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20-24 November 2019

Târgu Mureș, Romania

BOOK OF ABSTRACTS

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SURGICAL

PSYCHOLOGICAL IMPLICATIONS DUE TO NASAL POST-OPERATIVE SEQUELASE

Adrian-Alexandru Iliescu[1], Andrei Macarescu[1], Teodora Iordache[1], Amanda Balasa[1], Adrian Costenco[2]

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Background: The reconstructive rhinoplasty procedure has not only esthetic implication but also psychological impact. This surgical intervention is performed when the post-operative sequelae are present, the desired outcome being anatomical reconstruction and functional reestablishment.

Objective: To restore the normal esthetic shape of the nose and bring patient to higher level of self esteem, all while keeping normal function.

Materials and methods: We present the case of a 38 year old male, diagnosed with post-operative sequelae of the nose after two previous operations, which resulted in over resection of dorsal bridge, upward rotation of the tip of the nose, dorsal bridge collapse and breathing dysfunction, overall a feminine appearance.

Results: The procedure is conducted using open approaches, difficult dissection and anatomical structure exposure due to scar tissue. Absence of 2/3 cauda of nasal septum required a cartilage rib harvest for dorsal bridge reconstruction -augmentation and columella strut. Moreover, narrowing nasal tip and downward rotation, paramedian and lateral lobe to low osteotomy and nasal bone reposition and fixation, addition of graft for nose tip definition were the techniques used to restore normal male aspect.

Conclusions: Post-operative sequelae of the nose could lead to psychological implications. Corrective surgery leads to a normal esthetic outcome and psychological improvement.

Keywords: rib graft, reconstructive rhinoplasty, psychological trauma

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RÉPARATION À L'ETAGE VENTRICULAIRE (REV PROCEDURE) IN TRUNCUS ARTERIOSUS

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Background: The REV (Réparation à l'Etage Ventriculaire) procedure is a modified representation of the Rastelli procedure. This surgical intervention is performed when the congenital malformation "truncus arteriosus" is present, the desired outcome being a partial anatomic reconstruction and total hemodynamic reestablishment.

Objectives: To establish a correlation between the patient's anatomy and physiological pulmonary and systemic circulation, relating to the presenting congenital malformation. All this is done in hopes to bring the patient to an optimally functional state.

Material and methods: We expose the case of a 26-day old child, diagnosed with type II common arterial trunk, minor truncal valve insufficiency, severe pulmonary hypertension and congestive cardiac insufficiency. Due to the aggravated pulmonary status, the REV procedure is performed despite the patient's very young age.

Results: The procedure is conducted using extracorporeal circulation at 28 degrees Celsius; the pulmonary branches are separated and a mixed anastomosis is performed via a patch in the right ventricle (RV). The closing of the septal –ventricle defect is done by right ventriculotomy using a heterologous pericardium patch, this representing the area of pulmonary vascular structure implantation.

Conclusion: In extreme situations, when the biological condition threatens the patient's life, surgical treatement remains the last solution.

Keywords: REV, Truncus Arteriosus, Pulmonary hypertension.

RESULTS OF 3D LAPAROSCOPIC PROSTATECTOMY IN HIGH RISK PROSTATE ADENOCARCINOMA – CASE REPORT

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Background: Radical prostatectomy represents the standard surgical treatment in localized prostate adenocarcinoma.

Objective: The aim of this presentation is to evaluate the case of a patient with high risk prostate adenocarcinoma who was surgically treated with 3D laparoscopic prostatectomy.

Material and methods: We report a case of a 67 years old patient known with prostate adenocarcinoma, score Gleason 3+4=7, bilateral (apex, median left lobe and base right lobe) confirmed by prostate biopsy, who was admitted in the Urology Clinic of Targu Mures for surgical treatment. Clinical and paraclinical investigations show a PSA= 13,49 ng/ml, pelvic MRI revealed a hypertrophic prostate with a 63 mm axial diameter, normal margins and a 16 mm nodule on the medial part of the left lobe which raises the suspicion of ADKP, clinical staging T2cN0M0. After a proper preoperative preparation, a radical 3D laparoscopic prostatectomy with bilateral lymphadenectomy without the preservation of the neurovascular bundles was performed.

Results: The patient had a good postoperative evolution with a good recovery with minimal blood loss and the pelvic drainage was removed after 5 days postoperative. He was released from the hospital in good general condition, without fever and clear urine on the urethral catheter. The histopathologic examination revealed a 70x45x45 mm prostatectomy piece with bilateral prostate adenocarcinoma, score Gleason 3+4=7 with the origin in the transition zone, intraprostatic, with a tumoral mass of 0,7 cm. The surgical resection limits were negative.

Conclusions: Radical 3D laparoscopic prostatectomy represents and optimal treatment method in localized high-risk prostate cancer, with a minimal blood loss, short convalescence, minimal intra- and postoperative complications and a quick recovery and socio-professional reintegration.

Keywords: prostate adenocarcinoma, radical prostatectomy, transition zone

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MALIGNANT MIXED MÜLLERIAN TUMOR OF FALLOPIAN TUBES: A CASE REPORT

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Background: The malignant mixed Müllerian tumor (MMMT) is a very rare pathology, also called carcinosarcoma, representing a biphasic neoplasm composed of highgrade epithelial and mesenchymal elements. It broadly occurs in the tissues of the female genital tract, most commonly in the uterus, yet itmay arise in the cervix, ovaries or the fallopian tubes. There is a limited number of such cases reported in the medical literature, typically associating a poor prognosis.

Objective: The aim of this presentation is to offer medical data regarding a rare condition. A case of a 65 years old female patient known with type II diabetes, obesity and grade II arterial hypertension, that also presents with postmenopausal bleeding, is described. During a clinical and ultrasound examination, an endometrial polyp and a suspicion of bilateral hydrosalpinx were seen, and the patient was sent for further investigations.

Materials and methods: A hysteroscopic polypectomy, alongside with a diagnostic hysteroscopy, and a laparoscopic bilateral adnexectomy and adhesiolisis were performed, and the surgical specimen ws sent for frozen section. The pathogical examination proved tubal malignancy, and, in the same anesthesia, consequently, a total extracapsular hysterectomy together with pelvic and paraaortic lymphadenectomy, appendectomy and omentectomy were performed. The postoperative diagnosis was staged I A tubal cancer.

Results: The postoperative recovery was uneventful. The final pathology result showed MMMT.

Conclusions: Due to the rarity of this condition, reporting any occurance is of utmost importance. The peculiarity of this particular case was not only the presence of MMMT, but also its bilateral occurance in the fallopian tubes. Therefore, a larger case series could result, allowing physicians to obtain more accurate data on the matter.

Keywords: carcinosarcoma, malignant mixed Müllerian tumor (MMMT), fallopian tube

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LAPAROSCOPIC SPLENECTOMY FOR IMMUNE THROMBOCYTOPENIC PURPURA: CASE REPORT

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Background: Immune thrombocytopenic purpura (ITP) represents an autoimmune bleeding disorder characterized by abnormally low levels of platelets. The incidence of ITP among adults is estimated to be around 50 cases per 1000000 adults/year and is more common among young women.

Objective: The purpose is to present the benefit of laparoscopic splenectomy in a patient with immune thrombocytopenic purpura who developed a resistance to the immunosuppressive treatment.

Material and Methods: We present the case of a 43-year-old woman who was first admitted in the Hematology Department of the Emergency County Clinical Hospital of Targu Mures in May 2019 because of severe thrombocytopenia. After the clinical and paraclinical examination, we found that the patient had bruising on her lower limb, positive Rumpel-Leeds test and was later diagnosed with severe immune thrombocytopenic purpura, for which immunosuppressive treatment with Metilprednisolon and Imuran was initiated. The patient developed

a resistance to the immunosuppressive treatment and was scheduled to undergo a Splenectomy in the First Surgical Clinic on the 16th of October 2019. The surgery consisted of exploratory laparoscopy, adhesiolysis, laparoscopic splenectomy, splenic lodge drainage. Further monitoring showed the subject had developed postoperative thrombocytosis. Despite the patient's advanced manifestation of the genetic dominant immune disease, her twin sister does not manifest any similar simptoms.

Results: Postoperative evolution was favorable, with no added complications. She was transferred back to the Hematology department for hematological reassessment and given the normalization of her platelet count, she is discharged in good health.

Conclusion: Immune thrombocytopenic purpura usually occurs in congenital form caused by specific genes mutations. Laparoscopic splenectomy is the best solution in this disease because the spleen can be removed after endo bag morcellation.

Keywords: thrombocytopenic purpura; laparoscopic splenectomy

SURGICAL MANAGEMENT OF BILATERAL KIDNEY NEOPLASMS - CASE PRESENTATION

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Background: Renal neoplasms are the 8th cause of death by cancer amongst all malignancies. In adults, renal cell carcinoma is the most common type of kidney cancer, about 97% of cancerous tumors. Out of these only 5% are with bilateral occurrence. Most are diagnosed incidentally during abdominal imaging exams (ultrasound or CT) for nonspecific abdominal pathology. The management of these cases is to perform nephron sparring surgery if it is possible by partial nephrectomy to maintain some functional kidney tissue to extend the patient's life expectancy.

Objective: The purpose of this study is to emphasize the surgical management difficulties of a patient with bilateral kidney tumor who has undergone partial and radical nephrectomy.

Material and methods: We present the case of a 60 year- old woman, who was admitted in Clinic of Urology from Târgu Mureş with macroscopic hematuria and recently diagnosed bilateral renal tumor in other department. After the ultrasound examination, the CT scan confirms bilateral voluminous lower renal pole mass 159/138/128 mm with secondary uretero- hydronephrosis on the right and other in the left kidney with 60/50 mm diameters.

Results: After preoperative preparation, first left partial nephrectomy was performed with good recovering. The pathological examination revealed grade WHO/ISUP 1, pT1bN0M0 renal cell carcinoma. After two months a right radical nephrectomy was carrying out. The histopathological exams showed grade WHO/ISUP 2, pT3aN0M0 renal cell carcinoma, what invades sinus fat.

Conclusions: The surgical therapy is the most important treatment choice in renal neoplasms, because in adults these tumors not respond to chemo and radiotherapy. We treat with partial nephrectomy those kidney tumors that are less than 7 cm in size, this method are to remove the whole tumor while leaving as much normal kidney tissue as possible. The nephron spearing surgery it could be the best choice in those patients who presents bilateral renal mass, because if partial nephrectomy it's carried out they can live perfectly well with just one working kidney and do not need other supportive treatment to survive.

Keywords: bilateral renal tumors, RCC, nephrectomy, computed tomography

RECOVERY AFTER POSTEROLATERAL CORNER AND POSTERIOR CRUCIATE LIGAMENT INJURY IN A PROFESSIONAL ATHLETE: CASE REPORT

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Background: The three major stabilizers of the posterolateral corner (PLC) are the fibular collateral ligament (FCL), the popliteus tendon (PLT) and the popliteofibular ligament (PFL). These lesions commonly occur in association with other ligament injuries, especially posterior and anterior cruciate ligament (PCL, ACL).

Objective: The purpose is to present the results of a correctly made rehabilitation after a severe knee injury.

Material and Methods: We present the case of a 35 year old male, professional football player, who experienced direct trauma to the left knee on the 17th of March, 2017, resulting in PLC associated with PCL lesions. Two days later, he underwent surgery in the Targu Mures Clinical County Hospital, department of Orthopedics and Traumatology, which consisted in the Larson procedure for the PLC reconstruction associated with PCL reconstruction and had favorable postoperative outcome. The patient pursued the following protocol for the recovery process:

Phase 1: 0-6 weeks PO, in which the goals are to protect the surgical grafts, 0-60° ROM and to regain adequate quadriceps control.

Phase 2: 7-12 weeks PO, which aims to normalize the gait pattern and regain motion beyond 90 degrees.

Phase 3: 4-6 months PO and beyond when it is expected to jog at one's own pace without pain, an 80-90% quadriceps and HS strength return, ROM and gait function normalization.

Results: In spite of the severe injury sustained, the athlete regained full function in his left knee 18 months after the surgery and rehabilitation program.

Conclusions: The management of PLC and PCL injuries requires complex surgery and an intensive rehabilitation process which can help the patient regain full function, if followed thoroughly.

Keywords: PLC, PCL, recovery, athlete.

SCARGRANULOMA AFTER A SQUAMOUS CELL CARCINOMA EXCISION - A CASE REPORT

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Background: Squamous cell cancer known as squamous cell carcinoma (SCC) is the second most common type of non-melanoma skin cancer which originates from the thin, flat cells that make up the most superficial layer, the last one of the epidermis named keratynocites or squamous cells. It develops at elderly persons, on areas which are often sun exposed and it's caused by the UV rays which leads to DNA mutations(TP53).

Objective: The aim is to present the case of an invasive SCC,poorly differentiated G3, Clark level IV, Breslow index-2,5 cm.

Material and methods: The subject, a 69 years old woman,shows up in the clinics with a rough, thick scaly patch on the upper extremety of the sternal bone. After the surgical resection of the lesion, the pathology report revealed nests of invasive SCC with no sign of neural or lymphovascular invasion. In situ (intraepidermal) component was present and the reticular dermis was infiltrated by the tumor cells.

Results: After this procedure the patient developed a scar which presented a thread granuloma.Well formed granuloma consisting of organized collection of macrophages, histiocytes and multinucleated foreign body giant cells was successfully removed. The excisional biopsy was performed and revealed the absence of any malignity sign.

Conclusions: SCCs can be fortunately treated but it also can be biologically agressive and prone to recurence, even after totally removal of the tumor.Complications of SCC include also benign lesions such as scar granuloma.

Keywords: DNA mutations, scar, granuloma, excision, sun exposed

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MYXOID LIPOSARCOMA WITH UNCOMMON MULTIPLE RECURRENCE

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Background: Liposarcoma (LPS) is the second most frequent type of soft tissue sarcoma and its myxoid form is encountered in 50% of the cases that usually occurs in adults between 40-65 years old. It appears in half of the cases in the thigh or arm and one-third have abdominal localization. The main treatment is surgical combined with radiotherapy, the metastasizes are rare, but with a high local recurrence rate.

Objective: To emphasize the possibility of reccurence with unusual localization of myxoid liposarcoma, especially after a frequent radiation exposure.

Material and methods: A 63-year-old man was admitted to Emergency County Clinical Hospital of Targu Mures, in 2018, with a medio-anterior tumor on the superior part of the left thigh. The patient is known with numerous comorbidities, mainly mentioning the pulmonary cancer treated successfully and laryngeal cancer with 7 surgical interventions during 5 years, followed up by a definitive tracheostomy. The CT scan revealed an expansive process developed in the adductor muscle and external obturator muscle of the left thigh with 132/116/110 mm(ap/ll/cc), with heterogeneous aspect and many fat density areas with moderate enhancement. A surgical ablation has been performed and the HP testing confirmed the diagnostic of myxoid liposarcoma. A year later, the patient presented with an uncommon reccurence localized in the left gracilis muscle and multiple intraperitoneal liposarcomas.

Results: The abscission of the uncommon reccurence liposarcomas has been done successful, followed by prosecution of potential liposarcoma reappearance.

Conclusions: Liposarcomas have a very high rate of recidivation despite total ablation and radiotherapy and even if it, usually, has local relapse, it is necessary to accomplish complex paraclinic investigations in order to exclude uncommon recidivations.

A RARE CASE OF OVARIAN SEROUS ADENOCARCINOMA WITH SPLENIC METASTASIS

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Introduction: Ovarian carcinoma is the 11th most common female cancer. It accounts for 2.5% of all female cancers. For early detection we use ultrasound and other disease-related biomarkers such as carbohydrate antigen 125 (CA-125). According to the literature, metastasis in the spleen occurs in approximately 1% of malignant tumours. Colorectal and ovarian cancers are known to metastasize to the spleen more frequently than other malignant tumours.

Objectives: Early detection and treatment for ovarian cancer, one of the most challenging disease to manage over the last half-century.

Material and methods: We report a case of a 69-year-old woman who presented with abdominal pain. She was diagnosed in 2016, with right ovarian formation, based on ultrasonography, and elevated CA-125. High-grade serous adenocarcinoma was confirmed after total hysterectomy with bilateral anexectomy. She underwent postoperative chemotherapy. After exploratory laparotomy we found a solitary splenic metastasis probably of ovarian cancer. A radical splenectomy was performed. The disease-free interval was of 16 months.

Results: The pathological result from 2016 showed a high-grade ovarian serous adenocarcinoma and an endometrial polyp. Four metastatic lymph nodes of the 12 from great omentum were found. The tumour proliferation presents papillary, solid, transitional, glandular, and microfollicular architecture, with marked nuclear pleomorphism, associated with areas of necrosis, abundant inflammatory infiltrate, and numerous mitotic figures. In 2017 the pathological report discovered a serum carcinoma metastasis in a lymph nodular conglomerate of the spleen, which breaks the capsule and infiltrates the splenic parenchyma. The tumour proliferation presents with solid and papillary architecture, consisting of pleomorphic tumour cells, with marked atypia and increased mitotic index.

Conclusions: Serum CA-125 level is useful in the early diagnosis of adenocarcinoma and splenic solitary metastases. Splenic metastasis is a rare complication of ovarian adenocarcinoma that occurred earlier than, 5 years disease free interval.

Keywords: ovarian carcinoma, splenic solitary metastases, CA-125

MANAGEMENT OF MALIGNANT BRAIN TUMOR DEVELOPED IN CHILDREN

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Background: As it is well known, primary cerebral tumors have a very high incidence in the general population. A large group of these tumors are malignant and if left untreated, they present a high mortality rate.

Objective: The purpose of this case report is to emphasize the importance of surgical management and paraclinical investigations in the case of a pediatric patient diagnosed with brain cancer.

Material and methods: Our patient is a 9-year old boy who was brought to the emergency room, as a result of a generalized comitial crisis. The symptoms he associated, began the day before, with severe headache, afterwards there was a remission period, symptoms relapsing the next morning linking aphasia and rapid neurological degeneration. During a first cerebral CT examination of the patient, we found a tumoral mass of 5 cm diameter situated in the parenchyma of the frontal lobe. Three days later, we did a brain MRI and we discovered a cortico-subcortical tumoral mass in the left part of the frontal lobe and also lesions of the Broca's Area parenchyma. The next day, our neurosurgery team performed a frontal left craniotomy with ablation of the tumoral mass. The surgery went well, a piece of the tumor was sent for histopathological evaluation.

Results: The results from the pathology lab revealed a case of malignant tumor with small blue cells with immunophenotype of anaplastic ependymoma (positive for markers TTF1, EMA).

Conclusions: Brain cancer in children remains a challenge for the general practice, as it develops majorly with no underlying cause. CTs, MRIs and histopathological evaluation, play a crucial role as they asses severity and differentiate various types of brain tumors, such as undifferentiated neuroblastoma or PNET supratentorial tumor.

Keywords: brain, tumor, MRI, histopathological, craniotomy

A COMPLEX CASE OF AORTO-BIFEMORAL BYPASS IN PATIENT WITH ABDOMINAL AORTA ANEURYSM AND PERIPHERAL ARTERY DISEASE

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Background: An Abdominal Aorta Aneurysm is represented by a pathologic focal dilation of the abdominal segment of the aorta that is greater than 30 millimeters. However the common atherosclerotic etilogy, peripheral artery disease is present in ten percent of the Abdominal Aorta Aneurysm cases.

Objective: The aim of this presentation is to emphasise the importance of early diagnosis in asymptomatic aneurysms which may rupture unless treated accordingly. Moreover, it implies that preoperatory planning should be thoroughly carried out in order to adapt the surgical approach to the patient's needs and comorbidities.

Material and methods: The case presents a 69 years old, male patient suffering from a 7.5 centimeters infrarenal abdominal aorta aneurysm, chronic peripheral artery disease with the occlusion of the common, internal and external iliac arteries and both the common and superficial femoral arteries of the left lower limb and also the occlusion of the right superficial femoral artery. An aorto-bifemoral bypass was performed in order to exclude the aneurysm and to bypass the atherosclerotic plaque that was reducing the blood flow to the limbs. For the bypass, a 14/7 millimeters diameter Dacron graft was anastomosed proximally under the renal arteries in an end-to-end fashion and distally to the superficial femoral arteries. After the bypass, the surgical team identified a tumoral mass in the caecum, hence a right hemicolectomy with a latero-lateral ileo-transverse anastomosis was performed.

Results: After the intervention the patient was haemodynamically stable and had a favourable recovery with presence of pulse in the periphery and also of peristaltic movement.

Conclusion: This case reveals the importance of the exploration of the abdominal cavity and organs during laparotomy, but also the importance of correct surgical approach in complex cases involving both vascular and digestive pathology.

Keywords: aorto-bifemoral bypass, abdominal aorta aneurysm

CASE REPORT - COMPLETE NECK DISSECTION FOR ADVANCED MEDULLARY THYROID CARCINOMA

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Background: Medullary thyroid carcinoma (MTC) concerns 4-5% of all thyroid cancers. It usually occurs without any familial history, however in about 25% of the cases it can occur as an inherited autosomal dominant disease in multiple endocrine neoplasia syndrome (MEN). Today's chance of survival for these patients depends both on early diagnosis and appropriate surgical management.

Objective: This case report aims to present the surgical approach for a 68-year-old male patient with advanced medullary thyroid carcinoma, due to late diagnosis, investigations, and specialised medical care.

Material and methods: Laboratory tests revealed extremely high calcitonin levels, up to 2000 pg/ml, which correlated with thyroid ultrasonography and FNA (fine needle aspiration) biopsy confirm the MTC diagnosis and establish surgical indication for radical neck dissection - total thyroidectomy with central and lateral compartment lymphadenectomy was performed; intraoperative aspect showed the left thyroid lobe penetrating the trachea, esophagus, and enveloping the left recurrent laryngeal nerve, and a left lateral cervical lymph node metastasis penetrating into the internal jugular vein, sternocleidomastoidian muscle and accessory nerve. During surgery we had to sacrifice the left recurrent nerve, the accessory nerve and left inferior parotid gland; also the internal jugular vein was ligated and transected. The lymphadenectomy excised all cervical lymph nodes groups: II, III, IV, V, VI A, VI B, VII.

Results: All visible malignant structures were removed, therefore two weeks postoperative calcitonin levels dropped to 21 pg/ml.

Conclusions: Short-term follow up shows favorable evolution, the patient is stable with no signs of postoperative complications and calcitonin levels decreased to near physiological values.

Keywords: medullary carcinoma, thyroidectomy, neck dissection

MANAGEMENT OF DERMOID TUMOR IN PREGNANCY

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Background: In pregnancy, adnexal masses could usually be diagnosed. The prevalence of tumors during pregnancy is between 0.3 and 5.4%. Most of them occur in the ovaries. Among the most common ovarian tumors in woman of reproductive age are dermoid tumors. They are non-functional ovarian masses developing from the ectoderm and may contain teeth, hair and sebaceous glands.

