BOOK OF ABSTRACTS

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BOOK OF ABSTRACTS
SURGICON 2023

SURGICON

THE INTERNATIONAL SURGICAL CONGRESS FOR STUDENTS

Message From The Surgicon Board

It is with great honor that we present the SURGICON 2023 Abstracts Book, a testament to the unwavering commitment and dedication of the surgical world.

SURGICON aims to bring together the brightest minds in surgery, unveiling groundbreaking research, innovative procedures and surgical advacements.

Within these pages lie a compilation of a collective pursuit of excellence, serving as a cornerstone in the foundation of modern surgical knowledge and practice.

We extend our gratitude to the esteemed people involved in the making of SURGICON 2023 for their invaluable contributions, and we trust that this book will serve as a source of inspiration and comprehension for everybody.

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Authors: Maria-Elisabeta Mălăncrăveanu, Delia Andriesi-Rusu, Paula-Elena Zaharia, Prof. Dr. Cristian Lupașcu, MD, PhD

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Introduction

The presence of multiple primary cancers, characterized by distinct malignant tumors arising from various histological sources within a single individual, is a rare but increasingly recognized clinical phenomenon.

Case Presentation

A 53-year-old female patient with a medical history of cardiovascular pathology and type 2 diabetes was admitted to the hospital due to upper abdominal pain accompanied by intense jaundice. Clinical and paraclinical investigations (including abdominal ultrasound and EGD) confirmed the diagnosis of a duodenal periampullary tumor with possible pancreatic invasion. The surgical intervention involved a Whipple-type pancreaticoduodenectomy. The anatomical-pathological report from the resected specimen confirmed a well-differentiated ampullary adenocarcinoma.

Six months later, the patient returned to the clinic with a mass located in the superomedial quadrant of the left breast. After undergoing a tumorectomy that included an intraoperative frozen section examination, the diagnosis of invasive ductal carcinoma prompted the decision to proceed with a left radical mastectomy along with axillary lymphadenectomy.

Three years later, the patient was once again hospitalized after a right mammary nodule was detected on imaging. The tumorectomy and an extemporaneous histopathological examination revealed a ductal carcinoma. Subsequently, a modified radical mastectomy was performed on the right breast. Postoperatively, the patient was referred to an oncology center.
The immunohistochemistry patterns of the duodenum, left breast (IDC, NOS; ER 90% and PR 70% positive; HER2/neu 2+; Ki67 20% positive), and right breast (IDC, NOS; ER >90%, PR 10% positive; HER2/neu: 3; Ki67 40% positive) were dissimilar. Therefore, it was concluded that the patient had three separate primary malignancies in the duodenum and both breasts.

Conclusion

This case emphasizes the importance of multidisciplinary collaboration in managing complex oncological cases, as well as the need for vigilant surveillance of patients with a history of cancer. The distinct occurrence of

primary malignancies in multiple sites underscores the diverse nature of cancer and the necessity for tailored treatments.

Keywords
multiple primary cancers, ampullary adenocarcinoma, invasive ductal carcinoma, immunohistochemistry

PARTICULARITIES OF DIAGNOSE AND MANAGEMENT IN TWO CASES OF PLACENTA PRAEVIA WITH ACCRETA SPECTRUM

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Introduction

Placenta praevia with accreta spectrum is a rare obstetrical pathology, usually correlated with cesarean section antecedents. It can lead to life-threatening complications like preterm delivery, postpartum hemorrhage, injury of adjacent organs, etc. This report highlights the contrasting management of two placenta praevia cases with abnormal placenta adherence to the uterus.

Case Presentation

In August 2023, two pregnant women, first (3G3P0A) of 21 and second (17G15P2A) of 37 years old, with obstetric history of cesarean section deliveries (two for the first patient and four for the second), presented for routine check-up.

The 4th grade placenta praevia diagnose was confirmed by ultrasound and MRI, with placenta increta for the first patient and placenta percreta for the second. Both presented with placenta covering the internal cervical orifice, focal thinning of myometrium, interruption of junctional zone and loss of myometrium's three-layered aspect. For the first woman, MRI didn't suggest extrauterine placental attachment, whereas for the second it revealed disruption of hypointense line at myometrial interface with superior bladder wall percretism.

In both cases, ureteral injury was avoided with cystoscopy-guided bilateral ureteral stenting, and the babies were delivered by cesarean section. Then,

the first patient, under spinal anaesthesia, underwent total hysterectomy with bilateral salpingo-oophorectomy. On the second patient, under general anaesthesia, doctors performed total hysterectomy with right salpingo-oophorectomy and left salpingectomy. Because the placenta invaded the bladder, the urologists did a two-layered cystorrhaphy.

None of the patients required blood transfusion during surgeries, and both had a favorable postoperative evolution. They were discharged 8 days later and should return for follow-up after 6 weeks.

Conclusion
Placenta praevia with accreta spectrum determine high-risk pregnancies that need different surgical approaches, depending on the implantation site and depth of placental attachment. Successful management of a multidisciplinary team can reduce the complications and decrease the mortality of this abnormal placenta development.

Keywords
Placenta praevia, percreta, increta, bladder invasion, cesarean section

LAPAROSCOPIC ADRENALECTOMY FOR PHEOCHROMOCYTOMA IN A PATIENT WITH NEUROFIBROMATOSIS

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Introduction
Pheochromocytomas are functional, catecholamine-secreting neuroendocrine tumours, located in the adrenal medulla, often associated with hypertension. While most pheochromocytomas are sporadic, familial predisposition is seen in multiple genetic disorders, such as neurofibromatosis type 1 (NF1), which affects approximately 1 in 3500 individuals. Pheochromocytoma occurs in 0.1%-5.7% of patients with NF1. Therefore, we present the exceedingly rare case of a patient with NF1 and pheochromocytoma.

Case Presentation
A 40-year-old patient (female, height: 130 cm, weight: 30 kg) was admitted to the urology ward for the surgical treatment of a previously diagnosed right

adrenal tumour. The patient presented with ventricular tachycardia but no hypertension and had a medical history of NF1, kyphoscoliosis and portal hypertension. Abdominal CT, using iodine-based contrast, revealed a 4 cm mass in the right adrenal gland. Endocrinologic examination confirmed the diagnosis of pheochromocytoma, revealing plasma metanephrine levels 4-fold above the upper limit of normal. The preoperative treatment with alpha and beta-blockers started 7 days before the surgical procedure. The patient underwent 3D laparoscopic surgery through a lateral transabdominal approach. The difficulty of the procedure was increased due to the severe kyphoscoliosis, short stature of the patient and previous abdominal surgeries, including cholecystectomy and biliodigestive anastomosis. Exposure was limited due to the positioning of the gland in the retrohepatic area. The operative time was 230 minutes. There were no intraoperative complications and the patient remained hemodynamically stable throughout the surgery. Postoperatively, inotropic support was required for 2 days. The hospital length of stay was 5 days. Pathology confirmed the diagnosis of benign pheochromocytoma, PASS=1.

Conclusion
This case is made notable by its unusual presenting symptom (ventricular tachycardia) and its association with a familial basis inherited disease, these patients requiring further investigation for other neoplasias. While the management of patients with pheochromocytoma remains challenging, new techniques such as laparoscopy can provide improved postoperative recovery.

Keywords
pheochromocytoma, neurofibromatosis type 1, laparoscopic approach

AN UNCOMMON OCCURENCE OF THREE PRIMARY MALIGNANCIES

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Introduction
Synchronous multiple malignancies are less common than metachronous neoplasms, and the presence of more than two neoplasms is unusual. The existence of clear cell renal cell carcinoma (RCC) and breast tumors (BC) is

frequently indicated by the presence of metastatic renal neoplasm in the breast, and confirmation of the primary type of the neoplasms is required.

Case Presentation

The case is related to a 61-year-old female patient who presented in August 2018 with bilateral breast tumors staged cT2N1 (mucinous breast carcinoma, ER = 90%, PR = 20%, Ki-67 = 30%, Her2neu-negative) and cT2N0 (NST invasive carcinoma, ER = 90%, PR = 70%, Ki-67 = 20%, Her2neu-negative). A CT scan indicated a 28/30/21 mm synchronous left kidney tumor with RCC.

According to the decision of the multidisciplinary team (MDT), the patient received neoadjuvant chemotherapy (4 cycles epirubicine/cyclophosphamide). A left partial nephrectomy (RCC pT1bNxG2) was performed in January 2019. Chemotherapy was continued with 4 cycles of Docetaxel. In May 2019, a bilateral modified radical Madden mastectomy was performed (ypT2N1a(1/26) GxL1V0 for the right and ypT2(m,2)N3a(13/28) L1V0 for the left breast) followed by bilateral adjuvant radiotherapy (IMRT, TrueBeam STX, DT=50.4Gy, 2Gy/fr, 25 fr). The April 2021 CT scan reveals no evidence of local recurrence or distant metastasis. In December 2021, the patient was diagnosed with pancreatic head neoplasm for which a Whipple cephalic duodenopancreatectomy was performed (pancreatic ductal adenocarcinoma pT2N1mi(1/36)G2L1V0Pn1) followed by adjuvant chemotherapy. On a follow-up CT scan in August 2022, the patient presented liver metastases. The surgical examination revealed the existence of peritoneal carcinomatosis with a pancreatic cancer origin.

Conclusion

The presence of three distinct malignancies distinguishes this case. The pancreatic cancer, which is associated with a decreased DFS (disease-free survival) , contributes to this case's bad prognosis. A genetic test should have been useful for both patient surveillance and genetic counseling of family members.

Keywords

synchronous, breast cancer, renal cancer, pancreatic cancer

SELF-ADJUSTED PROCEDURE IN A PEDIATRIC PATIENT WITH BILATERAL SUPERIOR OBLIQUE PALSY

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Introduction

Vertical strabismus due to bilateral superior oblique palsy(BSOP) is usually encountered in adults with a history of severe head trauma or pineal region neoplasms. It can also occur congenitally in the first years of life in a significantly smaller number than in unilateral cases. It is a serious condition in pediatric patients and is a leading cause of anomalous head posture. Mild and intermediate deviations are treated with prism correction. Significant deviations require surgical intervention, which can be controversial and careful selection of the procedure by the ophthalmologist is crucial. Early surgery prevents postural and visual impairments.

Case Presentation

A 6-year-old girl presented with a chin-down posture, without diplopia. The patient was admitted to the hospital and underwent clinical examination. A cover test(Ct) in side gaze showed alternating hypertropia in adduction (++++), and a positive bilateral Bielschowski Tilt Test. The incyclotorsion was -20(right eye), -25(left eye).

Bilateral inferior oblique(IO) weakening surgery was performed. Forced duction testing was performed to check for possible superior rectus contracture syndrome and measure superior oblique(SO) laxity. The eye was tractioned superonasally and an incision was made at the fornix level. The lateral rectus(LR) was isolated, and insertion of the IO was identified. The IO was isolated on muscle hooks, 5 mm of the muscle was removed, the proximal end being let to self-retract in the orbit. Postoperatively, the patient had normal ductions and a negative Ct. After one month, the results were consistent.

