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A Journal of Hospital and Internal Medicine

Editor-in-Chief
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The official journal of the Federation of Associations of Hospital Doctors on Internal Medicine (FADOI)

XXIX Congresso Nazionale della Società Scientifica FADOI

11-13 maggio 2024

Presidente: F. Dentali

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SERAFINO MANSUETO AWARD – ORAL COMMUNICATIONS

Hospitalization in multidisciplinary short-stay units for adults with Internal Medicine diseases: are they effective in the Italian healthcare system?

D. Dalla Gasperina[1], G. La Porta[2], A. Petrulli[2], A. Tuzi[2], C. Mongiardi[2], F. Zuretti[2], C. Fumagalli[2], A. Bonaventura[2], A. Maresca[3], F. Dentali[4]

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Premises and Purpose of the study: Non-Italian studies have indicated that short-stay units (SSU) might reduce the length of stay (LOS), hospital readmissions, and expenditure without compromising the quality of care. Our study aimed to evaluate the features of an Italian SSU in terms of patient characteristics, LOS, readmission rate, and mortality.
Materials and Methods: A single-center prospective observational study was conducted in a tertiary care hospital's SSU (12 beds) (ASST Sette Laghi, Varese). All patients admitted to SSU were enrolled between December 2022 and June 2023.
Results: 411 patients (208 M, median age 73 [range 44-87] yrs) were admitted. Average LOS was 5 days (range 3-7). Primary hospitalization diagnoses were infectious diseases (44.7%), neurological diseases (16.5%), cardiovascular diseases (15.1%), neoplasms (5.4%), COPD (4.4%), trauma (2.7%). Most patients (77.6%) were discharged home; only 92 were transferred to another hospital ward. One-week and one-month readmission rates were 1.3% and 6.8%, respectively, without difference between patients <75 (214 pts) and >75 years (197 pts) (p=0.864; p=0.359). 90-day mortality was very low (2.2%), higher in elderly patients (4.1% *vs.* 0.58%, p=0.04), similar to that found in the other studies (4%).
Conclusions: SSU could be a valid opportunity for hospitalized selected patients, even in the Italian healthcare system. No outcome differences were found for elderly patients. In this setting, a multidisciplinary team can be helpful for a quick diagnostic-therapeutic framework and consequently reduce LOS.

Effectiveness of taking care of patients with multi-morbidity and reduced life expectancy in a internistic and geriatric dedicated Frailty and Palliative Care ambulatory

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Premises: We propose an evaluation of the effectiveness of our geriatric-internistic Frailty and Palliative Care (FCP) ambulatory after two years of activity.
Materials and Methods: 657 accesses were considered, of which 27% in person, 65% in telemedicine, 8% in Day Hospice (38 red blood cell transfusions, 7 paracenteses, 2 thoracenteses, 20 other services).
Results: 66% accessed for cancer, 34% for other causes (heart failure, COPD, liver cirrhosis, dementia); mean age was 81±11 years, men were prevalent (62%), mean Karnofsky index was 53±14 and mean Zarit index was 22±14. Average duration of follow-up was 160 days; main termination cause was death (59%); activation of home care was 37%. Overall, 81% (*vs.* 46% in Europe) of patients did not die in acute care facility. Emergency room accesses were reduced (104 *vs.* 61) for the time considered. In 74% of cases the diagnosis was clearly communicated to the patient and in 30% of cases prognosis was addressed as well. To date, 7% of oncology patients are under simultaneous care. Adequate pharmacological control of symptoms was always achieved (using minor opioids in 14%, major opioids in 41%, NSAIDs in 11% of cases, paracetamol in 43%, corticosteroids in 29%, other adjuvant drugs in 13%). Laxatives were introduced in 48% of cases, PAMORA in 10%.
Conclusions: The internistic and geriatric management of patients with severe comorbility and reduced life expectancy reduces deaths in hospital, hospitalizations and allows adequate control of pain and other symptoms, improving the quality of life of patients and caregivers.

Clinical features, management and recurrence of acute ischemic stroke occurring on oral anticoagulation for nonvalvular atrial fibrillation: a real-world retrospective study

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Premises and Purpose of the study: The optimal management of acute ischemic stroke (AIS) in patients on oral anticoagulation (OA) is challenging. Aim of our study was to analyze clinical characteristics and outcome of AIS in patients on OA for nonvalvular atrial fibrillation (NVAF).
Materials and Methods: We retrospectively analyzed data of NVAF patients with AIS on direct oral anticoagulants (DOAC) or vitamin K antagonists (VKA) admitted to our Stroke Unit from 2017 to 2022. 90-day modified Rankin Scale (mRS), 90-day and 12-month stroke recurrence were recorded.
Results: 169 patients (53.2% F, mean age 82.8±6.7 years), 117 (69.2%) on DOAC and 52 on VKA (30.8%), were enrolled. Mean age, in-hospital mortality, 90-day mRS ³4 were significantly higher in VKA patients. 63.4% of VKA patients had subtherapeutic INR, while 47.1% of DOAC patients were on low-dose (14.2% off-label). Large vessel occlusion and embolic etiology were more frequent in VKA patients (34.6% *vs.* 26.4%, p=0.358; 92.3% *vs.* 74.3%, p=0.007, respectively), while lacunar strokes in DOAC patients (19.8% *vs.* 12.2%, p=0.366). 86.4% of patients on VKA before AIS were switched to DOAC, while a DOAC-to-VKA and a DOAC-to-DOAC switch were done in 25.4% and 11.7%, respectively. Stroke recurrence occurred in 6.4% of patients at 90 days and in 10.7% at 12 months. Anticoagulant switching was not associated with stroke recurrence.
Conclusions: In our study, non-embolic etiology was more frequent in DOAC patients and anticoagulant switching did not reduce the risk of stroke recurrence. Prospective multicentric studies are warranted.

ORAL COMMUNICATIONS

Cardiovascular and metabolic effects of GLP-1RAs in patients with type 2 diabetes mellitus: a preliminary longitudinal study

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Aim: Type 2 diabetes mellitus (T2DM) is the most common metabolic disorder in the world. T2DM involves numerous cardiovascular complications, which are a cause of morbidity, mortality and increased public spending worldwide. The real challenge of new diabetes drugs is to prevent cardiovascular risk. The new receptor agonists for glucagon-like peptide-1 (GLP-1RAs) have been shown to play a key role in cardiovascular risk too.
Methods: We carried out a longitudinal study of 12 months evaluating the cardio-metabolic effects of GLP-1RAs on a cohort of 80 Caucasian patients with T2DM referred to the Department of Internal Medicine at the University Hospital of Siena, Italy.
Results: GLP-1RAs led to several positive changes in our study population, in addition to a weight loss we observed: a change in fat distribution with reduction in the percentage of visceral fat (1.21 *vs.* 1.17, $p<0.05$); a significant reduction in the levels of LDL cholesterol ($p<0.05$) and triglycerides.($p<0.01$); an increase in the values of adiponectin which could reflect a reduction in insulin resistance and in inflammatory state. We also observed a reduction in microalbuminuria and in media-intimal thickness at the epiaortic vessels ($p=0.05$).
Conclusions: In patients with T2DM 1-year therapy with GLP-1RAs has a positive effect on the main determinants of cardiovascular risk including body weight, visceral fat, dyslipidemia and atherosclerosis. Moreover, the increase in adiponectin may play a pivotal role in controlling the inflammatory state and the mechanisms of vascular damage.

Macrophage activation syndrome in a patient affected by Takayasu's arteritis and leishmaniasis

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Introduction: Macrophage activation syndrome (MAS) is a rare life-threatening syndrome which may complicate rheumatologic diseases. It is a type of secondary hemophagocytic lymphohistiocytosis (HLH), characterized by hyperactivation of the immune system with non-malignant histiocytes multisystemic infiltration and uncontrolled hemophagocytosis. Secondary HLH can also be caused by infectious agents. We present a rare case of MAS in Takayasu's arteritis and leishmaniasis.
Case report: A 67 years-old woman affected by Takayasu's arteritis was in remission phase with low dose of steroid and metotrexate. She developed asthenia, joint pains, fever, hyperferritinemia, hepatitis and pancytopenia. MAS was suspected;all major possible infectious trigger agents and ongoing neoplastic diseases were excluded. Hemophagocytosis was showed in bone marrow sample. The suspect of MAS related to a relapsed vasculitis was treated with high-dose steroids and IL-1R, but only with etoposide the arrest of systemic deterioration was achieved. Later Leishmania infection was detected. We associated amphotericin B to steroid therapy and best supportive care.
Conclusions: Leishmaniasis is increasing in our country and could lead to MAS, especially in immunodepressed patients as rheumatologic ones. In our case coexistence of Takayasu's arteritis and leishmaniasis infection provoked this fearsome complication. The case underlines the importance of differential diagnosis of sepsis like conditions; also, it's a first example of a Takayasu-MAS correlation, which has not been described in the literature.

The vaccination of chronic patients: a systematic and evidence-based approach

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Premises and Purpose of the study: According to the WHO, vaccinations prevent approximately 3.5-5 million deaths/year. The importance of vaccinations is even more relevant in frail subjects (elderly, multi-comorbid patients with chronic diseases, immunocompromised) who are at greater risk of infections and related complications. However, vaccination coverage for these patients is still very low. One of the reasons is the absence of operational tools that support healthcare professionals in promoting vaccinations. For this reason, a document that summarizes the main indications has been developed.
Materials and Methods: Starting from the PNPV in force, we analyzed the guidelines of the main scientific societies and the documents of the CDC and the WHO, implementing the data with a systematic literature review. Four "immunization profiles" were defined, providing a comprehensive overview for homogeneous vaccination strategies.
Results: The Clinical Vaccinology Notebook has been developed. It is divided in two parts: the Clinical Vaccinology Notes, which provide basic informations to promote vaccinations, and the Operational Schemes for the practical management.
Conclusions: The Clinical Vaccinology Notebook aims to be a useful and innovative tool that highlights the importance of providing patient centered care and facilitates the management of vaccinations in chronic patients, optimizing and increasing the awareness of healthcare professionals and patients in different settings with a continuous up-to-date according to the main guidelines and evidences.

Il *Safety Briefing* in area critica: l'esperienza della Medicina d'Urgenza dell'ASL di Biella

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Premesse e Scopo dello studio: La comunicazione inefficace è responsabile di più del 60% degli eventi avversi ospedalieri; uno strumento utile a ridurre tale rischio è il Safety Briefing (SB). Il SB è una breve riunione di reparto con lo scopo di aumentare la consapevolezza situazionale del team e migliorare la sicurezza del paziente.
Materiali e Metodi: A seguito della consultazione delle banche dati, il SB è stato introdotto nel reparto di Medicina d'Urgenza dell'Ospedale di Biella. Dopo aver preso le consegne mediante il metodo SBAR è stata condotta una breve riunione (di 5 minuti), in cui venivano segnalate condizioni a rischio per la sicurezza del paziente e informazioni salienti che meritavano di essere note a tutta l'equipe. L'obiettivo è stato quello di intercettare eventi avversi e segnalare condizioni in peggioramento.
Risultati: I risultati hanno mostrato più coesione, comunicazione e una maggior continuità nella presa in carico. Segnalando a tutti gli operatori i pazienti a rischio (caduta, rimozione presidi, ridotta compliance), è stato possibile prevenire tali eventi e/o intervenire tempestivamente in situazioni di aggravamento. Il SB ha infine permesso di prevenire potenziali errori nell'assistenza.
Conclusioni: Il SB non ha influito negativamente sull'organizzazione quotidiana del reparto; tuttavia, la durata della riunione è risultata superiore ai 5 minuti. La prospettiva futura è quella di sintetizzare le informazioni e ridurre la durata del SB, così da raggiungere gli standard previsti in letteratura e di proporlo a tutte le strutture operative aziendali.

Gestione di malati rari in Medicina Interna: ruolo dell'approccio multidisciplinare

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Premesse: La malattia di Still dell'adulto (AOSD) è una rara malattia infiammatoria sistemica, con marcata elevazione degli indici di flogosi, soprattutto ferritina. In casi aneddotici, AOSD può associarsi a porpora trombotica trombocitopenica(PTT).
Descrizione: Donna, 46 anni, diagnosi di AOSD in gravidanza a Gennaio 2022; trattata con prednisone. Parto a Giugno 2022 senza complicanze, in seguito terapia con metotressato come risparmiatore di steroidi. Ricoverataci a Dicembre 2022 per astenia, artrite e febbre fino a 40°C. Agli esami: HB 4.5 g/dl, PLT <10.000, aptoglobina <10 e LDH aumentate, VES 115 mm/h, ferritina 7450 ng/ml. Valori di ADAMTS-13 indosabili e positività per inibitori di ADAMTS-13. Veniva diagnosticata una PTT associata a riattivazione di AOSD. Il decorso clinico si è complicato con epilessia e perdita di coscienza con riscontro di lesioni edematose temporali alla RM encefalo. Iniziava terapia con plasmaferesi e caplacizumab(anti-fattore di von Willebrand) senza risposta. Dopo due giorni, si iniziava terapia per AOSD con di 6-metilprednisolone (3x500 mg) e anakinra (antirecettore per IL1) con rapida defervescenza, incremento dei valori di HB e PLT; dopo circa 2 settimane di terapia dimissione.
Conclusioni: Il medico internista è fondamentale nella gestione dei pazienti acuti anche con malattia rara, coordinando il lavoro di più specialisti (reumatologo, ematologo, rianimatore, trasfusionista, neurologo), interazioni fra farmaci ed eventuali complicanze.

Effectiveness of a delirium prevention programme in an Internal Medicine ward

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Premises and Purpose of the study: Delirium is extremely common in the adult hospitalised patient and has negative consequences. In our study we evaluate the ability of a non-drug multifactorial intervention to prevent the onset of delirium in a hospitalised population at risk.
Materials and Methods: Between April and June 2023, all patients admitted to our ward were assessed for the risk of developing delirium during their hospitalisation. Patients at risk of delirium were monitored by daily administration of the 4ATtest and were admitted to a delirium prevention area, where a multidisciplinary prevention intervention was implemented, or to the general ward. The intervention included cognitive reconditioning (each room was equipped with a calendar, a clock and occupational therapy materials), a non-drug sleep hygiene programme (reducing noise, lights and non-essential care activities at night, offering an evening hot drink), extended visiting time for relatives and an early mobilisation programme.

Results: Forty-six patients were included in the study. Delirium occurred in two patients admitted to the delirium prevention area (incidence 8.7%) and in four patients in the general ward (incidence 17.4%). These results agree with a recent systemic review by the Cochrane.
Conclusions: Our study demonstrates that a non-pharmacological multidisciplinary intervention can reduce the incidence of delirium, thus enhancing the quality of care provided. This study is just the starting point for extending to the whole ward a delirium prevention programme that has proven effective in preventing delirium.

Mortality and hospitalization predictors in over 65 years old patients 1 year after hospitalization for heart failure in Internal Medicine

F. Busetti[1], M. Bussolotto[2], P. Pujatti[3], M. Cigolini[4], G. Cardaci[5], A.C. Frigo[6], B. Girolami[5], G. Baggio[6], P. Simioni[5]

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Premises and Purpose of the study: Heart Failure (HF) significantly impacts on disability and mortality, especially among the elderly. Identifying easy predictors of adverse outcomes in patients discharged for HF from the hospital is relevant in improving follow up.
Materials and Methods: Over 65 years (y) old patients discharged with a 1st diagnosis of HF in Internal Medicine departments were eligible for a cohort study. Univariate and multivariate logistic regression analysis tested the impact of 19 variables, cardiovascular (CV) or not, on mortality or new hospitalization, due to overall or CV causes, after 1 y. Odds ratios (OR) with 95% Confidence Intervals (CI) were calculated.
Results: Out of 229 included patients, 52% were male; mean age was 82±7 y. 1 y after discharge, 62% of the patients were hospitalized while 29% died. Among 19 prognostic variables, Barthel Index <60 was significantly associated with overall (OR 6.8, 95% CI 2.9 to 15.8) or CV mortality (OR 3.7, 95% CI 1.6 to 8.4); CIRS (Cumulative Illness Rating Scale) resulted significantly associated with overall hospitalization (OR 2.6, 95% CI 1.4 to 4.7), overall (OR 5, 95% CI 1.3 to 18.8) or CV death (OR 4.7, 95% CI 1.02 to 21.2). Previous HF admissions, diabetes and anemia were significantly associated with hospitalization, not with mortality.
Conclusions: Over 65 y old patients discharged because of HF from Internal Medicine Departments improve their prognostic stratification by means of Internal Medicine scores which identify patients at higher risk of death (CIRS, Barthel) or hospitalization (CIRS) within 1 y.

Two cases of post-traumatic hemophagocytic lymphohistiocytosis: a potential cause of fever and cytopenia after trauma

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Background: Post-traumatic hemophagocytic lymphohistiocytosis (PT-HLH) is a rare and potentially life-threatening condition characterized by uncontrolled activation of the immune system. The diagnosis is often made in the setting of exclusion of other conditions, such as infections and malignancies.
Case Description: We present two cases of adult patients who developed fever and pancytopenia after severe trauma. While more common causes were excluded, we observed hepatosplenomegaly and elevated levels of inflammatory markers, serum ferritin, and triglycerides. On these findings we started to consider the diagnosis of post-traumatic hemophagocytic lymphohistiocytosis (HLH), which was then confirmed by bone marrow biopsy. Treatment with high-dose corticosteroids and intravenous immunoglobulin (IVIG) was initiated promptly after biopsy, resulting in rapid clinical improvement in both patients.
Conclusions: This case report highlights the importance of considering PT-HLH in the differential diagnosis of patients with fever, cytopenias and multiorgan dysfunction following trauma. Early diagnosis and treatment of PT-HLH can lead to a better outcome.

Homocysteine: marker of neurodegeneration in patients with alcohol dependence syndrome

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Aims: Alcoholism correlates with increased homocysteine, whose metabolism requires vitamins B12, B6, and B9 as cofactors. Homocysteine overcomes BBB by acting as a neurotoxin, promoting demyelination, leading to up-regulation of NMDA receptors, glutamate accumulation and neuronal lipid peroxidation, cellular changes underlying phenomena such as learning, memory and dysesthesia. The study assesses the association between hyperhomocysteinemia in alcoholics and central/peripheral neuronal damage.
Methods: MOCA and MMSE psychometric instruments, EMG.
Results: 45 patients underwent homocysteine assays at enrollment found to be above threshold values in 96% of cases; at T0 performed neurocognitive assessment by MOCA and MMTE with mild to moderate impairment of cognitive abilities in 65% of cases. EMG performed at T0 documented mild signs of neurogenic distress in 30% of patients. After a course of parenteral B vitamins and continued vitamin oral supplementation for 6 month repeat tests were performed providing improvement in cognitive abilities in 85% of cases: moderate/light to mild. Repeat EMG at 6 months was also negative in 20% of patients with mild signs of distress. Homocysteine values at T6 were in range in 99% of patient.
Conclusions: Hyperhomocysteinemia of alcoholics represents a risk factor for neurodegeneration that is potentially modifiable with pharmacological strategies of vitamin replenishment and total abstention from potus.

The Volemia Fragile Project: internal and geriatric medicine specialists left the hospital to work in the local community. The experience of the Cure Primarie Unit, Pieve di Soligo District, AULSS 2, Veneto Region

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Background: The Cure Primarie (CP) Unit medical team is

composed of 3 internists e 2 geriatricians, all of them with long hospital experience. The team delivers home visits and consultations to frail patients with chronic diseases and unstable fluid balance. Patients are referred to the CP by General Practitioners, Acute Internal Medicine and Geriatrics wards, chronic heart failure and liver diseases outpatient clinics and community nurses.
Aim of the study: To assess the project feasibility, to define patients disease burden and to prove the decrease of Accident and Emergency (A&E) admissions.
Materials and Methods: Between May 2022 and January 2024 188 patients were enrolled, 155 of whom with chronic heart failure and/or chronic kidney disease and/or liver cirrhosis. Interventions are: Planned and urgent medical home visits with point of care ultrasound, blood samples, ECG, iv and sc infusions (solutions, diuretics, antibiotics), oxygen therapy, palliative care including end of life sedation. Doctors are available from 8 am to 5 pm five days/w, whereas nurses are on shift 12 hours a day, 7 days/w. E-mails and phone calls are used for patient-doctor/nurse communications.
Results: Patients have a high burden of chronic diseases and drugs: 24% with ≥4 diseases; mean numbers of drugs: 9. A reduction in A&E admissions occurred ($p<0.05$).
Conclusions: Preliminary data suggest that the project is feasible and that specialists and nurses working in the community can reduce A&E admissions of chronic patients with fluid imbalance.

Acquired haemophilia A and bullous pemphigoid as a paraneoplastic manifestation of low-grade urothelial carcinoma: a case report

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Premises: Acquired haemophilia A is a rare disease resulting from autoantibodies against endogenous factor VIII. Bullous pemphigoid is an autoimmune bullous disease. Both diseases may present a manifestation of cancer.
Description of the Case report: A 63-year-old male patient diagnosed with bullous pemphigoid was started on oral methylpredisone. Few weeks later, the patient presented to the emergency department for gastrocnemius intramuscular haematoma. Blood tests showed severe anaemia and prolonged activated partial thromboplastin time (aPTT). Mixing test was performed, with no aPTT correction. Factor VIII was undetectable, with presence of high level of inhibitors at Bethesda assay. Suspecting a paraneoplastic syndrome, a computed tomography was performed which showed a bladder polyp. High-dose oral prednisone (1 mg/kg) was started and polyp resection was postponed due to high bleeding risk. Later on, the patient presented also deltoid intramuscular haematoma, so recombinant factor VIII and immunosuppressive therapy with rituximab were started. Six months later, factor VIII normalized, the patient was able to undergo transurethral bladder resection. Histologic exam showed low-grade urothelial carcinoma.
Conclusions: Acquired haemophilia A usually manifests as spontaneous and severe bleeding. Treatment involves control of bleeding source and eradication of the factor VIII inhibitor. Investigation of the underlying condition is mandatory as it may represent the manifestation of a cancer, especially when associated with another paraneoplastic syndrome, such as bullous pemphigoid.

A case of diffuse alveolar hemorrhage secondary to post-traumatic fat embolism syndrome

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Introduction: This case describes a young healthy female with hypoxemic respiratory failure, anemia and fever after a post-traumatic femoral fracture.
Description: A young healthy female presented to the emergency room because of a left femoral fracture. 24-hours after surgery, she developed fever, respiratory failure and anemia. Chest angio-CT was negative for pulmonary embolism. After few days the patient had a worsening of anemia and respiratory failure, requiring NIV. A new chest angio-CT was compatible with diffuse alveolar hemorrhage (DAH). Blood cultures and connective tissue serologies were negative. In the hypothesis of fat embolism syndrome (FES), we sought urinary fat, resulted positive. Broncoscopy with bronchoalveolar lavage (BAL) showed an increase in hemorrhagic aliquots (confirming the radiologic pattern of DAH) while citology was notable for abundant lipid-laden macrophage, supporting the diagnosis of FES associated DAH (FEDAH). High-doses methil-prednisolone therapy was started, with a rapid regression of respiratory failure, fever and anemia. A new chest CT was normal.
Conclusions: We described a case of FEDAH after a femoral fracture. To date, only few cases of FEDAH are described in literature. Clinical suspicion is based on acute respiratory failure, pulmonary infiltrates, hemoptysis, anemia and fever after long-bone fracture, with a diagnosis of exclusion. Research of urinary fat, a rapid and low-cost test easy available in Emergency Department, may be useful for an early diagnostic assessment. Prognosis is good if supported therapy is started early.

Macrophage activation syndrome successfully treated with eculizumab and emapalumab: a case report

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Premises: Hemophagocytic lymphohistiocytosis is a hyperinflammatory syndrome. If it occurs in autoimmune diseases the term macrophage activation syndrome is used. Infections represent a trigger of acute episode.
Description of the Case report: A 45-year-old women suffering from Crohn's disease complicated by polimyositis, treated with DMARDs and steroids and, since Sept. 2023 with infliximab, in Dec.2023 was recovered for fever. Blood tests showed: pancytopenia, hyperferritinemia, hypertransaminasemia, increase in LDH, triglycerides, CPK and inflammation indices; complement consumption. MAS was confirmed by examination of the bone marrow. We documented possible recent EBV and M. pneumoniae infections. Therapy with high dose streoids, anakinra and IVIg was established; she was treated with antibiotics, antivirals and antifungals. Due to the persistence of signs of thrombotic microangiopathy we decided to start association therapy with eculizumab, a mAb designed to attach to the C5 complement protein, with stabilization but missed improvement, so the patient was treated with emapalumab, with clinical improvement and normalization of LDH, complement and fibrinogen.
Conclusions: The treatment of HLH consists of glucocorticoids, anakinra and IVIg. Treatment of the underlying disease should be carried out in parallel. Emapalumab is the first tar-

geted therapy approved by the US FDA for primary pediatric HLH. Ours is one of the first reports of the use of Emapalumab in adult patients: this drug has proven to be effective for a pathology burdened by a very high mortality rate.

Acute liver failure: is it just a matter of Stevens-Johnson syndrome?

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Background: Stevens-Johnson Syndrome (SJS) is a severe mucocutaneous adverse reaction often provoked by drugs.
Case report: A 76-year-old man went to the emergency department for desquamative erythema, jaundice and fatigue appeared after recent start of treatment with allopurinol. Examination did not reveal fever, tachycardia or hypotension. Laboratory findings showed elevated levels of creatinine, transaminases, bilirubin and lipase. Chest-abdomen-computed tomography excluded dilatation of bile ducts or hydronephrosis. Systemic infection was excluded. Serology and quantitative PCR analyses of hepatitis viruses were negative; only a positive Cytomegalovirus (CMV)-immunoglobulin G was detected. Dermatological examination suggested SJS diagnosis. It was then concluded for a case of SJS with multiorgan failure induced by allopurinol. Systemic corticosteroid and fluid therapy was started obtaining both clinical and laboratory improvement: dermatological symptoms reduced, as well as creatinine and lipase levels. On the contrary, bilirubin levels were persistently increasing. Quantitative PCR analyses of hepatitis viruses was therefore repeated showing an active CMV infection. Antiviral therapy with ganciclovir was started with reduction of viral load and normalization of bilirubin levels.
Conclusions: Herpesviruses reactivation is rarely documented in SJS and its relation to the pathogenesis of the disease or the corticosteroid therapy remains unclear. Nevertheless we highlight the importance of investigating it in every case of severe drug eruption as a major prognostic factor.

A single-center experience in screening patients for carbapenem-resistant enterobacteriaceae at admission

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Background and Aims: Bloodstream infections due to carbapenem-resistant enterobacteriaceae (CRE) is a leading cause of morbidity and mortality. Our aim was to investigate the prevalence of colonization from CRE among patients admitted to Internal Medicine Unit.
Materials and Methods: We retrospectively collected rectal swab specimens from patients at admission between November and December 2023. Laboratory searched for gram negative resistance markers analysing rectal samples with multiplex PCR-based BD MAX assay to detect the 5 major carbapenemase families (OXA-48, VIM/IMP, KPC, NDM).
Results: 184 rectal samples were collected. The overall carriage rate of CRE was 6% (KPC and NDM in 73% and 27% patients, respectively). Seventy-two patients with positive rectal swabs showed almost one of the following features: hospitalization/antibiotics in the last month, haemodialysis. In our cohort positivity rate of urine and blood cultures was 5% and 16% respectively. No correlation between CRE colonization and urine positivity was found; 18% patients showed both blood cultures and rectal swab positive and died. Mortality rate in patients with positive blood cultures and negative rectal swab was 33%.
Conclusions: the number of positive rectal swabs compared to the total number of hospitalized patients remained low thanks to the procedures adopted after identification of carriers. Colonization increases the risk of infection by multidrug-resistant bacteria, having a remarkable impact on prognosis (as we observed mortality up to 100% in patient with blood culture and rectal swab positive).

Invio del paziente internistico ad un percorso di cure palliative: una fotografia di alcune medicine laziali

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Background: Nella Medicina Interna (MI) troviamo pazienti (pz) con comorbidità, ricoverati fino alle fasi finali di vita. All'internista l'individuazione tempestiva della necessità di Cure Palliative (CP).
Obiettivi: Valutare l'invio dei pz internistici in CP, tempi e modalità di invio, risorse impegnate, giornate in MI.
Materiali e Metodi: Selezionati pz per i quali l'internista ha chiesto le CP. Riportati: farmaci nel ricovero, macroprestazioni, tempi tra ricovero e richiesta di consulenza palliativa, tempi effettuazione, esito, tempi invio e giorni di ricovero in MI, motivo invio in CP.
Risultati: 30 pz, età media 82, 43% ricoverati per patologia oncologica e nel 50% con un numero di farmaci tra 6 e 10. Il 50% ha ricevuto macroprestazioni. I giorni tra il ricovero e la richiesta di CP sono stati in media 10, quelli tra richiesta ed effettuazione consulenza 1,5. Per 6 consulenza negativa, 5 non idonei. Patologie di invio: 13 oncologici, 6 multiorgano, 3 infettive, 3 pneumologiche, 1 cardiologica, nefrologica e neurologica, 2 altro. Numero di giornate medio tra richiesta agli hospice e invio 7 giorni, con una media di giornate in MI di 16. 18 in percorso di CP, 1 in attesa, 5 deceduti in MI.
Conclusioni: Le necessità di CP sono maggiori nelle patologie non oncologiche; nel nostro studio la patologia principale è neoplastica, evidenziando la difficoltà nell'individuare l'end-stage nel non oncologico. L'uso di indici prognostici per i pz internistici può ridurre giornate di ricovero, anticipando l'individuazione dei pz da CP, ridurre macroprestazioni, costi e decessi in MI.

Clinical utility of bedside contrast-enhanced ultrasound in the diagnosis of pneumonia in elderly patients: comparison with clinical, radiological and ultrasound diagnosis

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Premises and Purpose of the study: to measure the clinical impact of contrast-enhanced ultrasound (CEUS) in the diagnosis of community-acquired pneumonia (CAP), compared to clinical, radiological and ultrasound diagnosis.
Materials and Methods: 84 patients (47/37 males/females, mean age:78,57±11,7 Y) with clinical suspicion of pneumonia and with ultrasound findings of peripheral lung lesions, were investigated with CEUS for a better characterization. Final diagnosis of 65 cap was obtained with complete disappearance of symptoms and pulmonary nodule(s); 19 neoplasms. Sensitivity, specificity, overall diagnostic accuracy (ODA) (and corresponding AUROC) of clinical-data (CD), chest X-ray(CXR), Lung-ultrasound(LUS), CEUS were calculated with SPSS 26.0 software.
Results: Final diagnosis: 65 CAP, and 19 chest cancers. CD: sens:35,4% spec:89,5% ODA10%: PPV:92%, NPV:28,8%; CXR: sens: 55,4%; spec: 73,7%; ODA: 32%; PPV:87,5%, NPV:32,66%. US: sens: 90,8%, spec: 73,7%, ODA: 84,9%, PPV:92,2%, NPV:70%; CEUS: sens: 96,9%; spec: 100% ODA: 97,5%; PPV: 100%, NPV:90,5%.
Conclusions: Clinical-data and chest X-RAYS are insufficient to obtain a correct diagnosis of CAP in elderly population; US demonstrated a good accuracy to establish CAP, but with a relatively low specificity; in these cases, CEUS is able to give a correct characterization, allowing you to save the need for a chest contrast-enhanced-CT (CECT)

Risk of burnout on the Internal Medicine ward

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Premises and Purpose of the study: Health workers are at higher risk for burnout than workers in other fields.
Materials and Methods: Starting from a recent global survey conducted by Medscape that showed how internists compared to other specialists reported higher burn-out rates we conducted on-line survey on a sample of 2138 health employees working in Internal Medicine (covering a wide range of age, work experience and contractual positions) from January 2023 to February 2023. The questionnaire included 35 questions concerning personal and professional life and was aimed at evaluating the presence of excessive stress related to increased workloads. Factor analysis and test reliability for the survey was determined. Mean scores for the subscales determining burnout, namely emotional exhaustion, depersonalization and lack of personal accomplishment were calculated.
Results: Nearly half of responders (49,6%) report burnout and more than half (56,7%) reveal that he was going to quit in the last year. The analysis revealed that the age group between 41-55 years and the physicians more than nurses reported more high levels of tension. We did not notice any gender differences
Conclusions: This study shows the relevance of the risk of burnout among health employes working in Internal Medicine Units, due to severe workload and working condition. The resulting impact on the quality of the care services, and the significant costs involved, both in human and economic terms, call for significant emergency measures by the Italian health work organization.

Calcium addicted room-mates: malabsorption of calcium and levothyroxine in SIBO, a case report

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Premises: Small intestinal bacteria overgrowth (SIBO) is a condition characterized by an high count of bacteria in the small bowel. Several situations predispose to SIBO, such as motility and anatomical disorders, immunodeficiencies and others. Typical clinical presentation is characterized by diarrhea, bloating, and malabsorption.
Description of the Case report: An 82-years-old woman came to our emergency department complaining limbs paresthesia. Around forty years ago she underwent a total thyroidectomy for multinodular struma that lead to hypothyroidism and hypoparathyroidism. She also referred an IgA deficiency and a long story of unexplained anemia. She assumed high doses of thyroid hormones (2 mcg/kg/die), calcium (6 g/die), calcitriol (1 mcg/die), and cholecalciferol (800 UI/die). Despite this therapy blood exams showed persistent severe hypocalcemia. Celiac disease, atrophic autoimmune gastritis, and Helicobacter Pylori infection were excluded. A glucose breath test allowed a diagnosis of SIBO and the patient was treated with rifaximin 1200 mg/die. After therapy there was a rapid increased in calcium and thyroid hormones levels and she was discharged with 2g/die of calcium, 0.25 mcg/die of calcitriol and 1.4 mcg/kg/die of levothyroxin.
Conclusions: Epidemiology and physiopathology in SIBO are not yet completely known. In some conditions, like IgA deficiency, there is an higher risk for this disorder. Patients with risk factors complaining of gastrointestinal symptoms and/or sign of malabsorption must be investigated for SIBO and treated with specific therapy.

Oral semaglutide for 12 months improves microalbuminuria and GFR in type 2 diabetes outpatients

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Premises and Purpose of the study: In addition to improvement of glycemic control, oral semaglutide has favourable effects on metabolic profile of diabetic patients. Till now kidney function is thought to be little conditioned by oral semaglutide, although injectable semaglutide is under investigation for possible nephro-protective effects, including reduction of microalbuminuria and stabilization of renal function. In this observational study we evaluate the consequences of 12 months treatment with oral semaglutide on renal function, microalbuminuria and main CVD risk factors in 82 type 2 diabetes outpatients, on stable hypoglicemic, anti- hypertensive, lipid lowering therapy
Materials and Methods: Clinical data, BMI, WC, microalbuminuira, creatinine, metabolic and lipid profile, as well as Visceral Adiposity Index, TYG index and LAP Index were measured in all the patients at baseline and after 12 months of therapy with oral semaglutide
Results: Treatment with oral semaglutide was associated with significant lowering ($p<0,001$) from baseline values of microalbuminuria, creatinine, FBG, HbA1c, body weight, BMI, WC, LDL cholesterol, triglycerides, sistolic and diastolic

blood pressure, VAI, TYG index, LAP index. Significant (p<0,001) elevation was observed for the values of HDL cholesterol and EGFR
Conclusions: In this study population 12-month treatment with oral semaglutide in add-on to on-going hypoglicemic therapy significantly improves renal function also reducing levels of microalbuminuria and cutting down all main CVD risk factors and cardiometabolic risk scores.

The strategy on healthcare-associated infections prevention in patients with previous SARS-CoV 2 infection. Analysis of the cost and consumption of antibiotics

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Purpose of the study: Healthcare-associated-infections represent frequent complications of hospital care. Active surveillance activities, prevalence and incidence investigations are fundamental, as a described in PNCAR 2022-2025.
Materials and Methods: the "Ospedale del Mare" showed a 30% increase in super-infections from MDR germs, particular Acinetobacter B. also in Sars-CoV-2 patients. Within 24 hours of hospitalization, patients underwent rectal swab for MDR germs and nasal swab for MRSA.
Results: Comparison between 2021 *vs.* 2022 showed in 2022 24% increase in positive MRSA nasal swabs in General Medicine (GM), 21% in ICU and 43% in Emergency Medicine (EM). In 2022 there was a 25% increase in positive MDR rectal swabs in GM, 30% in ICU and 41% in EM. Surveillance strategy highlighted an increased rate of MDR germs, particularly Acinetobacter without significant difference in 2022.
Conclusions: Early identification of colonized patients in GM led to 3.4% reduction of meropenem DDD (2021 *vs.* 2022) and -45% of costs, while for ceftazidime/avibactam -55.3% and -52.4%. In EM, 100% DDD reduction, while in ICU there was a +533% DDD increase, with increased cost by 579%. The cost analysis for all UUOOs for ceftazidime\avibactam showed 19% increase, also due to 14% price reduction. The sub-analysis of the ICU data showed that, despite the increased costs for antibiotic therapy and the number of MDR colonization/infections, the mortality rate lowers from 71.8% in 2021 to 63% in 2022 with an average stay in ICU of 17 days in 2021 rather than 16 days in 2022, showing a slight reduction.

Differences in health associated infections in two different hospital settings: a Medicine ward and Long-Term Medicine ward

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Premises and Purpose of the study: Healthcare-associated infections (HAIs) represent one of the most frequent adverse events in healthcare, both due to the endemic spread of some microorganisms and the occurrence of epidemics, and constitute a relevant public health problem. HAIs have a significant impact on morbidity, mortality and quality of life and represent an economic burden.
Materials and Methods: We evaluated the prevalence of germs in two different hospitals in Campania: the Medicine of the AO dei Colli and the Long-Term Care Medicine of the AORN Cardarelli of Naples in the year 2022. No. 788 blood cultures (EMC) in the AO dei Colli and 852 in the AORN Cardarelli were performed.
Results: On the 788 EMC of the AO dei Colli we observed 20% CRE (13% E. coli, 6.9% Klebsiella), 10% CRAB (Acinetobacter), 18% CRPsA (Pseudomonas ae). *vs.* 852 AORN Cardarelli with 5% CRE (1.5% E. coli, 3.5% Klebsiella), 4% CRAB (Acinetobacter) and 11.2% CRPsa (Pseudomonas ae). In this AORN the most prevalent germ is Staph. Coag neg (20%) followed by Staph. Haemoliticus 15% as well as Candida tropicalis 20%, Candida albicans 15%.
Conclusions: These differences in the two Medicine wards are probably due to the different typology of hospitalized patients: in the AO dei Colli Medicine ward patients arrive directly from the Emergency Department, in the Cardarelli ward having they already been admitted to other Medicine wards and subsequently to the Long-Term Care Unit. We are still evaluating the results for the year 2023.

Anti-Ro52 associated with Anti-EJ antibodies may predict more severe lung damage in patients with anti-synthetase syndrome

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Premises: Anti-synthetase syndrome (ASSD) is a rare autoimmune disease characterized by serologic positivity for anti-synthetase antibodies. The lungs emerge as the predominantly impacted organ, typically presenting with manifestations of interstitial lung disease (ILD). The clinical presentation and progression of the disease may vary depending on the specific anti-synthetase antibody present.
Description of the Case report: A 45 yrs old patient was admitted with a 2-month history of progressive dyspnea with no other symptoms; ANA test (IFI on Hep2) was positive at a titer of 1:160, and his anti-synthetase antibodies were positive for EJ and Ro52. Other tests (including ENA, anti-DNA, C3, C4 and Echocardiogram) were normal. CT scan showed diffuse interstitial infiltrates in both lungs while the spirometry showed only a slight reduction in the DLCO. The physical examination was unremarkable. Based on clinical presentation and laboratory findings, a diagnosis of ASSD was made and the patient started oral cyclosporine and prednisone with gradual improvement of symptoms. We have scheduled appropriate tight control and follow-up with our multidisciplinary team including a respiratory physicians and an expert ILD radiologist.
Conclusions: Different ASSD phenotypes could be related to incidence and severity of ILD and the presence of anti-Ro52 antibodies, in conjunction with Anti-EJ antibodies, could prove valuable not only for their potential to raise diagnostic suspicions but also in their observed association with a higher incidence of ILD and progression of the disease.

Implementation of cardio-oncology service in ASST-Crema. A model of multidisciplinary approach for patient centered care

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Premises and Purpose of the study: Cardio-oncology focuses on the need for close collaboration between oncologists and cardiologists in order to prevent and promptly detect and treat cardiovascular toxicities related to oncological treatment (CTR-CVT) in the era of new drugs.
Materials and Methods: Since June 2023 has been organized a specific cardiological ambulatory for our oncological patients candidates to potentially cardiotoxic agents. In according to ESC 2022 guidelines, all patients were screened for cardiovascular risk, past and programmed therapy, HBA1c, lypidic profile, cardiac troponin and BNP determination, pressure, ECG and echocardiogram with global longitudinal strain measurement. A referring oncologist, hematologist and cardiology team has been identified to discuss face-face complex cases and implement competence and process.
Results: After the first six months overall 74 pts were evaluated including 29 GI, 19 breast, 10 lung, 4 GU, 6 lymphoma, 3 chronic lymphocytic leukemia and 3 other cancers. Based on HFA-ICOS score, 37 pts were classified as high risk, 14 moderate and 23 low risk.10 pts required further cardiological assessments, but only in 1 patient was necessary to change the proposed oncological therapy. In more than 90% pts, primary prevention or cardioprotective strategy was proposed. During this time, no patient developed CTR-CVT.
Conclusions: Follow-up for long- term outcomes is ongoing. In our experience, cardio-oncology service is feasible even in non-hub hospital and is a model for patient centered care.

The prevalence of peripheral artery disease in patients with chronic kidney disease in the Internal Medicine department

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Premises and Purpose of the study: the prevalence of peripheral artery disease (PAD) in patients with chronic kidney disease (CKD) is probably underestimated, as the accuracy of traditional diagnostic methods is uncertain. This study aims to determine the prevalence of PAD and to evaluate the accuracy of different screening methods in patients with CKD.
Materials and Methods: we enrolled patients >50 years of age, with a diagnosis of CKD (glomerular filtration rate <60 ml/min), hospitalized in the Internal Medicine Department. Patients with a recent (<2 years) diagnosis of CKD and clinically unstable patients were excluded. Each patient was screened using the San Diego Questionnaire, ABI measurement and Doppler wave sound analysis. Furthermore, all patients underwent a full clinical evaluation and a Doppler ultrasound (DUS) to confirm the diagnosis of PAD.
Results: 50 patients were included (30 males, median age 83). Hypertension and dyslipidemia were found in most patients. We estimated a 30% prevalence of PAD (95% CI, 17.8-44.6%) in this population. ABI measurement was associated with a 65% sensitivity (95% CI, 35.1-87.2, p <0.001) and was outperformed by both wave sound analysis (93% sensitivity, 95% CI, 68.1-99.8, p <0.001) and peripheral pulses evaluation (86% sensitivity, 95% CI 59.5-98.3%, p <0.001). Finally, the use of the San Diego Questionnaire had a low accuracy in recognizing patients with PAD.
Conclusions: PAD has a high prevalence among patients with CKD, but the commonly used screening methods underestimate its burden on this population.

Direct oral anticoagulants for the treatment of venous thromboembolism in patients with cancer: a FADOI survey among Campanian Internal Medicine wards

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Premises and Purpose of the study: Venous thromboembolism (VTE) is an important cause of morbidity and mortality among patients with cancer. According to recent guidelines its initial treatment may involve low-molecular-weight heparin (LMWH) or a direct oral anticoagulant (DOAC), as well as for long-term anticoagulation. Therefore, we conducted this Survey aimed at knowing aspects of the treatment of VTE in patients with cancer in the Campania Region.
Materials and Methods: In December 2023, a questionnaire (Q) with 14 questions relating to the treatment of VTE in patients (pts) with cancer was sent to FADOI members in Campania. 55 pratictioners from 40 Internal Medicine Wards of Campania.
Results: The percentage of pts with cancer admitted in Internal Medicine ward presenting VTE: <25% (69%), 25-50%(31%). All pts with cancer and VTE begin anticoagulant treatment during hospidalitation. Its initial treatment is based on LMWH: all pts (29%), a small part 9%, most (62%), while on DOAC: all pts (11%), none (1.8%), a small part (52.7%), most 34.5%. Comorbidities in the 70% of the cases influence the choice of treatment. Mortality of this pts: <20% (42%), 20-40%(22%),41-60%(4%), unknown (32%). In the discharge letter of pts with cancer and VTE, LMWH are prescribed: <25% (45.5%), 25-50% (31%), 51-75% (9%), >75% (14.5%), while DOAC: <25% (11%), 25-50% (31%), 51-75% (16%), 75% (42%).
Conclusions: In Internal Medicine Wards of Campania LMWH is preferred over DOAC in initial treatment of VTE in pts with cancer, while for long-term anticoagulation DOAC is preferred over LMWH.

