entire prostate gland using a brachotherapy grid. Three cores were taken also from the base of each seminal vesicle. Every sample was labeled according to its location.

Results: Median patient age was 65 years (ratio: 48–84), median PSA 6.2ng/ml (ratio: 2.68–29) and median prostate volume 44.3 (ratio: 18–115). Median number of prostate cores was 44 (ratio: 18–75). Positive result for adenocarcinoma was found in 24 patients (36%). Gleason score was ≥6 in 54 patients (80.6%) and ≥7 in 13 patients (19.4%). From the patients that previously have been submitted to at least one negative transrectal prostate biopsy, positive were found 9 (41%). Urinary retention presented in three patients (4.5%) and a Foley catheter had to be inserted for 3-5 days. The majority of the patients developed hematuria that resolved spontaneously after 1-3 days.

Conclusions: TGBM is well tolerated by patients and can be used safely for the detection and accurate staging of prostate cancer. Should be considered as next first choice in patients with rising PSA and prior negative transrectal biopsy.

EVALUATION OF A STRATEGY OF ROUTINE SCREENING FOR THYROID DYSFUNCTION IN ELDERLY MEDICAL IN-PATIENTS
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Background: Clinical manifestations of thyroid disease may be atypical in the elderly. The utility of routine biochemical screening of asymptomatic individuals for thyroid dysfunction is debated. We present cost-effectiveness data of a screening strategy in elderly medical in-patients.
Methods: Serum TSH and FT4 levels were measured in all patients (n=5032) older than 60 years admitted to an acute general medical unit over a period of 7 years. Cost was calculated from the Greek NHS perspective using current hospital prices. Estimates of Quality-Adjusted Life Years (QALY) were based on published Health-Related Quality of Life (HRQL) data.

Results: The introduction of routine screening resulted in a significant increase in the rate of diagnoses of hyperthyroidism from 3.25 cases/year to 7.57 cases/year (p<0.03 by Wilcoxon two-sample test). There was no significant impact on the frequency of diagnosis of hypothyroidism (2 cases/year).

26 new cases of hyperthyroidism (excluding subclinical disease) were diagnosed at a cost of 166,056€ (6,387€/case). Omission of FT4 estimation would have reduced the cost to 2,396€/case without compromising the diagnostic sensitivity of the strategy. Most cases had a low HRQL score due to multiple co-morbidities unrelated to the thyroid. Assuming that hyperthyroidism would have remained undiagnosed for 1-2 years in the absence of screening, the cost-effectiveness index of the screening strategy was 41,870-83,740€/QALY (15,707-31,415€/QALY in the case of measuring only TSH).

Conclusion: Routine screening of elderly medical in-patients with measurement of serum TSH is cost-effective (according to WHO criteria) in the setting of the Greek NHS.

COMPARISON OF MORBIDITY OF ELDERLY IN AUGUST AND NOVEMBER IN ATTICA, GREECE: A PROSPECTIVE STUDY

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Methods: We analyzed data on 739 and 738 elderly patient house-calls in August and November of the same year (2010), using data from the SOS Doctors (a network of physicians performing house call visits).

Results: We analyzed data on 739 and 738 elderly patient house-calls in August and November, respectively. Overall, the most common diagnoses were cardiovascular (17.6%), musculoskeletal (10.7%), gastrointestinal (9.5%), respiratory (8.5%), renal/gastrointestinal (8.1%), and neurologic/psychiatric (7.9%). In August, patients were older (p<0.01), carried a heavier burden of disease (as inferred by specific types of comorbidity and associated medical conditions), were more frequently recommended emergent hospitalization (p<0.01) and had a worse outcome of primary illness (p<0.05). Mortality of elderly visited in August was significantly higher compared to November (5% versus 2%, p<0.01). The sole independent predictor of mortality was patient’s bedridden status [adjusted odds ratio (OR) = 5.59, 95% confidence intervals (CI) 2.83-11.06, p<0.001]. The identified independent predictors of recommendation for emergent hospitalization were patient’s sedation [OR = 2.88 (1.80, 4.59), p<0.001], fever [OR = 2.55 (1.84, 3.54), p<0.001], heat stroke [OR = 2.08 (1.19, 3.64), p = 0.01], Alzheimer’s disease [OR = 1.77 (1.15, 2.72), p=0.01], and bedridden status [OR = 1.45 (1.07, 1.97), p<0.05].

Conclusion: Morbidity and mortality of elderly patients was significantly higher in August compared to November, substantiating the informal term “Augustitis” for the Greek elderly. Large, prospective population-based studies are warranted to further enlighten this field.

Keywords: older individuals, age, geriatrics, primary care, seasonality

EPIDEMIOLOGICAL CHARACTERISTICS AND BURDEN OF ALCOHOLIC LIVER DISEASE IN CENTRAL GREECE

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Background: Alcohol abuse is the third most frequent risk factor for chronic disease burden in developed countries. This study portrays descriptive epidemiology features of alcoholic liver disease (ALD) in a referral tertiary centre in Central Greece.

Methods: We retrospectively evaluated medical files from 358 patients with ALD seen at our outpatient liver clinic between 2002 and 2009 and recorded their main epidemiological characteristics.

Results: Amongst 358 patients 95.8% were men, mean age 53.1 (±12.8; range: 23-90) years. Reason for first evaluation was deranged liver function tests in a routine check up in 152 (42.4%) patients, complications of portal hypertension in 84 (23.5%), symptoms as fatigability and abdominal pain in 65 (18.1%), alcoholic hepatitis in 11 (3%), alcohol withdrawal syndrome in 7 (2%), hospitalization due to other reason in 36 (10.1%) patients and other in 3 (0.8%) patients. At presentation 178 (49.7%) had cirrhosis. A liver biopsy during the follow up in 46(12.8%) patients revealed steatosis in 37%, steatohepatitis in 3%, cirrhosis in 17.4% and other features in 32.6%. Concurrent liver diseases were reported in 82 (22.9%) of patients: viral hepatitis in 53/82 (64.6%), autoimmune or chronic cholestatic liver diseases in 24/82 (29.3%), and other in 5/82 (6.1%). During follow-up period (37.1±33.1 months), 63 (17.6%) had deterioration of liver function, including progression to cirrhosis in 17 (27%), development of cirrhosis complications related to portal hypertension in 28 (44.4%) and development of hepatocellular carcinoma in 18 (28.6%). In total, 120 (33.5%) were lost to follow-up, while 36/238 (15.1%) died from liver related causes.

Conclusion: ALD comprises a significant proportion of chronic liver disease in Central Greece with significant morbidity and mortality.

CELLULAR-HUMORAL THEORY OF PATHONOMIA: NEW INSIGHTS IN THE FOUNDATIONS OF INTERNAL MEDICINE

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Background: In recent years, the failure of the cellular theory of pathonomia generally accepted in the internal medicine becomes increasingly evident. A rapidly developing scientific and technical progress offers novel and more complex techniques for patient examination; the pharmaceutical industry manufactures medicaments, which are increasingly expensive and potent.

But, all achievements in this field do not allow improving in principle the treatment of human internal diseases and thereby do not allow medicine to rise to a brand new level of its development.

Methods: Such trends of modern medicine worry deeply the whole community of physicians. We consider that one should bottom the reasons for this in the foundations of our perceptions of the causes of contraction and progress of a disease. While dealing with hirudotherapy (medicinal leech therapy) over a period of years, we paid attention to a remarkable efficacy of this method in the treatment of various therapeutic, surgical, gynecologic, and many other diseases. This brings up the question: “If so wide spectrum of diseases can be treated by hirudotherapy, probably, all these diseases share some similarities in their pathogenesis?”, and, at the same time, to the answer: “If we would know the underlying principles of action of medical leeches, we will also know the basic principles of progress of the most of diseases!”

Results: Our experience shows that the foundation for the therapeutic application of medical leeches consists in the systemic effect (anticoagulant and thrombolytic actions, and decrease in the blood viscosity) and local effect (anti-inflammatory action and considerable tissue lymphatic efflux). Taking into account the obtained results and based on the physiological principles of the vital activity of a body, we suggest to consider the cellular-humoral theory of pathonomia:

The vital activity of an organism is the sum of the vital activities of individual cells combined therein. The life of an organism and its quality depend on the state of the total sum of the life and life quality of each individual cell. The life of a cell and its life quality depends directly on the state of the liquid circulation in a body.

The qualitative state of liquid circulation in a body is provided by the drainage system with two constituents - venous circulation and lymphatic system of a body. The direct effect on a cell can be physical, chemical (toxic, endocrine), biological (bacterial, viral) etc.

Conclusion: The suggested theory is incompletely exhaustive, but allows one to look in a new light at the main problems of medicine, such as contraction and progress of diseases, and, primarily, at the possibilities of their treatments.
CELLULITIS AFTER TREATMENT IN A "FISH SPA"
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We describe here the case of a 45 years old man who developed a warm, painful, tender rash on both lower legs several hours after treatment in a “Fish Spa”. Over three days, this deteriorated towards blistering skin lesions. He saw a general practitioner who diagnosed cellulitis and prescribed oral amoxicillin/clavulanic acid and tetracycline, but the lesions deteriorated further. On admission to our hospital, the patient showed bilateral dark areas of skin on his lower legs, covering most of his shins but sparing the feet. On both sides, the skin discoloration ended a few centimeters below his knees. There were large areas of broken skin that were covered with thick, yellowish, gluttonous, non-odorous, purulent looking secretions. Blood sampling revealed leukocytosis of 11.86 x 10⁹/L with a neutrophilia of 85.8%. Furthermore, the patient was hyperglycemic at 21.4 mmol/L and subsequently newly diagnosed with diabetes mellitus. Several wound swabs showed methicillin sensitive Staphylococcus aureus, sensitive to cloxacillin. Careful wound care and appropriate antibiotic treatment led to gradual improvement over the next week, and the patient was discharged. Outpatient follow up showed further healed skin and normalization of his full blood count.

“Fish spas” use Garra rufa and Cyprinidon macrostomus fish to remove dead skin from feet and legs immersed in treatment pools. The practice is legal and popular in many countries, but has been banned for sanitary reasons in some states of USA. Fish spa claim to be beneficial in treating skin disorders such as psoriasis and eczema. Our first reported case of severe cellulitis after treatment in a “fish spa” supports the cautious approach of the US regulatory authorities.

Q FEVER AND COMPLETE BLOOD COUNT
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Background: Q fever is a zoonotic disease from Coxiella burnetii. The clinical image varies from asymptomatic (especially children), acute pneumonia and hepatitis, to chronic. The most important complication is endocarditis. In the acute form it usually occurs with fever and nonspecific symptoms. Half of the symptomatic patients will develop pneumonia without noisy symptomatology. The most common laboratory findings are within normal values except for thrombocytopenia in 30% of patients.

Purpose: Q fever can be associated with monocytosis and thrombocytopenia.

Materials - Methods: Male patient, aged 52, visited the ER febrile (up to 40°C) for the last four days with no response to treatment with clarithromycin and cefuroxime. The auscultation revealed crackles on the right lung base and chest X-ray showed shadowing in the same area. The complete blood count revealed monocytosis (970/mm³, 15.4% in 6300 WBC/mm³) and platelets in the lower normal level (PLT 152000/mm³).

Result: The patient was treated with IV ceftriaxone, clarithromycin and bronchodilators. The blood cultures and immune screening for common pathogens were negative. Fever insisted, treatment with per os doxycycline and IV moxifloxacin was started. Testing for Legionella, CMV, adenoviruses and Mucoplasma proved negative, however showed positive IgG antibodies to Coxiella Burnetii titre 1:256. The laboratory test showed again monocytosis (700/mm³, 14.8% in 4700 WBC / mm³) and thrombocytopenia (PLT 130000/mm³). On the second day of treatment the patient became afibrile.

Conclusion: Despite the low prevalence of Q fever, it should be taken into consideration in the differential diagnosis of patients with lower respiratory disease, monocytosis and thrombocytopenia, when the disease does not respond to antibiotics for common pathogens.

AN AUDIT INTO THE CLASS-I INDICATIONS FOR AMBULATORY ECG MONITORING IN A SAMPLE OF ELDERLY POPULATION
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Background: The diagnostic yield of Ambulatory Electrocardiography (AECG) in elderly patients is not high and often its wide use in elderly is challenged. However, the American College of Cardiology/American Heart Association Guidelines categorizes indications for AECG and the Class I indications are:

1. Unexplained syncope, near syncope, or episodic unexplained dizziness
2. Unexplained recurrent palpitation

Therefore we audited the diagnostic yield of AECG in a sample of elderly patients with Class-I indications.

Methods: An Audit of 43 consecutive elderly patients over a period of 5 months (from 1/6/2008 to 31/10/2008) was done. The AECG findings among those 20/43 (46.5%) with Class-I indications were analyzed. There were 9 men and 11 women with mean age 81.7 years (range 79-88 years).

Results: Class-I indications included 17/20 (85%) for assessment of syncope, near syncope, or unexplained episodic dizziness; and 3/15 (20%) patients for unexplained palpitations. The findings were:

- Sinus rhythm (SR): 16/20 (80%) patients as follows:
  1. No significant abnormalities: 9/20 (45%)
  2. Multiple pauses < 3 seconds: 2/20 (10%)
  3. Episode of ventricular tachycardia: 1/20 (5%)
  4. Intermittent 2:1 Atrioventricular block: 1/20 (5%)
  5. Pauses > 4 seconds: 1/20 (5%)

- Atrial flutter or fibrillation: 3/20 (15%); one had pauses up to 3.39 seconds; another had episodes of uncontrolled AF. They were not known to have atrial arrhythmias.

Conclusion: The diagnostic yield of AECG for Class-I indications might be positive in up to 30% of the elderly patients with unexplained syncope, near syncope dizziness or unexplained palpitations.

E. COLI URINARY TRACT INFECTIONS IN PATIENTS ADMITTED DURING 2010 IN INTERNAL MEDICINE SERVICE
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Background: The urinary tract infections (UTI) are a common ambulatory and nosocomial infection namely in patients with vesical catheterization (VC). The E. coli is the most frequent pathogen and the resistance to the antibiotics is a problem. The aim of this paper is to analyze the patients admitted during 2010 with E. coli UTI diagnosis, at the Medicine Ward.

Methods: We studied age, gender, risk factors (RF), clinical presentation, diagnosis criteria, place of the infection acquisition, antimicrobial therapy and resistance.

Results: UTI was presented in 146 patients. 43 had positive cultures for E. coli. The mean age was 78.8 and 34.5% were male: 65.5% exhibited more than one RF. Acute Cystitis (37.2%), urosepsis (23.3%) and UTI of the permanently catheterized patient (20.9%) were the most frequent diagnosis. 23.3% of the infection was nosocomial. The more used diagnosis method was the urinary sediment associated with the blood and urine cultures (53.5%). 39.5% had Extended Spectrum β-Lactamases (ESBL) E. coli, from which 76.5% had two
or more RF. Ciprofloxacin followed by Ceftriaxone and Imipenem was the more used treatment. On 55.8% treatment was altered after antibiotic. Was found a statistically significant difference (p<0.001) between the sensitivity of the different bacteria to some antibiotics (penicillins and cephalosporin group).

Conclusions: The patients with UTI diagnosis are elderly and they present many RF. E. coli wasn’t the most frequent organism causing UTI but we found ESBL in 39.5% of patients. Quinolones should be avoided as the first line treatment because of high percentage of resistance.

DYING IN AN INTERNAL MEDICINE WARD
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Background: Mortality rate is considered a ward quality criterion. Its knowledge and identifying its contributing factors leads to a better patient care.

Methods: Analysis of the medical records of the 219 patients who died in a medical ward during 2010. Demographic and clinical data was collected.

Results: 52.5% were males. Mean age 81.43 ± 11.3 years, being 67.1% ≥ 80 years (20.5% ≥ 90 years). 79.9% originated from their homes. 98.2% presented with some kind of comorbidity. 41.6% had a previous admission in the prior 6 months. At admission, major complaints were: respiratory (40.2%) and neurologic (25.6%); matching the most frequent main diagnosis: pneumonia (42.0%) and stroke (14.6%). Mean duration of stay 11.71 (±14.5) days (48.4% >7 months. At admission, major complaints were: respiratory (40.2%) and neurologic (25.6%); matching the most frequent main diagnosis: pneumonia (42.0%) and stroke (14.6%). Mean duration of stay 11.71 (±14.5) days (48.4% >7 months).

Main causes of death: Infectious (57.0%) (nosocomial infection 26.9%) and stroke (14.6%). Of the studied factors, those with influence in the cause of death (general linear model: F 4,806; p 0.000; R2 0.666) were: main diagnosis, gender, origin and comorbidities.

Conclusion: The very elderly represented the majority of deaths. Infection was the prevailing cause of death. Nosocomial infection plays an important role, relating to longer duration of stay. Of all the studied factors with influence in the cause of death, the majority are demographic and, therefore, beyond our control, except the main diagnosis. It’s then important to define protocols to approach the pathologies that most commonly lead to death, in order to prevent it, with special concern for nosocomial infection.

THE PREVALENCE OF METABOLIC SYNDROME (MS) IN PATIENTS WITH NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD)
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Introduction: It is known that the presence of at least three (3) of the following criteria based on NCEP - ATP III are required for the diagnosis of the Metabolic Syndrome (MS):

1. fasting blood glucose > 110 mg/dl
2. abdominal obesity with waist circumference: a) men > 102 cm b) women > 88 cm
3. triglycerides > 150 mg/dl
4. HDL-cholesterol: a) men < 40 mg/dl b) women < 50 mg/dl
5. arterial blood pressure: a) systolic > 130 mmHg b) diastolic > 85 mmHg

Background/Aim: We studied the prevalence of MS as well as its subcriteria in patients with NAFLD which had been diagnosed by liver ultra sound scanning, biochemical liver function blood tests (liver enzymes: AST, ALT, ALP, AP) or/ and liver biopsy.