Conclusion

BSOP is uncommon and it is mandatory to seek early treatment to avoid postural complications and vision impairments. Inferior oblique myectomy was correlated with fewer complications, such as macular damage from scleral penetration during IO recession, iatrogenic Brown Syndrome following SO Tendon Tuck Surgery. The strabismus surgeon has to choose the safest and simplest procedure for future patient satisfaction, which matters the most.

Keywords
Bilateral Superior Oblique Palsy, Chin-down posture, Diplopia, Inferior Oblique Myectomy, Macular Damage, Brown Syndrome

BEYOND THE INITIAL IMPACT: A SYSTEMATIC REVIEW INVESTIGATING POST-TBI GBM

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Introduction
Post traumatic brain injury (TBI) glioblastoma multiforme (GBM) is a very rare presentation, which has not been comprehensively characterized by present literature. The aim of this review was to conduct a retrospective analysis through a systematic review of case studies that document the occurrence of post-TBI GBM.

Materials & Methods
A comprehensive search across five major databases was conducted for reports published until February 2023, following the PRISMA 2021 checklist. All case reports that satisfied Moorthy & Rajshekhar's (2004)'s criteria for diagnosing post-TBI GBM were included. The JBI case report appraisal tool and the CARE checklist to evaluate the quality of included studies were used.

Results
A total of 13 studies met our inclusion criteria and exhibited an overall low RoB and high quality of reporting. Sixteen patients were included in the analysis, with most of them being male (81%). Contusive TBI was the most frequent initial insult observed (50 %), with most patients requiring surgical intervention to manage the TBI (63.5 %). The median latency between TBI and GBM diagnosis was 9.5 years with an inverse correlation observed against patient age at TBI occurrence ($p = 0.007$). The median age at GBM diagnosis was 56 years. No significant correlation between surgical intervention or mode of TBI and the duration between TBI and GBM diagnosis was found.

Conclusion
An underlying biological predisposition to developing GBM at the site of injury in TBI patients may be hypothesized, yet the median age of GBM diagnosis is highly similar to that in patients without a history of TBI which may suggest

a coincidental link. Defining the severity of TBI and establishing follow-up systems will be vital in uncovering definitive relationships between TBI and GBM occurrence. Routine monitoring of symptom development of TBI patients, especially middle-aged and older adults, should be considered.

Keywords
Traumatic brain injury, glioblastoma multiforme, TBI, GBM

THE FACTORY IS CLOSED! COULD LEFT ATRIAL APPENDAGE CLOSURE BE AN ALTERNATIVE TO ORAL ANTICOAGULANTS?

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Introduction
Atrial fibrillation increases the risk of thromboembolic events. Oral anticoagulants (OACs), the cornerstones of stroke prevention, are constrained by an increased bleeding risk. As more than 90% of stroke-causing thrombi originate in the left atrial appendage (LAA), a novel strategy, left atrial appendage closure (LAAC), has emerged. This review compares OAC therapy and LAAC, investigating whether the latter could become an alternative to the former.

Materials & Methods
A search of PubMed and Google Scholar databases was conducted, employing the keywords “left atrial appendage,” “closure,” and “anticoagulants.” Inclusion criteria encompassed clinical trials, randomized control trials, and meta-analyses published from 2013 to 2022 that compared LAAC to OACs in patients with atrial fibrillation. Studies comparing LAAC procedures or evaluating different OACs after LAAC were excluded. Data were extracted using a standardized abstraction form. Bias risk was not assessed.

Results
Ten articles accounting to 3980 patients were selected. In 2014, Reddy et al. showed in the PROTECT AF trial involving 463 patients who underwent LAAC and 244 patients who took warfarin that fewer hemorrhagic strokes occurred in the device group (3 patients, 0.6%), coupled with fewer cardiovascular deaths (17 patients, 3.7%) than in the warfarin group (10 patients, 4.0%; RR, 0.15; 95% CI, 0.03-0.49), (22 patients, 9.0%; RR, 0.40; 95% CI, 0.23-0.82). In the Prague-17 trial published by Osmancik et al. in 2020, 201 patients underwent

LAAC, while 201 received direct OACs. They found no group differences in the components of the composite endpoint: all-stroke/transient ischemic attacks (sHR: 1.00; 95% CI: 0.40 to 2.51), clinically significant bleeding (sHR: 0.81; 95% CI: 0.44 to 1.52), and cardiovascular death (sHR: 0.75; 95% CI: 0.34 to 1.62). However, 9 (4.5%) patients experienced major LAAC-related complications.

Conclusion
Despite inherent procedural risks, LAAC appears non-inferior to OACs in stroke prevention, presenting an alternative in cases where long-term OAC administration is unsuitable.

Keywords
"left atrial appendage closure", "oral anticoagulants", "atrial fibrillation", "stroke"

SECONDARY HYPERPARATHYROIDISM IN AN ONCOLOGY PATIENT - LIGHT AT THE END OF THE TUNNEL?

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Introduction
Secondary hyperparathyroidism (SHPT) occurs in 82% of stage 4 chronic kidney disease (CKD) patients, as the combined result of hypocalcemia, hyperphosphatemia, and 1,25 D vitamin deficiency. SHPT can lead to osteodystrophy in up to 85% of patients, inflicting a 30% higher risk of bone fractures, and also causing calciphylaxis. The aim of presenting this case report is to shed light on the importance of total parathyroidectomy (PTx) in SHPT management.

Case Presentation
A 65-year-old woman with stage 5 CKD is admitted to the general surgery department of the Suceava county emergency hospital, declaring bone pain for the last 6 months. The clinical exam revealed an ureterostomy in the right iliac fossa without diuresis, from a locally advanced cervical neoplasm with bladder invasion, operated and radio-treated in 1995. Paraclinical investigations revealed enlarged phosphorus (5.2mg/dL), calcium (10.7mg/dL) and PTH (4248pg/mL), with normal levels of thyroid hormones. Anterior-cervical ultrasonography

showed nodular formations at the level of the thyroid box. 99mTc-Sestamibi scintigraphy confirmed the diagnosis of parathyroid hyperplasia secondary to CKD, and nodular goiter with euthyroidism. PTx and thyroidectomy were performed, the anatomopathological examination concluding hyperplastic parathyroid glands with a benign appearance, an oncocytic adenoma in the upper-left parathyroid and anisofollicular colloid goiter. Post-surgery, the patient had local ecchymosis, sero-hematous drainage in small quantities, with an over-all favorable evolution. In the first 24 hours calcium levels were stabilized via intra-venous calcium administration, and after 5 days she was discharged with normal PTH(15.9pg/mL), and a referral to an endocrinological consultation to manage the low FT3/FT4 levels.

Conclusion
Although non-surgical treatments for SHPT are in constant development, PTx remains a golden standard for patients with severely enlarged PTH, in order to improve their QOL and reduce mortality. In addition, the thyro-toxic effect of excess PTH should not be overlooked, as it implies an important goitrogenic action.

Keywords
secondary hyperparathyroidism, total parathyroidectomy, nodular goiter, chronic kidney disease

ENDOVASCULAR TREATMENT OF INTRACRANIAL ANEURYSMS USING THE PIPELINE EMBOLIZATION DEVICE

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Introduction
The treatment of complex aneurysms was revolutionised by the introduction of flow-diverting devices (FDDs), such as the pipeline embolization device (PED). Clinical experience worldwide with PED has demonstrated the effectiveness and safety of endovascular reconstruction. The aim of this study is to illustrate the aid provided by the PED in treating intracranial aneurysms.

Materials & Methods
After searching PubMed using the terms „Aneurysm", „Flow diverter device" and „Pipeline embolization device", studies from 2013 to 2022 were selected.

The inclusion criterion was: studies that comprise patients presenting intracranial aneurysms, with an indication for endovascular treatment. Studies that assess only technical data about PED and outcomes in patients treated using any other type of FDD were excluded. The risk of bias was not assessed. Data synthesis was made by the abstraction method.

Results
From 10 selected studies, 1422 patients with intracranial aneurysms were treated using PEDs. Waqas et al. (2020) indicates that at a six-month angiographic follow up (103 patients available), occlusion rates were 67.1% for single PED cases and 90% for cases with more than 1 PED used (p = 0.028). The 12-month occlusion rate (132 patients available) for single-PED cases was 74.7% compared to 91.7% for multiple-PED cases (p = 0.04). According to Tomasello et al. (2016), angiographic control was performed six months after the procedure, suggesting 58 (89.2%) aneurysms were successfully treated. Of these 58, 52 (80%) had complete occlusion, six (9.2%) had minimal neck, five (7.7%) aneurysms had intrasaccular filling and two (3.1%) aneurysms were unchanged. 12-month follow-up of 45 patients, 60 (95.2%) aneurysms showed complete occlusion (90.8%) or minimal neck remanent (4.6%).

Conclusion
Studies suggest that treatment of intracranial aneurysms using PEDs is characterised by a high rate of aneurysm occlusion, but also by a low complication rate, indicating the benefits of using this specific FDD in the endovascular treatment of aneurysms.

Keywords
intracranial aneurysm, flow diversion, pipeline embolization device

LIVER STROMAL EPITHELIAL TUMOR

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Introduction
Nested stromal-epithelial tumor (NSET) defined as non-hepatocytic and non-biliary tumour of the liver is a very rare type of cancer, predominantly occurring in young females, more frequently located in the right hemiliver, with few cases diagnosed worldwide. The development of this tumor
may feature low proliferation activity and an indolent course, behaving as a low-grade malignancy featuring unusual extrahepatic spread and a possible

presentation since childhood.

Case Presentation
We present the case report of a 28-years-old female accusing recurrent dull abdominal pain, dyspepsia, and an abdominal distension for the past 2 months. Her personal history revealed an appendectomy performed in 2000 and consumption of oral contraceptives during the previous 4 years. The clinical examination discovered a palpable mass in the upper abdomen without any other clinical features. Abdominal computer tomography revealed a large, well-circumscribed, solid and heterogeneous liver lesion with multiple intralesional calcifications, a rim-like enhancement on the arterial phase and a gradual centripetal enhancement on delayed phases involving the right hemiliver, together with a vascular invasion of the right hepatic vein. Biopsy followed by immunohistochemistry diagnosed a nodular tumor proliferation, with central microcalcifications, polyglobular contour, elongated epithelial cells with oval nuclei, palisade-based focal, reduced pleomorphism and reduced cytoplasm and fibrillation. The surgical treatment involved laparotomy and right anatomical hepatectomy that excluded the peritoneal carcinomatosis. The patient's postoperative course was uneventful and she was discharged on the 18th postoperative day.

Conclusion
Awareness of hepatic NSET occurrence may help to identify additional cases, enlarging knowledge about NSETs' clinical behavior and prognostic features and limiting the possibility that these tumors could be misdiagnosed and confused with other aggressive liver
malignancies.
Liver transplantation might be considered due to the low tendency of NSETs to relapse and previous unsuccessful experiences.

Keywords
NSET, intralesional calcifications, palisade-based focal, hepatectomy

STATE OF ART NEUROSURGERY: OPERATING ON A MELANOMA PONTINE METASTASIS

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Introduction
Melanoma is a type of skin cancer caused by malignancy of melanocytes,

accounting for 1.7% of global cancer diagnoses. It is an extremely aggressive cancer, which can quickly lead to brain metastases. Almost 40-60% of patients with melanoma have clinically evident central nervous system involvement. The most common localization of brain metastases are in the cerebral hemispheres (nearly 80% of the cases), with much lower percentages being found in the cerebellum (15%) or brain stem (5%).