***Pseudomonas aeruginosa* MDR strain bacteraemia successfully treated with piperacillin/tazobactam: when beta-lactam continuous infusion, therapeutic drug monitoring and fosfomycin combination make everything easier**

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Premises: *Pseudomonas aeruginosa* is a common cause of healthcare-associated infections. In case of sepsis, beta-lactam

antibiotics continuous infusion (CI) and therapeutic drug monitoring (TDM) guided therapy, allow to reach a higher rate of clinical and microbiological cure. Fosfomycin is known to retain good antibiofilm activity and a potential synergistic effect when added to beta-lactams, even against *P. aeruginosa* MDR strains.
Case description: A 62 years old man, affected by squamous cell carcinoma extended to the pelvic region, after an attempt of epicistostomy placement, developed fever with high C-reactive protein (CRP 268.74 mg/L) and procalcitonin (PCT 39.32 ng/mL) values. Urine and blood cultures were taken and empiric iv piperacillin/tazobactam 18gr CI was started; cause of fever persistence, beta-lactam dosage was brought to 20.5gr and iv fosfomycin 12gr CI was added. Cultures revealed *P. aeruginosa* growth with MDR profile: cefepime I8 mg/L, ceftazidime I8 mg/L, ceftolozan-tazobactam S1 mg/L, ciprofloxacin I0.5 mg/L, fosfomycin R>64 mg/L, meropenem R16 mg/L, piperacillina-tazobactam R32 mg/L. No organ involvement was documented. Due to persistent apyrexia, CRP, PCT and blood culture negativization, we maintained the same antibiotic treatment, despite of resistance profile. Piperacillin/tazobactam TDM showed a concentration of 72.55 mg/L, more than twice the MIC value for *P. aeruginosa*.
Conclusions: Piperacillin/tazobactam CI, in association with fosfomycin and TDM, could be a good choice, even in case of *P. aeruginosa* MDR infection without organ involvement.

Reliability and validity in predicting adverse outcomes of venous excess ultrasound score: a systematic review

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Premises and Purpose of the study: The Venous Excess Ultrasound Score (Vexus) has been proposed to evaluate systremic congestion. This review aims to check reliability and validity in predicting adverse outcomes of Vexus score.
Materials and Methods: This review, based on the PRISMA guideline, explored the PubMed, Web of Science, and Scopus databases. Inclusion criteria: studies on the reliability; accuracy in predicting death, re-admission of the Vexus. Three researchers selected studies and then assessed their quality using the QUADAS-2 guidelines. The key words for search were: point of care ultrasound and venous congestion.
Results: We collected 65 studies, 8 studies were included for the final analysis. We have not found studies on Vexus's reability. In two studies Vexus seems to predict AKI (Hazard ratio=2.8, Odds ratio= 0.5) but in one it does not predict AKI (OR=0.4). One report suggested that Vexus does not predict 28 day mortality (OR=0-75,p=0.6) but one found that Vexus is valid in predicting death heart failure related (AUC=0.89). The score does not seem to predict re-admission but predicts high Central Venous Pressure, CVP (AUC=0.9); it correlates with CVP (r=0.68, p<0.001). The studies collected showed a moderate quality according to QUADAS-2 guidelines.
Conclusions: We found divergent conclusions on the Vexus's validity in predicting death and AKI. No data on its reliability and few data on re-admission. Further research is needed before using the Vexus score.

Digital health readiness of Italian nurses: a cross-sectional study

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Background and Aim: "Digital Health Readiness" (DHR) refers to the ability to be ready, motivated, and competent in adopting, using, and effectively disseminating digital health technologies. While numerous studies have explored the digital skills of nurses, there is limited evidence on their digital readiness. The aim of this study was to measure DHR among a sample of Italian nurses.
Materials and Methods: A cross-sectional study was conducted from July 2 to August 2, 2023. The "Digital Health Readiness Questionnaire," comprising 4 domains and 20 items, was used for data collection. Descriptive and inferential analyses were performed using the statistical software SPSS.
Results: Overall, 140 nurses participated in the study; 63.4% was female, with a mean age (SD) of 31.85 (8.3) years, and 85.2% had a bachelor's degree. All respondents have been working as nurses for 5.12 years (SD=7.43), and majority worked in surgical settings (45.1%) within a hospital (44.4%). Female gender (F=2.06, p=0.02), hospital setting (F=1.85, p=0.04), and younger age (F=2.78, p=0.004) was significantly associated with digital skills and literacy.
Conclusions: The proficient level of DHR, influenced by factors such as setting and age, empowers nurses to play a pivotal role in the ongoing digital transformation of the healthcare system.

Risk factor for damage accrual in primary antiphospholipid syndrome: a retrospective single-center cohort study

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Premises and Purpose of the study: Despite anticoagulant therapy, in primary antiphospholipid syndrome (PAPS), a higher rate of recurrent events occurs, leading to potentially accrued damage with a negative impact on quality of life. We evaluated risk factors and APS subsets associated with accrual damage.
Materials and Methods: We conducted a retrospective single-center study. We assessed medical records of 282 PAPS patients, with a median age of 36 years, followed for a median of 195 months. The primary endpoint was the damage accrual during follow-up, defined as organ impairment present for at least six months or caused permanent loss. The secondary endpoints were early organ damage presented within six months and death.
Results: Eighty presented accrual damage at follow-up; 52.5% presented organ damage within the first 6 months after diagnosis; 41.3% had more than one organ damage. The neuropsychiatric domain was the most frequently involved (38.8%), followed by peripheral vasculopathy, renal, and cardiac domains. 7 patients died and damage accrual was associated with a 6-fold risk of death. Microangiopathy and non-criteria manifestations were independent risk factors for accrual damage with 5-fold and 4-fold higher risk, respectively. The cumulative incidence of damage accrual was increased by 5.7-fold and 3.6-fold in patients with microangiopathy and those with non-criteria manifestations.
Conclusions: Our data showed a high frequency of damage accrual in APS patients. Microangiopathy and non-criteria manifestations were independent risk factors for damage accrual.

Ectopic mediastinal parathyroid adenoma: a rare case of primary hyperparathyroidism

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Introduction: Prevalence of primary hyperparathyroidism (PH) is increasing. A single para-thyroid adenoma is the most frequent cause of PH. PH can also be due to ectopic mediastinal parathyroid adenoma in 11-25% of patients. To detect ectopic adenoma guidelines recommend use of ultrasound, Tc-99 m-sestamibi scintigraphy, and contrast-enhanced 4D CT. The use of endoscopic ultrasound (EUS) is reported in some case and some cases in has been integrated with fine-needle aspiration and PTH sampling in the eluate.
Case report: A 66-year-old female was admitted for a spontaneous neck hematoma. Laboratory exams revealed PH with elevated total serum calcium 10,9 mg/dl and high PTH 150 pg/mL. Neck ultrasound did not show images compatible with parathyroid. CT revealed complex vascularization of thyroid and a nodule between posterior side of right thyroid lobe and paraesophageal region. A double-tracheant scintigraphy revealed a 15 mm nodule compatible with ectopic parathyroid. A echoendoscopy detected a dysomogeneus, hyperechoic and elonged lesion was noted, with iperenhancement using CEUS. FNAB was performed. Cytological exam revealed non-atypical epithelial aggregates, results at PTH+ and TTF1– at immunophenotypic investigations. PTH dosage on the washing liquid was >2500 pg/ml, diagnostic of ectopic parathyroid.
Conclusions: In patients with PH, second and third level diagnostic procedures as in this case could be useful to be sure of diagnosis, particularly if pluricomorbid patients must receive parathyroidectomy with major surgery could include potential severe complications.

Treatment with teriparatide on primary and glucocorticoid-induced osteoporosis

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Background: Teriparatide is an osteoporosis treatment that significantly increases the Bone Mineral Density (BMD) in the lumbar and femoral areas and decreases the incidence of new fractures due to its anabolic action.
Methods: This trial evaluates the effectiveness of teriparatide in preventing new vertebral and femoral fractures in patients with osteoporosis. The patients studied were divided into two groups (G1 and G2). In G1 30 females between 55-72 years with post-menopausal osteoporosis, in G2 20 females between 45-52 years with GIO. BMD was measured by DEXA before and after 18 months of treatment at lumbar spine (LS) (L1-L4) and femoral neck (FN). The results are reported in g/cm². Statistical analysis was performed using Student's t-test and data reported as mean±standard deviation.
Results: In G1 basal BMD values were 0.66±1.25 in LS and 0.64±0.11 g/cm² in FN. After treatment BMD values were 0.74±1.11 g/cm² in LS and 0.67±0.09 g/cm² in FN.
In G2 basal BMD values were 0.68±0.09 in LS and 0.66±0.13 g/cm² in FN. After treatment, BMD values were 0.74±0.10 g/cm² in LS and 0.68±0.12 g/cm² in FN.
Basal BMD values increase significantly in both groups.
Conclusions: The data confirm effectiveness of teriparatide increasing lumbar and femoral BMD values on primary and glucocorticoid-induced osteoporosis. During the observation period there were not new fractures.
The data also demonstrate that teriparatide prevents the development of new fractures in both forms of osteoporosis.

The contribution of the family and community nurse - in the diabetology clinic: an innovative path in the Bormide ASL2 health district

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Introduction: Aging of the population and a greater spread of chronic diseases have led to an increase in disability, requiring complex socio-health interventions. Family and Community Nurse (IFeC) act to satisfy the needs of individuals suffering from fragility and chronicity within the context of initiative healthcare. Interventions provided by IFeC are essential for achieving favorable clinical outcomes even in the diabetic population, a disease of great importance and socio-health impacts.
Objectives: To evaluate clinical progress in subjects with DM II cared for by IFeC in the Territorial Diabetology Clinics.
Methods: A trial was conducted on 84 patients evaluated at predefined timing, from 01.07.22 to 31.08.23. At each evaluation, enrolled patients were visited by the diabetologist, while IFeC provided educational and training interventions on the effective detection of glycemia values and the pursuit of healthy lifestyles.
Results: Thirty-eight patients showed statistically significant improvements in glycemia and HbA1c values at T1 ($p<0.05$), and 58 showed a reduction in BMI ($p<0.05$). In 28 of the 38 patients who completed the T2 process, further improvement of glycemia values has been found. Patients for whom improvements in parameters were found didn't undergo substantial changes in drug therapy.
Conclusions: IFeC represents a fundamental resource for patients suffering from DM II. The use of constant educational interventions improves the progress of the disease and encourages the adoption of healthy lifestyles, with a consequent increase in psycho-physical well-being.

Inappropriate use of antibiotics in end-of-life patients: a single center retrospective study

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Premises and Purpose of the study: A 2023 report by WHO and ECDC has shown antimicrobial resistance as a threat to patients'(Pts) safety. The appropriate use of antibiotics in all healthcare settings is one of the tools to combat antibiotic resistance. Real-world data reporting antibiotic therapy (ATB) use in end-of-life Pts is limited.
Materials and Methods: A single-center observational retrospective cohort study was designed to investigate the antibiotic use of all end-of-life Pts admitted to the Internal Medicine Department of a tertiary care teaching Hospital in Northern Italy. Evaluated parameters: ATB in the last 72 and 24 hours of life, ATB under sedation, discontinuation of ATB, treatment variation, culture tests, empiric and targeted ATB.
Results: Between April and October '21, expected death occurred in 78 Pts (10.5% of all admitted Pts), 44 M, 33 F, median age 82.8 yrs (49-97), with an average hospitalization of 13.7 days. Palliative sedation was administered to 44 Pts

(56%); the average duration was 21.8 hours. Urine and blood cultures were performed in 60% of Pts and 81% received empiric ATB. In 17% of cases ATB was changed from empiric to target in the last 72 hours. ATB was not interrupted in the last 72 hours in 56 Pts (71.8%) and in the last 24 hours in 44 Pts (56.4%); for 22 Pts (40%), antibiotics were administered until death.
Conclusions: Our study highlights the inappropriate use of antibiotics in end-of-life Pts with expected death. Improved knowledge of multidisciplinary end-of-life management should be encouraged within an antibiotic stewardship program.

Changes in epidemiology of liver cirrhosis patients admitted to an Internal Medicine Unit from 2014 to 2023: a prospective analysis

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Background: Metabolic-associated liver disease is increasing worldwide and end-stage liver disease is a frequent cause of admission to Internal Medicine (IM) Units. In this prospective study, we analyse the etiology and outcomes of admissions due to cirrhosis in a secondary hospital in Rome, Italy.
Methods: All admissions to IM during 2014-2023 were prospectively recorded along with demographic data, diagnosis, hospital stay and outcome. Patients with cirrhosis were retrospectively analysed for etiology, comorbidities, and clinical outcomes.
Results: 6932 admissions to IM from 2014 and 2023 were included; of these, 372 were due to cirrhosis (88% from the Emergency Department, 66.1% males, median age 71 years, IQR 23). Cirrhosis etiology was alcohol 45.4%, viral 44.3%, metabolic 17%, other 6.9%. Concomitant HCC was present in 24.7%; diabetes mellitus was present in 28% of cirrhotics. compared to 17.8% non-cirrhotics ($p<0.001$). Prevalence of viral etiology fell from 63% in 2014 to 41% in 2023 ($p=0.04$), while metabolic-associated cirrhosis increased from 6% in 2014 to 28% in 2023 ($p=0.07$). Mean hospital stay was 10.3±8 days and in-hospital mortality was 9.4% overall. Negative outcomes in cirrhotics (death, transfer to ICU, hospice care) fell from 26% in 2014 to 15.4% in 2023.
Conclusions: In the past 10 years, worldwide changes in etiology of chronic liver disease are evident among patients with cirrhosis admitted to IM. Cirrhotic patients have a higher prevalence of diabetes mellitus compared to other IM patients, reflecting the increasing burden of metabolic liver disease.

Gender-based differences in alcoholic and metabolic-associated chronic liver disease in the hepatology outpatient clinic

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Background: Metabolic-associated liver disease is increasing in Italy, while viral hepatitis is decreasing due to efficacy of antiviral therapies and vaccination. We explored the differences in gender and etiology of patients referred to the Hepatology outpatient clinic of our Internal Medicine Unit over the last 2 years.
Methods: All outpatients presenting for Hepatology outpatient visits for suspicion of or established chronic liver disease were included. After at least 2 visits, patients were classified as having steatosis without evidence of liver damage, chronic hepatitis or liver cirrhosis based on clinical, laboratory and imaging tests.
Results: 137 outpatients were included (57.6% males, median age 65 years, IQR 9). Cirrhosis was present in 45 (71% males) and etiology was: alcohol 40%, viral 22%, metabolic 18%. Concomitant HCC was present in 15%. Chronic hepatitis cases were 48 (60% males) and etiology was alcohol 37.5%, viral 25%, metabolic 25%. Steatosis without evidence of liver damage was present in 44 (41% males) and alcoholic etiology was present only in 16%. Prevalence of diabetes mellitus did not differ among the three groups of patients.
Conclusions: Patients with advanced liver disease presenting to our Hepatology outpatient clinic are prevalently male and alcohol is the most common etiological factor. However, in patients with simple steatosis without liver dysfunction, female gender is more prevalent and alcoholic etiology is uncommon. These patients are likely to benefit from lifestyle interventions to prevent metabolic associated liver disease.

Medical intermediate care unit for the stabilization within 72 hours of patients with acute medical pathology: a prospective observational study

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Premises and Aims of the study: The pandemic has led to the establishment of Intermediate Care Units (IMC) within Internal Medicine departments. The rapid stabilization within the admission, resulting from increased intensity of care, could allow IMC to have a significant impact on patient outcomes. We aimed a comparison of characteristics, intensity of care, and outcomes between patients treated in IMC *versus* those managed in the Internal Medicine.
Materials and Methods: A prospective study was conducted at the Internal Medicine department of Altovicentino Hospital between September and December 2022. Patients admitted were enrolled and divided into two treatment groups. The study's primary outcome was the stabilization of the acute condition.
Results: 181 patients were treated in IMC compared to 143 patients treated under regular care. The CCI index ($p=0.008$), CFS ($p<0.001$), and Ranking ($p<0.001$) values were higher in the regular department, while the NEWS value was higher in IMC ($p<0.001$). Stabilization at 72 hours occurred in 71.3% of the regular department compared to 77.9% of IMC, $p=0.197$. A higher 30-day mortality rate was found for patients treated in the regular department (16.8% *vs.* 7.2%, $p=0.008$). No differences in the rate of transfer to the intensive care unit and, no differences in length of stay were observed.
Conclusions: A stabilization treatment in an IMC setting may reduce mortality without increasing the length of hospital stay for patients.

Burnout among young Italian Internists: a subgroup analysis of an European survey

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Background and Aims: Burnout among physicians is associated with poor productivity at work, dissatisfaction and regrets about career choice. The present study aims to evaluate the prevalence of burnout and its main associated factors among young Italian Internists.
Methods: The survey was conducted across European countries by the Young Internists Group of the European Federation of Internal Medicine. Data were collected through an online questionnaire. Only data coming from Italian respondents were analyzed.
Results: Data from 104 young Internists (age <40 yrs) working in universities and non-teaching hospitals were collected. The median age was 29.5 years. Burnout was reported by 67,4% of respondents. The main associated factors were a high workload (75,6%), sleep deprivation (40.2%) and a suboptimal learning environment (43.9). Only 3.5% reported the presence of a support system to deal with burnout inside their hospital. The 20.2% of respondents wouldn't choose Internal Medicine Residency if they had to choose their specialty again.
Conclusions: Burnout is very common among young Italian Internists and it is associated with a high workload, sleep deprivation and a suboptimal learning environment. Strategies to prevent burnout among young Internists should be identified and a support system to deal with burnout should be present in every hospital.

Il registro italiano FADOI-SIMIT delle febbri di origine sconosciuta

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Premesse e Scopo dello studio: La febbre di origine sconosciuta (Fever of Unknown Origin, FUO) è una sindrome rara ma con rilevante morbilità, complessità diagnostica e alti costi sanitari. Dal 20% al 50% dei casi di FUO rimangono senza diagnosi. Attraverso un Registro Nazionale, in collaborazione tra le società FADOI e SIMIT, questo studio prospettico ha arruolato casi di FUO osservati in pazienti adulti ospedalizzati o valutati ambulatorialmente in 28 centri italiani (15 Unità di Malattie Infettive e 13 di Medicina Interna).
Materiali e Metodi: La febbre (≥38.3°C) doveva essere riscontrata in più occasioni e durare >3 settimane, senza diagnosi dopo gli esami di 1° livello. Il Registro è rimasto attivo dal 1° ottobre 2019 fino al 30 giugno 2023. Lo studio prevedeva un follow-up di 6 mesi dall'arruolamento. Abbiamo escluso pazienti HIV positivi, neutropenici o ospedalizzati per altre patologie. Sono stati arruolati 187 pazienti: il 51% erano donne, con età media di 54 anni (range 18-96); il 40% senza comorbidità. Tra i 177 pazienti completati, il 28% non ha ottenuto una diagnosi, il 15% ha avuto una diagnosi possibile e il 57% una diagnosi definitiva. Le cause includono infezioni (38%), cause reumatologiche (41%), neoplastiche (14%) e altre (7%). La PET/TC è stata eseguita nel 65% dei pazienti, dirimente nel 41% dei casi per la diagnosi. La diagnosi è stata stabilita dopo una mediana di 23 giorni dall'arruolamento; il 65% dei pazienti con diagnosi definita era guarito al termine del follow-up.
Conclusioni: Questo registro fornisce un panorama aggiornato sulle cause di FUO, la loro evoluzione e gli iter diagnostici utilizzati in Italia.

POSTERS

Prophylaxis of venous thromboembolism during hospitalization in Internal Medicine: a subanalysis of the FADOI-NoTEVole study

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Background and Aim: Patients hospitalized in Internal Medicine Units (IMUs) may frequently experience both an increased risk for thrombosis and bleeding. The use of risk assessment models (RAMs) could aid their management. We present a post-hoc analysis of the FADOI-NoTEVole study, wherein we focused on the use of thromboprophylaxis among IMUs during hospital stays and the associated factors.
Methods: The FADOI-NoTEVole study was an observational, retrospective, multi-center study conducted in 38 Italian IMUs. Our primary aim is to evaluate the predictors associated with the prescription of thromboprophylaxis during hospital stays. The secondary objectives are to evaluate RAMs adherence, prophylaxis prescription, and the number of thrombotic and hemorrhagic events.
Results: Thromboprophylaxis was prescribed to 927 out of 1387 (66.8%) patients with a Padua Prediction score (PPS) ≥4. Remarkably, 397 in 1230 (32.3%) patients with both PPS ≥4 and a low IMPROVE bleeding risk score did not receive it. The prescription of thromboprophylaxis mostly correlated with reduced mobility (OR 2.31; 95% CI 1.90-2.81), ischemic stroke (OR 2.38; 95% CI 1.34-2.91), history of previous thrombosis (OR 2.46; 95% CI 1.49-4.07), and the presence of a central venous catheter (OR 3.00; 95% CI 1.99-4.54).
Conclusions: Our analysis provided insight into how indications for thromboprophylaxis are determined, highlighting the complexities faced by patients admitted to IMUs. These individuals often present with a significant burden of comorbidities, posing both a heightened risk for bleeding and thrombosis.

The Giant's Causeway: a case report

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Background: The Giant Cell Arteritis (GCA) usually involves the cranial arteries, however in some patients a different disease phenotype targets the large vessels with the absence of cranial symptoms.
Case report: A 62-year-old woman presented with fever (T max 38°C), myalgia and diffuse abdominal pain. Laboratory studies revealed Hb 11,8 g/dl, serum ferritin 720 mcg/L, an erythrocyte sedimentation rate of 115 mm/h and a C-reactive protein level of 80xULN. The hepatic and renal functions were normal. Blood culture and a cultural panel for gastrointestinal pathogens and stool microscopy for parasites were negative. Abdomen ultrasound revealed no abnormality of the main organs but showed a thickness of aortic wall. Considering the persistence of symptoms and elevation of inflammatory markers, PET/CT scan was performed, which showed increased glucose metabolism of the subclavian arteries (SUV 9), bilateral supra-aortic trunks (SUV 9), thoracic (SUV 7) and abdominal aorta (SUV 9), comparable with large vessels vasculitis. Doppler ultrasonography (CDUS) of both temporal arteries revealed diffuse wall thickening with a "halo sign" >6mm, compatible with diagnosis of giant cell arteritis (GCA). Treatment with high dose methylprednisolone was started, with quick benefit.
Conclusions: Temporal artery CDUS is a valid diagnostic support, and it should be performed when the diagnosis is suspected, before or as early as possible after initiation of steroid therapy. Since bilateral 'halo sign' is more specific for the diagnosis of GCA, temporal artery biopsy is not mandatory.

Ruolo dei GLP1-RAs sul metabolismo osseo in pazienti con diabete mellito di tipo 2: studio longitudinale

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Introduzione: Il paziente diabetico è soggetto a complicanze microvascolari e macrovascolari, anche l'osso è un organo bersaglio del diabete. Abbiamo voluto studiare gli effetti dei GLP-1RAs sulla densità minerale ossea e sul metabolismo osseo.
Materiali e Metodi: Sono stati eseguiti al basale e dopo 12 mesi: metabolismo glucidico, fosco-calcico, markers di turnover osseo, adiponectina; misurazione della densità minerale ossea con metodica DXA e REMS.
Risultati: La BMD espressa in T-score misura don DXA a livello del rachide dopo 12 mesi di terapia con GL1-RA presentava una riduzione del T-score del 4.62% ($p<0.05$), mentre con la REMS si è osservato un calo dell'1.7% non statisticamente significativo (p=n.s). Con entrambe le metodiche sia DXA che REMS si è osservata una riduzione del T-score sia a livello del collo e del femore totale statisticamente significativa ($p<0.05$). E' stato osservato un incremento statisticamente significativo dei livelli di CTX ad 1 anno ($p<0.05$); mentre non abbiamo osservato variazioni significative dei livelli di sclerostina e dei livelli di isoenzima osseo della fosfatasi alcalina figura (p=n.s). Abbiamo invece osservato un incremento statisticamente significativo dei livelli di adiponectina.
Conclusioni: E' il primo studio clinico che studia l'effetto dei GLP1-RAs sull'osso. Sulla base dei dati emersi è possibile ipotizzare che i GLP1-RAs siano in grado di agire sul rimodellamento osseo riattivando il turnover senza avere effetti negativi sulla microarchitettura. Ulteriori studi controllati randomizzati sono necessari.

When hypoglycemia becomes a real challenge for the internist

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Background: Insulinoma is a neuroendocrine tumor characterized by overproduction of insulin which causes hypoglycema which can be fatal. The incidence is of 1 case per million/year.
Case presentation: A 17-yrs-old girl is found unconscious, unresponsive, with no sphincter release. At the emergency department hypoglycemia (25mg/dl) was found. In history: previous rheumatic disease. Several episodes of hypoglycemia were observed during hospitalization; pharmacological causes were excluded; blood tests showed: increased levels of C-peptide (5.83 ng/ml) and insulin (54.5 IU/mL), instead normal values of GH, IGF1, cortisoluria, cortisol, thyroid, liver and kidney function, autoimmunity was negative (antiGAD, antidecarboxylase of glutamic acid, anti-insulin, antiZnT8, antiIA2, anti tyrosine phosphatase). After starting a therapy with diazzoxide we monitored glycemic values using a glucose sensor and we observed normal glicemia. An abdominal MRI showed no pancreatic lesions but glucagon test after prolonged fasting was positive so we performed a PET scan with 68GA-DOTATOC receptor tracer with up-take at the level of the pancreatic body. Echoendoscopy with biopsy showed histology compatible with isulinoma. Patient underwent surgery.
Conclusions: Hypoglycemia is challenge in Internal Medicine. One of the causes of hypoglycemia is insulinoma. Knowing the correct diagnostic procedure can help the clinician make a diagnosis more quickly and save the patient from life-threatening hypoglycemic crises.

Could diabetes correlate with a congenital disorder?

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Premises: Mayer-Rokitansky-Kuster-Hauser (MRKH) syndrome, is a congenital disorder characterized by aplasia of the uterus and upper part of the vagina with normal secondary sex characteristics and normal female karyotpe (46, XX). It affects 1/4.000 women and it is the second most common cause of primary amenorrhea. The existence of familial cases lends strong support to a genetic origin of this disorder. It is often associated with urinary tract and skeleton abnormalities, renal aplasia and endocrinological disorders.
Description of the Case report: We describe a single case report of a 47 yrs-old woman affected by MRKH who came to emergency because of vomit, myalgias and polydipsia. The blood analysis showed a state of hyperglycemia, ketoacidosis with glycated hemoglobin =12.7%. She has been treated with insulin and hydration and the clinical course was regular but our question was if the diabetes could be related with MRKH syndrome.
Conclusions: We looked for genetic anomalies reported in literature that could have demonstrated correlation between MRKH and diabetes. We found 4 case report in which MRKH was associated to diabetes 1/2 and 2 case reports in which MRKH was associated with a deletion at chromosome 17q12. This deletion, involving HNFB1 gene, is the first genomic disorder resulting in diabetes. It has also been reported in subjects with developmental kidney abnormalities. So we asked, even if there's only a few cases reported, whether it could be important, to carry out screening for other endocrine disorders, especially diabetes, to avoid sudden onset.

Development of wet beriberi with prolonged Qtc and severe LVEF in a Wernicke's encephalopathy patient

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Background: Severe thiamine deficiency, generally associated with alcohol-related disorders and malnutrition, can cause cognitive impairment (Wernicke's encephalopathy, WE), peripheral neuropathy (dry beriberi) or heart failure (wet beriberi).
Case report: A 65-years-old woman with a history of hypertension, alcohol abuse and poor nutrional intake was brought to the ED for confusion. On admission she was afebrile, asymptomatic for angor and hemodynamically stable, she had mild lower extremity edema and mild bibasal crakles. Neurological evaluation revealed ataxia and oculomotor abnormalities. Lab exams were remarkable for: Mg 1.5 mg/dL, K 3.2 mg/dL, lactic acidosis (lac 6 mMol/L) and mildly elevated TnT (80-70-76 ng/L). Urine tox screen was negative for illicit substances. CT of the head was negative. WE was suspected and empiric treatment with high dosage IV thiamine was started. At EKG monitoring progressive prolongation of QTc (650 msec) and inverted T waves were detected. TTE revealed global LV hypokinesis with severely reduced EF (25%). On suspicion of wet beriberi IV thiamine was continued along with electrolytes supplementation. In 24 h a drastic improve-

ment in symptoms, lactic acidosis and LV systolic function (45%) was observed, therefore coronarography was omitted.
Conclusions: Acute heart failure with lactic acidosis in patients with WE is highly suggestive of wet beriberi. Severe forms can lead to reduced LVEF. QTc prolongation is observed in thiamine deficiency, so EKG monitoring should be considered in WE. Positive response to thiamine supports the diagnosis.

Adverse events of antibiotics: a vancomycin-induced linear IgA bullous dermatosis

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Premises: Linear IgA bullous dermatosis is an autoimmune blistering skin disorder either idiopathic or drug-induced, with vancomycin being the most common. We present a case of a new-onset blistering rash during treatment with vancomycin and piperacillin-tazobactam.
Description of the Case report: A 76-year-old woman, known for arterial hypertension is admitted to our institution, 1 week after osteosynthesis of right femur: she had fever, hypotension, oliguria and significant increase in inflammatory markers, radiological finding of pneumonia and haemocultures positive for *Staphylococcus hominis*; she was started on piperacillin/tazobactam and vancomycin. On the 12th day of admission, the patient developed multiple, confluent tense vesicles on the upper back, the upper limbs and oral mucosa. She had no known history of drug allergy, her vitals were normal, and she had no complaint of other symptoms. Laboratory values were unremarkable, even a base autoimmune panel; a total body CT scan and an echocardiogram were normal. We performed skin biopsy which showed a linear IgA dermatosis. The patient was treated with withdrawal of vancomycin, local and systemic corticosteroid therapy; the clinical course was favourable. We applied the Naranjo algorithm, with score 6 (reaction to vancomycin "probable"). Based on these results, our patient was not rechallenged.
Conclusion: The purpose of this report is to highlight a rare adverse event associated with an antibiotic that is widely used in various specialties; we suggest that skin biopsy be performed in all cases of uncertain definition.

A rare case of DIC: when hematology meets vascular surgery

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Background: Distal stent graft induced new entry is a rare complication of chronic aortic dissection after intervention of endovascular aortic repair.
Description of the case report: A 75 years old man entered our hospital for lombar pain, loss of genital sensitivity and inferior limbs hypostenia. He had history of hypertension, atrial fibrillation treated with anticoagulant, unexplained anemia and thrombocytopenia and two prosthetic replacements of aortic arch because of an aneurysmal dilatation occurred about ten years ago. A spinal column RM excluded cauda syndrome and, in according to EMG, diagnosed a chronic polyradiculopathy because of multiple disc herniations without neurosurgical indications; as a collateral finding, this RM found a thoracic and lombar aortic dilatation. An angioTc confirmed these findings and found an intimal flap nearby the thoracic endoprotesis. Neither cardiac nor vascular surgical indications were placed. Concurrently at the blood exams anemia and thrombocytopenia were confirmed: thrombotic thrombocytopenic purpura, virological and autoimmune causes, folate, iron and vitamin B12 deficiency were excluded. A bone marrow biopsy was performed. An elevated d-dimer was found and an angioTc excluded a pulmonary thromboembolism. The entire case was interpreted as a chronic platelet aggregation and activation of coagulation cascade in the thoracic pseudoaneurysm as a consequence of the endothelial damage provoked by the prothesis.
Conclusions: This endoprotesis damage can lead to the activation and consumption of platelets and coagulation factors.

Prevalence and correlates of anemia in patients admitted to a General Medicine unit

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Premises and purpose of the study: Anemia is frequently overlooked in patients admitted to hospital. Our study aimed to investigate the prevalence and correlates of anemia on admission to a General Medicine unit.
Materials and Methods: Consecutive patients admitted to our department were studied. The following definitions were applied: anemia (WHO): Hb <13 g/dL in males, <12 g/dL in females; iron deficiency: absolute (AID)=ferritin <30 ng/mL; functional (FDI): ferritin <100 ng/mL or ferritin=100 – 299 ng/mL and transferrin saturation <20%. Insufficient (I) and deficient (D) vitamin blood levels: VitB12 <300 and <200 pg/mL, folate <5.38 and <3.39 ng/mL respectively. eGFR was calculated with CKD-EPI equation. All analyses were performed with IBM SPSS software.
Results: 707 patients (M: 320 (45.3%), F: 387 (54.7%) were studied. Mean age was 78.02±13.49 yrs, mean BMI 25.11±5.13. 52.8% of patients were treated with PPIs, and 11.7% with metformin. Anemia was detected in 67.8% of patients, and was more common in males (75% *vs.* 61.8%) and in patients >65 yrs. (70.9% *vs.* 48.5%). FID and AID were diagnosed in 47.8% and 10.5% of cases respectively. Insufficient and deficient blood levels were detected in 31.3% and 27.4% of patients for VitB12 and in 19.0% and 25.0% of patients for folates. In multivariate analysis, anemia was significantly associated with male sex, AID, and PPI assumption, but not with eGFR, BMI, metformin assumption or low vitamin levels.
Conclusions: Our study confirms the high prevalence of anemia and iron deficiency in general medicine patients.

Hypoalbuminemia predicts 6-month all-cause mortality in patients with acute decompensated heart failure

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Introduction and Background: Hypoalbuminemia is common among elderly patients and it is associated with poor

survival in patients hospitalized with acute decompensated heart failure (ADHF). We assessed the impact of hypoalbuminemia among older patients with ADHF admitted to an Internal Medicine division.
Materials and Methods: This interim analysis includes 271 out of 498 patients as part of a retrospective cohort study of patients admitted for ADHF during 2022 to the Internal Medicine Division of Ospedale di Circolo and Fondazione Macchi, ASST Sette Laghi, Varese, Italy. Patients were included according to the discharge ICD-9-CM codes of ADHF. The primary endpoint is the prognostic role of hypoalbuminemia (<3.5 g/dL) toward 6-month all-cause mortality.
Results: Out of 271 patients, 77.5% of patients had hypoalbuminemia. These ones were older, had more comorbidities (CCI) and frailty (CFS), had higher inflammation (NLR) and NT-proBNP. Across the 6-month follow-up, 30.6% of them died and the survival was much lower in patients with hypoalbuminemia than those with normoalbuminemia (35.7% *vs.* 13.1, log-rank χ^2 11.49, p<0.001; unadjusted HR 3.28, 95% CI 1.58-6.80, p=0.001). Adjusting for potential confounders significant at the univariate analysis (age, obesity, CCI, CFS, NLR, NT-proBNP), hypoalbuminemia independently predicted 6-month all-cause mortality (adjusted HR 2.38, 95% CI 1.01-5.58, p=0.046).
Conclusions: Hypoalbuminemia is very frequent among elderly patients admitted to an Internal Medicine division for ADHF and it is independently associated with 6-month all-cause mortality.

Mycotic aortic pseudoaneurism due to group B Salmonella. Case report and review of literature

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Introduction: Intense abdominal pain associated with fever includes a wide and heterogeneous spectrum of pathologies. Mycotic aortic aneurysm (MAA) is, among these, a rare disease, associated with high mortality and with a still uncertain management.
Case report: A 74 year-old man with no significant past medical history, attended the emergency department with intensive diffuse abdominal pain, fever and diarrhea. Blood tests showed acute renal failure (creatinine 7.56 mg/dl), mild leukocytosis (WBC 10,65 x10^3/mcL with 86% neutrophils) and elevated CRP (19 mg/dL). An abdominal CT scan revealed voluminous infrarenal aortic aneurysm with maximum diameter of 12 cm. He was treated urgently through endovascular aortic repair (EVAR). Next blood cultures identified non-typhoidal Salmonella. Thus he started therapy with Ceftriaxone with subsequent complete resolution of symptoms and normalization of biochemical indices. Finally, he was discharged with indication of lifelong antibiotic therapy.
Conclusions: In the evaluation of abdominal pain, the presence of an aneurysm under fever is often indicative of MAA. Non-typhoidal salmonella, along with staphylococcus and streptococcus, represents one of the most frequent etiologies and must always be suspected, especially in the presence of diarrhea and renal failure. Literature review indicates that currently EVAR is the best method to reduce mortality due to the risk of rapid aneurysm breakage; there is still uncertainty about how long to carry out antibiotic therapy.

Bilateral internal auditory canal and leptomeningeal metastasis of non-small cell lung carcinoma mimicking neurofibromatosis type 2

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Premises: Metastatic carcinoma in the internal auditory canal (IAC) or cerebellopontine angle is extremely rare. The most common primary tumor is lung cancer, being also the primary site with the highest rate of bilateral occurrence of IAC metastasis. Meningeal metastasis occur more frequently in bilateral diseases *versus* unilateral ones. Clinical and radiological features of bilateral IAC lesions can mimic neurofibromatosis type 2 (NF2), since IAC metastases on MRI appear similar to vestibular schwannomas and bilateral vestibular schwannomas are pathognomonic of this genetic disease, according to Manchester criteria.
Description of the Case report: A 64 year old man was admitted to our ward with rapid-onset leg paresthesia, cauda equina syndrome and bilateral hearing loss. The patient was misdiagnosed as having NF2 due to MRI findings of bilateral internal auditory canals nodules, reported as vestibular neurinomas, and numerous foci of pathological contrastographic impregnation on the whole spinal cord's surface, interpreted as meningiomas. The rapid worsening of the symptoms lead to reconsideration of the diagnosis and it turned out the patient was affected by multimetastatic non-small cell lung carcinoma.
Conclusions: Although metastatic tumors in the IAC are rare, clinicians should be aware of this possibility. Patients with rapid-onset hearing loss, tinnitus, vertigo or facial palsy with radiological diagnosis of bilateral schwannomas should be tested in order to rule out IAC metastasis and to achieve an early identification of a possible malignancy and its primary site.

A case of visceral leishmaniasis in a young man

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Background: Visceral leishmaniasis is a disseminated protozoan infection caused by Leishmania donovani, which transmission occurs via the bite of sand flies. It is worldwide distributed with highest prevalence in India, Africa and Mediterranean countries. Main clinical features (fever, hepatosplenomegaly, pancytopenia) are common to several diseases. It is emergeing as opportunistic infection in HIV patients for whom the course tends to be more severe.
Case report: A 40 years old Nigerian man presented fever and abdominal pain worsening in 2 weeks. He had malarian fever as a child, he didn't use drugs or alcohol and receive blood transfusions in the past; physical examination revealed enlarged spleen (14 x 6 cm) and liver confirmed by echography. Blood tests showed pancytopenia (Hb 8.8 g/dl, MCV 82 fL, WBC 2560/mcL, N 880, PLTs 131/mcL) high transaminases (GOT 70 UI/ml, GPT 140 UI/ml) and acute phase proteins (PCR 20 mg/dL, ferritin 10.000 ng/ml), polyclonal hypergammaglobulinemia, normal iron status (TSAT 22%). CT chest scan was normal. Urine and blood cultures, hepatotropic virus screening and blood PCR for Malaria and Leishmania were negative. Suspicious of Visceral leishmaniasis was confirmed by detection of amastigotes in the bone

marrow. The patient was treated with intravenous liposomal amphotericin B and recovered.
Conclusions: Visceral leishmaniasis is almost fatal without treatment. It must be promptly considered in differential diagnoses of people coming from endemic areas. HIV coinfection should be ruled out because of the increased risk of death.

Un caso raro di sindrome VEXAS

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Premesse: La sindrome VEXAS (Vacuoles, E1 enzyme, X-linked, Autoinfiammatory, Somatic) è una rara sindrome autoinfiammatoria ad insorgenza tardiva causata dalla mutazione del gene UBA1. Colpisce prevalentemente uomini oltre i 50 anni con quadro che mima disordini autoimmuni (Sweet, policondrite, vasculite) associati a disordini ematologici (citopenie, MDS, eventi tromboembolici).
Descrizione del Caso clinico: Maschio, 55 aa. Maggio 2022 riscontro di anemia macrocitica e piastrinopenia. Eseguita BOM con diagnosi di MDS multilineare a basso rischio, cariotipo normale, clone EPN assente, indicazione a follow-up. Ottobre 2022 comparsa di febbre, rush cutaneo, artralgie diffuse ed anemia emolitica autoimmune. Negative la ricerca di cause infettivologiche, la sierologia autoimmune, tac total-body e PET. Avviato steroide 1 mg/kg con beneficio. Febbraio 2023 ricomparsa di febbre, anemia, piastrinopenia, estrema reticolocitosi ma test di coombs negativo. Si associava comparsa di endocardite di Libman-Sacks. Eseguito nuovo ciclo di cortisone. Aprile 2023 ripetuta BOM con conferma diagnosi di MDS. Avviata terapia con ciclosporina e poi rituximab con beneficio sui sintomi e miglioramento emocromo. In presenza di un quadro di disimmunità e MDS è stato eseguito test genetico per mutazione UBA1 risultata presente. Il paziente è stato avviato a percorso di trapianto midollare allogenico.
Conclusioni: La sindrome VEXAS è una rara sindrome autoinfiammatoria da considerare in casi di danno ematologico e sintomi di flogosi sistemica in assenza di malattia reumatologica in atto.

Scompenso cardiaco HFrEF e deficit marziale

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Premesse: Importanza deficit marziale in HFrEF.
Materiali e Metodi: Revisione dati riguardanti una popolazione di 71 pz ricoverati nel periodo gennaio-agosto 2023. 42 uomini e 29 donne, età media 62 aa. Diagnosi ingresso: SC NYHA II-IV; HFrEF 50 (70%), dispnea 97%, astenia 81.6%. Tutti terapia ottimizzata e polipatologici; IRC stadio II-IV KDIGO con eGFR media 35 ml/min; sottopeso 15.5%, anemia 14%.
Risultati: Hb ingresso fra 9 g/dl e 14.9 g/dl, media 11.2 g/dl; sideremia fra 8 µg/dl e 190 µg/dl, media di 35 µg/dl. Ferritina fra 18 µg/l e 650 µg/l, media di 149 µg/l; ferritina <100 µg/l in 28 pz (39.4%). TSAT compresa fra 2.2% e 67.6%, media di 31.8%; TSAT <di 20% in 50 pz con HFrEF, cioè nell'84.5% dei casi. Sintomi all'ingresso e rivalutazione in dimissione: dispnea presente in 69 casi su 71 all'ingresso (97%) e in 6 su 71 alla dimissione (8.4%). Astenia presente in 58 su 71 all'ingresso (81.6%) e in 8 su 71 alla dimissione (11%). Sono stati trattati complessivamente 49 pz (69%) con infusione di ferrocarbossimaltosio (1000 mg+ev 500 mg predimissione). Ricoveri successivi nel periodo di osservazione sono stati 4 (5.6%). In media, alla dimissione, Hb risulta essere incrementata di almeno 0.8 g/dl nei pz trattati
Conclusioni: Si conferma come la carenza marziale sia dato essenziale da valutare e trattare in questa categoria di pz, indipendentemente dal valore di Hb ingresso; spesso verosimile la genesi multifattoriale. La correzione è da considerare ulteriore target di terapia oltre all'impiego di ACE/ARB, ARNI, MRA, SGLT2 come indicato anche dalle recenti linee guida.

Real calculation of nursing activity expenditure and factors correlated with per-patient nursing over-activities in an Internal Medicine department

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Premises and Aims of the study: Adequate nursing care can be decisive for the outcome of a patient admitted to any department. Prediction of nursing activity at the time of a patient's admission could improve the organization. This study aimed to assess the standardized nursing requirements of patients admitted to a medical setting and to identify factors that correlate with high demands.
Materials and Methods: This study enrolled patients admitted to Internal Medicine ward at the Altovicentino Hospital between September and December 2022. Nursing activities were recorded for the first three days of hospitalisation and standardised as performance/5 minutes/patient. Patients requiring more than the 75th percentile of performance/5 minutes/patient were considered nursing over-activities.
Results: This study enrolled 333 patients. Their mean Charlson Comorbidity Index, Clinical Frailty Scale, Barthel Index, and Sistema Informtativo della Performance Infermieristica scores were 5.3, 4.2, 62.4, and 53.7, respectively. Mean National Early Warning System (NEWS) on admission was 3.7 (2.9). A median of 73 (54–109) nursing care activities/5 minutes/patient were performed. NEWS score (OR: 1.372, 95%CI: 1.216–1.547, p <0.001) and Barthel Index (OR: 0.983, 95%CI: 0.967–0.999, p=0.041) were independent risk factors for nursing over-activities.
Conclusions: NEWS and the Barthel Index could help reorganise nursing resources within Internal Medicine wards, allowing for an equal distribution between patients.

Long-term outcome in patients with recurrent pericarditis: preliminary results of an observational study

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Background and Aims of the study: Recurrent pericarditis (RP) presents therapeutic and prognostic challenges. In this study we aimed to describe, in patients referred to our outpatient clinic for RP, the disease duration, the cases of prolonged remission (>6 months) without therapy, and the cases in which immunomodulatory treatments could be discontinued. Additionally, we sought to identify risk factors associated with an unfavourable disease course.
Materials and Methods: This observational study included

122 patients with idiopathic or post-pericardiotomy RP, attending the Pericarditis Centre at Fatebenefratelli-Sacco Hospital. Data about the characteristics of the initial episode, recurrences, pharmacological transitions, timing of drug discontinuation and ongoing therapies at follow-up were recorded.
Results: With a median follow-up of 4.8 years, the median disease duration was 3.6 (2.4-6.8) years, and the remission rate was 38.5%. Immunomodulatory therapy could be discontinued in 55 out of 97 patients (56.7%). The use of NSAIDs and colchicine at the first episode was associated with a shorter disease duration, while age, female gender, and the use of corticosteroids or biologics during disease course correlated with a lower remission rate.
Conclusions: RP generally has a benign prognosis and remission is possible. Adherence to guidelines since the first episode is associated with a shorter disease duration; conversely, the use of immunomodulators, likely reserved for more severe cases, correlates with a longer course.