Materials and Methods: 153 patients with NAFLD and mean age 63±11 years were included in the study. 97 (63.4%) were men and 56 (36.6%) were women. 86 (56.2%) patients (Group X) had simple hepatic steatosis - fatty liver (the so-called fatty liver-imaging in the U/S scan) which is the most common and attains the significant level of at least 41.17% in total. It is also important to note that 27.45% of patients (19+23) with NAFLD/NASH had 4 positive criteria of MS and 11.76% of patients (6+12) with NAFLD/NASH had 5 positive criteria of MS.

IL-6 AND LACTOFERRIN IN PLASMA AND ASCITIC FLUID OF DECOMPENSATED CIRRHOTIC PATIENTS WITH AND WITHOUT SPONTANEOUS BACTERIAL PERITONITIS
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Background: The diagnosis of spontaneous bacterial peritonitis (SBP) is based on a manual count of ascitic fluid polymorphonuclear cells (PMNs). Lactoferrin is proposed as an alternative marker of SBP. Cytokines play a key role in the development or eradication of this infection.

Methods: 28 cirrhotic patients were included in the study: IL-6 concentration was determined by flow cytometric detection in both plasma and ascitic fluid of 10 decompensated cirrhotic patients with SBP and 7 patients without SBP. Lactoferrin concentration was determined using a human monoclonal antibody ELISA kit in both plasma and ascitic fluid of 13 decompensated cirrhotic patients with SBP and 15 patients without SBP. Patients with ascitic polymorphonuclear count ≥ 250 /mm3 and/or ascitic positive bacterial cultures were classified as the “infected group”. This group was compared to the non-infected group in which ascitic polymorphonuclear count < 250 /mm3.

Results: IL-6 levels and lactoferrin concentrations were significantly higher in patients with SBP than in patients without SBP both in plasma and ascitic fluid (Plasma IL-6: 177,013±169,574 vs. 19,604±14,760, P=0.0021; Ascitic fluid IL-6: 10683,50±7689,79 vs. 1058,32±875,32, P=0.0040). Plasma Lactoferrin: 17257,9±7533,67 vs. 11532,3±9660,11, P=0.0304; Ascitic fluid Lactoferrin: 11834,1±11852,9 vs. 2034,68±2060,04, P=0.0009).
trations in ascitic fluid are higher than in plasma, suggesting a local perito-

eal production of IL-6 during SBD.

MUCOCUTANEOUS LEISHMANIASIS IN IDIOPATHIC IMMUNODEFICIENCY. 
A CASE REPORT

Gavriil Chousis, Konstantinos Theodoropoulos, Akaterini Rachioti, 
Gregorios Markopoulos, Taxiarchis Kyrimis, Eirini Alexiou, 
Konstantinos Tsamis, Anastasios Loidoris, Nikolaos Mpartzokas, 
Magdalini Rapti. Department of Internal Medicine, Livadia General Hospital, 
Greece

Case: 35-year-old female, with chronic urticaria, fever>38°C and panocyto-
nia, was transported to ER in a coma

Lumbal punction and blood test confirmed Virus encephalitis: WBC 4650,
leukocytes, was transported to ER in a coma

Greece

Magdalini Rapti.

Gregorios Markopoulos, Taxiarchis Kyrimis, Eirini Alexiou, 
Konstantinos Tsamis, Anastasios Loidoris, Nikolaos Mpartzokas, 
Magdalini Rapti. Department of Internal Medicine, Livadia General Hospital, 
Greece

10 days stay in ICU under antiviral treatment with stable daily regression of 
symptoms, desinutbation and 7 days later returned to usual activity

Fever remained and skin lesions worsened up to ulceration. CD4 <100 and 
negative HIV1.2 with final diagnosis “idiopathic deficit of CD4”

Unsuccessful interleukin treatment for 2 years. Skin biopsys+8MA revealed 
Leishmania and PCR L. Infantum

Patient followed suggested treatment with LAB (Ambisome) in intermittent 
regimens, 4 mg/kg days 1-5-10-15-20-25-30-38 (suggested total dose 20-60mg/ 
kg).

Patient is now under prophylactic dose (due to CD4<200) 4 mg/kg every 4 
weeks

Conclusions: Atypical systemic manifestations can be associated with 
Immunosuppression

• Serological diagnosis occasionally fails (>40%) to determine specific 
antibodies.
• Invasive methods (skin/bone marrow biopsy) are reliable.
• High relapse incidence (60-90%) often with negative skin biopsy and posi-
tive parasites test in bone sample.
• Apparent skin lesions and relapses often lead to patients’ bad emotional 
status.
• Oral treatment (Miltefosine 150mgx28d) is widely used as 1st line treat-
ments in ascitic fluid are higher than in plasma, suggesting a local perito-

eal production of IL-6 during SBD.

ZOLEDRONIC ACID (ZA) THERAPY IN POST-MENOPAUSAL OSTEOPOROTIC 
WOMEN

Maria Torrego, Miguel Artacho, Cristina Diez, Itxasne Cabezón, Paloma Diez, 
María Olmedo, Chiara Fanciulli, José Santiago Filgueira. Osteoporosis practice, 
Internal Medicine III, Hospital General Universitario Gregorio Marañón, Madrid

Introduction: Zoledronic Acid is an intravenous biphosphonate that inhibits 
bone reabsorption through osteoclasts. Effective in secondary prevention of 
osteoporosis. ZA has reported not important adverse effects.

Aim: Evaluate the changes in serum concentrations of bone metabolism 
biomarkers (PTH), and adverse effects; comparing first and second subse-
quent dose of ZA

Material and Methods: A retrospective cohort observational study of 46 
post-menopausal osteoporotic women who received two consecutive annual 
doses of ZA. Baseline and first-month follow-up of serum bone metabolism 
biomarkers were measured. Reported adverse events were also registered. 
Statistical analysis was executed with SPSS 15.5

Results: There were 8 losts. A descriptive analysis of the metabolism param-
eters was made. No significant statistical differences were found in values of 
calcium, phosphate, f.alcaline, vit D between the infusions. Differences were 
objected between PTH basal and the 1st dose (p=0.01), but not between 
PTH basal and the 2nd dose (p=0.589). In the adverse effects analysis, they 
were observed mainly after the first dose: Pirexy 9,5%, headache 10%, and 
muscular ache 7,5%. No cases of renal insufficiency or even atrial fibrilation 
were reported. These effects have not been reported after the second dose 
either.

Conclusions: The significant increase in PTH values after the 1st dose of ZA 
and the higher number of adverse effects, which does not happen after 
the 2nd dose could be due to a higher imbalance in bone homeostasis at the 
beginning of the treatment, before the bone reaches a balance and a better 
adaptation.

THE INTERNIST AS A CONSULTANT IN PSYCHIATRIC DEPARTMENTS: 
A DESCRIPTION OF CONSULTATIONS

Ana Torres-DoBe, María Gomez-Anteunez, Jose-Antonio Santos Martinez, 
Olga Lopez-Berastegui, Teresa Blanco-Moya, Blanca Pinilla-Llorente, 
Hospital Gregorio Marañón, Madrid, Spain

Backgrounds: The role of internists as consultants has increased in hospitals. 
These consultations are improving the quality of care. It is known that psy-
chiatric patients tend to have many comorbidities. The objective of our study 
is to know the principles causes of consultation and diagnosis in psychiatric 
patients.

Methods: We revised all the consultations received in a Department of 
Internal Medicine from January 1st 2010 to June 30th 2011. The consulta-
tions from psychiatric departments were selected. We evaluated from this 
consults the main reason of consult: symptoms, signs, laboratory results or 
radiography findings. The principles diagnosis and the incidence of farmaco-
logical adverse events were analyzed. Data are expressed as percentage. SPSS 
18.0 was used for statistical analysis.

Results: 164 consultations were revised. 51 patients were attended from 
psychiatric departments (31%). The most frequent symptom and sign was

<table>
<thead>
<tr>
<th>ASPECT OF PATIENT CARE</th>
<th>DONE</th>
<th>N/A or COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation chart reviewed</td>
<td></td>
<td></td>
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<tr>
<td>Bloods reviewed</td>
<td></td>
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<tr>
<td>X Rays reviewed</td>
<td></td>
<td></td>
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<tr>
<td>ECG’s reviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluid balance chart reviewed/prescription</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucose chart reviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VTE prophylaxis form/prescription</td>
<td></td>
<td></td>
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<tr>
<td>Target oxygen saturations specified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan discussed with nursing staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fig 1.
Methods: We want to stress the need of a multidisciplinary approach to painful diabetic patients, first of all to identify patients with pain due to neuropathy and then to recognise the patients with neuropathic pain and demyelinating neuropathy of inflammatory immuno-mediated nature that need of a specific immuno-therapy (i.e. Ig ev or Plasmaferesis). This portion of patients risk to be misdiagnosed and consequently treated with an incorrect therapeutic approach.

DIABETES MELLITUS TYPE 2 AND NONALCOHOLIC FATTY LIVER DISEASE
Maria Triantafyllidou, Spiros Zidros, Athanasios Halvatzi, Nikoleta Malliarou, Amalia Faltaka, Marianthi Xarziotou, Stefanos Papanontiou, Xenofon Krokidis, Persefoni Papadopoulou-Zekerioud. 1st Department of Internal Medicine, General Hospital of Kavala, Kavala, Greece

Background: It is known that patients with DM2, especially those who are overweight tend to have NAFLD. The objective of this study is to underline the connection between NAFLD and DM2 and the role of different factors.

Methods: 88 DM2 patients with non-tender hepatomegaly were studied, 33 men and 55 women, with average age 72 years. Every patient was screened for HBV, HCV, alcoholism and liver disease of different origin. Every patient had AST/ALT<1. Lipids, HbA1c and CRP were measured and an ultrasound was done.

Results: Among the patients we studied, 53 had NAFLD 36 of which were women and 17 men. 41 of the patients with NAFLD were prescribed oral antidiabetics and 12 insulin. The average of cholesterol was 193 mg/dl, in the NAFLD group 203 mg/dl and 179 mg/dl in the NAFLD group. The average of triglycerides was 187 mg/dl, in the NAFLD group 223 mg/dl and 123 mg/dl in the NAFLD group. The average of HbA1c was 8,47%, 8,32% in NAFLD group and 8,63% in no NAFLD group. CRP was not influenced in any of the groups.

Conclusion: NAFLD is common in DM2 especially in women. Patients on oral antidiabetics presented double frequency of NAFLD in comparison to those on insulin. There was a small deviation in lipids between the groups without significant statistic difference. Even though average of HbA1c was high in both groups, it did not seem to affect NAFLD. Other possible factors responsible for NAFLD in DM2 need to be studied in the future.

HEMOCHROMATOSIS: AN UNDERDIAGNOSED DISEASE
Isabel Trindade, Maria Silva, Ana Lages, Frederica Coimbra, Sofia Esperanca, Francisco Gonçalves. Hospital Braga

Background: Hereditary hemochromatosis is an autosomal recessive disorder caused by intestinal absorption dysregulation of iron, which can accumulate in tissues and organs. If not treated in time can be fatal.

Methods: Clinical process consultation.

Results: Woman, 65 years, presenting asthenia, anorexia and weight loss of 7 kg / 3 months associated with postprandial fullness. Medical history of osteoarthritis with bilateral hip prosthesis and hypertension. No relevant family history. Physical examination: earthy color of skin, abdominal palpable epigastric mass that extends into the left hypochondrium, no relevant cardiovascular, respiratory and neurological signs. Hereditary hemochromatosis was diagnosed after the screening of nine children: five with C282Y/H63D mutation; three started phlebotomies.

Conclusion: For the cases we studied, the present therapy was not sufficient to prevent the development of late complications. The Screening stands ferritin 7860 ng / mL and transferrin saturation 94%. Abdominal TC: hepatomegaly at the expense of the left hepatic lobe and abdominal wall. The screening stands ferritin 7860 ng / mL and transferrin saturation 94%. Abdominal TC: hepatomegaly at the expense of the left hepatic lobe and periorbital edema. Liver biopsy: septation and cirrhosis evolve. Medical history of osteoarthritis with bilateral hip prosthesis and hypertension. No relevant family history. Physical examination: earthy color of skin, abdominal palpable epigastric mass that extends into the left hypochondrium, no relevant cardiovascular, respiratory and neurological signs. Hereditary hemochromatosis was diagnosed after the screening of nine children: five with C282Y/H63D mutation; three started phlebotomies.

Conclusion: Early diagnosis through screening of the family is fundamental in primary prevention of this disease. It became possible not only education for factors that may precipitate the phenotypic manifestation of the disease but also the beginning of phlebotomy to prevent irreversible organ damage.

SYSTEMIC MASTOCYTOSIS
Effrosyni Chrysostomou Tsafa, Georgia Polimili, Anna Kolovou, Panagiotis Fanourgikis, Fotini Markidou, Serafim Kastanakis. Agios Georgios Hospital, Chania, Crete, Greece

Background: Systemic mastocytosis is defined as a proliferation of mast cells.
Systemic mastocytosis with an associated hematologic non-mast cell lineage disease, (SM-AHNMD) may manifest as: myeloproliferative, myelodysplastic, or lymphoproliferative syndrome.

Aggressive mastocytosis (ASM), due to infiltration of parenchymal organs may be manifested as hepatic fibrosis with portal hypertension, malabsorption and splenomegaly.

Methods: Male 76 years old entered the clinic due to fever, cachexia, chronic diarrhea, ascites and hepatosplenomegaly.

<table>
<thead>
<tr>
<th>WBC</th>
<th>22,600</th>
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<tbody>
<tr>
<td>NEUTRO.</td>
<td>60,00%</td>
</tr>
<tr>
<td>LYMPH.</td>
<td>6,00%</td>
</tr>
<tr>
<td>MONO.</td>
<td>12,00%</td>
</tr>
<tr>
<td>EOS.</td>
<td>1,00%</td>
</tr>
<tr>
<td>MYELOC.</td>
<td>11,00%</td>
</tr>
<tr>
<td>METAMYELOC.</td>
<td>4,00%</td>
</tr>
<tr>
<td>γ-albumin</td>
<td>24,91%</td>
</tr>
</tbody>
</table>


Bone-marrow biopsy:

<table>
<thead>
<tr>
<th>Mast-cells</th>
<th>Mast-cell Tryptase</th>
<th>CD117 (c-kit)</th>
<th>CD68 / PGM-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>20,00% (+)</td>
<td>(+)</td>
<td>(+)</td>
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</table>

Colon biopsy: Mast-cell’s infiltration with accompanying lymphocytic infiltration, with immunodetection of mast-cell tryptase (+) and CD117 (c-kit) (+).

Results: Treatment with an inhibitor of protein kinase (imatinib-Glivec) and prednisolone did not inhibit the evaluation of the disease.

Because of the patient’s age and the infiltration of the intestinal tract, the incident was considered as “off guidelines” and was treated conservatively.

Conclusions: When the mast-cell expansion is recognized either in bone-marrow and in the lower intestinal tract, malabsorption and secondary nutritional insufficiency, within portal hypertension and ascites have poor prognosis.

LOWER EXTREMIT Y DEEP-VEIN-THROMBOSIS (DVT) AND ACUTE COMPARTMENT SYNDROME IN A YOUNG WOMAN SECONDARY TO PROLONGED IMMObILIZATION

Danai Tsitraf, Athanasios Nikolopoulos, Foteinith Armatkhi, Ioannis Sours, Efstathios Chronopoulos, Nikolaos Komitopoulos, 2nd Department of Internal Medicine, Konstantopoulos General Hospital of Nea Ionia, Athens, Greece; 2nd Department of Trauma and Orthopaedics, School of Medicine, Athens University, Athens, Greece

Background: Deep-vein-thrombosis is an uncommon cause of elevated intra-compartment pressure. An unusual case of DVT complicated with compartment syndrome of the calf is reported.

Case report: A 26-year-old female was admitted in medical ward, collapsed from diazepam and levomepromazine overdose and severe alcohol intake. She was found unconscious, lying in an abnormal posture for unknown prolonged period of time. A history of psychotic disorder and drug abuse was reported. Blood pressure was 60/40 mmHg and Glasgow Coma Score 8/15. A leg swelling was noticed on clinical examination and DVT of the popliteal vein was diagnosed. Blood pressure was restored after aggressive intravenous rehydration, anticoagulation therapy was immediately initiated, while level of consciousness was regained after 36 hours. Laboratory analysis indicated high CPK levels. Shortly after, reduced sensation of the extreme foot and paresis of peroneal and tibial nerve were found suggesting possible compartment syndrome of the calf. She was taken to the operating room for urgent fasciotomy of the anterior and latelar compartments of the calf.

The muscles in both compartments were widely exposed and debridement of the necrotic parts was performed. Electromyography of the lower limb indicated damage of the peroneal and tibial nerve. Serum CPK values started to decline after fasciotomy and adequate hydration prevented acute renal failure. The patient, 3 months later, is in good health condition without any major neurologic sequelae.

Discussion: High level of clinical suspicion is required for accurate diagnosis of uncommon complications of DVT, especially in patients incapable of providing clinical information.

THE EFFECTS OF MELATONIN ON SLEEP DISORDERS IN CHRONIC HAEMODIALYSIS PATIENTS

Eirini Tsampikaki, Christos Paliouras, Georgios Aperis, Nikolaos Karvouniaris, Polichronis Alivanis. Department Of Nephrology, General Hospital of Rhodes, Rhodes, Greece

Background: Sleep disturbances are commonly recognized in hemodialysis patients. They are usually associated with patients’ perceptions of quality of life as well as depressive affect. Although it is considered that endogenous melatonin circadian rhythm production that is deranged in this patients plays an important role in the pathophysiology of sleep-wake disorders data on the effect of exogenous melatonin are limited.