Case Presentation

A 57 year old patient, previously diagnosed with melanoma, was admitted to the hospital with left hemiplegia (minimal contractions in left leg and arm) and normal cognition. MRI revealed 5 metastatic sites in the brain and treatment was initiated, with immunotherapy and pan-cerebral radiotherapy. Remission was achieved in 4 of the 5 metastatic lesions , with a single remaining pontine lesion, that progressed in spite of all therapy.

For this remaining pontine lesion, surgery was necessary, consisting in a right side retrosigmoidian retractorless keyhole microsurgical approach, in park bench position. Resection was complete, with the help of neuronavigation and intraoperative electrophysiological monitoring: TC-MEP, direct stimulation MEP and NIM for nerves V3, VII, IX, X on the right side.

Postoperative evolution was extremely favorable, with almost complete remision of the hemiplegia (mild remanent hemiparesis 4/5). Months after surgery, there is no sign of systemic or central nervous system metastatic disease and the patient lives a normal life.

Conclusion

Tumors in the brainstem are some of the most challenging and difficult pathologies that a neurosurgeon can operate on. However, in the hands of an experienced neurosurgeon and having the necessary technology, even the heaviest operations can be performed, without complications, restoring the life of some patients that, in the past, would have been considered without any chance.

Keywords

neurosurgery, melanoma, pontine metastasis, keyhole microsurgery, neuronavigation

ATYPICAL COVID-19 COMPLICATED WITH SECONDARY SPONTANEOUS HEMOPNEUMOTHORAX - A CASE PRESENTATION

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Introduction

Spontaneous hemopneumothorax, the accumulation of air and more than 400mL of blood in the pleural cavity, is a rare and potentially life-threatening condition with a complication rate of 1-12% that can lead to severe acute respiratory distress syndrome (ARDS). In the context of SARS-CoV-2 infection, secondary spontaneous pneumothorax is a rare clinical entity described as an unusual complication and requires immediate intervention.

Case Presentation

The case involves a 51-year-old non-smoking male patient who was admitted to the COVID-19 unit of "Dr. Carol Davila" Central University Military Hospital in Bucharest for fever, dry cough, fatigue and hemoptysis debuted 3 days prior. Monitoring and treatment went according to COVID-19 national protocols. On day 10 after admission, his respiratory status worsened suddenly. The clinical and laboratory findings showed an inflammatory syndrome associated with respiratory failure. The CT-scan showed left ground-glass opacities, as well as right pleural accumulation of air and fluid, consistent with a secondary right lung hydropneumothorax, prompting an urgent chest tube thoracentesis performed by the thoracic surgeon, which allowed the evacuation of the pleural collections. The hemothorax diagnosis was established using the variation of hemoglobin concentration from the pleural fluid, representing half of the serum hemoglobin. Post interventional X-Ray showed remission of the hemopneumothorax and complete lung reexpansion. The patient had a favorable evolution and was discharged on the 25th day after negative SARS-CoV-2 screening PCR swab tests.

Conclusion

Constant monitoring of clinical status and imaging examination of hospitalized COVID-19 patients is required for evaluating the degradation of the lung parenchyma and early detection of secondary hemopneumothorax. Pleural cavity drainage for patients with ipsilateral pulmonary lesions allows fast and complete pulmonary reexpansion with blockage of hemorrhagic source and subsequent minimal blood loss.

Keywords
COVID-19, Hemopneumothorax, Thoracentesis, ARDS, Chest tube

EYES ON THE SUN: INFERIOR EYELID BASAL CELL CARCINOMA EXCISED & RECONSTRUCTED WITH A TENZEL FLAP

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Introduction

Basal cell carcinoma is one of the most common malignant pathologies of the skin, occuring on sun-exposed areas caused by long-term UV radiation that can evolve aggressively and must be surgicaly removed.
The porpose of this case report is to present a difficult case of a basal cell carcinoma located in the medial canthus of the inferior eyelid with a remarkable positive evolution, reconstructed by using a Tenzel flap.
Clinical observation sheet including cardiological, ophtalmological and anatomical pathological observations were provided by Elias Emergency University Hospital, Bucharest, Romania.

Case Presentation

A 69-year-old female patient presented for ulcerated cutaneous tumor, sized 1.5/1cm, localised in the medial half of the left inferior eyelid and solar elastosis lessions, therapeutically neglected. The patient had a history of hypertensive cardiomyopathy, minor mitral and tricuspidian regurgitation and evolving senile cataract. An ophtalmological consult was requested because of mass' location in proximity to the lacrimal duct. Diagnosis was ulcerated nodulo-cystic basal cell carcinoma, confirmed by anatomical-pathological exam. The surgical procedure consisted in the excision of the mass from the intern canthus in total plane at 3 mm circumferential from its macroscopical edges. The excisional defect was corrected with a Tenzel semicircular flap and by suturing orbicularis oculi to the periosteum at the lateral orbital margin, lowering the risk of ectropion, followed by local hemostasis, buried sutures, intradermal suture and sterile dressings. Recommendations were local hygiene, application of antibiotic ointments and sun protection. After 7 days the threads were removed, with favourable healing evolution.

Conclusion
Being such a common pathology, basal cell carcinoma should be diagnosed and surgicaly removed efficiently, but in situations where the position of the mass is exceptional, multiple medical specialties are required and the right type of reparing technique should be considered.

Keywords
Tenzel flap, basal cell carcinoma, solar elastosis, ectropion

POSTER COMPETITION

PREGNANCY AND BRCA1 MUTATION POSITIVE BREAST CANCER: A CASE REPORT

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Introduction

Breast cancer represents the most diagnosed type of cancer among women worldwide, but is still rarely observed in younger patients. Even though the etiology of this disease is not yet well understood, some factors have been associated with its onset and progression. BRCA1 mutation leads to impaired mammary gland differentiation and increased risk of breast cancer development. Besides that, pregnancy can have unpredictable effects on the evolution of tumors. This case report documents a young patient with breast cancer during pregnancy and the importance of personalized treatment.

Case Presentation

A 29-year-old pregnant patient in her 31st week, with a history of right breast abscess surgery and morbid obesity, was admitted to the emergency room due to bleeding from the surgical site, resulting in secondary anemia. Surgery was performed to address the hematoma, with an initial diagnosis of granulomatous mastitis. However, the patient's condition did not improve, and breast cancer was suspected after a second intervention. Postoperatively, the patient went into labor, leading to an emergency cesarean section. One week later, the histological result confirmed an invasive breast carcinoma NST Nottingham grade 3, triple negative, KI67 85%. Considering the result, a CT scan was performed, which revealed a polylobulated formation with dimensions of 20/10/15 cm with necrotic content and multiple nodular formations disseminated at the lung level. Palliative chemotherapy using Paclitaxel+Carboplatin was started. Genetic test for BRCA1 mutation came positive and targeted treatment with Olaparib was initiated, resulting in significant improvement. After five months, a total mastectomy of the right breast was performed, and subsequent examinations revealed no evidence of tumor activity six months postoperatively.

Conclusion

Triple negative, grade 3 breast carcinoma occurring in a pregnant patient presenting different comorbidities can represent a challenging situation in terms of treatment. This case is an example of how useful the understanding of the human genome and the use of personalized treatment is.

Keywords

Breast cancer, BRCA1, pregnancy, chemotherapy

ILLUSTRATING THE SURGICAL AND SOCIAL CHALLENGES OF HIDRADENITIS SUPPURATIVA: A CASE REPORT

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Introduction

Hidradenitis suppurativa is an inflammatory skin condition with lesions including deep-seated nodules and abscesses, draining tracts and fibrotic scars. The anatomic regions most affected are the axillary, inguinal, perianal, and inframammary regions. In this case report, we present an overlooked disease managed through a combined medical and surgical approach.

Case Presentation

A 28-year-old male sought emergency care due to a prolonged history of suppuration in the axillary, sacral, and perineal regions. Symptoms, which began three years ago as painful axillary nodules, did not respond to treatment, leading to a worsening condition with new fistulous openings in multiple areas. Bacteriological tests identified Staphylococcus epidermidis, leading to intermittent antibiotic treatment. Initial examination revealed skin ulcers, thickened skin folds, and pus-filled fistulas in various regions. Limited arm mobility due to pain, skin lesions, and a systolic murmur during cardiac auscultation were noted. Laboratory tests showed iron deficiency anaemia and inflammatory syndrome. Serologic tests for HIV, syphilis, hepatitis B and C, and Chlamydia were negative. Bacteriological examination detected Proteus mirabilis, Escherichia coli, and Klebsiella spp. Echocardiography revealed subvalvular aortic stenosis. The treatment consists of two approaches: the medical one, involving the administration of prednisone and antibiotic, and the surgical one, involving excision of the affected skin and covering it with a regional and a free flap. For the sacro-coccygeal lesions was used a pedicled fasciocutaneous superior gluteal artery perforator (SGAP) flap and for the right axillary lesions a pedicled thoracodorsal artery perforator (TDAP) which unfortunately necrotized leading to another surgery replacing the previous flap with a free anterolateral thigh (ALT) flap. The evolution was fav ourable, the flap being viable at hospital discharge.

Conclusion

Hidradenitis suppurativa, a condition causing physical and social disability, often experiences delayed diagnosis. Treatment lacks standardization, but severe cases necessitate comprehensive surgical removal followed by intricate reconstructive procedures.

Keywords
Fasciocutaneous Superior Gluteal Artery Perforator Flap, Follicular Occlusion, Free Anterolateral Thigh Flap, Hidradenitis Suppurativa, Thoracodorsal Artery Perforator Flap

DIAPHRAGMATIC HERNIA WITH STRANGULATED INTESTINAL OCCLUSION AND PERFORATION OF THE TRANSVERSE COLON: A CASE REPORT

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Introduction

Diaphragmatic hernias are either congenital or acquired and can lead to compression of thoracic viscera and pulmonary atelectasis which further cause loss of functional lung capacity and a reduction in cardiac output. Congenital diaphragmatic hernias prevalence ranges from 1.7 to 5.7 per 10,000 births and traumatic diaphragmatic hernia occurs in about 1–5% of victims of road accidents. The aim of this case report is to document a diaphragmatic hernia with strangled and perforated transverse colon obstruction in the left pleural cavity.

Case Presentation

A 72 year old man presented at the emergency department with constipation, bloating and pain in the left hemithorax. He was given symptomatic treatment and sent home. After 2 days he returned, this time with associated dyspnoea. A chest X-Ray was performed that showed a possible diaphragmatic hernia, he was hospitalized and a CT was planned. Meanwhile, the patient's condition worsened and was sent to the general surgery department in the nearest city. Upon arrival, he suffered a cardiorespiratory arrest which was successfully resuscitated. The CT scan confirmed the diaphragmatic hernia with necrosis and perforation of a 10 cm transverse colon segment including left colic flexure, hydropneumothorax, pleural empyem and complete collapse of the left lung. A chest drain procedure was underwent after which the air and faecal fluid were removed. An emergency Hartmann colectomy, a colostomy in the right hypochondrium, a splenectomy and the suture of the diaphragmatic defect were performed. Finally, 2 more thoracotomies with debridement and lavage were performed. The evolution of the patient was favorable.