A case of rhabdomyolysis induced by clarithromycin

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Background: Rhabdomyolysis (Rha) is a clinical and laboratory syndrome caused by various etiologies, involving the skeletal muscle. Rha is induced by clarithromycin has been described only in few previous reports.
Case report: A 82-year-old Caucasian female was admitted to Livorno Hospital for fever. The chest x-ray showed signs of pneumonia associate. She had allergy to penicillin and the first antibiotic therapy was made with macrolide: clarithromycin. After two days the patient referred muscle pain. At the first moment we thought that was only a sign of general infection but the pain was too strong so we repeated blood exams including complete blood cell count, thyroid hormones, liver and muscle(creatine kinase [CK], myoglobin) enzymes, The exams revealed a huge myoglobin increase(900 ng/mL); 7 times the upper normal range[28–138 ng/mL]) with a mild creatinine increase (1.9 mg/dl), in the absence of others alterations. We observed also urine color concomitantly changed toward dark brown. A diagnosis of Rha was made and clarithromycin was stopped, while the concomitant therapy was continued. The patient was immediately treated with intravenous crystalloid hypotonic solution and corticosteroid. Although the renal function we administer levofloxacin. Myoglobin levels decreased within a few days.
Conclusions: The patient was discharged home on the seven hospital day with the diagnosis of iatrogenic Rha and acquired pneumonia.

Post-discharge follow-up in day hospital of patients with heart failure: hospital-territory integrated management

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Premises and Purpose of the study: Heart failure constitutes a significant health problem given its high prevalence, the frequency of re-hospitalizations and severe disability, which often entail high social costs. The day-hospital for heart failure, allows the structuring of a rehabilitation project, at ensuring the multidisciplinary nature and continuity of care.
Materials and Methods: 160 patients with heart failure were admitted to a day hospital during 12/30/2022-12/31/2023 for follow-up, after hospitalization at our Internal Medicine Unit. Management was integrated with general practitioners, after conducting an initial evaluation both at discharge and 30 days later.
Results: Mean age 79.7±8.5; males (58.1%), females (41.2%). Hb:11,9±0.4; creatinine 1.4±0.3; CrCl 43.8±12.5; K. 4.0±0.8; SBP 122.3±; DBP 70.9±9.6; BMI 24.7±4.7. HFrEF 44.3% (EF% 35.5±2.5). HFmrEF 13.7% (EF% 46.4±2.1). HFpEF 43.1% (EF% 62.2±5.0); BNP at baseline and 30 days (551.3 *vs.* 271.9); NT-proBNP at baseline and 30 days (1352.9 *vs.* 853.2). Comorbidities: CAD (32.5), CKD (48.5%), COPD (27.5%), Anemia (40.3%), Diabetes (33.1%), Hypertension (62.5%), AF (35%). Treatment: ACE/ARNI (89.9%), BB (86.3%), MRA (48.5%), diuretics (87.5%), digitalis (12.5%), amiodarone (22.0%), NAO (33.6%)
Conclusions: A day hospital follow-up approach, after discharge, in patients with congestive heart failure, can improve long-term prognosis. The results, do not seem to depend on any adjustment of the drug. Natriuretic peptides (NPs) represent one potentially appealing strategy, to personalize the approach.

Always keep in Mucor-mind fungal infections!

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Introduction: Mucormycosis is a rare fungal infection caused by ubiquitous fungi belonging to the order Mucorales. It's most frequently observed in immunocompromised patients or immunocompetent following a significant trauma. We present the case of an immunocompetent woman who developed Mucormycosis after a minor skin trauma.
Clinical Decours: A 61-year-old woman, coping with depression and alcohol abuse, was admitted to the hospital due to septic shock caused by a soft tissue infection in her left leg, which developed after a minor skin trauma. Broad-spectrum antibiotic therapy was initiated and subsequently tailored based on specific bacteria identified in soft tissue and blood samples. Due to a worsening wound condition, surgical debridement, along with post-surgical VAC therapy, was performed. Mucor circinelloides was identified through histopathological analysis and cultures of surgical samples. To prevent the risk of a disseminated infection (mortality 70-100%) limb amputation was considered to achieve source control. However, due to the frailty of the patient, we opted for an attempt of conservative approach: bone samples were obtained and tested negative for fungal presence, finally addressing for a potentially avoidable amputation. The patient was successfully treated with surgical curettages, in combination with amphotericin B and isavuconazole.
Conclusions: Although rare and more often seen in predisposed patients, Mucormycosis should also be considered in the differential diagnosis of soft tissue infections arising from small skin traumas in immunocompetent patients.

Un caso di epatite acuta: la terapia fa diagnosi?

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Premesse: L'epatite autoimmune è una malattia rara ed eterogenea per presentazione clinica. La diagnosi può avvenire in fase cronica avanzata o acuta. La terapia immunosoppressiva può indurre una remissione completa, ma rappresenta anche un importante criterio ex adiuvantibus nella diagnosi. **Descrizione del Caso clinico:** Una paziente di 49 anni eseguiva esami ematici con risconto occasionale di ipertransaminasemia (AST 85 U/l, ALT 111 U/l). Iniziava iter diagnostico negativo per epatiti virali, ecografia e TC addome negative. In seguito ad ulteriore aumento degli indici di citolisi epatica e alla comparsa di ittero, accedeva in pronto soccorso. Durante il ricovero: AST 1578, ALT 1317, bilirubina totale 18.3, GGT 180, ALP 270, ipergammaglobulinemia. La ricerca per virus epatici maggiori (HAV, HEV, HBV, HCV) e minori (EBV, CMV, HSV 1 e 2) risultava negativa. La RM addome documentava epatomegalia e quadro di flogosi acuta. Autoimmunità: ANA positivo 1:160 pattern omogeneo, AMA/ASMA/ENA negativi, liver Immunoblot negativo. Eseguiva biopsia epatica e in attesa di referto iniziava prednisone 50 mg/die. Dopo 4 giorni di terapia si osservava marcata riduzione degli indici di citolisi epatica: AST 757, ALT 919, bilirubina totale 5.42, ALP 190, GGT 201.
Conclusioni: L'epatite autoimmune deve essere sempre sospettata nei pazienti con epatite ad eziologia ignota. La presenza di autoanticorpi, l'ipergammaglobulinemia e l'istologia rappresentano le basi per la diagnosi, ma in caso di insorgenza acuta ed elevata probabilità di malattia è fondamentale non ritardare l'inizio della terapia.

Granulomatosis with polyangiitis: plasmapheresis as a method to reduce permanent renal failure and incidence of side effects of rituxibab

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Introduction: Granulomatosis with polyangiitis (GPA) is a rare vasculitis affecting small to medium-sized vessels with circulating anti-neutrophil cytoplasmic antibodies (ANCA). **Case report:** A 57-year-old man was admitted to Nephrology Department due to new-onset acute renal failure. The blood chemistry tests showed positivity of ANCA while chest CT demonstrated a detection of two foci of a thickening nature in the right lung. Patient's condition was critical due to kidney damage and so patient was started on emergency hemodialysis. Kidney biopsy demonstrated a paucimmune crescentic necrotizing glomerulonephritis ANCA-associated and so patient was treated with steroid therapy and rituximab for 4 weeks. He also underwent six plasmapheresis sessions with good clinical response. After such therapy, the patient's renal function improved and hemodialysis was discontinued. With this protocol, he didn't have disease recurrence in the following 24 months, neither as kidney disease nor as lung disease. After approximately 24 months, patient had a recurrence of lung disease and a single infusion of rituximab was administered with clinical improvement.
Conclusions: Our case demonstrates that plasma exchange makes additional benefit in cases of GPA with severe renal failure. Furthermore, a single dose of rituximab upon disease recurrence allows for a reduction in relapse rate. We propose that in remission phase a personalized rituximab infusion protocol should be preferred rather than a fixed protocol (at 6, 12 and 18 months) to reduce the incidence of side effects of drug.

Synodic moon, emergency department arrivals and medical ward admissions

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Premises and Purpose of the study: It's commonly believed that full moon (FM) can affect health: few studies have confirmed this, most have not. Study aim is to evaluate FM effect on Arrival in Emergency Room (A), Triage Severity Score at arrival (TSS), ER Length of Stay (LS) in days, number of Death in ER (D), number of Medical Admission (MA), compared with New Moon (NM),1st quarter (1Q), last quarter (LQ).
Materials and Methods: Cohort retrospective observational study, Martini Hospital Turin. Examined all consecutive **A** in 13 FM, 12 NM, 12 1Q, 12 LQ of year 2023. Evaluated in each lunar phase: number of A, TSS (1 to 5 points based on attributed color code at A), LS, D, MA. Data compared by descriptive analysis, t-test, χ^2-test.
Results: Full sample (FS) 2954 patients, age 58.10±22.65 years, male (M) 48.81%. Total **A**: FM 750 (M 47.2%), 1Q 744 (M 47.58%), LQ 715 (M 51.05%), NM 744 (M 49.53%) Single day A: FS 60.29, FM 57.69, 1Q 62, LQ 62.08, NM 59.58. TSS: FS 2.49±0.77, FM 2.51±0.76, 1Q 2.53±0.8, LQ 2.47±0.77, NM 2.45±0.75. LS: FS 0.74±1.35, FM 0.68±1.31, 1Q 0.8±1.39, LQ 0.74±1.32, NM 073±1.38. MA: FS 455, FM 111, 1Q 119, LQ 104, NM 121. D: FS 39, FM 11, FQ 7, LQ 9, NM 12. Statistical analysis showed no significant effect on evaluated clinical parameters by FM when compared with other moon phases.
Conclusions: Our study showed no FM influence on data collected when compared with other moon phases: this is consistent with most of previous works. Limits: small sample; single day data collection in each lunar phase; TSS based on subjective evaluation; LS possibly affected by discharge difficulty.

A case of nocardiosis mimicking metastatic pulmonary neoplasm

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Premises: Nocardia spp can cause localized or disseminated infections to skin, lungs and central nervous system, mostly in immunocompromised individuals.
Description of the Case report: A 65-year-old male is actually recovered in our clinical unit because of seizures and a rapidly growing skin lesion at the left hemithorax. No relevant history, except for past smoking and work in a pest control company. Head CT at admission has shown multiple cerebral lesions, with a thin enhancing rim and surrounding edema at the subsequent whole body scan with contrast. The latter has also revealed: A 48x56 mm lesion in the left lung surrounded by cavitary lesions and thoracic lymphadenopathy; colliquative necrosis inside the left-hemithorax lesion, which deepens to the pectoral muscle; non-homogeneous 25 mm nodules at

both the adrenal glands. Given this, we initially hypothesized metastatic pulmonary neoplasm, but microscopic examination of the necrotic tissue of the left-hemithorax lesion has revealed filamentous gram-positive branching rods, suggestive of Nocardia spp. HIV and mycobacteria tests are negative. Empiric antibiotic treatment with Imipenem, TMP-SMX and Amikacin is actually underway while awaiting the results of species identification and antibiotic susceptibility.
Conclusions: Nocardiosis can mimic metastatic pulmonary neoplasm and can also occur in apparently immunocompetent hosts.

An expected case of severe rhabdomyolysis

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Background: Statins currently represent one of the most effective therapy for the prevention of cardiovascular diseases, but they are not immune to adverse effects, including myalgia, hepatotoxicity and rhabdomyolysis. Statin-induced rhabdomyolysis is an uncommon, but life-threatening adverse effect. It is a clinical syndrome characterized by destruction of skeletal muscle tissue, often associated with renal failure. We describe a case of rhabdomyolysis induced by rosuvastatin in association with ezetimibe.
Case report: A 77-year-old man was admitted to our hospital with generalized body aches, muscle weakness, worsening myalgia in the lower limbs for two weeks with an inability to walk and hyporexia. He was started on high-intensity rosuvastatina/ezetimibe (40mg/10 mg) a months prior to admission. At the beginning the blood tests showed a severe increase in creatinine (9.37 mg/dL), in CPK (99520 U/L) and in myoglobin (>4000ng/mL). A basic workup excluded other possible causes. The patient suspended immediately statins and was subjected to three-weekly hemodialysis and started hydrating and alkalinizing therapy, with a diagnosis of acute renal failure in the course of statin-induced rhabdomyolysis. At discharge, the renal function was at medium-advanced values, with resolution of the clinical symptoms.
Conclusions: Statin-induced rhabdomyolysis is a rare but serious complication. Prescribing high-intensity statins for patients with advanced age may increase the risk of rhabdomyolysis and other complications. Care must be taken when prescribing statin therapy.

Implementazione del primary nursing model in un setting medico

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Premesse e Scopo dello studio: Il modello Primary Nursing prevede che un singolo infermiere sia responsabile dell'erogazione di un'assistenza appropriata e di qualità per tutta la durata della degenza di un paziente. Obiettivo del progetto è il superamento dell'attuale modello organizzativo (functional nursing) e l'implementazione del modello assistenziale e organizzativo Primary Nursing presso l'UO Clinica Medica dell'AOU delle Marche.
Materiali e Metodi: Il progetto si articola in una serie di fasi (durata stimata un anno): - condivisione e formazione dell'equipe assistenziale; - pianificazione organizzativa per stabilire tempi e modalità di realizzazione; - revisione della documentazione infermieristica attualmente in uso e introduzione sistematica della pianificazione assistenziale con tassonomia NNN; - fase pilota.
Risultati: Al termine della fase pilota si intendono valutare il grado di soddisfazione degli utenti e degli operatori e il miglioramento degli output assistenziali connessi ad alcuni NSO prestabiliti pre e post attuazione del modello organizzativo e assistenziale (CLABSI, lesioni da pressione, numero di cadute).
Conclusioni: L'introduzione del modello organizzativo Primary Nursing, innovativo e in linea con le più recenti indicazioni della letteratura scientifica, vuole garantire alla persona assistita un miglioramento della qualità delle cure percepite e il raggiungimento degli obiettivi di salute. Inoltre, valorizzando autonomia, responsabilità e professionalità dell'infermiere, ne intende aumentare la soddisfazione lavorativa.

Can we improve delirium prevention and treatment in Internal Medicine?

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Premises and Purpose of the study: Delirium is a multidimensional syndrome, in hospital approximately 1 patient in 5 is affected by it, the 4AT is one of the simplest and shortest detection tools. The study evaluates the incidence and characteristics of delirium episodes in patients in Biella's Internal Medicine department. The data collected will then be used to create a protocol aimed at early identification of patients at risk and prevention.
Materials and Methods: Initially, an observational study was performed on the onset and characteristics of delirium in patients from 11/12/23 to 31/12/23. The 4AT scale was administered by the nursing staff upon entry to the ward to stratify the risk of developing delirium from 01/01/24 to 20/01/24.
Results: Of 35 patients (F 17;M18) hospitalized between 11 and 31/12/2023, 13 (37%) developed delirum. This sample had an average age of 79.6 years with a preponderance of females (5 M;9 F). 46% had a previous diagnosis of cognitive impairment. The developed deliruim was predominantly hyperkinetic (10), followed by mixed (2). Among those hospitalized from 01/01/24 to 20/01/24 *i.e.* 37 patients (19 M;18 F), we administered the 4 AT card to 13 patients (9 M;4F) with an average age of 82.7 years. In 3 people the 4ATscore was equal to 4, while seven had a score between 1 and 3. Among the 13 patients, five hyperkinetic-only delirium episodes were highlighted. Four in patients with a 4AT score of 4.
Conclusions: We therefore propose that the 4AT be included among the assessment tools upon patient admission, incorporating it into the nursing routine.

Glecaprevir/pibrentasvir nei pazienti lucani HCV$^+$

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Premesse e Scopo dello studio: L'obiettivo del nostro lavoro è dimostrare in real-life l'efficacia terapeutica e la safety della terapia antivirale pangenotipica (glecaprevir-pibrentasvir) (maviret) in una coorte di 200 pazienti HCV positivi residenti in regione basilicata.
Materiali e Metodi: Il periodo di arruolamento è compreso tra Gennaio 2020 ed Ottobre 2023. La durata del trattamento è di 8 settimane (short-therapy). I pazienti arruolati sono stati

200 (110 M; 91 F). I genotipi riscontrati sono stati: G1 93 (47%), G2 58 (29%), G3 41 (21%), G4 3 (4%). I gradi di Fibrosi sono stati valutati con Fibroscan (Echosens): F0 34 (17%), F1 60 (30%), F2 32 (16%), F3 25 (13%), F4 49 (25%).
Risultati: La risposta virologica sostenuta (SVR) –viremia non rilevabile- è valutata a 12 settimane dopo la sospensione del trattamento antivirale nel 100% della popolazione trattata. La risposta virologica sostenuta non è stata condizionata dal grado di fibrosi, dalla viremia, dal genotipo, dall'età e dal sesso. La safety dei farmaci antivirali è stata assoluta (assenza di eventi avversi).
Conclusioni: L'efficacia terapeutica e la safety del regime antivirale pangenotipico ((glecaprevir-pibrentasvir) è assoluta anche in real-life. La clearance del virus è in grado di modificare la storia naturale dell'epatite cronica HCV positiva che, nel tempo, è gravata da severe complicanze (ascite, epatocarcinoma, scompenso metabolico epatico) che riducono l'aspettativa di vita.

Orthostatic hypotension in hypertensive patients hospitalized in Internal Medicine: baseline results of IpOp study

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Background: Orthostatic hypotension (OH) is defined as a sustained reduction in systolic blood pressure of at least 20 mmHg or a reduction in diastolic blood pressure of at least 10 mmHg, usually within the first 3 minutes of standing.
Aim: To evaluate the prevalence of OH and associated comorbidities in hypertensive patients hospitalized in Internal Medicine Units.
Materials and Methods: An Italian observational, multicenter, prospective study (IpOp study) included 1000 hypertensive patients hospitalized in 29 Units of Internal Medicine and followed for 36 months. Demographic and clinical data, blood pressure measures and blood tests were recorded at baseline.
Results: The overall prevalence of OH in our study was 25.1%. Syncope was associated with OH (RR 1.76; 95%CI 1.19-2.60; p=0.005), while other symptoms were not. Parkinson's disease (RR 3.72; 95%CI 2.42-5.72; p<0.0001), type 1 diabetes mellitus (RR 2.24; 95%CI 1.28-3.93; p=0.005) and α2-blocker drugs (RR 1.52; 95%CI 1.13-2.04; p=0.006) were associated with OH. Respiratory comorbidities resulted associated with OH (RR 1.52; 95%CI 1.10-2.09; p=0.01), whereas cardiovascular disease, anemia, chronic kidney disease and other antihypertensive drugs, cognitive impairment and frailty were not.
Conclusions: The IpOp study confirms the association between OH and syncope, Parkinson's disease, type 1 diabetes mellitus and use of α2 antagonists. Moreover, also respiratory comorbidities were associated with OH. The follow-up reporting the onset of new falls, major cardiovascular events and deaths is still ongoing.

Sherlock 3cg with intracavitary ECG for correct positioning of intravenous catheters in Internal Medicine ward

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Premises and Purpose of the study: In Internal Medicine Ward, the need for long-term vascular access is increasing due to the need to practice intravenous therapy in critically ill patients with poor venous heritage. In our ward we created an internal Vascular Access Team (VAT) composed of 1 doctor and 3 nurses qualified to implant simple and advanced vascular accesses. We use the new SiteRite 8 technology with Sherlock 3cg with intracavitary ECG which allows a complete intraprocedural control until confirming its correct positioning without the need of chest X-ray. The aim of our study is to assess the safety of Sherlock 3cg with intracavitary ECG to check the correct positioning of intravenous catheters compared to X ray control.
Materials and Methods: From 01/11/2022 to 31/12/2023, we examined 108 patients, 53 men and 55 women, mean age 75 yo. We positioned 65 peripherally inserted central catheters (PICC) and 45 Midlines: 60 in brachial, 47 in basilica, 1 in cephalic veins. All patients underwent to X-ray control either.
Results: Only 2 patients showed malpositioning: in the first case it was suspected at the end of the implantation and in the second the catheter used was too long. No one patient showed catheter thrombosis or infection during hospitalization.
Conclusions: In our experience the technology SiteRite8 with Sherlock 3cg with intracavitary ECG assures a reduction in malpositions. The confirmatory chest X ray availability could be limited to cases of doubtful implantation with less discomfort for the patient and less use of human and technological resources.

Missed nursing care and its association with the work environment of health care providers in medical area: a cross sectional study across four hospital of Leghorn province

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Premises and Purpose of the study: Missed Nursing Care (MNC), defined as "any nursing activity necessary for the patient that is not performed or is severely delayed in the process of providing care", is associated with poorer outcomes for both nurses and patients. This study aimed to describe the prevalence MNC and explore its associations with work environment
Materials and Methods: A cross-sectional design was used in which a structured questionnaire was administered to 245 nurses and nurse's aides working in medical setting across 4 hospital of Leghorn province. Data were collected using MISSCARE Survey to measure prevalence and reasons of MNC and PES-NWI for work environment.
Results: 103 health care providers responded to the ques-

tionnaire (response rate 41.2%). The total prevalence of MNC was 40.2%. The activities most frequently omitted was patient ambulation (82,5%) and the most frequently reason for MNC was the inadequate number of staff (89,3%). 45.6% of participants rated work environment as favourable, 33.0% as mixed and 21,4% as unfavourable. The means of overall MNC were statistically negatively correlated ($p < 0.01$) with all PES-NWI subscales.
Conclusions: In this study, the rate of missed nursing care was similar to the results of previous national studies conducted in the medical area. Poor work environment affect the provision of quality nursing care, resulting in care omitted or not completed. The results can inform the development of effective strategies that may assist management with decreasing the frequency of missed nursing care within hospitals.

A case of HLH secondary to visceral leishmaniasis in a patient newly diagnosed with Horton's arteritis

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Premises: An 86 year-old patient suffering from newly diagnosed Horton's Arteritis accesses the Emergency department for evening fever (40°) with morning defervescence for about four days and rapid worsening of health conditions.
Description of the Case report: Given the presence of fever, splenomegaly, laboratory alterations like cytopenia and hypofibrinogenemia, a diagnosis of hemophagocytic lymphohistiocytosis (HLH) has been hypothesized and confirmed by serum levels of triglycerides and ferritin. The only positive microbiological test is PCR on blood for Leishmania. On the fifth day of hospitalization diagnosis of Visceral Leishmania (VL) complicated by hemophagocytic lymphohistiocytosis was placed. He started high-dose endovenous steroid in association with liposomal amphotericin B.
Conclusions: The early diagnosis of the association between VL and HLH was possible without performing the bone marrow examination: the positivity of PCR test for Leishmania on blood was sufficient because it is highly sensitive and specific and five of eight HLH-2004 diagnostic criteria were present for diagnosis. Our case might suggest clinicians to systematically consider VL and HLH in immunocompromised patients or in patients returning from endemic areas presenting with fever, hepatosplenomegaly, and cytopenia. Given the excellent response to early therapy it is important that the patient undergoes a complete examination of all possible infectious etiologies because, if present, early treatment of the infectious cause with simultaneous immunosuppressive therapy improves the prognosis.

Clinical, social and healthcare aspects of delirium: observational cohort study during ordinary hospitalization

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Premises and Purpose of the study: Delirium is a reversible alteration of the state of consciousness characterized by acute onset and fluctuating cognitive functions. It occurs as a consequence of organic or metabolic disease, use of drugs, overdose or abrupt withdrawal of a substance. Our aim was to evaluate the incidence of delirium in Internal Medicine settings and the association between delirium and predisposing and precipitating factors, some of which modifiable.
Materials and Methods: 157 patients older than 70 years admitted to our Internal Medicine Department were enrolled in the study. Every patient was administered the CAM-ICU test and a social evaluation form obtaining a score indicator of the care network (0-20).
Results: 38 patients (24%) had a positive CAM-ICU test, 26 of which (68%) resulted positive within the first 24h of admission (prevalent delirium), whilst 12 (32%) 24h after admission (incident delirium). The risk factors that resulted statistically independent are: faecal retention, sensory deficit, the addition of ≥3 drugs or anticholinergic drugs, use of antipsychotics and hypernatremia. The average score of the care social indicator was lower in patients with delirium. Delirium was found to have a significant impact in Internal Medicine, with a rate of prevalence 25% in our sample, in accordance with literature data. Nearly a third of the patients with a positive CAM-ICU developed a form of incident delirium, underlining the importance of prevention in avoiding the occurrence of delirium during hospitalization.

Erythrodermia in Internal Medicine: clinical features and outcomes in a monocentric series

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Premises and Purpose of the study: We present a retrospective monocentric study of erythrodermic patients in our Internal Medicine Unit.
Materials and Methods: Twenty-eight patients with a diagnosis of erythrodermia were hospitalized in our Unit from 2011 to present. For eighteen ones clinical data were available.
Results: Patients mean age was 83 (±8 SD), 10 were man. Mean days of hospitalization were 9 days (±4). In eleven cases, a drug allergy was find (3 *vs.* amoxicillin/clavulanic acid, 3 *vs.* fluorquinolones, other reactions were described with carbamazepine, hydroxychloroquine, fenobarbital, acyclovir, dutasteride). Five patients presented psoriasis, 7 had an oncological history record, while 9 patients presented sepsis. In our series no hypereosinophilia was described (mean eosinophils were 350/µl±396), while neutrophilia and high WBC were more common findings (9300/µl±5204 and 11550/µl±5895, respectively). CPR was also elevated (4,56±7,52), while transaminases were normal. Patients were treated with steroids and antihistamines after drug suspension, with a mean equivalent prednisone dose of 39,65 mg/die (±26,55) at discharge.
Conclusions: Erythrodermia is a potentially dangerous condition in elderly patients with sepsis, often caused by drug allergy. An accurate anamnesis and a prompt allergic evaluation can improve clinical management and reduce hospital burden.

Adverse reaction to rituximab: an unusual case of drug- induced trombocytopenia

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Premises: Chemotherapy-induced thrombocytopenia is a common complication. Rituximab, an anti-CD20 mono-

clonal antibody, induces lysis of B cells only. We describe an acute thrombocytopenia induced by rituximab associated with anaphylaxis and acute kidney failure.
Description of the Case report: A 68-year-old woman affected by splenic marginal lymphoma underwent therapy with rituximab plus standard premedication. During the first infusion, patient showed bilateral low back pain followed by widespread pricking pain, dyspnea and hypotension. She was treated with steroid, O2, ephedrine and sent to the ED. Emergency blood tests revealed severe thrombocytopenia (15,000/mm^3), confirmed in citrate, and acute renal failure (creatinine: 1.78 mg/dL). The platelets at baseline were 130,000. Admitted to our department, on therapy with prednisone 50 mg daily a slow recovery of platelet values (25,000->35,000->43,000->60,000/mm^3) and a return to basal creatinine were observed. Concomitant infections were excluded. Complement C3 was slightly reduced (85 mg/dL) 3 days after the event, with C4 within limits. The patient was discharged to continue hematological follow-up.
Conclusions: Rituximab-induced thrombocytopenia is a condition of rapid onset with unclear pathogenesis. In this case, the association with an infusion reaction, with a clinical pattern similar to what happens in IV immunoglobulins adverse reaction, suggests immunological mechanisms (complement- or lysis-mediated) responsible for the adverse event.

A case of sepsis caused by *Capnocytophaga canimorsus* infection complicated by meningitis in a young male splenectomized because affected by thalassemia major

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Premises: Capnocytophaga canimorsus is a gram-negative bacteria presented in the oral cavity of dogs and cats. Asplenia, cirrhosis and alcohol abuse are risck factors for several infections in human people.
Description of the Case report: A 50-year-old man is hospitalizated at the Intensive Care Unit of the Cotugno Hospital in Naples due to respiratory failure on mechanical ventilation due to meningitis with cloudy liquor. The patient was splenectomized for thalassemia major, suffering from HCV-related cirrhosis, diabetes mellitus, ideomotor slowing (previous EEG).Glycorrhachia is 2 mg/dl, protidorrachia 421 mg/dl, 1739 cells of which 92.5% are polymorphonuclear. In the blood there is an alteration of CRP and PCT with an increase in neutrophils and lactates. After infectious disease consultation, therapy begins with meropenem 2 g every 8 hours, linezolid 600 mg every 12 hours, while waiting for the culture examination of the CSF and blood cultures. C. canimorsus is isolated from the blood culture for which therapy begins with ceftriaxone 2 g every 12 hours with regression of blood inflammation indices and remission of clinical symptoms, so he was transferred after 10 days to the division of Emerging and Highly Contagious Infectious Diseases. The patient was bitten by a dog 5 days before hospitalization and did not take antibiotic prophylaxis.
Conclusions: We describe a case of sepsis and purulent meningitis caused by C. canimorsus in a patient affected by cirrhosis and asplenia. It is most important to isolate the bacteria for a specific antibiotic therapy.

Bulevirtide treatment for chronic HDV hepatitis: single-center experience

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Premises and Purpose of the study: HDV is a RNA virus that uses HBsAg as own viral envelope and is estimated to infect about 15-20 million persons worldwide. Bulevirtide (BLV) is a novel therapy for chronic HDV infection that binds the NCTP receptor and blockes the entry of HDV in hepatocytes. The aim of this study is to evaluate the effectiveness of BLV in the real field of clinical practice.
Materials and Methods: From June 2023 to December 2023 10 patients with HBV-HDV chronic hepatitis were enrolled. All patients received Bulevirtide 2 mg/day subcutaneously in the center of the Emergency and Highly Contagious Unit, Cotugno Hospital, Naples. All patients were Italian natives resident in Campania region. Blood specimens were collected for HDV-RNA, AST, ALT, PLT, globulins at baseline and after 6 months of BLV treatment.
Results: 8 patients were males and 2 patients were female, mean age was 57 (range 51-67). 9 patients were cirrhotics and 5 of them showed clinically significative portal hypertension. All patients showed elevated ALT levels and serum HDV-RNA detectable at baseline, with high levels of viremia (>10000 cp/ml) in 8 of them. At 6 months of BLV treatment, HDVRNA was below low limit of detection in 8 patients and below low limit of quantification in the other 2. All patients except one showed a prompt early decline within the normal values of ALT, while all presented a delayed strong progressive decrease of serum HDV-RNA.
Conclusions: Bulevirtide in our experience was highly effective as antiviral both in reducing liver necroinflammation and the viral load too.

Heart failure…or maybe not?

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Premise: AL amyloidosis is a rare systemic disease that can present with a variety of signs and symptoms, including proteinuria, edema, hepatosplenomegaly, and heart failure.
Description of the Case report: 80 year old male presented with dyspnea and sloping edema in known heart failure with pleural effusion. Echocardiogram shows a small and markedly hypertrophic left ventricle, normal systolic function, dilated atria, dilated and hypertrophic right ventricle. The ECG showed a low voltage QRS. The severe biventricular hypertrophy pointed the diagnosis towards a storage disease. The patient was hospitalized to continue the diagnostic-therapeutic process. Blood tests show an increase in serum free kappa chains and in the kappa/lambda ratio and troponin. Abdominal ultrasound revealed hepatomegaly. A bone scan was subsequently performed with no evidence of areas of accumulation of the radiopharmaceutical in the heart muscle. Instead, cardiac magnetic resonance imaging with gadolinium showed the left ventricle with reduced volumes, a hypertrophic appearance with preserved ejection

fraction and radiological criteria compatible with the suspicion of AL amyloidosis.
Conclusions: To have a certain diagnosis it is necessary to perform a biopsy of the periumbilical fat, which however was negative. Therefore it was decided to perform an osteomedullary biopsy compatible with the diagnosis of multiple myeloma with evidence of Congo Red-positive amyloid deposits.

Oncohematological diseases in a Geriatric Medicine

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Objectives: Aging is a determining factor in the development of cancer and indeed the incidence of tumors increases significantly with age, although with a different trend between the genders. The aim of our work was to evaluate the incidence of new diagnoses of oncohematological diseases in patients hospitalized in the Geriatric Medicine from September 2023 to January 15, 2024.
Materials and Methods: In the indicated period we hospitalized 222 chronic pluripathological patients (98 males and 124 females) with a silent history of neoplastic diseases.
Results: 65 of the 222 patients were diagnosed with a neoplastic disease for the first time. 31 females and 34 males had an average age of 79.2 and 77.01 respectively. The most frequent neoplasms found in female patients are breast (9/31), colorectal (6/31), stomach (4), lung (3), pancreatic (4), uterine (1) and hematological (4). The most frequent neoplasms in male patients are prostatic (8/34) and lung (8), followed by colorectal (6), bladder (4), pancreas (2) and hematological (6).
Conclusions: Our case series has highlighted, in accordance with literature data, which are the most frequent neoplastic pathologies in the geriatric age and has allowed us to consider further. The new missed diagnoses of neoplasia are most likely linked to the Covid pandemic which has reduced if not completely abolished the execution of the most common medical tests useful for the prevention of neoplastic diseases as the majority of our patients have known and confirmed.

Indirect estimation of plasma volume in chronic constitutional hypotension

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Aims: Chronic Constitutional Hypotension (CCH) is defined for stable value of arterial pressure, less than 110/60 mmHg in men and 100/60 mmHg in women. This idiopathic condition was demonstrated as associated to asthenia and syncope. We searched for a link between symptoms and plasma osmolality, intended as an indirect index of plasma volume depletion.
Methods: We studied 114 females who matched the criteria for CCH: 71 subjects symptomatic for syncope, 36 for presyncope only and 8 asymptomatic. Age, body mass index, blood pressure values, presence of orthostatic blood pressure decrease and plasma osmolality were used for statistical analysis. Comparisons were made between the syncopal and non syncopal groups. Analysis of variance (ANOVA) was performed for continuous data, and $\chi 2$ for categorical data; significance was set for $p<0.05$.
Results: No significant differences were found between the two groups for age, body mass index and basal pressure values. Orthostatic decrease of systolic blood pressure ≥10 mmHg was present in 77.5% of the syncopal subjects and in 47% of the non syncopal ones ($p<0.01$). Plasma osmolality was higher in syncopal subjects (294 *vs.* 291 mOsm/kg, p 0.017). Orthostatic decrease of systolic blood pressure was observed in 74.4% of the subjects with plasma osmolality higher than the reference values (>295 mOsm/kg).
Conclusions: In CCH elevated plasma osmolality is inked to orthostatic blood pressure decrease and syncope as clinical features. This may indicate basal hypovolemia as the underlying cause thus possibly lead to therapeutic choices

Efficacy and safety of Roxadustat in patients with anemia of dialysis-dependent chronic kidney disease with or without inflammation: pooled analysis of four phase 3 studies

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Premises and Purpose of the Study: Inflammation may contribute to erythropoiesis-stimulating agent (ESA) hyporesponsiveness. This pooled analysis evaluated the efficacy and safety of roxadustat, an oral hypoxia-inducible factor prolyl hydroxylase inhibitor, in correcting hemoglobin (Hb) levels in patients with dialysis-dependent (DD) chronic kidney disease (CKD) by baseline inflammation levels.
Materials and Methods: Four phase 3, randomized, open-label, active comparator–controlled studies (HIMALAYAS [NCT02052310], ROCKIES [NCT02174731], PYRENEES [NCT02278341], SIERRAS [NCT02273726]) were pooled. Mean Hb change from baseline (CFB) to Weeks 28–52 and mean weekly roxadustat dose (mg/kg body weight) at Week 24 by baseline inflammation levels (as determined by high-sensitivity C-reactive protein [hsCRP] quintiles) were analyzed. Safety data were summarized descriptively.
Results: In total, 4072 patients with DD CKD (roxadustat N=2022; ESA N=2050) were evaluated. Hb CFB to Weeks 28-52 was greater in patients treated with roxadustat compared with ESA, regardless of baseline inflammation. Patients with higher baseline hsCRP levels did not require higher doses of roxadustat compared to patients with lower baseline hsCRP levels. The overall percentages of patients with at least one treatment-emergent adverse event were similar for patients treated with roxadustat or ESA across hsCRP quintiles.
Conclusions: Roxadustat increased Hb levels, without requiring increased doses, independent of baseline inflammation and had a comparable safety profile to ESA.

Efficacy and safety of roxadustat in patients with non-dialysis-dependent chronic kidney disease with or without inflammation: pooled analysis of four phase 3 studies

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Premises and Purpose of the Study: Inflammation may cause erythropoiesis-stimulating agent (ESA) hyporesponsiveness for patients with anemia of chronic kidney disease (CKD). This pooled analysis examined the efficacy and safety of roxadustat in correcting hemoglobin (Hb) levels in patients with non–dialysis-dependent (NDD) CKD by baseline inflammation levels.
Materials and Methods: Four phase 3, randomized, placebo-controlled (OLYMPUS [NCT02174627], ALPS [NCT01887600], ANDES [NCT01750190]) or ESA-controlled (DOLOMITES [NCT02021318]) studies were pooled. Mean Hb change from baseline (CFB) to Weeks 28–52 and mean weekly total roxadustat dose (mg/kg body weight) at Week 24 by baseline inflammation levels (high-sensitivity C-reactive protein [hsCRP] levels divided into quintiles) were evaluated. Safety data were summarized descriptively.
Results: In total, 3573 patients with NDD CKD (roxadustat N=2068; placebo N=1212; ESA N=293) were evaluated. The mean Hb CFB to Weeks 28–52 was greater with roxadustat *vs.* placebo, and comparable with ESA, regardless of baseline inflammation. Patients with moderate-to-high baseline hsCRP levels did not require higher roxadustat doses at Week 24 compared with doses in patients with low baseline hsCRP levels. The overall percentages of patients with at least one treatment-emergent adverse event were similar for the roxadustat, placebo, and ESA groups.
Conclusions: Roxadustat increased Hb levels, without requiring increased doses, greater than placebo and comparable to ESA with a similar safety profile in patients with anemia of NDD CKD regardless of inflammation status.

Intracavitary ECG *versus* thorax radiography: biennial retrospective analysis (2022-2023) on 100 patients

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Premises and Purpose of the study: Recently, intracavitary electrocardiogram technology has been applied to peripherally inserted central catheter placement (PICC) and demonstrates many potential advantages. However, the tip positioning accuracy of intracavitary electrocardiogram technology compared to conventional X-ray method is unknown. The authors present a retrospective analysis that enrolled 100 patients aged between 68 and 94 years during the two-year period 2022-2023. A PICC was implanted in all patients, the correct positioning of which is verified with chest X-ray and intracavitary ECG. It has been verified that there are no statistically significant differences between the two methods, with null hypothesis (chi-squared=0).
Materials and Methods: The verification of the correct positioning of the PICC takes place through radiographic control of the chest and intracavitary ECG. To verify the effectiveness of the two methods, the chi-squared test with a 2x2 contingency table is applied.
Results: The chi-square test applied to the 100 enrolled patients demonstrated that there are no statistically significant differences in the control of PICC positioning through chest radiography and intracavitary ECG.
Discussion: PICC placement by IC-ECG guidance is plausible, safe, presents adequate indexes of validity and reliability, and allows reducing the time of catheter placement.
Conclusions: The authors demonstrated that in checking the correct positioning of a PICC, the two methods used in 100 patients are equivalent (null hypothesis: chi squared=0).

Advanced diagnostic approaches in unexplained hyper-eosinophilia: navigating the challenges of parasitic infections

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Background: Hyper-eosinophilia signals various pathological processes, including allergic or autoimmune reactions, and notably, parasitic infections.
Case report: We present four cases of hypereosinophilia due to parasitosis, diagnosed only after extensive diagnostic processes, involving at endoscopic investigations or invasive explorations. Eosinophilia with persistent systemic symptoms and inflammation, remained unexplained by standard tests for parasitic infections. This highlights the importance of a more comprehensive, and sometimes invasive, diagnostic approach. Endoscopic investigations and biopsies revealed the presence of parasites that were undetected in conventional fecal or serological tests. These included species such as Toxocara, Entamoeba histolytica, Enterobius vermicularis, and Giardia lamblia, known for their ability to evade standard diagnostic procedures. The necessity of invasive procedures became crucial in cases where clinical symptoms and persistent eosinophilia found no explanation through non-invasive investigations. Definitive diagnosis was possible only through repeated endoscopies or tissue biopsies. These cases underscore the importance of not overlooking the possibility of parasitosis in case of eosinophilia and persistent symptoms and negative tests should not stop investigations with invasive methods.
Conclusions: The clinical experience derived from these cases emphasizes the importance of a invasive diagnostic approach in the presence of hyper-eosinophilia, in order to rule out or confirm parasitic infections that may elude standard diagnostic methods.

An uncommon case of peritoneal carcinomatosis

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Background: The term peritoneal carcinomatosis, firstly coined to describe the spread of ovarian tumors into peritoneal serous membrane, usually configures settings of recurrent and/or advanced solid cancers, such as ovary, colon, lung, pancreas or liver malignancies.More rarely non-solid tumors and non-neoplastic conditions can closely mimic peritoneal carcinomatosis at clinical presentation and imaging.
Case report: A 60-year-old man presented with a two-weeks history of generalized abdominal pain, associated with hyporexia and weight loss. Outpatient abdominal ultrasound described moderate ascites. Abdomen CT showed multiple, diffuse nodular peritoneal lesions associated with free fluid.Colonoscopy was negative. Tumor markers, Quantiferon test, Lactate Dehydrogenase, Blood Cells Flow Cytometry were negative.He underwent diagnostic laparoscopy: macroscopically peritoneal carcinomatosis was confirmed.Histology showed a B cell non-Hodgkin lymphoma, Diffuse Large B cell lymphoma, anaplastic variant (A-DLBCL).The patient performed a PET-CT and a bone marrow biopsy, negative for neoplastic infiltration.He started R-CHOP treatment. Peritoneal lymphomatosis is an uncommon cause of rapid abdominal distention development.
Conclusions: Diagnosis is challenging because of overlap with other presentations, such as solid malignancies, liver

disease or sarcomatosis.A-DLBCL is an uncommon distinct morphologic DLBCL variant characterized by large polygonal cells with bizarre pleomorphic nuclei resembling cells of anaplastic large cell lymphoma (ALCL) or Hodgkin lymphoma.It accounts for 1–3.5% of all newly diagnosed DLBCL cases.

Primary aldosteronism: a rare yet critical contributor to severe gestational hypertension. A case report

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Premises: Gestational hypertension and preeclampsia, affecting 6-8% of pregnancies, typically resolve postpartum. However, persistent hypertension after delivery poses a unique challenge.
Description: This case report focuses on a 35-year-old woman with a one-year history of hypertension, initially exhibiting normal aldosterone/renin ratio. During pregnancy, she received alpha-methyldopa with limited effectiveness. Emergency cesarean section at 36 weeks was necessitated by uncontrolled hypertension. Postpartum, the patient experienced headaches and muscle cramps, with a mean ABPM24h of 140/100 mmHg on nifedipine and alpha-methyldopa. Further evaluation revealed elevated plasma aldosterone (31.7 ng/dl), suppressed renin (0.9 IUI/ml), an elevated aldosterone-to-renin ratio (35.22), and low serum potassium (2.4 mEq/l). Adrenal imaging identified a 1 cm left adrenal nodule suggestive of adenoma. Effective blood pressure and potassium control were achieved with spironolactone, and the patient is slated for adrenal venous sampling to subtype primary aldosteronism (PA).
Conclusions: PA, a significant cause of secondary hypertension, affects less than 1% of pregnant women, often resulting from idiopathic bilateral adrenal hyperplasia or aldosterone-producing adenoma. This case underscores the rarity of PA in pregnancy, with fewer than 40 cases reported in the literature. Given the pivotal role of the renin–angiotensin–aldosterone system in maternal and fetal well-being during pregnancy, early PA diagnosis is imperative to mitigate severe complications associated with gestosis.

Febbre di sera, una diagnosi si spera

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Premessa: La pachimeningite ipertrofica (PI) è una malattia rara causante ispessimento della dura madre dalla molteplice eziologia (infiammatoria, infettiva, autoimmune).
Caso: Maschio caucasico 77enne, da 2 mesi presenta febbre serotina, rinosinusite e tosse; è affetto da diabete mellito II, sindrome mielodisplastica, ipertrofia prostatica. Precedenti valutazioni ambulatoriali e strumentali concludono per rinosinusite, trattata con antibiotici senza beneficio. Ricoverato, è stato studiato per febbre di origine sconosciuta con esami microbiologici (Quantiferon positivo, rinovirus), ematochimici (MGUS IgG/k), autoimmunità (ANCA negativi), ricerca di metalli (negativa), PET-TC (captazione al midollo osseo), BOM (displasia bilineare), TC maxillo-facciale (rinosinusite cronica). Un peggioramento clinico durante la degenza (instabilità alla marcia, cefalea, deficit uditivo e ipovisus) impone rachicentesi (non significativa, BK negativo) e RMN encefalo con mdc che ha evidenziato emorragia intralabirintica e quadro compatibile con PI, da vasculite ANCA negativa (non eseguita biopsia ORL per integrità macroscopica) o idiopatica (necessaria biopsia della dura madre). Il paziente è stato trattato con metilprednisolone ad alte dosi con beneficio, quindi con prednisone per os a dosi decrescenti, e con profilassi TBC.
Conclusioni: La PI rappresenta una sfida clinica anche per la difficoltà del prelievo bioptico: un approccio multidisciplinare è necessario per formulare un'ipotesi diagnostica ed avviare tempestivamente la terapia.