Objective: The aim of this case is to present the management of a dermoid tumor that was removed without complications during cesarean section.

Material and methods: A 39 year old woman, primipara, with one cesarean section delivery, whose last menstruation period was January 7, 2019 was admitted to the hospital with pain in the right pelvic region. An ultrasonography was performed and revealed an early seven weeks pregnancy. Furthermore, sonography showed a mass of 35x40 mm in diameter at the right ovary. The patient was hospitalized and pain killers were administrated. After being discharged, the patient returned for regular follow-up. At 38 weeks a cesarean section was performed. During the cesarean section a cystectomy was also performed and the tumor from the right ovary was removed and sent to pathology.

Results: There were no complications during the surgery. The pain disappeared after the tumor was removed. The patient was discharged on the fourth postoperative day and advised to come back for a check-up after 4 weeks.

Conclusions: The adnexal masses must be evaluated very carefully to make the best decision that will not affect the life of the mother and the fetus. Among the most common complications of dermoid cyst are torsion and tumor rupture, the incidence being around 0.2-0.4%. Surgical removal of the tumor is the right treatment and could prevent further complications.

Keywords: dermoid tumor, pregnancy, cystectomy.

SEGMENTAL URETERECTOMY FOR POLYPOID LESION

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Background: Urothelial tumours in the urinary tract are typically multifocal and the pattern of disease becomes apparent over years. The incidence of the urinary tract tumors at ureter level is 2%, and only 5% of these occur at the proximal third. Ureteral fibroepithelial polyps are low incidence benign tumors regarded as slow growth congenital lesions or lesions secondary to chronic stimulation.

Objective: The aim of this report is to bring to attention the case of a 69-year-old female patient with a polyp-like lesion in the upper right ureter.

Material and methods: The patient has a history of paroxysmal atrial fibrillation, aortic and mitral valve insufficiency, autoimmune thyroiditis and osteoporosis. The patient presents herself at the Emergency Room accusing right lumbar pain and fever. Due to ureterohydronephrosis on the right side described during the echo examination, she is transferred to the Urology Clinic. The Intravenous Urography (IVU) reveals a normal bladder, the absence of pyelocaliceal dilatation, and a 3 cm filling defect of the right ureter, pointing towards transitional renal cell carcinoma (TCC) or fibroepithelial polyp. The urine test highlights the presence of proteinuria, haematuria, paired with urinary tract infection. After conservative treatment, the febrile accuses are solved and an exploratory lombotomy is performed. Macroscopically, the lesion is polyp-like, therefore the kidney is preserved. Even though, radical nephroureterectomy is the standard technique, segmental ureterectomy with end-to-end anastomosis was prefered, due to comparable oncological outcomes and lack of either vascular involvement or lymphadenopathy. Postoperative, the pathological examination reveals pappilary renal cell carcinoma with low rate malignancy.

Results: Despite studies that have showed that UHN and increased CRP levels predict a poor outcome, the patient is favourable at the time of the discharge.

Conclusions: This case emphasizes that risk adapted approach is mandatory in a nephro-sparing surgery.

Keywords: segmental ureterectomy, pappilary renal cell carcinoma, radical nephroureterectomy

GASTROINTESTINAL CANCER: GASTROINTESTINAL STROMAL TUMOR (GIST) AND RECTAL ADENOCARCINOMA

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Background: Gastric and colorectal cancers are major causes of morbidity and mortality worldwide. Rectal cancer is the second most common cancer in the large intestine. Gastric cancer usually has a slow evolution, this type of cancer is difficult to diagnose because most patients typically don't present any symptoms in the earlier stages.

Objective: The aim of this case presentation is to describe the case management of a 74 years old female patient with gastrointestinal stromal tumor (GIST) and rectal adenocarcinoma. Histopathological examinations present a gastrointestinal stromal tumor with low malignancy and intermediate risk of tumor progression, which infiltrated the gastric wall and a well-delimited adenocarcinoma that infiltrates the wall of the rectum to the level of the mucosa.

Material and methods: Our case is about a female patient, 74 years old, who presented to the Surgical Department of the Mures County Clinical Hospital, accusing the following symptoms: rectal bleeding, motility disorder and abdominal pain. The patient performed a CT scan, which marked two tumors, first at the rectal level and a second one at the level of the posterior gastric wall. The purpose of the operation was a complete tumor excision, by performing rectosigmoid resection with L-T mechanical colorectal anastomosis DIXON and resection of the gastric area affected by tumor with a GIA stapler.

Results: The immediate postoperative evolution wasn't favorable, the patient presented melenic stools on the third day after the operation, and on the fourth day she received a blood transfusion. Later evolution was favorable and on the 11th postoperative day the patient was discharged.

Conclusions: Synchronous tumors require a multidisciplinary approach in order to be able to manage the case for the benefit of the patient.

Keywords: Gastrointestinal cancer, Gastrointestinal stromal tumor, rectal Adenocarcinoma.

A PERFIDIOUS SKIN CANCER: MALIGNANT MELANOMA

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Background: Malignant melanoma, also known as simply "melanoma", the deadliest skin cancer, has a incidence that has been increased dramatically over the past few decades. According to World Health Organisation, it has been estimated about 60000 deaths each year worldwide, 2.6 for men compared with 1.8/100000 cases for women, noting that Australia and New Zealand had the highest rates of melanoma in the world.

Objective: The aim of this report is to present a clinical case of a patient with a malignant melanona of left calcaneus, a rare location of this type of cancer.

Material and methods: A 59 years old male patient was admitted in January 2017 to the Surgical Clinic of the Emergency Clinical Municipal Hospital of Timișoara with an imprecise delimitated, brown tined, proeminent formation about 4/4cm on the left calcaneus, accusing pain on palpation. Our patient had, at that moment, a surgical excizion of the malignant melanoma (demonstrated after the histopathological examination). The CT scan and the IRM examination did not revealed metastasis in other organs. After that, in February 2017, the patient returns back, but this time with a 1/2cm recurrence of the melanoma, with the same location. Again, it is practiced the removal of the tumor, but also a fascio-cutaneous graft having as pedicle the sural nerve route.

Results: The postoperative evolution was favorable and, so far, our patient did not put any "question mark" concerning his health, although this cancer has a low survival rate.

Conclusions: Every cutaneous lesion, even if it is a small one and apparently insignificant, should be seriously treated, because it could be a melanoma. It can be diagnosed from an incipient stage by a simple and cheap investigation: the byopsy.

Keywords: malignant melanoma of left calcaneus, fascio-cutaneous graft, low survival rate

RESECTION OF ANAPLASTIC SPHENOID WING MENINGIOMA

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Background: Meningiomas are the most common primary tumors of the central nervous system, of arachnoid cell origin. The peak incidence rate occurs in patients of 45 years old, with a higher frequency in females (F:M 1,8:1). "Grading CNS tumors according to the 2016 CNS WHO" classifies meningiomas in: common meningiomas, atypical meningiomas, and anaplastic/malignant meningiomas.

Objective: The aim is to present the surgical management in the case of a giant sphenoid wing meningioma. (The giant tumor being defined as having a diameter of over 5cm)

Material and methods: We analyzed the case of a 66-year-old woman with known grade II arterial hypertension, hospitalized in the neurosurgery department of the Tg. Mures emergency county hospital, in the period of 26.06.2019-15.07.2019. The clinical exam revealed a state of confusion, right oculomotor nerve paresis, headache, accentuated global osteotendineous reflexes, and a positive Babinski sign on the left side. The MRI with contrast presented a formation along the sphenoid wings (the lateral and medial portion). The lesion was well delimited and seen on the axial plane as having dimensions of 72/35 mm, with perilesional edema. The laboratory exam reveled anemia and hyponatremia. The cardiac consult did not provide any further relevant information. The level of resection needed was determined by the Simpson classification.

Results: After correcting the anemia and hyponatremia, the tumor was resected under the operatory microscope (Simpson Grade II), using the frontosphenotemporal approach (pterional craniotomy). The post operatory evolution was favorable, without surgical complications. The patient's symptoms were also in remission. The histopathologic exam confirmed the lesion as an atypical meningioma (WHO grade II).

Conclusions: After proper investigation and consideration of the challenges accompanying the resection of giant tumors, it can be said that a pterional craniotomy proves to be an appropriate approach for the surgical management of sphenoid wing meningiomas.

FAMILIAL ADENOMATOUS POLYPOSIS: THE MEDICAL AND SURGICAL APPROACH OF A GENETIC CONDITION

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Background: Familial adenomatous polyposis is an inherited disorder characterized by the early onset of hundreds to thousands of adenomatous polyps throughout the colon. While these polyps are benign at first, malignant transformation into colon cancer occurs when they are left untreated.

Objectives: The purpose of this paper is to present the case of a patient with familial adenomatous polyposis and its surgical approach.

Material and methods: The 37-year-old patient with a family medical history of familial adenomatous polyposis presents at the Surgery Clinic of SCJ Mures with a medical appointment. Paraclinical examinations, CT and endoscopy, reveal a stenosing, infiltrative tumor at the level of the sigmoid colon and multiple polyps at the level of the entire colon. Given the histopathological diagnosis and the family medical history of the patient, it is decided to practice the total colectomy. And so, the continuity of the digestive tract is interrupted at 15 cm from the level of the ileocecal valve. The rectum is sectioned at 4 cm near the anal orifice using a stapler and so completing the total colectomy. The circular stapler is inserted transanal and a mechanical ileorectal anastomosis is performed. After an examination by inferior digestive endoscopy three months after the intervention, the ileostomy will be closed. Later, the polyps of the remaining rectum will be resected.

Results: Favorable postoperative evolution with the resumption of intestinal transit throughout the protective ileostomy, the patient is to be discharged eight days after the surgery.

Conclusion: Given the risk of malignancy of adenomatous polyps, as well as the existence of a sigmoid infiltrative tumor, the chosen surgical approach was the most appropriate for this patient.

Keywords: Familial adenomatous polyposis, colectomy

THE MULTIMODAL TREATMENT OF MULTIRECIDIVANT MALIGNANT MELANOMA

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Background: Malignant melanoma is the leading cause of death in skin cancers in view of its incidence mortality in the world (1.6% cases and 0.7% deaths). In Romania, the incidence and cancer mortality are in a continuous rise. Most patients are diagnosed in the advanced stages.

Objective: The purpose of this paper is to present the treatment of a complicated case of malignant melanoma.

Material and methods: We present the case of a 58 year-old woman with no oncological family history; she was diagnosed with malignant melanoma of the left subscapular region (Clark level II/III) in 1999. Primary treatment was the excision with left axillary lymphadenectomy. In February 2006, she revealed a metastasis of a right ovary treated with total hysterectomy and bilateral salpingo oophorectomy. In May there was a suspicion of brain-metastatic melanoma, which was surgically treated (IHC–HMB45 positive, CK negative). In June 2008, the suspicion of a left suprarenal and common iliac metastatic melanoma was raised and then removed surgically (IHC–HMB45 and S100 positive, CK7 and CK20 negative). In December 2011, she underwent surgery of the right lumbar and humeral metastatic melanoma (IHC-HMB45 positive, CK negative). During this process the patient went through some chemotherapy cycles with Dacarbazine.

Results: The patient went to physical and skin examinations performed every 3 to 6 months for the first 2 to 3 years and then once a year after that (CT scan, MRI, and/or PET-CT scan) that showed up no signs of recurrence.

Conclusions: The multimodal treatment: excision with lymphadenectomy, Alpha Interferon 2B High Dose and systemic therapy in the metastatic forms leads to a good prognostic and to an extended life-span. Therapy is important, but surgery still remains the cornerstone for the treatment of malignant melanoma.

Keywords: malignant melanoma, mortality, brain-metastasis

GIANT OLFACTORY GROOVE MENINGIOMA - CASE REPORT

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Background: Olfactory groove meningiomas arise from the arachnoid cap cells situated between the cribriform plate and frontosphenoidal suture. Untreated, they tend to reach a giant size, compromising important functional structures of the brain.

Objective: The aim is to present the factors which may affect the conduct of surgery and its outcome in the treatment of a giant olfactory groove meningioma.

Materials and methods: We expose the case of a 56-years-old female patient admitted to the Neurosurgery Department, in a general altered state, uncooperative with a Glasgow Coma Scale of 9. She had a five years known history of symptomatic intracranial tumor expansion manifested with headache anosmia, blurred vision, personality changes, for which she refused surgical treatment. She also suffered from hypertension grade 3 and non insulin dependent diabetes. The CT and MR scans revelead a voluminous 7/8/5 cm, right basal frontal expansive process, presenting controlateral extension with a peritumoral edema and marked mass effect on the surrounding structures, characterizing a giant olfactory groove meningioma. The tumor was miscrosurgically removed through bicoronal subfrontal approach. The difficulty consisted in: dissecting the tumor from the optic nerves, optic chiasm internal carotid arteries and their branches; the basal skull location and the immense size of the tumor.

Results: The patient was transferred to the ICU for postoperative monitoring. Unfortunatly her condition worsened due to bronchopneumonia and she died on the 11th postoperative day.

Conclusion: Despite using the greatest surgical skills and procedures, factors like: the size and placement of the tumor, delayed treatment and the associated comorbidities of the patient can influence the outcome of surgery.

Keywords: Giant olfactory groove meningioma, bicoronal subfrontal approach

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A RARE CASE OF POSTOPERATIVE INFECTION WITH *STAPHYLOCOCCUS CAPRAE*

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Background: Total knee arthroplasty (TKA) is one of the most cost-effective and consistently successful surgeries performed in orthopedics. However, infections can occur after this procedure, putting the life of the patient at risk. One of the pathogens associated with orthopedic devices implementation is Staphylococcus caprae. Its incidence may be under reported because it is not represented in the current MicroScan

or Vitek identification systems which are in use in many laboratories. Risk factors for *Staphylococcus caprae* include immunosuppression, diabetes, chronic renal failure, obesity, open or traumatic fractures and contact with sheep or goats.

Objective: The aim of this case report was to underline the importance of correctly identifying the microorganism causing the infection in order to treat it.

Material and Method: A 76 –year- old female patient known with multiple myeloma was admitted to our institution accusing severe pain in the right knee which led to difficulty ambulating. The patient undergone a TKA and after a month she returned to the hospital with the common symptoms of an infection. The blood analyses showed an increased number of leucocytes and PCR. The CT scan revealed a right popliteal cyst of 5x6 cm. The patient had to undergo surgical treatment. The prosthesis and cement were removed and intraoperatory was found and excised the popliteal cyst with a caseous content, which was taken to the laboratory. In the sample was found a polysensitive Staphylococcus Caprae.

Results: A cement spacer loaded with vancomycin and gentamicin was placed in the gap left by the prosthesis. Postoperative recovery consisted of physiotherapy with knee immobilizer. The subsequent evolution was favorable and the patient was discharged under treatment with bemipramin, levofloxacin, erythromycin.

Conclusions: Staphylococcus Caprae is an underestimated pathogen causing infections associated with orthopaedic devices especially in immunocompromised patients, which must be removed using the correct treatment.

THE MANAGEMENT OF PROXIMAL BITUBEROSITY TIBIAL FRACTURE

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Background: One of the most common pathology interesting the orthopedic sphere that occurs among elders is represented by tibial plateau fracture. This case report brings in foreground the right bituberosity tibial plateau fracture of a female patient that presents predisposition due to her association with risk factors. Our 61 years old patient arrived in emergency room manifesting edema and pain after falling with forced strength in the right knee. After a narrow clinical exam, the affected limb was put in a splint. The imagistic exam revealed bituberosity tibial plateau fracture accompanied by complete fracture of the proximal end of the tibia with two trajectories, one of them concerning the lateral tibial plateau, associated by joint affection, blockage, diastasis with intermediar fragments and the other one involving the tibial spines, engaging in a oblique, craniocaudal and lateromedial trajectory, with fragments disalignment. Furthermore, there was discovered lipohemarthrosis concerning suprapatellar recess and the femorotibial joint.

Objective: This particular case is meant to caution and bring to light an efficient method of approaching this pathology.

Material and methods: There was performed bloodstained reduction of the fracture under Rx-TV control using L plate osteosintesis and screws along with grafting the defect of the bone with bone substituent. In addition, the affected area was immobilized with orthesis. The medication included dicloreum, fraxiparine and aspenter.

Results: In the light of the surgical intervention, there was recommended postoperative to rest, mentain immobilization for 21 days, succeded by checkup and walking without charge on the operated limb using a walker for 90 days after intervention.

Conclusions: We may conclude that dispite the heightened rate of incidence regarding this pathology among elders, the treatment improved in such a manner that the risk are minimized and the full recovery rate escaladed remarkably.

Keywords: Tibial, Orthopedic, Diastasis, Lipohemarthrosis, Osteosintesis.

ENUCLEATION IN A SCREENING-FOUND HEMANGIOMA: CASE REPORT

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Background: Hemangioma is the most common benign vascular tumor of the liver, with favorable evolution and prognosis, most often diagnosed accidentally, following routine investigations. Gender distribution shows a higher frequency in females, with a ratio of 5:1 to the male one. The peculiarity of this pathology is given by the association of the increased risk of tumor development in the presence of an estrogen substitution treatment or in a pregnant woman.

Objective: The purpose of this report is to highlight the importance of taking into account an unexpected pathology in the absence of a clear symptomatology and, at the same time, to outline the chosen intervention technique.

Material and methods: We present the case of a 62 year old female patient who came in for routine investigations following acute pain in the right hypocondrium. Laboratory tests revealed a deficient in liver function, GGT: 85 U/L, GPT: 256.4 U/L, GOT: 261,3 U/L. On the abdominal ultrasound, a tumoral formation was detected in the liver. Computed tomography also supports the diagnosis of Hemangioma in the left he-

patic lobe segment III, right hepatic lobe segment VI, VII, adhesion syndrome. As a treatment method, posterior sectorectomy was performed in vascular partial exclusion of the liver and enucleation of hemangioma from segment III.

Results: The postoperative evolution of the patient was favorable, with obvious improvement of the hepatic function. The patient was discharged 7 days postoperative.

Conclusions: In most cases, the hemangiomas are asymptomatic, thus remaining undiagnosed. In the case of the mentioned patient, following appropriate behavior that involves examinations such as abdominal ultrasound, computerized tomography with contrast substance and liver scintigraphy with radioactive labeled red blood cells, we managed to quickly diagnose the lesion and intervene properly to avoid possible risks.

Keywords: liver, hemangioma, vascular, estrogen, sectorectomy

HEMORRHAGIC PANCREATIC PSEUDOCYST – CASE REPORT

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Background: Pancreatic pseudocyst represents a late complication of a acute pancreatitis accuring most of times after “inflammatory phase”. Complications of pancreatic pseudocyst are suprainfection, presence of pancreatic distraint, fistulization and bleeding. Bleeding is the most uncommon (10% of cases) but it’s the most lethal.

Objectives: A rare case of a hemorrhagic pancreatic pseudocyst enrrolled throught UPU-SMURD in SCJU Targu Mures.

Materials and methods: A 50 years old pacient with severe abdominal pain in the supramesocolic region, nausea and vomiting. CT exam describes a tumor in the caudal region of pancreas measuring 142/116/142 mm. Also, on the anterior face of the left psoas muscle is detected an abscess-like collection of 13/15/74 mm. After performing laparotomy we detect a pancreatic pseudocyst, after punction, it exteriorize blood. During the cavity examination of the pseudocyst we detect active bleeding from splenic artery. We proceed with splenectomy and caudal pancreatectomy.

Results: Postoperatory evolution is good with correction of anemic syndrome. After 3 weeks pacient does not have any complains.

Conclusions: Hemorrhagic pancreatic pseudocyst represents a late and rare complication of acute and chronic pancreatitis. Can be misdiagnosed as a upper gastrointestinal bleeding. Anemic syndrome is corellated with chronic pancreatits and pseudocyst. Diagnosis is confirmed during a selective celiac trunk angio CT.

Keywords: Pseudocyst, Hemorrhagic, pancreatitis, collection

CRUSH INJURIES OF THE HAND

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Background: Crush injuries of the hand are rare but devastating phenomenon and can cause significant functional impairment, diminished quality of life. The pathomecanics of a crush injury will vary according to the manner in which the injury was sustained. The damage done is related to the force of the injury , the velocity of the impact and the surface area of the crushing. Compared to home, commercial areas are the places with highest risk, followed by farms and industrial/construction areas.

Objective: Emergency surgery at the hand level with the achievement of a good bump for a future prothesis.

Material and methods: Mangling hand injuries are complex conditions that are challenging to manage. They require careful planning and meticulos execution of treatment. A clear set of anatomical and functional goals at the outset guides the planning. The first intervention is crucial to ensure good vascularity to the salvaged tissue prevent infection and achieve bone stability and a bump after amputation. After that is definitive reconstruction. Post operative therapy is an important component of treatment.

Results: The ultimate goal of the treatment of amputees is the socio-economic reintegration as much as possible. The patien regain varying degrees of independence and mobility, depending on the anatomical level of the amputation as well as the status biological.

Conclusions: A thorough understanding of the underlying mechanisms of injury will enable the primary surgeon to pay due diligence where required in detailed planning of the step by step management. Hand injuries are difficult to treat and depend on severity.

Keywords: Injuries, emergency surgery, bump, amputation, prothesis

CORRELATIONS BETWEEN MACROSCOPIC, DERMOSCOPIC AND HISTOPATHOLOGICAL EXAM IN CUTANEOUS MALIGNANT MELANOMA

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Background: Malignant melanoma is a neoplasm arising from epidermal melanocytes, pigment producing cells and it is rated as one of the most aggressive types of skin cancers. The incidence has increased in recent years, even relatively small melanomas having metastatic potential. For prognosis, tumor thickness (Breslow index), mitotic rate and ulceration are considered most important.

Objective: The aim of this report is to highlight clinical, dermoscopic and histopathological correlations derived from different investigations in two cases of cutaneous MM.

Material and methods: We present the cases of a 50-year-old woman with a tumor on the tight and a 32-year-old man with a tumor on his lumbar region. Both of the lesions had macroscopic signs of malignancy: irregular shape, uneven dark color, ulceration and bleeding in one case. The dermoscopy exam showed irregular, asymmetric structures, pseudopods, radial streaming, broadened network and a blue-white veil that were suggestive for melanoma. The patients underwent surgical intervention.

Results: The histopathologic report confirmed the diagnosis: medium-large tumor cells, specific melanoma markers positivity (MelanA, HMB45, SOx10, S100) and Breslow thickness 2mm. The patients are about to undergo large excision, according to the Breslow index, sentinel lymph node examination and full body scan for distant organ metastases, in order to establish a complete TNM staging, treatment and prognosis.