Conclusion
Both congenital and acquired diaphragmatic hernias are rare. However, if the physician misses the diagnosis there is a high risk of death. Therefore, if a patient presents with symptoms of intestinal obstruction accompanied by thoracic pain or dyspnoea, a diaphragmatic hernia should be taken into account as a possible diagnosis.

Keywords
diaphragmatic hernia, Hartmann colectomy, CT scan

THE SEAT BELT SYNDROME: AN UPHILL BATTLE OF 17-YEAR-OLD FRAIL PATIENT

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Introduction
Seat belt syndrome is defined by a unique injury profile as a result of the activated seat belt during a car crash. The enormous encountered pressures compress the abdomen and chest of the victim damaging internal organs and spine. These patients are extremely fragile, early diagnosis being crucial for survival and long-term outcome. It is getting more challenging as we encounter a pediatric patient

Case Presentation
A 17-year-old female patient who suffered a critical car crash is transferred to Emergency Hospital for Children "Sf Maria" Iasi for multidisciplinary care in grade IV induced coma, severe concussion followed by important subarachnoid hemorrhage, muscle tear of left abdominal wall, fracture of L2 to L4 lumbar vertebrae and distal third cubitus of the right arm.
Prior to transfer, the patient presented hypovolemic shock associated with major hemoperitoneum and moderate right hemopneumothorax. A laparotomy was required due to a mesenteric Bucket-Handle injury involving the superior mesenteric vein which led to enteral and colorectal enterectomy. Chest tube thoracostomy was simultaneously performed.

Her status worsened and a follow-up laparotomy with extensive excision from the jejunum up to the ascending colon was necessary. Interference with digestive tube continuity demanded jejuno- and colostomy. 6 days following

surgery, the postoperative wound eviscerated due to late infection, making Vacuum Assisted Closure (VAC) essential for healing the abdominal wall defect.

During the next 11 months, the patient undergoes a sequence of surgeries involving her lumbar spine, genital organs, and gastrointestinal tract. The prognosis was undermined by her short bowel syndrome, malnutrition, and compromised immune system.

Conclusion
Patients with seat belt syndrome should be suspected of internal organ damage, as injuries from blunt abdominal trauma can be clinically silent in the first 9 hours post-impact. Signs of peritonitis can be initially overseen, specifically in children.

Keywords
Seat belt Syndrome; Short Bowel Syndrome; Bucket-Handle injury; Vacuum Assisted Closure

CONQUERING THE OBSTACLE: A COLONIC GALLSTONE ILEUS-CASE REPORT

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Introduction
Colonic gallstone ileus is a rare disease that has been shown to account for 2% to 8% of all cases of gallstone ileus (GSI). It usually occurs in older patients due to the passage of large gallstones directly from the gallbladder to the colon through a cholecystocolonic fistula. It has a high morbidity and mortality rate. Surgical management is the treatment of choice to prevent the disastrous complications of significant bowel obstruction.

Case Presentation
An 88-year-old male was admitted to the hospital with a 3-day history of abdominal pain and absolute constipation. Clinical examination revealed a soft abdomen, diffuse tenderness, and no signs of peritonitis. Laboratory data showed a white blood cell count of 11,500/µl and a C-reactive protein of 84 mg/dl. He had normal hepatic and renal functions. Abdominal ultrasound

disclosed a colonic ileus. A computed tomographic (CT) scan of the abdomen with contrast showed a 16.5 x 3.5 cm large inhomogeneously contrasted structure with a rounded appearance with signs of intussusception stenosis in the sigmoid colon, a dilated colon cranial to the process and the presence of pneumobilia. The ileus is caused by the penetration of the inflammatory gallbladder into the right-sided transverse colon and a large gallstone calculus in the area of the sigmoid colon, which is imparted and cannot be maneuvered orally or aborally, so a colotomy is necessary to retrieve the stone, followed by right hemicolectomy with ileotransversostomy and simultaneous cholecystectomy. The postoperative course was uneventful. With a follow-up of one month, the patient had no complications.

Conclusion
Our case highlights the need for a high index of suspicion, as the diagnosis of gallstone ileus can be difficult. Including classic radiological features and irrelevant intra-operative images.

Keywords
Gallstone ileus, Cholecystocolonic fistula, bowel obstruction

A FATAL ENCOUNTER: CEREBRAL EMPYEMA, EDEMA AND ADVANCED AGE - A UNIQUE CASE REPORT

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Introduction
Cerebral empyema is a rare but life-threatening medical condition characterized by the accumulation of pus between dura mater and arachnoid layer, with a high morbidity and mortality rate if not treated. Most frequent findings include fever, menigismus, altered mental status an they are due to mass effect, inflammation, thrombophlebitis of the veins/ venous sinuses.

Case Presentation
We will present the case of a 44-year-old male which was admitted into the ICU in deep comatose state (GCS =3), with high fever 39°-40°C, non-reactive bilateral mydriasis.

CT imaging showed a 9,2mm thickness hypodense mass on the right side,

with a midline shift of 10,7mm towards the left. Although the CT aspect is suggestive for a chronic subdural hematoma the severe clinical and biological state of the patient can not be solely be explained by this pathology.
The patient was admitted for neurosurgical intervention and a decompressive craniectomy was performed. Following the removal of the bone flap, the dura mater was observed in clear tension. After incising the dura, pyogenic matter was ejected with pressure. The brain was violaceous, presenting thrombosed veins and important edema. Complete surgical resection of the collection was performed.

The evolution was unfavorable, although the pus has been intraoperatively totally removed. Encephalus remained non-pulsatile even after the surgical lavage. 5 days later he suffered multiple organ failure. The biochemical lab work showed: Creatine Kinase of 47883 UI/L (155.46 times higher than normal value) and Reactive C Protein of 491mg/L, 98,2 times higher than normal.

Conclusion
Awake and cognitively responsive patients typically exhibit a favorable prognosis in the majority of instances. Conversely, individuals in a state of profound unconsciousness frequently manifest elevated mortality rates. It is noteworthy that advanced age is consistently associated with a less favorable prognostic outcome.

Keywords
cerebral empyema, cerebral edema, streptococcus anginosus

AORTO-DUODENAL FISTULA: A RARE CONDITION THAT PUTS LIFE AND DEATH IN BALANCE WHENEVER IT GETS THE CHANCE

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Introduction
Primary aorto-duodenal fistula (PADF) represents a rare, life-threatening condition that implies an abnormal connection between the abdominal aorta and the duodenum. Most fistulas occur at the level of the posterior wall of D3, where the duodenal segment passes anterior to the aorta and vena cava. PADF's incidence is 0.002%-0.007%.

Case Presentation

The patient, a 62-year-old man, presented to the emergency room with diffuse abdominal pain, hypotension tendency, and an altered overall state, having a hemoglobin level of 2.2 g/dl. A blood transfusion was administered, and hydroelectrolytic perfusion was started. Emergency upper gastrointestinal endoscopy and contrast-enhanced CT TAP revealed an ectatic infrarenal aorta (26mm), a thrombus with a gas bubble on the right lateral aortic wall, and adhesion of D3 to the aorta. These investigations led to a presumptive diagnosis of PADF, later confirmed by exploratory laparotomy.

Emergency surgery was performed to repair the defect: the duodenum was clamped and sectioned following dissection. Consecutively, the aorta was dissected, isolated, clamped proximally inferior to the renal vessels and distally superior to the aortic bifurcation, and then resected between the clamps. The aorta's continuity was restored with a Dacron graft by doing an end-to-end anastomosis. Subsequently, the aorta was gradually released from the Satinsky clamps. The graft was covered with greater omentum, and the incisions made were closed on all layers.

The patient's postoperative outcome was mainly favorable, although a complete occlusion of the left popliteal artery was found, which led to acute irreversible ischemia of the left inferior limb. Twelve days postoperative, left above-knee amputation was performed. The patient is alive and well following these interventions.

Conclusion

It is of utmost importance that aorto-duodenal fistula can be recognized fast and managed accordingly, as treatment requires a great team effort. Otherwise, disastrous consequences can occur, with a mortality rate of 30%-40%, even in surgically approached patients.

Keywords

Primary aortoduodenal fistula, contrast-enhanced CT TAP, Dacron graft with end to end anastomosis, above-knee amputation

MANAGEMENT OF TWO BILATERAL INTRACRANIAL ANEURYSMS THROUGH A SINGLE PTERIONAL CRANIOTOMY: A CASE REPORT

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Introduction
Intracranial aneurysms (IA) present as localized dilations developed on thin spots of cerebral arteries. Their presence requires immediate
intervention since they can usually progress into a hemorrhagic stroke if ruptured. The mortality risk is further increased in the presence of multiple aneurysms. Arterial clipping is regarded as an effective way of dealing with IA since the rate of repermeabilization is lower compared to other available therapeutic options. The particularity of our case resides in the existence of two bilateral aneurysms operated through a single left pterional craniotomy.

Case Presentation
We present a case of a 60-year-old female patient with previous medical history of hypertension. One year prior to surgery the patient experienced episodes of nausea and headache and was admitted to the emergency department. The AngioCT performed, revealed the presence of two saccular aneurysmal dilations, one located on the opthalmic segment of the right internal carotid and the latter located on the M2 segment of the left middle cerebral artery. The patient was operated through an open surgery with arterial clipping. Both aneurysms were microscopically clipped from a single opening through a classic left pterional craniotomy. Post-operatively the patient showed uneventful recovery.

Conclusion
The appearance of two bilateral aneurysms on different arterial branches would usually indicate the need for a bilateral craniotomy, but in our case both were successfully managed through a single left pterional craniotomy. Due to complexity of the surgery, this particular therapeutic intervention was carefully allocated to our patient, after a thorough evaluation of the aneurysms' state and position. Furthermore, the experience of the surgeon is a key factor in deciding for a one-sided craniotomy as opposed to a bilateral opening approach.

Keywords
intracranial aneurysms, arterial clipping, bilateral aneurysms, pterional

OPEN-ANGLE GLAUCOMA – A CASE REPORT REGARDING ITS CLINICAL INQUIRES, MANAGEMENT AND THERAPY

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Introduction

Glaucoma, which represents an increase of the intraocular pressure, had always been a common pathology regarding the human eye, whereas the open-angle type implies an entrance into the anterior chamber, affecting the drainage system and, progressively, the vision. Glaucoma affects 3,54% of elderly people, while 26% of them also develop cataracts. Glaucoma can be maintained under control with medicine, but when the intraocular pressure can't be stabilized anymore, surgery is required to prevent vision loss.

Case Presentation

This case report presents a 69-years-old male patient accusing reduction of acuity in the left eye. No previous conditions were reported, but as far as family was concerned, both his mother and his sister were previously diagnosed with open-angle glaucoma. After being diagnosed with open-angle glaucoma himself, the patient followed local treatment with dorzolamide combined with timolol and managed to keep the intraocular pressure under control. 6 months later both eyes were affected by glaucoma, while the right eye started gradually to present precipitation of crystalline deposits in the lens. At that point the doctor introduced prostaglandin analogue into the treatment chart. After the cataract intervention, there was no significant decrease in the intraocular pressure of the right eye, so glaucoma surgery was recommended. The surgery implied cutting through the sclerotic and introducing a drainage implant (aqueous shunt) as a new way for aqueous humor to drain from the eye. Through the surgery we managed to bring the value of the intraocular pressure in the right eye to 11 mmHg. These clinical decisions were sustained by data obtained from optopol technology and OCT angiography.