Can glycemic monitoring through continuous glucose monitoring improve the management of the diabetic patient hospitalized for acute pathology in Internal Medicine? Evaluation from a department case study

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Introduction: To compare diabetes metrics in patients hospitalized in Internal Medicine for acute respiratory or septic event between those who used traditional glycemic monitoring (DTX) or continuous glucose monitoring (CGM).
Methods: Retrospective study of a cohort of 180 patients hospitalized between April-December 2023, 90 of whom were monitored using CGM and comparison of their glycemic parameters with other 90 patients with a similar admission diagnosis who were monitored using DTX. In Dexcom group we evaluated mean glycemia (MBG), standard deviation (SD) of MBG, glycemic coefficient of variability (CV), time in range (TIR% 70-180 mg%), time above range (TAR% >180 mg%), time below range (TBR% <70 mg%). For DTX group we evaluated MBG as mean of daily glycemic values (on average 4,5 DTX samples/day), CV as SD/MBG, TIR as% of DTX values between 70-180 mg%, TAR as% of DTX >80 mg% and TBR as a% of DTX <70 mg%.
Results: Levene's test suggested homogeneity of variances for most of the metrics, with p-values >0.05, indicative of no significant variability discrepancy, except for TBR. T-test unveiled substantial disparities between the groups: MBG demonstrated a significant mean difference ($p < 0.05$), underscoring a substantial divergence in average blood glucose levels. Other parameters, including CV, TIR, and TAR, also manifested statistically significant differences.
Conclusion: Our experience highlights a significant difference in terms of glycemic metrics between patients monitored using CGM and those with DTX, the former improving TIR, TBR and CV.

Dalle linee guida al PDTA: "il diabete ci sta a cuore in ospedale"

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Premises: Le linee guida intersocietarie 2023 sulla gestione del paziente con diabete o iperglicemia ricoverato in setting non critico hanno ribadito che è auspicabile adottare un modello organizzativo che includa l'intervento di personale con competenza diabetologica ove disponibile, e che un piano strutturato di dimissione è più costo-efficace rispetto a una modalità di dimissione che non lo preveda. La Medicina Interna del Giglio di Cefalù nel 2023 ha creato un servizio ambulatoriale per presa in carico e follow up dei pazienti diabetici post ricovero, con accesso diretto e prenotazione entro un mese dalla dimissione.
Materials and Methods: Tra febbraio 2023 e gennaio 2024 sono stati presi in carico 120 soggetti (58% dimessi da medicina, 39% da cardiologia-riabilitazione, 3% da altri reparti), su 100 dei quali retrospettivamente si sono valutate le variazioni di HbA1c, l'uso di insulina GLP1RA o SGLT2i durante il ricovero e nel follow up (1/3/6 mesi).
Results: Rispetto alla terapia antidiabetica di background, l'uso di molecole innovative (GLP1RA o SGLT2i) è aumentato in modo statisticamente significativo durante il ricovero mantenendosi costante nei controlli successivi e contribuendo ad una riduzione statisticamente significativa della HbA1c e del fabbisogno insulinico medio; la% di riospedalizzazione è stata <2%.
Conclusions: Il PDTA della persona con diabete ricoverata all'ospedale di Cefalù rappresenta uno strumento efficace per migliorare gli outcomes diabetologici e promuovere aderenza ad un piano di cure della cronicità più conforme alle attuali linee guida italiane.

A paradigmatic case of secondary hypertension

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Premises: Secondary hypertension recognizes an underlying disease from the distinct pathogenesis. Typical features of SH consist of younger age of onset, resistant hypertension, endocrine disorders.
Description of the Case report: A 58-years-old woman was admitted to emergency department for fatigue associated with severe hypokalemia. Her history included long-standing hypertension on triple combination therapy and obesity. Blood pressure was 170/90 mmHg; other vital parameters reported normal. Physical examination didn't detect pathological signs. ECG showed a sinus rhythm at 60 bpm, abnormal repolarization with U waves. Blood gas analysis demonstrated metabolic alkalosis. Complete blood count and biochemistry exams were in range. Potassium iv correction was set up, while angiotensin receptor blocker was discontinued for diagnostic purposes. Echocardiogram evidenced left ventricular concentric hypertrophy with diastolic dysfunction. Diagnostic work-up continued with renal ultrasound and laboratory endocrine screening, with the evidence of increased aldosterone values at rest and after saline infusion test. CT abdomen confirmed the presence of an adrenal adenoma. The patient underwent adrenectomy, with resolution of symptoms.
Conclusions: Primary hyperaldosteronism represents the most frequent cause of secondary endocrine-based hypertension. It is characterized by an aldosterone/plasma renin activity ratio >30 and is generally associated with hypokalemia and metabolic alkalosis. Aldosterone-secreting adrenal adenoma (Conn's syndrome) provides for surgical treatment.

Unilateral internal jugular vein thrombosis as presentation of malignancy: case report

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Premises: Internal jugular vein thrombosis (IJVT) is a rare site of venous thrombosis. IJVT could be divided into primary and secondary (80%) thrombosis, most frequently associated to central venous catheterization and malignancy. IJVT generally presents with pain and swelling of the neck, but it may also be asymptomatic.
Description of the Case report: A 54-years-old man presented with painful swelling over the right side of the neck, associated with fever. His clinical history included only smoking habit. The patient had sinus tachycardia. Chest examination evidenced harsh murmur. Laboratory exams revealed increased indices of inflammation and D-dimer 4770 ng/mL. Neck ultrasound showed complete right IJVT and malignant supraclavicular lymph nodes. Analgesic therapy, ceftriaxone and enoxaparin 8000 IU b.i.d. were started. Whole-body CT demonstrated nodular lesion of the right upper lung lobe in junction with the pleura, mediastinal and right hilar lymph node packages, pulmonary embolism of basal segments, colliqued splenic lesion, pelvic osteolytic areas. Mediastinal lymph node biopsy was performed by videothoracoscopy, whose histological examination led to the diagnosis of metastatic poorly differentiated lung carcinoma. The patient was referred to the oncology department for further management.
Conclusions: IJVT may constitute the clinical onset of local or metastatic tumor (most frequently lung and ovarian cancer, lymphoma). Cancer-associated IJVT leads to high morbidity related to pulmonary embolism and post-thrombotic syndrome and requires anticoagulation treatment.

Hyperobese women: what is the best treatment to prevent progression to severe forms of COVID-19 infection?

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Background: Obesity is considered one of the main risk factors for the development of a severe form of COVID-19, involving several mechanisms. The present study aimed to evaluate the impact of antiviral agents (AA) and monoclonal antibody therapy (MoAb) in this population.
Methods: We examined 96 female patients (33,9±4,04 years old, BMI: 37,8±6,6 kg), associated with other age-related comorbidities, treated for COVID-19 infection, evaluating the times to negativization (TN) and the long-term sequelae.

Values are given as medians and non-parametric Mann–Whitney tests were applied to compare the differences in values. All statistical analyses were considered significant with p-values<0.05.
Results: Comparing patients treated with MoAb s *vs.* AA, the median TN is 16 *vs.* 8 days (z-score is -3.09; p:0.002). Comparing vaccinated *vs.* unvaccinated patients, the median TN is 9 *vs.* 18.5 days (z-score is -3.18; p: 0.001. In unvaccinated patients, the median TN was 19 days in the MoAb group *vs.* 15 days in the AA group (z-score is 0.2; p:0.83). MoAb in vaccinated *vs.* unvaccinated patients, showed a median TN of 14 *vs.* 19 days (z-score is -0.64; p:0.51. Comparing AA in vaccinated *vs.* unvaccinated the median TN is 7.5 *vs.* 15 days (z-score -3; p:0.0027).
Conclusions: In hyperobese female patients who have risk factors for progression to severe disease, vaccination is recommended. Compared to MoAbs, AA obtains a significantly shorter eradication time of COVID-19 and therefore fewer short and long-term sequelae.

Use of monoclonal antibodies in pregnant women infected by COVID-19

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Background: Monoclonal antibodies are designed to target specific proteins of COVID-19 and can be used as a treatment for people with mild to moderate infection and at a high risk of severe disease. Casirivimab/imdevimab, sotrovimab, and bamlanivimab/etesevimab have been authorized for emergency use in the treatment of COVID-19. However, during pregnancy, these drugs have not been extensively studied.
Methods: A total of 22 pregnant women with mild to moderate infection were treated with three different monoclonal antibodies, and efficacy and safety were evaluated in the first period and until six months of follow-up.
Results: No infusion/allergic reactions occurred. No fatal or adverse events were observed in the pregnant women or fetus. The time of negativization with sotrovimab was shorter in comparison to imdevimav/casirivimab (p=0.0187) and bamlanivimab/etesevimab (p <0.00001). The time of negativization with sotrovimab was earlier in comparison to imdevimav/casirivimab (t-value: 2.92; p=0.0052) in vaccinated patients and similar in comparison to Imdevimav/casirivimab (t-value: 1.48; p=0.08). In unvaccinated patients, sotrovimab was faster to achieve negativization in comparison to Bamlanivimab/etesevimab (t-value: 10.75; p <0.0005).
Conclusions: Pregnant COVID-19 patients receiving sotrovimab obtained better clinical outcomes. Pregnancy or neonatal complications were not observed after monoclonal treatment, confirming the safety and tolerability of these drugs in pregnant women.

A serious case of multiple site muscle damage secondary to the use of immune checkpoint inhibitor of PD-L1

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Premises: Immune checkpoint inhibitors (ICIs) are the major advances in cancer therapy in the recent two decades. These drugs eliminate cancer cells by "releasing the brakes" on T cell activation pathway, *i.e.* enhancing immune surveillance. This modulatory mechanism inevitably leads to pleiotropic immune related adverse events, which include neuromuscular involvement manifesting as myositis, myocarditis and myasthenic syndrome.
Description of the Case report: We describe an 84-years-old man affected by urothelial carcinoma with nodal metastasis treated with avelumab, an anti-programmed cell death ligand 1 antibody. The patient was admitted to our department with weakness of neck muscles, anteflexion of the head and the trunk, bilateral palpebral ptosis lasting for about a week. Blood tests showed elevated CK and LDH levels. Acetylcholine receptor antibodies were detected. Despite timely start of pulse intravenous steroids, it was found a further increase of CK values, worsening of diplopia, dysphonia, dysphagia, tetraparesis and respiratory insufficiency. Subsequently, it was found an important elevation of cardiac enzymes associated with third-degree atrioventricular block. A pacemaker was placed. Intravenous immunoglobulin beyond steroid therapy was started. After some days the patient died.
Conclusions: Our case report is paradigmatic of how clinicians should familiarize with this new and potentially life-threatening clinical entity and develop relevant algorithms that allow prompt recognition of symptoms as well as timely treatment.

Miocardite e idrosadenite suppurativa quali manifestazioni extraintestinali di malattie infiammatorie croniche intestinali: un singolo caso clinico

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Premesse: Le manifestazioni extraintestinali delle malattie infiammatorie croniche intestinali (MICI) sono note e descritte in letteratura; tuttavia, tra queste la miocardite è rara e spesso trascurata.
Caso clinico: Un uomo di 41 anni giungeva alla nostra attenzione in seguito a plurimi accessi in Pronto Soccorso per dolore addominale in colite aspecifica, non responsiva a terapia antibiotica. In anamnesi pregressi episodi di idrosadenite suppurativa e aftosi orale, nessuna terapia farmacologica. Gli esami ematochimici dimostravano una leucocitosi neutrofila con rialzo degli indici di flogosi. Per persistenza di dolore addominale e diarrea, veniva eseguita colonscopia con riscontro di ulcere aftoidi coliche, in Morbo di Crohn confermato istologicamente. Veniva avviata terapia corticosteroidea (metilprednisolone 1mg/Kg/die) con beneficio. In seguito, il paziente sviluppava dolore toracico retrosternale, irradiato alla mandibola; durante l'episodio ECG nella norma, picco di Troponina I hs a 8636 ng/L. All'ecocardiografia buona funzionalità sistolica biventricolare, coronarografia negativa per stenosi coronariche. Sorgeva dunque il sospetto diagnostico di miocardite, confermata alla risonanza magnetica. Escluse cause infettive e farmacologiche, l'episodio veniva considerato come una manifestazione extraintestinale di MICI.
Conclusioni: La peculiarità di questo caso suggerisce di mantenere elevato il sospetto diagnostico delle rare manifestazioni extraintestinali di MICI; la tempestività nella diagnosi è infatti cruciale per evitare complicanze cardiovascolari potenzialmente fatali.

Analysis of emergency department use by frailty patients coming from long-term care facilities: impact on the medicine department

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Premises and Purpose of the study: Long-Term care facilities (LTCFs) residents who transfer to Emergency Departments (ED) have been identified as problematic because they use considerable resources**.** Our study aimed to describe the motivation for ED use by frailty patients coming from LTCFs.
Materials and Methods: A single-center retrospective observational study was conducted in a tertiary care hospital. All frailty LTCF residents admitted to 5 ED of ASST Sette Laghi, Varese, were enrolled between March and May 2023.
Results: 385 patients (239 F, median age 84.9 [range 43-101] yrs) were enrolled. The average length of stay (LOS) in ED was 19.2 hrs. Primary causes of ED use were infectious diseases (ID) (38.5%), trauma (22.6%), cardiovascular diseases (11.4%), neurological diseases (4.9%), anemia (4.9%), device complications (PEG tube dislodgment and indwelling urinary catheter obstruction) (3.6%). Pneumonia and urinary tract infections were the most frequent ID. Most patients (60%) were discharged to LTCF, 143 (37.2%) were hospitalized (81.1% of these in the Medicine Department), and 11 (2.8%) died in the ED. The average LOS in the hospital was 13.3 days (range 0-74). The patients with ID were admitted to hospital more frequently (58.1% *vs.* 24%, p<0.0001), with longer LOS in ED (21.6 *vs.* 16.8 hrs, p=0.0001) and in the hospital (15.2% *vs.* 10.4%, p=0.01).
Conclusions: Access to the ED and hospitalization of LTCF patients significantly impact the Medicine Department. Managing the most frequent pathologies, such as infections, at the LTCFs would substantially reduce costs.

Use of denosumab in a complicated hypercalcemic crisis

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Premises: Parathyroid carcinoma (PC) is a rare entity in primary hyperparathyroidism. A persistent hypercalcemia following complete resection of a primary parathyroid carcinoma can be related to bone metastasis. Hypercalcemic crisis can lead to recurrent acute pancreatitis. Denosumab is a fully human, monoclonal, synthetic, IgG2 antibody that binds to RANKL and inhibits formation, function, and survival of activated osteoclasts, bone destruction and tumour growth. Its use is raccomended at the bone metastases diagnosis.
Description of the Case report: A 74-year-old caucasian male with a history of partial thyroidectomy for PC one year ago and subsequent finding of bone metastases presented to our ward for drowsiness with laboratory evidence of severe hypercalcemia, hyperparathyroidism, acute kidney injury (AKI) and pancreatitis. CT showed an inhomogeneous pancreas with periglandular fluid and widespread structural bone alterations due to metastasis. He began forced hydrating support, diuretics and steroids and we decided to administer denosumab 120 mg sc, with rapid clinical improvement (creatinine was reported from 3.9 to 1.9 mg/dl, lipase from 1239 to 111 mg/dl and calcemia from 19,2 to 11,25 mg/dl).
Conclusions: This case shows a combination of complicated events (hypercalcemic crisis due to bone metastasis of PC with acute pancreatitis and AKI). The use of denosumab for the resolution of the hypercalcemia is advised to its greater ease of handling and superiority compared to zoledronic acid without the need for dose adjustment for renal dysfunction or kidney monitoring.

An unusual pancytopenia

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Introduction: SARS CoV2 infection can affect various organs and systems. The laboratory aspects include lymphopenia and thrombocytopenia.
Case presentation: 74 year old male patient, admitted to the emergency room for asthenia, chest discomfort. Suffering from chronic inflammatory demyelinating polyneuropathy, treated with prednisone 25 mg and azathioprine 50 mg. Apiretic, objectivity normal, except for weakness in the lower limbs. No respiratory failure, chest x-ray negative for pneumonia, blood tests leukocytes (WBC) 2.4x10^9/L, hemoglobin (Hb) 8.9 g/dL, C-reactive protein 148 mg/L (vn <6), platelets normal. Nasopharyngeal swab FREND COVID-19 Ag positive. Hospitalized, azathioprine therapy suspended, onset of fever. Rapidly worsening pancytopenia, nadir after the sixth day with total WBC 0.6 x10^9/L, platelets 16,000, Hb 7 g/dL. Excluding vitamin deficiencies. Patient treated with piperacillin-tazobactam, remdesivir, granulocyte growth factor (G-CSF) and blood transfusions. The patient underwent bone marrow aspirate from the iliac crest with a modest increase in the blast rate (possible effect of G-CSF) with slow maturation of the granulocyte series and no significant signs of dysplasia affecting the elements of the hematopoietic matrix. Nine days after admission, the blood count improved, with very rapid restoration of normal values and complete clinical recovery.
Conclusions: Severe pancytopenia represents a rare complication of SARS-CoV2. In pancytopenic patients it is useful to exclude SARSCoV2 infection to avoid subjecting the patient to invasive diagnostics.

Obstacles to discharging patients from Internal Medicine after the SARS-CoV2 pandemic: a prospective analysis

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Background: For chronically ill patients admitted to Internal Medicine (IM) Units, intermediate care facilities such as rehabilitation and post-acute clinics are a bridge between hospitalization and returning home. Since 2020, the SARS-CoV2 pandemic forced a closure or repurposing of many such facilities, which in turn reduced the discharge options for IM patients. In this prospective study, we analyse the outcomes of discharges from IM before and after 2020 in a secondary hospital in Rome, Italy.
Methods: All admissions to IM during 2014-2023 were prospectively recorded along with demographic data, hospital stay, outcome and type of discharge. Rates of discharge to home or to an intermediate care facility before and after 2020 were retrospectively compared.
Results: 6932 admissions were included (48% males, median age 80 years, IQR 17); mean stay was 10.9±8.9 days, in-hospital mortality was 9.4%; overall 79.5% were dis-

charged from IM either to home, rehabilitation, or hospice facilities. During 2014-2019, 11.8% of discharges were toward a residential care setting *vs.* only 6.4% in 2020-2023 (p<0.001). During 2014-2019 5.5% of discharges were to rehabilitation centres, *vs.* only 1.9% in 2020-2023 (p<0.001). In 2020-2023 mean hospital stay increased to 11.3±9.6 days *vs.* 10.7±8.5 days in 2014-2019 (p=0.01).
Conclusions: Chronically ill patients who cannot be cared for at home often cannot be discharged for lack of an alternative to hospital care. Reduced availability of rehabilitation and post-acute beds after 2020 has contributed to longer hospital stay in our IM unit.

Osteopoikylosis and secondary hyperparathyroidism: an unusual association of rare diseases

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Background: Osteopoikilosis (OPK) is a rare bone disease with a prevalence of 1/50,000. It's usually diagnosed incidentally by radiographic examinations. The etiopathogenesis is still unclear. In Literature OPK is described as frequently associated with disseminated lenticular dermatofibrosis, achondroplasia and vitiligo, meloreostosis, sacral cleft, peripheral vascular disorders, lentiginosis.
Case report: A 50 year old male, presented, as outpatient, in our Clinic, for abdominal pain. His medical history was negative for chronic conditions except obesity. Abdominal x-ray revealed unexpected multiple osteolytic lesions in pelvic bones and both femoral heads, suggestive for malignancies. A total body CT scan, instead of neoplasms, revealed osteopenic benign multiple structural alterations of the bone matrix, suspected for Osteopoikilosis. Laboratory tests showed increased PTH (115 pg/ml), normocalcemia (8.4 mg/dl), hypercalciuria (378 mg/24h), hypovitaminosis D (19 ng/ml), no alterations in renal function. The bone densitometry was normal. Therefore, after excluding primary hyperparathyroidism, secondary hyperparathyroidism due to idiopathic hypercalciuria, associated with OPK, were diagnosed.
Conclusions: OPK and secondary hyperparathyroidism due to idiopathic hypercalciuria are both rare diseases and their association was, surprisingly, never described first in Literature.

Recurrent lipothymias: an unusual and challenging diagnosis

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Background: Transthyretin amyloidosis (ATTR) is an infiltrative disease due to deposition of transtyretin fibrils. It is a systemic disorder whose clinical manifestations are extremely heterogeneous. Diagnostic suspicion should be based on the presence of signs in a suggestive symptomatic context.
Case report: A 82-year-old man was hospitalized in September 2021 for recurrent lipothymias. He had a medical history of chronic ischemic heart disease and carpal tunnel syndrome. ECG showed first-degree atrioventricular block, computed tomography of the chest areas of pulmonary consolidation, echocardiogram eccentric remodelling of the left ventricle, severe aortic stenosis, mild pericardial effusion. The patient was discharged diagnosed with bilateral pneumonia and severe aortic stenosis with a program of TAVI after resolution of the infection. The patient returned to our observation in November 2022 due to increasingly frequent lipothymias. He had undergone TAVI in March 2022. Echocardiogram showed bioprosthetic valve *in situ*, eccentric remodelling with interventricular septum of 14 mm. In the suspicion of an infiltrative disease a haematologic study was performed excluding amyloid light chain (AL) amyloidosis. Tc-99m bone scan showed a Perugini score grade 2-3. Diagnosis of ATTR was made and the patient was referred to a reference center.
Conclusions: Ever-increasing knowledge about ATTR has led to important results in the diagnosis and therapy of the disease with a positive impact on quality of life and reduction in hospitalizations.

Patient-related complexity management in lack of resources: our experience

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Background: The Internal Medicine unit of Sanremo Hospital is not structured with a delimited critical care area; in our ward we admit acute patients, often with medium and high-grade severity illness, with significant comorbility and frailty, and reduced functional autonomy.
Materials and Methods and Results: In the last year, 1319 patients were accepted, (M=638, F=681): 1114 from emergency room/emergency Medicine, 159 transferred from other departments and 46 from home or other hospitals. The mean age was 77.4 years. Among these, a significant number (215) had clinical characteristics that warranted hospitalization in a sub-intensive care setting, assessed by an aggregate National Early Warning Score (NEWS-2) at ward admission >5; Many patients had at the same time important comorbidities, frailty and clinical complexity, further accentuated by advanced age. The most frequently treated pathologies were acute respiratory failure (RF) (n=91), heart failure (186), sepsis/septic shock (176), pneumonia without RF (96), AKI (88), pulmonary embolism, metabolic emergencies, oncological diseases with acute complications (113).
Conclusions: This framework confirms, particularly in our territorial and organizational context, the persistence of the paradox of Internal Medicine characterized by managing both patients with a medium or low-care complexity and a growing number of patients suffering from severe acute pathology superimposed on multiple chronic conditions, experiencing the daily challenge of clinical complexity management, optimizing progressively decreasing resources.

Is the peripheral vascular access midline-type the ideal device for the patient admitted to Internal Medicine? A 12-month retrospective analysis

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Premises and Purpose of the study: In patients (pts) hospitalized in Internal Medicine wards, the use of intravenous access is the most common invasive procedure. International guidelines (LGs) recommended a "pro-active" approach which involves early medical-nurse evaluation and management of the patient's venous heritage. The efficacy and safety of a midline-type (MID) vascular access was evaluated retrospectively.
Materials and Methods: In 283 pts (35,7% men), mean age (81.3±11.0 yrs), consecutively admitted from December

2022 to November 2023, a MID was placed according to the 2022 GaVe-CELT LGs. Biochemical tests and color-doppler ultrasonography were performed before and after MID placement. Statistical analysis was performed using the SPSS package 29.0.
Results: In 7.7% (22 cases) the MID was re-placed for self-removal (22,7%), deep-vein thrombosis (31.8%), non-thrombotic occlusion (27.2%) and for bacterial infection (18.2%), respectively. In the re-placed MIDs, there was a pre-existing septicemia (61.5%), but in 4 cases only the MID was infected; the bacterial species mostly found was staphylococcus epidermidis (45%). In the 56.5%, pts were discharged to low-intensity healthcare facilities, benefiting from the MID placed.
Conclusions: The device placement was effective and safe, as there was a re-placement of them in 6.0% of cases (excluding self-removals), quite in line as required by LG (<=5%). Adequate management of post-implantation of MID is mandatory to prevent catheter-related complications, to reduce patient's clinical risk and health-care costs-saving.

Retrospective clinical investigation into the association between abnormal blood clotting, oral anticoagulant therapy, and medium-term mortality in a cohort of COVID-19 patients

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Background and Purpose of the study: People affected by COVID-19 have been exposed to abnormal clotting and endothelial dysfunction, which may result in thromboembolic events. The purpose of this study was to test whether the oral anticoagulant therapy OAT (both DOACs and VKAs) may impact on the medium-term mortality in a cohort of SARS-CoV2 patients.
Materials and Methods: 1238 patients hospitalized for COVID-19 at our hospital from March 17, 2020, to June 15, 2021, were analyzed; 247 survivors and 247 deceased within 90 days from hospitalization were matched 1:1 based on age, sex and ICU admission within 3 days. Conditional logistic regression was used to estimate associations by means of Odds Ratio with 95% confidence interval.
Results: The group of survivors was comparable to the group of deceased patients for age (76±10 years), gender (141 men and 106 women in each group) and hospitalization in ICU (25 per group). Compared to patients living at 90 days, those with a fatal event achieved more frequently heart failure, HF (10.5% *vs.* 23.1%; p <0.001), atrial fibrillation, AF (13.4% *vs.* 22.3%; p=0.009), as well as respiratory disease or COPD, and renal failure. Subjects in OAT were 60 (24.3%) in the group of survivors and 69 (27.9%) in the group of deceased patients.
Conclusions: While HF and AF, characterized by a pro-thrombotic state that frequently complicate one another, are among the comorbidities mainly associated to medium-term mortality of COVID-19 patients, no statistically significant link was detected between the examined clinical parameters and OAT.

L'internista e le malattie croniche intestinali

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Premesse e Scopo dello studio: Le malattie croniche intestinali (MICI), spesso, si associano a complicanze intestinali (fistole, ascessi, steno-occlusione, magacolon tossico) e a complicanze extraintestinali. Lo scopo del lavoro è valutare l'efficacia e la sicurezza della terapia biologica nelle MICI.
Materiali e Metodi: Tra il 2018-2023 sono stati arruolati 89 pts (51 M; 38 F) con malattia di crohn (30 pts) e rettocolite ulcerosa (59 pts) con età media di 38aa. I farmaci biologici impiegati sono stati: infliximab (31 pts), adalimumab (44 pts), vedolizumab (2 pts), ustekinumab (9 pts), upadacitinib (3 pts).
Risultati: La terapia biologica ha comportato nel 70% dei casi la remissione della sintomatologia e delle complicanze, la normalizzazione di ves, cpr e calprotectina e l'healing mucosal. La safety ai farmaci biologici è stata ottima. In 15 pts è stata eseguita la switch therapy e swap therapy per inadeguata risposta al farmaco.
Conclusioni: La terapia biologica comporta un efficace controllo delle MICI con associata riduzione delle complicanze intestinali ed extraintestinali. La guarigione mucosale è l'endpoint ideale per il controllo della storia naturale delle MICI ed è la prerogativa della sola terapia biologica.

A not so clear pancreatitis

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Premises: Autoimmune IgG4 pancreatitis (AIP) is a fibro-inflammatory form characterized by radiographically indistinguishable expansive lesions from pancreatic cancer with lymphoplasmocytic infiltration of positive IgG4 plasma cells and increased serum IgG4 concentration. It is manifested by obstructive jaundice, increased cholestasis indices, abdominal pain, diarrhea. It has a systemic involvement especially of the salivary and lacrimal glands but can potentially affect any organ.
Description of the Case report: We report the case of a patient who came to the hospital for jaundice, diarrhea and abdominal pain. In history systemic hypertension, vitiligo and psoriasis. At examinations total bilirubin 19.7 mg/dl of which 14 direct. At the NMR expansive lesion of the head of the pancreas, peripancreatic edema and sausage-shaped were seen. Endoscopic-Ultrasonography showed fibrosis. Diagnosis was confirmed with histology and IgG4 dosage. He immediately started cortisone with improvement of the clinical picture. As a complication he developed diabetes mellitus.
Conclusions: In conclusion, AIP is a rare but insidious disease that should be considered whenever there is a suspicion of an expansive lesion of the pancreas or bile ducts.

The clinical frailty scale and the Barthel index: can they be used to predict the workload of healthcare professions in an Internal Medicine department?

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Premises and Aims of the study: The Clinical Frailty Scale (CFS) and the Barthel Index (BI) are two indicators of frailty and functionality routinely collected in inpatient wards. Currently, there is a hypothesis about the potential use of these indicators to assess the workload of healthcare professionals. The aim of the study is to assess whether CFS and BI scores, collected upon the patient's arrival in an Internal Medicine ward, can predict the objective nursing workload.

Methods: This prospective monocentric study included patients admitted to the Department of Internal Medicine at Altovicentino Civil Hospital (Italy) between September and December 2022. Healthcare professionals' activities were objectively recorded in the first three days after admission and standardized to the daily average as services/five minutes/patient/day. Linear regression was employed to investigate the correlation between nursing demand, the CFS, and the BI.
Results: The study involved 333 patients, with an average BI of 61.9 (37.1) and an average CFS of 4.1 (2.2). In the multivariate analysis, neither of the two indicators showed statistical significance in relation to the workload of healthcare professionals. Assessing the demand for excessive nursing workload, CFS and BI exhibited a non-significant AUROC, resulting in 0.442 (95% CI 0.354 - 0.529) and 0.607 (95% CI: 0.529 - 0.686), respectively.
Conclusions: Neither the CFS nor the BI showed a correlation with the workload of healthcare professionals and, therefore, cannot be used to estimate or reorganize an acute care department.

A rare case of diarrhea

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Premises: Autoimmune enteropathy (AIE) is a rare cause of villous atrophy, rarely seen in adults.
Case description: A 71-year-old patient with hypertension on olmesartan was admitted for chronic non-bloody diarrhea, abdominal pain and weight loss of 15 kg. Serology for celiac disease was negative. ARBs were immediately discontinued on suspicion of olmesartan-related enteropathy. However, rapid worsening of conditions with MOF due to malnutrition, persistence of diarrhea and acute kidney failure, required ICU monitoring. Antibiotic therapy was ineffective leading to high-doses of methylprednisolone approach due to severity of illness. EGD and colonoscopy showed severe atrophy in ileum and duodenum. Histology was not pathognomonic but suspicious for Crohn's or celiac disease although a rare form enteropathy was considered. Meanwhile, common immunodeficiency, refractory celiac disease (no specific HLA alleles), T-lymphoma associated enteropathy, CMV were excluded. Search for anti-enterocyte antibodies was negative. Hospitalization was long and rich of complications (*e.g.* candidemia) but histological remission of atrophy after steroids and clinical improvement were seen so diagnosis of autoimmune enteropathy was made.
Conclusions: Criteria for AIE diagnosis include histological findings and absence of other causes of villous atrophy. Gut-specific antibodies are no longer required for diagnosis. Medications (*i.e.* olmesartan, NSAID) can trigger secondary form. Diagnosis remains challenging, but it should be considered in villous atrophy without positive celiac serology.

Collagenous colitis: an unfamiliar but treatable disease

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Introduction: Microscopic colitis is part of the differential diagnosis of chronic watery diarrhea. Colonoscopy is normal, its diagnosis is based on histology and encompasses two entities: collagenous colitis end lymphocytic colitis. In case of suspected drug-induced microscopic colitis, identification of the responsible drug is a key to management. After discontinuation of the suspected drug, treatment is budesonide. Here, we report a patient with collagenous colitis of drug origin.
Case report: A 75 year old woman with a 2 weeks watery diarrhea, and weight loss. History of arterial hypertension being treated with olmesartan. Laboratory tests were normal, except hypokalemia and moderate CRP. Stool culture, and Clostridium difficile toxin testing were negative. Abdominal TC scan was normal. We started her on piperacillin/tazobactam without response. The workup was completed by endoscopic examination which was negative: randomly biopsies revelated collagenous colitis. The patient had started olmesartan 1 month before the onset of diarrhea. Suspecting enteropathy caused by olmesartan, which was discontinued and started budesonide 6 mg daily for 8 weeks. Within 2 weeks her clinical symptoms improved. Three months later, diarrhea resolved.
Conclusions: In unexplained cases of diarrhea, medication history should be reconfirmed. Olmesartan reportedly causes sprue like enteropathy and collagenous colitis. To exclude microscopic colitis a colonoscopy with multiple biopsies is mandatory. Nowadays, there is sufficient evidence to recommend budesonide as the first-choice treatment.

Have we underestimated the power of GLP1-RA? A case report of middle-age man with T2D and obesity

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Premises: Patients with type 2 diabetes who present with a HbA1c >86 mmol/mol are commonly treated with insulin therapy. However, the new therapies have made it possible to develop different approaches, especially when it's associated with severe obesity. The combination of calories restriction and a non-insulin treatment, can lead to substantial reduction in Hb1Ac.
Description of the Case report: A 50-year-old man with obesity (IMC 39,7 Kg/m^2), hypertension and a family history of diabetes, had an occasional fasting glucose of 142 mg/dl in 2021, which was not followed by further investigations. In March 2023, he came to visit with HbA1c 93 mmol/mol (10.7%), so we started a treatment with slow-release metformin and dulaglutide 0,75 mg/week. Returning in June 2023, he showed a slight weight loss (3 Kg), a significant reduction in HbA1c (52 mmol/mol, 6.9%), improved blood pressure control, leading to the suspension of antihypertensive therapy. At the October 2023 follow up, there was a further weight loss (IMC 36,6 Kg/m^2) and a further improvement in glycemic control (HbA1c 39 mmol/mol, 5.7%), so metformin was discontinued.
Conclusions: In this case report, we demonstrate that calories restriction and weight loss are fundamental goals to pursue in obese patients with type 2 diabetes. The synergistic effect of lifestyle changes coupled with the initiation of a non-insulin therapy (metformin+dulaglutide) may lead to an unexpected reduction in Hb1Ac. Moreover, it is conceivable that the hypoglycemic effect of GLP1-RA is greater when the baseline Hb1Ac is higher.

Cardiovascular effects of Bruton's tyrosine kinase inhibitor in chronic lymphocytic leukemia: an advanced echocardiographic study

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Background: Bruton's tyrosine kinase (BTK) inhibitors have revolutionized treatment of chronic lymphocytic leukemia (CLL). However, ibrutinib, the first BTK inhibitor approved, is associated with serious toxicities including atrial fibrillation, ventricular arrhythmias, hypertension and heart failure.
Objectives: Aim of the study is to monitor cardiac performance of patients with CLL treated with Ibrutinib using advanced echocardiography during a six-months follow-up.
Methods: Study population includes 26 patients who, before starting treatment and six months later, underwent standard and advanced echocardiographic evaluation including left ventricular global longitudinal strain (GLS), left atrial strain and myocardial work study: global work index (GWI), constructive work (GCW), wasted work (GWW) and work efficiency (GWE).
Results: At follow up evaluation there weren't statistically significant differences of standard and advanced echocardiographic parameters evaluated, although two patients have developed atrial fibrillation.
Conclusions: The stability of myocardial work parameters with improvement of myocardial efficiency (91.57 *vs.* 90.42) although not significant, allows us to hypothesize a potential beneficial effect of increased blood pressure on cardiac performance. The stability of the echocardiographic parameters of atrial strain allows us to hypothesize that Ibrutinib doesn't worsen atrial remodeling, therefore it may not be necessary to interrupt this life-saving therapy, while the basal stratification of the patients before starting treatment remaining fundamental.

Luckily, things are not always as they seem!

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Background: Alectinib, a second-generation ALK inhibitor, plays a crucial role in the treatment of lung cancer. The use of molecular-targeted drugs has heightened the occurrence and expanded the range of lung toxicity, specifically drug-related pneumonitis (DRP).
Description: In December, a 58-year-old patient diagnosed with stage IV lung adenocarcinoma was admitted to our Medicine Department due to a fever and acute respiratory failure. He was currently treated with Alectinib and in good clinical remission. The chest CT scan revealed unclear submantle multiple consolidations, while the lab findings showed normal C-reactive protein levels and white blood cell count. A panel of tests for pulmonary pathogens was asked. The treatment started with methylprednisolone, low-flow oxygen, and antimicrobial therapy with azithromycin and ceftriaxone. Alectinib was ceased and a DRP was supposed. In 7 days, dyspnea subsided, and the need for supplemental oxygen was discontinued. The laboratory tests showed IgM and IgG for Mycoplasma pneumoniae. Thus, as the patient was asymptomatic, he was discharged and able to resume therapy with alectinib.
Conclusions: The symptoms of drug-related pneumonitis are nonspecific, as are the chest CT findings, often manifesting as interstitial pneumonia. Distinguishing pulmonary infiltrates related to DRP can be challenging. Mostly, suspicion of DRP arises only after thorough exclusion of other potential causes. In this specific case, the diagnosis of Mycoplasma pneumoniae infection ruled out DRP, allowing the patient to keep on with his effective therapy.

A rare case of atypical hemolytic uremic syndrome

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Premises: Emergencies in Internal Medicine sometimes include very rare diseases.
Description of the Case report: A 36-year-old woman presents to the emergency department 15 days after a COVID 19 infection with predominantly abdominal symptoms. Bilateral low back pain had also been present, complicated by episodes of vomiting and hemorrhagic diarrhea. Later, declivous edema and profound asthenia appeared. On blood examinations PLT 131000, Hb 12, total protein 4.3, kalemia at lower limits. In Emergency room: flat and treatable abdomen, not tender or painful. Declivous and periorbital edema with fovea. Toracic RX and ECG were within limits. After 12 hours she was admitted in Internal Medicine. On blood chemistry normal PCR, Hb 10.5. PLT 78.000, total bilirubin 3.06 and direct 0.77, creatinine 2.8 mg/dl. Fragmented and helmeted red cells were present. Her brother had been treated at the age of 8 years for hemolytic uremic syndrome and had died. In suspicion of haemolytic uremic syndrome, steroid boluses were started. The following day she was transferred to the Nefrology (CROFF) of Milano, and was treated with eculizumab (anti C5 factor of complement), which allowed progressive clinical and laboratory improvement. Adams 13 was in the normal range and shiga toxin search negative. Genetic analysis was positive for a related gene: one received from the father and one from the mother.
Conclusions: Investigations allowed the diagnosis of Atypical Hemolytic Uremic Syndrome. The disease has an incidence of 0.5 cases per million population. Until recently, the prognosis was poor.

Sarcopenia and clinical outcomes in elderly chronic obstructive pulmonary disease patients: a prospective cohort study

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Background and Aim: The aim of this study was to examine the effects of sarcopenia on clinical features and short-term outcomes in elderly chronic obstructive pulmonary disease (COPD) patients.
Materials and Methods: Multicenter cohort study was performed. Elderly COPD patients (age>65) were divided into sarcopenia and non-sarcopenia groups according to the diagnosis of sarcopenia at the first admission. Baseline data, geriatric syndrome, lab indicators and body composition analysis were analyzed. Primary endpoint was occurrence of acute exacerbations (AE) of COPD in the two groups, with an evaluation of all cause-one year-mortality. Cox regression was performed to explain the effect of sarcopenia on COPD patients' prognosis.
Results: 326 subjects (206 men and 120 women) with an average age of 77.4±7.9 years were enrolled, of which 176 patients (53.9%) with sarcopenia. Compared to the non-sarcopenia group, the sarcopenia group showed worse lung function, poor quality of life and higher incidence ratios of frailty. After adjusting by Barthel Index, polypharmacy,

comorbidity and age, the incidence of sarcopenia was a significant independent predictor of AE in elderly patients with COPD (HR=2.8, 95% CI: 1.2-6.32, p=0.04). Higher mortality was shown in over 80ys subjects of sarcopenia group (HR 2.1, 95% CI: 1.08-8.67, p=0.048).
Conclusions: Sarcopenia could increase the risk of acute exacerbations of COPD in the elderly, with a poor prognosis in over 80ys subgroup. Screening for sarcopenia at the admission in hospital could influence management and prognosis of these patients.

Hypernatremia is associated with increased risk of mortality in patients admitted to Internal Medicine units for community acquired pneumonia

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Introduction: Community-acquired pneumonia (CAP) is a frequent and clinically challenging infection and a leading cause of hospitalization to Internal Medicine units (IMUs). Patients admitted to IMUs may develop sodium disorders, and hyponatremia, but not hypernatremia, is considered a risk factor for adverse outcomes in CAP. On the other hand, hypernatremia has been associated with adverse outcomes in several diseases. In this study we evaluated the effect of hypernatremia on clinical outcomes in patients with CAP.
Methods: We enrolled 1241 patients hospitalized for CAP in 26 Italian IMUs from October 2016 to February 2018. The primary outcome was a composite of 30-day mortality, need for intensive care unit admission, or rehospitalization at 30 days. Univariate and multivariate analyzes were performed to evaluate the association between hypernatremia and outcomes.
Results: The median age of the included patients was 79 years (IQR 71-86) with a slight prevalence of men (51.2%). The prevalence of hypernatremia was 5.7% (95%, CI: 4.41-6.99) and was significantly associated with the primary outcome (OR of 3.06; 95% CI 1.85-5.09). The strongest association was found with mortality (OR 5.05, 95% CI 2.93-8.70), while sodium disorders were not associated with the need for ICU admission or re-hospitalization.
Conclusions: Our study suggests a strong association between hypernatremia and adverse outcomes in patients with CAP, further studies are needed to evaluate the impact of including increased sodium levels in common risk scores for mortality in this patient setting.

Diarrhea in lung transplant recipient

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Premises: Diarrhoea is defined as reduced stool consistency, increased water content and number of evacuations per day. The causes of diarrhoea can be multiple: many different infectious agents, drugs, inflammatory diseases, autoimmune diseases.
Description of the Case report: A 62-year-old man has been hospitalized for diarrhea for three weeks: 6-7 discharges of watery diarrhea per day. He reports loss of appetite, reduced water intake and weight loss. In the patient's medical history, he received a lung transplant for idiopathic pulmonary fibrosis 3 years ago. The patient's immunosuppressive therapy was mycophenolate and tacrolimus, and he was on prophylaxis with cotrimoxazole and azithromycin. Blood tests showed acute renal failure with mild hypokalemia, negative inflammation indices. He was evaluated for bacteria, viruses, and parasites with negative results. There was a rapid normalization of renal function with hydration therapy, but persistence of diarrhea. The screening for celiac disease was negative, and thyroid function was normal. The colonoscopy was normal. In the suspicion of microscopic colitis, therapy with budesonide was started with resolution of the diarrhea. Histological examination confirmed the suspicion of microscopic colitis.
Conclusions: To solve the clinical case, we proceeded step by step. Infections were excluded and we believed that it could be a microscopic colitis and we started therapy with budesonide with an excellent clinical response. We asked if there was an association between idiopathic pulmonary fibrosis and microscopic colitis.

A rare late side effect of radiotherapy

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Premises: The number of patients undergoing radiotherapy (RT) for malignancies is increasing. While RT is an effective treatment, it is not without side effects.
Description of the Case report: A 77-year-old man diagnosed with remitting diffuse large cell lymphoma affecting the right lung and the C6-T3 vertebral canal with spinal compression underwent decompressive laminectomy and RT in 2015. Eight years later, he observed the development of a retrocervical mass. Suspecting a disease relapse, he underwent an MRI revealing a 10 cm encapsulated formation imprinting the superficial muscle planes without infiltration. Biopsy was inconclusive. Soon after, the mass became painful and the patient developed fever, leading to admission to our ward. Blood tests showed anemia, acute kidney injury, and signs of infection, prompting initiation of antibiotic therapy. Subsequent MRI revealed a rupture of the mass capsule with the spread of infected content into the superficial layers. The patient underwent surgical resection involving neurosurgeons, plastic surgeons, and general surgeons, resulting in a successful recovery. Histological examination showed no evidence of neoplastic disease but revealed areas of ischemic and hemorrhagic necrosis with lymphovascular ectasia and lymphomonocytic infiltrate suggestive of radiation necrosis.
Conclusions: Radiation necrosis is a rare late side effect of RT that clinicians should be aware of. It is due to the damage of healthy tissues and can occur up to 9 years post-exposure in 5-15% of irradiated patients.

Usefulness of an ad hoc questionnaire (Acro-PREV) for the acromegaly diagnosis in general medical outpatient

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Background and Aim: Acromegaly (ACRO) is characterized by increased release of growth hormone and, consequently, insulin-like growth factor I (IGF1), most often by a pituitary adenoma. The estimated prevalence is 40-125 cases/million but targeted universal screening studies have found a higher prevalence (about 10 fold). The aim of the present study was to investigate the usefulness of Acro-PREV questionaire to diagnosis ACRO between patients attending general medical outpatient.
Methods: The Acro-PREV investigate the main symptoms, physical changes and comorbities of ACRO. A self-administered questionnaire was provided to patients attending general medical outpatient. IGFI was measured in patients with ≥1 acral symptom/ physical changes and ≥2 comorbidities.
Results: Of the 200 patients enrolled, 54 patients (27%) were tested for IGF1, 1 case of ACRO were diagnosed. A male patient of 54 year old were diagnosed of acromegaly due to a pituitary macroadenoma GH-secreting.
Conclusions: In conclusion ACRO-PREV could be an useful tool for ACRO diagnosis, however further studies are needed on larger populations.