Conclusions: MM, characterized by rapid progression and late recognition, can give a higher rate of mortality. Dermoscopic examination can be a good screening technique followed by histopathological confirmation. Public health campaigns for detection of changing lesions as well as suspicious de novo lesions have an important role, early diagnosis being the best method to improve prognosis of MM.

Keywords: malignant melanoma, Breslow thickness, dermoscopy.

TOTAL HIP ARTHOPLASTY INSERT REVISION WITH ULTRA HIGH MOLECULAR WEIGHT POLYETHYLENE: MANAGEMENT

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Background: In Total Hip Arthoplasty (THA) the most common cause of aseptic loosening, which requires revision, is worn-out-insert and osteolysis. Even if the THA with first-generation-polyethylene, was an incontestable solution in terms of pain relief and quality of life some years ago, the revision with ultramolecular high weight polyethylene (UMHWPE) reduces the number of patients undergoing more than one THA revision throughout their lifetime.

Objectives: The aim of this presentation is to address the surgical management of the THA revision with UMHWPE and to discuss how its properties importantly contribute at quality of life comparing to their previous generation.

Material and Method: We present the case of a 64-years-old patient, operated in 2010 for a primary coxarthrosis with a uncemented total arthoplasty of left hip. 7 years later the patient presented painful mobility with restriction in amplitude of the movements, which radiographically was represented by an erosion of the acetabular insert and the slide of femoral head. The worn out PE particles, bone fragments, and metal debris are actively generating the inflammatory process and through that osteolysis.

Results: The surgical management of this patient consisted of the insert's revision with a UMHWPE under general anesthesia. The postoperative radiography revealed that acetabular cup was not mobilized in the procedure, and an insert with equal distance between the femoral head and insert's ends. The patient was discharged after 10 days in a generally good condition, afebrile, hemodynamically stable.

Conclusions: THA revision with UMHWPE represents a life-changing solution in case of patients with first-generation-PE inserts, so the transaction to it, will ideally reduce the number of revisons in a lifetime.

Keywords: Total Hip Arthoplasty, ultramolecular high weight polyethylene, osteolysis

SURGICAL TREATMENT OF SQUAMOUS CELL CARCINOMA: THE EQUILIBRIUM BETWEEN AESTHETIC AND FUNCTIONAL

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Background: Squamous cell carcinoma is the second most common non-melanoma skin cancer, thought to be related to sun exposure1. The treatment usually involves surgical excision, resulting defects that need reconstruction for significant aesthetic and functional implications.

Objective: Our aim is to highlight the effectiveness of the surgical treatment for squamous cells carcinoma in the face region.

Material and methods: We report the case of a 69-year-old male who presented with a seven months history of ulcerative, whitish cutaneous lesion with elevated margins in the right parotideomasseteric region. Due to the high-risk location, the progressively increasing size and the characteristic aspect, the lesion was surgically excised with clear margins and the reconstruction has been done using a loco-regional skin flap from the cervical region.

Results: The histopathological diagnosis was of squamous cell carcinoma, poorly differentiated (G3), with an anatomical invasion which corresponds to Clark level IV (invading into the reticular dermis) and a Breslow index of 4 mm. The tumoral fragment showed a central necrotic area and an underlying proliferation of tumor cells, free resection margins and an adjacent epidermis with actinic keratosis. No tumor emboli or perineural invasion was observed. Immunohistochemistry was EMA positive and CEA and HMB45 negative. Post-surgery, the patient had not undergone chemotherapy nor radiotherapy, but he is still on regular follow up at an interval of one month without any evidence of disease recurrence. **Conclusion:** Surgery is the primary means of treatment for the pathology presented1. Considering the location, the surgery can lead to a significant psychological effect but, with a vast experience of the surgeon, it can result in a very good-looking cosmetic outcome.

Keywords: Squamous cell carcinoma, skin flap, facial tumor, surgery

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GIANT INGUINAL HERNIA

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Background: Giant inguinal hernia is more unusual and significantly challenging in terms of surgical management. It is defined as an inguinal hernia that extends below the midpoint of inner thigh when the patient is in standing position. In the literature different surgical techniques have been reported so far to achieve a successful treatment.

Objective: The aim is to present the surgical management of Giant inguinal

Material and Method: We present A 67-year-old male presented with giant right-side inguinal hernia admitted to the emergency department in a general altered state of partial colonic obstruction and CT scan revealed mesentery, ileum and 2/3 fluid collection contained in hernia sac without significant lesions of large bowel. He is enrolled in the 1st Surgical Clinic in Târgu Mureș Emergency County Hospital. The patient undergoes surgical intervention: We perform an exploratory laparotomy. An attempt was made at manual reduction but it was unsuccessful due to the massive size of the contents. At this point, lateral incision of scrotum was performed and manual reduction was then reattempted and on this occasion it was possible to reduce the contents into the abdominal cavity. After reduction remained a left hydrocele for it we perfom bilateral orchiectomy. Meshes were placed in a premuscular position. In addition, a reconstruction of the abdominal wall was performed. During the early postoperative period were registered bowel obstruction through incarcerated evisceration. Adhesion syndrome. We perform an exploratory laparotomy release the adhesions. Reconstruction of the abdominal wall in total plane. Patient recovered uneventfully

Results: The postoperative course of the patient was affected by complications caused by bowel obstruction through incarcerated evisceration. Adhesion syndrome.

Conclusions: Giant inguinal hernia is an uncommon condition defined as an hernial sac extending below mid-inner thigh in the standing position. Surgical repair is challenging and correlated with significant morbidity and mortality due to increased intra-abdominal pressure.

Keywords: giant inguinal hernia, bowel obstruction, laparotomy.

THIRD VENTRICLE COLLOID CYST - A SURGICAL CHALLENGE

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Background: Colloid cyst is a benign tumor that is commonly found in the roof of the third ventricle. This congenital tumor is often clinically silent a long time, manifasting symptomps in adulthood.Headache with changing intensity could be the first symptom.

Objective: Due to its profound location, near vital structures such as thalamus, hypothalamus, optic chiasm, internal cerebral veins, a third ventricle tumor is difficult to treat surgically. We aim to show the importance of great anatomical knowledge, preoperative planning, neuronavigation and special microsurgical technique in treatment of a patient with colloid cyst.

Material and methods: We present a 24-year-old patient with no past medical history, that is brought to the emergency room with intracranial hypertension syndrome manifested with nausea and cephalgia. Those symptoms have been occurring for months, at different intensities. Paraclinical tests revealed his diagnostic: expansive process located in the third ventricle and upstream active hydrocephalus. Considering the patient's condition: young, with symptomatic intracranial hypertension syndrome, no past medical history, and to prevent further deterioration, total removal of the ventricular expansive process is required. From anterior interhemispheric transcallosal transchoroidal approach the entire intraventricular mass was microsurgicaly removed.An external ventricular drain was placed in the right lateral ventricle.

Results: Postoperative evolution was favorable, with no acute complications. The patient was discharged the seventh postoperative day.

Conclusions: When successfully removing a third ventricle tumor certain aspects must be taken into consideration: an experienced neurosurgeon with adequate anatomical knowledge, appropriate microsurgical skills (especially while manipulating the cyst – ruptures must be avoided because will lead to ventriculitis and meningitis), proper preoperative planning (MRI data for neuronavigation).This case highlights the importance of those factors in a successful treatment.

Keywords: colloid cyst, third ventricle, tumor

GIANT OVARIAN GRANULOSA CELL TUMOR

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Background: Granulosa cell tumor (GCT) is a rare type of ovarian tumors which derives from sex-cord stromal cells. Two distinct histological types are described: adult type (95%) and juvenile type (5%). Hyperestrogenism features and symptoms occur in both types of GCT. In comparison with other ovarian tumors, it has a favorable prognosis, a low risk of malignancy, but a high rate of recurrence.

Objective: A 60 years old female patient was admitted for a giant abdominal distension, abdominal pain, inappetence, constipation, inability to move and acute respiratory insufficiency.

Material and methods: Biologically, the level of CA-125 was elevated, which raises a suspicion of an ovarian tumor. A CT examination could not be performed due to the giant tumor which enabled the patient to lay down on the bed of the CT scanner. As a result, the patient underwent surgery. The surgical attitude was the resection of the tumor, total hysterectomy, bilateral salpingo-oophorectomy and infracolic omentectomy (the appendix was already removed). Suspect adenopathies were not found. After the resection of the tumor, the patient suffered a hypotensive shock which was managed by receiving 10 units of blood and noradrenaline iv.

Results: The histopathological exam reveals an adult granulosa cell tumor of the left ovary T1aNxL0V0, 39x38x9cm with a weight of 38 kilograms, intraepithelial endometrial neoplasia and uterine leiomyoma. Chemotherapy was not recommended. The patient recovery went well, being discharged after 10 days and she is under observation for any potential recurrence.

Conclusion: Large abdominal tumors are not usually malignant and they do not require chemotherapy or radiotherapy, but they require immediate resection due to the compressive effects, multiple organs dysfunction and severe anemia. GCT is one of this kind of tumors and even if it is rare, it should be included in the differential diagnosis.

Keywords: ovary, adult granuloma cell tumor, giant

TOTAL THYROIDECTOMY FOR GIANT BILATERAL MULTINODULAR RETROTRAHEAL INTRATHORACIC GOITER: A CASE REPORT

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Background: The intrathoracic (or substernal) goiter is more often benign, but can also be malignant in up to 20 % of patients. Not every benign nodular goiter needs to be operated on, but rather only those that cause local compressive symptoms or that are suspected to be malignant and have been confirmed as such by biopsy. Multinodular goiter refers to a generalised enlarged thyroid gland with recognisable nodules within it. The treatment options worldwide for multinodular goitre in adults is total thyroidectomy

Objective: The purpose of this paper is to present a case of total thyroidectomy for giant bilateral multinodular retrotraheal intrathoracic goiter that caused compression of trachea and oesophagus with severe upper airway obstruction.

Material and Method: This paper presents the case of a 68 years old female patient who was admitted to the Surgical Clinic 1, Emergency Clinical County Hospital of Târgu Mureș with dysphonia, dysphagia and severe dyspnea. The patient undergoes surgical intervention. Although

the extention of the goiter was substernal we were able to perform a total thyroidectomy using a cervical approach without needing sternotomy.

Results: The surgical tratament was successful and uncomplicated. Considering the respiratory failure due to the compression of the massive goiter, the pacient was transferred in ICU for late extubation and better monitorization. Postoperative evolution was uneventful, the drainages were removed and the patient was discharged from hospital on day 6.There were no local nor general complications.

Conclusions: With early intervention, most intrathoracic goiters can be removed through a cervical approach, while tracheomalacia is avoided. The patient's quality of life was improved drastically because of tracheal decompression.

Keywords: total thyroidectomy; giant multinodular goiter, airway obstruction

TOTAL MONOBLOC THYROIDECTOMY IN A CASE OF PAPILLARY THYROID CANCER OF A YOUNG WOMAN

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Background: Papillary thyroid cancer is one of the most common endocrine malignancy and it accounts for 85% of thyroid cancers. The prevalence is 9/100.000 population, the mortality is low, but it has a high recurrence rate.

Objective: The aim of the paper is to present a total monobloc thyroidectomy and to emphasize the importance of the surgical technique, in order to remove the entire thyroid tissue and to avoid cancerous dissemination.

Material and methods: A 34-years-old woman was admitted to Emergency County Clinical Hospital of Targu Mureş, presenting a painful enlarged tumoral mass in the anterior cervical area, which appeared 4 years ago and had progressively grown since then. An ultrasound scan of the neck was performed, revealing a 24/14mm nodule, located in the thyroid isthmus, showing a heterogenous pattern with internal blood flow. The left thyroid lobe, measuring 25/23/39mm, had multiple hypoechoic nodular lesions with diameter between 2-9mm and a larger one (25/18mm), in which blood flow was reported by Doppler scan. Thyroid function tests were normal and the diagnosis before histopathological examination was multinodular goiter. Fine-needle aspiration of the lesions was positive for papillary thyroid carcinoma. There was performed Kocher incision in the anterior cervical region and intraoperative was discovered the left lobe with enlarged dimensions (60/70mm) and nodular appearance. A total monobloc thyroidectomy was performed, using LigaSure Small Jaw, which provided optimal dissection of the structures and hemostasis. The wound was closed using intradermal suture.

Results: The patient had undergone a total monobloc thyroidectomy for papillary thyroid cancer. There were no complications during surgery and the postoperative evolution was good, without breathing and phonation disorders.

Conclusions: Monobloc thyroidectomy could be gold standard in the treatment of papillary thyroid cancer, for small and medium sized glands.

Keywords: Papillary thyroid cancer, Total thyroidectomy, Multinodular goiter, LigaSure, Small Jaw

PERIANAL ECCRINE POROCARCINOMA - CASE REPORT

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Background: Eccrine porocarcinoma (EP) is a very rare and uncommon type of skin cancer: 0,005%-0,01% from all cutaneous tumors that has an aggressive behavior, but relatively slow growth, developed from eccrine glands with just 250 cases reported throughout the literature. Common localization known as: lower limbs, head, neck and usually developed in 6th-7th decades of life.

Objective: The main aim is to highlight the atypical localization of eccrine porocarcinoma and the high probability of confusing it with dermatological malignancies, especially spinocellular and basocellular carcinoma.

Material and methods: A 78-years-old man was admitted to Emergency County Clinical Hospital of Târgu Mureș, for a right, 4x3cm perianal tumor with central ulceration, elevated from the skin plan and accusing soreness and discomfort. Intraoperatory, the formation was appreciated as being rough with an invasion of external sphincter muscle and clinical examination of it leading to a spinocellular carcinoma. The patient underwent an ablation of the tumor with oncologic resection limits and of partially invaded external sphincter muscle followed by anal dilatation and sphincteroplasty. Therefore, the histopathological examination established a 43x28 mm skin flap with a 24x19mm ulcerated tumor and an invasion width of 23 mm. The tumoral proliferation consisted of large tumoral placards, nuclear palisades, some nodules with "en masse" necrosis, many cytonuclear atypias, moderate pleomorphism, numerous mitoses and infiltrative growth. There wasn't detected perineural and lymphovascular invasion. The ultimate diagnosis was: moderate differentiated porocarcinoma, infirming the potential spinocellular carcinoma.

Results: The surgery has been done successful with a favorable prognosis for the patient.

Conclusion: An early involvement of surgical treatment and adequate surgical resection assures favorable results thanks to an uncommon metastatic disease for EP. The diagnosis, prognosis and treatment depend on a correct result based on histopathological examination.

Keywords: eccrine porocarcinoma, uncommon carcinoma, skin cancer

A CHALLENGING CASE REPORT OF TRANSTIBIAL AMPUTATION DUE TO FIBULAR FRACTURE

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Background: A fibula fracture occurs after a forceful impact, such as a landing after a high jump or any type of impact to the outer aspect of the leg, especially from high-energy mechanisms. Open fractures comprise approximately 20% of fibular fractures. High-energy injuries are typically associated with severe soft tissue destruction, which can present a major risk factor for wound complications and deep infections. The extent of soft tissue injury, however, does not always correlate to the degree of fracture.

Objective: The purpose of this case report was to describe the difficult surgical management of a patient with a severe open fracture of the fibula among other chronic complications.

Materials and methods: Our aim is to present the case of a 68 years old man who was found in the woods after a severe fall from a tree. He presented extensive skin and muscle damage, subcutaneous avulsion, and damage of nerves and vessels. Another symptoms that occurred was hypotension, pulselessness and paresthesias with diminished capillary refill. An X-Ray investigation was proceeded and revealed that the patient suffered from a non-displaced fracture without articular involvement. It is important to highlight that patient was known with type 1 Diabetes and that the neuro-muscular damage at the level of the calf was elevated, among the long-time contamination of the plague. Although there was made a good irrigation and meticulous debridement of the injury zone, a transtibial amputation was necessary in order to save patient's life.

Results: After the surgical intervention, the patient recovered well, without any further complications.

Conclusion: Although the fracture itself did not raise issues, because of the delaying before arriving to the hospital and the complications due to the diabetes and severe injury, the transtibial amputation was the best solution and has emrpoved the quality of patient's life.

COMPARTMENT SYNDROME IN A CASE OF ANKLE FRACTURE

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Background: The calcaneus commonly fractures due to fall from height. The calcaneus is the most frequently fractured tarsal bone, oftenly injured in a high-energy collision where many other fractures can occure. Cuboid fractures, due to the particular bone anatomy and its protected location in the midfoot are rare, and they are usually associated with complex injuries of the foot. One of the consequences of such a powerful collison is the acute leg compartment syndrome, which respresents a life-treathening conditions if it's not properly and rapidly diagnosed and managed.

Objective: The purpose of this paper is to report a complex case of a calcaneal and cuboid fracture with an acute compartment syndrome of the foot and calf, in a patient who suffers a withdrawal episode, which led to the best outcomes because of the accurate treatment.

Material and methods: Our aim is to present a case of a 48-year-old male who presented at Clinical County Emergency Hospital of Targu Mures, being admitted at the Orthopedy Department. The patient had a lengthy history of alcohol use, with associated delirium tremens and withdrawal seizures. In the fourth day of abstination, he suffered from a withdrawal seizure, jumping from the first flor, which led to a serious damage of the lower left extremity. An imagistic exam was proceeded which revealed multiple abrasions, a calcaneus and a cuboid fracture, with an acute compartiment syndrome. Then a fasciotomy of the leg and fool-sole was performed and the pressure in the anterior compartiment dropped to normal. The patient was followed for about 10 days and another surgical intervention for the two fractures was decided. The oxygenotherapy and a proper course of medication was established.

Results: The post-interventional evolution of the patient was favorable, with no visible complications.

Conclusions: Early diagnosis and treatment of acute compartment syndrome is vital to avoid irreversible tissue damage such as necrosis and may improve the quality of patient's life. Fasciotomy is a simple and highly effective technique if is being performed early.

Keywords: Calcaneal fracture, Compartment Syndrome, Fasciotomy, Cuboid Fracture

PARTIAL NEPHRECTOMY - WHY NOT

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Background: While partial nephrectomy is the recommended treatment for many small renal masses (4-7cm), anatomically complex tumors necessitate a clear understanding of the potential risks and benefits of partial nephrectomy, that's why tumor location assessment is essential to plan nephron sparing surgery or radical nephrectomy. Complete removal of the primary tumor remains the most relevant outcome of the surgical therapies and from a technical point of view partial nephrectomy is a more complex procedure than radical nephrectomy and has a higher risk of complications. Three-dimensional, volume rendered computerized tomography allows better operative planning with maximal preservation of unaffected parenchyma in the remnant kidney or radical nephrectomy.

Objective: To compare the effectiveness of radical nephrectomy versus a Preoperative Aspects and Dimensions Used for an Anatomical (PADUA) Classification of Renal Tumors in Patients who are candidates for Nephron Sparing Surgery.

Material and Method: We present a case of 35 years old patient that we admitted in our Clinic complaining of right lumbar pain and hematuria. On admission blood tests are normal and we perform a CT scan that describes a tumoUr located at the inferior pole of the right kidney, with some necrosis areas included, with a diameter of 49/55/55 mm, without invasion of the right kidney artery and vein, and a left atrophic kidney but with good renal function. We have a preoperative urological indication for Nephron Sparing Surgery for the right kidney, due to the CT scan description and the existence of a left atrophic kidney. The second day the patient has surgery and we decide to perform a radical nephrectomy because of the intraoperative surprise, with a tumor size of 10 cm which encompasses the entire kidney and not of almost 5,5 cm diameter described by the CT, and the presence of two lymph nodes of almost 0,5 cm around the right kidney artery and vein, and one behind the inferior cava vein.

Results: After surgery patient's evolution was uneventful, without any increase of the Creatinine and Urea level, and maintaining an urine output of 1700 ml per day and we decide to discharge the patient on the 10th day post surgery.

Conclusions: Although Nephron Sparing Surgery is increasingly being used with an excellent technical success rate, there are cases with complex renal masses that require Radical Nephrectomy and in our case the surgeon's decision for radical nephrectomy was the right one if we consider the postoperative histological examination which was of Bifocal Right Renal Carcinoma with Clear Cell pT1bN0.

Keywords: Kidney, Tumour, Atrophic, Partial, Radical

A RARE CASE OF MORGAGNI HERNIA DISCOVERED ACCIDENTALLY

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Background: Hernia of Morgagni is one of the rarest types of diaphragmatic hernias with an incidence of 2-3%, which commonly presents with non-specific symptoms, such as flatulence or indigestion, in adults, and repeated chest infection, in children. It was first described by an anatomist and pathologist, in 1769, called Giovanni Battista Morgagni, while performing a postmortem examination on a patient who died of a head injury.

Objective: We present a rare case of Morgagni hernia, discovered accidentally, due to an episode of acute cholecystitis which required immediate surgery.

Material and Method: The patient we are discussing about is 86 years old and admitted in our clinic with the following symptoms; abdominal pain in the left flank and periumbilical, nausea, absence of bowel movement and fever (temperature: 38 degrees Celsius) that appeared 3 days before the admission. Also the patient had multiple heart conditions under medical treatment. On examination of the abdomen we can feel the rim of the liver at the umbilical level and a tumour of approximative 15 cm diameter, painful on palpation and absent bowel movement on auscultation. As preclinical investigation the patient had laboratory tests which showed an increase in the number of WBC (22870/uL) a glucose of 177mg/dL, and a bilirubin of 1,63mg/dL. She also had a computed tomography that showed a cholecystitis in hydrops with multiple stones and thickened walls up to 8mm, and a giant diaphragmatic hernia situated retrosternal, described as a Morgagni hernia, that contains small intestine, omentum and the transverse colon. We performed a laparotomy and discovered a huge liver that reached around the umbilical area with a cholecystitis of gangrenous aspect, with areas of necrosis and liquid around it. We performed a classical anterograde cholecystectomy and approached the upper abdominal area and noticed a hole of approximate 10 cm diameter in the diaphragm that contained all the omentum, transverse colon and small intestine. We reduced the content of the hernia in the abdomen, the collapsed lung was expanded and put a thoracic drain in the remaining cavity, and closed the defect with silk sutures.

Results: Due to the patient's age and heart conditions associated, after surgery she remained in ICU for 6 days. On the 7th day postoperative she was transferred in our clinic feeling much better, with regaining her bowel movement, with minimum secretions on the pleural drain.On the 10th day postoperative we removed the pleural drain, did a chest x-ray before and after the removal we discharged the patient.

Conclusions: Although rare and usually asymptomatic, hernia of Morgagni sometimes requires surgery because it can lead to severe complications especially when the herniar sac contains small intestine or colon.

Keywords: Morgagni, Hernia, Cholecystitis, Laparatomy, CT

INTERDISCIPLINARY APPROACH OF CHRONIC VENOUS DISEASE MAXIMIZES THE POST-OPERATIVE HEALING RATE OF VENOUS ULCERS

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Introduction: CVD (chronic venous disease) is known as an inflammatory, evolutive and disabling condition that affects the lower extremities. Because it is a general disorder, it has a major socioeconomic impact, due to its wide prevalence. The cost of CVD includes the diagnostic tools, therapeutic approaches and loss of working days. In Romania one of three individuals suffer from varicose veins.