Conclusion

This is unusual because the cataract surgery didn't manage to reduce the intraocular pressure, but the shunt express intervention proved itself to

be totally successful. The patient presents no discomfort at the follow-up investigations, after 3 months of recovering.

Keywords
open-angle glaucoma, shunt express, drainage system, intraocular pressure

UNUSUAL PRESENTATION OF TENOSYNOVIAL GIANT CELL TUMOR MIMICKING ULNAR TUNNEL SYNDROME

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Introduction
Tenosynovial Giant Cell Tumor (TGCT) is acknowledged as a fibrohistiocytic benign formation emerging from the tendon sheath or joints. Histologically, tumor units express the colony stimulating factor (CSF1) to synovial lining cells leading to an aggressive soft tissue lesion which commonly arises on the volar surface of the digits 2-4. TGCT has rarely been remarked in medical literature as causing ulnar neuropathy, thus this case report is aimed to present the proper approach for nerve decompression with this localized mesenchymal tumor as the cause.

Case Presentation
A 37 year old, right dominant male who works both in construction and as a driver was admitted with decreased sensitivity, numbness and paresthesia in the fifth finger. Physical examination of the patient indicated paralysis in the fifth and forth digits, frequent signs of ulnar tunnel syndrome. Notwithstanding, the patient presented a growing solid mass of 2 years, oriented posterolateral in the first phalanx of the fifth finger with its margins extending to the fourth finger. After the radiologic check the presence of a soft tissue calcified tumefaction was confirmed. The excisional biopsy of the mass was the best course of action. The tumor was resected en bloc but difficulty occurred in the decollation of the tendinous surface, due to the imprecise delimitation and the bumpy appearance. Following surgery, the resected pieces measuring up to 4.7 cm were sent for a histopathology exam, highlighting the existence of clonal neoplastic cells which confirmed the diagnosis of TGCT. Postoperatively, the sensory and motor functions of the digits were restored.

Conclusion
Located tenosynovial giant cell tumors have high recurrence rates, hence a complete resection is the golden standard for a fortunate outcome. Nonetheless, as demonstrated in this case report, a definitive diagnosis relies on the histopathological examination.

Keywords
TGCT, ulnar neuropathy, paralysis

AORTOFEMORAL BYPASS IN A PATIENT WITH LERICHE SYNDROME - IS THE EXTRAPERITONEAL APPROACH THE BEST OPTION?

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Introduction
Leriche Syndrome (LS) is a product of atherosclerosis affecting the distal abdominal aorta, iliac arteries and femoropopliteal vessels. One of the surgical treatments available is an aortofemoral bypass which consists of revascularization of the affected artery by redirecting the blood through a graft made out of a synthetic material that is sewn to the existing artery.

Case Presentation
A 67-year-old female patient was admitted to Surgery Department, Cluj-Napoca, with the diagnosis of Leriche Syndrome in order to receive medical care and surgical treatment. At the physical examination the following were revealed: claudication, impotence of the lower left leg and absence of distal pulses. The patient's medical record registers 2nd degree high blood pressure, diabetes mellitus type 2 and arteriopathy. A Doppler ultrasound of the lower left leg was performed showing a stenosis. The CTA confirmed the stenosis and revealed an occlusion at the left common iliac artery right before the aorto-iliac bifurcation, the right common iliac artery is seen as being permeable. Considering the anamnestic, clinical and paraclinical data a surgical intervention was carried out to perform a left extraperitoneal aortofemoral by-pass, using the Dacron prosthesis. The surgical team executed an incision at the level of the left Scarpa's triangle, followed by a left costo-pubian laparotomy, placing the prosthesis with a proximal terminal-

lateral anastomosis, with the aorta above the bifurcation of the iliac aorta, and using a distal terminal-lateral anastomosis at the level of the common femoral artery. Given a positive evolution, the patient was discharged after two weeks, without experiencing the previously encountered symptoms, having the terminal pulses circulatory-compensated.

Conclusion
Although there is a vast selection of surgical techniques available in the context of aorto-femoral bypass, in situations where the patient's medical history allows for the extraperitoneal approach, the latter becomes the first-line of treatment.

Keywords

EYERON MAN - AS RECOGNISABLE AS THE CHARACTER?

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Introduction
Intraocular foreign bodies (IOFB) injuries represent the majority of the open globe injuries. Middle-aged male patients are the most commonly affected and up to 80% of the IOFBs have metallic composition. Due to the metal's velocity, the bodies easily penetrate the globe and reach the posterior segment of the eye.

Case Presentation
We are reporting the case of a 49-year-old male who was referred to our hospital with major left eye pain, sudden decrease of visual acuity and eye redness. Anamnestically, he confirmed that the symptoms began while hammering. The VA of the affected eye corresponded to the perception of hand movement, with significant intraocular pressure. The biomicroscopy examination revealed conjunctival hyperemia, corneal perforation with oedema and iridotomy. Advanced nuclear and subcapsular cataract was found. No pathological findings regarding the right eye were observed. Even if ophtalmoscopy examination failed to detect any bodies, cranial CT scan revealed two metallic foreign bodies of 2 and 3 mm in the proximity of the retina. Vitrectomy and

IOFB removal with the intraocular magnet was performed, succeeding in extracting one of the bodies. Intraoperatively, neither retinal detachment nor tear were found, and so was the second body, raising the suspicion of an imaging artefact. The control CT scan announced the restant body situated below the optic nerve. The extraction was performed during lensectomy with the anterior capsule preservation technique.The intraocular lens was placed in the cilliary sulcus, leading to an overnight subluxation. It was repositioned the following day. The discharge VA increased up to 5/50 fc.

Conclusion
The rarity of multiple IOFBs is extreme: up to 8% of the cases, most of them only discovered by imaging methods. According to the fact that only one corneal and iridian perforation was found, it might be the case of a single IOFB which had split while inside the globe.

Keywords
intraocular foreign bodies, vitrectomy, lensectomy, intraocular lens subluxation

PREVENTATIVE DECISIONS AND MANAGEMENT OF A PATIENT WITH MULTIPLE AORTIC ANEURYSMS

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Introduction
Aortic aneurysm refers to the pathologic dilation of an aortic segment that has the tendency to expand and rupture. A rarely encountered example is the popliteal artery aneurysm, which occurs more frequently in male patients suffering from abdominal aortic aneurysm.

Case Presentation
An 84-year-old man was admitted to General Surgery 2 Service, Cluj-Napoca and during the clinical examination the medical team identified: paleness and reduced pilosity of the right lower limb, absence of terminal pulse and feet coldness with moderate oedema. According to the patient's medical history, he is known to have his left thigh amputated five months ago due to acute ischemia of the left lower limb caused by a popliteal artery thrombosed aneurysm, and a bilateral hip replacement. Past computed tomography

angiography revealed fusiform aneurysms of the infrarenal abdominal aorta and internal iliac arteries.

In a newly performed Doppler ultrasound and angiography a new aneurysm could be spotted at the level of the right popliteal artery. The patient underwent a right femoral-tibioperoneal trunk bypass with inverted venous graft. During the surgical treatment, the popliteal artery aneurysm, spanning from P1-P2 junction up to tibiofibular trunk, was identified and isolated. The surgical team partially resected and closed the aneurysm at P3 level and performed a proximal ligature at P1 level. Using the internal saphenous vein as the venous graft, two anastomosis were performed: a termino-terminal anastomosis between the saphenous vein and tibio-fibular trunk and a proximal termino-lateral anastomosis between saphenous vein and femoral artery, above the popliteal artery ligature. Post-surgery, the patient's local and general evolution was favorable under anticoagulant, antibiotic and analgesic treatment.

Conclusion
Thus, periodical ultrasound evaluation and follow-up is crucial in the context of an aorta aneurysm due to life-threatening complications that might occur when ruptured. Moreover, knowing the patient's condition and their medical history, preventative decisions can be made.

Keywords
thrombosed aneurysm, inverted venous graft, preventative decisions

A RARE CASE OF STEVENS-JOHNSON SYNDROME

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Introduction
Stevens-Johnson Syndrome (SJS) is a severe dermatological condition, often drug-induced. It involves a type IV hypersensitivity reaction affecting the skin and mucous membranes. It initially presents as a 'viral-like' syndrome with fever, malaise, and respiratory symptoms. Later, painful skin blisters and desquamation occur, typically affecting <10% of the body. Left untreated, it can lead to significant fluid loss, sepsis, or organ failure.

Case Presentation

We present a case of Stevens-Johnson Syndrome in a 27-year-old woman. The condition's onset followed the insertion of an intrauterine device (IUD) approximately one month after a curettage procedure for a non-viable pregnancy. The patient initially experienced fever, eyelid and labial edema, and odynophagia. Erythematous macules on the abdomen prompted her to seek medical attention. A dermatologist suspected SJS and due to its progression, she was transferred to our department.

During presentation, she complains of fatigue, odynophagia, dysuria, gritty eyes, excessive tearing, and photophobia. Local dermatological examination reveals multiple atypical targetoid lesions that are scattered over the entire body, as well as areas of localized necrotic epidermis on the abdomen and posterior chest. Severe vaginal obliteration synechiae was noted during the pelvic examination. Pelvic ultrasound confirmed normal ovaries, uterus, and proper IUD placement. We performed a procedure under general anesthesia, to remove the IUD, which also confirmed the vaginal obstruction.

Afterwards, we conducted a transverse incision at the posterior fourchette, dissecting upwards to the cervix through the pouch of Douglas. After draining vaginal pus, we preserved and sutured a 4–5 cm segment of healthy vaginal tissue to the introitus, creating a 5 cm deep vagina. The surgery concluded with the insertion of a povidone-iodine-impregnated sponge. Postoperative recovery was uneventful.

Conclusion

Stevens-Johnson Syndrome has significant clinical consequences, severely impacting the patient's quality of life. Prompt identification, removal of triggers, and appropriate therapy are crucial. Managing this condition is a complex, interdisciplinary challenge.

Keywords

hypersensitivity, medication, painful erosions, ulcers, erythema multiforme, necrotic epidermis, synechiae

ACUTE ISCHEMIA OF THE UPPER LIMB COMPLICATION OF CEREBRAL REPERFUSION TREATMENT

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Introduction

Intravenous thrombolysis is a method that, through the intravenous administration of a fibrinolytic substance, allows thrombus lysis, and the partially ischemic brain tissue no longer necroses, resulting in the recovery of the neurological deficit.