Subclinical atrial fibrillation in embolic stroke of undetermined source: management and stroke recurrence

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Premises and Purpose of the study: Subclinical atrial fibrillation (SAF) represents the most frequent underlying etiology after embolic stroke of undetermined source (ESUS) and its research is strongly recommended in the diagnostic work-up. Whether oral anticoagulation (OA) reduce the risk of stroke recurrence after SAF is unknown. The aim of our study was to analyze management of secondary antithrombotic prophylaxis and the rate of 12-month stroke recurrence in real life ESUS patients.
Materials and Methods: We retrospectively analyzed data of ESUS patients who underwent non implantable 2-week ECG monitoring after discharge. Episodes of SAF of any duration were considered diagnostic. Antithrombotic treatment at hospital discharge and after ECG monitoring, and 12-month recurrence were registered. We compared the rate of stroke recurrence between patients with and without SAF.
Results: 159 patients (75 females), median age 73.5 (66.75-79) years, were the study population. At hospital discharge 96.9% of patients received antiplatelet therapy. SAF was detected in 82 patients (51.5%). OA was prescribed in 98.6% of them. Median time from stroke onset to OA prescription was 143 (IQR 94-178) days. Overall, 12-month stroke recurrence occurred in 8 patients (5%), with a not significant lower rate in patients who were prescribed OA compared to those who were not (3.7% *vs.* 6.25%, p=0.7202).
Conclusions: OA prescribed after SAF detection in patients with ESUS reduced, but not significantly, the risk of stroke recurrence. Future research and prospective multicentric studies are warranted.

Early rituximab in acquired haemophilia A: two cases report

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Background: Acquired hemophilia A (AHA) is a rare event caused by the development of autoantibodies against factor VIII protein (FVIII). Guidelines recommend rituximab or cytotoxic agents as second-line therapy after 3-4 weeks of corticosteroids to eradicate FVIII inhibitor. We present two case reports of early rituximab use in AHA patients.
Case 1: A man with myelomonocytic leukemia presented with widespread hematomas. Lab results showed anemia, prolonged aPTT, FVIII activity 0%, and an inhibitor level of 1.9 BU. Initial treatment with Methylprednisolone, APCC and rVIIa had limited response. Early rituximab therapy (375 mg/m2 weekly for 4 weeks) led to progressive hematoma resolution and eliminated the need for transfusions. After 4 weeks, aPTT was 35s, FVIII activity increased to 62%, and the inhibitor level dropped to 0.4 BU.
Case 2: A man with metastatic gastric cancer in chemotherapy presented with left gluteal and abdominal swelling, severe anemia, and prolonged aPTT, reduced FVIII levels and the presence of FVIII inhibitor. CT scan showed the presence of muscular hematomas requiring embolization of the left gluteal and superficial left circumflex iliac arteries. Methylprednisolone and rVIIa were initiated with stability for two weeks. New hematomas prompted rituximab therapy, resulting in hematoma resolution, clinical improvement, normalizing aPTT, FVIII activity with FVIII inhibitor complete eradication.
Conclusions: Early rituximab use, contrary to guidelines, effectively restored FVIII levels, reduced inhibitors, and resolved hemorrhagic symptoms in AHA patients.

Jaundice at the gym, a case report

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Background: Synthetic anabolic steroids have gained extensive utilization for augmenting exercise and athletic performance, demonstrating the potential to induce cholestatic liver injury. Conversely, phytoecdysteroids are traditionally presumed to lack this hepatotoxicity. Is this always true?
Case report: An athletic 22 y.o. male, who has been engaging in anabolic supplementation with phytoecdysteroids for more than one month, manifested symptoms including pruritus, dark urine, and jaundice, necessitating clinical assessment. Laboratory testing revealed elevated levels of bilirubin, predominantly in the direct fraction, as well as increased levels of ALP, AST, ALT, and GGT. Abdominal magnetic resonance imaging (MRI) was conducted, revealing a reduction in the diameter of the common bile duct. Subsequent endoscopic retrograde cholangiopancreatography did not identify any pathological findings. The high bilirubin levels necessitated repeated sessions of apheresis. Intravenous hydration and ursodesoxycholic acid have been administered with benefit. The investigation into secondary causes of hepatobiliary inflammation has been initiated, ruling out infectious etiology (negative for HBV, HCV, CMV, EBV, WW) or autoimmune diseases (negative for ANA, AMA, ASMA, Anti-LKM, ANCA, ENA), confirming hepato-cholangitis as a result of anabolic steroid use.
Conclusions: Notwithstanding their favorable characterization in the literature, prudence is imperative when dealing with dietary supplements containing phytoecdysteroids, given the potential risk of inducing severe hepato-cholangitis.

Blurry eyes

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Background: Visual impairment is a concerning symptom for many ophthalmic and neurologic disorders. Therefore, the clinician approaching a visual loss should also consider systemic diseases.
Case presentation: A 54-year-old man suffering from a recent persistent reduction of visual acuity was sent to the Emergency Room. No pain or flushing of the eyes, nor neurological deficits. The Ophthalmologist found bilateral papilledema with some flame hemorrhages. A computed tomography angiography of the brain was then performed, excluding intracranial hypertension. Subsequently, a brain magnetic resonance ruled out any lesions, hydrocephalus, or neuroinflammatory diseases. The patient presented neither systemic involvement, malignant hypertension, nor a medical history of diabetes or toxic consumption. Since white blood cells and C-reactive protein were slightly elevated at the admission, autoimmunity and serological research for herpes viruses, HIV, Syphilis, and Borrelia were tested. The result was a strong positivity of the nontreponemal RPR test and of the treponemal-specific test TPHA, leading to a diagnosis of ocular syphilis.
Conclusions: While commonly perceived as an 'ancient' disease, syphilis records over 6 million new cases annually. Despite its primary association with the chancre due to prevalent sexual transmission, clinicians should avoid solely linking syphilis to its initial form. Instead, they should always consider the clinical variability of the 'Great Imitator,' a term coined by William Osler in the late 19th century.

Cold hands: when the warm is better

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Premises: Cold agglutinin (CA) disease is a rare autoimmune hemolytic anemia in which the antibodies for erythrocyte surface antigens are activated by low temperatures, causing agglutination of red blood cells (RBC). Autoantibodies may be idiopathic or secondary to infection, malignancy, and other autoimmune diseases. It's under recognized with diagnosis delay.
Case report: A 76-year-old man with hypertension, presented with fatigue, lower extremities pain and dyspnea. Physical examination revealed pale skin and jaundice, no bruises, no hepatosplenomegaly, or lymphadenopathy. Lab test showed haemoglobin (hb) 6,6 g/dL, MCV 111 fl, normal white cell and platelets, high reticulocytes, bilirubin, and lactate dehydrogenase, low haptoglobin. A peripheral blood smear showed anisocytosis and poikilocytosis, RBC agglutination. DAT was positive for C3d with CA. Bone marrow study demonstrated an infiltration of low-grade B lymphoma. The patient has been treated with warmed RBC and kept in warm environment. With progressive hb increase and normal hemolysis values, we decided for follow up, without other treatment, like rituximab. Re-evaluating previous lab tests, it was noted that for some years reversible RBC agglutination was reported.
Conclusions: Cold avoidance and warmed transfusions are first line therapy for CA hemolysis. CA interferes in lab tests. Informing the laboratory and ensuring the proper temperature conditions will lead to accurate results. It would be desirable to alert the physician of the presence of agglutination to prescribe the appropriate investigations.

Lo sare decision making con l'approccio person family centered care nelle cure palliative. Revisione narrativa della letteratura

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Premesse e Scopo dello studio: Il passaggio alle cure palliative può generare conflitti decisionali ed etici tra equipe, assistito e famiglia. Lo Share Decision Making (SDM) con approccio Person-Family Centred Care (PFCC) può contribuire a ridurre i conflitti e migliorare la qualità di vita. Lo scopo è esplorare il ruolo dello SDM con l'approccio PFCC relativamente al miglioramento dell'assistenza, riduzione dei conflitti etici e decisionali tra assistiti, familiari e equipe.
Materiali e Metodi: È stata condotta una revisione narrativa della letteratura, interrogando le banche dati CINAHL, Pubmed e PsycINFO. La ricerca è avvenuta da settembre a novembre 2023. Sono stati inclusi studi svolti negli ultimi 10 anni in italiano, francese e inglese riguardanti persone con età ≥18 anni.
Risultati: Sono stati selezionati 7 articoli convergenti in 4 tematiche: Comunicazione aperta sul fine vita; Coinvolgimento degli assistiti/familiari nel processo di cura; Rispetto delle preferenze e valori nello SDM; Autocultura dell'equipe di cura e degli assistiti/familiari. In particolare il coinvolgimento attivo della persona/famiglia incentivato dall'approccio PFCC nello SDM migliora la soddisfazione della persona/famiglia, promuovendo una migliore qualità di assistenza, favorendo una relazione terapeutica solida di fiducia tra persona, famiglia ed equipe.
Conclusioni: Gli infermieri che instaurano una relazione privilegiata con gli assistiti/familiari svolgono un ruolo cruciale in questo processo. Sono necessari ulteriori studi relativi a questo approccio ancora poco utilizzato.

Atypical presentation of an uncommon disease: a paradigmatic case

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Case report: An 81-year-old woman came to our attention for hematic diarrhea, dehydration and postural instability. Laboratory findings showed anemia (Hb 8.9 g/dL), neutrophilic leukocytosis, thrombocytopenia (PLTs 80000/µL), acute renal injury (SCr 4.26 mg/dL), hyponatremia and elevated serum LDH (783 U/L). While in ER, she suffered from a single tonic-clonic seizure, which was treated with Diazepam. CT-scan and angiography of the head were negative for any findings; the EEG revealed widespread epileptiform abnormalities. Abdomen ultrasound ruled out a urinary tract obstruction. SCr levels remained stable despite infusion with NaCl 0.9%. Due to worsening of anemia (Hb 6.9 g/dL), the following additional tests were performed: D-dimer (22000 ng/mL), serum haptoglobin (low), total serum bilirubin (normal), complement C3 (normal), direct antiglobulin test (negative), and peripheral blood smear (schistocytes 4.2%). This data, combined with clinical features, lead us to suspect thrombotic microangiopathy. ADAMTS-13 activity (36%) ruled out thrombotic thrombocytopenic purpura. Contextually, a sample of urine cultures tested positive for E. coli and Shiga toxin was found in a stool sample, therefore the diag-

nosis of Shiga toxin-producing E. coli associated hemolytic uremic syndrome (STEC-HUS) was made.
Conclusions: Intravenous fluids and antibiotic therapy were continued, leading to resolution of diarrhea and normalization of laboratory findings (at discharge Hb 9.3 g/dL, PLT 380000/µL, SCr 1.11 mg/dl). STEC-HUS, despite being typical of childhood, must always be considered in hospitalized complex patients.

Active surveillance: what changed?

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Background: Active surveillance programs aim to prevent the spread of carbapenemase-producing Enterobacterales (CPE). Rectal swab (RS) is used for screening colonized subjects. The samples are analyzed from January 2020 to November 2023 in the Ospedale del mare Clinical Pathology Unit bacteriology. Our focus is on the RS received from Non-Intensive Area (NIA) and Intensive Area (IA).
Design: The protocol involves sowing on KIT CARBA chromogenic medium and on MacConkey Agar with meropenem disk. The XpertCarba-R assay is carried out on positive samples to differentiate the carbapenemase gene. Then the identification and the antibiogram are done with the automatic Vitek2 system.
Results: 7350 RS processed with 366 positive results, 80% positive for KPC, 6.28% for NDM, 3.55% for VIM, 3% for OXA48, 6.28% for 2 carbapenemase genes, 2.73% KPC+NDM, 1.91% KPC+OXA48, 1.36% KPC+VIM, 0.27% OXA48+VIM. K. pneumoniae was found most frequently (337), followed by E. coli (20). RS are performed on entry end than once a week in IA, while only once in NIA.
Conclusions: Our data show an increase in positive tests from 2020 to 2023 of 0.08% for IA and 60% for NIA. KPC was most detected resistance mechanism, but NDM, OXA48 and VIM increase. Hospital circulation of resistance mechanism leads to highest positive RS for KPC in IA. Instead, data can offer a picture of a territorial miltiresistance pathogens due to screening or to abuse of antibiotic therapy in NIA. In conclusion, rapid results with the related resistance mechanism is critical for decisions making.

Dyspnea in the elderly: details that make the difference

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Case report: We report the case of an eighty-year-old man admitted for profound asthenia present for about a year and dyspnea mainly upon awakening. His medical history included arterial hypertension, smoking habit, colon neoplasm surgery and initial cognitive decline. On physical examination, the patient exhibited marked desaturation, mild tachypnea, cyanosis of the lips and digital clubbing. No other significant clinical findings at the cardiac, pulmonary, abdominal and neurological levels. Laboratory tests showed only polycythemia; echocardiography and pulmonary CT-angiography were normal. Arterial blood gas analysis showed a severe respiratory failure type 1, so the patient was admitted to the intensive care unit where high-flow nasal cannula (HFNC) was applied with limited signs of improvement. Subsequently, the patient was transferred to our Internal Medicine ward. A more thorough medical history revealed exacerbation of symptoms in the upright position. Placing the patient in a supine position we observed a significant increase in peripheral saturation values. This detail suggested us the presence of platypnea-orthodeoxia syndrome, documented by arterial blood gas analysis. Among the main causes of this syndrome, intracardiac or extracardiac shunts should be considered. A bubble study and a transoesophageal echocardiography showed an Atrial Septal Aneurysm with a large Patent Foramen Ovale.
Conclusions: Platypnea-orthodeoxia syndrome is rare, and as such, the challenge lies not in diagnosis but in initially considering it as a diagnostic possibility, also in elderly patients.

Clinical relevance of vitamin B12 in hospitalized cancer patients

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Background: Vitamin B12 impairment is common in cancer patients due to several clinical and therapeutic causes, but data regarding their prevalence and significance in this setting are lacking.
Methods: We retrospectively enrolled patients hospitalized at our Medical Oncology ward (2017-2022). Plasma B12 levels in pg/ml were stratified as Very Low(VL<200), Low(L200-300), Normal(N300-813) or High(H>813). We collected demographic and clinical data and fitted univariate and multivariate analyses for factors affecting B12 levels.
Results: We enrolled 788 patients, B12 level were VL in 14.09% cases, L in 19.42%, N in 49.37% and H in 17.13%. At univariate analysis, females had higher B12 levels compared to males, a negative correlation between B12 and age, folates, albumin, prealbumin total protein was observed and, conversely, vitamin B12 correlated positively with folates($p<0.0001$). B12 distribution directly correlated to ECOG-PS levels($p<0.0001$) and was higher in advanced compared to early-stage patients, as well as in those who had liver failure. The highest median value was found in breast cancer patients while the lowest in colorectal and gastric cancer. Multivariate analysis confirms the increased probability of H *vs.* VL B12 in hypoproteinemia, hypoalbuminemia and ECOG PS≥2.
Conclusions: To our knowledge, this is the first study investigating B12 levels in a wide group of cancer patients; our data suggest that increased B12 is associated to an impaired clinical status, while in early stage patients B12 deficiency is of concern and may negatively affect the overall outcomes.

Sindrome da attivazione macrofagica secondaria a salmonellosi

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Premesse: La sindrome da attivazione macrofagica (MAS) è una patologia potenzialmente letale afferente alle istiocitosi, caratterizzata da abnorme attivazione del sistema macrofagico e dei linfociti T risultante in una tempesta citochinica e infiammatoria in grado di causare danno sistemico generalizzato rapidamente progressivo. Il ritardo diagnostico è un importante fattore prognostico negativo.
Caso clinico: Riportiamo un caso di MAS secondaria a salmonellosi di gruppo E in una paziente di 29 anni ricoverata per febbre persistente, esordita dopo un viaggio in Thailandia, inizialmente senza sintomi d'organo associati. Gli esami bioumorali evidenziavano leucopenia e piastrinopenia lievi, incremento degli indici di citolisi epatica, ipertrigliceridemia ed iperferritinemia. Il quadro clinico si è rapidamente deteriorato, con sviluppo di insufficienza multi-organo (MOF) che ha necessitato di trattamento in ambiente intensivo. Confermata la diagnosi, la paziente è stata trattata con metilprednisolone 1 mg/Kg/die, con ottima risposta clinica.
Conclusioni: La MAS può essere secondaria ad altre malattie afferenti a vari ambiti specialistici. La diagnosi è difficoltosa, richiedendo in genere l'esclusione di altre cause. Uno dei pericoli maggiori è rappresentato proprio dal ritardo diagnostico, che può condurre a conseguenze catastrofiche, fino all'exitus, anche in pazienti senza comorbidità e in ottime condizioni generali. In presenza di reperti clinico-laboratoristici suggestivi, la MAS deve essere precocemente considerata nell'ambito della diagnosi differenziale.

Prevalence and antimicrobial resistance of germs in a Campania region Internal Medicine ward in 2022

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Background: In recent years, antibiotic resistance (AMR, Antimicrobial resistance) increased significantly and made it necessary to evaluate its impact on public health. In Campania the% of resistance to carbapenems, 3rd generation cephalosporins, fluoroquinolones and aminoglycosides are all higher than those detected by the EARS-Net network in Italy and Europe; the marked differences concern the% resistance of invasive strains of K. pneumoniae, 3rd generation cephalosporins, fluoroquinolones and carbapenems. We evaluated the prevalence of the main pathogenic germs in our Medicine ward in the year 2022 and any AMR.
Materials and Methods: In 2022, 788 culture tests were performed on 471 hospitalized patients. We observed a prevalence for G-: 23.6% E. coli, 12.5% Klebsiella pn, 17.7% Acinetobacter, 17.7% Pseudomonas ae; for G+: 31% Ent. faecium, 24.6% Ent. Faecalis, 24.6% Staph au. These data are different from those shown in the 2019 report on AMR in public structures of the Campania healthcare system; in fact in our ward we detected a prevalence of Acinetobacter and Pseudomonas tripled if compared to the 2019 Campania region data. For AMR in G- this is 87% for cefipime and aztreonam, 40% ciprofloxacin, 35% ceftazidime, 100% tygecycline and 20% piperacillin/tazobactam; for enterococci it's 55% for amoxicillinia/clav, ampicillin+sulb and imipenem and 57% cipro-levofloxacin, similar to the other G+; while for fungi only fluconazole has an AMR of 25%.
Conclusions: These data demonstrate how important it is to know the germs (and the relative AMR) of your own ward so to improve good clinical practices.

Respiratory viruses and pulmonary aspergillosis: a fearful combination even in immunocompetent patient

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Premises: Aspergillus species can cause a spectrum of clinical syndrome and respiratory cultures positive in critically ill patients, particularly those with underlying Influenza/SARS-Cov-2 infection, shouldn't necessarily be considered contaminants or colonizers. There is increasing evidence that microbiome plays a role in immunopathogenesis of Aspergillus-related disease.
Description of the Case report: A 34-year-old woman, smoker, recent SARS-CoV2 infection, was admitted for hypoxemic respiratory failure and radiological signs of interstitial pneumonia. Empiric therapy with piperacillin/tazobactam and oseltamivir was introduced. Atypical bacteria and SARS-CoV2 molecular swab were negative while nasopharyngeal swab for influenza resulted positive for H3N2 subtype. In the following days, High Flow Nasal Cannula and pronation were introduced because of the progressive clinical worsening. Sputum culture was positive for Aspergillus spp. and then voriconazole was introduced. The patient improved till a complete remission.
Conclusions: With the recent H1N1 influenza and COVID-19 pandemics, the incidence and clinical spectrum of pulmonary aspergillosis have increased even in immunocompetent. The microbiome could play a role in host immune response, susceptibility and severity of Aspergillus-related disease. We are inclined to believe that the recent SARS-CoV-2 infection and the current H3N2 have modified the microbiological composition of the normal flora in the respiratory tract and the immunological state of the host causing a predisposition to co-infection with aspergillosis.

The prevalence of hospital protein-energy malnutrition in an Internal Medicine department: preliminary data

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Background and Purpose of the study: Hospital protein-energy malnutrition represents a frequent phenomenon, although little recognized and despite being a critical, widespread and expensive problem. There can be multiple organic causes, including age-related, pathology-related, social, environmental and psychological. Our study aims to evaluate the prevalence of malnutrition and the impact on patient outcome in a general medicine department.
Materials and Methods: Were administered in November 2023, upon admission 64 MNA-SF questionnaires to identify malnourished subjects or at risk of malnutrition. Subjective global assessment was used to evaluate the

relationship between nutritional status and average length of stay and hospital costs while controlling for health and demographic characteristics.
Results: Preliminary data show that the average hospital stay is 13.4 days. Of the analyzed sample of 22 women and 42 men, 19% have a normal nutritional status, 38% are at risk of malnutrition and 44% are malnourished. There is also a significant correlation between malnourished subjects and an increase in average hospital stay equal to 15.3 days.
Conclusions: although malnutrition is a known problem, there is still a high prevalence of uninvestigated people. In addition to the diagnosis, it would be appropriate to implement the screening and prevention phase of malnutrition, in order to record an increasingly smaller number of cases and healthcare costs.

Hypereosinophilic syndrome and novel eosinophil-depleting therapies

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Premises: Hypereosinophilic syndrome (HES) is a rare systemic inflammatory disorder characterized by an elevated eosinophil count and a heterogeneous clinical presentation. Conventional treatments may have significant dose-limiting side effects, but novel therapies targeting eosinophils may offer a more favourable efficacy and safety profile, in particular, mepolizumab, a monoclonal antibody neutralizing interleukin 5 (IL-5) and commonly used at a dosage of 100 mg for treating severe asthma, has recently been approved for HES at a dosage of 300 mg every 4 weeks.
Description of the Case report: An 83 yrs old patient with history of asthma and mild eosinophilia, was admitted for fatigue, arthromyalgia, and peripheral neuropathy, associated with hypereosinophilia (21.000/μL) and >20% eosinophilic infiltration in bone marrow. Extensive diagnostic tests (including bone marrow biopsy, cytogenetics, molecular testing for BCR-ABL and major rearrangements) ruled-out major organ involvement, infections, malignancies, and myeloproliferative diseases. Diagnosed with HES, the patient was treated with prednisone (25-50 mg QD), followed by subcutaneous mepolizumab (300 mg every 4 weeks), resulting in symptom resolution and prolonged steroid-sparing effects.
Conclusions: IL-5 targeted therapy resulted in decreased eosinophil counts, preventing relapses within 6 months, and reducing prednisone to <5 mg QD, minimizing long-term systemic corticosteroid side effects. Mepolizumab showcased efficacy in HES, offering a promising treatment with potential long-term benefits.

Air embolism after central venous catheter removal in chronic obstructive pulmonary disease with patent foramen ovale

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Case report: A 60 year old man came to Emergency department for dyspnoea and desaturation. In the medical history: heavy smoker (80 pack/years), chronic obstructive pulmonary disease, recent pneumonia. Severe respiratory failure was documented, a trial of NIV was started but unsuccessfully and the patient underwent endotracheal intubation and was transferred to ICU where was treated with antibiotic, steroid and bronchodilator therapy and markedly improved. After few days was extubated and transferred to the General Medicine Ward. In accordance with the good condition of the patient promptly urinary tract catheter and central venous catheter (CVC) were removed. Unfortunately the patient suddenly presented loss of consciousness with right gaze deviation and left emiparalysis strongly suspicious of cerebral ischemia. Due to the worsening of respiratory failure the patient underwent a new endotracheal intubation and then a head CT scan which documented right brain air embolism with ischemia confirmed later by magnetic resonance. Head Angio CT scan did not show any occlusion of the main brain arteries. To confirm the suspicious of air embolism due to the removal of the jugular CVC an echocardiogram was performed which documented a patent foramen ovale with right to left shunt during Valsalva manoeuvre.
Conclusions: Air embolism after removal of CVC is a rare but possible complication which can have severe consequences. Several well defined precautions must be taken in account before CVC removal.

Not an infection, but a complication of antibiotic therapy: daptomycin acute eosinophilic pneumonia

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Background: Daptomycin therapy is a leading cause of acute eosinophilic pneumonia (AEP), a rare but significant condition in Internal Medicine. It can manifest as acute respiratory failure, fever, and eosinophilia.
Case report: Patient is a 78 years old woman admitted for antibiotic treatment of MSSA sepsis complicated by osteomyelitis, prosthetic aortic valve endocarditis, and lung abscesses. She was treated with daptomycin 700 mg/day and ceftaroline 600 mg x 3. Following the removal of the prosthetic valve, clinical improvement was observed, with a decrease in fever, leukocytosis, CRP/PCT, and improved respiratory function.After one week of antibiotic therapy, an increase in eosinophil count (19.6%, 2360/μL) and CRP levels (2 ->25 mg/dL) was noted. Due to suspicion of an allergic reaction, empiric steroid therapy was initiated. Bacterial, fungal, and helminthic infections were ruled out. Bronchoalveolar lavage revealed 81% of eosinophils.The patient experienced acute dyspnea, respiratory failure and fever during the night, which required NIMV. A CT scan showed multifocal pneumonia with both interstitial honeycombing and consolidations. Based on these findings, a diagnosis of AEP was made. Steroids were increased (methylprednisolone 1 mg/kg/day) and daptomycin was discontinued. Over the next three days, there was a rapid improvement which allowed for the suspension of NIMV and reduction of consolidations seen on the chest X-ray. Normalization of the eosinophil count was observed after just two day of steroid therapy. A chest X-ray performed one week later documented complete resolution of the AEP.

Medical admission area as possible reply to Emergency Department overcrowding and boarding: model and preliminary report from hospitals of Azienda USL Toscana Centro

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Premises and Purpose of the study: Ministry of Health and italian Regions have issued recommendations to reduce boarding and overcrowding of Emergency Departments (EDs). The early taking charge by Specialists after initial diagnostic and therapeutic framework by ED physicians, represents a key point. In 2022 the Azienda USL Toscana Centro (AUTC) arranged to create Areas defined "Aree Mediche di Ammissione (AMA)" outside the EDs in which haemodinamically stable patients requiring hospitalization for medical reasons or taking charge for rapid turn-over medical problems could be allocated and managed by Internal Medicine (IM) and/or Geriatrics physicians. The aim of our study was to report on the results of AMAs of AUTC in 2023.
Materials and Methods: We retrospectively analized data of patients admitted the AMAs of AUTC in 2023.
Results: In the analyzed period, 17.624 patients, corresponding to about 5% of EDs admissions and 45% of IM wards admissions, have been taken care by the AMAs. Of them 60% were admitted in medical wards, 30% were discharged home, 9% had other destination such as discharged with transfer in territorial structures or discharged home with close geriatric follow-up, 1% died in AMAs. Mean stay from ED arrival was 43 hours in patients admitted in wards, 68 hours in patients discharged home, 61 hours in patients with other destination.
Conclusions: Preliminary results support the role of AMAs as a concrete option for healtcare system to reduce overcrowding and boarding of patients in the EDs and make admission in medical wards more appropriate.

A rare case of ectopic Cushing syndrome in small cell lung cancer

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Premisis: Ectopic adrenocorticotropic hormone (ACTH) production has been reported with more frequency in recent years due to increased awareness of neuroendocrine neoplasms. Ectopic ACTH syndrome (EAS) also represents 15% of cases of small cell lung cancer.
Description of the Case report: An Italian 78 year-old male, with history of arterial hypertention, diabetes and hypothyroidism, presented to the Emergency Department with generalized weakness and peripheral edema. He presented Cushing facies. The initial blood tests showed anemia (Hb 9.5g/dL) and hypokalemia (1.7mmol/L), BNP 298 pg/ml. Thoracic CT scan showed bilateral pleural effusion and emphysema. The severe hypokalemia didn' t respond to treatments. so we dosed cortisolemia (62 ug/dl), ACTH (338 pg/ml) and cortisoluria (239.2 ug/ml). The LIDDLE-2 test with dexamethasone suggested for ectopic origin of Cushing syndrome. Digestive endoscopy with biopsy and abdominal US were negative. Bronchoscopy with EBUS and biopsy were made. The liquid-based cytology suspected neuroendocrin cancer. The istological diagnosis was small cell lung cancer. General conditions quickly got worse, the patient developed severe respiratory failure and a new lung TC scan showed Lymphangitis carcinomatosa. The patient died.
Conclusions: Ectopic ACTH syndrome should always be considered in differential diagnosis with Cushing syndrome. The dignosis is rarely easy for clinicians. True diagnosis and then correct therapy can save the patient's life.

A challenging case of malnutrition

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Introduction: Malabsorption as a clinical manifestation of gastrointestinal amyloidosis is a possible consequence.
Case report: A 55-year-old man presented to the emergency room with recurrent anemia, severe hypoglycemia, and episodes of vomiting. He had a history of renal dysfunction, rheumatoid arthritis, arterial hypertension, and postpolio tetraplegia. In June 2018, he had a right hemicolectomy with ileostomy after an abdominal CT revealed ischemic colitis. Histological investigation revealed ischemic hemorrhagic infarction with amyloidosis. In May 2023, because of his continuous severe anemia, he had a bone marrow biopsy, which revealed periosteal soft tissue with amyloid deposits. Upon arrival, the patient appeared dehydrated and with normal vital signs. The blood test revealed acute renal failure, including normal electrolytes, leukocytosis, platelets, and elevated CRP. The main complication reported was severe hypoglycemia caused by prolonged malnutrition in the presence of systemic and gastrointestinal amyloidosis, which was treated with glucose and NPT infusions. The blood test and clinical picture of acute pulmonary subedema indicated a worsening of cardiac contractility, so he underwent an echocardiogram, which revealed septal hypertrophy (SIVd 20 mm and SIVs 21 mm) and posterior wall (PPd 19 mm and PPs 20 mm) with low systolic function indices (EF 25%). After approximately 20 days in the hospital, the patient died from heart failure and multiple organ failure.
Conclusions: The prognosis for patients with systemic amyloidosis is usually poor.

Implementazione assistenza personalizzata con modello primary nursing e GNNN

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Premesse e Scopo dello studio: Il Dipartimento delle Professioni Infermieristiche ed Ostetriche dell'Azienda ASL Toscana Sudest sta implementando un Modello di Pratica Professionale che fonda le radici sulle Cure Basate sulla Relazione (M. Koloroutis) Questa visione pone le basi teoriche e l'infrastruttura pratica per determinare un cambiamento culturale allo scopo di offrire cure empatiche e un'assistenza infermieristica personalizzata.
Materiali e Metodi: Implementazione nelle Aree Mediche del modello organizzativo assistenziale del primary nursing insieme al GNNN, processo assistenziale con la pianificazione personalizzata dell'assistenza infermieristica attraverso l'accertamento infermieristico con il modello di M. Gordon, i linguaggi internazionali con le diagnosi infermieristiche - NANDA International, i risultati

assistenziali con Nursing Outcome Classification e gli interventi assistenziali con Nursing Intervention Classification. Utilizzo del cruscotto di monitoraggio degli esiti assistenziali per la verifica del miglioramento della salute dell'assistito.
Risultati: A fine 2023 il modello organizzativo primary nursing e GNNN è stato implementato nell'80% delle Aree Mediche dell'azienda È stato possibile analizzare l'applicazione dell'accertamento infermieristico e delle schede di valutazione mirate, le diagnosi infermieristiche, gli obiettivi e gli interventi.
Conclusioni: L'utilizzo di modelli organizzativi e della pianificazione assistenziale con l'utilizzo del modello GNNN rende tracciabile e soprattutto misurabile gli esiti sensibili all'assistenza infermieristica erogata.

A peculiar onset of sudden confusion and muscular weakness

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Background: Miller Fisher-Bickerstaff Syndrome is an acute idiopathic polyneuritis characterized by the sudden onset of ataxia, ophthalmoplegia, areflexia, alterations of consciousness. It is more common in males, with an average onset age of 44 years. In 80-90% of patients antibodies against GT1a and GQ1b are present.
Case report: A 55-year-old woman presented to the emergency room with fever, shaking chills, and abdominal pain. Abdominal CT revealed right pyelonephritis. During the hospitalization there was a sudden ideomotor slowdown, slurred speech, and persistent headache. She also exhibited a tendency to drowsiness and profound asthenia. Neurological examination revealed dysarthria, hypophonia, mild bilateral ptosis, diplopia on lateral gaze, easy fatigability of neck muscles and MingazziniI-II, with weak knee reflexes and absent Achilles reflexes. The search for anti-GT1a and GQ1b antibodies was negative. Electromyography indicated acute polyneuro-radiculopathy with predominant involvement of the upper limbs and facial region, with sign of possible involvement of the brainstem. Intravenous immunoglobulin (Igev) therapy was administered for 5 days, followed by a fast recovery.
Conclusions: Miller Fisher syndrome is a rare form of Guillain-Barré syndrome, often triggered by an infection, typically respiratory, present in approximately 72% of cases, with an average latency of 10 days. Spontaneous complete recovery is usually achieved within 2-3 months of onset. Usually at 6 months no residual disabilities are observed.

Metainflammation and coagulation response of the obese patients during sepsis: an observational-prospective study

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Premises and purpose: Few data corroborate the "obesity paradox": an association between obesity and higher survival rate during sepsis. We aim to verify the impact of obesity in terms of outcome in patients with sepsis.
Methods: We analyzed all septic patients referred to our Subintensive Medical Unit recording clinical data, history and comorbidities. We collected BMI, body circumference, cytokines, clotting factors, leptin and thromboelastography (TEG). A mediation analysis was performed to identify potential mediators in the relationship between obesity, and mortality during sepsis. A 3-month follow-up was conducted.
Results: 36 septic patients have been enrolled and divided according to BMI. No differences were found in terms of in-hospital mortality, septic shock, and rehospitalisation ($p>0.05$). Leptin remained higher in patients with severe obesity ($p<0.01$). During early stages, cytokines increased compared to baseline, particularly in the obesity group. This trend manifested only in severe sepsis (SOFA>4pt) for IL6 and IL8. Regardless of the BMI, LAD and TNF-α correlated with mortality ($p=0.05$). The coagulation profile tended to a procoagulant state and TEG revealed a prolonged extrinsic pathway activation exclusively in severe obesity ($p=0.04$). On the contrary, we recorded a transient hypoaggregating trend independent of BMI. No discrepancies in terms of incidence of CID or TEP were found.
Conclusions: Despite multiple comorbidities and an unfavourable anthropometric profile, no higher in-hospital mortality nor complications were recorded among patients with obesity.

Sarcoidosi e osteoporosi: associazione con la gravità della malattia

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Premesse e Scopo dello studio: La sarcoidosi è caratterizzata da uno stato infiammatorio cronico, da carenza vitaminica D e da utilizzo di corticosteroidi che contribuiscono ad una diminuzione della densità minerale ossea (BMD) con un conseguente incremento delle fratture. Scopo dello studio è stato quello di valutare la prevalenza ed i fattori di rischio per fratture in pazienti affetti da sarcoidosi.
Materiali e Metodi: In 382 pazienti (55.8±11.6 anni) abbiamo valutato la BMD, le prove di funzionalità respiratoria comprensive della capacità di diffusione del monossido di carbonio (DLCO) e l'interessamento del parenchima polmonare attraverso la stadiazione radiologica con lo score di Scadding.
Risultati: 90 pazienti (23,6%) avevano riportato una frattura. I valori di BMD sono risultati positivamente correlati con DLCO (%) ($p<0.001$). La prevalenza di fratture è risultata maggiore nei soggetti con un maggiore coinvolgimento polmonare (Scadding score 2-4) rispetto a quelli con una compromissione del parenchima polmonare minore (Scadding score 0-1) (28,3% *vs.* 19,2% rispettivamente, $p<0,05$). L'analisi di regressione multipla ha evidenziato come le fratture si associno positivamente al coinvolgimento del parenchima polmonare, mentre i valori di BMD e la terapia si associ negativamente alle fratture.
Conclusioni: Le fratture rappresentano una complicanza frequente ed importante nei pazienti con sarcoidosi moderata/grave. Pertanto, una valutazione radiologica e del DLCO potrebbero permettere di definire il rischio di fratture e attuare precoci strategie terapeutiche.

A strange case of *Neisseria sicca* pneumonia

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Premises: Neisseria sicca is a bacterium of normal oral cavity microbial flora. Rarely is recognized as a pathogen in some cases of pneumonia, endocarditis and meningitis in immunocompromised patients. Only two cases of N. Sicca pneumonia have been reported in literature.
Description: A man 72 years old was admitted to E.D. of AOU delle Marche for fever in following the positivity in the sputum culture of N. Sicca. From pathological history is reported multiple myeloma in immunosuppressor therapy. He was subjected to a chest CT scan which shown left basal pneumonia, oxygentherapy, empirical antibiotic therapy with teicoplanin and piperacillin/tazobactam and immunosuppressive therapy was stopped. We know how the onset of the symptoms can be traced back to the sudden death of the domestic cat caused by multiple outbreak pneumonia by N. Sicca: this is reported from the veterinary autopsy evaluation. To follow up, the patient appeared apyretic, asymptomatic and the control lung ultrasound showed resolution of the pneumonia, then the antibiotic treatment was interrupted.
Conclusions: From the review of the international literature, N. sicca has been reported as the etiological agent of isolated cases of pneumonia and even rarer cases of meningitis, endocarditis and osteomyelitis. The clinical case reported supports the limited literature available: the clinical, laboratory and anamnestic findings are consistent with a diagnosis of N. sicca pneumonia. The clinical case shown a possible droplet transmission of N. sicca from animal to man, configuring a possible zoonosis.

The appropriate recording of nursing procedures in an Italian Emergency Department: results of a nursing audit

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Premises and Purpose of the study: Nursing documentation makes the care process observable and measurable. In the Emergency Department (ED) the appropriate compilation of nursing documentation is hampered by the intense rhythms related to the high intensity of care. This study aimed to analyze the practice of registration of the care activities in the nursing documentation, in an ED of a second level hospital in the Marche region (IT), also defining improvement actions.
Materials and Methods: A Nursing Audit conducted in 2019, involved a sample of nurses of the ED of an Italian hospital. Based on the international literature and on a benchmarking activity involving some Italian EDs, a panel of recommended items related to the nursing documentation has been identified and a data collection form has been created.
Results: N. 403 data collection forms were collected, in relation to patients assisted in the emergency room or in the Short Intensive Observation of the ED. Results showed that nursing records only in 10% of cases reported the care activities' procedures. The registration of care activities, when conducted, was incomplete in 93% of cases. The inappropriateness and the incompleteness of the recorded data were correlated with the clinical care complexity of the patients.
Conclusions: This study revealed that recording of nursing documentation in the ED involved in the present study is not correct, neither complete. Implementing digitalization strategies could overcome this relevant issue, improving the quality and the efficiency of the nursing care process.

The nursing documentation in an Italian Emergency Department: results of a qualitative descriptive study related to nurses perspectives

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Premises and Purpose of the study: In the Emergency Department (ED), characterized by high intensity of care, the nursing documentation, highly relevant in the care pathway, should assume context-specific characteristics. This study aimed to investigate how nurses of an ED of a second level hospital in the Marche region (IT) evaluate nursing documentation, and how they would consider the introduction of innovative clinical care documentation.
Materials and Methods: This qualitative descriptive study involved n. 15 nurses from the ED of the Italian hospital, who underwent interviews following the Colaizzi method, until saturation level. The initial question, "What is your opinion about the nursing documentation currently used in the ED and how would you assess the introduction of a new model of nursing record?", represented the input for the articulation of the rest of the interview.
Results: An inappropriate recording of procedures and activities related to the nursing care process, due to the patients' complexity and to a documental system not suited to a high-intensity care context, has been highlighted. Proposals aimed to overcome the excessive bureaucracy, which hampers the correct compilation of the nursing documentation, have been made.
Conclusions: In the ED of the Italian hospital involved in the present study it is fundamental to implement an innovative and appropriate nursing documentation system. Nurses' awareness of the problem's relevance and their proposals in this regard, could be the starting points to make relevant changes to the current practice.

What's in a lymph node? A case of unexplained fever and lymphadenopathy

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Background: Internal Medicine deals with complex cases, frequently with nonspecific presentation, and Fever of Unknown Origin is one of the hardest challenges.
Clinical case: A 56-year-old woman came to the ER for persistent hyperpirexia unresponsive to two lines of antibiotics, associated with right inguinal painful lymph node. In her medical history, a psoriatic arthritis treated with methotrexate and adalimumab, and NDD thrombocytopenia. Suspecting an infectious disease, she was investigated for common and opportunistic pathogens, zoonosis and STDs, without significant findings. A gynecological evaluation ruled out PID, transthoracic echocardiogram excluded vegetations, and total body CT confirmed inguinal lymphadenopathy and splenomegaly: only the hypotheses of lymphomatous disease or rare causes

remained open. The patient underwent excisional lymph node biopsy, showing subsequent clinical improvement. Although the evolution seemed to lead to a diagnosis of Castleman's disease, the histological examination was diagnostic for follicular T Helper lymphoma with angioimmunoblastic phenotype. Therefore, the patient was treated with chemotherapy following the CHOEP regimen. A follow-up CT performed after two months showed stable splenic disease, without captating lymph nodes. The patient continued through the oncohematological pathway aimed at marrow transplantation.
Conclusions: Angioimmunoblastic T cell lymphomas typically present with nonspecific symptoms; deductive reasoning can help to reach an early diagnosis, thus increasing the possibility of a favourable clinical evolution.

Chronic pulmonary aspergillosis: a difficult diagnosis in an apparent immunocompetent patient

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Premises: Aspergillosis is an infection caused by a fungus.
Description of the Case report: An 84 years old man, was admitted for pulmonary thromboembolism. The patient was discharged with indication to be treated with rivaroxaban. Again he was hospitalized because of respiratory progressive decline. Thrombophilia profile was positive for hyperhomocysteinemia. Thoracic angioCT scan showed increased thromboembolic depositions. He had always normal hematic exams including inflammation markers. We discharged him with warfarin and folic acid. At September 2022 the patient was re-admitted. Thoracic angioCT scan showed increased thromboembolic depositions. An heterogenous parenchymal consolidation appeared. Bronchopsy was negative for endobronchial lesions. Aspergillus essay was positive. Coltural exam on sputum was positive for Candida albicans. Echocardiography excluded endocarditis. HRTC was repeated and it showed increased volume of the right superior lobar cavity and hyperdense content. The infectious disease specialist recommended us to use voriconazole instead of caspofungin. Due to increased pleural essudate, a drainage tube was set, but the procedure was complicated by hydropneumothorax. Pneumological evaluation attributed the context of the hydropneumothorax to the presence of a pulmonary fistula replenishing the hydropneumothorax. Due to the poor general conditions of the patient was initiated to the palliative cure treatment.
Conclusions: Aspergillosis involves mildly immunosuppressed patients, indeed our patient didn't show immunodepression risk factors.

Catheter-related thrombosis *vs.* fibroblastic sleeve. Incidence and impact in oncological and hematological patients with peripherally inserted central catheter

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Background: More and more oncological patients are implanting peripherally inserted central venous catheters for the administration of therapy. Associated complications include thrombosis and fibroblastic sleeve. Their correct discrimination can be difficult, but their management turns out to be completely different. Few studies have investigated the incidence of these complications.
Materials and Methods: In a cohort of oncological patients with PICC, we evaluated the incidence of catheter-related thrombosis and fibroblastic sleeve at 7-10 and 28-30 days. We enrolled 45 patients with polyurethane (4Fr) PICCs. We also correlated the results with the type of underlying oncological disease.
Results: The fibroblastic sleeve was identified by ultrasound in 11 patients (24.4%): 6 times at 7-10 days (13.3%) and 5 times at 28-30 days (11.1%). Catheter-related thrombosis was identified by ultrasound in 5 patients (11.1%): 3 times at 7-10 days (60.0%) and 2 times at 28-30 days (40.0%).At the limits of significance (p-value 0.069) the relationship between vein diameter and development of fibroblastic sleeve/thrombosis. Statistically significant (p-value 0.039) the relationship between the timing of the complication and the number of platelets
Discussion: Fibroblastic sleeve is a frequent finding (24.4%), but asymptomatic, in oncological patients. Less frequent (11.1%), but with significant consequences, is catheter-related thrombosis. Discrimination between these two complications is clinically relevant as almost one in four patients could undergo unnecessary anticoagulant therapy.

Ambulatorio long Covid: l'esperienza dell'Ospedale San Bortolo di Vicenza

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Premessa: Sindrome Long Covid: segni e sintomi che persistono dopo infezione acuta da SARS Cov2, per almeno 4 settimane, con eventi anche severi a distanza. Non esistono criteri diagnostici/marker bioumorali/strumentali patognomonici.
Materiali e Metodi: Avvio di ambulatorio specifico presso l'Ospedale San Bortolo, Vicenza; 4 visite settimanali; un internista dedicato. Pazienti inviati da MMG, PS, medico competente, altri specialisti.
Risultati: Maggio 2021-dicembre 2023. 313 pazienti: 108 (35%) maschi, 205 (65%) femmine, età media di 51 anni. 291 prime visite e 59 controlli. Approfondimenti richiesti: Cardiologia (14), Neurologia (14), FKT (4), Reumatologia (6), Psichiatria (3), Pneumologia (10); ricoveri ospedalieri programmati (4). Segni/sintomi: astenia, algie, ridotta tolleranza allo sforzo, insonnia, disturbi d'ansia/umore, tachicardia, tosse, febbricola, alterazioni gusto/olfatto. Diagnosi di patologie organiche non Covid relate: febbre mediterranea familiare (1); endocardite batterica (1); osteomielite batterica subacuta (1); scompenso cardiaco (1); granulomatosi eosinofila con poliangioite (1); fibromialgia (3). Terapie prescritte: integratori con carnitina, acido alfa lipoico, PEA, coenzima Q; ansiolitici, ipnotici; analgesici neuromodulatori; antidepressivi; beta bloccanti.
Conclusioni: La sindrome Long Covid rappresenta una complicanza multisistemica a lungo termine della infezione da SARS CoV2 con impatto anche severo sulla qualità di vita. È fondamentale la diagnosi differenziale con problematiche organiche con indagini mirate, con ambulatorio e specialista formato e dedicato.