Objectives: We present a case report of a patient with CVD, stage C6 (active venous ulcer), who was treated by an interdisciplinary approach (angiologist and surgeon).

Material and methods: Fifty-two-year-old female patient presented in our department with varicose veins and acute ankle ulcer. Prior to surgery, the patient underwent a Duplex eco Doppler. The findings helped us to specify the etiology, the pathophysiology and to point out the reflux veins, performing this way a mapping of the varicose veins. Based on the angiology examination, the surgeon could deal with all problem points. The operative technique consisted in resection of the saphenofemoral junction, stripping of the large saphenous vein, removal of the dilated collaterals and ligation of the perforating veins, previously marked on the skin by the angiologist.

Results: The healing process of the ulcer began from the first postoperative day with obvious reduction in size of the ulcer after 5 days and a complete healing after 4 weeks.

Conclusion: With the use of the duplex scan in a patient with severe chronic venous insufficiency, we can deal precisely with the reflux sources accounted by the saphenofemoral junctional valve and the incompetent perforating veins. In this way we assure the complete healing of the ulcer. A tailored treatment requires the understanding of the pathophysiology of the disease.

Keywords: CVD, interdisciplinary approach, Duplex Doppler

SWITCHING THE SWITCH: REFLECTIONS ON THE PRE AND POSTOPERATIVE IMAGING ASPECTS OF A 3 MONTHS OLD PATIENT WITH D-TRANSPOSITION OF GREAT ARTERIES– CASE REPORT

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Background: Transposition of great arteries is a rare and very serious congenital heart defect. The discordant ventricular-arterial arrangement results in parallel circulation, depleting the body of oxygen rich blood.

Objective: We report and comment on the imaging in the case of a baby boy with Ross IV heart failure due to transposition of great arteries, atrial and ventricular septal defect, aortic arch hypoplasia and aortic coarctation.

Material and methods: A three months old baby was transferred to our hospital, previously being diagnosed with ventricular septal defect and complaining of functional respiratory syndrome, failure to thrive and low tolerance towards feeding. Upon admission the patient was cyanotic, with SaO2 of 60-65% under oxygen therapy. The imaging assessment (ultrasound and CT examination) diagnosed a right ventricle with double output, d-TGA without pulmonary protection, VSD wide outlet, bidirectional shunt, wide aortic coarctation, aortic arch hypoplasia, persistent arterial canal with bidirectional shunt and pulmonary hypertension.

Results: Arterial switch surgery was performed at the same time with closing of the atrial and ventricular septal defect and the ligation of arterial canal. Three days later, surgical correction of aortic coarctation was performed. After proper treatment the patient's evolution was favorable. He was discharged with better respiratory function (SaO2 95%) and weight gain.

Conclusion: The imaging assessment can reveal the spatial relationship between great arteries and diagnose all associated malformations for patients with d-TGA. Thus, knowing the congenital anatomy and developing an imaging focus for each patient, before surgical intervention, plays a crucial role.

Keywords: Transposition of great arteries, Arterial Switch, Hypoplastic aortic arch, Aortic coarctation

PROXIMAL GASTRECTOMY: A REASONABLE SOLUTION IN EARLY-STAGE PROXIMAL GASTRIC NEUROENDOCRINE CARCINOMA ACCOMPANIED BY VARIOUS COMORBIDITIES

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Background: Neuroendocrine carcinoma behaves as a very aggressive tumor and has a poor prognosis, particularly when accompanied by various comorbidities. Proximal gastrectomy is considered to be less vulnerable in high-risk patients with proximal gastric cancer, compared to total gastrectomy.

Objective: We present a case of a relatively young patient diagnosed with proximal gastric neuroendocrine carcinoma, along with other pathological conditions, who underwent proximal gastrectomy.

Material and methods: In this manner, a 45-year-old female patient with a known history of mild mitral insufficiency, sequelae of pericarditis, microcytic anemia, subclinical hypothyroidism, and first-degree internal hemorrhoids was admitted with acute upper gastrointestinal bleeding to the emergency department. During the upper gastrointestinal endoscopy, a friable, large tumor mass in the greater curvature, and proliferation towards the fornix of the stomach was identified. The histopathological finding confirmed a moderate malignant neuroendocrine carcinoma that infiltrates directly into the visceral peritoneum without regional lymph node metastases. A native chest CT scan excluded the signs of secondary pulmonary metastases. Considering the proximal gastric cancer and other comorbidities, we attempted the PG technique with omentectomy and D1+ lymphadenectomy. Regarding the reconstruction, we opted for a mechanical end-to-end esophagogastrostomy, in order to ensure an optimal physiological condition for the gastrointestinal tract.

Results: Despite the fact that the post-operative barium swallowing examination revealed a permeable esophagogastric anastomosis without contrast leakage, we aimed for careful surveillance due to comorbidities. The uneventful post-operative evolution allowed the patient to be discharged on the 10th day.

Conclusions: Proximal gastrectomy might be an elective choice in early-stage proximal gastric cancer, particularly if accompanied by pre-existing risk factors. However, it requires a meticulous surgical resection in accordance with the neuroendocrine carcinoma, due to its high malignant potential. The end-to-end esophagogastric anastomosis maintains a relatively physiological gastrointestinal tract with the remnant stomach, which is crucial in a high-risk patient.

Keywords: neuroendocrine carcinoma, proximal gastrectomy, esophagogastrostomy, comorbidities

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CHEMOTHERAPY OR SURGERY, WHICH ONE TO GO FIRST IN GASTRIC CANCER?

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Background: Gastric cancer is one of the most common malignancies worldwide and it has the second-highest mortality rate of all cancers. Advanced gastric cancer is a serious disease which has a poor prognosis and affects the quality of life caused by gastrointestinal stenosis, hemorrhage or perforation.

Objective: The aim of the study is to present the complex treatment of a female patient who developed tumoral stenosis of the gastric antrum.

Material and methods: A 54 years old female patient was admitted to the First Surgical Clinic, Emergency Clinical County Hospital of Targu Mures accusing epigastric pain accompanied by nausea, loss of appetite and weight loss. The actual pathology onset was insidious during the past 6 months without symptoms improvement after the symptomatic treatment. An upper gastrointestinal endoscopy was performed showing an exulcerated infiltrative tumor, affecting the gastric wall circumferentially, with stenosis, located at approximately 5-7 cm under cardia. We decided that preoperatory chemotherapy should be the first choice, followed by surgery.

Results: After proper preoperative preparation, a 4/5 subtotal lateral gastrectomy with end-to-end manual gastro-duodenal anastomosis and D1 lymphadenectomy was performed. The postoperative evolution was uneventful. In the 5th postoperative day a barium swallow test was performed showing no leakage and the patient was discharged on day 10 postoperatively.

Conclusions: The preferred treatment for advanced gastric cancer is surgery, considered to be the only radical treatment but in some cases, patients can receive preoperatory chemotherapy which can shrink the tumor on specific types of histopathological forms.

Keywords: gastric cancer, surgery, chemotherapy

GIANT RETROPERITONEAL LIPOSARCOMA: CASE REPORT

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Background: Liposarcoma is a rare form of connective tissue cancer. It accounts for approximately 20% off all soft tissue sarcomas and it can occur in almost any part of the body usually in the abdominal cavity with a predisposition in the retroperitoneal space.

Objective: The aim of this study is to present the surgical management and diagnostic challenges of a giant liposarcoma located in the retroperitoneal space.

Material and Method: We present a 70-year-old female know with diffuse abdominal pain, nausea, vomiting and with a palpable tumor in the right upper quadrant. Abdominal CT indicates an expansive tumor formation (194/218/219 mm) located in the right flank and right upper quadrant with a polylobate aspect. She is admitted to the 1st Surgical Clinic Tirgu Mures Emergency County Hospital. After a preoperative preparation: We perform an exploratory laparotomy where we discover a giant tumor mas which caused displacement of the liver and prolapse of the right lobe with the hepatic angle and ascending colon towards the hepato-splenic compartment. In the retroperitoneal space, it envelops the right kidney until the costal insertion of the diaphragm. We perform the mobilization of the duodenum (Kocher maneuver) and the right colon, with rigorous hemostatic control. Bipolar tactical appendicectomy is required.

Results: We perform a monobloc extirpation of a 20x20x21 cm polylobate tumor and right nephrectomy. No postoperative complications were encountered. The patient was discharged after 7 days of hospitalization with further oncologic monitorization indications.

Conclusion: The surgical approach represents the only therapeutic options in cases of huge liposarcomas. The prognosis varies depending on the site of the origin. An aggressive surgical approach is required in order to obtain optimal resection margins and a well-trained surgical team.

Keywords: liposarcoma, retroperitoneal space, nephrectomy

OPEN DIAPHYSEAL FRACTURE OF THE LEFT FOREARM: MANAGEMENT AND PRINCIPLES OF TREATMENT

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Background: An open fracture is caused by a bone fragment breaking through the skin when an injury happens, leading to a direct communication with the external environment. In some cases, if multiple bones are involved in the injury, the structures can cross over eachother, presenting the challenge of bringing them back to their anatomical position.

Objectives: The aim of this presentation is to adress the surgical management of an open ulnar fracture and a closed radius fracture, and to discuss the importance of a proper restoration of the anatomical structures.

Materials and Method: We present the case of a 65 years-old pacient, operated for multiple forearm diaphyseal fractures. The surgery started with appropriate aseptic techniques, followed by wound debridement for devitalized soft tissues removal, and reduction of the open ulnar fracture and closed radius fracture. Reduction of both fractures was performed using current techniques of plate-and-screw fixation.

Results: The outcome of the surgery was positive, with no intraoperative complications. The postoperative radiography shows a good positioning of the plates and screws. The pacient was applied a long arm cast and was discharged in a generally good condition, afebrile and hemodynamically stable.

Conclusions: An adequate surgical treatment of fractures is transformative for the pacient's quality of life, the absence of this treatment leading to axial deviation of the limb or ununited fractures with segmental defects.

Keywords: open fracture; forearm; plates and screws.

LEFT INGUINAL LYMPHADENECTOMY FOLLOWING SURGICAL TREATMENT OF LEFT THIGH SPINOCELLULAR CARCINOMA

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Background: Lymph node metastasis is the most important prognostic factor in patients with spinocellular carcinoma (SCC). Despite its mainstay in the management of this disease, inguinal and pelvic lymph node dissection represents a significant clinical challenge. Recent refinements in surgical technique and appropriate patient selection can minimize the risks and lead to better short-term and long-term outcomes.

Objective: We present a case of a man with left inguinal lymph node tumor after the surgical treatment of left thigh spinocellular carcinoma.

Material and methods: A 81 years old male patient was admitted in the First Surgical Clinic, Emergency County Clinical Hospital of Târgu Mureş with left groin pain, walking discomfort, asthenia, presence of a 10x8 cm exulcerated infiltrate in the left groin with visible signs of inflammation: hyperemia, hyperthermia, swelling and pain.

Results: After an adequate preoperative preparation, under general anesthesia and orotracheal intubation, the following procedures were done: elliptical incision centered on the left tumoral formation, penetration under inguinal ligament, detection of intimate contact with the femoral vessels, decision to do the excision of the tumoral formation, leaving a small patch on femoral vessels, hemostatic control, contact drainage, skin suture, bandage. Postoperative status was uneventful, the drainages were removed and the patient was discharged on day 4.

Conclusions: Surgical management of inguinal lymph nodes forms a key element in the treatment algorithm for several malignancies. Clinicians should be aware of the indications for surgery and the high postoperative morbidity.

Keywords: inguinal lymphadenopathy, spinocellular carcinoma, groin, tumor

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AORTIC VALVE REPLACEMENT IN A HIGH-RISK PATIENT

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Background: Aortic stenosis is the valvulopathy with the highest incidence, having congenital (frequently bicuspid valve) or degenerative etiology.

Objective: The purpose of this paper is to present a case of severe cardiac dysfunction due to the aortic stenosis, in which the surgical benefit is impressive, even if the optimal moment has been exceeded.

Material and methods: We present a case of a 39 years old male, with bicuspid aortic valve and moderate aortic stenosis, periodically investigated by cardiologists, without indication of surgery at that time who had a sudden decompensation of the clinical status. He had severe fatigue, dyspnea and a thrombophlebitic episode in the lower left limb. The patient was hospitalized in the Cardiovascular Surgery Clinic of the Institute, where we highlighted severe aortic stenosis, severe tricuspid insufficiency, a tumor in the left atrium and severe dysfunction of the left ventricle (EF 30%).

Chest CT scan revealed multiple peripheral pulmonary infarctions, probably in the context of the thrombophlebitis. Blood tests revealed liver dysfunction due to the severe tricuspid insufficiency and also the presence of hepatic B virus, undiscovered until then.

We practiced aortic valve replacement, tricuspid annuloplasty and myxoma excision from the left atrium.

Results: Postoperative, the evolution was favorable, with increasing in the performance of the heart contractility (up to NYHA I, EF 45%), the decrease of the hepatic dysfunction, the improvement of the clinical status and the quality of the patient's life.

Conclusions: The replacement of the aortic valve should be performed before the onset of cardiac dysfunction. It may also be beneficial in selected cases, for patients with decompensated stages of the disease, but with good myocardial function in the first decades of life.

Keywords: aortic stenosis, mechanical prosthesis

OFF CLAMP LAPAROSCOPIC PARTIAL NEPHRECTOMY FOR WIDE TUMOR WITH THE RISK OF CONVERSION TO OPEN PROCEDURE IN A HYBRID OPERATING ROOM

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Background: The surgical procedure of partially removing a kidney is performed to treat kidney tumors and other diseases or injuries that affects this organ. The hybrid operating rooms are provided with both radiological and surgical equipment, allowing the vascular embolization and the nephrectomy at the same place and time.

Objective: The purpose of this paper is to emphasize the importance of pre-operative vascular embolization of a renal tumor in a hybrid operating room.

Material and methods: In this report we will describe the case of a 67 years old woman who was found with a right kidney tumor, after an abdominal echography done due to a chronic constipation. A computer tomography scan was done afterwards that confirmed the presence of a 4.5 cm tumor located on the anterior lip of the right kidney, at the level of the renal hilum. The proposed surgical intervention was the laparoscopic partial nephrectomy after super-selective vascular embolization in a hybrid operating room. Due to the localization of the tumor the patient was informed about the risk of conversion to the classic procedure.

Results: Postoperative evolution was uneventful, the intestinal transit reappearing on the third day after surgery, when the urinary probe was also removed and she was discharged after 5 days.

Conclusions: The current presentations shows a patient with a wide tumor treaded by laparoscopic partial nephrectomy after super-selective vascular embolization in a hybrid operating room, although there was a risk of conversion to open procedure.

Keywords: Partial nephrectomy, hybrid operating room, vascular embolization, open procedure

ONE STEP ENDOVENOUS LASER TREATMENT FOR VARICOSE VEINS ASSOCIATED WITH BILATERAL VEIN ULCERS. CASE REPORT AND PRELIMINARY RESULTS.

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Background: After 30 years since Puglisi's recommendation for laser therapy and 20 years since Bone successfully resolved the varicose veins disease using "laser diodes" and the first case published in English medical literature, in 2001, endovenous laser treatment (EVLT) wins land in Romania.

Objective: The aim of the study is to assess the utility of one step bilateral endovenous laser approach in surgical treatment of varicose veins associated with vein ulcers.

Material and methods: We conducted a retrospective observational study in which we enrolled all the patients with CEAP 5 and 6 who underwent bilateral endovenous laser treatment from october 2011 to august 2019, in a single private surgical center of Târgu Mureș, operated by a single surgical team. We also present 1 clinical case: male, 50 years old with bilateral varicose veins, CEAP 5 classification).

Results: Out of 660 cases, after applying the inclusion criteria a total of 310 patients were included in study with bilateral varicose veins disease associated with vein ulcers (CEAP 5 and 6). EVLT was performed in one step approach in 220 women and 90 men. Postoperative evolution was favorable with the lack of postoperative reflux and the discharge of the patients on the second postoperative day. Follow up of the patients shows the closure of the ulcers at an interval of 4-6 weeks.

Conclusions: Our results reaffirmed the utility of the EVLT in the treatment of advanced varicose veins by one step approach. The closure of the ulcers occurs at 4-6 weeks postoperatively due to the interruption of the perforator veins and reflux.

Keywords: bilateral vein ulcers, EVLT, varicose veins

NON-SURGICAL

BREAST CANCER METASTASIS IN URINARY BLADDER - CASE REPORT

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Background: Breast cancer is the leading cause of death for cancer in women due to the great metastatic potential of this tumor. It frequently metastasizes to lung, liver and bone. The urinary bladder, by contrast, is considered as an unusual site for breast cancer metastases, accounting for only 2.4% of all bladder metastasis.

Objective: The aim of this presentation is to show the best approach to be considered in such a rare occurrence.

Material and methods: We present the case of a 72 years old woman admitted to the Urology Department for urinary symptoms occurring four years after a diagnosis of breast cancer. Cystoscopy revealed a suspicious growing mass in the bladder wall and a transurethral resection was performed. The specimen was sent to the Pathology Department for histopathological assessment. Slides were examined in both standard Hematoxylin-Eosin stain and immunohistochemistry.

Results: Microscopical examination revealed a normal urothelium on surface and an infiltrative tumor in the lamina propria and muscular layer. Tumoral cells were either arranged in cords and nests or isolated, showing abundant basophilic cytoplasm, sometimes with signet ring cells features. These findings were suggestive for a tumor infiltrating the bladder from outside. Immunohistochemistry showed positivity for CTK7 and GATA 3, ER, Mammaglobin, GATTA3, and negativity for GCDFP-15, E-Cadherin, PR, WT1, p63, HER-2. Digestive origin of the tumor was excluded due to negativity for CTK20 and CDX2. The morphological aspect and the immunohistochemical profile lead to a diagnostic of a metastasis of breast cancer in the bladder.

Conclusion: Even though bladder metastasis from breast cancer are uncommon, this possibility must be taken into consideration in patients with a history of breast cancer. Clinical data and immunohistochemistry are mandatory for establishing a correct diagnosis. Chemotherapy and/or hormonal therapy should start as soon as the diagnosis is confirmed.

Keywords: bladder, metastasis, breast

NECROTIZING ENTEROCOLITIS (NEC) IN A PREMATURE INFANT WITH INTRAUTERINE GROWTH RETARDATION (IUGR)

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Background: NEC is a life-threatening gastrointestinal emergency in the neonatal intensive care unit (NICU). It usually appears in the second and third weeks of life in preterm infants, but it can also occur in full term babies in the first days of life. NEC is a complex multifactorial condition, but the most incriminated risk factors are prematurity, intrauterine growth retardation, enteral feeding and hypoxia. IUGR refers to diminished growth in the fetus and indicates the presence of a pathology.

Objective: We present a NEC case of a premature infant with IUGR.

Material and methods: A preterm female infant, was born by cesarean section at 27/28 weeks gestational age, weighing 600 grams. Maternal Dexamethasone was administered prior to delivery. Apgar scores of 6 and 7 at 1 and 5 minutes of life. Routine resuscitation, positive pressure ventilation and Surfactant were provided in the delivery room, followed by admitting the infant in the NICU, for Respiratory Distress Syndrome (RDS), where she was ventilated on Synchronized Intermittent Mandatory Ventilation. Enteral nutrition was initiated with breast milk. For the next 16 days the infant had an oscillating evolution and exhibited intermittent feeding intolerance with gastric residue, and poor transit for stool. On day 18 she had tachycardia with periods of bradycardia and abnormal abdominal exam, firm and tender on palpation, with an increased abdominal girth. Enteral feeds were held, blood culture, stool culture, complete blood count, basic metabolic profile, blood gas, PCR and abdominal x-rays were obtained, and she was started on iv with Colistin and Amikacin. On the following days she became more stable, and the enteral nutrition was started after 6 days.

Results: A preterm infant with IURG, on enteral nutrition with human milk was diagnosed with NEC.

Conclusion: NEC has a high mortality rate, up to 30%. In this case, the infant had multiple risk factors, but also a protective factor, the breast milk.

Keywords: necrotising enterocolitis, enteral nutrition, intrauterine growth retardation

CONSERVATIVE MANAGEMENT IN HAGLUND'S SYNDROME

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Background: Haglund's Deformity represents a bony enlargement on the back of the heel, Patrick Haglund described it for the first time, in 1928. The Syndrome is very often encountered but is also nowadays poorly understood. „Pump Bump" disease how is often mentioned, consists in inflammation of the soft tissue near the Achilles tendon and the bursa, when the bony enlargement rubs against shoes.

Objective: Our goal is to investigate the particularity of the case and try to evaluate the best treatment measures.

Material and methods: A 40 years old male patient is examinated in the Orthopedic and Traumathology Clinic, Emergency Hospital Targu Mures. He presents pain in the posterior calcaneal region in passive and active motion. An X-ray examination in stress has been made and the angles have been measured with a goniometer.

Results: The x-ray presents a protrusion in the posterior calcaneal region close to the insertion of the Achilles tendon. The Fowler angle has been measured, having an angle of 58 degrees (Normal Range 44 to 69 degrees). The parallel pitch line is at the edge of normality.

Conclusions: Even if radiologically the results are at limit, the symptoms confirm the diagnosis. Haglund syndrome often does not meet the pathologic radiology criteria, even though it requires surgery. The first choice of treatment consists of conservative treatment: RICE (rest, ice, compression, elevation), being followed by physiotherapy. Also, physicians can prescribe Anti-inflammatory drugs (oral or topical) or Local perilesional steroid injections. Further complicated cases can lead to surgical treatment like percutaneous and endoscopic surgery, or retro-calcaneal decompression and calcaneal osteotomy. Case particularity: Age, sex, lack of imagistic signs.

Keywords: Haglunds's Syondrome, pump bump, diprohos, Achilles tendon

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VISUAL LOSS CAUSED BY CHOROIDAL METASTASES AS FIRST MANIFESTATION OF LUNG CANCER

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Background: Eye malignant tumors are not frequent, choroidal metastases being the most common, followed by choroidal melanoma. The most common primary tumor locations are breast, lung and gastrointestinal tract. Loss of sigh on one eye as the first sign of lung cancer is very uncommon. Lung cancer has an incidence of choroidal metastases of 2-7%, the most common histological type being adenocarcinoma.

Objective: We present the case of a female patient with lung adenocarcinoma whose initial symptom was blindness in the right eye.