Case Presentation

A 58-year-old smoker presented with a motor deficit in the left limbs. The clinical examination reveals BP=140/80 mmHG, left hemiplegia with FMS=0, hypotonia OTR,abolished left Babinski sign, without signs of meningeal irritation. EKG monitoring revealed an episode of paroxysmal atrial fibrillation. He was admitted to ER in the therapeutic window for thrombolysis, NIHSS score=18, the craniocerebral CT exam established an ASPECTS score=10 points, thrombolysis was started. The administration of the bolus proceed without adverse reactions.Approximately 5 minutes after the start of the infusion, the patient complained of pain and paresthesias in the right upper limb and later functional impotence. The clinical examination revealed pale, cold skin in the distal 1/3 of the right forearm and the absence of a pulse in the radial artery and the right brachial artery. Acute ischemia of the upper limb was suspected, requiring the transfer of the patient to the vascular surgery clinic. The angioCT examination of the supraaortic vessels confirmed thrombosis of the right humeral artery requiring emergency surgical intervention. The surgical intervention was a success, and the subsequent evolution of the motor deficit of the left limbs was slow and partially remissive, the patient maintaining a motor deficit FMS=3/5.

Conclusion

The cerebral reperfusion treatment of patients with ischemic stroke is an emergency, and the multiple pathologies of the patient can generate various complications. Although,in the given situation the presence of atrial fibrillation could explain the etiology of the stroke, the thrombolytic effect of alteplase generated acute thrombosis of the contralateral upper limb.

Keywords

Stroke, cerebral thrombolysis, acute chondrolateral limb ischemia, thrombectomy

HYDATID CYST : UNCOMMON LOCATION

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Introduction
Hydatid cyst is a zoonotic disease that most commonly occurs in the liver and lungs. Pancreatic involvement with the disease is rare, accounting for less than 1% of the various sites of hydatid disease.

Case Presentation
A 31-year-old man complaining of abdominal pain, fever, diarrhea, nausea and vomiting presented to the Emergency Department. He had no history of jaundice and no weight loss. On physical examination there was an epigastric mass, but no tenderness. Laboratory examinations revealed leukocytosis and CRP level was high.

Ultrasound helped in discovering a well-circumscribed cystic lesion. Afterward, CT was performed, and the doctors discovered a large cystic lesion occupying the left upper quadrant of the abdomen lateral to the greater curvature of the stomach, and related to the pancreatic tail. Because hydatid cysts are very difficult to diagnose preoperatively, they should be kept as a differential diagnosis of infected pseudocyst or cystic pancreatic neoplasm.

A precise diagnosis may be difficult. Therefore, he has consented to endoscopic ultrasound and diagnostic pseudocyst aspiration which revealed a distal pancreatic body cyst. Moreover, regarding that the cyst had daughter cells serological tests for Echinococcus helped in early diagnosis. However, a definitive diagnosis of hydatid disease of the pancreas can be made only at surgery. Doctors decided to perform a distal pancreatectomy. Intraoperatively, it was found a large multiloculated cystic mass arising from the tail of the pancreas, which was adherent to the greater curvature and posterior wall of the stomach. The mass was also densely adherent to the splenic hilum for which total splenectomy was done. The patient was discharged uneventfully 5 days after the operation and admitted with Albendazole as first treatment.

Conclusion
For cases strongly suspected to be pancreatic hydatids, preoperative evaluation should be combined with radiography and laboratory examination. Despite advances in instrumentation, diagnosis remains a challenge and it is often misdiagnosed.

Keywords
Hydatid cyst, Pancreas

VACUUM ASSISTED CLOUSRE OF AN AVULSION WOUND - A CASE REPORT

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Introduction
Vacuum assisted closure of wounds was first used in 1991 and quickly spread across the globe. It works by providing negative pressure in wounds with significant amounts of tissue missing and works to quicken the healing process by draining excess fluid and stimulating granulation tissue formation.

Case Presentation
We present the case of a 3 year old patient who suffered a traumatic avulsion and an open fracture in the left foot while karting. She presented to the emergency ward accusing pain in the left foot. Local examination noted a 10 by 6 cm wound on the medial side of the left ankle, with missing tissue and peripheral necrosis, revealing the left tibial malleolus. An Xray of the ankle showed a fracture in the distal fibula and distal tibial metaphysis, while blood analysis showed neutrophilia. The patient was admitted in the hospital and received prophylactic treatment with antibiotics and NSAIDS to prepare for the surgery the following day. During surgery, the surgeon noted the dissection of the posterior tibial nerve, the flexor hallucis longus and flexor digitorum longus tendons. After cleaning the wound and suturing the damaged tendons and nerve, there remains an 8 by 5 cm area of missing skin, over which the surgeon applied a Vacuum Assisted Closure system. After 2 weeks and several reapplications of the VAC system, the wound developed significant amounts of granulation tissue, which allowed the surgeon to apply a skin graft, from the thigh to close the wound. After being discharged, the patient was able to walk with minimal difficulty a month later.

Conclusion
Injuries where significant amounts of tissue is missing can be difficult to close. In situations like these, VAC systems can be a useful tool in helping the healing process.

Keywords
AVULSION, VAC, TENDON RECONSTRUCTION

RECONSTRUCTING MALUNITED FRACTURES: LESSONS FROM A CLINICAL CASE

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Introduction

Fracture malunion, which is represented by an abnormal position of the healed bone, can lead to pain and functional impairment, thus affecting the patient's quality of life. When malunion occurs in the case of intraarticular fractures, osteoarthritis of the joint is very frequent.

Case Presentation

We are reporting a case of a 26-year-old female patient with a history of polytrauma resulting from a fall from a height of 4 meters approximately 1 year and 4 months ago. The initial trauma led to a right femoral fracture, which was surgically managed in another institution and a right tibial pilon fracture, treated conservatively. The patient was admitted to our service for clinical, biological investigations, and surgical evaluation. Despite prior indications o joint fusion, we decided to preserve the ankle joint. Diagnostic imaging, including native CT scans of the right lower limb, as well as anteroposterior and lateral radiographs of the right ankle, confirmed the presence of an intraarticular malunion involving the distal tibia, with a depression of 4 cm. Additionally, there was a posterior malleolar fracture malunion with posterior displacement. Given the complexity of the fracture pattern, a two-stage surgical approach was chosen. In the first stage, posterior malleolus osteotomy of the right tibia was performed to correct its' malalignment. In the second stage, a distal tibia osteotomy, as well as the application of a Taylor Space Frame external fixator was used to reduce the depressed fragment and provide a normal length of the limb.

Conclusion

In this case, the surgical management of a viciously consolidated tibial pilon fracture presented a complex challenge. The two-stage surgical approach proved to be an effective strategy for addressing the malalignment and promoting fracture healing. The postoperative course was characterized by favorable outcomes, with the patient experiencing no complications or signs of infection.

Keywords
tibial pilon fracture, Taylor Space Frame, osteotomy, malunion

FROM STAB TO SURVIVAL: HOW INCIDENTALLY FOUND DOUBLE IVC INFLUENCED THE TRAJECTORY OF ABDOMINAL TRAUMA

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Introduction

Injury of inferior vena cava (IVC) in penetrating abdominal trauma occurs in 0.5-5%. Moreover, duplication of the inferior vena cava (DIVC) has a prevalence of 0.3-0.7%. The association of both is unexpected and the timely surgical repair is the therapeutic intervention capable of effectively restoring the clinical picture.

Case Presentation

A 45-year-old man, with unremarkable medical history, involved in a stabbing attack, was brought to the ER with a left flank stab wound. Upon arrival, the patient showed signs of shock and was hypotensive (BP of 90/70 mmHg), with haemoglobin of 9 mg/dl, without abdominal rigidity. Chest and pelvic X-Ray, as well as FAST evaluation, were normal.
However, on CT scan a left psoas hematoma with multiple air foci within it and an inferior vena cava injury were depicted. At this time, DIVC was also incidentally noted, with the left common iliac vein draining into subhepatic IVC, through the left renal vein, without any notable repercussions within the patient's routine.

Two blood units were transfused, but the patient's condition gradually declined (BP of 88/37 mmHg) and an emergency exploratory laparotomy was performed. Intraoperatively, abdominal viscera examination was normal, but a 2 cm laceration in the wall of the left-sided IVC was found. Distal and proximal control was established and injury was repaired in a continued fashion with regained haemostasis. Postoperatively, the course was uneventful and the patient was discharged home in good condition after 5 days.

Conclusion
Extremely uncommonly encountered, DIVC incidentally found in context of trauma with IVC injury was a life-saver feature in this patient's case, avoiding a possible involvement of the abdominal aorta. The prompt management and surgical treatment gave a positive perspective over the prognosis and evolution of the patient with a favourable outcome.

Keywords
abdominal trauma, double inferior vena cava, penetrating injury, stab wound

A RARE CASE OF PRIMARY COLONIC MELANOMA

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Introduction
In usual cases, colon melanoma cases are secondary determinations of a malignant cutaneous melanoma due to its predisposition to metastasize to the digestive tract. Therefore, we present a rare case of primary malignant melanoma in the colon. Through this reported case, we recognize the essential role of periodic investigations in patients susceptible to such tumors, as its occurrence can also be determined by gastrointestinal neoplasia, which may only be noticed through an endoscopy.

Case Presentation
A 61-year-old female patient presents with typical symptoms of a colon tumor. Following an endoscopy, an ulcerative-stenotic lesion measuring 7.5/5.2 cm is identified, predominantly affecting the ascending colon. The patient is admitted to the surgery department, where she undergoes an extended right hemicolectomy with ileocolic anastomosis. The resection is histopathologically analyzed, the tests indicating a positive response for the S100, HMB-45, and Melan-A markers, showing a case of melanoma with 100% specificity.
To finalize a diagnosis of primary colon melanoma, it was necessary to correlate the results with the patient's clinical, paraclinical data and medical history, in order to rule out the possibility of metastasis. Up until now, the patient's investigations indicate that we are dealing with a primary melanoma. Reported cases so far highlight that surgery improves MST by 10 months compared to non-operative cases. Postoperatively, the patient is monitored

through periodic imaging checks.

Conclusion
The proposed case, thus, demonstrates that the aggressiveness and progression of a malignant tumor can be slowed down by early disease diagnosis. Colonic melanoma is more aggressive than cutaneous melanoma due to its rich vascularization, difficult diagnosis and potential for complications. Therefore, in order to detect such a condition early on, susceptible persons should be encouraged to regularly undergo a set of paraclinical investigations.

Keywords
Primary melanoma, hemicolectomy, paraclinical investigations.

MIRIZZI SYNDROME: A PUZZLING CASE REPORT

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Introduction
Mirizzi syndrome, a complex biliary disorder, arises rarely when a gallstone, often lodged in the gallbladder neck or cystic duct, exerts mechanical pressure or obstructs the common hepatic duct or common bile duct. It's an infrequent complication of cholelithiasis, occasionally connected to the formation of a cholecystoenteric fistula and in exceptional cases, it can escalate to gallstone ileus.

Case Presentation
A 69-year-old male patient, with a medical history encompassing hypertension, mitral valve regurgitation and diabetes presents with recurrent episodes of right upper quadrant abdominal pain, accompanied by jaundice and fatigue. The patient exhibited jaundice and epigastric tenderness, with a negative Murphy sign during the examination.
Paraclinical findings revealed elevated levels of alkaline phosphatase (501 U/L), total bilirubin (9.42 mg/dL with direct bilirubin at 6.6 mg/dL), a high WBC (14,200/mm3) and increased liver enzymes: GGT (749 U/L), GOT (57 U/L) and GPT (137 U/L).