Utilizzo dei DOAC nel trattamento della trombosi venosa profonda secondaria ad agenesia della vena cava inferiore: una casistica dell'Azienda Provinciale per i Servizi Sanitari di Trento

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Premesse: L'agenesia della vena cava inferiore (AVCI) è una rara anomalia congenita (prevalenza stimata 0,0005-1%), e rappresenta una causa sottostimata di trombosi venosa profonda (TVP), in particolare in soggetti giovani. I dati sull'efficacia e la sicurezza dell'utilizzo dei DOAC in questo particolare contesto clinico sono scarsi.
Descrizione della Case series: Riportiamo tre casi consecutivi di TVP in AVCI (età media 32 anni) in trattamento con DOAC, riferiti al nostro servizio a partire dal 2016. Il caso 1, maschio di 23 anni, si è presentato nel 2023 con una trombosi di collaterali venosi della vena renale destra esordita con idronefrosi omolaterale. Posto in terapia con rivaroxaban 20 mg die tutt'ora in corso. Il caso 2, donna di 34 anni, ha sviluppato una estesa trombosi venosa iliaco-femoro-poplitea bilaterale con coinvolgimento cavale nel 2008. Dal 2016 è in terapia profilattica con apixaban 2.5 mg due volte die (8 anni). Il caso 3 è un uomo di 42 anni, con una prima TVP iliaco-femorale destra nel 1999, recidivata dopo sospensione del warfarin nel 2010. Dal 2019 è in terapia con rivaroxaban (20 mg die fino al 2021 e quindi 10 mg die). Dopo un follow-up medio di 4.6 anni, in nessun caso si sono ad oggi registrate recidive tromboemboliche o complicanze emorragiche.
Conclusioni: L'AVCI è una condizione rara, ma dovrebbe sempre essere considerata come causa di TVP nei soggetti giovani. I risultati della nostra esperienza sembrano supportare l'utilizzo dei DOAC nel trattamento della TVP secondaria a AVCI, sia in termini di efficacia che di sicurezza.

Results of a single centre on the use of dilation-assisted stone extraction in clinical practice and to assess its efficacy and safety for biliopancreatic diseases treatment

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Materials and Methods: This retrospective study aims to report the results of a single centre on the use of Dilation-Assisted Stone Extraction (DASE) for biliopancreatic diseases treatment. From 01/2020 to 09/2023 we collected data on 41 patients treated with DASE. Technical success was obtained when the endoscopist was able to place the balloon trough the papilla inflating the balloon until the final diameter. Clinical success was achieved after complete stone removal. The patients enrolled were 41, 22 male(54%) and 19 female(46%, age 63.7 years±12.3. Indication for DASE was permanent stones in 100% of patients and a periampullary diverticulum in 12 of them. The major diameter of the common bile duct was 18.95 mm±5.13 and the mean size of stones of 16.21 mm±3.44. In most patients (68%) ERCP was applied for the first time, while another group (32%) was previously treated with endoscopic sphincterotomy. Total sphincterotomy was performed in 18 patients and mainly in those who did not have the periampullary diverticulum. It was a technical and clinical success obtained in 92.68% of patients. DASE failed in 3 patients who were then sent to a level III centre for choledochoscopy and intracanal lithotripsy. The mean diameter of the inflated balloon was 16.4 mm±2.35. The average time of the balloon dilation was of 26.70 seconds±7.03. In 4 patients where the Wursung duct was involuntary cannulated, a pancreatic stent was inserted to prevent post-ERCP pancreatitis.
Conclusions: Our study confirms that the use of DASE technique in endoscopic treatment of common bile duct stones is effective and safe.

Longitudinal improvement of liver stiffness in a patient with seronegative celiac disease and cryptogenic cirrhosis after gluten free diet initiation

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Case report: A 45-years-old woman, without history of hepatic nor gastrointestinal diseases, presented to the emergency department with ascites and peripheral oedema associated with altered liver function tests (LFTs) and severe hypoalbuminemia, reporting a weight loss of 8 kg over the last year. Ultrasound showed mild signs of portal hypertension, while 2D-shear-wave-elastography (2D-SWE) demonstrated an increased liver stiffness (22.4 kPa) suggestive for cirrhosis. The patient denied alcohol intake, and was HBV/HCV negative, as well as tests for autoimmune liver diseases autoantibodies. She underwent upper GI endoscopy showing duodenal scalloping, and multiple duodenal biopsies revealed villous atrophy with increased intraepithelial lymphocytes (IELs) consistent with Marsh 3a stage. The patient tested negative for anti-tissue- transglutaminase IgA antibodies, whith normal IgA serum levels. Human Leukocyte Antigen (HLA) testing showed genetic susceptibility (DQ2) to celiac disease. Test for anti-enterocyte antibodies resulted negative. Gluten-free diet (GFD) was started, and after one year duodenal biopsies were reassessment revealed normal villous trophism and IELs count. 2D-SWE re-evaluations showed decreased liver stiffness (12.2 kPa after 1 year and 6.8 kPa after 2 years of strict GFD). Three years after the start of the GFD no episodes of decompensation nor alteration in LFTs were observed.
Conclusions: In patients with cryptogenic cirrhosis, underlying CD, even seronegative, should be considered due to the potential improvement of the liver disease after starting GFD.

To connect the dots: the role of the internist in a case of immune deficiency

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Case report: A 64-years-old female affected by Fisher-Evans Syndrome on treatment with intravenous immunoglobulin was admitted to our Unit due to the development of severe thrombocytopenia. She also referred an history of granulomatous lymphoproliferative interstitial lung disease (GLILD), recurrent pulmonary and urinary infections, and a previous resection of a mass-forming non-clonal lympho-plasma cellular proliferation from the anterior abdominal wall. Acute thrombocytopenia was treated with intravenous corticosteroids. To clarify the picture of co-existing multiple immune-mediated disorders the choice was made to perform further blood tests: low levels of IgG and IgA were observed, associated with remarkably increased IgM. On the suggestion of the clinical immunology consultant, extended lymphocytes subpopulation study was performed, whose results was consistent with diagnosis of Common Variable Immune Deficiency. The patient was referred to a clinical immunology specialist after discharge.
Conclusions: Common variable immune deficiency should be considered not only as an immune deficiency, rather as an immune-dysregulation, with non-infectious manifestation that not only may represent the first or main elements of presentation but are also associated with increased morbidity

and mortality. Those disorders in adult patients often represent a neglected topic, due to the complexity of the clinical presentation that often leads to multiple and inconclusive evaluation by specialist physicians, rather than to a holistic evaluation capable of recognize the hints to an immune-related disease.

L'implementazione del caring massage nella ASL Toscana SudEst: dalla descrizione di un case report alla strutturazione di uno studio pilota qualitativo

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Premesse e Scopo dello studio: Si propone lo sviluppo del con-tatto come competenza di base dell'assistenza infermieristica e elemento di cura attraverso l'adozione del caring massage, tale pratica infermieristica permette all'infermiere di recuperare quel contatto che predispone la relazione e l'affettività. Le attività condotte dal 2019 in ambulatorio infermieristico Ospedale Misericordia Grosseto, portano ad analizzare un case report di un trattamento secondo le tecniche di caring massage®. La sinergia con l'UOSD Benessere Organizzativo Aziendale ha implementato l'affluenza di assistiti, e permesso la sostenibilità per la strutturazione di uno studio di tipo fenomenologico qualitativo in fase realizzazione che ha lo scopo di rafforzare il contatto e affettività come tempo di cura.
Materiali e Metodi: Accertamento secondo modello GNNN (Gordon e Tassonomia NNN) e Scale Likert. Colloqui, osservazione diretta, diario riflessivo e massaggio secondo metodo caring massage.
Risultati: Modificazioni significative verso il miglioramento dei valori delle scale likert utilizzate per i parametri monitorizzati in progress durante il percorso di trattamento. Testimonianza del miglioramento della percezione della qualità di vita della persona trattata attraverso la condivisione con l'assistito del suo diario riflessivo.
Conclusioni: Il case report è esemplificativo di un profilo di cura che sembra dimostrare risultati tali da confortare la prosecuzione delle attività dell'ambulatorio e pone le basi per proseguire la realizzazione dello studio pilota a sostegno del modello di cura proposto.

Churg-Strauss syndrome presenting with pericarditis

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Premises: Churg-Strauss syndrome (CSS) is a rare systemic vasculitis, that affects medium-sized vessels, involves multiple organs and in the majority of cases is related to asthma and eosinophilia. We report the case of a young woman with acute pericarditis.
Description of the Case report: A 24-year-old woman with a history of allergic rhinitis, asthma and nasal polyposis was admitted at our emergency department for chest pain and bilateral lower extremity weakness with paresthesia. Laboratory tests showed eosinophilia (8.23 × 10^3/ul), elevated C-reactive protein (112 mg/dl, n.v <5 mg/dl) and elevated biochemical markers of myocardial injury (troponin 0.46 ng/ml, n.v.<0.3 ng/ml). The electrocardiogram was negative. Transthoracic echocardiography revealed a small pericardial effusion with no other abnormalities. Hearth magnetic resonance imaging was permormed and confirmed a diagnosis of pericarditis. Immunologic study showed ANA and ANCA positive, in particular ANA 1:100, p-ANCA 134 U/l (nv<3.5), and elevated IgE. Electromyography revealed sensory-motor symmetric axonal neuropathy. She had also arthritis of the right wrist. This presentation led to a diagnosis of CSS and appropriate therapy with corticosteroid, colchicine and mepolizumab resulted in a remission of disease activity.
Conclusions: Because of its multiple forms of presentation and multiorgan involvement, diagnosis of CSS can be difficult. Physicians should thus be alert to the possibility of CSS as a differential diagnosis in patients presenting with pericarditis, whenever the clinical setting is appropriate.

Un'insolita insufficienza respiratoria acuta

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Premesse: L'alveolite emorragica è una sindrome clinica caratterizzata da esordio acuto, determinata da un danno alveolare diffuso con insufficienza respiratoria ingravescente. È una condizione frequentemente associata a patologie ematologiche, autoimmuni sistemiche o infettive.
Descrizione del caso: Un uomo di 92 anni, ricoverato per emottisi e insufficienza respiratoria acuta in quadro di iniziale scompenso cardiaco e infezione polmonare. All'ingresso trattato con terapia diuretica e steroidea endovena, oltre a terapia antibiotica e ad acido tranexamico. Stante la distribuzione degli addensamenti (bilaterali e diffusi) veniva richiesta HRTC e broncoscopia con BAL. Agli EEC riscontro di anemizzazione e insufficienza renale acuta ingravescente. Nel sospetto di alveolite emorragica venivano richiesti approfondimenti microbiologici (risultati negativi) e immunologici con riscontro di positività anti-MPO (pANCA) ad alto titolo. All'esame urine presenza di proteinuria non selettiva. Veniva posta diagnosi di vasculite ANCA-associata tipo poliangioite microscopica con coinvolgimento polmonare e renale. Veniva avviata terapia steroidea con prednisone 1 mg/kg e rituximab 375 mg/m2 per quattro somministrazioni settimanali. L'ENG AAII confermava una polineuropatia sensitivo-motoria bilaterale.
Conclusioni: La poliangioite microscopica è una vasculite ANCA-associata che si manifesta più frequentemente con coinvolgimento polmonare (alveolite emorragica), renale (glomerulonefrite rapidamente progressiva) e neurologico (neuropatia). Il tasso di mortalità rimane elevato (>50%).

Severe atopic dermatitis treated with anti-il-4rα reduces the prevalence of psychological burden in alexithymic and non-alexithymic patients

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Background and Aim: Atopic Dermatitis (AD) has been associated with higher rates of perceived stress, anxiety and depression. Some studies show, in AD, a prevalence of alexithymia, a psychoaffective dysfunction characterized by the inability to identify, describe, and express feelings, restricted imagination, paucity of fantasy, and concrete, logical, and realistic thinking. The aim of this study is to evaluate whether alexithymia affects the efficacy of anti-IL-4Rα in reducing the psychological burden in AD patients.
Materials and Methods: 100 patients (age 18-83; 54 males, 46 females) affected by AD were treated with anti-IL-4Rα. At beginning of treatment and after 16 weeks, clinical, quality of life (QoL), and psychological disorder scores were evaluated. The prevalence of alexithymia was also evaluated.
Results: The results show a high prevalence (78%) of alexithymia or indeterminate alexithymia in AD. However, in both alexithymic and non-alexithymic patients, treatment with anti-IL-4Rα improves psychological burden. In particular, after the treatment, in alexithymic patients, clinical symptoms, such as itching, and QoL were reduced more than non-alexithymic.
Conclusions: Our study, for the first time, shows that the treatment with anti-IL-4Rα for AD reduces the prevalence of psychological burden in both alexithymic and non-alexithymic patients. In addition, in alexithymic patients, anti-IL-4Rα improve clinical symptoms of AD and QoL more than non-alexithymic patients. We believe that it is also important to consider the psychological burden in the management of AD.

Long term outcome and disease duration in patients treated with anti-IL 1 drugs for recurrent pericarditis: *ad interim* analysis of a longitudinal study

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Background: Although anti-IL 1 drugs have been proven effective in treating recurrent pericarditis, there is a lack of data about their long-term follow-up.
Objectives: To evaluate the percentage of patients with recurrent pericarditis treated with anti-IL 1 who were able to suspend all therapies during follow-up ('remission') and/or suspend biologic therapy for at least 6 months ('improvement'), as well as the duration of illness.
Methods: We included all patients currently or previously treated with anti-IL 1 for recurrent pericarditis in follow-up at our pericarditis clinic in Fatebenefratelli-Sacco hospital. Characteristics regarding the first attack, relapses, drug transitions, timing of the last drug suspension and any ongoing treatment at follow-up were recorded.
Results: Currently 38 patients were enrolled, with a mean follow up of 5.4 years; 28 of them (74%) are still on treatment with anti-IL 1; 5 (13%) are in remission and free of any treatment since at least 6 months; 5 (13%) obtained improvement: 3 are currently managed only with colchicine, 2 are still in treatment with colchicine and FANS. Mean disease duration in those who reached remission is 5 years (DS±2,3) with mean remission time of 1,7 years (DS±1,2). For those who are still on treatment at follow-up, the mean disease duration was 5.2 years (DS±3,1). Even in patients treated with anti-IL1 drugs, which represent the subgroup of recurrent pericarditis patients with the most complex disease course, suspending or simplifying therapy is possible.

A case of Kayexalate-induced colitis

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Premises: Sodium Polystyrene Sulfonate (SPS) or Kayexalate is commonly used to treat hyperkalemia since 1960s. Common side effects include constipation, bloating, nausea, and vomiting. Colitis is rarely described and can result in severe complications such as perforation, necrosis and strictures.
Description of the Case report: We describe the case of a 70-years-old Caucasian woman admitted to our department for rectal bleeding with secondary anemia. Her clinical history comprises renal and cardiac amiloidosis, multiple myeloma with end stage chronic kidney disease (CKD) in treatment with hemodialysis. She chronically assumed SPS, for hyperkalemia secondary to CKD. She was treated with blood transfusion and she underwent colonoscopy which revealed a suspect ischemic cecal colitis. Biopsy of the colon were performed and the histological examination documented chronic ulcerative colitis kayexalate-related. Kayexalate was stopped and she was treated with mesalazine with benefit and resolution of the rectal bleeding.
Conclusions: Kayexalate is a cation-binding resin frequently used for the treatment of hyperkalemia. Intestinal injury due to SPS can result in ischemia, ulcerations, necrosis, perforation and occurs in about 0.27-1.8% of patients receiving Kayexalate. Clinical manifestation can mimic other gastrointestinal diseases such as ischemic colitis, infectious colitis or inflammatory bowel disease and diagnosis can be difficult. No specific treatment is known. Medication withdrawal is mandatory.

Tumourlets and diffuse idiopathic pulmonary neuroendocrine cell hyperplasia: a rare cause of Cushing syndrome

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Premises: Approximately 15–20% of cases of Cushing's syndrome are caused by ectopic adrenocorticotrophic hormone (ACTH) secretion, most often due to carcinoma of the lung. Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia (DIPNECH) is an unusual disorder in which there is nodular proliferation of airway neuroendocrine cells, a very rare but recognised cause of ectopic ACTH production.
Description of the Case report: A 65-year-old men, during hospitalization for myocardial infarction, presented clinical features of Cushing's syndrome, biochemically confirmed by elevated levels of cortisol and ACTH. Pituitary MRI was normal, high dose dexamethasone suppression test showed a lack of suppression of cortisol and ACTH, suggesting an ectopic etiology. Chest CT revealed a subcentimetric pulmonary node located in the left lower lobe resulted in slight increase at follow-ups (from 3 *vs.* 8 mm). The patient underwent a pulmonary wedge resection and the histological examination showed the precence of pulmonary tumourlets on a background of DIPNECH.
Conclusions: DIPNECH/pulmonary tumourlets is a rare

finding. However, in patients with ectopic ACTH secretion and no other obvious source, it should be considered. Although histopathology is required for the definitive diagnosis, HRCT can play an important role in the investigation of such patients. In the appropriate clinical context, the detection of pulmonary nodules and mosaicism with air trapping is highly suggestive of the diagnosis.

Intra- and extra-hospitalization monitoring of vital signs – Two sides of the same coin: perspectives from LIMS and Greenline H-T study operators

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Background: In recent years, due to the epidemiological transition, burden of very complex patients (CP) in hospital wards has increased. Telemedicine appears to be a potential high impact factor in helping with patient management, allowing hospital personnel to assess conditions in out-of-hospital.
Methods: To investigate CP management during hospitalization for disease and discharge, randomized studies (LIMS and Greenline-HT) are ongoing in the Internal Medicine Unit at Castelli Hospital Rome. The study endpoints are clinical outcomes. In this perspective paper, main findings of these studies,from the operators' point of view, are reported. Operator opinions were collected from structured and unstructured surveys conducted among the staff involved, in a narrative manner.
Results: Telemonitoring appears to be linked to a reduction in side-events and side-effects, which represent some of most commons risk factors for re-hospitalization and for delayed discharge during hospitalization. Main perceived advantages are increased patient safety and the quick response in case of emergency. Main disadvantages are related to low patient compliance and an infrastructural lack of optimization.
Conclusions: The evidence of wireless monitoring studies, combined with the analysis of activity data, suggests the need for a model of patient management that envisages an increase in the territory of structures capable of offering patients subacute care for the timely management of CP in the terminal phase, for which treatment in acute wards must be guaranteed only for a limited time.

Coronary heart disease: hospital impact and focus in Internal Medicine department

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Background: Coronary heart disease (CHD) is one of the most common cardiovascular diseases causing hospitalization. Important comorbidity, it increase length of hospitalization and mortality. The research investigate CHD clinical and economic impact in hospital admissions.
Methods: Prospective, observational study realized processing data of Italian hospital discharge records (SDO) provided by the Ministry of Health (year 2019). Extraction of SDO aggregated and anonymized data from the Internal Medicine(IM), Geriatrics and Cardiology departments, considering whether the CHD was cause of hospitalization or comorbidity. Were considered: number of hospitalizations, impact on department activity, average length of stay, average age at the time of hospitalization, sex, comorbidities.
Results: CHD represents 15% (157,000 pts) of hospitalizations in IM, 19.4% (25,000 pts) in Geriatrics and 25% (118,000 pts) in Cardiology; it is the main diagnosis in 30%, 30% and 50% of hospitalizations respectively. The average hospital stay is 1 day (SD +- 4) longer than that of the ward, and more than 1 day as a comorbidity. Average age is 2 years greater than the department average (SD+-2). In 10% of cases atrial fibrillation is the most common comorbidity. Average cost of hospitalization is in line in the IM and Geriatrics departments (€3500), while it is €500 higher in Cardiology(€5000).
Conclusions: CHD affects between 15 and 25% in terms of both the number of hospitalizations and the economic value of the activity. The value of hospitalizations amounts to €1.3 billion, over 40% (€555 million) in IM.

General nurses' feelings and difficulties in caring for psychiatric patients: a qualitative study

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Premises and Purpose of the study: The care of people with mental health problems can be difficult when provided outside a specialist setting. The aim of this study was to explore feelings and difficulties of general care nurses in managing patients with mental disease during inpatient care.
Materials and Methods: The study was carried out by using a semi-structured interview with 12 nurses from general hospital wards in southern Italy who had experience of caring for psychiatric patients in their wards. The interviews were conducted by telephone or face-to-face between April 2023 and September 2023 and were recorded with the consent of the participants. The data collected were transcribed and analyzed.
Results: The data show that the respondents are evenly distributed by gender and half are over 50 years old. Seven nurses (58.3%) work in medical wards. Fears and anxieties about possible aggressive episodes during care and a sense of inadequate competence in relation to the psychiatric patient emerged from the narratives. Professionals reported difficulties in their care management. They believe that such patients need for more empathy, listening and family support, and they report that they lack the necessary training to manage them well during hospitalization. Several of them would like to be able to consult a mental health nurse specialist.
Conclusions: General care nurses experience negative emotions when taking care of psychiatric patients. Special training and teams of mental health nurses could support them during the psychiatric patient's hospitalization.

Managing drug-induced severe cutaneous adverse reactions: a Lyell's syndrome case report

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Premises: Lyell's syndrome, an exceptionally rare mucocutaneous disease, triggered by drug administration, results in acute necrosis of the epidermis. Stemming from an immunologic response to immune complexes formed by tissue antigens and metabolites of the drug, it leads to a profound loss of fluids and electrolytes, alongside a high infectious risk, which can culminate in a lethal outcome.
Description of the Case report: A 75-year-old woman presented with bullous, erosive lesions and extensive dermoepidermal detachments. Upon admission to our hospital ward, suspicions of an adverse drug reaction prompted the discontinuation of lamotrigine, a medication initiated only two weeks prior. A subsequent dermatological examination raised concerns about the possibility of Lyell's syndrome, involving about 20% of the patient's skin. The patient was promptly transferred to the Sub-intensive Internal Medicine Unit, and immediately started intravenous immunoglobulin, high-dose corticosteroids and intensive rehydration, coupled with the cessation of other medications and meticulous wound care. A notable improvement in the skin lesions with slow re-epithelization was witnessed. Despite the hospitalization was complicated by E. coli sepsis, the patient was discharged to a nursing home after more than one-month.
Conclusions: This case underscores the critical importance of early recognition and intervention in drug- induced severe cutaneous adverse reactions. The patient's recovery, spanning over more than one month of hospitalization, highlights the complexity of managing such cases.

Sviluppo di una competenza: il posizionamento delle cannule lunghe con tecnica ecoguidata

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Premesse e Scopo: Reperire un accesso venoso periferico risulta spesso difficile e può causare ritardi nella gestione del paziente, prolungare i giorni di degenza, specie nei pazienti con DIVA (Difficult Intra-Venus Access). In questi casi, risulta fondamentale la selezione del corretto dispositivo per ottenere risultati efficaci e preservare il patrimonio venoso.
Materiali e Metodi: È stata effettuata la ricerca del dispositivo che meglio rispondesse alle esigenze dei pazienti in Medicina, è stata identificata una cannula lunga. Di seguito è stata effettuata la formazione del gruppo infermieristico con lezioni teoriche, pratiche su simulatori e l'affiancamento sul campo per gli impianti sui pazienti. Sono stati raccolti i dati sugli impianti per valutare l'adeguatezza del dispositivo.
Risultati: Sono state posizionate 89 cannule lunghe. 26 cannule sono rimaste in sede per oltre 10 giorni, fino ad un massimo di 26. Hanno avuto il device fino alla dimissione 74 pazienti. Solo 4 cannule sono state rimosse per complicanze. Il posizionamento di questo device ha portato a ridurre i posizionamenti dei midline e dei PICC.
Conclusioni: Il dispositivo si è dimostrato sicuro e stabile, garantendo la presenza di un accesso duraturo nel tempo che ha evitato l'interruzione e ritardi nelle somministrazioni delle terapie. Il team infermieristico formato ha sviluppato competenza in ambito ecografico, stimolando la motivazione e la crescita professionale. Inoltre, ha coinvolto tutto il resto del personale, nel percorso di gestione degli accessi vascolari secondo le good practice.

Heart involvement in hypothyroidism: a myocardial work study

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Introduction: From 2022 Guideline for Management of Heart Failure it's known that hypothyroidism is a potential cause of heart failure.
Aim: Clarify the hemodynamic changes caused by hypothyroidism using myocardial work, an emerging echocardiographic tool.
Materials and Methods: Study population includes 48 patients with hypothyroidism in absence of cardiovascular risk factors and 102 healthy controls with euthyroidism. Myocardial work assessment was performed with EchoPAC. Four values are calculated: global work index (GWI), global constructive work (GCW), global wasted work (GWW) and global work efficiency (GWE). Continuous normally distributed variables were compared by using the Student t-test. Probability value <0.05 was considered significant.
Results: In hypothyroidism patients a significant increase in left ventricular mass indexed, a significant reduction in ejection fraction, a significant worsening of diastolic parameters were found; regarding myocardial work, a significant increase in GWW was found with a significant reduction in GWI, GCW and GWE. A comparison analysis was carried out in the group of hypothyroid patients subdividing them on the basis of TSH and showed a statistically significant reduction in GWE and increase in GWW in patients with TSH >10.
Conclusions: This study highlights how thyroid function plays a central role in regulating cardiac performance and the importance of early diagnosis and treatment of thyroid diseases in patients with heart failure.

Dapagliflozin and acute pancreatitis: a case report

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Introduction: Sodium-glucose cotransporter-2 inhibitors (SGLT2-i), are increasingly used not only in diabetes but also for heart failure. The literature shows several case reports of acute pancreatitis (AP) attributed to SGLT2-i, especially with coadministration of dipeptidyl peptidase 4 inhibitor (DPP-4i), glucagon-like peptide 1 analog (GLP-1RA), ACE i, and statins.
Case report: A 59-year-old male with a history of dilated cardiomyopathy and post cholecystectomy status arrived at the emergency room with a 2 day history of epigastric pain. He denied alcohol intake. On physical examination, temperature 38°C, blood pressure 90/60 mmHg, pulse 98/min, and respiratory rate 18/min, saturating 96% on room air. His abdomen was diffusely tender to palpation. Initial labs were notable for a leukocyte count of 0.8×10^9/L, calcium 8.8 mg/dL, lipase 2378 U/L, and triglyceride of 48 mg/dL. HbA1c and IgG4 was normal. Infectious causes are excluded. Drugs history was positive for valsartan/sacubitril, in association with a dapagliflozin, started 6 months before. While waiting for diagnostic tests, SGLT2-i was promptly

discontinued. It was started on conservative treatment with parenteral fluid and pain management. Computer tomography scan, magnetic resonance imaging and echoendoscopy showed AP, without biliary ductal dilatation or choledocholithiasis and no pancreas divisum.
Conclusions: Physicians should consider SGLT2-i a possible cause of pancreatitis having ruled out any other etiologies. Patients should be informed about the symptoms of AP and advised to discontinue SGLT2-i.

Beyond thresholds: hyperviscosity syndrome in Waldenström's macroglobulinemia - A Case report

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Premises: Hyperviscosity syndrome (HVS) is marked by abnormal blood flow resulting from disorders in blood cell and plasma components. Most of the serum component abnormalities are caused by plasma cell dyscrasias, among these Waldenstrom's macroglobulinemia is the most frequent cause of the HSV.
Description of the Case report: A 64-year-old woman, with a one-month history of headaches and blurred vision, presented after transitory loss of consciousness. Blood tests revealed a high lymphocyte count and the presence of two monoclonal components, IgM kappa and IgG Lambda, indicating plasma cell dyscrasias. Although the monoclonal component levels were below the usual threshold for HVS, the clinical presentation and retinal vein dilation with a tortuous 'sausage link' appearance and flame haemorrhages observed in the fundus examination, supported the diagnosis. The treatment of the HVS was initiated, and three sessions of plasmapheresis led to a complete regression of symptoms. Immunophenotyping on peripheral blood and bone marrow biopsy confirmed Waldenstrom's macroglobulinemia. Viscosity tests showed high plasma and whole blood viscosity (14 mPa.s, 72 mPa.s).
Conclusions: Hyperviscosity syndrome can be a life-threatening condition requiring prompt identification and management. This case highlights that, although the likelihood of HVS increases at higher levels of immunoglobulin, there is no discrete cutoff and HVS should be considered for any patients with paraprotein-secreting hematologic malignancy and a characteristic clinical presentation.

Percorso diagnostico nella porpora trombotica trombocitopenica: caso clinico

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La TTP è caratterizzata da MAHA con trombocitopenia e ischemia d'organo. La diagnosi è confermata da un grave deficit dell'attività di ADAMTS 13 su base congenita o immunomediata.
Caso clinico: Donna di 51 anni con storia medica di diatesi allergica, pregressa tiroidectomia per gozzo multinodulare, recente gravidanza pretermine in FIVET, diabete gestazionale, Morbo di Still in trattamento con MTX, giungeva al DEA per dispnea ingravescente con anemia e piastrinopenia. Venivano praticate trasfusioni di UEC e uPLT. Eseguiva EGDS che rilevava esofagite di grado A sec Los Angeles.Dopo 24 ore la paziente manifestava crisi epilettica. Eseguiva AngioTAC cranio che documentava tenue iperdensità nodulare centrimetrica a sede temporale sn con edema perilesionale. Gli esami ematochimici evidenziavano GB 12400, Hb 7.7 g/dl, PLT 7000 µl, schistociti 5%, LDH 1837 U/L,bilirubina indiretta 3.38 mg/dl, aptoglobina <10, creatinina 1.1 mg/dl con un PLASMIC Score pari a 7. Si ipotizzava dunque diagnosi di TTP e si iniziava plasmaferesi (PEX), previo invio dosaggio di ADAMTS 13. Dopo 12 ore venivano refertate attività ADAMTS 13 0.10% con inibitori 3,06 UB/mL La paziente è stata successivamente trasferita presso l'ematologia di riferimento per aggiungere a PEX caplacizumab. La paziente otteneva così una remissione completa.
Conclusioni: La TTP spesso richiede una diagnosi presuntiva per le implicazioni prognostiche e gestionali. I livelli di ADAMTS 13 hanno spesso tempi di risposta prolungati. Il PLASMIC Score è stato dimostrato utile predittore dell'attività ADAMTS 13.

Incidence of acute pancreatitis in Sicily (2004-2020). A population-based study

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Premises and Purpose of the study: A recent meta-analysis demonstrated a rising incidence of acute pancreatitis (AP) in Western Countries. In this report we evaluated incidence trend of AP in a Sicilian population-based study to confirm this data.
Materials and Methods: We identified all hospital discharge records (HDR) of hospitalized Sicilian inhabitants (2004-2020). AP hospital admission and its relationship with age and gender, chronic pancreatitis (CP) and pancreatic cancer (PC) were calculated.
Results: We observed 50,649 hospital admission with AP (ICD-9CM Code 577.0). AP increased from 2,628 (2004) to 3,301 (2015) then decreased irregularly to 2,979 in 2019. In 2020 (COVID-19 pandemic), admissions were 2,395. All year's admissions were not different for gender. Out of 50,649 hospital admission, we identified 39,501 patients. 8,254 of them (21%) had a diagnosis of CP (ICD-9CM Code 577.1). 2,213 CP (26.8%) had a previous hospitalization for AP. Out of 39,501 patients 37,288 (94%) had a single episode of AP hospital admission; 2213 (5,6%) had relapse of AP or new diagnosis of CP. In 765 patients with AP had a final diagnosis of PC (ICD-9CM code 140 X-239 X: in 120 PC was diagnosed before AP, in 151 PC and AP were coincidental, in 494 PC was diagnosed later.
Conclusions: We observed an increase incidence in AP hospital admission (2004-2019) and a decreased incidence during COVID-19 pandemic. CP and PC are frequently diagnosed after a previous AP hospital admission, so we suggest a clinical surveillance for CP and PC after AP hospitalization, likely for idiopathic AP

New biomarkers for sepsis management in Medicine department

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Premises and Purpose of the study: Since sepsis is a leading cause of hospitalized patients mortality, different diagnostic and prognostic biomarkers have been studied. Proadrenomedullina (MR-proADM) is the stable fragment of adrenomedullina, that plays an important role in microcirculation and endothelial cells' function. ADM levels can significantly increase relating to disease's severity. Heparin binding protein (HBP) is synthesized in activated neutrophils. During sepsis, HBP level increases significantly and correlates with the development of hypotension and organ dysfunction.
Materials and Methods: We evaluated 40 patients with sepsis. A blood sample was performed at admission (T0) and after 72 hours (T1). We analysed plasma concentration of MR-pro-ADm with LIAISON® BRAHMS MR-proADMTM and HBP with AB ANALITICA FIC testing procedures. Clinical evaluation done with NEWS score.
Results: 94% of patients had MR-proADM level >1.5nmol/L. We observed a media clearance of 0.52 nmol/L (SD 14.3) at T1. 13% of patients had HBP level >103.5 ng/dL, 60% is in the 28.1-103.5 ng/dL level, 27% in the 11-4-28.1 ng/dL level. The media clearance at T1 was 20.82 ng/dL, equally distributed in all the groups.
Elevated levels of MR-proADM and HBP are detected in patients with NEWS score >7. In the medium risk group, the best clearance value of both biomarkers correlated with clinical conditions improvement.
Conclusions: MR-proADM and HBP testing could contribute to improve patients clinical mangement and prognostic assessment.

Role of ultrasound and contrast enhanced ultrasound performed by Internal Medicine physicians in the management of splenic artery aneurysm treatment and complications

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Case report: A 65-year-old man presented to Medicine ward for bronchial exacerbation and worsening chronic kidney disease. Abdominal ultrasound (US) was performed with random detection of proximal splenic artery aneurysm (diameter 25 mm). Angio-CT confirmed splenic aneurysm (diameter 27 mm), without signs of rupture, spleen was normal. Patient was admitted to surgery ward for splenic artery embolization; open surgery excluded due comorbidities. Two days after embolization patient was referred to our Internal Medicine US service due to abdominal pain. Spleen showed inhomogeneous echopattern. Contrast-enhanced US (CEUS) revealed an ischemic area of the splenic upper pole/hilum (about 45% of spleen area). Two days after patient developed fever, peritonism in the left abdominal quadrant and was put on antibiotics. In the suspicion of splenic abscess surgeon listed patient for potential splenectomy. Due to comorbidities, primary follow up with CEUS was decided on multidisciplinary discussion. Few days later, bedside CEUS reported a reduction in the ischemia (about 35% of splenic area), partial revascularization of hilum, no abscess. Conservative approach was kept, patient improved, discharged day 12th. At two months followup patient was well; at CEUS complete reperfusion of the spleen through collaterals.
Conclusions: US played a pivotal role in multidisciplinary evaluation, since followup by CEUS allowed timely bedside diagnosis of splenic infarction and accurately monitored size of infarcted area, allowing conservative management. Ultrasound is an essential tool in the hands of internists.

Bacterial infections as an increasing cause of decompensation in liver cirrhosis patients: a prospective analysis of admissions to an Internal Medicine unit from 2014 to 2023

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Background: Decompensation is a key prognostic event in the natural history of liver cirrhosis. Cirrhotic patients admitted to Internal Medicine (IM) Units may present one or more decompensating events, which impact mortality. In this prospective study, we analyse the causes of admission and outcomes of cirrhotic patients in a secondary hospital in Rome, Italy
Methods: All admissions to IM during 2014-2023 were prospectively recorded along with demographic data, diagnosis, hospital stay and outcome. Patients with cirrhosis were retrospectively analysed for decompensation events, comorbidities, and clinical outcomes.
Results: 372 admissions due to cirrhosis were included (88% from the Emergency Department, 66.1% males, median age 71 years, IQR 23). Decompensating events requiring admission were: ascites 33.5%, hepatic encephalopathy 28.7%, bacterial infection 20.2%, bleeding 19.2%, acute kidney injury 13.3%. At least two decompensating events were present in 21.8%. Concomitant HCC was present in 24.7% and diabetes mellitus in 28%. Mean hospital stay was 10.3±8 days and in-hospital mortality was 9.4% overall. Patients admitted for bacterial infection had longer hospital stay (14.8±11.8 days, p=0.001) as well as patients with more than one event (13.3±10.3 days, p=0.03).
Conclusions: Among cirrhotic patients, bacterial infections are emerging as an important precipitating event for decompensation requiring hospitalization; presence of infection also increased duration of hospital stay in our cohort.

Impact of venous congestion and systemic hypoperfusion on renal function in subjects with different hemodynamic phenotypes: a single-centre prospective analysis

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Premises and Purpose of the study: To investigate the relationship between cardiac index (CI) and right atrial pressure (RAP) and renal function, in patients undergoing right heart catheterization as part of their pulmonary hypertension (PH) diagnostic work-up.
Materials and Methods: From 1st September 2005 until 31st October 2019, hemodynamic data from 286 consecutive patients were collected, of whom 267 had available plasmatic creatinine values. The estimated glomerular filtration rate (eGFR) was calculated by using the Chronic Kidney Disease Epidemiology Collaboration formula.
Results: The overall study population was stratified in no PH group (n=71), pre-capillary PH group (n=107) and post-capillary PH group (n=63). Among them, eGFR was signif-

icantly lower in post-capillary PH group, compared to both no PH group and pre-capillary PH group (63.1±22.8 mL/min/1.73 m^2 *vs.* 73.0±23.9 mL/min/1.73 m^2 *vs.* 71.6±26.6 mL/min/1.73 m^2 respectively, p=0.041). In post-capillary PH group, multivariate logistic regression analysis showed a significant correlation between eGFR<60 mL/min/1.73 m^2 and both reduced CI (OR 0.05, 95% Confidence Interval 0.00 to 0.72, p=0.027) and RAP (OR 0.75, 95% Confidence Interval 0.57 to 0.99, p=0.039), compared to both no PH and pre-capillary PH groups.
Conclusions: A significant association between renal impairment and both low systemic perfusion and venous congestion, was found in patients with post-capillary PH. Further investigations are needed to disentangle the impact of the both sides of circulation on renal function in different hemodynamic phenotypes.

Sindrome epato-polmonare: quando l'indicazione al trapianto di fegato diventa impegnativa

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Background: Nella sindrome epato-polmonare(EPS), una complicanza della cirrosi epatica con prognosi sfavorevole, si verifica un peggioramento dell'ipossiemia per vasodilatazione polmonare. Trae notevoli benefici dal trapianto di fegato (OLT).
Case report: Uomo di 60aa, fumatore era affetto da cirrosi epatica HBVrelata con ipertensione portale. Concomitava fibrosi polmonare (FP) con il seguente pattern abituale di EGA(pH7,41; SO2 93%; pO2 61mmHg; pCO2 33mmHg). A visita, riferiva recente ipotensione arteriosa e comparsa di dispnea insolita; durante il 6MWT la SO2 si riduceva all'85%; compariva platipnea-ortodeossia. La HR-TC ha confermato un quadro di FP; all'ecocardiografia la PAPs era 50mmHg. Il rapido andamento della dispnea faceva propendere per EPS piuttosto che per aggravamento della FP. Il pz è stato sottoposto a bubble test cardiaco con evidenza, di microbolle tardive nel ventricolo sn confermando shunt ds-sn, caratteristico dell'EPS. La conferma strumentale dell'ipotesi clinica nonostante MELD=12, ha portato all'invio al Centro Trapianti. Qui confermata la diagnosi, è stato sottoposto a OLT. Il miglioramento respiratorio è stato progressivo; con fabbisogno sempre decrescente di ossigenoterapia fino alla completa sospensione. Gli spider nevi che ricoprivano l'intera superficie corporea erano scomparsi un mese dopo il trapianto.
Conclusions: L'OLT si conferma opzione risolutiva nell'EPS, anche nel caso descritto; la DD è cruciale se sono presenti comorbidità respiratorie, che potrebbero controindicare il trapianto epatico. Una diagnosi tempestiva guidata dal ragionamento clinico è basilare per attivare rapidamente il percorso adeguato.

Analysis of prevalence of hepatitis B and hepatitis C virus serum markers: a longitudinal study in a cohort of pregnant women from north-western Italy

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Premises and Purpose of the study: Mother-to-child transmission is still considered a major factor in the spread of hepatitis viruses. Nevertheless, epidemiological data on hepatitis B virus (HBV) and hepatitis C virus (HCV) in reproductive-age women are limited. Moreover, the changing migration patterns dramatically involving Italy in the last decades may have modified this trend. Our aim was to investigate the prevalence of HBV and HCV markers in a large cohort of pregnant women admitted to a tertiary Obstetric Department in Northern Italy.
Materials and Methods: Data concerning 33862 pregnant women consecutively admitted to Novara University Hospital from January 2006 to December 2022 were retrospectively collected.
Results: An increasing prevalence of subjects born outside abroad (from 116 countries) was found over the years. The overall positivity for both HBV s-antigen (HBsAg) and antibodies to HCV (anti-HCV) was low (0.9% and 0.1%, respectively). HBsAg (2.5 *vs.* 0.4%) and anti-HCV (0.9 *vs.* 0.4%) prevalence were higher in non-Italian than in Italian women. Non-Italian HBsAg positive women were significantly younger compared to Italian ones (31.0 *vs.* 37.1 years). The same result was obtained for HCV-positive subjects (32.4 *vs.* 34.7 years). Unexpectedly, 32% of HBsAg positive Italian women were born after 1979, and thus should have been vaccinated.
Conclusions: These results confirm the dramatic decline of HBV and HCV prevalence that recently occurred in Italy, and highlight the importance and cost-effectiveness of systematic HBV and HCV screening in childbearing age women.

A perihepatic abscess presenting with characteristics of adult-onset Still's disease

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Background: Still's Disease (SD) is an inflammatory condition associated with high fever, arthritis/arthralgia, leukocytosis, and skin rashes. Reactive arthritis arises in response to an infection within the body, typically appearing within a few weeks of the infection.
Clinical case: 71-year-old male admitted for the past two weeks with remitting fever (39.5°C), accompanied by fatigue, migrating arthritis, and skin erythema. 14 months earlier he underwent laparoscopic cholecystectomy for cholelithiasis. Two months after he developed a low-grade fever with standard X-ray revealing a small pleural effusion, resolved with amoxicillin/clavulanate. On admission: T 39C, diffuse arthralgia, arthritis of the wrists, splenomegaly. Biochemical analysis: CRP 45 (nv<5mg/ml), ESR 89 (nv<10mm), leukocytosis 13,000 (nv<9,000mm^3). Suspecting SD prednisone therapy (40 mg/day) was initiated resulting in a significant clinical improvement. Body CT: small pleuro-pericardial effusion, a 7.5 cm multiloculated mixed-density formation with calcifications and air-containing areas. Piperacillin/tazobactam therapy was initiated. Patient underwent laparoscopic drainage with isolation of Streptococcus a. and presence of cholesterol stones.
Conclusions: The case we presented is interesting concerning the differential diagnosis. Yamaguchi diagnostic criteria were met for SD diagnosis. However, radiographic investi-

gations identified the presence of a perihepatic abscess related to the previous cholecystectomy. Another noteworthy aspect is the delayed onset of symptoms post-surgery.

When a seemingly harmless commensal germ becomes a dangerous pathogen

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Introduction: Staphylococcus capitis is a Gram-positive bacterium, commensal with the skin, but with the ability to cause endocarditis on prosthetic valves and more rarely on native ones.
Case description: A 61-year-old man with a history of type 2 diabetes mellitus, HCV and HBV-related liver cirrhosis complicated by esophageal varices was admitted to the hospital for fever, modest ascites, cough and diarrhea. He had a moderately ascitic abdomen, painful and tender. On blood tests, slight increase in CRP. After performing blood cultures, ciprofloxacin was initiated in suspect of PBS. During hospitalization, a positive blood culture for Staphylococcus capitis at 22 hours was received. The transthoracic echocardiogram (TT) showed clear evidence of vegetation on the non-coronary cusp and a probably bicuspid aortic valve. There was a sudden onset of left upper limb weakness, with negative urgent brain CT and 24-hour follow-up showing presence of bilateral ischemic lesions. Brain MRI confirmed the suspicion of probable septic embolization. Therapy was started with oxacillin, ampicillin and gentamicin intravenously. There was a complete regression of hyposthenia and reduction of inflammation indices. After treatment, no more evident lesions on the TT echocardiography; TE not performed due to presence of esophageal varices; PET did not reveal any lesion.
Conclusions: in the complexity of Medicine, even what may appear to be a simple contaminant can cause serious infections, especially in debilitated patients.

Caught in the crossfire: understanding Heyde syndrome in the contest of severe aortic valve stenosis and colonic angiodysplasia

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Background: Heyde syndrome, the coexistence of aortic stenosis and gastrointestinal bleeding from colonic angiodysplasias, can involve coagulation disorders due to functional von Willebrand factor alteration.
Case report: A 81-year-old woman was admitted to the emergency room due to pulmonary edema. Clinical examination reported a systolic murmur on the aortic outflow tract and bilateral swollen limbs. The arterial blood pressure was 90/50 mmHg, heart rate 125 bpm, and oxygen saturation was 87% on room air. The ECG showed atrial fibrillation. Bedside echocardiography demonstrated a mildly reduced ejection fraction and severe aortic stenosis. Laboratory blood tests revealed iron deficiency anemia. The patient was treated with levosimendan, allowing improvement in clinical and hemodynamic conditions. Furthermore, to prevent cardioembolic events, LMWH was initiated. Due to worsening hemoglobin values, a search for occult blood in the stool was conducted, resulting positive. Suspecting Heyde syndrome, the vWF Ristocetin Co Factor (vWF RiCOF) was measured and fell within normal ranges, while its activity, determined by the vWF RiCOF/vWF antigen (vWF Ag) ratio, was below normal limits. Endoscopic examination revealed the presence of colonic angiodysplasia. After a successful transcatheter aortic valve implantation, the patient was discharged in good hemodynamic condition with normal hemoglobin and vWF RiCOF/vWF Ag values.
Conclusions: Recognizing Heyde syndrome is crucial, especially in elderly patients, as prompt identification and management can improve clinical outcomes.