Material and methods: A 66-year-old female, nonsmoker, with no relevant medical history, presented with loss of vision in right eye. Ocular examination revealed a decrease in visual acuity due to a choroidal mass. Further imaging demonstrated a mass in superior and exterior choroid of the right eye, a spiculated mass of aproximately 2 cm in the superior lobe of the right lung, multiple micronodular masses in both lungs and mediastinal adenophaties. There was evidence of multiple metastases involving the liver and vertebrae. Diagnisis of adenocarcinoma estabilished after biopsy.

Results: The patient was diagnosed with stage IV lung adenocarcinoma with multiple metastases.The patient was started on systemic chemotherapy with Paclitaxel and Carboplatin, no specific intraocular therapy was given. A follow-up CT scan was suggestive for progressive disease. The patient ultimately succumbed to her illness 8 months after the initial presentation.

Conclusion: Malignant tumors of the eye are rare, but when an ocular tumor is found, further imaging is needed to exclude distant organs malignancies. Systemic and intraocular chemotherapy and ocular radiation therapy might improve visual status and the quality of remaining life.

Key words: choroidal metastases, adenocarcinoma, visual loss

RECURRENT INTESTINAL INFECTIONS IN A PATIENT WITH SEVERE INDETERMINATE COLITIS

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Background: Inflammatory bowel disease (IBD) is an entity that includes all chronic idiopathic intestinal inflammation pathologies. It is manifested in most of cases by one of the two main subtypes: Crohn Disease (CD) and Ulcerative Colitis (UC), but in some cases the clinical features of these two can overlap, leading to a third subtype known as Indeterminate Colitis (IC).

Objective: Presenting a case of indeterminate IBD and how the acute episodes of inflammatory intestinal disease and intestinal infections can overlap making the differential diagnosis difficult.

Materials and methods: A 17-year-old female patient is admitted in the Infectious Disease Clinic, presenting severe abdominal pain, bloody diarrhea, fever, chills, and a 17 kg loss in weight in the last month. The medical history revealed that she was admitted many times in three different hospitals for the last two years, presenting severe IBD symptoms, for which she was treated with Azathioprine, and also almost every time she had an associated acute intestinal infection, the most recent one dated from two weeks before admission, when she was diagnosed with Sepsis and severe intestinal infection with Clostridium Difficile.

Results: Despite the treatment she previously received, the patient tested positive for Clostridium Difficile toxins and a treatment with Vancomycin and Metronidazole was started. The Gastroenterology consult revealed a case of IC, the patient having an overlapped clinical and laboratory features of CD and UC and considering the lack of response to Azathioprine treatment, she will follow a new treatment plan after the intestinal infection is cured.

Conclusion: The differential diagnosis between the types of IBD and the management of the disease can become very difficult when we have associated recurrent intestinal infections and also finding the right treatment for these pathologies can become very challenging.

Keywords: indeterminate colitis, intestinal infection, Clostridium Difficile

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HYDRANENCEPHALY, EXTREMELY RARE CASES WITHOUT SOLUTIONS IN NEONATOLOGY.

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Background: Hydranencephaly is a rare congenital abnormality characterized by the absence and replacement of the cerebral hemispheres with cerebrospinal fluid. It is one of the most severe forms of bilateral cerebral cortical anomaly. The most common etiology described is the occlusion of the supra-clinoid segment of bilateral internal carotid arteries causing ischemic degeneration of structures supplied by them.

Objective: The purpose of our presentation is to highlight the fact that hydranencephaly discovered or not at any gestational age has the same unfortunate prognosis with or without surgery.

Material and methods: We report a case of two newborns with massive hydranencephaly, which come from different gestational age, both are born with caesarean section for the onset of fetal distress with unfortunate prognosis of severe hydranencephaly. They also come from dispensational pregnancies, affirmatively without infections during pregnancy. The first born mature child, discovered antenatal at 27-28 weeks with massive hydranencephaly, was delivered by caesarean section, AGA, gestational age 41 weeks, with Apgar score: 7/1', 8/5' and weight 4.5 kg.The clinical examination reveals important macrocephaly through massive congenital hydrocephalus, cranial perimeter 50 cm, with eyes in the sunset, epicranial circulation expressed, bilateral cheilo-gnato-palato-schizis, and the other newborn with premature pathology,diagnosed with severe congenital hydranencephaly, VLBW, gestational age 26-27 weeks, the third child, was delivered by caesarean section, with Apgar score: 8/1', 8/5' and weight 1 kg, reanimated in the delivery room by aspirating the secretions, tactile stimulation and free flow oxygen with postpartum adaptation with respiratory distress syndrome mild form, intercostal print, with Oxigen saturations 99-100% under oxygen on the mask with 4l/minute.

Conclusions: The first case was overcome without indication of peritoneal ventricular shunt due to the 50 cm cranial perimeter, and the second one with 27 cm cranial perimeter benefited from the shunt mounting. Both have unpredictable status.

Keywords: congenital hydranencephaly, ventricular shunt.

STENTATION IN LEFT ANTERIOR DESCENDING CORONARY ARTERY OBSTRUCTION, "WIDOWMAKER" HEART ATTACK

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Background: A "widowmaker" heart attack is a type of heart attack that is caused by a total blockage of the left anterior descending (LAD) artery. The LAD artery the largest coronary artery, being considered the most important because it supplies over half of the heart muscle with blood. If blocked, the heart stops fast.

Objective: Evaluation of the coronary arteries obstruction in the shortest time possible through coronarography, performing an angioplasty, stenting and restoring blood flow in the obstructed area of the artery.

Materials and methods: Female, 60-years-old diabetic-hypertensive patient is admitted to the emergency room with typical precordial pain, ST segment elevation in V1-V4 and presenting reactive myocardial necrotic enzymes. Ultrasound evaluation shows severely impaired systolic

function of the left ventricle with ejection fraction of 12-13%. Before coronarography, the patient presents three sustained ventricular tachycardic episodes without pulse, the pulse being re-established through defibrillation.

Results: A femoral artery approach was used. A direct catheter was cannulated and the anterior descending coronary artery (LAD) dilated in order to restore the flow in the segment. A stenting procedure in the ostium of same segment was used. After stenting with thrombotic occlusion of LAD at the level of segment II, a thromboaspiration was performed, resuming the blood flow distally. Additionally, a significant stenosis was detected on LAD segment II, the stenosis being dilated and then stented. The stents were successfully placed, blood flow resuming on LAD. However, the patient died a few hours later due to extremely reduced myocardial flow reserve.

Conclusions: In such situations, ridding the vessel of obstruction is the only solution. However, the chances of survival depend on the patient's overall state.

Keywords: stentation, coronary obstruction, heart attack.

DIFFICULT CASE OF CHRONIC PANCREATITIS IN YOUNG ADULTS: A WIDE SPECTRUM OF COMPLICATIONS

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Background: Long-term evolution of the Chronic Pancreatitis (CP) include pseudocyst formation, bile duct obstruction, pancreatic cancer, vascular complications, exocrine and endocrine insufficiency.

Objectives: The purpose of this paper is to highlight the complexity of Chronic Pancreatitis complications in young adults.

Material and methods: We review a case of a 35-year old male, heavy smoker and alcohol consumer, with no history of gastrointestinal diseases, presenting in the medical service with an insidious onset of symptoms: abdominal pain, nausea, loss of weight and appetite. Anamnestic, clinical and imaging data (abdominal ultrasound and CT scan) confirmed the diagnosis of CP complicated with enlarged pseudocysts at the tail and the body of the pancreas. A 70/94 mm body pseudocyst caused symptomatic compression of the hepatic hilum and the duodenum and exploratory laparotomy followed by anterior transgastric cystogastrostomy was performed to drain the pseudocyst into the stomach. Two months later, the patient returned to the hospital accusing persistent abdominal pain.

Results: CT scan revealed the presence of Portal Vein Thrombosis (PVT) with cavernoma formation, which had occurred as a late complication of CP. At the current admission, the patient presented with protein calories malnutrition and severe inappetence that has led to 20 kg weight loss since CP was diagnosed, weakness, fatigue and signs of exocrine pancreatic insufficiency such as diarrhea, steatorrhea and abdominal bloating. Upper gastrointestinal endoscopy reveals esophageal varices grade 1 secondary to portal hypertension that occured in the setting of PVT.

Conclusions: This case illustrates the fact that CP associates a wide spectrum of severe complications despite the young age of the patient, requiring complex medical approach. As the existing medical literature provides only few case-reports of complicated CP in young adults, this case encourages further investigations.

Keywords: abdominal pain, chronic pancreatitis, portal vein thrombosis

DUCTAL METASTATIC PROSTATE CANCER WITH BILATERAL KIDNEY TUMORS – A CASE REPORT

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Background: Prostate cancer (PCa) mostly present its self as adenocarcinoma. For this histological type of cancer, prostate specific antigen (PSA) has a great value for predictive outcome and prognosis of these patients. Ductal adenocarcinoma of the prostate is a rare subtype of PCa with 0.2-7.5% of the cases. At diagnosis patients are usually in metastatic state of disease.

Objective: Presentation of a rare subtype of prostate cancer with bilateral kidney tumors.

Material and methods: We present the case of a 72 years old patient with lower urinary tracts symptoms and acute urinary retention. The digital rectal examination revealed a bulky, indurated and enlarged prostate. PSA was 2 ng/ml. Ultrasound guided prostate biopsy was performed. The histopathological report established the ductal prostate adenocarcinoma Gleason 4+5=9, ISUP grade group 5. Oncological evaluation was performed and the abdomen and pelvic MRI (Magnetic Resonance Imaging) discovered two bilateral renal tumors and a simple left renal cyst. The renal tumors will be followed regularly in the context of metastatic PCa. Extracapsular extension of the prostate was seen on the MRI.

Results: The patient is currently on chemotherapy, being followed by the medical oncologist and urologist, regularly, in accordance to the guidelines.

Conclusions: Ductal prostate adenocarcinoma is a rare tumor of the prostate. PSA does not increase in case of ductal adenocarcinoma and cannot help in establish the clinical grade. Advancement of the disease with development of metastasis is not related to PSA values and does not follow the criteria for biochemical recurrence. Management of such patients should be carried out as a separate type of cancer that is not necessarily related to Gleason score.

Keywords: ductal prostate adenocarcinoma, Gleason score, kidney tumors

A RARE CAUSE OF AN ACUTE MYOCARDIAL INFARCTION DUE TO AN EMBOLIC COMPLICATION – CASE REPORT

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Background: The presence of thrombus in the ascending aortic represents a rare cause of acute myocardial infarction due to an embolic complication.

Objective: the aim of this paper is to present the case of 62-year-old woman with a recent cardiovascular history of non-ST-segment elevation myocardial infarction and transient ischemic attack, highly suggestive of thromboembolic events. The patient was admitted in our department for typical angina evolving for 6 hours associated with cardiogenic shock symptoms.

Material and methods: the emergency ECG performed reveled ST-segment elevation in inferior leads associated with ST-segment depression in antero-lateral leads. The laboratory findings were positive only for myocardial damage, Troponin I value was elevated (0.327 ng/ ml). At admission the patient was unstable hemodynamical, with a BP of 84/51 mmHg and the heart rate was 109 bpm. Furthermore, an emergency invasive angiography was performed, which revealed a massive floating mass at the level of right coronary artery sinus extended into the right and left artery branches, without any other significant lesions. Multiple thrombectomy passes were performed with extraction of a massive thrombus, followed percutaneous transluminal coronary angioplasty with compliant balloon. Also a IIb/ IIIa inhibitor was directly intracoronary administered, followed by continuous intravenous perfusion for 24 hours.

Result: the control angiography performed did not reveal residual atherosclerotic lesions of the coronary arteries.

Conclusions: the particularity of the case is the rare cause of an acute myocardial infarction successfully interventional treated, with thrombectomy and balloon implantation. Still, further investigations aree necessary in order to establish the cause of the thrombosis.

Keywords: Aorta, Thrombus, Myocardial Infarction

THE TICK BITE FACTOR INDUCES AUTOIMMUNE DISEASE

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Background: Autoimmune disease is characterized by aggression of the body by its own immune system. Specifically, following exposure to a triggering factor, not yet identified, the immune system begins to produce antibodies that, instead of fighting the infection, attack the body's tissues. Although the exact cause of an autoimmune disease is not known, there are a number of factors that increase the predisposition for this type of disease.

Objective: The aim of our presentation is to underline the connection between the tick bite and the onset of an autoimmune disease.

Material and methods: We review a case of a 51 years old male patient referred for small and large joint polyarthralgia, inflammatory, swelling, local heat, vasospastic disorders, weight loss, night sweats, asthenia, fatigue. He tells that 6 months ago he was a tick bite, observing local erythematous dermal placard. Clinical examination juicy, swollen skin, bilateral hands, warm, sweaty skin, TA 110 / 70mmHg, AV 102b / min, epigastric sensitivity, T37.7 ° C. Immunological: VSH 92mm / h, Hgb 11.5g / dl, Htc 35.1%, Plt 382,000 / mmc, L 4500 / mmc, Atc antiBorelia IgG and IgM Positive, Atc SSa, SSb, Scl70, Sm / RNP +/-,Na 145 mmol/l, K 4,6mmol/l, creatinine 1,48mg/dl, urea 70,5 mg/dl, proteinuria. Echocardiography: Grade II aortic insufficiency, valvular secular cardiomyopathy, FE 55%, without HTP. Pneumological consultation: Post-exposure professional pulmonary fibrosis, mixed DV. Treatment: Cortisone 3x125mg pv during hospitalization, Azathioprine 2x50mg / day, NSAID / analgesic as needed.

Results: Infectious onset, partial / poor response to cortisone / HYQ, favorable response to AZA.

Conclusions: Physical, chemical, infectious agents by molecular mimicry mechanism can induce autoimmune diseases. The diagnosis of SLE is rarely encountered in the male sex, the evolution and prognosis being dictated by the multisystemic, organic affect.

Keywords: Autoimmune disease, Systemic lupus erythematosus (SLE)

ASSESMENT OF CAROTID ATHEROSCLEROTIC DISEASE AND RISK FACTORS IN PATIENTS WITH ISCHEMIC STROKE

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Background: Ischemic stroke (IS) is a heterogeneous disease, with different subtypes and various risk factors. Large vessel atherosclerotic disease is the most frequent IS causing pathology, followed by cerebral microangiopathy and cardioembolic events.

Objective: Impact assessment of risk factors of ischemic stroke on large vessel atherosclerotic disease severity in patients with IS evaluated in CVASIC Research Center of Academic Emergency Hospital of Sibiu.

Materials and methods: We conducted an observational, retrospective study of all patients with acute IS admitted in our department during 2018 year to which was performed doppler carotid ultrasound evaluation. We observed the degree of carotid stenosis, presence of atherosclerotic risk factors and their influence.

Results: A total of 174 patients with acute IS were evaluated with Doppler carotid ultrasonography. The mean age of patients was 71.3 years (36 to 92 years range). 16 (9.19%) patients presented occlusion of internal carotid artery on the same side as stroke, 37 (21.26%) had severe carotid stenosis (>70%), 31 (17.81%) presented moderate stenosis (50-70%), the remaining patients had mild or no stenosis. 136 (78.16%) patients presented arterial hypertension, 51 (29.31%) patients had diabetes mellitus, 14 (8.04%) were smokers, 81 (46.56%) had dyslipidemia.

Conclusions: It can be noticed the large number of patients with severe carotid stenosis and occlusion. The most common risk factor was arterial hypertension, followed by dyslipidemia and diabetes mellitus. Continuous medical education of population at risk regarding good nutrition principles and healthy life style are needed to reduce the social costs of ischemic stroke.

Keywords: ischemic stroke, carotid atherosclerosis, stroke risk factors

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ASSOCIATION BETWEEN MULTIPLE AUTOIMMUNE DISEASES IN THE SAME PATIENT – A CASE REPORT

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Background: Celiac disease, autoimmune gastritis and vitiligo are immune-mediated diseases. Celiac disease is a disorder triggered by gluten that affects the small intestine causing atrophy of intestinal villi, with a global prevalence of 1-2%. Autoimmune gastritis is a chronic disease that destroys the parietal cells in corpus and fundus of the stomach. The common consequence is vitamin B12 deficiency and pernicious anemia. Vitiligo is a skin disease, resulting from an immune attack on melanocytes, leading to depigmentation.

Objective: Our objective is to highlight that autoimmune disorders tend to coexist in the same patient.

Material and methods: A 38-year-old female with a medical history of vitiligo, mitral valve prolapse and repeated evaluations for an anemic syndrome was admitted to the emergency department complaining of fatigue, loss of appetite, weight loss – 8 kg in 3 weeks. Laboratory findings revealed a normochromic macrocytic anemia (Hgb: 6,44 g/dl). She received a blood transfusion and was transferred to internal medicine department for investigations.

Results: The gastroscopy revealed atrophy in the gastric corpus, smooth mucosa, deformed duodenal bulb with linear erythema, duodenum II – no lesions of the mucosa and atrophic aspect. The histopathological diagnoses were: duodenal mucosa with intraepithelial lymphocytosis (MARSH 1); reactive antral gastropathy; chronic inactive gastritis with intestinal metaplasia, glandular atrophy, nodular and linear hyperplasia of neuroendocrine cells. The test for anti-parietal cell antibodies was positive. She was diagnosed with celiac disease, autoimmune gastritis and Biermer anemia. A gluten free diet was recommended.

Conclusions: According to recent studies autoimmune gastritis is associated with other autoimmune disorders such as: Hashimoto's thyroiditis, diabetes type 1, vitiligo, the association with celiac disease is still controversial. These patients should be tested for multiple autoimmune diseases.

Keywords: celiac disease, vitiligo, autoimmune gastritis, associated autoimmune disorders

TREATMENT OF PULMONARY THROMBOEMBOLISM IN A POSTPARTUM WOMAN - CASE PRESENTATION

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Background: Venous thromboembolism (VTE) is the most common vascular disease, occupying the third place in the world.

Objective: Treating a life-threatening condition in a postpartum woman.

Case presentation: A 33-year-old woman, pregnant with twins, with no medical history, overweight, no known allergies, caesarean delivery that went without complications. The patient becomes febrile two days after delivery (42 ˚C) with chills, BP 90/50 mmHg, P: 110 bp / minute. Clinical examination reveals pain in the lower abdominal quadrant with muscular defense. Computer tomography (CT) of the abdomen revealed right ovarian venous thrombosis(28mm) and left renal vein thrombosis(18mm). The patient receives intravenous Heparin and antibiotic therapy for 5 days. After 6 days she accuses dyspnea and thoracalgia. CT shows pulmonary embolism, bilateral pleural effusion, pelvic varicose vein with right ovarian venous thrombosis extending to the inferior vena cava (IVC) on 3 cm, resulting in an almost complete obstruction, partial iliac bifurcation and external iliac vein thrombosis. The next step was jugular puncture placement under the anesthesia of the IVC filter under the right renal vein. Heparin i.v treatment was suspended and treatment with Clexane iv was started.

Results: The complete recovery of the patient lasted for one month and was discharged with the recommendation to continue the anticoagulant treatment with Sintrom (followed by INR between 2-3). The IVC filter was removed after 3 months, control CT indicated reduced thrombosis in the right ovarian vein, left renal vein and IVC.

Conclusions: Enlargement of the pregnant uterus in twin pregnancy can cause IVC obstruction leading to venous stasis and related complications. VTE remains the most common cause of maternal death.

Key words: Lung thromboembolism, twin pregnancy, hypercoagulability, IVC filter

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CONFIRMED PNEUMOCOCCAL PNEUMONIA IN A PATIENT WITH RISK FACTORS - CASE PRESENTATION

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Background: Pneumonia causes mild to severe illness in children or adults. *S. pneumoniae* (SP) is recognized as the most common etiology of bacterial community-acquired pneumonia (CAP). Risk factors for Pneumococcal pneumonia (PP) in adults are influenza, smoking, alcohol-abuse, COPD, asthma, cardiac failure, immunodepression (tumors, HIV-infection, renal, hepatic diseases, diabetes, splenectomy, corticoids or cytostatic), homelessness, drug use. Morbidity in CAP by SP declined due to specific vaccination.

Objective: Treating the disease using the wright amount of medication improving the patient quality of life during and after the treatment.

Materials and methods: A 33 years-old female with risk factors (alcohol-use, uncontrolled allergic asthma, sinusitis, frequent respiratory infection and chaotic treatment for asthma, contact with 2 cats) was admitted in Pulmonology Clinic with mucopurulent sputum, fever 37.8oC, asthenia, dysphonia, and dyspnoea. The chest x-ray revealed bilateral infiltrates and bronchiectasis. Spirometry: severe mixed ventilatory dysfunction (FVC 36%, FEV1 24%). We found a SP in sputum and nasal secretions (resistant to benzyl-penicillin, trimethoprim, erythromycin, tetracycline), lymphopenia, ASLO 200 UI/ml. Treatment with antibiotic 8 days (cephalosporin and levofloxacin), correct inhaled corticoids + bronchodilators, antileukotrienes and antihistamine drugs was started.

Results: Evolution was favorable with recommendation of more 5 days of oral antibiotics at home, improvement in compliance in asthma management (adherence to the dosage/rate of medication and any 3 months medical control), avoiding allergens (stopping contact with animals), influenza + antipneumoccoccal vaccination, avoid pollution and exposure to smoke.

Conclusions: Eliminating CAP risk factors and improvement in asthma compliance to treatment alongside of infection prophylaxis by vaccination could prevent pneumonia and severe asthmatic exacerbations.

Key words: asthma exacerbation, community-acquired pneumonia, vaccination

WATER POISONING – MYTH OR REALITY? A CASE REPORT

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Background: Water intoxication, water poisoning, hyper hydration or water toxemia, is a potentially fatal disturbance in brain functions that results when the normal balance of electrolytes in the body is pushed outside safe limits by excessive water intake.

Objective: Our aim is to highlight the existing problem of water poisoning especially at very young children whose diet started to be diverse.

Material and methods: A 8-months-old kid presents with accentuated psychomotor agitation, sleeping troubles, nocturia with the debut 3months ago, and in the last month they accentuated. Personal and pathological antecedents: cranial perimeter is 44cm, the anterior fontanelle 3/3cm which bulges, modified sound at the cranial percussion, everything else in normal range. At the neurological exams all were normal. The psychic exam showed an active kid, who started vocalizing and catches the toys. Recent CCT and infections are denied; new diverse diet introduced 3weeks ago. We rise the suspicion of intracranial hypertension. Recommendations: transfontanellar echography, ophthalmology exam, depletive treatment with sol. Glycerol 50%+neuroroborants (vitamin B6 and Tonotil).

Results: The ophthalmology exam was normal as was the transfontanellar echography. In the fourth day there were generalized edemas, anuria>12h, bulged anterior fontanelle. The Glycerol sol. is supplemented and the edemas are remitted and the diuresis is getting better. In the 6th-day the transfontanellar echography is repeated and showed a diffuse cerebral edema. Cardiac echography and cardiac exam showed an acute pericarditis. The anamnesis is repeated and we insisted on the period after the diet was diversed, and it showed a water intake >500ml/day. So the diagnosis is water intoxication.