Imaging displayed a thickened gallbladder wall (5 mm) with gallstones, slight intrahepatic bile duct dilation, a 14 mm common bile duct and pneumobilia on radiography. CT hinted at a possible cholecystoduodenal/cholecystogastric

fistula. ERCP showed dilation in the common hepatic and bile ducts, with a benign stricture at the distal end. During the exploratory laparotomy, surgeons encountered significant inflammation, observed adhesions between the duodenum and the gallbladder and identified small cholecystoduodenal and cholecystocolonic fistulas. Surgical steps included duodenum and colon dissection and suture, cholecystectomy with gallbladder opening, revealing a fistula obstructed by a large stone (Mirizzi Type III).A T-tube closed the common duct fistula and was used for intraoperative cholangiography during postoperative biliary leakage follow-up.

Conclusion
Mirizzi syndrome, though rare, can be a puzzling source of abdominal pain and jaundice, posing challenges for diagnosis and management by both gastroenterologists and surgeons. In instances of cholecysto-choledochal lithiasis with enigmatic preoperative imaging, it is imperative to contemplate the potential presence of Mirizzi Syndrome.

Keywords
Mirizzi, cholelithiasis, biliary disorder, fistula, gallbladder,

OSTEORADIONECROSIS OF MANDIBLE IN OCSCC PATIENT

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Introduction
Slovakia is among the countries with the highest incidence of oral cavity squamous cell carcinoma worldwide. The disease is not only life-threatening but also strongly lowers the quality of life of affected individuals. If treated early, the results could be more than sufficient. Osteoradionecrosis of the maxilla and mandible connected with the external radiotherapy of the head and neck is especially difficult to treat and requires lots of effort and time.

Case Presentation
A 50-year-old man was diagnosed with an invasively growing tongue tumor. Squamous cell carcinoma G2 with muscle infiltration was histologically verified. The patient was hospitalized for resection of the tumor and neck dissection, with no adjuvant therapy prescribed. Nine months later the

patient is back with palpable resistance on the neck. After another surgical intervention, external radiotherapy was administered. After the fifth fraction, the therapy was terminated due to mandibular pain. Infiltration of the submandibular gland and digastric muscle was presented together with suspected lymphatic node metastasis. The secondary tumor was fixated on the mandible. The third resection showed no lymphatic node metastasis. The patient continued his treatment with radiotherapy, this time together with chemotherapy. Three months later the patient showed no signs of local, or general cancerous infiltration; however, he presented with mandibular pain. X-ray showed lower radio opacity in the body of the mandible. Excochleation of the osteoradionecrosis together with bone equalization was performed.

Conclusion
Osteoradionecrosis as a complication of oral cavity squamous cell carcinoma treatment should be considered when dealing with such patients. Procedures disrupting the integrity of the oral cavity should be regarded as risky and performed only by specialists. Proper history-taking done by dentists is necessary too. The patient should be knowledgeable of their treatment and its risks. A multidisciplinary approach should be of use.

Keywords
oral cavity squamous cell carcinoma, osteoradionecrosis

DIABETIC KETOACIDOSIS IN A 12 YEARS OLD BOY: A PEDIATRIC SURGEON'S NIGHTMARE?

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Introduction
Diabetic ketoacidosis (DKA) represents the most life-threatening acute complication of type 1 diabetes and can also be considered the first manifestation of the condition, even if it may also appear after diagnosing it. Notwithstanding that the cause of gastrointestinal involvement is not entirely clarified, metabolic acidosis, electrolyte disturbances, paralytic ileus and delayed gastric emptying seem to be involved. The aim of this case report is to assess the presence of possible links between DKA and gastrointestinal implications.

Case Presentation
A 12 years old boy presented to the ER for being somnolent, anisochoric, tachypnoic, tachycardic, hypotensive, but he was transferred to the pediatric ICU for severe ketoacidosis, internal environment disbalance, impaired consciousness, glycemia = 73.1 mmol/L, pH = 7.05. Initial therapy consisted of intravenous rehydration with 4.2% NaHCO3 and hypotension correction with catecholamines. Brain CT was performed but it showed no edema. Abdominal ultrasound revealed hepatomegaly, free fluid in the abdominal cavity, collapsed IVC with low flow. Multi-organ failure developed quickly along with an increased IAP, which led to performing an abdominal CT (it showed ascites, paralytic ileus, no signs of intestinal wall ischemia, cystitis) and drainage of the abdominal cavity (the serous fluid had C. Albicans, but no bowel bacteria). Starting with the 13th day of hospitalization, a series of procedures have been performed according to the patient's status: necrectomies, jejunostomy, ileo-ileal anastomosis, vacuum wound healing, all because of the presence of white, diffuse necrosis of small bowels - non-occlusive mesenteric ischemia (NOMI). After 222 days of hospitalization and 9 surgeries, the patient was healed and discharged, without short bowel syndrome, with insulin therapy and secondary depression treatment indicated.

Conclusion
NOMI due to uncontrolled diabetes and DKA is rare, this case being one of few that showed favorable outcomes. Early surgical intervention is crucial in these patients because of associated morbidity and mortality.

Keywords
diabetic ketoacidosis; non-occlusive mesenteric ischemia; C. Albicans; short bowel syndrome

THE CROSS-FINGER FLAP: THE MAGIC OF PALMAR DEFECT COVERAGE

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Introduction
The aim of this case is to present the use of a transposition flap, raised from the dorsum of the adjacent proximal phalanx, for coverage of the volar-side soft tissue defect at the proximal phalanx (in this case: classic cross-finger

flap). Skin transplantation was not suitable for the primary defect because of the arteries, nerves and tendons that were exposed. Although this surgical technique is an old one, it is still commonly used and it is a spectacular solution with great results.

Case Presentation
The case is about a 50 year old male who presented with a soft tissue defect at the proximal phalanx of the right little finger, after a crushing trauma at his home workshop, caused by a car jack, with no fracture and the nobile anatomical elements (arteries, nerves and tendons) were intact, but exposed. The surgical treatment was divided in three stages, first one of debridement and the following two for reconstruction, with a final result at approximately 6 weeks after the trauma. The particular part of this case is that the defect was covered in a lot of oil and other waste and needed a first stage of debridement before the reconstruction had been done. The crushing injury did not cause any fracture or other damages. There were no complications, the result was great, fully functional and esthetic.

Conclusion
Repositioning with a cross-finger flap in finger anterior defects can achieve a near-normal finger appearance with the advantages for the surgeon of a short learning curve and no requirement for microsurgery experience. This method should be considered among the treatment options, particularly for patients with high aesthetic expectations.

Keywords
phalanx, trauma, defect, cross-finger, flap

BREAST CANCER SURGERY - TIMING IS KEY

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Introduction
Breast cancer (BC) treatment should be implemented by a specialised multidisciplinary team. Oncoplastic surgery proved to bring clinical benefit and patient satisfaction. There are no formal recommendations regarding time to surgery (TTS), even though there are proven associations between TTS and outcomes. The aim of this review is to assess different TTS and the impact on overall survival.

Materials & Methods
A search was performed on PubMed and ScienceDirect, selecting studies

from 2016 to 2023. Keywords were “breast cancer”, “surgery”, “time to surgery”, “delay”, “overall survival”. Observational studies assessing women with stage I–III BC who did not receive neoadjuvant therapy were included. Exclusion criteria were studies not mentioning TTS and with hormone-receptor negative patients. TTS and overall survival were the parameters extracted. Bias risk was not assessed and PRISMA guidelines were followed.

Results
Seven studies respected the selection criteria. Wiener et al. constructed a case series study with a cohort of 373.334 patients, women with TTS of >9 weeks had a significantly higher rate of death within 5 years ($p < 0,001$), however, a delay in surgery of <57 days does not appear to be negatively associated with survival. Bleicher et al. conducted two independent population-based studies with a total of 210.334 patients. As delay increased, overall survival was lower ($p < 0,001$). Results were supported by Ekrisson et al. in a population- and register-based study of 7017 women with TTS priori categorised in 14-day intervals, who found that the hazard rate of death from all causes increased by 1.011 per day.

Conclusion
Patients must make thoughtful decisions about their care, therefore they need to have enough time to undergo further investigations such as additional imaging or genetic testing. Efforts to reduce TTS should be pursued when possible to enhance survival, however unwarranted delays which are patient-, system- and physician-driven still exist.

Keywords
breast cancer, surgery, time to surgery, delay, overall survival

LAPAROSCOPIC CHOLECYSTECTOMY: A GAME CHANGER FOR PORCELAIN GALLBLADDER

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Introduction
The porcelain gallbladder is a rare entity, represented by a quasi-total calcification of the vesicle wall. The studies initially highlighted uncertainly the association of calcifications in the gallbladder with the neoplasm in 12-61% of cases. Formally, the laparoscopic approach was contraindicated for a

long time to avoid the peritoneal dissemination of a malignancy. Meanwhile, it has been shown that the incidence is only 7%, and laparoscopy is a feasible, successful method.

Case Presentation
We describe a female patient, 79 years old, with right upper quadrant pain, associated with posterior irradiation, biliary dyspepsia, jaundice, and hypertension. The onset was insidious 50 years ago, with biliary dyspeptic disorders and pain in the right hypochondrium after cholecystokinetic foods. Abdominal ultrasound shows a bile duct dilatation, calcified gallbladder, and a blocked 10 mm stone in the distal common bile duct. The patient undergoes an ERCP, then a laparoscopy is performed, and to avoid malignant peritoneal dissociation, the bladder is not perforated, an endobag is used for extraction, the pneumoperitoneum is evacuated with the trocars in place and an extemporaneous histopathological examination is made. The patient shows no signs of malignancy, as it is a porcelain gallbladder grade I, with complete intramural calcification. Postoperative recovery was uneventful and the patient was discharged on postoperative day 4.

Conclusion
The porcelain gallbladder is oligosymptomatic, being diagnosed most of the time incidentally. Laparoscopy is feasible, especially in cases where the cystic duct and the gallbladder neck are not affected. This approach has numerous advantages, especially in patients with comorbidities, although the calcified gallbladder has a conversion rate to malignancy.

Keywords
Porcelain gallbladder, Laparoscopy, Cholecystectomy, Gallstones

FEASIBILITY OF CEPHALIC DUODENO-PANCREATICOTECTOMY IN EMERGENCY: RETROPERITONEAL GASTRO-INTESTINAL STROMAL TUMOR

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Introduction

GIST are uncommon cancers that start in special cells in the wall of the gastrointestinal tract. They are more common in adults, and rare in children. For most of the GIST's the cause is unknown, and in the early stages they cause no symptoms, later on, as the tumor grows, the symptoms can appear. Cephalic duodeno-pancreatectomy(CDP) is a large-scale intervention with high mortality and increased morbidity that very rarely needs to be performed in emergency.

Case Presentation

The patient, a 59-year-old woman, presents at the emergency room with melena, starting 4 days ago, and lost of consciousness . The endoscopy required shows a tumoral invasion with active arterial hemorrhage, and the abdominal-pelvic CT, with iv contrast, shows a retroperitoneal tumor,130/82/115 mm(LR/AP/CC) in DII-DIII region, without extraduodenal invasions, compressing the IVC. These investigations led to a presumptive diagnosis of GIST, later confirmed by exploratory laparotomy.