Acute hepatitis in adult-onset Still's disease: four presentation patterns proposed

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Background: Alteration of liver tests is generally present in adult onset Still's disease [AOSD], but acute severe hepatitis (AH) is an unusual manifestation.
Purpose of the study: We performed a sensible research of the literature on PubMed and Google scholar, investigating cases of AOSD with AH. We obtained 79 cases, of which 73 were excluded due to lack of liver biopsy or because the presence of a transient elevation of liver enzymes. We divided the spectrum of clinical manifestation of AH associated to AOSD into 4 main categories: autoimmune hepatitis, drug induced hepatitis [DILI], AH due to AOSD, haemophagocitic lymphohistiocytosis syndrome.
Results: Six cases were collected including our case: -DILI: hepatotoxicity from anakinra is transient and rare, toxicity from ciclosporin, suspected in our case, is very rare. DILI is described due to corticosteroids and tolicizumab. -Infectious etiology: CMV infection is frequent in elderly onset patients, but decreased with early corticosteroid dose tapering and immunosuppressant increased. -Involvement of the reticuloendothelial system in hemophagocytic syndrome: usually pancytopenia, hypertriglycemia are described, HS score is compatible. -Autoimmune etiology: rare, but onset under steroids is described.
Conclusions: Although some cases worsened until liver transplantation, clinical evolution of AH in AOSD is often favourable, despite persistent symptoms, but for a good prognosis an early diagnosis is important. We think that the subdivision into 4 histopathological patterns of AH in AOSD could be very helpful for patient management.

Valutazione clinica e rimodellamento vascolare precoce in una coorte di pazienti con immunodeficienza comune variabile

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Premesse e Scopo dello studio: L'Immunodeficienza Co-

mune Variabile è una malattia rara caratterizzata da un deficit di produzione anticorpale secondario all'alterata funzionalità dei linfociti B. Lo scopo dello studio è di valutare l'impatto dei fattori di rischio cardiovascolare nei pazienti affetti da CVID, attualmente non noto, e l'eventuale presenza di differenze nello sviluppo di danno d'organo in base al fenotipo immunologico presente.
Materiali e Metodi: Studio osservazionale su 84 pazienti affetti da CVID seguiti presso l'Ospedale Ca' Foncello di Treviso. Di ciascun paziente abbiamo raccolto dati anamnestici, antropometrici, valori pressori, parametri bioumorali e immunologici. Il danno d'organo è stato stimato attraverso la determinazione della Pulse-Wave Velocity e dell'IMT in carotide comune.
Risultati: L'età media è risultata essere di 53.9 anni con prevalenza del sesso femminile (63.1%). I pazienti sono stati stratificati in base alla presenza di ipertensione arteriosa, condizione di sovrappeso, dislipidemia, diabete, fumo e fenotipo Chapel. Solo i pazienti sovrappeso (p=0.004) ed ipertesi (p=0.024) hanno mostrato un incremento significativo dei valori di PWV rispetto ai pazienti senza queste caratteristiche. Nessuna differenza è stata riscontrata tra i vari sottogruppi alla valutazione dell'IMT.
Conclusioni: Nei pazienti CVID l'esposizione ai comuni FRCV non sembra determinare differenze sullo sviluppo di danno vascolare precoce mentre solo ipertensione e peso superiore alla norma sembrano determinare un aumento della rigidità arteriosa.

Binge eating disorder in health professions and perceived work-related stress: a cross-sectional study

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Premises and Purpose of the study: Binge eating disorder (BED) is characterized by recurrent episodes of short-lived binge eating. Etiopathogenesis includes psychological and related stress variables. Several studies investigated BED in different populations but there is no evidence among health professions. Thus, the aim of the study was to evaluate the relation between the risk of developing BED and perceived work-related stress.
Materials and Methods: A cross-sectional study was conducted from May to June 2023 among a sample of health professions. The questionnaire used for data collection consisted of 39 items divided into three sections: (I) socio-demographic data; (II) questions about perceived work-related stress; (III) Binge Eating Scale (BES).
Results: Among 312 participants, 9.3% and 5.1% reported moderate and severe BED' symptoms respectively. Higher BES scores were significantly correlated with "I'm exhausted from work" (r=0.250, p<0.001) and with "Frontline healthcare creates tension" (r=0.207, p<0.001). Feeling stressed and anxious was correlated with "Work-related stress affects one's eating habits" (r=0.285, p<0.001) and with "I take breaks from work to eat" (r=0.434, p=0.003).
Conclusions: Health professionals working in stressful conditions can develop BED. Based on the results of this study, health organizations should plan and develop interventions tailored to manage work-related stress and to encourage proper eating habits also in the workplace.

Very low calorie ketogenic diet compared with sleeve gastrectomy on cardiometabolic effects in obese patients

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Aim: To evaluate the changes in anthropometric and metabolic parameters and in cardiac structure and function after treatment with sleeve gastrectomy (SG) or very low calorie ketogenic diet (VLCKD). Results obtained in the two groups have been compared to verify if, in the short time, there were differences between these two treatments.
Methods: Twenty obese patients were enrolled. All the patients underwent a complete anthropometrical evaluation, laboratory determinations and echocardiogram evaluation. Ten patients have been treated with SG and 10 with VLCKD. The two group were comparable for weight loss: -21,5 kg (20%) after 3 months in patients treated with VLCKD and -27kg (25%) after 6 months in patients treated with SG.
Results: An improvement in the anthropometric and metabolic profile was observed in all the patients. Similarly, the echocardiogram evaluation showed a reduction of the end-diastolic left ventricular volume, a reduction of the end-systolic left ventricular volume and a reduction of interventricular septal thickness and posterior wall thickness. Furthermore, an increase in the Ejection Fraction has been observed. No significantly differences between two groups were observed. Interestingly, in patients in treatment with VLCKD, a significant change in the global myocardial work efficiency was observed.
Conclusions: Our data showed that VLCKD and SG have the potential to protect cardiometabolic health and myocardial remodeling in obese patients. VLCKD is a promising lifestyle intervention that can be used to prevent or treat cardiovascular disease.

A challenging dyslipidemia

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Premises: The high prevalence of primary dyslipidemias often leads to overlook the differential diagnosis of other diseases, in which dyslipidemia is an epiphenomenon.
Description of the Case report: A man presented at our outpatient clinic with mixed dyslipidemia, developed approximately 2 years earlier, unresponsive to therapy with Atorvastatin 80 mg and Fenofibrate 145 mg. The patient, who was in normal range of weight, was affected by type 2 diabetes mellitus and carotid atherosclerosis. He reported an unexplained weight loss of around 10 kg in the past year, complained of fatigue, and sporadic limb paresthesias. Hematochemical tests revealed nephrotic syndrome with severe proteinuria (12 g/24h), hypoalbuminemia and mixed dyslipidemia (LDL cholesterol 250 mg/dL; tryglycerides 413 mg/dL); a monoclonal component (IgA-k) was found out in serum protein electrophoresis, with Bence Jones protein, elevated proBNP, and alkaline phosphatase; hemoglobin and calcium levels were in normal range.

Echocardiogram showed left ventricular hypertrophy without systolic impairment, while abdomen ultrasonography did not reveal any abnormalities. The patient underwent a renal biopsy, with the final diagnosis of AL amyloidosis; hence chemotherapy was soon started.
Conclusions: Amyloidosis is a vastly underdiagnosed systemic condition. In patients with dyslipidemia, the presence of monoclonal gammopathy along with proteinuria should prompt consideration of AL amyloidosis in the differential diagnosis.

Persistent fever of unknown origin and bilinear cytopenia of new onset in healthy woman

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Premises: A 65-year-old woman was admitted for persisting fever, anaemia (Hb 9.7 g/dL) and thrombocytopenia (PLTs 52.000/mmc).
Discussion: Upon physical examination, a single leg skin ulcer and fever were found. Laboratory results showed leukocytosis, elevated CRP and procalcitonin, highly elevated ferritin (4700 µg/L) and methicillin-sensitive S. aureus bacteraemia. Antibiotic therapy with daptomycin and ceftriaxone was promptly started. A full body CT-scan and transoesophageal echocardiography were performed, negative for infectious diseases. Despite antibiotic therapy and after all subsequent blood cultures came back negative, the patient's clinical conditions began rapidly deteriorating and the skin ulcer widened, while inflammatory biomarkers remained elevated, leading to suspecting pyoderma gangrenosum associated with a haematological disease. Therefore, bone marrow biopsy was performed, showing 15% marrow blasts and a mutation in the NPM1 gene, consistent with a diagnosis of acute myeloid leukaemia (AML). In the absence of viable alternatives, the patient was started on steroids and azacitidine, which had been initially withheld due to the concern of concomitant sepsis. This led to swift remission of fever and complete normalization of inflammatory biomarkers, and the patient was discharged shortly after.
Conclusions: Skin ulcer associated with deregulated inflammation allowed for correct diagnosis of AML and subsequent therapeutic decision making in this patient.

A rare case of West Nile virus encephalitis

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Premises: West Nile Virus (WNV) is a member of the flavivirus genus and belongs to the Japanese encephalitis antigenic complex of the family Flaviviridae. WNV can cause neurological disease and death in humans in 1 over 1000 cases. WNV is commonly found in Africa, Europe, the Middle East, North America and West Asia. WNV is maintained in nature in a cycle involving transmission between birds and mosquitoes. Humans, horses and other mammals can be infected. Since May 2023 in Italy 332 cases of West Nile Virus infections were registered among humans and 191 of those were reported with the neuro-invasive form.
Description of the case report: A 78 years old man was hospitalized in October 2023 in the Internal Medicine ward "Pietro Gatti" of the PO Perrino of Brindisi with fever (TC max 39 C), drowziness, deep asthenia and confusion. Blood coltures, general viral (Citomegalovirus, Epstein Barr and Herpes simplex 1-2) and autoimmune panel were negative. For the persistence of the neurological status of confusion and drawziness with incipient paraplegia, brain magnetic resonance imaging (MRI) and cerebrospinal fluid (CSF) sampling were performed with evidence of encephalitis and WNV IgG antibody sero-conversion in two serial specimen collected at a one week interval by enzyme-linked immunosorbent assay (ELISA).
Conclusions: Among Internal Medicine wards in Italy it's essential to consider WNV encephalitis among differential diagnoses when in contact with patients with incipient neurological signs of enecephalitis in particular during spring and summer time.

Dal *functional nursing* con il *fundamental care nurse* al *modular nursing*: implementazione di un nuovo modello

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Premesse e Scopo dello studio: Il modello organizzativo attualmente presente nella Medicina Interna II – Gastroenterologia è improntato sul functional nursing, con un infermiere referente di settore e un fundamental care nurse responsabile delle fundamental care. Questo modello nel tempo ha evidenziato una frammentazione delle cure, una dispersione delle informazioni e un aumento delle missed care. Si è così implementato il modello di modular nursing che, con il modello di case management, permette una presa in carico più efficace.
Materiali e Metodi: Il modello di assistenza modulare è un modello organizzativo che combina il modello per piccola equipe e il modello del primary nursing. E' stato sperimentato all'interno del reparto di Medicina Interna II e Gastroenterologia (53 posti letto), attraverso la riorganizzazione di risorse del personale.
Risultati: L'infermiere di settore garantisce l'assistenza completa durante il turno. Coordina i membri del gruppo e fornisce assistenza diretta in collaborazione con il resto dell'equipe. Tutti gli infermieri del turno hanno le informazioni necessarie per identificare i bisogni e per essere pienamente responsabili.
Conclusioni: L'implementazione del modular nursing rappresenta l'occasione per mettere in pratica una modalità di erogazione dell'assistenza altamente professionalizzante ed efficace. L'equipe ha una visione complessiva della persona assistita all'interno del proprio modulo e si sente maggiormente gratificato. Aumenta il grado di soddisfazione del team, dell'assistito e del caregiver.

Effects of new anti-diabetic drugs (SGLT2-I and GLP1-RA) in patients suffering from type 2 diabetes mellitus complicated by peripheral artery disease undergoing percutaneous transluminal angioplasty

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Premises and Purpose of the study: This study explores the impact of SGLT2 inhibitors and GLP-1 receptor agonists

on type 2 diabetes mellitus with peripheral artery disease (PAD) patients undergoing percutaneous distal revascularization (PTA). The research aims to assess the short-term effects of these drugs on some clinical parameters and on metabolic balance in this patient population.
Materials and Methods: At 'SS. Annunziata' Hospital (Taranto),33 patients with T2DM complicated by PAD undergoing PTA were studied. Divided into SGLT2-i and/or GLP1-RA-treated (11) and other kind of treatment (22), clinical parameters (Leriche-Fontaine stage, recurrence of stenosis and the risk of amputation) were assessed at pre-operative (T0) and 6 months post-surgery(T1). Also, blood-chemical parameters (A1C, lipid profile, renal function, CRP) were examined.
Results: Significant reductions in A1C, CRP, uric acid and triglyceride values were observed regardless of drug treatment. Further categorization, revealed that at T0 the untreated group had a higher CRP value, higher insulin and lower metformin intake, while the treated group had higher triglyceride values. At T1, the treated group showed better renal function, reduced Leriche-Fontaine stage and fewer amputations than the untreated group. The two-way ANOVA showed a positive impact of treatment with the new drugs on renal function.
Conclusions: This study shows SGLT2-i and/or GLP1-1-RA benefits in T2DM patients with PAD: reduced systemic inflammation, improved blood circulation, fewer stenotic recurrences, lower amputation risk.

Acute and long-term management of venous thromboembolism through the post-COVID-19 pandemic era

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Background and Aim: COVID-19 increases the risk of venous thromboembolism (VTE) through a complex interplay of mechanisms collectively termed immunothrombosis. Limited data exist on VTE challenges in the acute setting throughout a dynamic long-term follow-up compared to non-COVID-19 patients. This study aimed to investigate acute and long-term management and complications in VTE patients with and without COVID-19.
Materials and Methods: Prospective, observational, single-center cohort study on VTE patients followed from acute care until 24 months post-diagnosis.
Results: 157 patients, 30 with COVID-19-associated VTE and 127 unrelated to COVID-19, were enrolled. The mean follow-up was 10.8 (±8.9) months. Baseline characteristics were similar, but COVID-19 patients had fewer comorbidities (1.3±1.29 *vs.* 2.26±1.68, p<0.001) and a lower probability of remaining on anticoagulant therapy after three months (p<0.003). The most used initial therapy was low molecular weight heparin in 130/157 cases, followed by long-term therapy with direct oral anticoagulants in 123/157. Two (6.7%) COVID-19 *vs.* three (2.4%) non-COVID-19 patients (p=0.243) had major hemorrhagic events. All hemorrhagic events occurred within the first three months. Three non-COVID-19 patients developed chronic thromboembolic pulmonary hypertension. Mortality was 0% in patients with COVID-19 compared to 9.4% in the non-COVID-19 subgroup (p=0.027).
Conclusions: Our study underscores the evolving nature of VTE management, emphasizing the importance of personalized risk-based approaches.

Idiopathic systemic capillary leak syndrome: insights from a comprehensive patient cohort

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Background: Idiopathic systemic capillary leak syndrome (ISCLS), also known as Clarkson's disease, is a rare life-threatening condition characterized by recurrent shock episodes stemming from endothelial barrier dysfunction. Despite similarities to other shock states, ISCLS requires distinct management strategies. This study aims to elucidate the clinical presentation, course, and management of critically ill ISCLS patients in Italy.
Materials and Methods: Case series collected at the Luigi Sacco Hospital in Milan, a referral center for ISCLS.
Results: Data from 16 patients (50% female) with 29 episodes were collected over 20 years. The mean age at diagnosis was 52 years (range 27-69). The crises were triggered by an upper respiratory infection in 19 episodes, of whom 6 were due to SARS-CoV-2 infection. Twelve patients had monoclonal gammopathy, mostly IgG kappa type. At ICU admission, patients were hypotensive with hemoconcentration and hypoalbuminemia: mean systolic arterial pressure was 84.7 mmHg (range 60-110), heart rate 115 bpm (range 70-150), hematocrit 57.8% (range 35-77), and serum albumin 2.5 gr/dL (range 0.6-3.4). The mean ICU stay was 6.7 days (range 1-27). Five patients died, all of them during episodes triggered by SARS-CoV-2.
Conclusions: Our study provides a detailed description of the unique features of ISCLS, a frequently misdiagnosed fatal condition whose timely recognition is crucial for prompt appropriate management. Our data highlight the detrimental impact of infection by SARS-CoV-2 on patient outcomes.

ABSTRACTS

The importance of the doctor-patient relationship in optimizing therapeutic outcome and compliance

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Introduction: Within the realm of Internal Medicine, the quality of the interaction between doctor and patient is a pivotal factor that significantly impacts the efficacy of therapy and patient compliance. This paper explores how an effective communicative approach and empathy can optimize the therapeutic relationship, positively influencing the treatment outcome. Communication, both verbal and non-verbal, is essential in clinical practice. The physician's ability to actively listen, to use clear language, and to accurately interpret the patient's non-verbal cues can greatly enhance the understanding of the patient's needs and concerns. This aspect is particularly relevant in the management of patients with chronic pain, where effective communication can help to better understand the multidimensional nature of pain. Empathy, (the ability to understand and share the feelings of the patient), is a key element in forming a therapeutic alliance. A therapeutic relationship founded on empathy can increase the patient's trust, improving compliance and adherence to treatment. Furthermore, empathy allows the physician to personalize the treatment, considering the emotional and psychological needs of the patient in addition to the physical ones.
Conclusions: To optimize therapeutic outcome and patient compliance, it is crucial to focus on the quality of communication and empathy in the doctor-patient relationship. A holistic approach that integrates communicative and empathic aspects can lead to more effective and satisfying patient management, for both the physician and the patient.

Efficacy of muscular acoustic modulator in type 3, stage 2 lipedema: a case study

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Background: Lipedema, a chronic condition characterized by symmetric accumulation of adipose tissue in the extremities, is known for its resistance to conventional treatment modalities. Recently, the focus has shifted to the muscular acoustic modulator (MAM), a non-invasive approach for the treatment of lipedema.
Case report: We present the case of a 40-year-old woman with type 3, stage 2 lipedema. The patient presented to our clinic on 6th/11/2023, with a lower limb diameter of 62.5cm. The treatment protocol involved MAM sessions three times a week for the initial six weeks, followed by a maintenance treatment once a week. MAM, employing low-frequency acoustic waves, aims to enhance microcirculation and reduce edema through tissue stimulation. By 18th/12/2023, we observed a significant reduction in edema, with a lower limb diameter reduced to 58.3cm. This improvement was accompanied by increased mobility and a reduction in pain and discomfort. The patient reported improvements in quality of life and self-perception. Ultrasound analysis showed a reduction in the hyperechogenicity of adipose tissue, indicative of a decrease in chronic inflammation associated with lipedema. These findings suggest that MAM can be an effective therapeutic option in managing lipedema, particularly in cases resistant to traditional methods.
Conclusions: This case demonstrates the efficacy of the MAM in reducing size and symptoms of the lipedema. The results suggest that MAM might represent a significant innovation in the treatment of this complex condition, warranting further research and clinical evaluation.

When POCUS saves a life

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Background: Sepsis is a life-threatening and time-dependent disease. POCUS can provide a quick help to identify the site of infection and can be game changer.
Case report: A 82 years old man, was admitted because of high fever with shaking chills, vomit, weight loss, mild dy-

suria. His medical history included diabetes, ischemic heart disease, peripheral arterial disease, a previous DCP for pancreatic cancer, a remote amoebic liver abscess, potus. His blood test showed increased inflammation markers, hyperglycemia, acute renal insufficiency with metabolic acidosis; his chest x-ray was negative. Ceftriaxone iv, fluids and sodium bicarbonate were started. A POCUS was performed and revealed hypo echogenic areas in the IV segment and in the left hepatic lobe. Antibiotics were empowered; nevertheless, He underwent a fast clinical worsening with respiratory distress, confusion, tachicardia and hypotension, up to septic shock; he was transferred in the ICU, treated with mechanical ventilation with OTI, norepinephrine and CVVHDF. A toracic-abdominal CT confirmed the liver abscess, wich was drained and coltured, revealing Citrobacter koseri, E. coli, E. faecalis, Streptococcus anginosus; blood cultures were also positive for Bacteroides fragilis. The patient completed antibiotics and slowly recovered, up to discharge in discreete clinical conditions.
Conclusions: In this case POCUS quickly identified the site of infection, which was drained a few hours later; this let the patient recover from a condition which could have been lethal if not rapidly treated.

A challenging skin rash

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Premises: Sweet syndrome is a rare inflammatory disease in which an erythematous papular maculus skin rash is often accompanied by fever and neutrophilia. It can be idiopathic or secondary to malignancies, drugs, infections, autoimmune diseases, pregnancy.
Description of the Case report: A 64 years old man with a history of mild hypertension, ineffective esophageal motility and gastritis, a previous episode of urticaria, was admitted because of a widespread itchy erythematous papular maculus skin rash. The rash started on the buttocks and quickly spread to all the skin, except face and palms. BA denied recent voyages, new drugs, insect bites. As fever appeared, ceftriaxone was started, without benefit. Blood test revealed neutrophilic leukocytosis and excluded infective and autoimmune diseases. A total body CT scan was negative; the PET-TC revealed a non specific uptake in the spleen and in the lymph nodes of skin folds. The skin biopsy showed pustular neutrophilic dermatosis, without cancer cells or fungi. The biopsy of an inguinal lymph node showed a dermatopathic reaction. Systemic prednisone and colchicine induced fever and rash remission; we concluded for idiopathic Sweet's syndrome. BA was discharged in good health, persisting at follow-up.
Conclusions: Sweet syndrome can be a challenge because of its rare occurrence and great variety of causes. An extensive work-up is mandatory to identify secondary causes; surveillance is important to identify relapses and related diseases (malignancies, inflammatory diseases, etc) even a long time from skin rash.

Focus on management of venous vascular device in Internal Medicine Unit: a retrospective real-life study

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Background: The placement of medium-permanent vascular access using ultrasound guide has become widespread. However, their use is often associated with complications. Literature there are not available data regarding latest generation vascular accesses in IMU. We conduced a retrospective study to assess the type, the main indications for placement and the complications related to medium-permanent vascular accesses used in IMU.
Methods: We conduced a retrospective cohort study on patients admitted to our IMU between November 2021 and March 2022. We evaluated the type of vascular accesses placed, the main indication for placement and the complications occurred during hospitalization in terms of thrombosis or infections.
Results: We enrolled 118 patients. The mean age was 73,72 and the 55,9% was female. The most commonly used type of access was a 3 Fr length 8 cm medium-stay peripheral venous access. The main indication for placement was poor venous heritage and need for intravenous therapy. In our cohort of 118 patients, during their hospital stay, 22 patients had a complication (19,1%): 12 patients had thrombosis and 10 had infection. The main factors associated with complications were active solid neoplasm, high values of inflammatory index at admission, low Barthel index, stilness and sepsis as reason of recovery.
Discussion: Medium-stay vascular venous accesses are extremely common and essentially safe. It is important to identify exactly which patients need early placement of such access and risk factors for developing complications to optimize their management.

Would the artificial intelligence have solved the case?

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Case report: A 27 years old woman was admitted to our Internal Medicine Unit for fever, fatigue, weight loss and retrosternal oppressive chest pain. The pain was radiated in the upper left arm and worsened by breathing. Physical examination was regular. Laboratory test showed microcytic, hypochromic anemia and high inflammatory markers. Echocardiography assessment showed pericardial effusion such as acute pericarditis. Oral ibuprofen and colchicine therapy was started and the patient was discharged. We re-evaluated the patients after 1 month. The chest pain was gone but she still had low fever and persistently high inflammatory markers. Physical examination showed left brachial pulseness. Chest and abdomen CT was performed showing concentric thickening of the walls of the aortic arch, ascendent and discendent aorta with abdominal and upper-lower renal involvement such as Takayasu's Arteritis. Predinsone (0.5 mg/Kg), methotrexate (15 mg) and antiplatelet therapy was started. At 3 months follow up, the patient was tapering steroid therapy and was clinically fine but the inflammatory markers was persistently high. A MR angiography was performed after 6 months. It didn't show radiologic improvement. Second line therapy with iv infliximab (5 mg/kg) was started resulting in immediatly normalization of inflammatory index. This case report is representative of Takayasu's Arteritis presenting with aspecific and constitutional symptoms as in the early stage of disease. Therefore early diagnosis and appropriate treatment can change the disease history.

The challenge of clinical engagement criteria for internistic co management in neurosurgical wards

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Background: Internistic co management is associated with more efficient care and reduced incidence of clinical complications. Unfortunately, there is no consensus on predetermined engagement criteria to be used to refer pts to the internist. We conducted an observational prospective study to identify the main clinical and laboratory characteristics of patients admitted to a neurosurgery ward (NSW) who develop internistic complications.
Methods: We conducted a prospective case-control study on patients admitted in NSW during a period of 12 months.We considered patients managed by internist ad cases. Clinical characteristics, in-Hospital complications, lenght of stay, rate of readmission and outcome were collected.
Results: We analized data about 540 patients (270 cases and 270 controls).Type of surgery and comorbidity profile (evaluated by Charlson Index score) were overlapped in the two groups.Patients evaluated by the internist had a significant ($p<0.005$) less functional autonomy (evaluated by Barthel index),dementia and poor control of blood pressure values. During in-Hospital Stay cases presented a statistically significantly higher incidence of fever, hematological and electrolitic disorders.
Conclusions: Patients admitted to NSW are increasingly complex and require an integrated clinical evaluation.However, the engagement criteria are still debated, but worse functional autonomy, dementia and some clinical complications during in-Hospital Stay seem to be important stratification tools. Other studies will be necessary to identify patients characteristic for an early taking charge

Un coma in Medicina Interna

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Premesse: Il coma mixedematoso è un'emergenza endocrinologica, di rara presentazione, potenzialmente fatale, che può portare a complicanze multisistemiche.
Descrizione del Caso clinico: Paziente di 82 anni, sesso maschile, giungeva in PS per afasia, bradicardia, ipotensione e stato soporoso. Nei giorni precedenti infezione delle vie urinarie. In PS interpretato come ictus cerebri. TAC cranio: negativa. Il paziente veniva ricoverato in Medicina Interna con quadro clinico: stato soporoso (GCS:6), ipoglicemia (glicemia 52 mg/dL), anemia (HB 10 g/dL), potermia (temperatura 35°C), iponatriemia, bradicardia (FC 48/min). Veniva posta diagnosi differenziale: adenoma ipofisario, ipocorticosurrenalismo, coma mixedematoso; patologie infiltrative del SNC. Gli esami di laboratorio evidenziavano elevati valori di PCR (emocoltura positiva per E. Coli), elevati valori di TSH (111,58mUI/L) e bassi valori di FT4 (0.4 ng/dl) per cui si instaurava tempestiva terapia con Levotiroxina e corticosteroidi ev. assistendo ad progressivo miglioramento del quadro clinico con ripristino dello stato di veglia del paziente e miglioramento della glicemia. Si effettuava inoltre terapia antibiotica mirata.
Conclusioni: Pur trattandosi di una patologia poco diffusa, il coma mixedematoso va sospettato nei pazienti con quadro clinico caratterizzato da alterazione dello stato di coscienza, afasia, bradicardia, ipotensione, ipotermia, iponatriemia, ipoglicemia. Il trattamento tempestivo permette di risolvere il quadro clinico. Nel nostro caso lo stato acuto era stato scatenato dall'evento infettivo.

The hidden lymphoma

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In this report we describe a rare case of primary hepatic diffuse large B cell lymphoma in a 63-year-old woman who presented with itch and jaundice. She was found to have nodular lesion to the hepatic ileum with normal α-fetoprotein and LDH. The final diagnosis was made by percutaneous biopsy of the liver. The patient was treated with R-CHOP without surgical resection with a favourable response. After VI cycles of chemotherapy the patient had a complete resolution. A 65-year-old patient, remote pathological history: oophorectomy, comes to our observation for hyperchromic urine and itching with subsequent evidence of hyperbilirubinemia on blood tests. Performs ultrasound abdomen that showed: nodular hepatic ileum space-occupying lesion. During her hospitalization, she underwent to TC total-body e Cholangium RM: suspected Perilar stage IIIb cholangiocarcinoma and E.R.C.P. with stent placement and biopsy. The biopsy later showed diffuse infiltration of lymphoid populations from elements B CD 20+, CD 79a+, CD 10+. The patient is then sent to the haematology center where she performed R-CHOP scheme. Non-Hodgkin's lymphoma is a common malignant disease. Liver involvement occurs in 10% of patients and is a sign of advanced disease. The vast majority of PHL patients are middle-aged men who usually present with abdominal pain, nausea and constitutional symptoms. Limited experience showed that PHL had non-specific clinical manifestations. Diagnosis of PHL requires a liver biopsy compatible with lymphoma and absence of lymphoproliferative disease outside the liver.

Sodio, perchè sei basso?

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Premesse: La sindrome da inappropriata secrezione di ormone antidiuretico (SIADH) si ha in un soggetto iponatriemico ed euvolemico.
Descrizione del Caso: Un uomo di 63 anni veniva ricoverato per instabilità posturale e iponatriemia severa (119 mmol/l). Nei giorni precedenti riferiva pirosi, polidipsia e poliuria. Negava consumo di diuretici e lassativi. Si presentava euvolemico, cachettico (BMI 12.72 kg/m2), umore deflesso per cui assumeva alprazolam da due mesi. Glicemia, creatinina e restanti elettroliti sierici nella norma. Durante il ricovero sospesa la BDZ ed effettuata correzione dell'iponatriemia (soluzione ipertonica e fisiologica). Limitato l'introito di liquidi orale. Dopo due giorni dalla sospensione della correzione nuovo riscontro di iponatriemia (120 mmol/l) per cui avviata ipertonica, con normalizzazione del sodio. Perciò sono state eseguite indagini nel sospetto di SIADH: sodiuria 80 mmol/l, TSH 1,76 mU/l, ACTH 47,9 pg/ml, cortisolemia 25 microg/dl, osmolalità plasmatica 260 mOsm/kg e urinaria 271 mOsm/kg. L'imaging radiologico non documentava lesioni sospette, mentre l'EGDS incontinenza cardiale.
Conclusioni: Il quadro clinico soddisfava i criteri per

SIADH. L'ipotesi è che il paziente abbia presentato una forma cronica di iposodiemia su cui si è instaurata un'acuzia da polidipsia. Non è stata individuata una causa organica, tuttavia in letteratura sono segnalati casi di SIADH in pazienti con severa iponutrizione su base funzionale. Si è optato per un trattamento al domicilio con urea per via orale e controllo stretto degli esami ematici.

Deciphering the enigma: a case of encephalitis

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Background: West Nile virus (WNV) infection has long been recognized as a mosquito-borne zoonosis, its increasing prevalence in Europe poses a growing public health concern. The spectrum of human WNV infections, ranging from subclinical cases to severe meningoencephalitis, underscores the urgency for effective intervention strategies.
Case report: A 66-year-old Italian male, immunocompetent, was admitted to the Internal Medicine ward with a fever, cough, dyspnea, and diarrhea. The patient developed convergent strabismus in the right eye without lateral symptoms and progressive confusion. A head CT angiography was conducted, yielding negative results for new lesions, followed by a lumbar puncture. While awaiting further results, empirical antibiotic therapy was initiated. Cerebrospinal fluid (CSF) analysis showed a clear appearance with increased total proteins and leukocytes and multiplex real-time PCR revealed positivity for WNV. Additionally, serology for West Nile and virus detection in urine, brain MRI, and electroencephalogram were conducted. Due to a marked deterioration in the level of consciousness, the patient required transfer to the Intensive Care Unit. Treatment with corticosteroids and intravenous immunoglobulins was initiated. The patient exhibited rapid improvement, leading to an early discharge.
Conclusions: Despite WNV's endemic and epidemic nature in Europe, the lack of definitive therapy presents a critical challenge. The rising trend highlights the need for a targeted therapeutic approach, especially with climate change and epidemiological variations.

The impact of nosocomial bacteraemia in patients admitted to the Internal Medicine ward

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Introduction: Bacteraemia represents a common infectious event in Internal Medicine wards and is associated with high mortality rates.
Materials and Methods: We evaluated the clinical and microbiological characteristics of patients with bacteraemia who were hospitalized from January to December 2023 in the Internal Medicine ward of San Giovanni Addolorata Hospital in Rome.
Results: In our department, the average hospital stay is 9.9 days, and the total mortality rate among hospitalizations is 10.2%. The average length of stay for patients admitted for or developing bacteraemia was 28 days, with a crude mortality rate of 28.8%. Candida spp. and s. aureus are the most frequently isolated microorganisms and are responsible for the highest associated mortality rates, at 68.7% and 30.4% of cases, respectively. Bacteraemia occurred after an episode of C. difficile colitis in 14.4% of cases. Nosocomial bacteraemia, accounting for 58.6% of cases, had a mortality rate of 32.7%. When an early microbiological diagnosis was established within 24 hours, and targeted therapy was initiated, a clinical improvement was achieved in 73% of cases.
Conclusions: Patients with bacteraemia have significantly higher morbidity and mortality rates compared to other patients and, therefore, require early diagnosis and targeted therapy. Many of these patients develop bacteraemia as a complication of hospitalization, so efforts should be made to reduce the risk factors for bacteraemia in hospitalized patients.

Lean organization* e *lean management* in sanità applicate al *wound care

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Premessa e Scopo dello studio: Una delle sfide attuali in sanità è legata alla necessità di ridurre gli sprechi migliorando validità e adeguatezza delle prestazioni offerte. Lo sfondo di questo scenario è caratterizzato da: - invecchiamento della popolazione (patologie correlate); - incremento dell'età anagrafica del personale sanitario (turnover); - progresso scientifico e tecnologico. Impennata dei costi, politiche di spending review e crescente interesse per la qualità, determinano la necessità di implementare strategie operative che permettano di mantenere alte efficacia ed efficienza a isorisorse.
Obiettivi: Analizzare e decodificare la gestione del wound care, elaborare una proposta di intervento coerente con le attività cliniche e organizzative aziendali in un'ottica di risparmio, innovazione e miglioramento.
Materiali e Metodi: Revisione scientifica della letteratura, estrazione dei risultati (PRISMA Statement); analisi del processo di gestione delle lesioni all'interno della "Casa di Soggiorno e Pensionato della Città Murata" di Montagnana (PD) - Azienda ULSS 6 Euganea e dei costi sostenuti nel triennio 2020-2022. Proposta di implementazione della Metodologia Lean nel contesto.
Conclusioni: L'applicazione della Lean Organization comporta un miglioramento sia dal punto di vista operativo che qualitativo nonché un'accertata riduzione degli sprechi.
L'esito dell'implementazione dipende in buona parte dal grado di aderenza del personale a tutti i livelli e degli stakeholders. Si propone un'applicazione della filosofia snella al wound management nel contesto.

Daily challenges in Internal Medicine: a typical haematological emergency

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Premises: Thrombotic thrombocytopenic purpura (TTP) is a rare cause of thrombotic mycroangiopathy due to congenital or acquired lack of a VWF cleave protease (ADAMTS13).

Description of the Case report: A 76yrs old man with no history of significant past diseases was admitted to our hospital ward for dyspnea. He reported rhinorrhea treated with antibiotics a few days earlier. Physical examination was negative. Lab tests: platelets count 5000/uL, Hb 5,5 g/dL, haptoglobin indosable, normal creatinine, LDH 3300 U/L, total bilirubin 3,14 mg/dL. Direct Coombs test negative. Given the high suspicion of TTP (PLASMIC Score 6), peripheral blood smear was performed: schistocytes 0,3%. ADAMTS-13 activity <0,2%, ADAMTS-13 inhibitors >83 U/mL. Secondary causes were excluded. First treatment was blood transfusion, plasma-exchange, steroids and caplacizumab taking to improvement in Hb and PLTs count, but not in ADAMTS13 activity and its inhibitors' values. Due to a new reduction of PLTs count, we enhanced therapy with rituximab. During hospitalization we managed two episodes of afasia (two left ischemic cerebral lesions on MRI) and sepsis caused by Pseudomonas aeruginosa. Despite of a gradual increase of Hb and platelets count, ADAMTS-13 activity was still suppressed until several days after the discharge, requiring an extended treatment with caplacizumab. Suitable ADAMTS-13 activity was achieved after two months.
Conclusions: TTP is a medical emergency that requires a tempestive diagnosis and therapy because of its high mortality and unpredictable outcome.

Il gender bias nella popolazione medico-infermieristica: un'indagine qualitativa

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Introduzione: Negli ultimi anni l'Organizzazione Mondiale della Sanità ha evidenziato nei documenti di lavoro che le donne impiegate nel settore socio-sanitario rappresentano il 67% della forza-lavoro in 104 Paesi, costituendo la maggioranza del personale sanitario. L'obiettivo di questo studio è stato dunque quello di indagare le esperienze vissute dei lavoratori al fine di far emergere l'impatto della radicalizzazione degli stereotipi legati al genere in ambito sanitario.
Materiali e Metodi: È stato condotto uno studio qualitativo mediante campionamento propositivo. Sono stati arruolati lavoratori a tempo indeterminato coinvolti in sanità pubblica in due aziende ospedaliere di Napoli.
Rsultati: Sono stati intervistati 20 dipendenti. Sono emersi i seguenti 5 temi: "Il problema diffuso della violenza", "Il pre- e il post-Covid-19", "La carriera e il genere", "La famiglia", "Il gender bias".
Conclusioni: Le esperienze raccontate possono essere uno strumento efficace per far emergere emozioni, pensieri, vissuti ed è stato così possibile ricavare i principali che l'influenza culturale degli stereotipi sul genere ha comportato in ambito sociale e sanitario. L'incremento degli eventi formativi per favorire la protezione dei lavoratori da parte delle aziende, dalla loro progettazione, programmazione e realizzazione, risultano essere strategie efficaci per il contenimento delle emozioni manifestate.

Leadership inclusiva e le nuove sfide di attrattività del personale infermieristico in area medica

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Le aree di Medicina Interna contano sempre di più su gruppi diversificati e multidisciplinari, che combinano capacità di uomini e donne, con diverso background culturale, età, etnia, religione e orientamento sessuale. Le diversità sono un valore aggiunto, ormai le multinazionali a vario titolo lo sanno bene e si stanno facendo promotrici attive di inclusione lavorativa, consapevoli che sia un fattore di crescita, di competitività, e di migliori risultati. Anche nell'ambito sanitario è divenuto opportuno andare a ricercare modelli di leadership sanitaria inclusiva. La resistenza culturale a paradigmi tradizionali vigenti all'interno delle organizzazioni risultano essere i fattori più ricorrenti, quali limiti al cambiamento e alla possibilità di arricchimento. La leadership inclusiva non è solo un concetto, ma diventerà una pratica dell'innovazione aziendale, con lo scopo di ricercare continua motivazione e valorizzazione dell'empowerment dei gruppi di lavoro all' interno delle nostre unità operative di Medicina Interna. I manager a vario titolo saranno chiamati a guidare questo cambiamento, in cui ogni voce ascoltata sarà un talento valorizzato.

Educazione al bambino prescolare con prima diagnosi di diabete: revisione della letteratura e proposta di brochure

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Background: Nel 2007, la popolazione infantile (0-14 anni) totale del mondo è stata stimata a 1,8 miliardi, di cui 0,02% hanno il diabete. Circa 440.000 bambini in tutto il mondo hanno il diabete, 70.000 nuovi casi diagnosticati ogni anno. Per un bambino non è semplice comprendere la malattia e il suo funzionamento. E' in questa cornice che assume rilievo l'educazione terapeutica, rivolta al bambino e al sistema famiglia.
Obiettivi e Scopo dello studio: Ricercare le caratteristiche di un piano educativo valido, adatto all'età e al livello di sviluppo cognitivo del bambino, somministrato tramite un libro che possa consolidare il concetto di empowerment, tenendo come soggetto principale il bambino malato ma non dimenticandosi di inserirlo nel sistema famiglia.
Metodi: Produrre un piccolo libro da consegnare al bambino e ai genitori al momento della diagnosi: una storia interpretata da personaggi fantastici che racconta i segni e sintomi dell'ipoglicemia, complicanza più frequente nei pazienti di età prescolare. Nella seconda parte, incentrata sull'educazione alimentare, il bambino potrà cimentarsi in giochi; in questo modo andrà ad applicare le nozioni appena lette, favorendo così il processo di apprendimento.
Risultati: E' stato prodotto un prototipo di libro con l'intento di proporlo al Centro Diabetologico del Distretto di Carpi, perché venga consegnato ai bambini con prima diagnosi di diabete.
Conclusioni: E' emerso come la necessità di informazione, supporto ed educazione sia indispensabile per i bambini affetti da diabete mellito e la loro famiglia.

Not just a cough

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Premises: Subacute thyroiditis (SAT), also known as De Quervain's Thyroiditis or granulomatous thyroiditis, is a thyroid inflammatory disease characterized by neck pain or

discomfort, a tender diffuse goiter, and a predictable course of thyroid function evolution.
Description of the Case report: The patient went to the general practitioner for a cough that had persisted for a few weeks and asthenia for which she was prescribed antibiotic therapy. Due to the further persistence of the symptoms, the general practitioner decided to send the patient to our attention. At the first visit the patient appeared jaded because of the persistent cough, the thyroid was palpable and tender. In the suspicion of thyroiditis, we decided to request a series of in-depth tests which confirmed the state of hyperthyroidism, positivity for HLA-B35 and increase of PCR. Thyroid scintigraphy confirmed an alteration compatible with thyroiditis and ultrasound saw thyroid with inhomogeneous echostructure. As shown by many studies, we tried to treat the patient with just one week of steroid therapy and then switch to one week of NSAIDS therapy. After an initial excellent recovery, fever and asthenia reappeared during the week of treatment with NSAIDS, so steroid therapy was restarted with slow decalage (6 weeks).
Conclusions: The instrumental examinations in addition to the detection of hyperthyroidism and increased inflammation indices were diagnostic for SAT. Hyperthyroidism is typically the presentation followed by euthyroidism, hypothyroidism, and ultimately restoration of normal thyroid function.

Contemporary bilateral central retinal vein occlusion as a first presentation of Waldenström macroglobulinemia

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Introduction: Central retinal vein occlusion (CRVO) is a vascular disorder of the retina is a common cause of vision impairment, and almost always unilateral.
Case presentation: A 81-year-old woman was examined due to a decrease in bilateral vision without pain for 10 days. The patient had been evaluated by the ophthalmologist. Visual acuity was 3/10 of the right eye and 1.6/10 of the left eye, the fundus examination showed minimal hemovitreous and macular edema, numerous intraretinal haemorrhages. An optical coherence tomography (OCT) revealed an increase in retinal thickness bilaterally. The picture was consistent with bilateral central retinal vein occlusion (CRVO) complicated by macular edema (CE). The patient had numerous blood tests that were not feasible due to the presence of a clotted sample or a condiction of hyperviscosity. Electrophoresis showed a serum monoclonal component IgM/lambda (51% of the total protidemia, not quantitatively evaluable), total IgM equal to 9,600 mg/dl, other tests not evaluable due to paraproteinemia. The laboratory findings were consistent with Waldestrom disease/lymphoplasmacytic lymphoma symptomatic for hyperviscosity. The patient underwent a cycle of three sessions of plasmapheresis. She and she was started on a chemoimmnotherapy program with bendamustine and rituximab.
Conclusions: When hyperviscosity is present, plasma exchange should be considered a temporizing measure until systemic therapy successfully lowers the tumor mass and thereby reduces the IgM protein concentration in the serum.

When cancer appears not to be there but is hidden: a rare case of leptomeningeal carcinomatosis

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Premises: Leptomeningeal carcinomatosis, is a rare complication with a poor prognosis that occurs in the advanced stage of any cancer, solid or hematological, due to dissemination of malignant cells from the sites of the primary tumor to the leptomeningeal of the central nervous system. It causes a several symptoms depending on the site of metastases. The most common solid neoplasms that metastasize to the leptomeninges include breast cancer, lung cancer and melanoma. The most common symptoms are headache, nausea, vomiting, ataxia, diplopia. Spinal cord involvement produces a variety of symptoms that may include dysesthesia, pain, paraesthesia and paresis.
Description of the Case report: We present a case of a 54-year-woman with triple-negative breast cancer. She presented to the emergency room (ER) with a severe blindness, confusion and paraplegia. Computed tomography (CT) performed 5 days earlier showed no recurrence of the disease. In the ER the brain CT was negative. Laboratory workup showed: mild hyponatremia, slight increase in ammonium. At the eye examination: possible bilateral edema of the optic nerve. Gadolinium-enhanced MRI scan showed a hydrocephalus and leptomeningeal enhancement of the brain in the T1 weighted image with contrast. T2/FLAIR showed hyperintensities in the subarachnoid space. Radiological picture compatible with leptomeningeal carcinomatosis.
Conclusions: Leptomeningeal carcinomatosis is a diagnosis that must always be considered in cancer patients with neurological signs if metabolic and/or ischemic and hemorrhagic causes have been excluded.