The aim of this study was to investigate the effect of exogenous melatonin on sleep disorders in chronic haemodialysed.

Methods: Sleeping profile of 43 dialysis patients was evaluated using Athens Insomnia Scale (AIS). According to scores of the latter 18 patients (10 male and 8 female, age 67.2±1.2 years) were found with sleep disorders (AIS>6).

Exogenous melatonin 4 mg orally was administered one hour before bed time for one month. The patients were comparatively re-evaluated with AIS questionnaire at the end of the study period.

Results: Almost half (42%) of our dialysis patients (18 out of 43) had sleep problems. No significant difference was observed regarding age, sex, psychiatric history, time in hemodialysis and laboratory parameters (Kt over V, calcium, phosphate, PTH). Between the hemodialysed with sleep disorders one month after administration of exogenous melatonin an improvement on sleep-wake pattern was observed in 15 out of 18 patients (AIS score 13.4±5.7 and 5.4±5.1 pre and after drug administration respectively, p<0.001).

Conclusion: Sleep disorders are major problem in dialysis patients. It seems that increased sleep latency, sleep fragmentation and early morning awakening could be improved after administration of exogenous melatonin.

ADIPONECTIN AND RBP4 GENE EXPRESSION IN ADIPOSE TISSUE AND THE PLACENTA IN GESTATIONAL DIABETES MELLITUS

Panayoula Tsiotra, Eleni Boutsari, Melpomeni Peppa, Konstantinos Patsouras, Emmanouil Salamalekis, George Dimitriadis, Sotirios A. Raptis, 1st Hellenic National Diabetes Center (H.N.D.C.), Athens, Greece; 2nd Department of Internal Medicine, Research Institute & Diabetes Center, University of Athens, Medical School, Attikon University General Hospital, Athens, Greece; 3rd Dept of Obstetrics and Gynecology, University of Athens, Medical School, Attikon University General Hospital, Athens, Greece

Background: Early detection of Gestational Diabetes Mellitus (GDM) prevents associated maternal and fetal complications. Our aim was to compare the gene expression levels of adiponectin and retinol binding protein 4 (RBP4) from subcutaneous (SAT) and visceral (VAT) adipose tissue and the placenta from women with GDM to those with physiologic pregnancy.

Methods: The tissues were obtained during Cesarean section from 13 GDM and 21 without GDM women (Controls). Adiponectin and RBP4 mRNA levels were measured using quantitative RT-PCR.

Results: GDM women presented significantly higher HOMA index compared to age-matched controls (2.5±0.6 vs 1.5±0.2, p<0.05). Adiponectin and RBP4 gene expression did not differ significantly between GDM and control in any tissue studied. Nevertheless, RBP4 in SAT compared to VAT was significantly higher in both GDM (4.19±1.3 vs 1.27±0.6, p<0.035) and control (3.6±1.2 vs 0.98±0.5, p<0.03), RBP4 in placenta was significantly lower compared to SAT and VAT in both GDM (0.13±0.07 vs 4.19±1.3; 0.13±0.07 vs 1.27±0.6, p<0.001 for both) and control (0.03±0.01 vs 3.6±1.2; 0.03±0.01 vs 0.98±0.5, p<0.001 for both). Adiponectin gene expression was significantly increased in SAT compared to VAT in controls (2.29±0.5 vs 1.13±0.4, p<0.01), but not in GDM. Both groups exhibited almost undetectable adiponectin gene expression in the placenta.

Conclusion: No differences were detected in adiponectin and RBP4 gene expression from SAT, VAT or the placentas from GDM compared to control, although RBP4 expression was higher in SAT compared to VAT in both groups. The increased adiponectin expression in SAT compared to VAT in controls could be partly explained by the increased insulin sensitivity in these patients.
KLATSKIN TUMOR – A LESS FREQUENT CAUSE OF JAUNDICE

Roxana Dantes1, Rodica Pavelescu1, Diana Lupu1, Mara Jidveian1, Florin Grama2, Joana Tudor3, Dan Cristian4, Dan Isacoff5, Ion Bruckner6.
1Internal Medicine Department, Coltea Clinical Hospital, Bucharest, Romania; 2General Surgery Department, Coltea Clinical Hospital, Bucharest, Romania

Background: Klatskin tumor is a rare tumor arising from the bile ducts. Lynch node invasion can be found in 30%-50% of patients at the time of diagnosis, but blood-born metastases are rare and usually occur at late stages.

Methods: We report a clinical case of a 67 year old male patient, admitted with anorexia, fatigue, jaundice, dark urine and weight loss with sudden onset 5 days before admission. On physical examination, the patient had jaundice, the abdomen was soft, non tender, hepatomegaly but no palpable masses or adenopathy. Lab tests showed marked elevation of cholestatic liver tests and conjugated hyperbilirubinemia, and slightly elevated tumor markers.

Abdominal US revealed a normal liver, dilated intrahepatic biliary tree, thickened GB wall with a non-obstructive gallstone, CBD of 1.3 cm and normal pancreas. ERCP was performed and described a 2 cm stenosis at the proximal end of common hepatic duct and a dilated biliary tree. The diagnosis was confirmed by MRCP: Klatskin tumor type 1, stage 4.

Results: Surgery was considered as treatment of choice but the local extension of the tumor imposed backdown from the tumor resection and commencing palliative treatment. ERCP was performed with the insertion of a biliary stent.

Conclusions: Restenting was performed 6 months after the diagnosis and a gastroenteric anastomosis was required 3 months later when the patient was re-admitted on the Surgical Department with antral stenosis due to tumor extension. Less then a year after the diagnosis, he passed way.

POSTPARTUM ACQUIRED HEMOPHILIA FACTOR VIII INHIBITORS AND RESPONSE TO THERAPY

Dilek Soyosal1, Volkan Karakus1, Mustafa Celik2, Ebnu Turkkanc, Bahriye Payzim1, 1Departments of Internal Medicine 1st Division Ataturk Research and Training Hospital, Izmir, Turkey; 2Departments of Gastroenterology Ataturk Research and Training Hospital, Izmir, Turkey; 3Departments of Hematology Ataturk Research and Training Hospital, Izmir, Turkey

A 20 years old female patient with vaginal hemorrhage of postpartum period for 20 days was admitted to the hospital. Evaluation of the patient showed no obstetrical and gynecologic pathologies and acute or chronic disease that could lead to hemorrhage. Laboratory data are summarized in Table 1.

Retrospective study of patients admitted between 1st October 2009 and 31st December 2009. Out of 126 admissions 116 Notes retrieved and included and reviewed. ESC 2009 syncope guideline was taken as standard. Based on clinical presentation the patients were divided into two groups. Group with “Typical syncope” (Transient, Rapid onset, short duration, spontaneous recovery) and “Atypical Syncope”.

Methods: Retrospective study of patients admitted between 1st October 2009 and 31st December 2009. Out of 126 admissions 116 Notes retrieved and included and reviewed. ESC 2009 syncope guideline was taken as standard. Based on clinical presentation the patients were divided into two groups. Group with “Typical syncope” (Transient, Rapid onset, short duration, spontaneous recovery) and “Atypical Syncope”.

Aim: To assess the ability to identify high risk patients admitting with syncope via acute medical admissions and effect on mortality

Methods: Retrospective study of patients admitted admitted between 1st October 2009 and 31st December 2009. Out of 126 admissions 116 Notes retrieved and included and reviewed. ESC 2009 syncope guideline was taken as standard. Based on clinical presentation the patients were divided into two groups. Group with “Typical syncope” (Transient, Rapid onset, short duration, spontaneous recovery) and “Atypical Syncope”.

Results: 42/114 were in Typical syncope group (22 males and 20 females) and 72/114 in Atypical syncope group (31 males and 41 females). Mean age in “typical syncope group” was 67 range where as in “atypical syncope group” was 71 range. 16/42 typical syncope patients had no Cardiac Risk factor (Coronary artery disease, valvular Heart Disease, Know arrhythmias, congenital heart disease, Hypertension, Diabetes Mellitus) where as 26/72 patients in the atypical syncope group had no cardiac risk factor. All the patients in both groups were evaluated with the help of history, examination and ECG. Further investigations were performed if indicated. 21/42 patients in typical syncope group had no high risk feature as per ESC guideline 2009 where as 45/72 from the atypical syncope group had no high risk feature. In 37 of 42 cases of typical syncope group a definitive diagnosis was made and treatment given appropriately where as in 62 out of 72 cases in atypical syncope group a diagnosis was reached. After a follow up of 12months only one patient died from the “Typical syncope group” with a non cardiac cause as compared to 18 deaths in the “Atypical syncope group” again with non cardiac causes (Debilitating illnesses).

Table 1

<table>
<thead>
<tr>
<th>Laboratory tests</th>
<th>Patient’s Value</th>
<th>Normal Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activated partial thromboplastin time</td>
<td>68.4 sec.</td>
<td>25.1 – 34.7 sec.</td>
</tr>
<tr>
<td>Prothrombin time</td>
<td>11.4 sec.</td>
<td>9.4 – 14.0 sec.</td>
</tr>
<tr>
<td>International normalized ratio</td>
<td>0.91 sec.</td>
<td>0.8 – 1.2</td>
</tr>
<tr>
<td>Platelet count</td>
<td>262 000/mm³</td>
<td>130 – 400/mm³</td>
</tr>
<tr>
<td>Factor VIII rate</td>
<td>0.5 %</td>
<td>70 – 150</td>
</tr>
<tr>
<td>Factor IX rate</td>
<td>103.9 %</td>
<td>70 – 120</td>
</tr>
<tr>
<td>Von Willebrand factor</td>
<td>89.3 %</td>
<td>50 – 160</td>
</tr>
<tr>
<td>Factor VIII inhibitor level</td>
<td>2.5 BU/ml</td>
<td>Lower than 0.6 BU/ml</td>
</tr>
</tbody>
</table>
Conclusion: Syncope patients with typical presentation (Transient, Rapid onset, short duration, spontaneous recovery) treated for cardiac cause have got significantly lower mortality (p<0.001) and favorable outcome as compared to patients with syncope with atypical presentation.

NURSES’ DIABETES PATIENT CARE APPROACHES AND POSTGRADUATE EDUCATION NEEDS IN A UNIVERSITY HOSPITAL

Esra Ulker1, Hülya Demir2, Elif Akbal3, ‘Okan University School of Health Sciences, Istanbul, Turkey; ‘Yeditepe University Hospital Nursing Services Directorate, Istanbul, Turkey

Background: Diabetes management process is required special knowledge and patient care skills for nurses that giving care to individuals with diabetes. This study was carried out to indicate nurses’ diabetic care approaches and post graduate education needs for developing a “Basic Diabetes Patient Care Education Program” in a university hospital.

Methods: Sample of this descriptive study was 87 staff nurses who are working in a university hospital. Data were gathered with data collection tool prepared by investigators among 3-21 Jan 2011. Data were coded and analyzed in the SPSS 10.0. Number of cases, percentage, standard deviation, Chi-Square were used for the evaluation of data and p < 0.05 was accepted as statistically meaningful.

Results: The mean age of the nurses was 27.41 ± 4.82 and professional experience time was 6.86 ± 4.23. 34.14 of nurses declared that they are caring 1-2 patient with diabetes per week and 57.24 of nurses declared that they took education about diabetes after graduation. It was indicated that when giving care to patients with diabetes, 59.52 of nurses acts in direction of doctor order and diabetes education nurse’s suggestions also. They declared that they are mostly planning insulin injection education (63.2), oral anti-diabetes drug using (60.9) in discharge education for patients. 95.4 of nurses needs a continuous education program for diabetes patient care especially in subjects of medication use (69.0) and special care applications (54.0). There is no meaningful difference between educational needs of nurses and school graduation, professional experience time (p>0.05).

Suggestions: In the light of these results it is suggested that nurses giving care to diabetes patients should be supported by orientation, in-service education and continuing education programs. On the other hand placing chronically ill patient care courses into core curriculum of nursing schools will be useful to respond actual public healthcare needs.

Keywords: Diabetes patient care, diabetes education program, nursing

A TRICKY DIFFERENTIAL DIAGNOSIS – PRIMARY PANCREATIC LYMPHOMA MIMICKING SECONDARY INVOLVEMENT

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Background: Abdominal lymphoma masses frequently mimic tumours which have very poor prognosis and require different treatment modalities. Here we present a case, in which we managed to diagnose a patient who was referred to palliative treatment with a diagnosis of cholangiocellular carcinoma, as lymphoma, which changed the course of the treatment and the prognosis dramatically.

Methods: The patient’s files were retrieved from the archives and the consulting physicians were invited to contribute to this case. Imaging studies were evaluated by an abdominal imaging specialist. The pathological examination was similarly conducted by a pathologist specializing in this field. The professional opinions were gathered to form the context of this presentation. Also, a literature review was conducted to establish a background.

Results (case): A 72 year old patient presented with abdominal pain, constipation, lack of appetite, distention, nausea and vomiting, night sweats, fever, weight loss, which had been going on for a week. The patient was admitted to the hospital and was followed up with restriction of oral water and food intake. At first, the clinical presentation suggested primary cholangiocellular carcinoma or pancreatic adenocarcinoma.

Conclusions: This case represents the necessity to conduct extensive laboratory and imaging studies to correctly diagnose abdominal masses in the vicinity of the pancreas. The differential diagnosis of this patient involved malignancies, which required different treatment approaches, and had poor prognosis. Lymphoma, due to the wide spectrum of presentations, may mimic such malignancies; hence, while evaluating patients with abdominal masses, it must be considered in the differential diagnosis.
HOW CAN SIMPLE THOUGHTS LEAD TO A COMPLEX DIAGNOSIS

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Background: Our aim is to demonstrate how an careful assessment can overcome the trap of misrecognising a rare condition as another “routine” case. This is the story of a 79 year old lady who presented with bilateral leg pitting oedema and was referred as decompensated heart failure. She also had chronic diarrhoea for which she had colonoscopy which was unrevealing.

Method-Results: On examination she had clear chest, raised JVP, pansystolic murmur at the left lower sternal edge and enlarged pulsatile liver. Her Chest X Ray was clear with a normal sized heart. Despite being a very thin non-COPD lady she had small QRS complexes on her Electrocardiogram. A provisional diagnosis of Restrictive Cardiomyopathy-Right sided Heart Failure secondary to an infiltrative disorder was made. This was confirmed by an Echocardiogram which showed severe Tricuspid and Pulmonary Regurgitation and a CT abdomen which revealed the presence of metastatic carcinoid tumour lesions.

Carcinoid syndrome occurs in 10% of people with carcinoid tumour. Involvement of the includes infiltration with fibrous tissue of the valves, the endocardium, the intima of the great vessels and the pericardium. The prognosis is poor and in case of valve disease, surgery should be considered as a treatment option with significant perioperative mortality [1,2].

Conclusion: In times when for every “fancy” diagnosis there is a “fancy” diagnostic test, it is reassuring that going back to the basics: good history, clinical examination and first line diagnostic tests can give a firm basis for the solution even of the most difficult diagnostic problem.

References

ABIOTROPHIA DEFECTIVA: A VERY RARE CAUSE OF SPONDYLODISCITIS

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Background: Spondylodiscitis (or vertebral osteo-arthritis) is an infection of the spinal vertebrae and the adjacent intravertebral disc space. In developed countries Staphylococcus aureus is the main cause. Here, we report a very rare cause of spondylodiscitis.

Case report: A 46-year-old man with a history of hypertension was admitted to our hospital because of lower back pain and abdominal pain in the lower left quadrant, which had existed for three days. The pain began gradually and progressively worsened. He did not have fever. On physical examination, there were no remarkable findings, apart from local tenderness in the lower left abdomen. Laboratory results showed an elevated C-reactive protein and an elevated leucocyte count with immature bands. CT-scanning of the abdomen showed no remarkable findings, apart from local tenderness in the lower left abdomen. Laboratory results showed an elevated C-reactive protein and an elevated leucocyte count with immature bands. CT-scanning of the abdomen showed no remarkable findings, apart from local tenderness in the lower left abdomen. Laboratory results showed an elevated C-reactive protein and an elevated leucocyte count with immature bands.

Abiotrophia defectiva showed gram-positive bacterial growth, both coccoid and rod shaped. 16S rRNA sequencing confirmed that our isolate was an Abiotrophia defectiva (A. defectiva) strain. Therapy was switched to oral rifampicin and clindamycin for a total of six weeks. Repeated transesophageal echocardiography did not reveal any sign of endocarditis.

Discussion: A. defectiva is part of the normal flora of the intestinal and urogenital tract and is a very rare cause of endocarditis. There are only a few case reports in literature showing spondylodiscitis caused by A. defectiva, but all secondary to endocarditis. To our knowledge, this case report is the first to show spondylodiscitis caused by A. defectiva, without signs of endocarditis.

THROMBOTIC THROMBOCYTOPENIC PURPURA – HAEMOLYTIC UREMIC SYNDROME (TTP-HUS) FOLLOWING ADMINISTRATION OF DOCEТАXEL AND ZOLEDRONIC ACID IN A PATIENT WITH CASTRATE REFRACTORY PROSTATE CANCER (CRPC)

Manon J.M. van Oosten1, Yvonne C. Schrama1, Egbert R. Boevé1, Paul Hamberg2,3. 1Core Medical Trainee, Sint Franciscus Gasthuis, Kleiweg 500, 3035 PM, Rotterdam, The Netherlands; 2Prostate Cancer Center, Rotterdam, The Netherlands

Background: TTP-HUS is a rare but severe condition, characterised by microangiopathic haemolytic anemia and thrombocytopenia with or without renal and neurologic abnormalities.