Conclusions: After following the recommendations (full elimination of water/tea intake, treatment with Acetazolamide and neuroroborante treatment: vit B6+Tonotil) in the tenth day the cardiac echography was normal. After three weeks the transfontanellar echography was normal. The kid is now calm with a quiet sleep and his development corresponds with the age stages.

Keywords: water poisoning, transfontanellar echography, neuroroborants

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BIPOLAR DISORDER – A CHALLENGE FOR DIAGNOSIS AND TREATMENT

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Background: Bipolar disorder (BD) is a clinical entity from the mental disorders spectrum. It' s chronical fluctuations of the energy level, from maniacal or hypomaniacal episodes to the deep depression, disturbs the patient' s social, family and professional life. BD is based on the genetic support with disfunctions in specific areas of the brain responsible for the mood balance. Also, the external risk factors are those that function as triggers for the symptoms.

Objective: We try to put an accurate and earlier diagnosis for this disorder in order to submit symptoms, to prevent the relapses, but the most important is to eliminate the suicidary ideation which is the main cause of their death.

Materials and methods: We present the case of a 62-years-old patient admitted at the request of his wife in the Clinic of Psychiatry Tg. Mureș with a major depressive episode after his daughter has returned abroad. He was diagnosed 8 years ago with major depressive syndrome and was treated with antidepressants. But now he also manifested psychomotor anxiety, intrapsihical tension, decrease of phsychological need for sleep. According to these symptoms we established the diagnosis of BD with hypomaniacal episode.

Results: After cognitive behavioral therapy, antidepressants and moodstabilisers, was obtained the remission of symptoms, the pacient was compliant with both forms of treatment. We also mention the family support in the therapy succes.

Consclusions: Bipolar disorder still remains a clinical entity that poses diagnosis problems because it' s often accompanied by anxiety, substance abuse disorder and can be considered just as a major depressive syndrome. However, once is identified, the cognitive behavioral therapy, pharmacological treatment, patient compliance and social support, together contribute to pacient' s reintegration into a normal life.

Keywords: bipolar disorder, psychotherapy, treatment, compliance.

THE IMPORTANCE OF ADEQUATE DEVICE PROGRAMMING IN CARDIAC RESYNCHRONIZATION THERAPY

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Background: Among patients with heart failure, those with an ejection fraction of less than 35% and left bundle branch block have an indication for cardiac resynchronization therapy (CRT). The aim is to attain atrioventricular, interventricular and intraventricular synchrony at least 95% of the time.

Objective: Our purpose is to highlight the importance of an adequate device programming in a patient with cardiac resynchronization therapy.

Material and Method: We present the case of a 41 years old male patient admitted to the Cardiology Department of the Emergency Institute for Cardiovascular Diseases and Transplant Târgu Mureș. The patient had dilated cardiomyopathy secondary to severe aortic regurgitation on a bicuspid aortic valve, for which he underwent Bentall procedure, and let bundle branch block with a QRS duration of 160 ms. The left ventricular systolic function was severely depressed, with an ejection fraction of 19 %. As he has been on optimal medical treatment for heart failure, including carvedilol, eplerenone, sacubitril and valsartan, the patient underwent CRT implantation. A quadripolar left ventricular lead was placed in a postero-lateral epicardial vein but could not be advanced distally due to anatomical limitations, with the proximal electrodes close to the coronary sinus ostia. The pacemaker was programmed in DDD mode, with detection on all three leads (right atrium, right ventricle -RV, left ventricle-LV) and biventricular pacing, LV only, with a sensed atrio-ventricular delay of 80 msec. Three days after implantation, the device interrogation showed a CRT percentage of 63% and Holter monitoring revealed long episodes of non-paced ventricular rhythm. The patient complained of abnormal heart beats when standing. On device interrogation, when standing, the LV lead sensed on the proximal electrodes the atrial electrical activity, which inhibited ventricular pacing.

Results: The pacemaker was reprogrammed in order to prevent detection of atrial electrical activity on the LV lead, allowing an optimal percent of CRT.

Conclusion: CRT is only efficient when optimally programmed and close follow-up of this patient in specialized centers is necessary.

Keywords: heart failure; cardiac resynchronization therapy; adequate device programming;

A RARE CASE OF TAKAYASU ARTERITIS IN A 50-YEARS OLD WOMAN – A CASE-REPORT

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Background: Takayasu arteritis is a rare inflammatory large-vessel vasculitis, with unknown etiology, which affects most commonly women younger than 50 years old. Due to the fact that the symptomatology is typically non-specific and the diagnosis is often delayed, substantial arterial injuries can occur, such as: stenosis, occlusions, dilatations, or aneurysm of the aorta and its main branches.

Objective: The purpose of this paper is to highlight both the distinctly low incidence as well as the consequences of the disease over the patient in cause.

Material and methods: This case report presents a 50-years old woman, with a medical history of 2 ischemic strokes, hypertension and diabetes mellitus type 2. She is admitted in the Cardiology department, with a clinical picture dominated by: stinging chest pain at low effort conditions and emotional stress, lasting a few minutes and ceasing once the effort suspended in association with fatigue, dyspnea. Further examination showed the pulse and blood pressure difference between the two upper limbs. Clinical and paraclinical tests were performed in order to identify the patient's current condition.

Results: The results revealed increased values of the urea, the creatine, the creatine clearance, as well as the inflammatory markers (ESR and CRP). The subsequent ultrasound has detected a normal heart structure, the coronary angiography and the angioCT had shown an insignificant hemodynamic LAD lesion, severe left subclavian artery stenosis, proximal to the origin of the left vertebral artery, the latter presenting with inversed flux. Two right renal arteries were also found, of which the right inferior renal artery presented a 75% stenosis to the origin.

According to these results, the final diagnosis established was Takayasu Arteritis.

Conclusion: In conclusion, this case report represents a complex case of Takayasu arteritis which had considerable repercussions over the patient in cause.

Keywords: Takayasu arteritis, stenosis, inflammatory markers

BILIARY DRAINAGE FOR INOPERABLE KLATSKIN'S TUMOR AND THE IMPORTANCE OF IMAGING DIAGNOSIS

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Introduction: Klatskin's tumor (hilar cholangiocarcinoma) is a type of cancer that affects biliary tree, predominantly the proximal branch including hepatic ducts left and right, the hepatic duct bifurcation and the common hepatic duct. Although these kinds of tumors are rare, they are highly lethal because most of them are advanced at presentation. Computer tomography (CT) and magnetic resonance imaging (MRI) are useful tools, both to diagnose and stage hilar cholangiocarcinoma.

Objective: The utility of imaging test for cholangiocarcinomas which should help in both detection and staging of the disease, that can inform the surgeon to take a preoperative decision.

Material and methods: 72 years old patient was admitted to the Clinic of General Surgery II SCJU of Tirgu Mures, with jaundice, bilirubin was 8,63 mg/dl, abdominal pain, hyperchrome urine and weight loss.

Results: Imaging revealed Bismuth type IV tumor. During surgical exploration radical treatment was abandoned as a result of tumor's advanced stadium. The patient was qualified for prophylactic treatment.

Conclusions: Modern imaging techniques allow accurate detection of the level of obstruction and the longitudinal and radial spread of the tumor. Accurate diagnosis and staging of these tumors is therefore critical for optimal treatment planning and for determining a prognosis.

Keywords: hilar cholangiocarcinoma, magnetic resonance imaging, prophylactic treatment.

SEBORRHEIC KERATOSIS MIMICKING MALIGNANT MELANOMA: A REAL CHALLENGE. CASE REPORT AND REVIEW OF THE LITERATURE.

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Background: Seborrheic keratosis (SK) is a common benign epidermal tumor with predominance in adult patients, showing an increasing incidence with age. Different histologic and clinical subtypes have been identified. The great variability of SK raises some difficulties in diagnosis. Dermoscopy is the most frequently used non-invasive diagnostic method to differentiate pigmented SK from other pigmented tumors, especially malignant melanoma (MM).

Objective: The aim of this paper is to highlight clinical, dermoscopic and histopathological correlations in a case of SK.

Materials and methods: We present the case of a 63-year-old patient attending Dermatology for an older skin lesion, who has begining to change recently, growing in size, becoming darker and irregular. Dermoscopic examination showed a scaly, hyperkeratotic surface, comedo-like openings, but also redish structureless areas and regression central area, mimicking blue-white veil, highly specific for MM. The dermoscopic score was 4,4.

The excision of the lesion was performed, and the histopathological report highly expected. It came out to be a true sebborrheic keratosis, consisting of a proliferation of basaloid keratinocytes without atypia.

Results: The particularity of the case is the clinical and dermoscopical resemblance of SK to MM.

Conclusions: SK is the most common benign skin tumors in human, frequently treated without biopsy. Due to the clinical variability, SKs can be easily confused with MM. Dermoscopy may lead to correct diagnosis, different retrospective studies revealed 0,7-9% associated with melanomas and 48 dermoscopic features on the check list.

Keywords: seborrheic keratosis, melanoma, dermoscopy

CHOLESTATIC HEPATITIS WITH IMMUNOALLERGIC FEATURES

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Background: Drug induced immunoallergic hepatitis (IA) represents an acute liver injury, induced by a recent exposure to a specific drug (sulfonamides, macrolide and fluoroquinolone antibiotics, penicillins, celecoxib, allopurinol, carbamazepine, phenytoin, phenobarbital). Rash, fever, eosinophilia or atypical lymphocytosis, facial edema, lymphadenopathy or arthralgias are important additional signs and symptoms of hypersensitivity.

Objective: We present a case of the DRESS syndrome (drug rush with eosinoplilia and systemic symptoms) due to allopurinol and associated IA with prominent cholestatic features.

Material and methods: A 73-year-old female patient, with a history of hypertension, type 2 insulin dependent diabetes, diabetic nephropathy, hyperuricemia, mild anemia, was admitted for fatigue, fever, edema, rash, arthralgias, and azotate retention. Fever and skin rash developed two days after starting therapy with Allopurinol, recommended by the family doctor. The first admission was in the Dermatology service, where an impairment of renal function was detected (creatinin 1.93 mg/dl, urea 117 mg/dl, Na+ 136 mmol/l, K= 5.40 mmol/l, proteinuria 324 mg/24 h, negative urine cultures). The patient was transferred to the Nephrology Department.

Laboratory workup showed normochromic normocytic anemia (Hgb 9.82 g/dl, Htc 31.78%,), 16.80% eosinophilia. Liver enzymes showed cytolysis (ALT 280, AST 78 U/l) and marked cholestasis (GGT 973 U/l, Alk P 552 U/l, total bilirubin 0.56 mg/dl). Tests for viral hepatitis were negative as well as autoantibodies. No sign of biliary tract obstruction was detected on abdominal ultrasound.

Results: Rehydration therapy, hepatoprotectors, ursodeoxycolic acid, antihypertensive drug, and low protein diet were recommended, with progressive improvement of patient condition.

Conclusions: The rare entity of IH should be taken into consideration in patients who develop increased liver enzymes along with fever, rash, arthralgia, eosinophilia or edema. Symptoms are rapidly reversible with stopping the medication, although severe acute liver failure, generalized skin rash or renal disease followed by death after allopurinol administration, were described in the literature.

Keywords: immunoalergic hepatitis, hypersensitivity

CHOROIDAL NEVI OR MELANOMA? A THIN LINE BETWEEN MALIGN AND BENIGN

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Background: Choroidal nevi are benign melanocytic lesions of the posterior uvea, which rarely exceed 5mm diameter and 1mm width, with a prevalence between 4.6% and 7.9% in Caucasians. In comparison, choroidal melanoma is rare (6/1mil. Caucasian), but it is the most common primary intraocular malignancy and the second most common intraocular tumor, according to the American Academy of Ophthalmology.

Objective: We present the case of a 75 years old woman, having a right eye choroidal tumor, accidentally discovered at the ophthalmologic examination. It can be hardly decided whether it's benign or malign tumor.

Materials and methods: The fundoscopic exam revealed a melanocytic tumor formation in inferior-temporal equatorial region of the right eye, with dimensions 8,3/6,6mm diameter and area of 39mm2, located at choroidal level. The lesion had a gray color, with hyperpigmented black areas on the tumor surface, respectively yellow deposits of lipofuscin at the periphery. The OCT exam reveals the presence of intra-retinal serous collections, without the presence of Drusen and the ocular echography identifies a width of 2mm of the tumor.

Results: The tumor cannot have a certain clinical diagnostic of a benign or malign lesion, because it has some characteristics from both types, according to the American Academy of Ophthalmology guideline, and there is no possibility for a biopsy. As follows up after one respectively two months, the evolution of the tumor is stationary. The patient will be given no medication and she will be re-evaluated periodically.

Conclusions: The diagnosis of an intraocular tumor can sometimes be very problematic. In the presented case, only a careful monitoring of the tumor and an objective comparison with the guides values can reveal the real type of lesion: malign or benign.

Keywords: ophthalmology; choroidal melanoma; choroidal nevi; intraocular tumor.

THE MANAGEMENT OF TYPE 1 DIABETES WITH THE PREDECESSOR OF THE ARTIFICIAL PANCREAS: MEDTRONIC 640G INSULIN PUMP.

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Background: Type 1 diabetes is an autoimmune disease which leads to pancreatic B-cells distruction and loss of insulin production function. Despite active research there is no cure, although the technological evolution has improved significally the quality of life for insulin-dependent patients.

Objective: The aim of this case presentation is to describe the use of the newest available technology in diabetes: the predecessor of the artificial pancreas, an insulin pump augumented wth a continuous glucose monitor.

Materials and methods: We present the case of a 2 years old female patient,diagnosed at the age of 9 months and who is currently using the Medtronic640G insulin pump with Smartguard, a software that can predict hypoglcemic events 30 minutes prior to them appearing and can stop insulin delivery in order to avoid it until the blood sugar is back to a safe values range (70-180mg/dl). The normal values accepted by specialists are>70% time in range,<5% belowrange, <25% overrange with a CV <36%.

Results: The use of Medtronic640g has eased the management of diabetes for an infant, by reducing significally hypoglycemia and nighttime carbohydrates intake. It confronts glycemic rises from Growth Hormone secretion during the first half of the night (reversed Down phenomenom) and Down phenomenom during morning cortisol secretion. The current data has shown an A1c=6.2%, (73.6%time in range, 13.3%overrange, 13.1%belowrange, CV=46.85%). The time belowrange is still high, but further modification of hourly basal rate is predicted to lower it.

Conclusions: Continuous treatment of an infant with a chronic disease is very difficult, but this new insulin pump has shown a major improvement in managing diabetes and in everyday life of the patient and the parents.

Keywords: type1diabetes, insulin pump

YOLK SAC TUMOR: CASE REPORT OF AN UNUSUAL PRESENTATION

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Background: Yolk sac tumor is a malignant germ cells tumor, whose incidence rises with age, and whose predominant localization is the ovary or testicle, but it can have predilection to extragonadal sites too. Despite the fact that is an aggressive tumor, the response to treatment is favorable.

Objective: The aim of this presentation is to highlight the importance of early diagnosis and oncological team in management of this disease.

Material and methods: A 10-month-old boy with no personal physiological history was admitted at the emergency service presenting altered general status, inappetence, psychomotor agitation. The physical examination revealed the presence of a tumor mass in the right inguinal region, with increased consistency, adherent to the adjacent musculo-fascial plane.

Results: Computer Tomography (CT) revealed multiple pelvic and right inguinal tumoral masses measuring 50x82 mm in the greatest dimension and secondary pulmonary, limfonodular, dural determinations. A biopsy was performed from the inguinal tumor and following the extemporaneously exam, a malignant process was confirmed. The values of tumor markers, alpha-fetoprotein (AFP) and beta human chorionic gonadotropin (hCG) were >50000 UI/ml and 0,1 Miu/ml, respectively. Hematoxilin Eosin (HE) stained sections from paraffin embedded tumoral tissue revealed a microcystic histologic pattern containing primitive tumor cells with varying amounts of clear, glycogenated cytoplasm, occasionally containing lipid, eosinophilic hyaline globules, Schiller-Duval bodyes, tumor necrosis and foci of hemorrhage and inflammatory infiltrate. Immunohistochemical stains showed immunoreactivity to AFP, SALL 4 and Keratin AE1/AE3.

Conclusion: the particularity of the case consists in the primary localization of the tumor that is externalized by the inguinal mass mimicking an adenopathy. In children under one year any tumour mass should be considered malignant and fully investigated.

Keywords: Yolk Sac Tumor, germ cell, AFP

MULTIPLE MYELOMA - IN THE PRACTICE OF THE RHEUMATOLOGIST

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Background: Multiple myeloma (MM) is part of the sphere of monoclonal gamapations and represents a multidisciplinary intraosseous plasmocytoma in the hematogenous bone marrow, which results in destructive bone lesions, medullary insufficiency, presentation for homogeneous proteins with marked hyper and dysproteinemia.

Objective: Our aim is to show the complications of multiple myeloma regarding a rheumatologist.

Material and methods: We report the case of a 62-year-old woman who presented with a 4-month old diffuse spinal stresses accentuated at the dorsal and lumbar level, with anterior thoracic irradiation, mixed character, predominantly inflammatory, paresthesias in the lower limbs, marked functional hypotension. Personal pathological **Background:** essential hypertension stage II (1989), L4-L5 disc hernia operated (2010), psoriasis vulgaris (2013), multiple colonic polyps and diverticulum (2015).

Results: The clinical examination show: hypertenic constitution, psoriatic lesions in the legs, lumbar scar after herniated disc operation, AV: 65 b / min; TA: 140/80 mmHg, diffuse sensitive abdomen at superficial and deep palpation, ROT triggered. Hands: osteoarthritic nodules, SH: pain in mobilization and limiting movement in all planes, limiting cervical and lumbar lateral inflection, sensitive dorsal paravertebral contracture, percussive sensitivity C and L; Patrick + bilat., EC + bilat., Knee: pain in bilateral mobilization, limiting the flexion on the right.The biological and immunological examination shows: VSH: 78mm /h HgB: 10.3g / dl; HCT: 30.4, total calcium: 2.37mmol / l, Serum protein: 8.81g / dl,the medullogram shows the plasmocyte influxate (plasmocytes 30-35%),serum protein electrophoresis finds M gradient in range 2 of about 32.7%,immunofixing reveals the presence of a kappa-type immunoglobulin A. Radiological examination of the dorsal-lumbar spine reveals diffuse demineralization, marginal osteophytosis RMN and CT scan revealed at the level of the D5 vertebral body an expansive process with multilocular osteolysis, an osteolytic lesion with an expansive character at the posterior X right rib level, a similar osteolytic lesion at the D12 vertebral body level.

Conclusions: Based on the clinical-biological and anamnestic data, the patient's accusations were framed in the context of a monoclonal gamapation - multiple myeloma IgA kappa secretory, with dorsal osteolytic involvement and at the posterior X-ray arch.Given the polymorphic clinical picture that can be presented to patients subsequently diagnosed with multiple myeloma, it is essential to diagnose as early as possible for an effective therapeutic approacheing transferred to a specialized haematological service establishing the background treatment.

Keywords: multiple myeloma; dysproteinemia, medullary insufficiency

MANAGEMENT OF RECURRENT COLONIC AND GASTRIC POLYPS WITHOUT FAMILIAR POLYPOSIS- CASE REPORT

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Background: The polyps are an overgrowth of the intestinal mucosa with or without a familiar background (associated with Antigen Presenting Cell mutation) dominantly (50%) localized in the rectum. Focused on the pathogenesis and histopathology reports more commons are the adenomas, with an increased risk (70-80%) of developing a malignant tumor.

Objective: To highlight the importance of colonic or gastric polyposis treatment, to prevent the appearance of carcinoma.

Materials and methods: A 74 years old male, admitted to the Vâlcea Clinical Hospital with acute upper gastrointestinal bleeding begins two days before of a schedule for a cholecystectomy. They proceeded with gastroscopy and identified a stomach filled with gastric polyps without a familiar background. In the meantime, the symptoms of the patient got worse and they transfer him to our hospital. With an emergency endoloop assisted gastroscopy, we confirm the diagnosis, and proceed with resection in two different gastroscopy sessions of six giant polyps with the installation of clips. After two months we extracted five polyps than we did a colonoscopy which indicated the presence of five colonic polyps, for that we did interventions during five months after the patient's first admission.

Results: The CT did not indicate the presence of malignancy and the histopathological results revealed tubular adenomas, hyperplasic polyps and tubulovillous adenoma with high-grade dysplasia. For now, the patient is polyp free.

Conclusions: Sometimes we have patients with many polyps without familiar polyposis and we need to manage it correctly to save the patient from the appearance of colorectal carcinoma.

Keywords: Colonic polyps, Polypectomy, Upper gastrointestinal bleeding

THE ROLE OF OPTICAL COHERENCE TOMOGRAPHY (OCT) IN THE DIAGNOSIS OF ACUTE MYOCARDIAL INFARCTION IN A YOUNG PATIENT

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Background: Acute myocardial infarction is a rare condition in young patients. Even in the presence of cardiovascular risk factors (chronic smoking, hypertension, dyslipidemia, obesity) these patients have normal / near normal angiographic coronary arteries. A possible cause of this type of acute coronary syndrome may be spontaneous coronary artery dissection (SCAD). The diagnosis is based on intracoronary imaging techniques.

Objective: The purpose of this paper is to present the case of a young male patient with multiple cardiovascular comorbidities – smoker, obese, known with arterial hypertension and diabetic, who was admitted for typical angina.

Material and methods: From the paraclinical examinations performed we retain that only troponin level was positive, a mild anemia and a high level of urea and creatinine were found. An ECG was performed, and it shown left axis deviation with hyperacute T waves in anterior leads associated with right bundle branch block. In order to exclude the ischemic etiology of the current pathology, an emergency angiography was performed. The invasive results did not show significant coronary lesions, but it was observed an unusual persistence of contrast substance at the level of anterior descending artery. Furthermore, for an accurate diagnostic, an OCT examination was performed. The Oct described the presence of a vulnerable plaque associated with spontaneous dissection.

Results: The patient received maximal antiischemic medication with a significant amelioration of the symptoms.

Conclusion: The SCAD is a condition associated more frequently with young patients and leads to acute myocardial infarction. The OCT examination can identify the modifications that affect the artery wall such as intimal disruption, false lumen or intramural hematoma, which make from it a mandatory investigation in such situation.

Keywords: SCAD, OCT, myocardial infarction

BENTALL PROCEDURE IN FAMILIAL AGGREGATION: BICUSPID AORTIC VALVE- RELATED AORTOPATHY. CASE REPORT

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Background: Bicuspid aortic valve is the most common congenital heart defect with an estimated prevalence of 0.5–2 % in the general population. It is often associated with progressive aortic valve disease (stenosis or regurgitation) and accute thoracic aortic aneurysm and dissection. A suggestive genetic role for TBX20 and NOTCH1 genes in bicuspid aortic valve and thoracic aortic aneurysms etiology underlines the importance of this transcription factors in cardiovascular disease and also indicate a strong genetic component to the development of this malformation.