Emergency surgery was performed to eliminate the tumor which involves the resection the entire duodenum, the cephalic portion of the pancreas, the common bile duct, the gallbladder and the first duodenal loop. Consecutively, a series of anastomoses were made between the common hepatic duct and jejunum, stomach and jejunum and pancreas and stomach to maintain the GI's continuity.

The patient's postoperative outcome was mainly favorable. After the surgery, the patient was hemodynamically stabilized and,whitout surgical morbidity, was transferred to the intensive care unit. After the hydroelectric rebalance, because of the favorable evolution of the recovery, the patient was discharge after 7 days after surgery. The post-op evaluation after 3 and 6 moths shows no relapse.

Conclusion

Diagnosing and treating the GIST in the early stages of development can reduce the risk of complications and improve the quality of life. CPD can be performed by experienced teams, this fact leads to saving lives and can be done without increasing morbidity or mortality.

Keywords

gastrointestinalstromaltumor,hemorrhage,cephalicduodenopancreatectomy

GIANT INTRAVENTRICULAR MENINGIOMA ASSOCIATED WITH TRAPPED TEMPORAL HORN REMOVED THROUGH A SMALL CORTICOTOMY

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Introduction
Giant ventricular meningiomas are very rare tumors, usually located in the lateral ventricle atrium, developing from the meningeal cells of the choroid plexus. Surgical planning and understanding of the tumor's anatomical relations, especially with intraventricular blood vessels, are paramount for the surgical success, as any mistake in these deep areas of the brain can lead to severe complications or death.

Case Presentation
A 67-year-old female presented for episodes of dementia, with severe impairment of the working memory and headaches associated with nausea, contralateral visual field deficits, agnosia and spatial disorientation. CT scan and contrast MRI show a large tumor, measuring 7 cm in length, developed from the left atrium to the parietal cortical surface, determining an enlargement of the temporal horn of the left ventricle. Given the rich symptomatology, the location and the dimension of the tumor, the patient and family opted for surgery. The rectangular craniotomy was centered on the point where the tumor came closer to the cortical surface, with the help of an MRI 3D reconstruction software. Using a small 1.5 cm corticotomy, complete tumor resection was achieved using fragmentation and central debulking technique. The main feeder arteries of the meningioma originated in the enlarged branches of the choroidal artery. Once these were coagulated and dissected, extracapsular dissection freed the thalamostriate vein, which was attached to the tumor capsule. The postoperative CT scan confirmed complete resection with minimal reduction of the temporal ventricular horn. The patient tolerated the surgery,showing no neurological deficits. At the one month follow-up, an improvement in memory and visual field deficits were noted.

Conclusion
It is of utmost importance for the surgical team to cautiously prepare the steps of a procedure so that the intervention can be done smoothly, with very low risk of complications.

Keywords
meningioma, lateral ventricle, dementia

POLYTRAUMA CASE: A PARAGLIDING MISHAP

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Introduction

In the world of emergency medicine, every case presents its unique challenges and complexities. We delve into the harrowing clinical scenario of a 52 year old male patient who experienced a life-altering event while paragliding. This clinical case revolves around a polytrauma injury that combines a myriad of orthopedic and spinal challenges.

Case Presentation

The patient's descent from a staggering 15 meter height during paragliding has resulted in a cascade of traumatic injuries. Notably, he presented with femoral bifocal fracture, a proximal pertrochanteric simple fracture and diaphyseal complex fracture (AO classification).

Despite the severity of the fall, the patient maintained stable hemodynamics and encouragingly displayed no neurological deficits in the lower limbs. Further complicating this intricate case is a burst fracture at the L3 vertebra with the presence of a retropulsed intracanal fragment, which poses significant risks to the spinal cord and demands urgent attention. This type of fracture significantly increases the risk of Cauda Equina Syndrome (CES) which is a rare but serious neurological condition that results from the compression or injury of the cauda equina nerve roots in the lumbar spine.The femoral fracture was treated surgically by an operative fixation with intramedullary nailing whereas for the Spinal lesion was considered a Vertebral Body stent (VBS) with a posterior Fixation and decompression resulting in a very good restoration of the vertebral height and immediate stabilization. Non Weight Bearing (NWB) on the femoral fracture recommended Post-OP, leading to a complete recovery without residual pain.

Conclusion

A multidisciplinary approach, combining intramedullary nailing for the femoral fracture and VBS with posterior fixation for the spinal lesion, resulted in excellent outcomes. NWB precautions post-surgery led to a complete pain-free recovery, highlighting the importance of tailored treatment in complex polytrauma cases.

Keywords

Polytrauma, Femoral fracture, Lumbar Burst Fracture, Paragliding accidents, VBS

DEBATE COMPETITION

FACE TRANSPLANT VS RECONSTRUCTIVE SURGERY: RE-ESTABLISHING THE AESTHETICS AND FUNCTIONALITY IN DISFIGURED PATIENTS

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Team A

Introduction

Over the past 15 years, facial transplantation (FT) has become the state of the art reconstructive option for patients who have suffered extensive cranio-facial injuries, with the associated functional, aesthetic, and psychosocial problems. While reconstructive surgery (RS) manages to slightly improve the defects, it fails to restore facial aesthetics and function, which are essential to the patient's quality of life. We are aware of the current drawbacks of the technique, such as the side effects of immunosuppression, but our presentation will focus on the innovative ability to restore function, psychosocial integration, and aesthetic appearance of patients who experienced severe bone and soft tissue loss, that cannot be adequately addressed with conventional reconstructive techniques.

Argument 1

FT allows a patient-centered approach, providing normalcy to patients who have endured multiple reconstructive surgeries and social ostracization. The face serves as the foundation of human interaction, allowing verbal and non-verbal communication. Severe facial disfigurement causes a psychological burden for the patients, leading to mental health disorders, scrutiny and isolation. Additionally, the face is more than a social interface, as it performs life-sustaining functions such as breathing and eating. The patients report a positive impact of the transplantation on the overall quality of life as they are regaining independence and successfully reintegrating into society. Contrary to expectations, identity crises are uncommon after FT as the facial characteristics often differ significantly from those of the donor due to the bone architecture of the recipient. Moreover, as the FT is typically performed as a last resort after a series of reconstructive interventions, the patients have already faced the loss of their native features. In order to achieve positive long-term outcomes, psychological counseling is essential before and after the surgery as it evaluates mental health, addressing any underlying disorders and plays a pivotal role in ensuring postoperative treatment compliance and successful recovery.

Argument 2

FT poses advantages from a surgical perspective as well. In contrast to RS

which implies numerous operations to achieve minimal results, FT is a single surgery that can be followed by minor aesthetic interventions, if necessary. Thus the patient is exempt from the cumulative risks associated with multiple surgical interventions. Furthermore, in the context of RS, patients face the limitations of free tissue transfers and prosthetic devices, which do not fully address the restoration of facial aesthetics and function, alongside the patient's satisfaction. Conversely, FT offers a comprehensive solution by enabling the transplantation of various tissues (vascular, muscular, nervous), thereby facilitating a more complete restoration of facial function and aesthetics. This aspect is essential in cases of severe eyelid and periorbital defects, where the globe's functionality is maintained, therefore complexity increases as goals include preservation of vision alongside other functional considerations (extraocular motility, blink/eyelid closure, spatial and temporal coupling). Another significant mention is that the repair of the severely injured orbicularis muscle is not currently possible through reconstruction, FT being the only solution. Other important situations where regain of function can be accomplished solely through FT in case of severe injuries include: satisfactory speech intelligibility, nutritional intake by mouth, and facial expressions.

Conclusion

FT has come a long way since its first successful attempt, allowing those who have faced disfiguration to improve their quality of life by restoring facial aesthetics and function. Compared to classical reconstructive surgeries, which involve multiple interventions without ensuring a proper regain of function, FT allows victims of severe facial trauma to restore a sense of normalcy by having a socially acceptable face that is capable of physiological functions and conveying emotion. Efforts in the field have shifted towards standardizing perioperative processes and researching innovative technologies for overcoming current technical and immunosuppression-related challenges.

Keywords

face transplant; facial aesthetic; facial function; quality of life

CONVENTIONAL FACIAL RECONSTRUCTIVE SURGERY: A PATH TO RESTORATION WITH LOWER RISKS AND WIDESPREAD ACCESSIBILITY

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Introduction

Facial injuries, congenital deformities, or defects resulting from various medical conditions can have a profound impact on an individual's life. Fortunately, medical science has made significant strides in the field of facial reconstruction, offering patients the hope of regaining not only their appearance but also their confidence and functionality. Among the options available, conventional facial reconstructive surgery stands out due to its wider availability, providing timely and accessible solutions to a diverse range of patients and lower risks.

Argument 1

Facial reconstructive surgery possesses a rich history and widespread availability. Patients from different locations can readily find qualified professionals to address their facial reconstruction needs. In addition, time often plays a pivotal role in the journey of facial restoration. Conventional surgery excels in this regard by offering shorter waiting times compared to alternative procedures, such as face transplants. Surgeons can swiftly assess, plan, and execute surgeries, thereby addressing the urgent medical needs of patients with promptness and efficiency. Moreover, numerous reputable institutions and organizations have established rigorous standards for certification in this specialized area of medicine. Consequently, patients can entrust their facial reconstruction to skilled professionals with a proven track record.

Argument 2

Conventional facial reconstructive surgery involves lower immunosuppressive and surgical risks. In contrast to face transplants, which necessitate the lifelong use of immunosuppressive drugs to prevent rejection, conventional surgery often does not require these medications. Immunosuppressive drugs can have serious side effects, weaken the immune system, and increase the risk of infections and other health complications such as diabetes or cancer. The absence of this dependency in conventional surgery translates into a more straightforward and less risky post-operative course for patients. Patients

typically experience less post-operative discomfort and a shorter hospital stay. Moreover, there are fewer surgical complications regarding reconstructive surgery such as infection, or graft failure, contributing to an overall safety of the approach. Furthermore, although graft rejection is a possible adverse outcome in any transplant, facial transplantation is different, as rejection usually leaves patients in a worse condition compared to their baseline.

Conclusion

In conclusion, the synergy of lower risks and accessibility defines conventional facial reconstructive surgery as a beacon of hope for individuals seeking to restore their facial aesthetics and functionality. Its accessibility ensures that patients, regardless of their geographic location or background, can access the medical care they need. Simultaneously, its reduced waiting times, cost-effectiveness, versatility in donor selection, and lower risks make it an ideal choice for those on the path to facial recovery and rehabilitation. Moreover, the wealth of expertise held by surgeons underscores the reliability and accessibility of conventional facial reconstructive surgery, providing a real opportunity for those yearning to rediscover their true identity behind a restored visage.

Keywords
reconstructive surgery, widespread availability, immunosuppressive drugs, graft failure

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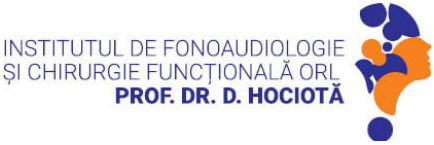

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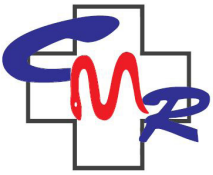

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