Case Report: A 66-year-old patient with CRPC started treatment with docetaxel and zoledronic acid. Prior to treatment there was mild anemia and no hemolysis. Two days after administration of docetaxel and zoledronic acid, he was admitted because of severe fatigue and altered mental state. Blood count showed normocytic anemia (hemoglobin, 5.7mmol/l), thrombocytopenia (platelets, 10x10^9/l), schistocytes (Fig.1), normal leukocyte-count and a Coombs-negative hemolysis with haptoglobin 0.06g/l and renal failure (creatinine 471umol/l). TTP-HUS triggered by docetaxel or zoledronic acid was considered.

Dialysis and plasma infusion was initiated. No plasmapheresis was done as literature is inconclusive with respect to plasmapheresis for drug-induced TTP-HUS.

After several days patient refused further treatment and died ten days after admission.

Discussion: TTP-HUS is associated with advanced cancer as well chemotherapy (Mitomycin C, Cisplatin and Gemcitabine). A few cases have been reported on TTP-HUS after docetaxel and zoledronic acid. In case of multiple triggers, no discriminatory tests are available.

Level of ADAMTS13-activity became available after the patient died but was normal (72%). In drug-induced TTP-HUS, less pronounced reductions or normal levels have been observed rendering it an inappropriate diagnostic tool although low levels can be informative.

This is one of the first cases reporting the occurrence of TTP-HUS after administration of docetaxel and zoledronic acid. Oncologist and nephrologists should be aware of this untoward side-effect.

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Fig. 1. Peripheral blood smear from our patient with schistocytes.
ANTIOXIDANT ENZYMES ACTIVITIES IN PANCREATIC CARCINOMA AND INFLUENCE OF DIABETES MELLITUS

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Background: The pancreatic cancer belongs to the most common type of cancer and is the fourth leading cause of cancer deaths. The aim of this study was to evaluate the activities of antioxidant enzymes in patients with pancreatic carcinoma (PC) compared with healthy controls (CON) and the influence of diabetes mellitus (DM2) on these activities.

Methods: Into study were enrolled 60 patients with PC and 60 sex and age matched CON. Twenty-one PC patients suffering from DM2 were matched with healthy controls (CON) and the influence of diabetes mellitus (DM2) on these activities.

Results: The whole group of PC patients with DM2 had decreased levels of GSH, GPX1, CAT and PON1 and increased levels of CD/CDL (p < 0.01) compared to CON. PC patients with DM2 had higher levels of CD/CDL and lower activities of CuZnSOD than those without DM2. There were no differences in levels of GSH, GPX1, GR, CAT or PON1 between PC patients with and without DM2.

Conclusion: The results of our study suggest that free radical activity is enhanced in patients with PC while the antioxidant defense mechanism is weakened. The manifestation of DM2 in PC patients increases lipid peroxidation, but has low effect on antioxidant system.

Acknowledgment: Supported by the grant IGA NS9769-4, Ministry of Health, Czech Republic.

CAUGHT BY THE HEART – A RARE FORM OF PRESENTATION OF HCV INFECTION

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Acute pericarditis is a common disorder in several clinical settings, where it may be the first manifestation of an underlying systemic disease or may represent an isolated process.

The authors present the case of a 39-years-old man, Ukrainian, living in Portugal for the last 10 years, previously healthy, presenting with chest pain. Medicated with aspirin and an omeprazole in a French hospital, without any symptomatic improvement, and later with dyspnea as a symptom associated.

At the hospital our admission he presented with fever (T 39°C), hypotension, peripheral desaturation and supraventricular taqycardia in the EKG, revertered with Valsalva manoeuvre. The Transthoracic echocardiogram and Thorac-abdominal-pelvic CT revealed pericardial effusion with maximal thickness of 37 mm and small bilateral pleural effusion, with no other findings. The laboratory studies showed leukocytosis with 62.9% of neutrophils, elevated C-reactive protein (CRP 8.03 mg / dl), normal hepatic markers, anti-HCV antibody positive with the protein chain reaction for HCV of 150 000 IU of / mL. Other infectious, autoimmune or neoplastic diseases were excluded. The patient was medicated with NSAIDs and diuretics with clinical resolution.

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ACUTE MYOCARDIAL INFARCTION IN PATIENTS UNDER 40 YEARS: WHAT’S NEW?

Yulia Venevtseva, Tatiana Gomova, Aleksandr Melnikov, Olga Borisova, Marat Valiahmetov. Tula State University

Background: AMI in patients (pts) younger 40 yrs is relatively uncommon, but needs further investigation.

Methods: Statistical analysis was conducted in 27 pts with nonfatal AMI: 9 pts aged 20-30 yrs (0.37% of 2444 pts with AMI in Tula region in 2010) and 18 aged 31-40 (0.73%, 3 women).

Results: All pts didn’t have high education, 4 were of out work, 2 (7.4%) - active athletes. 25.9% of pts were obese (BMI>30 kg/m2), 40.7% - smokers (include all women), 59.3% - hypertensive without diabetes, only 1 had alcohol abuse. Within 3 hours were admitted 22.2% (all treated with thrombolysis), within 24 hours - 48.1%, 74.1% of pts with STEMI, 25.9% - NSTEMI; 66.6% - anterior, 33.3% - inferior location of AMI.

Conclusion: AMI in pts <40 yrs seems to have clinical features and may be due to coronary vasospasm.

TUBERCULOSIS OF THE BREAST IN A TERTIARY HOSPITAL IN SPAIN

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Background: Tuberculosis (TB) of the breast is a rare extrapoluminal presentation of TB. The incidence in industrialized countries is lower than 1.0% of breast diseases, and case series are scarce. Its incidence is higher among young women from undeveloped countries.

Methods: We analyzed all cases of breast TB diagnosed between 2005 and 2011 in a tertiary care hospital from Madrid (Spain). Diagnosis was made by obtaining a positive culture or, in its fault, by finding caseficient granuloma and a positive response to antituberculous drugs.

Results: We found 5 cases of breast TB out of 4166 fine needle aspiration from breast tissue made through these 6 years. Four of them were foregin-born women (Equatorial Guinea, Brazil, Romania and Philippine Islands) and a Spanish woman. The clinical presentation was a breast lump (3), a cutaneous ulcer (1) and a submamary abscess (1). All of cases had coexistent extramammary TB of the breast is an uncommon disease in our area. Most of cases were inmigrant people who came from countries where the incidence of breast diseases, and case series are scarce. Its incidence is higher among young women from undeveloped countries.

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PERIOSTEAL REACTION IN ULCERATIVE COLITIS: A RARE FINDING DOCUMENTED BY BONE SCAN
Tiago Vieira, Ana Oliveira, Patrícia Oliveira, Ricardo Castro, Teresa Faria, Isabel Ramos, Jorge Pereira. Hospital de São João, Porto, Portugal

Introduction: Musculoskeletal complaints are some of the most frequent extra-intestinal manifestations complicating inflammatory bowel diseases (IBD). However, periosteal new bone formation is a rare condition in ulcerative colitis (UC). We report a case of periosteal reaction (PR) in UC documented by bone scan (BSc).

Case Description: A 44-year-old woman, with UC, was referenced for BSc because of left leg pain. There was no history of prior trauma, infection or of a pathologic process other than UC known to be associated with hypertrophic osteoarthropathy. Physical examination revealed tender swelling overlying both the left leg upper third and left ankle. Plain radiographs were interpreted as unremarkable. BSc revealed uptake in the left tibia upper third and medial malleolus. Retrospective analysis of the plain radiographs showed discrete solid PR involving the sites identified by BSc.

Discussion and Conclusion: PR is the response of the periosteum to a variety of benign and malignant insults, and any irregularity of the bone contours may represent periosteal activity. The imagiologic appearance of PR is variable but solid periosteal reaction usually indicates a long standing benign process. Although PR can be seen on radiographs these are less sensitive than BSc for early diagnosis. The association of IBD and PR has been rarely reported and may cause localized pain, as happened in this patient. BSc findings matched the painful sites and only the retrospective review of the radiographs identified the so far discrete PR. This case report shows that BSc can make the difference in identifying early PR as a rare musculoskeletal complication of UC.

ADRENAL INSUFFICIENCY AFTER DEFLAZACORT
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Background: Acute adrenal insufficiency is a rare disorder associated with high morbidity and mortality if allowed to progress unrecognized. A constellation of non-specific symptoms including weakness, easy fatigue, nausea, anorexia, and weight loss, are typical features of adrenal insufficiency.

Methods: The authors report a case of a 78-year-old Caucasian male who was referred to Endocrinology for evaluation of adrenal function, due to asthenia, hypotension and erectile dysfunction, after one month of treatment with Deflazacort (15mg daily). Diagnosis of adrenal insufficiency was considered, so the patient underwent hormonal and imaging investigation.

Results: Before and after Synachten there was no response of cortisol nor ACTH; hormonal investigation revealed secondary hypothyroidism, hypogonadotropic hypogonadism, growth hormone deficiency, and adrenal CT-scan was normal; on cerebral magnetic resonance imaging we were able to visualize the normal sphenoid sinus.

Discussion and Conclusion: This case report aims to underline the importance of early suspicion of internal hemorrhage or hematoma at patients undergoing oral anticoagulant treatment.

Background: Oral anticoagulants are widely used for the prevention and treatment of thromboembolic events. Nevertheless, their use is limited by the high Dose-Result ratio variance and the consequent hemorrhage risk.

Purpose: This case report aims to underline the importance of early suspicion of internal hemorrhage or hematoma at patients undergoing oral anticoagulant treatment.

Methods: Eighty year old male with AF, hypertension, type II diabetes and Parkinson disease, receiving oral anticoagulants (Sintrom®), presented at the hospital's emergency room complaining for tensive abdominal pain with 24 hour duration. His admittance blood tests revealed high INR value (7.545), low haematorcits (28.8%) and increased WBC count (18.960). Every other blood test result was between expected normal range. Anticoagulant treatment was immediately stopped and the patient was transfused with 2 units of blood products. Further, the patient was checked with upper and lower abdominal ultrasound and upper and lower CT scan.

Results: US revealed pervasive blood or absorb infiltration of the abdominall wall. The CT scan showed soft structure density mass in the left rectus abdominis muscle and the left transverse abdominis muscle corresponding to hematoma.

On the third day of treatment the abdominal tenderness recessed and INR and Ht values returned to expected for the patient concerned values (INR: 1.832 – Ht: 35.9%). The patient came out of the hospital improved.

Conclusion: INR values ranging between 2-3 are connected to low hemorrhagic risk while satisfying anticoagulant result is achieved. Nevertheless, frequent assessment of clotting time is necessary. Abdominal wall hematoma should be strongly suspected at patient undergoing oral anticoagulant treatment who presents with the characteristic symptom triad of abdominal pain, intra-abdominal mass and anemia. The most suitable imaging method is CT scan.

METABOLICALLY HEALTHY OBESE INDIVIDUALS HAVE DECREASED HEART FAILURE RISK COMPARED TO NORMAL-WEIGHT PEOPLE IN A SIX-YEAR MEDITERRANEAN STUDY
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Background: Heart failure (HF) is a leading cause of mortality and its prevalence continues to rise, despite the decline in cardiovascular death rates. Among the risk factors identified as consistently associated with its development are Obesity and Metabolic Syndrome (MetS). “Metabolically Healthy Obese” (MHO) people, despite their body-fat, display a favorable metabolic and inflammation profile. It remains controversial whether this healthier metabolic profile is translated into a lower cardiovascular risk compared with normal-weight individuals with MetS.

Methods: A total of 550 individuals without diabetes or baseline macrovascular complications were studied. Participants were classified by presence (n = 271) or absence (n = 279) of MetS and by BMI. MetS was diagnosed with the NCEP-ATP-III criteria. Left ventricular functional capacity, myocardial structure and performance were assessed echocardiographically.

Results: Six-year HF incidence (nonfatal myocardial infarction, stroke, heart failure) was compared by obesity and metabolic status. Obesity status or BMI were not associated with increased CVD risk. Presence of MetS conferred 2.5-fold higher CVD risk (HR 2.5, 95%CI 1.68-3.40). Overweight/obese individuals without MetS had the lowest 6-year CVD risk (HR 1.12, 95%CI 0.35-1.33) com-
pared to normal-weight people with CVD (HR 2.33, 95%CI 1.25, 4.36, P=0.007). From the individual components of MetS, impaired fasting glucose (HR 1.5, 95% CI 1.23-1.92), hypertension (HR 1.1, 95% 1.03-1.47), dyslipidemia (HR 0.48, 95% 0.39-0.58) and central-obesity (HR 1.33, 95% 1.17-1.64) were all associated with increased CVD risk. Physical inactivity, smoking insulin-resistance, and low-grade inflammation were independently associated with CVD incidence.

Conclusions: In contrast to normal-weight insulin-resistant people, MHO individuals show decreased CVD-risk in a 6-year follow-up study.

INCIDENCE OF BRAIN DISEASE, BASED ON THE CT SCANNING FINDINGS
Georgios Vourakis, Georgia Kalpakou, Ilia Kapros, Kleoniki Charisiou, Nikolaos Lykidis, Polytimi Sidiropoulu, Nikolaeta Kolka.

Background: CT scanning of the brain is a common and useful tool for the recognition of many brain diseases. Our aim in this retrospective study was to calculate the incidence of each brain disease using the records of brain CT obtained in our hospital, in 1 year period.

Method: 435 CT scanning of the brain were obtained, on demand of many different clinical conditions including conscience disorders, strokes, trauma and others. The following Table summarizes the different findings of the test.

<table>
<thead>
<tr>
<th>CT findings</th>
<th>Number of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischemic lesions</td>
<td>150</td>
<td>34.48%</td>
</tr>
<tr>
<td>Hemorrhagic lesions</td>
<td>11</td>
<td>2.52%</td>
</tr>
<tr>
<td>Cerebral atrophy</td>
<td>28 (129)*</td>
<td>6.43% (29.65%)</td>
</tr>
<tr>
<td>Tumors/metastases</td>
<td>8</td>
<td>1.83%</td>
</tr>
<tr>
<td>Hematomas</td>
<td>21</td>
<td>4.82%</td>
</tr>
<tr>
<td>Traumatic lesions</td>
<td>16</td>
<td>3.67%</td>
</tr>
<tr>
<td>Other findings</td>
<td>15</td>
<td>3.44%</td>
</tr>
<tr>
<td>Normal**</td>
<td>186</td>
<td>42.75%</td>
</tr>
</tbody>
</table>

*Cerebral atrophy as the only finding was present in 28 patients – coexisting with other findings was in 129 patients
**Normal only for the brain, in many cases there were other findings like fractures or soft tissue lesions but this study is limited only in the brain findings.

Conclusions: The most common finding was ischemic lesions extending from severe strokes to more mild microischemic findings. It is interesting the observation that the incidence of hemorrhagic stroke is relatively low – in 161 patients with strokes 93% were ischemic and only 7% hemorrhagic, while in the literature the percentage is 85% and 15% respectively.

LP-PLA2: A NEW MARKER OF CARDIOVASCULAR RISK

Phospholipase A2 associated with lipoproteins (LP-PLA2) is an enzyme produced by monocyte/macrophage cells mainly in the subendotelial space. Studies have reported higher concentrations of LP-PLA2 in rupture prone plaques. Circulating LP-PLA2 binds up to 80% to LDL particles, the rest being bound to HDL, VLDL and LP(a). There is an association with small dense LDL. LP-PLA2 catalyzes the hydrolysis of oxidized LDL in the arterial wall, generating two inflammatory and atherogenic agents: lysophosphatidylcholine and oxidized fatty acids. These huge chemoattractants trigger recruitment of monocytes, their entry into the subendothelial space and activation, and, consequently, production of more enzyme and foam cells formation. Currently there are two LP-PLA2 assays: measurement of its activity (based on the conversion of the substrate) or mass concentration assay (by enzyme-linked immunoassays).

In our study, we investigated the effect of weight reduction programme on the mass concentration of LP-PLA2 in 40 obese children, average age 12.4 years, 25 girls and 15 boys, average BMI at baseline was kg/m2. The children underwent a month intensive weight management programme with defined caloric restriction and supervised physical activity. Mass concentration of LP-PLA2 before the intervention was 401.97 ± 93.67 ng/mL, after the intervention 368.24 ± 104.72 ng/mL. LPPLA2 is a new risk marker of atherosclerosis. In our study we documented significantly higher levels of LP-PLA2 in paediatric obese patients. Despite the significant decrease in concentrations after weight reduction remains LPPLA2 concentrations increased over the value in a healthy population.

Acknowledgement: Supported by project IGA MZ ČR 10579-3

CLINICAL DECISION SUPPORT SYSTEM (CDSS) FOR NON-SPECIALISTS REDUCES DIABETIC HOSPITAL ADMISSIONS BY MORE THAN 50%
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Background: Many hospital admissions with diabetes could be managed in outpatients, improving patient experience, bed occupancy, and clinical productivity. Current admissions reflect a cautious approach by front-line clinicians who lack specialist knowledge and support. We tested a computer-based CDSS designed to assist clinical decisions and allocate patients to the correct care.

Methods: CDSS based on non-linear, clinical algorithms was developed. 76 retrospective, independent, peer-review case-note assessments of diabetic “emergency” admissions to our hospital were conducted by diabetes specialists. Clinical information was assessed by CDSS, and compared with clinical reviews. CDSS was evaluated for safety, clinical effectiveness and cost avoidance.

Results: CDSS admitted 47.4% of current emergency admissions. The reduction is significant (p<0.0001). Diabetic specialists would have admitted only 42%, thus CDSS recommends more patients for admission than specialists but still reduced current emergency admissions by more than 50%. The difference was not significant (p=0.3527). CDSS did not discharge any inappropriate patients as judged by specialists.