Objectives: Our objective is to present a case of bicuspid aortic valve- related aortopathy in two brothers treated with Bentall procedure.

Material and methods: We present the casses of two 44 and 49 years old male brothers who are diagnosed with bicuspid aortic valve and ascending aortic aneurysm, presenting at the objective exam: chest pain, cough, DISPNHEA, asthenia, fatigue, sweating. Presurgical echocardiographic examination revealed an ascending aortic aneurysm and significant aortic valve regurgitation with a normal global contractility. without any other comorbidities. Angiocardiographic examination discovered ascending aortic aneurysm (of 52 mm, respectively 53 mm) and also dilated aortic annulus (of 24 mm respectively 25mm) requiring surgical replacement of the aortic root for both of them. These modifications led to surgical replacement of aortic valve and ascending aorta with mechanical valvular conduit and coronary arteries reimplantation, surgically known as Bentall procedure.

Results: Postsurgical echocardiographic examination confirms a good postoperative status of the patients: normalfunctional valvular prothesiss with conserved global contractility which demonstrates adequate coronary perfusion.

Conclusion: This case of the two brothers is a very rare example of familial aggregation by bicuspid aortic valve related aortophaty. Bentall procedure is the gold standard surgery in treatment of aortic root pathology which prevents severe complications related to this pathology: dissection and rupture. This procedure improves the quality of life by blurring the symptoms. The bicuspid aortic valve, known as a defect with high heritability, should be strongly investigated for screening to all the patiens and families with this malformation being associated with serious long-term health risks.

Keywords: Bicuspid aortic valve, Bentall procedure

THERAPHY WITH ADALIMUMAB ASSOCIATED WITH AZATHIOPRINE IN CROHN'S DISEASE

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Background: Crohn's disease is a chronic inflammatory bowel disease (IBD). It is believed to be an overreaction of the immune system combined with environmental factors and genetic substrate. This disease frequently affects the terminal ileum and the colon. It might lead to ocular, skin or joints complications.

Objective: We will expose the management of a severe recurrence of Crohn's disease after using extensive surgical treatment.

Material and methods: We present a case of 56 years old man, chronic smoker, who was diagnosed with Crohn's disease four years before admission in our unit. At that time, he had six surgeries completed with segmentary ileotomy, total colectomy and temporary right iliac fossa ileostomy due to intestinal obstruction. Intestinal histology showed Crohn disease and the first treatment was 5-aminosalcylic acid with poor clinical response, watery diarrhea and important weight loss. Peristomal skin was severe irritated with poor tolerance of the ileostoma.

Results: Ileoscopy showed up an ileal mucosa with nodules, ulceration and train tracks appearance. Histopathological examination reported a specific aspect of Crohn's disease. Also the higher level of calprotectina confirmed the histopathological suppose. Our diagnosed was recurrence of a Crohn's disease. Corticosteroids associated with azathioprine were used for induction of clinical remission, with suboptimal response due to severe diarrhea. We decided to start adalimumab treatment and tapering corticosteroid with clinical, biological and endoscopic remission of the disease. After obtaining the remission, a recto-ileo-anastomosis with ileal pouch was performed, and the ileostomy was closed. Present evolution is good, with maintenance of clinical, biological and histological response.

Conclusions: Therapy with adalimumab, associated with azathioprine seems to be effective even in special group of patients with severe disease, complicated with extensive colonic and ileal resection.

LEFT LUNG HYDATID CYST - A RARE PATHOLOGY WITH MULTIPLE COMPLICATIONS

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Introduction: Hydatid cyst is a parasitic disease caused by Taenia echinococcus larvae, in the intermediate hosts (herbivores, dogs) or accidental in humans. The most common organ involved is the liver, followed by the lungs and the cord. Predominantly, the cysts, 90% of cases are localized in pulmonary pleura, cord and diaphragm area. The symptoms caused by cyst volume can have massive effects. Moreover, the breaking of the cyst can produce a severe complication.

Objective: Present the fact that symptoms caused by cyst volume can have massive effects. Moreover, the breaking of the cyst can produce a severe complication.

Material and methods: A 48-year-old male patient, without medical history, was admitted to Pulmonology Department accusing cough and dyspnoea at low efforts, asthenia, night sweats and weight loss. The clinical examination showed that the vesicular murmur was present on the right side, but absent on the left. The X-Ray showed a rounded mass with uniform density that occupies the entire left lung. Firstly, the cancer was suspected and a bronchoscopy was performed; it doesn't reveal any proliferative process. Successive thoracentesis was performed and totally 3000 ml of serocitrin fluid was evacuated and analyzed for biochemistry, cytology, bacteriology and also for Mycobacterium tuberculosis. Furthermore, a CT was performed and it showed a massive left pleural effusion, an atelectasis, a lingual and lower left bronchus compression, which can suggest the ruptured of a hydatid cyst.

Results: Despite this, the patient was diagnosed with two median subphrenic hydatid cysts (possibly with a diaphragmatic invasion). During the hospitalization the patient followed a treatment with antibiotics, oxygen therapy, albendazole 400 mg. The evolution was favorable with the improvement of the general state.

Conclusion: As Can Be Seen, Hydatid cyst is a zoonotic parasitic disease with global existence. Though it can involve any organ, liver and lungs are the most commonly involved organs. Patients remain asymptomatic for a longer period as the cyst grows slowly. In view of its enormous human impact, prevention should be emphasized particularly in endemic areas. Vaccination has a great potential in containing the transmission of echinococcosis in future. In conclusion, pulmonary hydatid cyst rupture is a rare and challenging diagnosis. Early diagnosis is difficult, that is the reason why it's very important for the practitioners to pay attention at every single detail, in order to avoid mistreating a patient. Above all, the diagnosis and treatment of hydatid cyst require a multidisciplinary team.

Keywords: lung hydatid cyst, parasitic disease, pleural effusion, thoracentesis

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THE IMPORTANCE OF CORRECT DIAGNOSIS OF JUVENILE ABSENCE EPILEPSY – A CASE REPORT

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Background: Hyperexcitability and sudden synchronization of a population of cortical neurons due to imbalance of the excitatory and inhibitory mechanisms are the causes of epilepsy. Juvenile absence epilepsy is a generalized idiopathic type of epilepsy. Abnormal depolarizations throughout the entire brain lead to confusion, amnesia, loss of consciousness for a short period of time, pausing and resuming activities rapidly.

Objective: This case report is aiming to highlight the importance of establishing a correct diagnosis even when the clinic state seems representative for similar pathologies.

Material and methods: We present the case of a 11-year-old male who arrived at the emergency department of the County Hospital claiming confusion and disorientation while in school, inexplicable crying and bradylalia. The blood test revealed left shifting of WBC. The neurological evaluation, the CT examination and the fundoscopy revealed no abnormalities. The patient is referred to the infectious diseases ward due to suspicioned acute encephalitis. For 7 days he underwent treatment with ceftriaxone, acetaminophen, corticotherapy and vitamins B1, B6. Discharged with positive outcome.

Results: After 4 months the patient returns to the emergency department after suffering a paroxistic event of oculogyric crisis, loss of consciousness, clonic movements of the extremities for 30 seconds, followed by amnesia. The EEG reveals epileptic activity spike and wave discharges at 3 Hz bilateral synchronous symmetrical cycles per second that are generalized. The final diagnosis established genetic epilepsy, the juvenile absence type and the patient goes under treatment with Valproate and Acetazolamide.

Conclusions: The presumed diagnosis of acute encephalitis was not based on an examination of the CSF. During the patient's stay in the hospital, the abnormal electric activity disappeared as a result to corticotherapy. The definite diagnosis may have been discovered earlier through an improved differential diagnosis and meticulous anamnesis.

Keywords: juvenile absence epilepsy, encephalitis , anamnesis

TATTOO - ASSOCIATED VERRUCAE PLANAE: A CASE REPORT

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Background: Flat warts or verrucae planae are a common cutaneous infection caused by HPV types 3 and 41. They are likely found on the sites of skin trauma. The making process of ornamental tattoos presumes in a traumatic and invasive opening of the skin. A number of tattoo-related cutaneous side effects have been reported, such as infections, allergic reactions and other dermatological lesions.

Objective: Our aim was to dermatologically diagnose a wart-like, grouped lesion within a cover up tattoo.

Material and methods: We present the case of a 32 year old woman, from urban provenience and low socio-economic status, who presented in the tattoo studio seeking a cover up of a 15 year old tattoo on her left leg, executed by a non-professional tattooer. Examination showed multiple and grouped wart-like lesions within the tattoo's surface, with well observed differences, comparative to the surrounding tissues. The covering up took place. After a one year period, the current tattooer observed the multiplication of the lesions, with the tendency of the warts of not holding the ink. The patient was referred to dermatology specialists.

Results: Dermoscopic examination of the warts showed mosaic pattern and knoblike aspect of the raised lesions, which confirmed the diagnosis of verrucae planae. Destructive treatment, using liquid nitrogen cryotherapy was indicated.

Conclusions: Getting tattooed in non-controlled tattooing facilities, by non-professional tattooers can lead to numerous complications. Verrucae planae can develop in tattoos, while contacting cutaneous types of HPV, due to poor sanitary protocol manifested by tattooers, poor aftercare and exposing one's self to aggravating factors. Suspicious tattoo-related cutaneous lesions should be monitored and remedied by dermatologists.

Keywords: Verrucae planae, tattoo, HPV, skin lesions

3D POLAR MAPPING OF MYOCARDIAL BRIDGES AND THEIR SIGNIFICANCE

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Background: Myocardial bridge represents a congenital benign anomaly of the coronary vessel. Due to its silent appearance, the diagnosis can be very challenging. The most common form of manifestation is myocardial ischemia, which my sometimes be so severe that it can mimic an acute coronary syndrome.

Objective: The aim of this paper is to present the case of a 39-year-old male patient admitted in our department for an episode of typical angina associated with nausea and diaphoresis.

Material and methods: The clinical objective examination shown sinus bradycardia with normal blood pressure (HR: 57 bpm, BP 124/ 67 mmHg). An ECG was performed and it was observed a ST-segment elevation in the anterior leads associated with positive laboratory findings (the troponin level was elevated). Thus, anamnesis, physical examination and the laboratory findings allowed us the positive diagnosis of myocardial ischemia. An invasive angiography was performed, but no significant stenosis was found. However, a dynamic stenosis of the left descending artery was revealed. Furthermore, a cardiac CT examination with 3D reconstruction (MSCT) was performed, which highlighted the presence of the myocardial bridge. Also, the end-systolic and end-diastolic phase of MSCT was analyzed in order to determine the surface of ischemic area, the degree of thickening of the ventricular wall and the amplitude of myocardial contraction.

Results: After the specific anti-ischemic treatment with calcium-channel blockers the symptomatology was diminished and the patient quality of life was improved.

Conclusion: Multi–slice computer tomography is a complex investigation that allows functional assessment of the myocardial bridges. Also, it detects the areas with abnormal contractility based on 3D polar maps of ventricular contractility.

Keywords: Multi–slice computer tomography (MSCT), Myocardial bridge.

A RARE CAUSE OF GENETIC CARDIOMYOPATHY – CASE REPORT

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Background: Left ventricular non-compaction (LVNC) is a very rare congenital cardiomyopathy representing an abnormality in the maturation process of the myocardium. The main characterisctic of this condition is the presence of endomyocardial trabeculations that increase in number and prominence. Due to possible late onset of the symptomatology, the first presentation of this condition can be represented by malignant arrhythmias, thromboembolic phenomenon and left ventricular dysfunction.

Objective: Our aim is to present a rare case of LVNC in a young male patient, 23-year-old, with no previous cardiovascular history, who was admitted into our department for marked dyspnoea, fatigue at reduced efforts and a presyncopal condition.

Material and methods: The objective clinical examination performed, revealed the presence of peripheral edemas, generalized cyanosis and bilateral basal crackels on auscultation. The blood pressure was also low. ECG assessment revealed sinus tachycardia and the presence of negative T waves in the infero-lateral leads. Furthermore, a transthoracic echocardiography was performed which reveled signifcant lef ventricle (LV) dilatation associated with moderate enlargement of the left atrium and right ventricle. Signifcant systolic dysfunction with poor left ventricular ejection fraction (30%) was also observed. In the apex of the LV, the image of an intracardiac mass was observed. The characteristic aspect of LVNC was also revealed by echocardiography (prominent trabeculation of the LV and deep recesses). In order to elucidate the origin of the apical mass, a transesophageal echocardiography was performed, which confirmed the presence of an apical thrombus. To exclude associated congenital malformations a cardiac CT was performed, which was negative.

Results: The LVNC diagnosis was esteablished due to the cardiac imaging techniques in a young patient without any hisorty of cardiovascular disease.

Conclusions: To make an early diagnosis and to prevent the possible complications of this disease, it is mandatory to use appropiate cardiac imaging tecniques.

Keywords: Cardiomyopathy, Left ventricular non-compaction, Echocardiography, CT

AN ATYPICAL OF ACUTE MYOCARDIAL INFARCTION IN A PATIENT WITH MULTIPLE CORONARY ARTERY ANEURYSM AND KAWASAKI DISEASE CASE

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Background: Kawasaki disease or mucocutaneous lymph node syndrome is a rare condition of unknown etiology, which is more prevalent in children under 5 years old with a greater predisposition for the male gender. This condition is characterized by affecting the medium size vessels, especially the coronary ones, generating a local inflammation in the vascular wall, which leads to aneurysmal dilation of the vessel. Besides this modification, Kawasaki disease can also induce pericarditis, myocarditis, acute myocardial infarction or even tough sudden cardiac death.

Objective: The aim of this abstract is to present the case of a 53-year-old female with known Kawasaki disease and positive cardiovascular history (myocardial infarction 6 years ago, arterial hypertension, dyslipidemia), diabetic and obesity which was admitted in emergency conditions for constrictive retrosternal chest pain, with extended duration, over 30 minutes, with left shoulder and arm radiation, accompanied by dyspnea, nausea and vomiting.

Material and methods: Due to her clinical presentation, ECG modifications: ST segment elevation in inferior leads and laboratory findings high levels of troponin and CK-MB, the case was interpreted as an acute inferior myocardial infarction. The emergency invasive coronary angiography reveled multiple aneurysmal dilation of the coronary arteries without significant stenosis.

Results: After the procedure the patient received the standard maximal anti ischemic treatment with the ST segment elevation resolution and remission of the symptoms.

Conclusions: Patients with known Kawasaki disease represent a special category of patients with an increased cardiovascular risk, who requires an early diagnosis and an adequate treatment to prevent future cardiovascular complications of this disease.

Keywords: Kawasaki disease, coronary aneurysm, myocardial infarction

DISSEMINATED GRANULOMA ANNULARE: THE IMPORTANCE OF ASSOCIATED PATOLOGIES – A CASE-REPORT

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Background: Granuloma annulare (GA) represents a benign chronic skin condition, whose clinical and histological aspect is characterized by a palisading aspect. The disseminated form of GA affects children, teenagers, or adults but less commonly, with an incidence twice higher in females. GA is a usually delayed hypersensitivity reaction of the dermis.

Objective: The aim of this case-report is to demonstrate the importance of investigating the patients suffering from disseminated GA in the direction of changes of the lipidic profile (hypercholesterolemia or hypertriglyceridemia) due to the high association between these pathologies.

Material and methods: We present the case of a 56-year old female patient who was admitted to our section for oval and arched plaques, with a diameter between 5 to 10 centimeters, with margins formed by coalescence of erythematous papules, with the hypopigmentation of the plaque's center, without skin atrophy, localized on the chest and arms, with a history of 21-months.

Results: Laboratory tests have showed normal values of HLG; absence of HBs-anti-HCV-Atgs; cholesterol - 262 mg/dl; total-lipidemia - 720 mg/dl. A skin biopsy was performed, and the histopathological examination highlighted a fragment of epidermis covered with acanthosis in the middle of the lesion and necrosis areas of the collagenous fibers surrounded by a giant-cell -granulomatous reaction. By correlating the clinical and paraclinical investigations, the main diagnosis was established -disseminated GA, and a secondary diagnosis of dyslipidemia. The patient received treatment with antibiotics, antihistaminics, and dermatocorticoids, showing unfavorable evolution

Conclusions: The changes of the lipidic profile proved to be present in 45% of the patients with disseminated GA, hereby the importance of investigating the patients in this direction. Without any comparative studies, it is difficult to establish the efficiency of the treatment, as in 50-70% of the localized GA cases, spontaneous remissions were observed in the first 24-months of diagnosis.

VITAMIN B 12 DEFICIENCY WITH HEMATOLOGICAL AND NEUROLOGICAL CONSEQUENCES

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Background: Biermer's anemia or pernicious anemia is a hematological condition manifested by a decrease in hemoglobin due to insufficient Castle intrinsic factor. This is a protein produced by the parietal cells in the stomach that binds to vitamin B 12, allowing it to be absorbed into the small intestine.

Materials and methods: The 64-year-old patient M.I. with type II diabetes, Parkinson's disease, stage II HBP under treatment, is submitted to the emergency room accusing bowel movement disorders, lower limb paresthesia, fine upper right limb tremor, memory disorders. Rectal cough at admission was negative for melena or fresh blood. Serologically, a hemoglobin value of 6.4 g / dL, MCV of 110 fL, LDH of 633 U / L, vitamin B 12 of 94 pg / ml were detected. The total bilirubin value was 4.9 mg / dl, direct bilirubin 0.69 mg / dl, LDH 633 U / L, which is why the Coombs Test was requested to exclude the hemolytic cause of anemia. The result was negative.

Results: Gastroscopy carried out in an emergency revealed atrophy of the gastric mucosa, small polypoid formations at the gastric and duodenal level.

Conclusions: By correlating the result of the gastroscopy with that of the peripheral blood smear and the low value of vitamin B 12, we can make the diagnosis of megaloblastic macrocytic Biermer anemia. Treatment with vitamin B 12 has been initiated. The patient is advised to carry out a hematological consultation and a neurological consultation in order to establish a possible correlation between the vitamin B 12 deficiency and the symptoms described by the patient - lower limb paresthesia, fine tremor of the right upper limb, memory disorders.

Keywords: anemia, vitamin B 12, gastric atrophy

POORLY DIFFERENTIATED THYROID CARCINOMA IN AN ELDERLY WOMAN PITFALL IN DIAGNOSTIC AND TREATMENT

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Background: Poorly differentiated thyroid carcinoma (PDTC), is a type of aggressive thyroid malignancy originating from the follicular thyroid cells, but with de-differentiation requiring a multidisciplinary approach.

Objectives: The aim of the current presentation is to underline the aggressive behavior and the difficult management in PDTC.

Methods: A 71-year-old female patient, with previously diagnosed ischemic heart disease and atrial fibrillation and a large goiter (known for at least 10 years before) underwent total thyroidectomy with a pathology result of PDTC. As per protocol the following line of treatment was radioactive iodine and levothyroxine suppressive therapy.

Results: During consecutive joint oncological and nuclear medicine follow-ups, the results showed no biochemical control (persistently elevated thyroglobulin levels) but with no residual iodine uptaking tissue on whole body scans (WBS). Ultrasound revealed suspicious lymph nodes in the cervical region and the PET-CT scan showed active loci in the lungs and cervical region. Thus, a diagnosis of iodine resistant PDTC was made and, as per protocol, the recommended treatment was tyrosine-kinase inhibitors. After 6 months of treatment the patient showed improved control both biochemically and structurally (decreasing thyroglobulin levels and a normal thoracic CT scan) but developed adverse effects to medications – weight loss, liver toxicity.

Conclusion: This case illustrates the difficulties in managing PDTC, the need for a multidisciplinary approach and taking into evaluation all treatment options. Targeting specific mutations could be a solution in refractory RAI, since it is believed that less than a quarter of cases with this evolution tend to have a poorer survival rate.

Keywords: goiter, carcinoma, iodine uptake

BILATERAL ADRENAL INCIDENTALOMAS IN A SMOKING, HYPERTENSIVE PATIENT

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Background: Adrenal incidentalomas represent masses detected during imagistic examinations peformed with a different clinical indication. In most cases these tumors do not exceed 60 mm in diameter and have no secretory activity, but may be the basis of adrenal secretory adenomas, pheochromocytoma or even of malignant tumors. This presentation will follow the case of 63 years old hypertensive, smoker who underwent an abdominal CT scan in November 2018 for a febrile syndrome of unspecified etiology.

Objective: The main goal for our case report was to evaluate the size of tumor and exclude other disease like adrenal metastasis or pheocromocytoma.

Material and methods: A 63 years old hypertensive patient underwent an abdominal CT scan in November 2018 for a febrile syndrome of unspecified etiology, which showed bilateral adrenal masses: a right adrenal tumor with a diameter of 22 mm and a left adrenal tumor with a diameter of 64 mm and intratumoral necrosis. As per protocol, endocrinological evaluation was recommended, wich excluded cortisol secretion (normal salivary and urinary cortisol, with good suppression after dexamethasone) and a pheocromocytoma (normal 24h urinary metanephrines and normetanephrines). The renin-angiotensin-aldosterone axis was not evaluated given the low suspicion of a secondary hypertension tests and calcitonin.

Results: Considering that in the left adrenal gland the incidentaloma exceeds 60 mm but very close to this threshold surgical intervention could be considered, postponed as per patient request and as per low level of malignancy suspicion. The 6 months follow-up showed no increase in dimension of the masses and recommended annual check-up.

Conclusions: Non-secreting bilateral adrenal masses should be followed lifelong with repeated hormonal and imaging examinations for the correct diagnosis and control of tumor size. Masses exceeding 60 mm should be surgically removed by laparoscopic adrenalectomy.

Keywords: adrenal incidentalomas, laparoscopic adrenalectomy, overnight dexamethasone test suppresion

MEDICAL APPROACH ON NON-HODGKIN LYMPHOMA DURING PREGNANCY

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Background: One in every thousand pregnancies is complicated by cancer. Lymphoma is currently considered as the fourth most common malignancy diagnosed during pregnancy and unfortunately, its incidence is rising. Lymphomas represent a heterogeneous group of neoplastic disorders which are divided into two main categories: Hodgkin lymphomas and Non-Hodgkin lymphomas (NHL). NHL is a type of cancer that affects the white blood cells called lymphocytes that help the body fight infections.

Objective: Taking into consideration the fact that NHL rarely occurs in pregnancy, this case report aims to emphasize not only the clinical management but also the evolution of both mother and newborn after birth.