In our hospital, utilisation of CDSS would have reduced admissions by 52.6% with an estimated annual saving of £212,822, based on current UK tariffs. Scaled across the UK this equates to £33 million annual saving on unnecessary diabetes admissions.

Conclusion: In this study CDSS appears safe, would admit all patients deemed to require admission by specialists, and substantially reduce current diabetic admissions. Support for decision making according to experience, suggests another potential for CDSS as an educational tool which we intend to evaluate in future studies.

COMPARATIVE EFFICACY OF 2% HYDROQUINONE AND MELFADE IN TREATMENT OF MELASMA
Reza Khiti, Kurdistan University of medical science & Health services

Introduction: Melasma is an acquired hypermelanosis disease and can cause superficial problems in women if left untreated. The objective of this study was to compare the efficacy of 2% hydroquinone and melfade in the treatment of melasma.

Method & material: This is a randomized clinical trial study conducted at Kurdistan university of medical sciences in 2008. Sixty-two women with melasma disease were recruited and randomly assigned to two groups. Two percent hydroquinone was prescribed for the first group (n=31) and melfade for the second group. After 12 weeks of daily drug consumption by the patients, they were examined by a dermatologist for assessment of recovery. The collected data was analyzed by the spss software.

Results: Response to treatment with hydroquinone and melfade was the same and no significant differences were found between the two groups (p>0.005).

Conclusion: Results of this study demonstrated that topical melfade is as effective as 2% hydroquinone in treatment of melasma, therefore it can be considered as an alternative drug in the treatment of melasma.

Key words: melasma- hydroquinone – melfade

THE MEDICAL MANAGEMENT OF CLOSTRIDIUM DIFFICILE DIARRHOEA – THE EXPERIENCE OF A DISTRICT GENERAL HOSPITAL
Kathryn Hassan1, Kevin Yoong2
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Background: Clostridium Difficile Associated Diarrhoea (CDAD) is becoming an increasing problem in hospitals. The symptoms range from a brief diarrhoea to a life threatening illness. CDAD is defined as one episode of diarrhoea associated with Clostridium difficile. Current incidence is rising as a result of both increasing numbers of immuno-compromised patients and growing antibiotic resistance.

Methods: Retrospective analysis of CDAD cases at our acute hospital over a 6-month period. CDAD was defined as two or more loose bowel motions of over 200g in weight within a 24-hour period associated with positive stool cultures for C. difficile.

Results: A total of 75 patients were admitted with CDAD. The majority were patients aged over 65 years of age. The majority of patients were female. Most patients were admitted following a diagnosis or treatment with antibiotics. The most common site of infection was the lower gastrointestinal tract (57%). A total of 24 patients had received previous antibiotic treatment. Over 50% of patients were admitted due to a diagnosis of CDAD.

Conclusion: CDAD is a significant problem for acute hospitals. Close liaisons with our local pharmacy department are required to ensure appropriate antibiotic treatments and to reduce the risk of CDAD.
Method: This retrospective study was undertaken of patients diagnosed with CDI between 1/03/2010 to 1/03/2011 and how the infection was managed with respect to the current guidelines. A number of factors were considered, including patient history, diagnosis and general prognosis.

Results: The sample included 141 patients, who were diagnosed with CDAD during the study period. The results showed 79 females and 62 males. 86% were over the age of 70. 36 patients died within 30 days of diagnosis. 86% had previously been treated with antibiotics. 59% of patient’s symptoms failed to resolve within 14 days. 91% of patients had a Bristol stool chart. 93% had a stool sample sent to the lab on onset of diarrhea. Treatment: 55% vancomycin 250mg, 15% vancomycin 125mg, 9% metronidazole 400mg, 44% changed treatment before end of course. Isolation: 43% of patients were sent to isolation ward.

Conclusion: None of the standards measured reached the target 100%. There were big discrepancies in treatment. The hospital needs to increase efforts to follow current policies and ensure consistency is maintained in the management of patient care.

PROFESSIONAL PROFILE OF NEPHROLOGY NURSES

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Background: Profiling studies are related with improvements in quality of service in organizations via identification of the workers and their opinion in that profession, bearing features leading to enhanced communication. This study was performed aiming to determine professional profile of nephrology nurses.

Methods: This descriptive study is performed on 314 nephrology nurses attending “20th National Congress of Renal Diseases, Dialysis and Transplantation Nursing” in September 22nd -26th, 2010. Survey included 36 questions exploring socio-demographical, personal development, self-perception, work-environment, and organizational culture characteristics.

Results: Of the nurses 44.6% are 35 years old or above, 64.6% are married, 42% have no children, 40.1% have associate’s degree, 67.8% have computer, 20.4% have subscription to periodical journals, 57.6% have membership of non-governmental organizations, 51.9% could regularly attend national scientific conventions, 23% registered in a self-development courses. Nurses describe themselves as “careful, self-controlled and hardworking” (30.9%), as “technical staff” (80.9%), as “effective staff in patient care” (69.7%), and as “indispensable member of team-work” (52.1%); 93.6% find nephrology nursing appropriate for themselves, 90.4% recommend their profession for others. Nurses work for government (44.9%), private-sector (26.4%), hemodialysis clinic (65.6%), nephrology clinic (16.6%), peritoneal dialysis (13%), and transplant units (2.9%). 71% have certificates of either peritoneal or hemodialysis. Nurses work for governmental organizations, 51.9% could regularly attend national scientific conventions, 23% registered in a self-development courses. Nurses describe themselves as “careful, self-controlled and hardworking” (30.9%), as “technical staff” (80.9%), as “effective staff in patient care” (69.7%), and as “indispensable member of team-work” (52.1%).

Conclusion: The aim of this study was to assess the relation between level of serum creatinine (Cr) and cardiac troponins T and I, and left ventricular (LV) function (as defined by LV ejection fraction) in non-dialysis and non-acute coronary syndrome CDK patients.

Materials and Methods: This is a prospective cross sectional study that includes 150 non-dialysis CDK patients without history of ACS in at least one month before the beginning of the study. Patients with serum Cr ≥ 1.5mg/dl were selected. Patients with advanced multi-organ disease (lung disease, liver disease, cerebrovascular disease and peripheral vascular disease) and history of dialysis were excluded from study. In each patient blood sample were obtained for analyzing serum Cr and cardiac troponin T and I (cTnT and cTnI). Also LV ejection fraction (LVEF) was measured by echocardiography in the same session.

Result: There was a positive linear relation between serum Cr and cTnT (p = 0.001), and negative relation between LVEF and cTnT (p = 0.001) as well. However there were no relation between serum Cr, cTnI and LVEF (p=0.883).

Conclusion: In patients with CKD serum Cr level has impact on cTnT and LVEF, but has no impact on cTnI.

Key words: Serum creatinine, cardiac troponin T and I, left ventricular ejection fraction

TREATMENT OF OCULAR METASTASIS IN BREAST CANCER: A CASE REPORT

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Background: Breast cancer is the most common female malignancy (10%). Frequency of ocular metastasis in breast cancer is 10-37%. The most common site is the choroid (85%) and it is mostly unilateral (62%). The usual treatment includes radiotherapy, chemotherapy, etc. The objective is to present a treatment management for a woman with breast cancer and ocular metastasis with chemotherapy and targeted therapy.

Methods: A 44 year old woman with breast cancer T2N3S/15MO, ER-PR (+), CerB2 (+ ++), was subjected in adjutant chemotherapy with FEC and hormone therapy. After three years, liver metastasis was revealed and she received Paclitaxel and Trastuzumband and continued with Trastuzumband and Femara for two years. She suffered from pace instability, headaches, blurred vision, illusions and flying objects. MRI showed metastasis at the occipital lobe and she undergone cyberknife radiation. The visual symptoms insisted and the eye examination (US and fundus exam) revealed choroidal metastasis with significant reduction of visual acuity (0/10), cotton wool which caused exudative retinal detachment and the rare implication of neovascular glucoma.

Liver biopsy findings were classified according to Ludwig’s classification and biochemical response to ursodeoxycholic acid was evaluated according to Pares criteria.

Results: AMA IgG and IgA, anti-gp210, anti-spi100 and anti-chromatin were detected in 312/495 (63%), 267/492 (54.3%), 26/512 (5.1%), 49/496 (9.9%) and 6/506 (1.2%) tested sera, respectively. Positivity for all autoantibodies apart from anti-chromatin was associated with biochemically and/or histologically advanced disease. A decrease of anti-spi100 titers during follow-up was associated with improvement of Mayo risk score (p=0.025) and response to ursodeoxycholic acid (p=0.016).

Conclusions: Detection of AMA and ANA-PBC-specific was correlated with disease severity. Serial changes of anti-spi100 titers could be used for monitoring the disease course and treatment outcome.
It was decided to receive therapy with Capecitabine and change the targeted therapy into a monoclinic antibody, Lapatinib.

**Results:** In the first three months there was a reduction of the metastasis which was followed by stabilization after six months. After this period the patient continued with Lapatinib and Letrozole.

**Conclusion:** Many studies have proved that the combination of Capecitabine and Lapatinib, in patients that overexpress HER2, has significant results in late stage breast cancer. In this case this combination helped to reduce and stabilize the ocular metastasis.

**SUBCUTANEOUS SARCOIDOSIS DEVELOPED ON OLD INJECTION LESIONS – A CASE REPORT**

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**Background:** We describe the unusual case of a 57 years old woman who presented to our hospital due to 3 palpable nodules on her right gluteal area.

**Material:** A 57 year old woman, with free medical record presented initially to the surgical department of our hospital because she had some palpable nodules on her right gluteal area. The patient described that many years ago she had had intramuscular injections in this area and that she had the nodules ever since. Lately she was feeling uncomfortable about it and wanted to remove them if it was possible. The nodules were surgically removed and sent for laboratory testing. The histopathologic features of the nodules were consistent with subcutaneous sarcoidosis. After this finding the patient underwent an extensive testing to investigate if there were any extracutaneous lesions of the disease, and also to exclude other conditions that could mimic subcutaneous sarcoidosis. The only other finding we had was from the CT scanning of the chest which revealed bilateral mediastinum lymphadenopathy.

**Conclusions:** Subcutaneous sarcoidosis is a rare specific subtype of cutaneous sarcoidosis, and can be the only manifestation of the disease. Development of sarcoidosis on scars has been described in the past, and perhaps our patient’s case is of the same mechanism. Even though our patient had other asymptomatic lesions of the disease the initial presentation remains unusual.

**ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS) IN PATIENTS WITH PULMONARY TUBERCULOSIS: NOVEL TREATMENT STRATEGIES**

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**Introduction:** Acute respiratory distress syndrome (ARDS) is a major cause of morbidity and mortality in intensive care units and it is a rare but serious complication of pulmonary tuberculosis.

**Materials and Methods:** We reviewed the literature using Cinhare and PubMed Databases. As keywords we used: “tuberculosis, ARDS and treatment”.

**Results:** We studied all the results that came out after the search in Cinhare and PubMed Databases and we classified the outcomes. On the one hand, we extracted epidemiological data about the ARDS in pulmonary tuberculosis and on the other hand, we wrote down all the possible therapeutic intervention. Non invasive pressure support ventilation (NIVPS) was reported as a novel, but with great success, treatment.

**Conclusions:** In the literature, there are few randomized studies comparing the possible therapeutic interventions in tuberculosis ARDS. Non invasive pressure support ventilation is effective in improving prognosis in acute respiratory failure in pulmonary tuberculosis. According to the literature, tuberculous acute respiratory distress syndrome occurs in miliary tuberculosis or extensive pneumonia. Non invasive ventilation (NIV) can improve respiratory parameters, and also decrease the length of hospital and ICU stay, endotracheal intubation rates and risk of complications and ICU mortality. If the NIPSV is applied in time we can avoid the cost and the complications that arise from the intubation and the ICU stay. However, NIV should be applied under close monitoring and endotracheal intubation should be promptly available in the case of failure.

**ASSOCIATION BETWEEN FATTY LIVER DISEASE AND METABOLIC SYNDROME IN A GROUP OF PATIENTS FROM WESTERN ROMANIA**

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**Background:** Fatty liver disease (FLD) is considered the major hepatic manifestation of metabolic syndrome (MeS), but in adult males alcoholic liver disease is also a common etiology. Alcohol related liver disease is quite often clinically silent and its frequency is probably underestimated.

**Methods:** We conducted a nonrandomized prospective study in 62 patients with criteria of MeS and symptomatic atherosclerosis in an urban area of western Romania. We performed liver function tests, ultrasound examination as screening method and magnetic resonance imaging (MRI) for evaluation of the liver steatosis. For CVD the investigations included markers of inflammation, and other specific investigations.

**Results:** The median age of our group was 52.9 years and the sex ratio 26 M/36F. BMI was between 30-39 Kg/m2 in 43 patients (69.3%) and over 40 Kg/m2 in 6 patients (9.6%). The alcohol abuse (declared) was found in 12 patients (19.3%). High blood pressure was also present in 51 patients (82.2%) and others symptomatic cardiovascular diseases in 20 patients (32.2%). MRI detected better focal fatty lesions.

**Conclusions:** The common risk factor in fatty liver disease associated to MeS is obesity rather than alcohol abuse, which remains an important risk factor, especially in males. 2. Imaging studies are useful to detect diffuse and/or focal fatty liver changes. 3. The presence of metabolic syndrome was associated with signs of early atherosclerosis for both sexes in heavy alcohol consumers.
LATE ABSTRACTS

PULMONARY HYPERTENSION AND TYPE 2 DIABETES: FORTUITOUS ASSOCIATION?
Djannette Hakem, Toufik Bounziria, Nacer Ouadahi, Abdelhalim Boudjelid, Moufida Ibrir, Malika Boucelma, Hayat Lafer, Abdelkrim Berrah. Dr Mohammad-Lamine Debaghine, Bab El Oued University Hospital Centre

Background: To report and to discuss association of primitive pulmonary hypertension and nephropathy of type 2 diabetes.

Case report: Old man of 44 years, in the family history of type 2 diabetes, treated for type 2 Diabetes mellitus for 18 years, at the stage of microangiopathies complications (bilateral severe proliferative retinopathy, diabetic nephropathy stage 4, and of peripheral and dysautonomia neuropathy) by novomixt insulin 30. This patient report hypertension diagnosed 8 months ago witch treatment was stopped because not tolerated (disabling orthostatic hypotension). He presents also hypercholesterolemies treated by statin.

The treatment referring to the cardiovascular risks factors is completed by ant platelet drug and nephroprotector treatment by conversine enzyme inhibitor (CEI). Hospitalization is justified by the apparition of nephrotic syndrome making suspect an amylosis referring to the high proteinuria estimated over to 5g/day, the clinical context (majoration of neuropathy and the no tolerated hypertension drugs). The kidney investigations confirms the impure nephritic syndrome showering daily proteinuria over 5g associated with hypo albuminemia, hypoproteinemia, hypercholesterolemia, hematuria.

The preventer dose of heparin dose is instituted. The complications of treatment was stopped because not tolerated (disabling orthostatic hypotension). He presents also hypercholesterolemiae treated by statin.

TAKO TSUBO CARDIOMYOPATHY ASSOCIATED WITH AN OVERDOSE OF THE SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITOR VENLAFAXINE
Eduardo Oliveros Acebes. Salvador Gamez Casado. Maria Ferrer Civeira, Inma Muñoz Roldán, Marta Clavero Olmos, Alejandro García-Espona Pancorbo, Maria Victoria Villalba Garcia, Cristina López Gozález-Cobos. Gregorio Marañon Hospital

Background: Tako Tsubo (TTC) is a spontaneous and reversible myocardopathy. It is often associated with physical or emotional stress. It is defined as a reversible acute left ventricular (LV) apical dysfunction. It can simulate acute coronary syndrome (ACS). Our objective is to describe a case of TTC after an overdose of Venlafaxine and to analyze clinical course and treatment of patients with TTC.

Methods: We present a case of TTC after an overdose of Venlafaxine and a series of 20 patients with TTC admitted in our hospital between January 2009 And March 2011.

Table 1: Characteristics of 21 patients with TTC

<table>
<thead>
<tr>
<th>N (%)</th>
<th>18 patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>65 ± 16 years</td>
</tr>
<tr>
<td>% Female</td>
<td>85.7% (n=18)</td>
</tr>
<tr>
<td>Thoracic pain %</td>
<td>52.4% (n=11)</td>
</tr>
<tr>
<td>Dyspnoea %</td>
<td>19% (n=4)</td>
</tr>
<tr>
<td>Emotional trigger %</td>
<td>33.3% (n=7)</td>
</tr>
<tr>
<td>EAP</td>
<td>19% (n=4)</td>
</tr>
<tr>
<td>Shock %</td>
<td>14.3% (n=3)</td>
</tr>
<tr>
<td>Death %</td>
<td>1 patient</td>
</tr>
</tbody>
</table>

Results: A healthy 30-year-old woman admitted in the emergency room with sudden onset of breath shortness, after a Venlafaxine overdose for attempt of suicide.

A CASE OF COINFECTION FROM PULMONARY TUBERCULOSIS AND INFLUENZA A (H1N1) VIRUS
Ioannis Dimitriadis1, Athanasios Panoutsopoulos1, Anna Tarantili, Paraskevi Kalamaras2, Konstantina Vogiatzi1, Paraskevi Papioannou1, Georgios Andrianopoulos1. 1Department of Internal Medicine, General Hospital of Argos, Greece; 2Department of Radiology, General Hospital of Argos, Greece

Background: The Mycobacterium tuberculosis infection and disease from pulmonary tuberculosis is still prevalent in populations with poor sanitary conditions. In conjunction with the pandemic of influenza A virus (H1N1), it should remain a high clinical suspicion of disease.

Purpose: We discuss the case of a patient with newly diagnosed pulmonary tuberculosis who fell ill from influenza A.

Materials: A 35 year-old patient, economic immigrant, employed in agricultural work and smoker presented with progressively worsening dyspnea during the last two months, cough and fatigue. An episode of spontaneous pneumothorax is reported from his medical history. During the clinical examination, we discovered a high fever (39.7°C) and SatO2 85%, reduction in respiratory whispering and radiological evaluation of the chest showed pulmonary infiltrates bilaterally with the formation of voids particularly in the upper lung fields.

Methods: Throat swab was taken in search of the H1N1 virus and administration of oseltamivir (Tamiflu®) began. At the same time taking into account the chronicity of symptoms and radiological image, sputum culture was sent for Ziehl-Neelsen staining and search Mycobacterium tuberculosis by microscopy and PCR and we started administration of tuberculostatic treatment with streptomycin, ethambutol, rifampicin and isoniazid.

Result: The patient became afebrile within two days from the initiation of antiviral therapy and proved positive for influenza A. Newer radiological assessment with chest CT showed thick walled cavities (caves) in the upper lung fields, bronchiectasis, peribronchial thickening, tree-in-bud image and enlarged mediastinal and hilar lymph nodes. Clinical suspicion confirmed by positive Ziehl-Neelsen stain and microscopic finding of mycobacteria and a positive PCR. The patient’s clinical condition improved, restored the hypoxia and took anti-tuberculosis treatment for nine months.

Conclusion: The prevalence of TB is still important in populations with poor sanitation, which together with recent influenza pandemic should not be neglected.

Abstracts from 10th Congress of the European Federation of Internal Medicine/European Journal of Internal Medicine 22S (2011) S1–S112 S103
Tachypnea and diaphoresis, blood pressure 145/100 and oxygen saturation was 85%. Thorax X-Ray showed mild pulmonary edema. An EKG showed pre-cordial T-wave inversion (Fig. 1). Echocardiogram demonstrated TTC apical ballooning. She was admitted in the intensive care unit and received an ACE-inhibitor and a beta-blocker. She was completely recovered in the next 24 hours and her echocardiogram was normal.

Conclusions: There has only been reported one case of TTC because of a Venlafaxine overdose. The physiopathology of TTS remains unknown; it could be related to sympathetic overstimulation. TTC simulates ACS, but has milder symptoms and better prognosis.

NECROTIC PURPURA: ETIOLOGICAL ASPECTS
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Background: Necrotic purpura is a clinical symptom of a wide spectrum of causes. The aim of our study was to analyze its etiological profile.

Methods: Medical records of 24 patients presenting with a necrotic purpuric rash (as an initial symptom or during their follow up) were retrospectively analyzed.

Results: Patients were 15 males and 9 females with a mean age of 45.5 years. Purpuric rash revealed the responsible disease in 20/24 patients. It occurred on average 14 days before the other symptoms. These symptoms were fever in 3 cases, gastro-intestinal bleeding in 9 patients, arthralgia/arthritis in 10 patients, abdominal pain in 7 patients and renal involvement in 6 cases. Skin biopsy was contributive in 17 patients showing leucocytoclastic vasculitis in 15 cases with IgA deposits in only 2 cases. IgA deposits were confirmed in another two cases by a renal biopsy. The most frequent cause of necrotic purpura was Henoch Schonlein Purpura in 12 cases. The other causes were Wegener granulomatosis in 1 case, Churg Strauss syndrome in 1 case, rheumatoid arthritis in 1 case, polyarteritis nodosa in 3 cases, CMV infection in 1 case and drug induced purpura in 1 case. Cryoglobulin's dosage, available in only half of patients, wasn't positive in any case.

Comments: Given its wide spectrum of causes, the etiological diagnosis of necrotic purpura requires often a deep investigation especially if it's an isolated symptom. In our series, Henoch Schonlein purpura was the most frequent cause.

URINARY TRACT INFECTIONS AFTER ORTHOPAEDIC PROCEDURES AND RISK FACTORS
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Background: Urinary retention is a common postoperative problem in orthopaedic surgery, so an indwelling Foley catheter is often needed. This poses an increased risk of bacteriuria or urinary tract infection.

In our study we tried to identify the risk factors for urinary tract infection after orthopaedic procedures.

Methods: This is a case control study. The cases (patients with infection) and controls (patients without infection) were matched only to number. As risk factors were considered the age, sex, type of operation (arthroplasty, fracture repair, spine surgery), chemoprophylaxis, type of anesthesia, time of surgical procedure (emerging or scheduled). We used logistic regression analysis to evaluate the risk factors for urinary tract infections.

Results: During one year, 33 cases and 33 controls were recorded. Of the cases, 28 (86.7%) were females and 5 (13.3%) were males. Of the controls, 25 (77.8%) were females and 8 (22.2%) were males. The mean age for cases was 76.9 years and for controls 68.5 years. All patients carried urinary catheter for 3 to 7 days. Eschericia, coli was isolated in 12 (36.3%) patients, Pseudomonas aeruginosa in 10 (30.3%), Klebsiella pneumoniae in 4 (12.1%), Acinetobacter spp in 4 (12.1%) and Enterococcus spp in 3 (9%) patients. Using logistic regression analysis we found that only the age was significant risk factor for urinary tract infection (p=0.015).

Conclusion: The most common pathogen isolated was E. coli. Although the presence of urinary catheter is related to urinary tract infection, in our study age seems also to play important role.

LONG TERM OUTCOME OF CHRONIC HEPATIS C PATIENTS SUCCESSFULLY TREATED WITH COMBINED ANTIVIRAL THERAPY
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Background: Patients with chronic hepatitis C (CHC) who achieved sustained virological response (SVR) following combination therapy with pegylated interferon-alpha plus ribavin. All patients had at least 12 months of follow-up after the end of treatment. During the follow-up period all participating patients have been retested for liver biochemistry every 6 months and for HCV-RNA at yearly intervals.

Methods: There were included 144 CHC patients (M/F=93/51, mean age = 46.2±9.4), in the present study. All patients had developed sustained viral response (SVR) following combination therapy with pegylated interferon-alpha plus ribavin. All patients had at least 12 months of follow-up after the end of treatment. After the end of treatment.

Results: The mean duration of follow-up was 46 months (12-126 months). Distribution of genotypes was: genotype 1=76 patients (52.7%), genotype 2/3=38 patients (26.3%) and genotype 4=30 patients (20.8%). All patients retained their HCV-RNA negativity and no-one developed late relapse of viremia. Liver biochemical tests were persistently normal in 122/144 (84.7%) patients. One patient developed hepatocellular carcinoma (HCC) 3 years following the end of treatment and another two cases of compensated cirrhosis 4 years after treatment.

Conclusion: No recurrence of HCV viremia was observed among our study population. Long-term prognosis in CHC patients with an SVR to therapy is excellent. However, a case of late development of HCC and a case of decompensated cirrhosis were detected during long term follow-up.

NEUTROPHIL GELATINASE-ASSOCIATED LIPOCALIN (NGAL): A NEW MARKER OF DIABETIC NEPHROPATHY?
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Background: The aim of this study was to investigate the possible association of NGAL and type-2 diabetic nephropathy.

Methods: The study included 24 patients who fulfilled WHO criteria for T2DM (11/13 m/f). Serum Glucose, creatinine (Cr), urinary albumin and Cr concentrations were measured using an automatic biochemical analyzer. Serum and urine NGAL (sNGAL/uNGAL) were detected by a sandwich Enzyme-Linked ImmunoSorbent assay kit (BioVendor, Czech Republic). The minimal detection limit was 0.02ng/ml. Serum samples were diluted 1:30 according to the instructions. Patients were divided into 2 groups according to their urinary albumin concentration: group 1 with normalalbumunuria (n=16), group 2 with microalbuminuria or macroalbuminuria (n=8).

Results: There were included 144 CHC patients (M/F=93/51, mean age = 46.2±9.4), in the present study. All patients had developed sustained viral response (SVR) following combination therapy with pegylated interferon-alpha plus ribavin. All patients had at least 12 months of follow-up after the end of treatment. After the end of treatment.

Conclusion: No recurrence of HCV viremia was observed among our study population. Long-term prognosis in CHC patients with an SVR to therapy is excellent. However, a case of late development of HCC and a case of decompensated cirrhosis were detected during long term follow-up.

Results: In comparison with the age-sex-matched control group, patients with T2DM demonstrated a higher level of sNGAL 92.32ng/ml vs 59.32ng/ml (p<0.001). The sNGAL level in second group was higher than in group 1: 182.85mg/ml vs 72.2mg/ml (p<0.001). Levels of uNGAL in group 2 were higher than in group 1 (p<0.001). The level of sNGAL, but not uNGAL or the uNGAL/cr ratio was found to be directly and positively correlated with serum creatinine values (p<0.001). We also showed that sNGAL levels were not significantly correlated with the uNGAL and uNGAL/cr ratio. No significant correlation was found between sNGAL and Glucose level (p>0.05).

Conclusion: Our results may suggest that serum NGAL maybe more useful in detecting the early stage of diabetic nephropathy since the content of serum NGAL changed more sharply than urine NGAL. We expect for more and more studies about NGAL and diabetic nephropathy in the future.
SURVIVIN MRNA EXPRESSION PATTERN IN NON-SMALL-CELL LUNG CANCERS

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Background: Survivin is a protein that inhibits apoptosis and promotes cell proliferation, both processes that favor cancer survival. Its expression is low in most terminally differentiated adult tissues but at high levels during fetal development as well as in cancer. Taking in account that NSCLC even in early disease stages present micrometa-static cells in the bone marrow of resectable NSCLC patients and that the prognosis for those patients is poor compared to other operable tumors, it is essential to find biomarkers that could indicate the high-risk metastati-size patients. In this study SURVIVIN expression pattern in NSCLC has been investigated. For this purpose SURVIVIN’s mRNA expression levels in NSCLC tissues biopsies were compared to normal ones.

Methods: RNA were obtained from eleven operative samples, 6 NSCLC biop-sies and 5 of the paired, histopathologically normal lung tissues from patients with written consent forms. For quantitative evaluation of survivin mRNA expression, hybridization PCR methods were used.

Results: Survivin’s mRNA levels expression in lung tissues is:
1. Low detected in normal lung specimens (m.v. ± sem, sur/abl=0.0883 ± 0.0098) with no significant differences among the five lung biopsies, identifying the basal level of survivin mRNA
2. 12.8 times higher in NSCLC biopsies (m.v. ± sem, sur/abl=1.1337 ± 0.11337 p=0.01005) compared to normal ones.

Conclusion: The increased mRNA expression levels in tumor lung biopsies indicate SURVIVIN transcript as a possible biomarker of diagnosis and furthermore of prognosis as well as a useful tool of therapy strategy.

CORONARY CALCUM SCORE IN ASYMPTOMATIC PATIENTS WITH METABOLIC SYNDROME

Stanciu Silviu1, Dumitrescu Silviu2, Muresan Miha1, Iriciu Magda1, Rouli Gerald2, Military University of Medicine, 1Cardiology Army Centre; 1Universitary Hospital of Strasbourg

Background: The majority of patients with metabolic syndrome (MS) have a Framingham high risk score but there are a lot of patients with intermediate risk Framingham score. The aim of this study is to determine the amount of coronary calcium and distribution of the plaques in untreated metabolic syndrome patients with Framingham high risk score compared to a group of metabolic syndrome patients with intermediate Framingham risk score using 64-multislice detector computed tomography (MDCT).

Methods: We prospectively included 63 untreated asymptomatic patients with high risk score (HRS) MS (male 69%, 54 ± 7 years, mean Framingham score 24) and 39 untreated asymptomatic patients with intermediate risk score (IRS) MS (male 59%, 56 ± 6 years, mean Framingham score 15). All patients underwent both MDCT calcium scoring and coronary angiography. Agatston score and coronary plaque burden were calculated.

Results: There was no difference regarding calcium score and coronary plaque burden in patients with HRS-MS compared to patients with IRS-MS (Agatston = 47 vs 38). Moreover the prevalence of significant obstructive CAD was similar in both groups (22% vs 21%)

Conclusions: The patients with HRS-MS have the same anatomical coronary profile like patients with IRS-MS highlighting the problem of limited power of imaging risk score versus low predictability of the traditional risk predic-tion models in this population. The patients with MS represent a heterogenic profile like patients with IRS-MS highlighting the problem of limited power.

MANAGING DELIRIUM IN THE TERMINALLY ILL

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Background: Delirium is the most common neuropsychiatric complication experienced by patients with advanced illness, occurring in up to 85% of patients in the last weeks of life. Usually involves multiple causes, including infection, organ failure, and medication adverse effects. Most of the times these causes of delirium are not reversible in the dying patient, and this influences the outcomes of its management.

Methods: We followed 163 consecutive patients with advanced cancer suffering delirium (according to DSM-IV criteria) admitted to our Hospital during 2010. Variables: gender, age, type of cancer, comorbidity, prior cognitive status and psychopathology, involved causes (medication, metabolic, infections, organ failure), type of delirium, time to diagnosis and evolution, initial and final treatment, need of extra medication.

Results: Median age 70 years, 60% male. Most frequent cancer was digestive (35%) followed by lung (23%). Median Charlson Index of 8. Prior cognitive decline in 35% and psychopathology in 25%. Delirium was hyperactive in 43% of patients. Median time to diagnose 1 day and total time 5 days, 80% of patients without identification of reversible causes. Initially treated with Haloperidol in 70% with median starting dose of 20 mg/24h and final of 30 mg/24h. In 80% of cases patients with hyperactive delirium precised extra medication (midazolam 70% of times).

Conclusions: Delirium in terminally ill patients is associated in the majority of cases with a life prognosis of less than a week. It’s treatment requires high doses of neuroleptics and specially in hyperactive cases of the association of sedative medication.

ANAPLASTIC THYROID CANCER: A RARE AND AGGRESSIVE NEOPLASM

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Introduction: Anaplastic Thyroid Cancer (ATC) is an undifferentiated tumor of the thyroid follicular epithelium, representing 2.5% of all thyroid carcino-mas. It affects older people compared with differentiated carcinomas with an average 65 years of age at diagnosis, more common in females. It is rapidly progressive with a poor therapeutic outcome. The majority are presented with cervical mass of rapid growth.

Description: Female, 67 years old without a significant background, turn to ER for coughing up mucous, dyspnea for 15 days and weight loss of 10kg in 3 months. Physical examination: Good general condition and afebrile. Thyroid palpable, stony, painless, immobile, with no nodules individualized. Right cervical
Discussion and conclusions: 
Cerebrorenal syndrome and hypertension secondary to corticosteroids therapy. Tension due to multiple renal arteries and elevated plasmatic renin activity; 
Results: 
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Conclusion: The ATC is an aggressive neoplasm with rapid evolution and is invariably fatal when the initial presentation of distant metastasis occurs. The regimen is not well defined, more research is needed to evaluate the existing protocols and new therapies.

EVALUATION OF THE PATIENTS REGISTERED BY MUGLA TUBERCULOSIS DISPENSARY 
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Method: Written permission were taken from The Mugla Provincial Health Directorate to examine the tuberculosis cases between the years 2005-2010. A total of 368 cases were identified and analyzed retrospectively based on registry data at the the Mugla Tuberculosis Dispensary. Only the date of application, affected organs, age, gender, and treatment outcome was gathered.

Results: 71.52% of the cases were male and 48.10% were between 19-44 age group. 2008 with 19.60% which was the highest rate were calculated. 30.40% of the cases seen between, July and September. 68.8% was diagnosed with pulmonary tuberculosis. 31.2% other organ’s tuberculosis. 43.82% were determined to complete the treatment, 38.0% cured, 6.8% continued the therapy. 6.5% were advised to go to the research hospital for intensive care, 1.4% abandoned their treatment and 3.5% died. Pulmonary tuberculosis was determined to be more common with males (79.0%) and at 19-44 age group (50.2%) the difference between the cases of pulmonary tuberculosis by gender and age groups was significant (p < 0.05). In addition, pulmonary tuberculosis by years was found to be insignificant (P > 0.05).

Conclusion: It is still important to ensure continuity of diagnosing, treating and effective controlling of the tuberculosis with gender and age groups.

HYPERTENSION IN YOUNG ADULTS – THREE UNUSUAL CASES 
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Objective: Exemplify unusual cases of secondary hypertension in young adults.

Results: We report the case of a 34-year-old woman with renovascular hypertension due to multiple renal arteries and elevated plasmatic renin activity; the case of a 43-year-old woman with piecoidal dilatation and elevated aldosterone activity and the case of a 36-year-old woman with panhypopituitarism and hypertension secondary to corticosteroids therapy.

Discussion and conclusions: Clinicians must be alert to the existence of secondary causes of hypertension, especially in young adults who should be investigated. It is essential to take in consideration personal and family history and physical examination in order to request the appropriate tests and treat accordingly the underlying cause of hypertension to prevent its consequences.

LISTERIA MONOCYTOGENES MENINGOECEPHALITIS COMPLICATED WITH CEREBRAL HEMORRHAGE 
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Background: Listeriosis is a relatively rare disease and occurs primarily in newborn infants, elderly patients and in patients who are immunocompromised. Meningitis or meningoecephalitis is perhaps the commonest manifestation of human listeriosis. Purpose: presentation of a rare case of listeria meningoecephalitis in an immunocompetent adult complicated with cerebral hemorrhage. 
Case report: A 43-year-old patient, plumber, with no medical history was admitted to the hospital with a history of high fever, confusion and neck pain for 3-4 hours. The general examination of the patient was noncontributory. Central nervous system examination findings were suggestive of menigitis. Because of the above symptoms a lumbar puncture was performed. Cerebrospinal fluid was blood-stained and hazy. Proteins were 16.9 mg/dL, WBC was 403, lymphocytes 71%. Gram stained smear examination showed presence of RBCs, occasional pus cells but no organisms were seen. The patient was subjected to a CT-scan without any findings. Because of the patient’s condition, empiric treatment was initiated (cefotaxime 4gr daily, acyclovir) but with no improvement. During the following days the patient’s condition continued to deteriorate and mechanical ventilation was considered necessary. At that time Listeria monocytogenes was isolated from CSF cultures and treatment was modified according to CSF examination. The cultures were repeated 2 days after and antibiotic sensitivity tests arose. A second CT-brain was then performed that revealed hemorrhage in the pons with surrounding edema. 
Discussion: Listeria monocytogenes has a world wide distribution and has been found in over 50 species of animals including mammals, birds and fish. In most human cases, the mode of infection is unknown, though it probably involves ingestion of infected soil or foodstuffs or contact with infected animals. Meningoecephalitis and especially rhombencephalitis in immunocompetent adults by L. monocytogenes is rare and diaforodiagnostic problem can occur. Cerebral haemorrhage as a complication is extremely rare and no similar cases were found in bibliography.