Material and methods: This case report presents a 37-years old woman, 6 weeks pregnant, who presented herself at the Obstetrics and Gynecology Department, accusing sore throat and a palpable latero-cervical mass. In order to establish a diagnosis, fine-needle aspiration biopsy (FNAB) and magnetic resonance imaging (MRI) were performed.

Results: As a result of FNAB and histopathological examination, the diagnosis of Non-Hodgkin lymphoma (diffuse lymphoma with large B cells), CD20 positive, CD30 and cytokeratin negative, was confirmed. Furthermore, the MRI highlighted multiple cervical and submandibular masses. According to the haemato-oncological consultation, the patient had to undergo chemotherapy during gestation. As far as the newborn is concerned, on the 39th week of pregnancy, she was born and diagnosed with moderate ventricular dysfunction. Regarding the mother, her postpartum evolution was favourable under chemotherapy treatment.

Conclusions: In conclusion, the presence of latero-cervical and submandibular tumoral masses represents an important clinical clue that leads to a presumptive diagnosis of lymphoproliferative malignancies. Moreover, NHL is a disease that requires a fast, suitable and individualized management of the case inquired.

Keywords: Non-Hodgkin lymphoma, pregnancy, chemotherapy, postpartum evolution

SQUAMOUS CELL CARCINOMA MIMICKING AN ULCERATE LESION OF THE LOWER LIMB

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Background: Cutaneous squamous cell carcinoma (cSCC) represents 20 % of non-melanoma skin cancer while the majority of non-melanoma skin cancer is represented by basal cell carcinoma (BCC). SCC is related with prolong sun exposure, therefore incidence at the distal lower limb is lower compared to the other areas where it can be encountered.

Objective: Hereby we present a case of a 78 – years old female with an ulcerated lesion of the lower limb, with a history of several years, treated orally with diosmine and local antibiotic oitments.

Material and methods: Having no amelioration under drug therapy, and recently growing size of the lesion, compelled the clinician to do a biopsy and the report came out as squamous keratinizing cell carcinoma. The surgical decision was ulcer excision up to the fascial plane followed by a patch repair with free skin graft.

Results: Macroscopic the tumor had 85 x 70 x 20 mm round-oval cutaneous flap with an ulcerated center and irregular edges. The placards infiltrate the reticular dermis (Clark 4). The vascular superficial and deep plexus had consistent modifications with cronic venous deficiency, sugesting that the tumor developed on an ulcerated lesion.

Conclusions: Ulcerated lesions of the lower limbs are frequent (up to 5% in population over 65 years old), lesions having a vegetative aspect, with a growing size although undergoing drug therapy, should be biopsied so that a malignant proliferation would be excluded.

Keywords: cutaneous squamous cell carcinoma, ulcerated, vascular pathology, biopsy;

A CASE OF CHARGE SYNDROME IN ASSOCIATION WITH DANDY-WALKER MALFORMATION

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Background: CHARGE syndrome is a congenital disorder, with an incidence of 1 in 10,000 to 15,000 live births. The name of the syndrome results from the abbreviation of its most common clinical features: Coloboma, Heart defects, Atresia or stenosis of the choanae, Retardation of growth and/or development, Genito-urinary anomalies and Ear abnormalities. Dandy-Walker syndrome is a congenital brain malformation involving the fourth ventricle and the cerebellum, characterised by vermis agenesis or hypoplasia, enlargement of the fourth ventricle and posterior cranial fossa.

Objective: The objective of this case report is to present the process of establishing a correct and complex diagnosis and the management of a young patient displaying clinical features characteristic to rare genetic syndromes.

Material and methods: A female patient, born in Jan. 2018, at 34 weeks was diagnosed with persistent left vena cava, atrial septal defect, bilateral choanal atresia, bilateral iris coloboma and congenital cataract, which has raised the suspicion of a genetic syndrome.

Results: Cytogenetic test revealed a partial monosomy of chromosome 13, from the interstitial deletion 13q22.q33. The cranial CT and RMN revealed corpus callosum hypoplasia, and enlarged lateral ventricles with a progressive rise of the intracranial pressure, for which a number of lombar punctures was needed. Also, vermian hypoplasia and an enlargement of the fourth ventricle and posterior cranial fossa were discovered. In the following months, the patient presented multiple infectious episodes, feeding difficulties and delayed growth. In September 2019, the patient was admitted for endocrinological examination, presenting stature and ponderal deficiency. She was diagnosed with: partial monosomy of chromosome 13, hypoplasia of corpus callosum, congenital cataract, CHARGE syndrome (bilateral choanal atresia, atrial septal defect, persistent left vena cava, coloboma), Dandy-Walker syndrome (vermian hypoplasia, enlarged fourth ventricle, posterior cranial fossa), GH deficiency.

Conclusions: Congenital diseases, such as CHARGE and Dandy-Walker syndromes have a major impact on the patient's life quality and development, therefore indicating the importance of a thorough analysis of the clinical and paraclinical parameters through a multidisciplinary approach.

Keywords: CHARGE syndrome, Dandy-Walker syndrome, congenital

GASTRIC CANCER AS A SECOND MALIGNANCY IN A YOUNG PATIENT – CASE REPORT

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Background: Hodgkin's lymphoma (HL) is a lymphoproliferative disease and represent one of the two common types of cancer of the lymphatic system. HL is rarely associated with gastric cancer and represent an important cause of mortality.

Objectives: The main purpose of our case was to highlight that, although HL is considered a curable cancer, the survivors may have late side-effects after treatment and can develop secondary malignancies, such as gastric cancer.

Material and Method: We present the case of a 40-year-old man diagnosed with HL (2010) who performed three chemotherapy session without radiotherapy. After therapy, HL was in complete remission until January 2017 when patient complained of heartburn, flatulence and loss of appetite. The symptoms were relieved after proton pump inhibitors treatment. In spite of terapy, in March 2017 the patient was admitted to the Department of Gastroenterology for upper gastrointestinal bleeding.

Results: Laboratory examination showed severe anemia, hemoglobin: 5.5 g/dl. Upper gastrointestinal endoscopy showed huge ulcer in the gastric cardia. Gastric biopsy revealed malignant tumor- gastric adenocarcinoma stage IV.

Abdominal computerized tomography (CT) showed hepatic metastases and lymph node metastases.

The advanced stage of gastric adenocarcinoma stage IV cancer is outside the indication for curative resection.

After 5 days, the patient develops multiple organ failure and dies.

Conclusions: The particularity of this case is the the rare association between HL and gastric cancer in a young patient, which can be a pure coincidence or may be due to the increased risk of developing a secondary malignancy.

To improve survival and quality of life for HL patient's proper follow-up and screening programs are necessary.

Keywords: Hodgkin's lymphoma, gastric cancer, malignancy.

THE IMPORTANCE OF TAKING AN EXTENSIVE MEDICAL HISTORY: A HIDDEN CASE OF ACUTE INTERMITTENT PORHPHYRIA

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Background: Acute intermittent porhphyria (AIP) is a rare metabolic disease in which there is a deficiency of porphobilinogen deaminase. Although the acute attacks usually lead to a proper diagnosis, due to the fact that they manifest through non-specific signs and symptoms, there are some challenges in making the right diagnosis.

Objective: The case report involves a 30-year-old female who presented in the Emergency Room for intense and worsening abdominal pain that did not cease to oral antialgic medication.

Material and methods: After being admitted, several tests were performed. Blood tests revealed mild leukocytosis and a minor electrolyte imbalance. Moreover, an abdominal ultrasound revealed a massive inflamed appendix and the required surgery was performed. However, several days after surgery, the abdominal pain still had not stopped.

After rulling out the potential surgery related complications, the medical team decided to perform a more extensive medical history which revealed that he patient had experienced 2 other episodes of abdominal pain that did not diminish after taking standard pain medication and had an episode of seizures in the last months. A type of porphyria was added in the differential diagnosis list and an urinary porphobilinogen test was ordered. The test revealed a value of 400 mg/l, which later lead to a diagnosis of acute intermittent porphyria.

Conclusion: After excluding the presence of other more common diseases, AIP should be considered in patients with electrolyte imbalances and reoccurring abdominal pain that does not cease to pain medication.

Keywords: appendicitis, acute intermittent porphyria

HETEROTOPIC PREGNANCY DIAGNOSIS AND TREATMENT - CASE REPORT

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Background: Heterotopic pregnancy is a rare condition in which both intrauterine and extrauterine pregnancies occur simultaneously. It was reported to be very rare in normal conceived pregnancy – 1:30000. However, with the considerable progress of the assisted reproductive techniques, the incidence of heterotopic pregnancy increased to 1:7000. Furthermore, the incidence also increases in previous abortions, pelvic inflamatory disease history (Chlamidia) and high levels of beta-HCG after an abortion.

Objective: Our aim is to present a case of heterotopic pregnancy, thus highlighting the importance of diagnosing it before any complications occur, extrauterine pregnancy being the most common cause of maternal death in the first trimester.

Material and methods: 36-year-old patient, smoker, 6 weeks pregnant, presented herself to the emergency room accusing sustained pain in the left iliac fossa and minimal brown vaginal bleeding. We found out that her last normal menstruation was on 3.12.2016 and a second vaginal bleeding occurred on 12.12.2016. Abdominal ultrasound showed an intrauterine pregnancy in evolution of 6 weeks. Using transvaginal ultrasound, an ectopic, tubar pregnancy was found. The laboratory tests were in normal range and the pacient was haemodinamically and respiratory stable. Right and left laparoscopic salpingectomy was performed as well as manual vacuum aspiration for terminating the intrauterine pregnancy – at patients` request.

Results: The histopathological examination showed distension of the tube with ruptured wall, intraluminal chorionic villi and extravillous trophoblast, with fetal parts and hematosalpinx thus confirming the diagnosis of a ruptured ampullary ectopic pregnancy. Patient is stable and free of disease.

Conclusions: Although the incidence of heterotopic pregnancy is quite low, abdominal pain and/or vaginal bleeding associated with the presence of an intrauterine pregnancy, might suggest further investigation of the anexial areas. Therefore, our case proves the importance of clinical symptomatology and transvaginal ultrasound in diagnosing this pathology as well as the oportunity of using minimally invasive surgery in stable patients.

Keywords: Heterotopic pregnancy, Transvaginal Echography, Bilateral Laparoscopic Salpingectomy, Extrauterine Pregnancy.

CHALLENGES IN THE MANAGEMENT OF AN ACROMEGALY PATIENT

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Background: Long-term outcome of patients with acromegaly is associated with the time of diagnosis and effective biochemical response to treatment. Elevated GH (growth hormone) and IGF-1 (insulin-like growth factor 1) values over longer periods of time lead to complications of the disease and are associated with increased risk of neoplasia.

Objective: We present a case of a 55-year-old female with longstanding increased GH and IGF-1 values despite transsphenoidal surgical resection of the pituitary adenoma.

Materials and methods: The patient was diagnosed with a GH secreting pituitary adenoma 25 years ago and was operated four years after the diagnosis. She presented to the endocrinology clinic for follow-up. An MRI showed tumoral remnants 14/13/15mm with lateral displacement of the right carotid artery and bilateral exophthalmia.

Results: A complete physical examination evidenced hypertrophy of the frontal bones, macroglossia, and skin hypertrophy. The patient presented with several complications such as secondary hypertension gr. 3, heart failure NYHA 2, and type 2 diabetes mellitus. She was diagnosed with papillary thyroid carcinoma pT1bN1MX which was subsequently treated with thyroidectomy and radioiodine ablation. The patient is under suppressive treatment with Levothyroxine. She initially presented with an IGF-1 of 834.8ng/ml which was treated with Somatostatin. Due to a poor response, second- and third-line therapy were progressively introduced over the years. In October 2019 she presented with an IGF-1 value of 490.70ng/ml despite treatment with 40mg Pegvisomant, Somatostatin 20mg/28 days, and Cabergoline 4mg/week. She is recommended frequent endocrinologic and oncologic follow-up.

Conclusion: Obtaining adequate biochemical response can be a challenge in the treatment of acromegaly. Long-standing increased IGF-1 values lead to complication of the disease and have an important impact on the patient's overall morbidity and quality of life.

Keywords: Management, acromegaly, GH, IGF-1

CELIAC DISEASE AND TYPE 1 DIABETES- SCREENING AND PREVENTION

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Background: Celiac disease (CD) and type 1 Diabetes (T1D) are two autoimmune diseases between which the association is highly debated in medical literature. Also, the connection between genetic transmission of the HLA-DQ8 or HLA-DQ2 among families and the number of those who manifest the symptoms of CD or T1D is a major point of interest in our case.

Objective: My aim is to prove the importance of testing the HLA-DQ8/DQ2 in families with members that are diagnosed with CD or T1D so that they take dietary measures in order to prolong, as long as possible, the manifestation of the symptoms.

Material and methods: My patients are: a 2 years old girl diagnosed with T1D at the age of 9 months, CD at the age of 1 year and 9 months and her family: her father and older brother who were as well diagnosed with CD (as a routine investigation), while being asymptomatic.

The Father is a 40-year old male, known with no other pathology on whom a routine lab test proved the elevation of GPT and HbA1c, microcytic anaemia, elevated transaminase-IgA which leads to the diagnose of CD. The other child is a 14 years old boy who was, as well diagnosed with CD during a routine check-up.

Results: The fact that the father decided to test himself and the other child for HLA-DQ8 mutation has a positive outcome for the patients as they all went on a gluten free before they had any symptom and soon after their IgA level normalized.

Conclusion: As a conclusion, our group of patients proves that anytime we are dealing with a case of either CD or T1D, auxiliary tests should be run in the family as a screening method and then preventive measures should be made to postpone the clinical manifestation of these diseases.

Keywords: HLA-DQ8, Celiac Disease, Transaminase-IgA

UPGRADING PACEMAKER FROM VVI TO DUAL CHAMBER PACEMAKER MODE FOR LEFT-SIDED CARDIAC FAILURE DISEASE-CASE REPORT

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Background: Dual chamber pacemaker (DDD) is an artificial pacemaker surgically implanted in the subcutaneous tissue of the preprectoral fascia, which is pacing and sensing both the atrium and the ventricle, and it is inhibited and triggered in response to sensed events.

Objective: We aim to present a case of a male cardiac patient who had a VVI pacemaker previously implanted and underwent replacing VVI with a DDD pacemaker after his condition deteriorated and he presented left-sided heart failure symptoms.

Material and methods: We review the case of a 72yrs old patient known with unstable angina, old posteroinferior myocardial infarction, triple-vessel coronary artery disease, secondary pulmonary hypertension, advanced heart failure (NYHA III), Mitral and tricuspid regurgitation, VVI pacemaker implanted for Mobitz II atrioventricular block high-degree.

The patient was admitted to Cardiology Department, Targu Mures County Hospital, complaining of fatigue, chest pain, dyspnea. Echocardiography was performed which showed altered LVEF, severe mitral and tricuspid regurgitation, and signs of postero-infero-lateral MI.

Because of the echocardiographic findings and the symptoms experienced by the patient, replacing the VVI pacemaker was proposed.

By approaching the left subclavicular vein, the pro-MRI bipolar stimulation probe is positioned at the level of the right ear in the RA, the parameters of the right ventricular probe being within normal limits, it was maintained. The pulse generator was placed in the prepectoral subcutaneous space, and after proper hemostasis, the pocket was closed.

Results: There were no complications during the procedure. The device was set in DDD mode, at 50bpm cardiac frequency;

The patient showed an improvement in his clinical status, and the LVEF of 45-50%, echocardiographically evaluated.

Conclusion: A dual-chamber pacemaker is a better option for our patient who experienced left ventricular failure symptoms, offering a hemodynamic improvement and physiological control of the heart.

Keywords: left-sided cardiac failure; DDD pacemaker; cardiac pacing;

TOCILIZUMAB THERAPY IN PATIENTS WITH RHEUMATOID ARTHRITIS - CASE REPORT

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Background: Tocilizumab (TCZ) is a humanized monoclonal antibody against interleukin 6 receptor (IL-6R), used to block the proinflammatory effects of interleukin 6 (IL-6).

TCZ is prescribed as first-line biologic therapy in rheumatoid arthritis after the patient has shown ineffectiveness in conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDS).

Objective: This paper presentation aims to report a case of a patient following biologic therapy with TCZ for rheumatoid arthritis (RA).

Material and methods: We present a case of a 71 years old female patient, who was admitted to Rheumatology Clinic, diagnosed with seropositive RA 12 years ago. The patient initially followed treatment with methotrexate, but interrupted because of high-level transaminase; then started hydroxychloroquine, but stopped because of inefficiency.

Finally started biological disease-modifying anti-rheumatic drugs (bDMARDs) -TCZ. After 2 years of biological treatment, a positive result for HBsAg was found in this patient.

Liver tests have been done, alanine aminotransferase (ALT), aspartate aminotransferase (AST) were normal, and low HBV DNA levels were detected, so the gastroenterologist allowed the biologic therapy. Liver function monitoring was recommended (every 3 months).

Results: After 5 years from the moment she was diagnosed, chest imaging and pulmonary function tests revealed an interstitial lung disease as an extra-articular manifestation of RA. She also presented a positive Quantiferon test, but no clinic and radiologic TBC signs were found, so she had prophylactically started isoniazid for 6 months.

The patient remains HBsAg positive, and after some years of biologic treatment, as the pharmacologic treatment guideline has updated, the anti-viral therapy with tenofovir was initiated.

Conclusion: TCZ in combination with tenofovir-in long-term suppression of HBV (hepatitis B virus) replication show its effectiveness, the patient was in good control of RA and the reactivation of hepatitis B hasn't occurred.

Keywords: interleukin-6; rheumatoid arthritis; tocilizumab; hepatitis B reactivation;

UTERINE ARTERY EMBOLIZATION AS TREATMENT OF SYMPTOMATIC UTERINE FIBROIDS

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Background: Uterine fibroid (leiomyoma) is known as the most common benign uterine tumor of reproductive period affecting millions of women across the world. According to the specialized literature 20-50% of the existing fibroids will become symptomatic. Uterine artery embolization (UAE) is a minimally invasive procedure performed to treat fibroids by suppressing their blood supply.

Objective: The purpose of this report is to summarize the technique, results and case particularity of a UAE in management of a symptomatic uterine fibroid following failed medical therapy.

Material and methods: We will debate the case of a 43 years old woman accusing menorrhagia, lower abdominal pain and urinary problems, caused by the presence of a uterine leiomyoma, diagnosed by the gynecologist and treated by hormonal therapy, with no results. After the pre-procedural evaluation was carried out, an UAE has been proven to be the most appropriate treatment. This procedure is performed under local anesthesia and is based on the approach of the uterine arteries through the brachial artery followed by delivering of thousands Polyvinyl alcohol particles via the catheter in order to block the blood flow towards the fibroid. The entire procedure was fluoroscopically assisted.

Results: After intervention a control angiography was performed in order to confirm the successful occlusion of peri-fibroid vessels. Patient complained moderate pain, nausea and cramps which were released by analgesics and anti-inflammatory during five days. She was discharged two days after the intervention and resumed her usual activities.

Conclusions: UAE should be seen as an alternative therapy of uterine fibroids considering the shorter recovery time and hospitalization, the relieving of symptoms and the lower rate of major complications accompanied by minimal physical and psychological stress for the patient.

Keywords: uterine fibroid, embolization, minimally invasive

CHALLENGES IN THE ONGOING TREATMENT OF TONSIL SQUAMOUS CELL CARCINOMA

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Background: With the oropharynx as a key part of the upper aerodigestive tract, tumours at this site and even the treatment itself can impair speech, swallowing and the airway. The stratified squamous epithelium of the palatine tonsil can undergo malignant transformation, causing a neoplasm whose management can be quite challenging.

Objective: Our aim is to present the approach taken in the case of a now 71-year-old woman diagnosed with tonsil cancer five years ago.

Material and methods: In January 2014, a 65-year old non-smoking woman is admitted to the Otorhinolaryngology section of the General County Hospital in Galați due to persistent odynophagia. A standard nasopharyngeal rigid rod examination reveals an infected, ulcerated formation in the right tonsil, which a biopsy confirms is squamous cell carcinoma, for which polychemotherapy and radiotherapy is started.

In 2017, laterocervical metastatic adenopathy is detected but deemed inoperable because of its proximity to the internal jugular vein, which prompts the initiation of chemotherapy and biological treatment. Although an increase in size was reported at first, MRI scans in October 2018 and July 2019 both reveal a mass of quasi-identical dimensions.

Along the way, the patient acquires and grade III radiodermitis, which requires a temporary cessation of radiotherapy. She has experienced alopecia and edentulism and suffers from permanent dysphonia.

Results: After the initial course of treatment, the patient was in remission. The laterocervical metastatic recurrence demanded cytostatic treatment and biological therapy with Cetuximab, the latter of which was not tolerated. The patient is now to undergo IMRT radiotherapy, a more focused approach aimed at reducing the dose of radiation to the nearby organs and the cervical medulla.

Conclusions: At least moderate improvements are expected in the near future of the patient, whose long-term prospects are, within reason, promising.

Keywords: tonsil cancer, carcinoma, adenopathy, radiotherapy, chemotherapy

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ATYPICAL ONSET OF ADULT ACUTE LYMPHOBLASTIC LEUKEMIA - CASE REPORT

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Background: Acute lymphoblastic leukemia (ALL) is a rare disease in young adults, presenting considerable biological differences compared to the children's category. The American Cancer Society's estimates about 5,930 new cases of ALL and 1,500 deaths from ALL in the United States for 2019 (including both children and adults). Therapy is generally represented by multi-agent chemotherapy with vincristine, corticosteroids and an anthracycline with allogeneic stem cell transplantation for eligible candidates.

Objective: The purpose of this work is to highlight the difficulties encountered in diagnosing this disease in the age group of young adults.

Material and methods: We present the case of a 20-year-old female patient with an atypical ALL onset. The patient presented with anemia (Hb=6.6 g/dL) and leukoerythroblastic picture on the peripheral blood smear (left shift to myelocyte), without splenomegaly or lymph nodes enlargement. The bone marrow exam showed atypical cells, medium-sized, round/irregular/cleaved/incised polymorphic nucleus, and little cytoplasm, basophilic, without granulation. Immunophenotyping revealed a population with low expression of CD45, positive for CD34 (32%) and with lymphoid markers expression (CD19: 70%; CD22: 66%); HLA-DR was 92% and CD10 was negative. Myeloid, monocytic, megakaryocytic and T markers were negative.

Results: The diagnosis established was ALL and the specific treatment was initiated. The control bone marrow showed no atypical cells. The patient developed acute pancreatitis, possible as a complication of treatment (lipase serum activity of 3182 U/L, amylase serum activity of 370 U/L), but with favorable evolution.

Conclusions: The particularity of this case consists in the silent and atypical development of ALL, immunophenotyping being essential for the establishment of the final diagnosis of leukemia.

Keywords: ALL, young adults, immunophenotyping

INDEX OF AUTHORS