INTESTINAL CARCINOID TUMOR (CTU) 
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Background: CTu are tumors of the small intestine that belong to the group of neuroendocrine (NE) tumors. They are rare and difficult to diagnose because the clinical picture is usually poor. In the last 20 years, there is an increase in its incidence. New diagnostic methods, such as Octreoscan (OCS), contribute to diagnosis (Dx) and treatment. 
Methods: We report a case of a man, 73 years, admitted for investigation of weight loss, asthenia, abdominal swelling and pain at the right flank, with 9 months of evolution. He had pallor, a left supraclavicular adenopathy and a right flank mass (Ø 6 cm), elastic and painful on palpation.

Results: Complementary tests: anemia, VS: 52, HIV negative, Mantoux negative; bowel Xray: irregular stenosis at the terminal ileum, colonoscopy: diver- ticularis; body CT: left supraclavicular adenopathy, a solid mass (5cm Ø), at the projection of the transverse colon; peri- aortic adenopathy, mesenteric nodule (Ø 5 cm) adjacent to a loop of the small intestine. Ecoguided Biopsy: well-differentiated endocrine tumor of intestinal origin. NE activity: elevated serum Chromogranin A (chrA) and urinary hydroxy-indolacetic acid (ác.HIIA); OCS: multiple tumor metastasis. Sandostatin was initiated and surgery was performed, confirming the Dx. Currently the patient is asymptomatic and there was improvement of analytic and imaging markers. 
Conclusion: The CTu Dx is histological, as imaging is etiologically inconclusive. However, some tests are useful: endoscopy, CT, OCS and chrA and ác.HIIA. Treatment consists of cytoreduction and chemotherapy. The prognosis is related to the occurrence of metastasis.

AN INTERESTING CASE REPORT OF EOSINOPHILIC PERITONITIS 
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Background: Eosinophilic peritonitis is a rare disorder of unknown etiology that affects both men and women, with a higher frequency among white
race. Similar clinical presentation has been reported with the consumption of L-tryptophan, herbal/vegetable oils and statins. Additionally, epidemiological correlation has been reported with morphine and Borrelia Burgdorferi.

**Aim:** To present the interesting case report of a young Mexican patient with eosinophilic peritonitis.

**Materials and methods:** A 33-year old patient visited the outpatient clinic due to migrative edema, myalgia and numbness of the right upper limb. He mentioned that he experienced similar symptoms 10 years ago. His clinical condition at that time was considered to be myositis and he received treatment with corticoids. Since then he remained free of symptoms. During his last clinical evaluation his upper limb appeared as sclerotic, edematous with orange cortex like appearance.

**Results:** The laboratory tests indicated WBC 8490, neutrophils 58%, lymphocytes 28% and eosinophils 15%, Hct 47%, PLT 208 000. The results of the biochemical analysis were within normal limits. Further investigation for vasculitis and collagen disorders revealed negative results as well as the protein electrophoresis, the hepatitis tests, the stool cultures for parasites, the myelogram and the electromyogram. The aponeurosis biopsy from the right antibrachium was indicative of eosinophilic inflammation without any malignant findings. Magnetic tomography of the right antibrachium presented images consistent with eosinophils fascia inflammation. Consequently the patient was administrated with corticoids, showing very good clinical response.

**Conclusion:** Eosinophilia is a medical condition that is often bypassed during evaluation of a patient. Beyond the usual causes of eosinophilia that include allergic reactions and parasitic infections, the pathologist must have in mind to investigate less common causes such as the eosinophilic syndromes and eosinophilic peritonitis.

**HAMM-RICH SYNDROME – THE FIRST DESCRIBED CASE REPORT USING EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) SUPPORT**

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**Background:** Acute interstitial pneumonia (AIP), synonym of Hamman-Rich Syndrome1, is one of the seven subtypes of idiopathic interstitial pneumonias. Although the mortality in ARDS is decreasing2, AIP is usually fatal.

**Case report:** A 27-year-old woman presented to her hospital complaining of respiratory symptoms and fever being discharged with antibiotics. Because of the worsening dyspnoea, she goes to another hospital arriving there with a GCS = 15, tachycardic but normotensive, febrile and with hypoperfusion signs. Stated respiratory failure (PaO2/FIO2 ratio = 80), hyperlactacidemia, elevated inflammatory parameters and a pulmonary right sided hypotransparency. Microbiological samples were collected and meropenem and oseltamivir was started. The patient was entubated but hardly ventilated (maximal ratio = 46) so she was transferred to our hospital. After conventional manoeuvers (recruitment, prone position) she started ECMO support at day 6 to protective ventilation parameters. At day 9 she had an open lung biopsy that revealed a “morphological pattern compatible with diffuse alveolar damage – AIP… Negative immunocytochemical and histochemical studies”. She started corticotherapy and cyclophosphamide monthly pulse. No microbiological or serological isolates. Besides complication with a haemothorax needing drainage, ECMO support was removed at day 21 and she was extubated at day 26. She was discharged to Pneumology and Rehabilitation appointments at day 51 without any supplemental oxygen (ratio = 380) and her functional respiratory tests were compatible with a restrictive syndrome.

**Discussion:** This case report suggests that ECMO could be an important therapeutic option in severe cases of AIP allowing the recovery of native pulmonary function because this diagnosis is usually late (histological).

**STATUS EPILEPTICUS IN AN INTENSIVE CARE UNIT**

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**Background:** In critically ill patients, non-convulsive status epilepticus (ncSE) is a rare and difficult diagnosis, associated with a high mortality rate. Methods: A retrospective study covering the year 2010 in a polyvalent Intensive Care Unit of an Emergency Department was carried out. We identified 13 cases of patients who during hospitalization had ncSE. The following variables were analyzed: gender, age, provenance, Apache II score, etiology, length of stay and destination at discharge.

**Results:** Of the patients studied, 7 were male and 6 female, with mean age of 67 years for men and 56 years for women. 8 patients were admitted from the emergency room and five patients from other hospitals.

Regarding the etiology / precipitating factor of status epilepticus, in six patients an acute structural damage was present - cerebral anoxia after cardiac arrest (2 cases) and traumatic brain injury-TBI (4 cases). In three patients, ncSE was precipitated by metabolic changes (2 cases of hepatic encephalopathy and one case of lactic acidosis secondary to metformin). We identified two patients with chronic epilepsy than in the context of sepsis had evolved to ncSE, one of which was secondary to meningococcal meningitis. There was one case in which did not identify the etiology of ncSE (NOKSE - new onset refractory status epilepticus).

The electroencephalographic pattern most frequently identified consisted of generalized epileptiform rhythms (GPEs), which appeared in 7 patients. The pattern of status epilepticus with temporal evolution was identified in 4 patients and PLEDs (periodic lateralized epileptiform discharge) in two cases.

**Conclusion:** The ncSE was associated with a long length of stay, with an average length of stay of 39 days in intensive care. Two patients died, both with high APACHE II scores and admitted after cardiac arrest. Three patients were transferred to other intensive care units and eight patients were discharged to intermediate care units with neurologic damage.

**SERUM ADHESION MOLECULES AND TUMOR NECROSIS FACTOR IN PATIENTS WITH STROKE**

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**Background:** Adhesion molecules are proteins located on the cell surface involved with the binding with other cells or extracellular matrix. TNF is a cytokine involved in systemic inflammation and stimulates the acute phase of reaction. The study examines the role of adhesion molecules in patients with stroke in the first and third day of the event and its behavior in the same period of time.

**Methods:** We examined twenty patients (11 male and 9 female age 75.9+/-6.8) with stroke and obtained measurements of serum TNF, ICAM, VCAM and s-Selectin in the two survey days.

**Results:** The estimated mean values of serum adhesion molecules in the patients with stroke in the first and third survey days are: TNF 26,59+/-10,38 and 38.84+/-15.8 pg/ml, ICAM 445.58+/-439.61 +/79.2 ng/ml, VCAM 555.5+/-38.44+/15.8 pg/ml and 445.58+/-161.8ng/ml, e-Selectin 52.7+/-13.8 and 52.6+/-16.0mg/m adhesion molecules in the first and third day of the event and its behavior in the same period of time.

**Conclusion:** It is important to compare the estimated mean values and correlation coefficients with the ones before the stroke as well as in 5th, 7th, 9th survey days of stroke.


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**Background:** The epidemiology of systemic amyloidosis is known through the description of case series and small cohorts. This study aims to describe the clinical characteristics of the patients diagnosed of amyloidosis at a tertiary hospital in the period 2000-2010.
Methods: A retrospective observational study was conducted on all patients diagnosed of amyloidosis at our institution between January 2000 and December 2010. Patients without a proven diagnosis of amyloidosis, with dialysis-associated or senile forms of amyloidosis were excluded from the study. We evaluated demographic, clinical and biochemical features at the time of the diagnosis and survival information.

Results: 59 patients were included in the study. 24 (42 %) patients had AL amyloidosis, 27 (47 %) had AA amyloidosis and 6 had a localized form. The most frequent underlying disorders were rheumatoid arthritis (9 patients, 15 %) and ankylosing spondylitis (4 patients, 15 %), with a median time of evolution of 98 months (51 – 188 months). The kidneys were most frequently involved (36 patients, 61 %) with a proteinuria of 3.2 ± 3.7 gr/24 h at diagnosis. The time to diagnosis was 3 months (1.5 – 16 months). Compared to organ biopsy, the sensibility of abdominal fat biopsy was 30 % (CI95%: 14.5 – 51.9 %). 32 patients died following up, 18 of who were related to amyloidosis.

Conclusions: Renal dysfunction dominates the course of systemic amyloidosis. We observed an important delay in the diagnosis of these entities and an extremely low diagnostic yield of the abdominal fat biopsy in our series.

RECURRENT NON-TRAUMATIC MRSA PYOMYOSITIS
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Background: Pyomyositis is a suppurrative infection of the skeletal muscles that occurs primarily in immunosuppressed patients but uncommonly also in immunocompetent.

Case report: A 49-year-old male presented to the hospital complaining of back pain accompanied by nausea, vomiting and UTI. Refractory to antibiotic (amoxicillin/clavulananate) instituted a week before. The patient had a medical history of diabetes mellitus, chronic pancreatitis, alcoholic chronic liver disease, anemia and multiple hospitalizations because of thyg abscesses and he was medicated with insulin, metformin, pantoprazole, folic acid, B-complex vitamins and pancreatin. Thus, he was admitted to the ward with the diagnosis of Acute Pyelonephritis. At the admission, he was conscious, collaborative, afebrile and hemodynamically stable. Early physical examination revealed positive left renal Murphy sign and digital rectal examination. Treated initially with a quinolone, he began with daily febrile peaks without any microbiologic isolates in blood or urine cultures. On hospital day 10 he started a spontaneous suppuration of the left thigh which aspiration revealed the presence of a MRSA. Thigh ultrasound hypothesized pyomyositis subsequently confirmed by MRI. The patient was treated with vancomycin during 5 weeks, surgical debridement and psoas pigtail drainage. He was discharged afebrile with negative inflammatory parameters. Nevertheless, scintigraphy hypothesized left knee osteomyelitis.

Discussion: Initially reported largely in the tropics, it has become a disease of worldwide occurrence, with even more cases reported in temperate climates like this one. Cases of MRSA pyomyositis have been increasing but with appropriate diagnosis and therapy, still not defined, patients usually recover well without sequelae.

ADHESION MOLECULES AND TUMOR NECROSIS FACTOR IN PATIENTS WITH INFECTION
Vassiliki Papalimneou1, Dimitrios Syrigos2, Alexander Tzovaras2, Zoe Zachariadou1, Nadia Syrigou1, Georgios Vlassis1, Fotini Sarropoulou1, Vassiliki Salihou1, Georgios Kakavoulias1, Amarillis Aivallioti1, Vassiliki Salihou1, Georgios Kakavoulias1, Amarillis Aivallioti1,

707.7±70.2ng/ml, VCAM 430.9±56.1ng/ml and 642.8±90.4ng/ml, e-Selectin 160.4±16.0ng/ml and 139.8±17.4ng/ml. The differences between the estimated mean of serum adhesion molecules and TNF in the first and third day are not statistical significant. The estimated linear correlation coefficients between the values of VCAM and e-Selectin in the first and third survey days were statistically positively significant (p<0.01) indicating that, the relationship is direct and that the values of these serum adhesion molecules in the first and third survey days increase together. There wasn't any correlation coefficient between the values of TNF and ICAM in the first and third survey days.

Conclusions: it seems that, is important to compare the estimated mean values and correlation coefficients of VCAM and e-Selectin with the ones before the infection as well as in 5th , 7th ,9th survey days of infection, to estimate existing significant differences in the values of parameters over the period of infection.

CLOSTRIDIUM DIFFICILE: RETROSPECTIVE STUDY OF 69 CASES WITH POSITIVE MICROBIOLOGIC DIAGNOSIS
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Background: The diseases associated to Clostridium difficile (CDAD) presents as gastrointestinal infections, clinically ranging from the asymptomatic carrier state to severe diarrhea, pseudomembranous colitis, toxic megacolon, bowel perforation and death. More than 90% of the CDAD appears after antibiotic therapy.

Methods: Observational retrospective study of patients with microbiological diagnosis of C.difficile since January 2005 to December 2010. There were considered adults with either primary or secondary diagnosis of enterocolitis due to C.difficile (ICD10:A04.7) with positive microbiological diagnosis by toxin A, admitted to any hospital service. Variables: age, gender, previous antibiotic use, and other predisposing factors, clinical presentation, evolution, treatment and isolation measures.

Results: Of the 69 patients: 40 females (58%); median age 77 years; 83% made previous antibiotic therapy (26% b-lactam, 17.3% cephalosporins, 18%quinolones and 16% b-lactam+quinolones); 29% used more than one antibiotic, of which were commonly applied to treat respiratory or urinary tract infections. As main predisposing factors: prolonged use of proton pump inhibitors (44.9%) (p=0.01), enteric feeding by nasogastric tube (36.2%(p=0.001)) and prolonged hospitalization (30%) (p=0.004); as comorbidities: renal (33.3%)(p=0.004) and heart insufficiency (21.7%) (p=0.02) and prior abdominal surgery (15.5%) (p=0.02). Clinically, 60% of patients presented diarrhea and abdominal pain; one of them complicated with toxic megacolon. In 68% of cases metronidazole was the first-line therapy and 58% were isolated.

Conclusion: The CDAD mainly affects elderly population and those with previous antibiotic use, especially B-lactam. Associated comorbidities, prolonged hospitalization and PPI use are related to a major risk for C.difficile infection. Metronidazole was the drug most widely used for treatment.

CAUSES OF FOURTH AGED PATIENTS HOSPITALIZATION IN AN INTERNAL MEDICINE HOSPITAL CLINIC
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Aim of the study: The registration of the causes and the duration of overaged patients hospitalization in our clinic.

Materials & Methods: We have studied the medical records of 195 fourth aged patients who were hospitalized in our clinic during the last year.

Results: Of these 195 patients, 112 (57.4%) were men and 83 were women (42.5%). The mean age was 85 years old and the duration of hospitalization varied from 7 to 14 days. The most frequent cause of hospitalization was the infections (49 patients, 25.1%); 33% were infections of the respiratory tract, 29% were infections of the gastrointestinal system, 6% were cases of diabetic foot, 3% were infections of the central neural system. The second most frequent cause was the cerebrovascular accidents (34 patients, 17.4%); 73% were ischemic. Other causes of hospitalization were: electrolyte balance disorders (5.1%), dehydration (3.5%), glycaemic dysregulation (2.05%) and renal failure (1.02%). Gastroenteric tract haemorrhages were diagnosed to 38 patients (19.4%). Anaemia was diagnosed in 31 patients
Conclusion: The infections, the cerebrovascular accidents and the gastrointestinal tract haemorrhages are the main causes of hospitalization of the fourth aged people; a significant number of patients died because of medical complications.

FORAMEN OVALE (PFO) AND ANTIPHOSPHOLIPID SYNDROME (APS)

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Background: PFO occurs in 15% in general population and in 45% of patients with cryptogenic stroke. Mechanism linking PFO to stroke is not well established.

APS is defined by positive anti-phospholipid antibodies associated with thrombosis.

Methods and Results: Case 1: Female, 58 years with mixed connective and APS, on steroids and ticlopidine, admitted with ischemic stroke. CT reveals latent injury; Vascular trilogy: normal; echocardiography: mitral-aortic fibrocalcification, bicuspid aortic valve, and atrial septal defect (PFO). Started with the low molecular weight heparin and ticlopidine. The patient had a progressive improvement of the clinical status. No recurrence was observed during the follow-up of 5 years.

Conclusion: The coexistence of two prothrombotic conditions: FOP and APS in a female patient is well known.

LONG-TERM PROGNOSTIC VALUE OF PRO-BNP IN PULMONARY EMBOLISM

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Background: Echocardiographic right ventricular dysfunction and cardiac biomarkers are independent predictors of short-term mortality in patients with PE. However, longer-term predicting factors other than cancer are not well known.

Methods: We evaluated the long-term meaning of Pro-BNP measured early during the admission because of acute pulmonary embolism in consecutive patients, and its influence in long-term survival. Follow up of patients was carried out through the computerized medical records of Health Service of Navarra by means of telephone calls.

Results: 193 patients were evaluated, median age 76 years (IQR 16), female 52%. PE was diagnosed by CT angiography in 188(97%) patients and by means of pulmonary scintigraphy in 5(3%) patients. During a mean time of follow up of 28.15 months, 45 (23%) patients died, 14 (7%) of them during the admission index. Causes of death were: Pulmonary embolism 21, hemorrhage 4, cancer 3, death by other cardiovascular causes 3, infections 6, other causes 3.

Median Pro-BNP in dead patients was 3.070 (IQR 7243) ng/L, while in survivors was 701 (IQR 2488) ng/L (p<.001).

Age, pro-BNP, cancer and systolic blood pressure, were all independent variables associated with death. At 10 months of follow up, probability of survival was lower (p=.012) in patients with levels of pro-BNP higher than 500 ng/L with a difference in mortality rate of 22%.

However, at more extended time statistical significance is lost.

Conclusion: After acute pulmonary embolism, among other factors, pro-BNP measured at index admission could represent a medium-term prognostic factor, signalling probability of overall death.

IS THERE ANY IMPACT OF VARIANTS WITHIN SEVEN CANDIDATE GENES ON STATIN TREATMENT EFFICACY?

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Introduction: Statins are between the first drugs of choice in patients with increased risk of cardiovascular diseases. There exists a significant inter-individual variability in statin treatment efficacy that is likely to have a strong genetic background. Newly detected (GWAS) variants within the CELSR2 - PSRC1/SORT1, C10orf2 - PBX4, APOB - APOE/C1/C4, HMG-CoA-R, LDL receptor and PCSK9 genes are between the candidates that may modify response to statins.

Methods: Ten variants (rs599838, rs646776, rs16966148, rs693, rs511535, rs4420638, rs12654264, rs6511720, rs11591147, rs1206510) were analyzed using PCR and restriction analysis in 771 (40% men, average age 60.1 years) patients with dyslipidemia treated with equivalent doses of statins (~90% on simvastatin or atorvastatin, doses 10 or 20 mg) and selected 470 normolipidemic controls (40% men, average age 46.2 years). Lipid levels were available prior to the treatment and after 8-12 weeks of therapy.

Results: After treatment there was significant decrease of both total (7.3±1.4→5.3±1.0 mmol/L, P<0.0001) and LDL-cholesterol (4.7±1.1→3.2±0.9 mmol/L, P<0.0005). The frequencies of the analyzed SNPs were different between both analysed groups (P between 0.05 and 0.005 with exception of the APOF rs693 variant), Rs46776 variant was not detected within the 284 patients. There was no association detected neither between individual SNPs, or in a subgroups defined by combinations of different alleles.

Conclusion: Results demonstrated that, although associated with plasma TC and LDL cholesterol per se, variants within the CELSR2/SRPS1/SORT1, C10orf2 - PBX4, APOB - APOE/C1/C4, HMG-CoA-R, LDL receptor and PCSK9 genes are not major genes that may modify response to statins.

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NEUROENDOCRINE TUMORS OF THE PANCREAS: PREOPERATIVE TOPOGRAPHIC DIAGNOSIS

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Introduction: Neuroendocrine tumors of the pancreas (NTP) are localized preoperatively using conventional imaging studies as transabdominal ultrasound, computed tomography (CT), and/or magnetic resonance imaging (MRI). Most frequently NTP are insulinomas.

Purpose: Endoscopic ultrasound (EUS) is a valuable tool in the diagnosis of NTP. Aims & methods: Between 2003 and 2011 in Central Emergency Military Hospital, Bucharest were hospitalized and operated on 21 patients diagnosed with insulinoma, 6 male, 15 female, 25 to 73 years of age. We performed a retrospective study.

Results: Ultrasound view was positive in only 10% of patients (2 of 20), that presented proximal location. The sensitivity of CT was unsatisfactory, only 21,05% (4 positive results of 19). CT failed to detect liver metastases, but identified nodal metastasis in one patient. MRI was performed in 18 patients and was diagnostic in 11 of them, recording a detection sensitivity of 61,11%, including infracentimetric tumor size. High resolution of EUS allows detection of lesions with very small diameter, is safe and minimally invasive. EUS was performed in all patients, being able to identify the lesions in 17 and inconclusive in 3, showing a diagnosis sensitivity of 81%. Liver metastases were demonstrated in 3 patients, one by US and all 3 by MRI.

Conclusions:
- CT with intravenous iodinated contrast agent has a poor sensitivity, was insensitive in detecting liver metastases, but found nodal metastasis.
- MRI has higher sensitivity than CT including insulinomas with infracentimetric size and is the imaging test of choice for possible liver metastases.
- EUS is preoperative imaging investigation of choice.

Keywords: endoscopic ultrasound, insulinoma, pancreatic neuroendocrine tumors, preoperative localization
NATURAL KILLER CELLS RE-PROGRAMMING IN SEPSIS: A NEW ASPECT IN PATHOPHYSIOLOGY

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Background: Sepsis is traditionally being conceived a sequelum of over-activation of the innate immune response leading to excess production of pro-inflammatory cytokines. Recent evidence suggests that when sepsis supervenes monocytes fail to produce cytokines and they insert into a stage of immunoparalysis. No evidence is available on the behaviour of NK cells when the septic response starts. This was the aim of the present study

Methods: Whole blood was drawn within the first 24 hours after diagnosis from ten healthy volunteers and from 104 septic patients (71 sepsis, 22 severe sepsis and 14 septic shock by ACCP/SCCM 1992 criteria). NK cells were isolated after incubation with RosetteSep NK antibody cocktail at purity greater than 90% and incubated in the absence/presence of 10ng/ml LPS. Interleukin (IL)-23 and interferon-gamma (IFNγ) were measured in supernatants after 24 hours of incubation by an enzyme immunoassay.

Results: Release of IL-23 and IFNγ from NK cells of healthy controls and of patients are shown in the Figure. Release of IL-23 was much greater by NK of patients than of controls (p: 0.002); that was the case for IFNγ (p<0.0001).

Fig 1.

Conclusions: The presented results provide a completely novel aspect in the pathophysiology of sepsis; NK cells normally do not respond to LPS; however in the state of sepsis they are re-programmed towards over-production of IL-23 and IFNγ, a phenomenon much more intense when shock ensues.

HYPERLUCENCY ON CHEST RADIOGRAPHS

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Background: Hyperlucency on chest radiographs should be interpreted with caution and close correlation with a patient’s signs and symptoms. Before undertaking pleural intervention the case can be discussed with an on-call radiologist. The United Kingdom National Patient Safety Report (2008) highlighted that serious harm can happen following needle aspiration or intercostal drain insertion. Alternative diagnoses should be considered with an atypical appearance of pneumothorax.

Methods: We describe two cases where significant morbidity resulted from misinterpretation of both clinical examination and CXR. The first case was that of an 80 year old male with acute onset dyspnoea with right tracheal deviation and severe type 2 respiratory failure. Left sided pneumothorax was diagnosed on clinical findings. Pleural aspiration was attempted demonstrating hissing sound and subsequent CXR revealed a large hiatus hernia (CXR 1). The second case, a 39 year old female smoker, presented with dyspnoea and chest pain related to lower respiratory tract infection. Observations were stable with a normal arterial blood gas. CXR revealed a massive area of right-sided hyperlucency with no obvious lung markings and was diagnosed as a pneumomediastinum (CXR 2). The patient remained symptomatic and CXR was unchanged post-aspiration. A subsequent CT scan demonstrated a large right bullae with iatrogenic pneumomediastinum.

Conclusion: The challenge during acute medical emergencies is to distinguish between atypical appearances of pneumomediastinum (both clinically and radiologically) and to consider alternative diagnoses which include bullae or hernias. By ensuring that the correct diagnosis is made, we can reduce undue morbidity.

PRE-OPERATIVE PLASMAPHARESIS FOR REFRACTIVE THYROTOXICOSIS

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Background: Thyrotoxicosis is a life threatening condition. Patients refractory to medical treatment may warrant total thyroidectomy, though this can precipitate thyroid storm. This is thought to be related to the trauma and physiological stress of surgery, though recent work has identified the appearance of circulating inhibitors of hormone binding to their circulating binding proteins.

Methods: MUTATIONS IN HFE

Plasmapheresis (therapeutic plasma exchange) has been successfully used to treat drug-induced thyrotoxicosis and thyrotoxicosis associated with agranulocytosis. Herein, we describe the application of pre-operative plasmapheresis in a patient with severe Grave’s disease refractory to medical treatment. Our case was a 22-year-old female with a one-year history of Grave’s disease awaiting thyroidectomy. She was taking Propylthiouracil 400 mg TDS, Propranolol 120 mg TDS, Carbimazole 20 mg OD and Potassium iodide 60 mg QDS. She continued to experience debilitating symptoms of hyperthyroidism. She had an undetectable pre-operative TSH, free T4 27.5 nmol/L and free T3 13.2 nmol/L with a normal echocardiogram.

She was admitted electively to ICU for pre-operative optimisation including an intra-venous esmolol infusion and 4 hours of plasmapheresis treatment. Post plasmapheresis TSH was 0.35 mU/L, free T4 14.3 nmol/L, and free T3 3.5 nmol/L. She underwent an uneventful thyroidectomy and was commenced on levothyroxine and prednisolone. Her post-operative calcium levels were within normal limits.

Conclusion: We have demonstrated the normalisation of biochemical values following pre-operative plasmapheresis, potentially preventing perioperative thyroid storm. This extends previous utilisation of plasmapheresis into a more commonly encountered situation and heralds larger studies into pre-operative plasmapheresis in refractory thyrotoxicosis.

References

LATE ONSET OF BEHÇET’S DISEASE

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Background: Behçet’s disease (BD) affects mostly the young adult, usually in the third and fourth decades, with an exceptional onset after the age of 60 years. We report one cases of Behçet’s disease of late onset, after the age of 60 years, and discuss the particularities of this onset along with the differential diagnoses, emphasizing the necessity.

Case: A 62-year-old-man with two weeks history of pain in the left legs was admitted. He had suffered from both genital and oral ulcers over two years. A
color Doppler sonography showed thrombosis of left common femoral veins. Pathergy test and HLA B 51 were positive. Ophthalmologic examination showed bilateral anterior uveitis. All stabilized by colchicines, corticosteroids and anticoagulant therapy.

**Conclusion:** Behçet’s disease affects the young adult but has to be evoked even at an advanced age, in order to treat adequately and prevent complications. Only an adequate and early treatment may prevent the ophthalmic and severe systemic complications in these patients.

**SPORADIC CJD PRESENTING WITH APHASIA DIAGNOSED IN MEDICAL ADMISSIONS UNIT**

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**Background:** Creutzfeldt-Jakob disease (CJD) - a rare progressive neurodegenerative disease - belongs to the group of transmissible spongiform encephalopathies also known as prion diseases and affects one person per million per year [1]. It is not known how sporadic CJD is transmitted [2], and it is characterized by rapidly progressive dementia, ataxia, myoclonus and pyramidal and extrapyramidal motor symptoms leading to death as no effective treatment exists [2]. We present a patient with unusual clinical signs diagnosed with sporadic CJD.

**Case report:** A 53 year old previously healthy man presented with a four-month history of progressive cognitive decline which was initially treated as depression. Over the past month he had rapid deterioration with aphasia being the predominant symptom. He was also ataxic, had myoclonus, personality changes and cognitive impairment. MRI showed restricted diffusion in the left cerebrum, right frontal and parietal lobes, left caudate and lentiform nuclei. The cerebrospinal fluid showed a raised protein and positive protein 14-3-3. Clinical presentation, neuroimaging findings and a positive protein 14-3-3 were compatible with diagnosis of sporadic CJD.

**Conclusion:** Sporadic CJD is rarely diagnosed in the Medical Admissions Unit but Acute Physicians should have an index of suspicion in patients with rapidly progressive cognitive impairment, even with unusual symptoms such as predominant aphasia.

**References**

2. WHO factsheet on Creutzfeldt-Jakob disease.

**QUALIFICATIONS, WORKING CONDITIONS AND PROBLEMS OF NURSES WORKING IN INTERNAL MEDICINE CLINICS IN TURKEY**


**Background:** The aim of present study was to determine qualifications, working conditions and problems of nurses working in internal medicine clinics in Turkey.

**Methods:** In this cross-sectional study, 2222 nurses who have been working for at least 3 months in internal medicine clinics and accepted to participate in the study were recruited by stratified sampling method chosen proportionally (5%) according to geographical regions.

**Results:** Of the nurses working in the participated hospitals, 18.9% were working in internal medicine clinics, 45.7% had duration of work for 41-48 hours/week and less than 40 hours/week (34.2%). Number of beds in the clinics was between 20 and 24 besides (13.2%) changing according to the clinic type. 51.9% of the nurses lived “over-fatigue” due to work and 85.9% stated that they were carrying out other works of the clinic except for nursing practices. 54.7% of the nurses were satisfied with working in the internal medicine clinic. Nurses had mentioned about favorable thoughts such as taking a day off when needed, paying importance to teamwork, speaking about the problems with the management and getting information related with the nurses’ work besides negative conditions such as work overload, to work instead of someone else despite not being volunteer. Among the nurses, 53.1% have pointed out that there were many barriers to professional improvement like shortness of the number of nurses, work overload, lack of time, economical problems and lack of financial support.

**Conclusion:** It is important to determine and share the relevant factors in arranging descriptive characteristics and working conditions of the nurses working in internal clinics in such a manner that care and treatment services be improved qualitatively and quantitatively.

**BACTERIEMIA BOVIS**

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**Background:** It is well established the isolation of Streptococcus bovis in blood is associated with high frequency of IE and colon cancer. Recent studies proposed SBB is also associated with liver disease and extra colonic malignancy.

**Methods:** Retrospective analysis of cases of SBB detected in our Hospital from January 2004 to December 2010. Patients’ clinical records were systematically reviewed in order to compare SBB with to without IE.

**Results:** 26 episodes of SBB were identified, 14 (54%) presented infective endocarditis (9 males, median age 72). Patients without IE (91.6% were men, median age 63): 3 had a hepatobiliary source of infection, 1 associated with Pneumonia and 8 primary bacteremia. Principal underlying disease of SBB with IE compared to without IE were: valvular heart disease 57 vs 25%, hepatobiliary pathology 36 vs 59%, gastrointestinal disease 28.6 vs 66%, history of malignancy 21.4 vs 25% respectively. All cases with IE were caused by biotype I, whereas in no IE: 9 biotype I, 3 biotype II and 3 polymicrobial bacteremia. Colonoscopy was performed in 87% of cases with EI and 58% without IE. A colon lesion was detected in 100% of EI: 3 tubulovillous, 1 villous, 1 polyph with moderate dysplasia, 2 adenocarcinoma and inflammatory bowel disease in several. SBB without EI were found 1 tubulovillous, 1 tubular, none with cancer.

**Conclusion:** SBB with IE: high frequency of valvular disease, biotype I, underwent colonoscopy and pre-malignancy and cancer colon. SBB without IE: hepatobiliary and gastrointestinal disease, I, II, or polymicrobial and less colonoscopy performed.

**DAILY SURVEILLANCE WITH EARLY WARNING SCORES HELP PREDICT IN HOSPITAL MORTALITY**

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**Background:** Simple physiological systems using early warning scores (EWS) are used in the acute medicine units and emergency departments to guide triage. However, data on their routine use in patient wards to help identify inpatients who are, or who may become, critically ill is lacking.

**Table**

<table>
<thead>
<tr>
<th>Reasons of hospitalization and comorbidities (each inpatient may have more reasons)</th>
<th>%</th>
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<tbody>
<tr>
<td>Reasons of Hospitalization</td>
<td></td>
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<tr>
<td>Planned work up for various diseases</td>
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<tr>
<td>Planned treatment schemes</td>
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<tr>
<td>Shortness of breath</td>
<td>18.6</td>
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<tr>
<td>Gastrointestinal problems</td>
<td>14.4</td>
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<tr>
<td>Renal and electrolytes abnormalities</td>
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<td>Edema</td>
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<tr>
<td>Impaired general condition</td>
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<td>Comorbidities</td>
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<td>Hypertension</td>
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<tr>
<td>Diabetes mellitus</td>
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<tr>
<td>Coronary artery disease</td>
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<tr>
<td>Malignancies</td>
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<td>Heart failure</td>
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</table>
Methods: 182 patients hospitalized at Internal Medicine wards from September 2009 to July 2010 were prospectively recruited. Modified EWS were calculated at 4 hourly intervals, or more frequently when the total score is 3 or above. Patients who were hospitalized for the day, terminal cancer and who were transferred from the intensive care unit were excluded.

Results: Patients who lacked a daily score calculation in more than 30% of their admission days were excluded from analysis (64 patients). The mean age of the remaining 118 patients were 56.1±19.8 and 50.8% of them were female. The major reasons for hospitalization were planned procedures and treatment for various diseases and acute shortness of breath (Table). The most frequent comorbidities were hypertension, diabetes mellitus and coronary artery disease. On follow up, 85.6% of patients were discharged. The hospital mortality was 5.9%. When the patients were compared with regard to hospital mortality, the difference between mean daily score totals were significantly higher in those who died (p< 0.001).

Conclusions: Daily surveillance of early warning scores may be used to predict the hospital mortality of medical patients and to guide triage to the intensive care unit. However, extra nursing workforce that this surveillance requires should be considered.
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