Quando il sodio sale e scende: un'iponatriemia particolare

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Premesse: L'iponatriemia è tra le disionie più frequenti nel reparto di Medicina. Riconosce numerose cause ma quelle meno frequenti, se non correttamente inquadrate, sono le più difficili da riconoscere.
Descrizione del Caso clinico: Maschio di 61 anni accedeva in PS per vomito striato di sangue che non veniva testimoniato nonostante osservazione protratta e posizionamento di SNG. Agli esami ematici eseguiti nulla di rilevante. Veniva ricoverato per esecuzione di EGDS (piccola ulcera gastrica). Obiettivamente nulla da segnalare, in anamnesi solo ipertensione arteriosa. Si osservano però in reparto episodi di vomito con vertigini ai passaggi posturali. Sviluppava quindi iponatriemia progressivamente ingravescente con nadir 119 mmol/L (all'ingresso Na 137 mmol/L). Si eseguivano esami ematici per la diagnostica differenziale dell'iponatriemia che escludevano le principali patologie mediche causa di iponatriemia. Date le vertigini e il nistagmo si decideva di effettuare TC cranio che mostrava frattura dell'osso parietale sinistro e della rocca petrosa omolaterale con associato ematoma cerebrale parietale. Veniva quindi supplementato con soluzione ipertonica per via ev e successivamente con Na per os.
Conclusioni: Veniva quindi posta diagnosi di 'cerebral salt wasting syndrome' secondaria a trauma cranico che il paziente non ricordava (amnesia retrograda) e di cui non mostrava segni esterni come ematomi o alterazioni della scatola cranica. Una volta sospesa la supplementazione di sodio per os, con concomitante riassorbimento dell'ematoma, la sodiemia permaneva nei limiti.

Un paziente in giallo

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Premesse: L'ittero è una condizione clinica molto frequente

che si riscontra in corsia. Riconosce numerose cause sebbene alcune delle quali siano sottovalutate.
Descrizione del Caso clinico: Paziente di etnia indiana di 53 anni ricoverato per dolore addominale insorto da 2 ore dopo pasto abbondante e stazione eretta prolungata. Gli esami ematochimici mostravano iperbilirubinemia (3,8 mg/dl di cui diretta 3 mg/dl) e movimento degli enzimi di epatocitolisi (AST 293 U/L e ALT 444 U/L). L'ecografia dell'addome si presentava negativa per patologie epato-colecistiche acute mostrando lieve dilatazione delle vie biliari extra- ed intra-epatiche. In reparto venivano escluse cause farmacologiche, mediche e chirurgiche di ittero ostruttivo. A completamento veniva eseguita colangioRMN con riscontro di diverticolo duodenale paravateriano infiammato causa di compressione ab extrinseco delle vie biliari.
Conclusioni: Veniva posta quindi diagnosi di sindrome di Lemmel. Una volta sfiammato l'edema del diverticolo si assisteva a miglioramento sia della sintomatologia dolorifica che degli enzimi di epatocitolisi. Il paziente veniva quindi dimesso (data la risoluzione spontanea non vi era indicazione alla terapia chirurgica).

Applicazione della scala Visual Infusion Phlebitis nell'assessment delle flebiti da accessi vascolari: una proposta di miglioramento nell'UO di Medicina dell'Ospedale di Rovereto

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Premesse: Le flebiti sono un'infiammazione acuta della parete dei vasi sanguigni, con irritazione dell'endotelio venoso da cause meccaniche, chimiche o batteriche. Al 70% dei pazienti ricoverati, viene posizionato un accesso vascolare. Il 69% degli accessi venosi periferici è associato a complicanze meccaniche, quali occlusioni trombotiche, infezioni o flebiti, con un tasso di incidenza di quest'ultime pari al 31%. Le flebiti si associano ad aumenti di degenza ospedaliera e costi e difficoltà nel proseguo delle terapie.
Descrizione del Caso clinico: Una signora viene ricoverata per adenocarcinoma del piloro con necessità di terapia parenterale. Viene pertanto posizionato un accesso venoso periferico. Nei giorni seguenti gli infermieri segnalano nei diari clinici iniziale malfunzionamento della dispositivo e, riportano che la paziente riferisce "fastidio" a livello del punto di inserzione, senza altri dati. Dalla valutazione ecografica, emerge presenza di materiale trombotico a livello della vena. Il dispositivo viene rimosso e la paziente sottoposta a terapia scoagulante.
Conclusioni: Al fine di prevenire le flebiti correlate ad accessi vascolari, si è deciso di introdurre nell'assessment quotidiano del paziente la scala VIP (Visual Infusion Phlebitis), quale strumento raccomandato in letteratura che permette di monitorare e documentare lo stato dell'accesso vascolare, oltre che suggerirne l'eventuale rimozione e/o sostituzione. Per valutare gli effetti di tale implementazione, si porrà come indicatore di esito il numero di VIP rilevate <a 2.

Un caso particolare di ipercalcemia

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Premesse: L'ipercalcemia è frequente nella pratica clinica. La diagnosi è per lo più incidentale in pazienti asintomatici. Le cause più frequenti sono l'iperparatiroidismo primitivo e le neoplasie maligne, tuttavia è necessario indagare altre ipotesi diagnostiche.
Descrizione: Uomo di 73 anni accedeva nel nostro reparto per astenia, malessere generalizzato e dolore addominale. Agli esami riscontro di ipercalcemia 14.6 mg/dL [valori normali 8.8-10]. ECG nella norma. Tra gli altri esami, fosfato nella norma, PTH ridotto 4.8 pg/mL [VN 6.5 - 36.8]. I valori di 25-OH-vitamina D (vit. D) riscontrati erano molto elevati 1100 ng/mL [VN 20-30]. Il paziente non presentava assunzione terapeutica di integratori di vit. D, tuttavia ad un'anamnesi più approfondita, si riscontrava l'utilizzo di una soluzione con 1 gr di vit. D ogni 100 ml in soluzione oleosa come unguento per mantenere l'idratazione di tracheostomia (pregressa laringectomia per carcinoma). Sospeso l'utilizzo di tale preparato, si iniziava terapia con diuretici, idratazione, steroide e bisfosfonato e.v. con rapida scomparsa dei sintomi e riduzione dei valori di vit. D e di calcio - dopo una settimana rispettivamente 500 ng/ml e 10.4 mg/dL.
Conclusioni: L'ipercalcemia può correlarsi a trattamenti inappropriati con vit. D ad alto dosaggio. Anche l'utilizzo di preparati topici può associarsi a questa condizione, è quindi necessaria un'attenta raccolta dei dati anamnestici per identificare somministrazione inappropriata di vit. D.

Nurse transitional care: from the concept of discharge to transition of care

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Premises and Purpose of the study: Continuity of care, understood as continuity between the different levels of care, is one of the main objectives of the National Health System and represents one of the most sensitive indicators of the good functioning of a Health Service. The application of the concept of transitional care, within the hospital-territory continuity of care process, can play a role of primary importance. The nursing transitional care function in support of hospital staff, through structured and anticipated discharge planning, can facilitate the discharge process and reduce the risk of patients being readmitted to hospital.
Materials and Methods: The transitional care process is based on the recommendations provided by the RNAO guideline which considers 4 areas: Assessment (BRASS and TRI.CO score), planning, iimplementation through educational and support interventions, evaluation through telephone follow-up.
Results: The BRASS scale allowed the stratification of the 1716 patients into the 3 predictive categories: home discharge (713), institutionalization (619), home care planning (384). TRI.CO show that the medical settings present a stratification of patients which also includes the high intensity of care (range 14%-8%). Compared to the indication of home discharge which occurred for 713 patients, the home discharge process was confirmed for 668 of these (96%). The indication of home planning which occurred for 384 patients, was reconfirmed for 284 patient (74%).

The importance of duplex ultrasound in the prevention radial artery occlusion

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Background: Radial artery occlusion (RAO) is a common but underdiagnosed complication of transradial access (TRA) cardiac catheterization. Because of efficient ulnar collateral circulation, RAO rarely leads to critical hand ischemia, even though it may preclude a subsequent use of radial artery. Occurrence of RAO may be increased by several risk factors, including those related to the patient (female sex, smoke, anomalous radial artery) or to the procedure (puncture attempts, caliber and excessive manipulation of the catheter, heparinization, local pressure time).
Clinical case: A 60 y/o female with a medical history of chronic coronary syndrome and dyslipidemia, presented with angina pectoris. She was submitted to coronarography through TRA, the procedure was performed without evident complications. After 7 days, the patient presented with pain and ecchymosis of the right upper limb. Right upper limb arterial duplex ultrasound (dUS) was performed, showing RAO in medial and distal tracts. Anti-inflammatory drug and enoxaparin were prescribed. After 10 days her symptoms improved but dUS images were unchanged.
Conclusions: This case report aims to emphasize knowledge and prompt identification of the possible complications related to TRA, for their immediate management. In high-risk patients, incidence of RAO can be reduced through (i) a careful medical and nursing management before and after TRA; (ii) dUS evaluation before TRA to study the resistance and the anatomical abnormalities of the vessel and the status of the collateral circulation; (iii) dUS evaluation after TRA to exclude iatrogenic damage.

A rare case of shock due to the Clarkson's disease (systemic capillary leak syndrome)

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Introduction: Clarkson's disease is a rare and little-known disease that causes transient but recurrent attacks of hypovolemic shock and anasarca with hypoalbuminemia, hemoconcentration, thrombosis, multi-organ failure. The cause is still unclear but some studies suggest that a vascular barrier dysfunction leading a systemic capillary leak syndrome (SCLS). An anomalous hypergammaglobulinemia, usually MGUS with IgGk isotype, occours in up to 82% of SCLS patients but it is not specific. Minor viral infections are common triggers for SCLS.
Case report: A 49-year-old woman in emergency room for syncope and suffering from flu-like syndrome for 3 days. During the observation period she presented with a sudden generalized edema followed by shock, severe haemoconcentration, hypoalbuminemia, and the need for orotracheal intubation as well as of a chest drainage for an iatrogenic pneumothorax. All known causes of shock were excluded and the hypothesis of C1 inhibitor deficiency related angioedema was made. The diagnosis as a result of a complete review of the patient's clinical was Clarkson's disease. After a short stay in intensive care, the patient was transferred to the Internal Medicine department and discharged in full health seven days after the acute episode.
Discussion: Clarkson's disease is a rare disease causing generalized edema and hypovolemic shock that should be suspected when other causes of shock are excluded. This onset phase is followed by a phase of reabsorption of edema which can cause intravascular volume overload and acute pulmonary edema.

A mirror game: true Brugada syndrome *versus* Brugada phenocopy

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Premises: Brugada phenocopies are acquired Brugada-like electrocardiogram (ECG) patterns without true Brugada syndrome, often seen in specific conditions like myocarditis. Brugada syndrome may display intermittent ECG alterations provoked by medications or other specific stimuli. Fever has a documented role in unmasking Brugada syndrome ECG manifestations, complicating interpretation within myocarditis.
Description of the Case report: We present the case of a 63-year-old patient who was admitted to our hospital with complaints of cough, shortness of breath and headache. Upon admission his body temperature was 39°C. Significantly, blood tests showed a mild elevation in inflammatory markers and a substantial increase in pro-BNP levels (3021 pg/ml) and troponin T (1123 pg/mL).The ECG exhibited a transient Type 1 Brugada-like pattern in the first two precordial leads, which resolved completely within forty-eight hours. Notably, the patient tested positive for Influenza A. Echocardiography was not indicative for ischemic heart disease. Subsequently, a cardiac MRI was conducted, confirming the clinical suspicion of myocarditis.
Conclusions: A careful understanding of the distinction between congenital Brugada syndrome unmasked by fever and a Brugada phenocopy is crucial, given their significantly divergent clinical implications. This holds particular importance, especially considering that individuals with Brugada syndrome may be candidates for pacemaker implantation.

Unravelling platypnea-orthodeoxia syndrome: the impact of posture on severe hypoxia

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Premises: Platypnea-orthodeoxia syndrome (POS) manifests as decreased arterial oxygen saturation and dyspnoea in orthostatic position. The primary cause involves a right-to-left intracardiac shunt, although it can also occur due to increased venous admixture secondary to intrapulmonary shunts.
Description of the Case report: A 88-year-old woman was admitted to our ward due to severe respiratory failure. The CT scan revealed ground-glass opacities and nasal-pharyngeal swab was positive for SARS-COV2, leading us to interpret the clinical picture as secondary to the viral infection. We provided supportive care with oxygen and intravenous steroids during her hospitalization. She was discharged but then returned six weeks later experiencing dyspnea with severe respiratory failure. Blood exams, culture swabs and CT scan yielded negative results. She showed spontaneous improvement as evidenced by arterial blood gas (ABG) analysis, only to rapidly deteriorate again. At this point, we conducted serial ABGs analyses during postural changes, which revealed a significant improvement in oxygen saturation with the patient in a supine position. Based on the absence of alterations of the interatrial septum observed in the echocardiogram, we hypothesize that the mechanism responsible for orthostatic hypoxia may have been related to an intra-pulmonary shunt.

Conclusions: The case presented underscores the importance of considering POS as a potential aetiology for hypoxia, especially in patients with unexplained orthostatic dyspnoea and decreased arterial oxygen saturation.

A case of acute adrenal insufficiency caused by bilateral hemorrhages

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Background: Acute adrenal insufficiency is a rare but potentially fatal entity that carries a high mortality rate.
Case report: In this report, we present the case of a 64-year-old male patient who a 3-day history of fever, vomiting and abdominal pain. On admission modest hypokalemia and hyponatremia and an increase in inflammatory indices were reported; the chest x-ray, ECG and markers of myocardial necrosis were negative. Physical examination disclosed mild tenderness on palpation of the abdomen. An initial abdominal CT scan revealed bilateral adrenal lesions. Empirical antibiotic therapy was initiated after activation of blood culture tests and the patient remained alert and oriented with vital parameters within limits but with persistent fever. Blood and urine cultures, PCR oropharyngeal swabs for viruses and bacteria were negative. An ultrasound scan detected abnormal density of the right lung and therapy for pneumonia was instituted. Endocrinological tests were carried out next and revealed a picture of adrenal insufficiency, confirmed by the results of the ACTH test. An abdominal MRI documented the presence of adrenal lesions compatible with the presence of massive bilateral hemorrhages, a conclusion confirmed by a PET scan. Therapy with cortine and fludrocortisone was established, and a subsequent MRI scan carried out 10 days after admission and confirmed the presence of bilateral adrenal hemorrhagic lesions.
Conclusions: In conclusion, the patient was diagnosed with acute adrenal insufficiency caused by massive bilateral hemorrhage of the adrenals, triggered probably, by an infectious episode.

A challenging case: adult onset Still's disease or a mimicker? A call for help

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Case report: We report the case of a 32-year-old woman who had been experiencing urticaria, treated with anti IgE antibody. Six months before hospital admission, the patient complained of recurrent episodes of fever with pharyngodinia, adenopathies, and weight loss. A linfonodal biopsy showed nonspecific inflammatory features. The patient was admitted for persistence of fever with systemic symptoms. Blood tests showed a increase in inflammation markers; microbiological and molecular tests ruled out an infectious etiology. Autoimmune tests and genetic mutation for autoinflammatory diseases were negative so as hematological tests. Total body CT revealed the presence of multiple adenopathies. A second lymph node biopsy confirmed non-specific inflammatory pattern but some doubts were raised about the concerns of a histiocytosis, which was ruled out upon slides reviews. Neuroimaging examinations revealing brain inflammatory lesions confirmed at rachicentesis. An EMG showed a sensorimotor neuropathy of limbs. The patient developed a macrophage activation syndrome so immunoglobulins and cortisone were administrated. Steroidal therapy was then continued. We believe that the most probable diagnosis is Still's disease. The patient is going to begin a therapy with anti IL-1.
Conclusions: In this case, the boundaries between autoinflammation, infection and hematology are very blurred, pointing out the diagnostic difficulties that physicians face. Due to the uniqueness of this case, specialist re-evaluations and anatomopathological preparations have been conducted at national reference centers.

Un caso di polmonite Covid-19 recidiva in paziente immunodepresso

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Premessa: L'infezione da virus COVID-19 può manifestarsi in modalita' e gravita' differenti in base a molti fattori. I pazienti immunodepressi sono soggetti a ricadute cliniche ormai ben documentate in letteratura, ma la loro gestione permane difficile. Esponiamo un caso di polmonite Covid-19 recidiva in paziente in terapia immunosoppressiva.
Descrizione del Caso clinico: Paziente di 51 anni affetta da sclerosi multipla in terapia semestrale con rituximab da ottobre 2020. Eseguite 4 dosi vaccino *vs.* Covid-19. A novembre 2023 comparsa di polmonite interstiziale bilaterale da Covid-19 associata a lieve insufficienza respiratoria. Eseguita terapia con desametasone 6 mg e remdesivir per 10 giorni si è assistito a guarigione e negativizzazione TNF rapido. Dopo 7 giorni ripresa di febbre elevata con TNF rapido Covid-19 negativo. Alla tac torace è stata riscontrata una progressione della nota polmonite interstiziale. Per meglio definire la genesi è stata eseguita una broncoscopia con BAL che ha evidenziato la persistenza di virus COVID-19. Secondo letteratura è stato eseguito secondo ciclo di 10 giorni con remdesivir+paxlovid, ma per persistenza di febbre in settima giornata è stata somministrata terapia con immunoglobuline 0,4 gr/kg in unica somministrazione, con conseguente defervescenza e guarigione completa.
Conclusioni: Nei pazienti immunodepressi sono comuni le recidive da infezione COVID-19. In letteratura si segnala la possibile esecuzione di combinazioni di farmaci antivirali ed anche l'utilizzo di IGIV con beneficio e guarigione, come questo caso clinico conferma.

Respiratory syncytial virus acute hepatitis

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Premises: The respiratory syncytial virus (RSV) usually causes a lower respiratory tract infection in affected pediatric patients. RSV has also been infrequently linked to extrapulmonary diseases not only in children; in fact primary RSV infection in immunosuppressed adults may increase risks of disseminated infection manifesting as RSV hepatitis.
Description of the Case report: A 72 years old multi comorbid man presented acute severe respiratory failure due to interstitial pneumonia, AF with elevate ventricular response ed acute increasing of hepatic cytonecrosis enzymes. A respiratory viral molecular panel (RVP) was obtained to evaluate for SARS-CoV-2/coronavirus disease 2019 (COVID-19) infection and documented presence of RSV, instead the search for the most common hepatotoxic agents gave negative results (we included research of hepatotropic viruses and the intake of potentially toxic drugs). No struc-

tural pathologies were detected on abdominal imaging with ultrasound.
Conclusions: Patient condition improved due to the early detection of RSV infection and prompt initiation of supportive care. This case report highlights the potential correlation between RSV infection and acute hepatitis not only on children but also in fragile and compromised adult patient.

It's not rocket science. Or maybe yes? Isolated mediastinal lymphadenitis tuberculosis: a rare case of fever of unknown origin

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Premises: The diagnosis of fever of unknown origin (FUO) is challenging for clinicians and, despite the existence of several diagnostic flowcharts, only in 62% of patients a diagnosis is reached. Of these, up to 81% of the cases, diagnostic clues may be misleading. Tuberculosis has been among the most common infectious causes of FUO, and its diagnosis is still hard, given its protean manifestations and inadequate diagnostic tools. Furthermore isolated mediastinal lymphadenitis without lung involvement in very uncommon.
Description of the Case report: Male, 23 years old, prisoner, hospitalized for remitting fever for 27 days, weight loss of 13 kg, myalgias in the lower limbs and night sweats. Preliminary microbiological tests, including BK research on sputum, were negative. EEG, EMG, ETE, bronchoscopy with BAL were negative. Colliquative mediastinal lymphadenopathy was highlighted on a PET-CT and a contrast-enhanced CT. A videothoracoscopy with biopsy was performed which showed PCR positivity for BK, with exclusion of hematological disorders. HRZE therapy was started successfully.
Conclusions: Isolated mediastinal lymphadenitis tuberculosis (TB) is a rare condition in developed countries. Generally it could be mistaken with oncohematological disorders, autoimmune disorders and other, more common, infectious diseases. Recent epidemiological data from the European Community reveal that a large number of extrapolmonary TB remain undiagnosed. It might be useful to revise the diagnostic algorithms of FUO to reduce the number of undiagnosed FUO.

Pancreatite acuta ricorrente da agenesia dorsale del pancreas

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Introduzione: La pancreatite acuta è un'infiammazione acuta del tessuto pancreatico manifesta con dolore a barra, associato a un aumento di almeno 3 volte dei valori normali di lipasi, nonché evidenza a TC o RM di interessamento d'organo. Le cause più frequenti sono: calcolosi delle vie biliari, abuso alcolico e miscellanee. Tra queste si hanno le malformazioni anatomiche congenite, in particolare l'agenesia dorsale del pancreas.
Caso clinico: Uomo, 74 anni, accede in PS in ottobre 2023 per dolore addominale a barra e presenta un'alterazione della bilirubina totale (2,26) e delle lipasi (770); eco addome, negativa. Ricoverato per pancreatite acuta. All'anamnesi patologica remota il paziente presenta: sindrome di Gilbert; non alcol. Riferisce, inoltre, una precedente diagnosi di pancreatite acuta classificata come idiopatica occorsa l'anno precedente, un secondo episodio verificato in primavera 2023, ecoendo e colecistectomia per litiasi, non confermata. TC addome: sospetto IPMN dei dotti secondari della testa-corpo pancreatica. RM addome: assenza IPMN malformazione, congenita tipo ipoplasia-aplasia del pancreas dorsale e sbocco del dotto pancreatico principale nella papilla minor, mal rotazione intestinale di tipo mesenterium commune. Miglioramento clinico, indici di flogosi e lipasi normalizzati, tranne bilirubinemia indiretta; dimesso pancreatite acuta in agenesia del pancreas dorsale, programmata ecoendoscopia.
Commenti: L'agenesia dorsale del pancreas è una malformazione anatomica rara possibile causa di pancreatite acuta, da valutare nelle pancreatiti ricorrenti.

Infezione tardiva di endoprotesi vascolare: una causa di febbre di origine sconosciuta da tenere in considerazione

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Premesse: Le infezioni delle endoprotesi aortiche sono rare, l'1-3% degli interventi totali, in particolare le infezioni tardive sono la maggioranza, circa il 70% e si manifestano in media dopo 46 mesi.
Caso clinico: Paziente di 67 anni sottoposto nel 2017 a esclusione endovascolare di aneurisma dell'aorta addominale, veniva ricoverato per febbre persistente da circa 10 giorni. Tra gli esami per la ricerca del focolaio infettivo è stata eseguita ecografia dell'addome che mostrava all'altezza dell'endoprotesi iliaca un'immagine sospetta per raccolta infiammatoria. Il paziente è stato pertanto sottoposto ad angioTC che confermava tale reperto. E' stata impostata terapia con daptocmicina e oxacillina per la positività delle emocolture per MSSA. In accordo con i chirurghi vascolari posizionato drenaggio percutaneo sulle raccolte periaortiche, con successivo netto miglioramento clinico e radiologico. Per l'elevato rischio chirurgico è stato deciso di non procedere con la sostituzione protesica. Il paziente è attualmente in follow-up infettivologico e chirurgico in assenza di segni di ripresa dell'infezione.
Conclusioni: La febbre di origine sconosciuta è un diagnosi non sempre facile. L'anamnesi, anche patologica remota, è sempre imprescindibile. Un quadro febbrile persistente in un paziente con una protesi aortica deve sempre far sospettare una possibile infezione protesica. Inoltre sebbene le evidenze attuali suggeriscano che in presenza di tali infezioni, il trattamento chirurgico è l'opzione da preferire, è da notare in questo caso il successo del trattamento conservativo.

A very old woman with pulmonary embolism: management

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Background: Pulmonary embolism is a common disease in Internal Medicine departments. The use of ultrasound and scores allows for correct risk stratification.
Case report: A 96-year-old Caucasian female independent in ADL e IADL without cognitive impairment, admitted to the Hospital for dyspnea. The pulmonary angiography showed a

segmental thrombosis. The hemodynamic and SO2 with only low flow of oxygen were normal. The PESI score was about 91 points(Class III, Intermediate Risk: 3.2-7.1% 30-day mortality). The electrocardiogram showed T negative in V4-V6 associated a normal value of troponin and NT PRO BNP was about 1000 pg/ml. Point of care ultrasound(POCUS) is then performed: lung US still shows only few B-lines per intercostal space, inferior vena cava was<2 cm with inspiratory collapse. Bedside echocardiography was made and showed only a reduction of the EF(45%) with normal right section. The venous color Doppler of the lower limbs was negative. The therapy prescribed was anticoagulation with DOAC, beta blocker, diuretic(furosemide), ACE-inhibitor low dose.
Conclusions: After two night was discharged. A discharged too fast or a geriatric approach? We thing the our work is to treat the disease but also to preserve the ability of older people so a rapid return to own home reduces the side effects of hospitalization, like nosocomial infection, delirium, bedrest, bedsores etc, that are common in old people.

Mucopolysaccharidosis type 2 (Hunter's syndrome): a case report

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Premises: Hunter's syndrome is an X-linked disease that has an incidence rate of 1:162.000 and is caused by the deficiency of the lysosomal enzyme iduronate-2-sulfatase. The catabolism of glycosaminoglycans (GAGs) is determined by this enzyme. Hunter's syndrome patients have a progression of 6 GAGs in their cells due to the absence or deficiency of the enzyme iduronate-2-sulfatase, resulting in cellular congestion, organomegaly, and tissue destruction.
Description of the Case report: Hunter's syndrome was diagnosed in a 43-year-old patient at the age of 7 because of multiple joint stiffness and dysostoses. Dyspnea and chest tightness have been recurring issues in his life since he was 12. Tracheal stenosis with severe obstructive dysventilation syndrome was discovered during chest X-rays. The patient's cognitive development is adequate, they are independent in daily life, but they have difficulty walking due to joint stiffness. He has been receiving weekly therapy with Elaprase at our day hospital since 2014, and it has resulted in a decrease in episodes of dyspnea, the obstructive ventilatory deficit was improved and hypertrophic cardiomyopathy was reduced, resulting in improved mobility.
Conclusions: Lesions affecting the cardiac, bone, and lung systems were significantly reduced by elaprase therapy. Urine GAG levels normalized without exceeding the upper limit of normal values (126 µg). The improvement in respiratory parameters (FVC, FEV1), liver and spleen volume, and left ventricular mass has been observed, having a positive impact on the patient's quality of life.

Acute cholecystitis as an epiphenomenon of pericarditis with systemic involvement: case report and review of the literature

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Premises: Acute pericarditis can exclusively affect the pericardium or extend and affect other serosae, including pleura and peritoneum. The involvement and dysregulation of the inflammasome seems to be the master in many forms of idiopathic pericarditis, This multi-district interest leads to consider recurrent pericarditis also as a possible systemic disease
Description of the Case report: We report the case of a 54-year-old male, with a silent remote pathological history, who presented with subjective dyspnea, chest pain, mild and diffuse abdominal pain and low-grade fever. Routine investigations and echocardiography were compatible with acute pericarditis, chest X-ray showed pleural effusion and US-abomend highlighted firstly a modest peritoneal effusion, then a condition of cholecystitis. The symptoms completely regressed within 24 hours by the start of therapy with NSAIDs and colchicine; pericardical, pleural and peritoneal effusions with cholecystitis regressed in few days.
Conclusions: This is the first report in whom pericarditis with polyserositis also involved the gallbladder in the inflammatory process. It appears that the therapy coded for pericarditis was able to induce remission of the extracardiac inflammatory processes, going to corroborate the idea of an autoinflammatory etiology of the cholecystic inflammatory process as well. Early identification of pericarditis with systemic involvement would mean shorter hospitalization times and a better therapeutic classification of the patient, with shorter recovery times.

Pericardite nell'anziano: peculiarità cliniche e laboratoristiche

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Premesse e Scopo dello studio: In letteratura i dati riguardanti la pericardite idiopatica nella popolazione anziana sono estremamente esigui e le linee guida ESC forniscono dati limitati sul management della pericardite in pazienti over 65. Gli obiettivi primari consistono nel valutare le caratteristiche cliniche e di laboratorio alla presentazione ed eventuali differenze tra la popolazione anziana e la popolazione under 65.
Materiali e Metodi: È stato condotto uno studio multicentrico internazionale retrospettivo e prospettico osservazionale da settembre 2018 a giugno 2023 in 6 Centri italiani ed 1 Centro Greco su pazienti over 65 affetti da pericardite usando come confronto dati di pazienti under 65.
Risultati: Sono stati inclusi 169 pazienti (82 anziani, 87 giovani). Gli over 65 esordiscono più spesso con dispnea (p<0,001) nei giovani prevale il dolore toracico (p<0,001). Negli anziani vi è un maggior riscontro di versamento pleurico (p=0,002) e versamento pericardico moderato e severo. Negli under 65 è più frequente la febbre (p=0,032). I leucociti sono più elevati nei giovani (p=0,014) con prevalenza della linea neutrofila (p=0,004). I FANS e la Colchicina sono meno usati negli anziani (p=0,001, p=0,009); negli over 65

sono più usati i corticosteroidi (p<0,001). L'uso di Anakinra è sovrapponibile.
Conclusioni: Il sintomo d'esordio negli anziani è più spesso la dispnea, e non il dolore toracico, unico sintomo riportato fra i criteri diagnostici ESC 2015. L'età avanzata, con le sue comorbidità sembra precludere l'accesso alle terapie convenzionali per la pericardite.

The history of the COVID-19 pandemic told through the experience of an Internal Medicine department of a *spoke* hospital in Lombardy

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Premises: We propose the history of the COVID-19 pandemic through the data collected in the Internal Medicine of a peripheral hospital in Lombardy (Brescia).
Methods: 911 patients with confirmed diagnosis of COVID-19 from 28/2/2020 to 5/5/2023 were considered. Medical history, vital parameters, bio-humoral and instrumental tests were collected at admission, discharge and, when possible, at follow-up.
Results: A total of 129 patients died, of which 112 pre-vaccine; subsequently, only 17 deaths were recorded. The mean pO2/FiO2 ratio progressively improved (waves 1-3: 284; subsequent waves: 312; p<0.01). CRP values were maximum in the first wave (83 mg/dl *vs.* mean of subsequent waves 34 mg/dl). The average Brixia score (radiological parameter of severity) was 7±4 (range 0-12). In general, after the introduction of vaccines, all parameters at admission were better than before. Interestingly, prolonged use of positive pressure ventilation has been shown to be safe in the treatment of respiratory failure. Over time, intra-hospital COVID-19 infections have progressively increased, up to 30% in the last 6 months of the pandemic. A total of 137 patients were re-evaluated 6-12 months later; of these, 48 had persistence of functional and/or radiological respiratory alterations; more than 50% reported a worsening of their quality of life (assessed with a questionnaire).
Conclusions: Vaccines have changed the history of the disease; however, damages, especially on lungs, and impact on long-term quality of life persist in patients hospitalized for COVID-19 regardless its severity.

Il piede in bolla....un caso di fascite necrotizzante gangrenosa

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Premesse: Le infezioni dei tessuti molli rappresentano una discreta quota di patologie internistiche, spaziando da infezioni superficiali come l'erisipela fino alle infezioni profonde con coinvolgimento delle fasce muscolari.
Descrizione del Caso clinico: Paziente M, 75 aa, ricoverato per shock settico. In anamnesi: diabete mellito di tipo 2, cardiopatia ipocinetica post-ischemica con FE 30%. Agli esami ematici: WBC 25000/mm^3, PLT 80000/mm^3, creatinina 2 mg/dl, CPK 1800 U/l, lattati 4 mmol/l, PCR 130 mg/l, PCT 35 ng/ml. Presenza di edema flogistico al piede e al III distale di gamba dx con bolla emorragica flaccida, indolente; non crepitii alla palpazione. La TC mostrava edema fasciale e bolle aeree come da fascite gangrenosa; si iniziava antibiosi con piperacillina-tazobactam, clindamicina e daptomicina+debridement chirurgico con rimozione del tessuto infetto. Le colture intraoperatorie e su sangue erano positive per Streptococcus pyogenes. I familiari del paziente riportavano recente episodio di tonsillite streptococcica a loro carico. Il quadro clinico è migliorato progressivamente, anche con l'ausilio della terapia iperbarica che ha favorito la guarigione della ferita.
Conclusioni: La fascite necrotizzante è una patologia gravata da alta mortalità. Il diabete mellito rappresenta un fattore di rischio per lo sviluppo della patologia, che può incorrere anche in assenza di traumatismi documentati. Il sospetto clinico precoce è fondamentale per trattare la patologia con antibiotici ad ampio spettro che vanno necessariamente accompagnati alla bonifica chirurgica.

Lesioni cutanee: quando diventa indispensabile l'Internista? Tre casi clinici

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Premesse: La cute funge spesso da indicatore di patologie internistiche sottostanti e le lesioni cutanee di difficile inquadramento diagnostico sono uno dei motivi di ricovero nei reparti di Medicina Interna dove i pazienti giungono frequentemente dopo un lungo peregrinare fra diversi specialisti in dermatologia e dopo terapie mediche inefficaci o talvolta responsabili di ritardi diagnostici.
Descrizione del Caso clinico: In questo articolo illustreremo tre casi clinici osservati nella nostra unità operativa di Medicina dell'ultimo anno che sono caratterizzati dall'errore diagnostico iniziale che ha fuorviato la nostra attenzione, dalla notevole difficoltà nell'inquadramento diagnostico e dalla durata del ricovero necessaria per giungere alla corretta diagnosi. Il primo caso è quello di un paziente inquadrato per lesioni da ragno violino che dopo un ricovero di due settimane viene dimesso con la diagnosi di linfoma non Hodgkin. Il secondo caso il paziente veniva ricoverato per sospetta lesioni da morbo di Burger e veniva dimesso invece con lesione da micosi fungoide. Il terzo caso è quello di un una paziente ricoverata per una sospetta vasculite e dimessa con diagnosi di necrolisi epidermica tossica da eparina.
Conclusioni: L'internista ha un ruolo cruciale anche nella diagnosi delle malattie cutanee quando esse sono espressioni di patologie di difficile inquadramento. Il paziente anziano viene spesso sballottato fra dermatologo, chirurgo plastico ed infettivologo senza giungere al corretto iter, oppure giunge alla diagnosi molto tardivamente perché spesso sottovalutato.

Un nuovo score per lo screening del rischio di dimissione difficile

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Premesse e Scopo dello studio: L'INDICE BRASS (Blaylock Risk Assessment Screening Score) è uno strumento di screening per l'identificazione dei pazienti a rischio di dimissione difficile. I pazienti con BRASS più elevato dovrebbero ricevere consultazioni preventive di assistenza sociale per facilitare la pianificazione tempestiva delle dimissioni. Fra i diversi items considerati nello score BRASS non sono presi in considerazione la presenza di malnutrizione e di sarcopenia, complicanze mediche che sono spesso correlate con una maggiore durata del ricovero e di essere dimessi con assistenza o in cure residenziali. L'inclusione di tali fattori potrebbe essere utile per individuare la popolazione a rischio e rendere più utile lo score nel paziente internistico.
Obiettivi: Abbiamo correlato il BRASS al MNA-SF e proposto un nuovo score dedicato al paziente complesso della Medicina Interna. Dei singoli items considerati nei due scores, abbiamo valutato quale abbia il maggiore impatto sulla durata del ricovero e la destinazione.
Materiali e Metodi: Sono stati arruolati 86 pazienti consecutivi ricoverati nel reparto di Medicina Interna e sono stati valutati con il nostro score entro 48 ore dal ricovero. Risultati: Lo stato cognitivo e la scarsa collaborazione del paziente rappresentano il principale fattore di rischio per la dimissione difficile.
Conclusioni: Riteniamo fondamentale usare questo nuovo score per la Medicina Interna per valutare il rischio di dimissione difficile che comprenda importanti aspetti del paziente internistico come quelli legati alla malnutrizione.

A case of vitamin B12 deficiency: think to the simple cause, before

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Case report: A man 68 yo was admitted to the Internal Medicine ward presenting respiratory insufficiency caused by a pulmonary embolism stemming from deep venous thrombosis. The patient being bedridden for nearly two years following an ischemic stroke. Despite numerous exams and visits during this period, no definitive diagnosis, explaining the neurological condition was established, even with advanced radiology tests. Upon admission, the patient exhibited weakness, lack of movement, reflexes and sensation in both legs. To determine the cause of this deficit, electromyography revealed a sensorimotor polyneuropathy. Additionally, cranial CT and MRI of the entire spinal column did not reveal any acute lesion of central nervous system. A blood sample uncovered severe vitamin B12 deficiency, leading to the initiation of supplementary therapy. Polyneuropathy is a disorder affecting multiple peripheral nerves throughout the body. It typically manifests as weakness, numbness and pain, usually starting distally and spreading proximally, gradually and symmetrically. The condition can be caused by various factors including diabetes, infections, toxins, autoimmune diseases, neoplasms and, as in this case, by vitamin deficiencies. Vitamin B12 deficiency can be determined by several causes as malnutrition, intestine malabsorption or common drugs, such as metformin or proton pump inhibitors.
Conclusions: In this case report, after excluding other causes of polyneuropathy and starting the supplementary therapy, we assist to an impressive recovery of neurological symptoms also allowing a rehabilitation process.

Unveiling segmental arterial mediolysis: a case study of multi-organ manifestations

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Background: Segmental arterial mediolysis (SAM) is an uncommon, nonatherosclerotic, noninflammatory, large- to medium-sized arteriopathy first described in 1976, that affects medium-sized splanchnic branches of the aorta along with renal, carotid, cerebral, and coronary arteries. The clinical presentation ranges from asymptomatic to severe, life-threatening intra-abdominal hemorrhage and shock.
Case report: A healthy 51-year-old women with abdominal pain was referred to Internal Medicine ward by emergency after radiological diagnosis of superior mesenteric artery dissection. The patient was treated with antiplatelet and anticoagulant therapy other than prolonged fasting period. Clinical symptoms regressed in 2-3 days with an apparent clinical stability. A second CT scan revealed an evolution of disease with a dissection in both renal arteries, leading to ischemic degeneration in the left apical pole of the kidney. Additionally, three aneurysmatic dilatations, ectasia of intrahepatic vessels in hepatic arteries, and irregularities in the wall of the iliac arteries were identified. No other pathological lesions were observed in a cardiac CT and an angioCT of cerebral vessels.
Conclusions: Based on imaging reports and the absence of inflammatory and autoimmune markers, a diagnosis of SAM was made. Consequently, both anticoagulation and antiplatelet therapies continued, with concurrent monitoring of blood pressure and the prevention of atherosclerosis using antihypertensive medications and statins. The patient will undergo close clinical and radiological follow-up.

Ripartiamo dalla formula!

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Premesse: La valutazione dell' ipereosinofilia è una sfida perchè ha molte cause e la presentazione clinica è eterogenea.
Descrizione del Caso clinico: Un uomo di 74 anni viene ricoverato per tosse, dispnea ed ortopnea; veniva diagnosticata una insufficienza respiratoria e scompenso cardiaco. L'anamnesi patologica segnalava una BPCO, esiti di sostituzione valvolare aortica (2016), poliposi nasale. Veniva trattato con CPAP e furosemide. Veniva anche trattata una coesistente BPCO riacutizzata. Agli esami emergeva una eosinofilia moderata, peraltro presente da diversi anni. Gli accertamenti endoscopici e l'ecografia cardiaca non documentavano danno d'organo. Il paziente veniva dimesso con terapia inalatoria, diuretica e ciclo di prednisone. Due mesi più tardi veniva nuovamente ricoverato per recidiva di insufficienza respiratoria, riacutizzazione di scompenso cardiaco e bronchite. In seguito lamentava sintomi costituzionali: febbricola, astenia, inappetenza, calo ponderale, tensione addominale; riferiva anche la ricorrenza di noduli cutanei. Agli esami ematici era evidente una recidiva di eosinofilia moderata; non risultava dirimente la diagnostica la-

boratoristica e radiologica di II livello nè la ricerca di cause clonali. Veniva dimostrato l' infiltrato eosinofilo in più sedi: polipi nasali, noduli cutanei e prostata. Stante la sintomatologia si avviava mepolizumab, ottenendo una normalizzazione degli eosinofili e la risoluzione dei sintomi.
Conclusioni: Avendo ragionevolmente escluso altre cause di eosinofilia, la diagnosi posta è di sindrome ipereosinofila idiopatica.

Trastuzumab (immune checkpoint inhibitors) drug induced liver injury

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Background: Drug-induced liver injury (DILI) is a well-recognized disease that can mimic acute and chronic liver diseases. The most common drug implicated in DILI-associated acute liver failure in the United States is acetaminophen, followed by antibiotics and antiepileptics. With the widespread use of immune checkpoint inhibitors (ICI) for cancer treatment, hepato damage is becoming increasingly common.
Case report: A 43-y woman suffering from breast cancer; previous treatment with surgical excision and chemo and radiotherapy; for recurrence, subsequent treatment also with trastuzumab (anti-Her2), that amplifies the effect of chemotherapy drugs, with a clear reduction in the number and metastatic lesions. The patient comes to us for abdominal pain associated with altered cytolysis indices and hepatic cholestasis; we perform US exam with elastometry (picture of advanced fibrosis) and then MRI liver (chronic liver disease with signs of portal hypertension); once the common viral, metabolic and autoimmune causes of chronic liver disease had been excluded, the patient performed a liver biopsy with recovery of cholestatic damage associated with non cirrhotic portal hypertension compatible with DILI.
Conclusions: Hepatotoxicity due to ICI therapy often presents as a hepatocellular pattern of liver injury consisting of elevations in ALT and AST that are identified on routine monitoring. A cholestatic or mixed pattern of injury is less common. Even is not generally required to estabilish the diagnosi od DILI, liver biopsy reveal an histological alteration compatible with mixed-cholestatic injury.

What standard ultrasound doesn't say about metabolic dysfunction-associated steatotic liver disease

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Background: Metabolic dysfunction-associated steatotic liver disease (MASL) is a very common condition, affecting about 30% of the general population. It is also known that MASLD leads to HCC even in patients without cirrhosis, as the indication for transplantation is increasingly for metabolic cirrhosis. US alone is not able to discriminate steatosis at risk of evolution.
Materials and Methods: We evaluated 54 consecutive patients (38 M, mean age 58) in our hepatology clinic, who came to our observation for US detection of steatosis; patients were screened for each cause of liver disease and excluding who had non-metabolic causes. Most had more than one metabolic factor. All Patients underwent FIB 4 score, NAFLD fibrosis score and 2D shear-wave elastography (SWE) for non-invasive liver staging. 20 patients had liver stiffness (LS) compatible with the absence of fibrosis (LS mean 3.9 kPa), 9 with advanced fibrosis (LS mean 13.6 kPa). The remaining 25 had intermediate values (LS mean 5.98 kPa). In our series almost half of the patients had intermediate fibrosis, while in 5% of cases they already had advanced fibrosis or cirrhosis and therefore were started on the staging of liver disease with study of portal hypertension and six-monthly follow-up of liver function and screening of HCC.
Conclusions: The study with 2D SWE for the non-invasive staging of fibrosis, accompanied by scores, can be a valid tool to discriminate patients at greater risk of evolution in subjects with metabolic syndrome and hepatic steatosis because as baseline US alone was not sufficient to identify patients with more advanced disease.

Demenza e cure palliative nell'assistenza infermieristica. Una revisione della letteratura

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Premessa e Scopo: La mancata comprensione e consapevolezza negli stadi più avanzati di malattia, ha portato alla stigmatizzazione della demenza, percepita come una patologia senza cura che porta la persona a dover sempre rinunciare alla propria autonomia ed autodeterminazione.
Questa revisione si pone lo scopo di indagare lo stato dell'arte in merito ai diritti delle persone affette da demenza, nella fase terminale della vita, nonché il ruolo dell'infermiere nel processo di assistenza e cura.
Materiali e Metodi: È stata condotta una revisione narrativa della letteratura secondo il PRISMA Statement adattato includendo gli studi in lingua italiana ed inglese pubblicati negli ultimi dieci anni, pertinenti al quesito di ricerca, formulato mediante il modello PIO.
Risultati: 10 articoli sono stati inclusi nella revisione. Sebbene poco emerga in letteratura riguardo al ruolo dell'Infermiere palliativista nel processo di presa in carico della persona con demenza, esso si inserisce come parte integrante dell'equipe e viene riconosciuto oltre che per le competenze specifiche nel processo assistenziale, anche con il ruolo di garante nella difesa dei diritti e dell'autodeterminazione dell'assistito.
Conclusioni: L'assistenza nel fine vita richiede decisioni complesse, spesso assunte dai familiari a causa della ridotta capacità cognitiva della persona. Comprendere gli ostacoli che impediscono alle persone di stipulare le DAT, iniziando dalla conoscenza dei professionisti sanitari in merito, potrebbe contribuire ad alleviarne la sofferenza e raggiungere una migliore qualità di vita.

Our experience with cardiovascular disease risk calculators: ESC SCORE2-Diabetes *vs.* Italian charts of the CUORE project in Internal Medicine clinical scenario. What's the right number? Can we stay in the game playing the cards?

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Backgound: T2DM leads to increase 2-4 fold the cardiovascular disease risk (CVDr). The ESC Guidelines indicate use of the score2-diabetes algorithm to estimate 10-year risk of fist-onset CVD events in diabetic patients aged ≥40 years. In Italy, the cards and the individual score of the CUORE Project are also used to calculate CVDr. Our study compares the new scoring systems to predict CVDr in Internal Medicine setting.
Design: We recruited 14 individuals (8 M, 6 F) in outpatient clinic and inpatient ward from October 2023 to January 2024. The subjects are between 40 and 69 years old, have a history of Diabetes without CVD and take antihypertensive drugs. Laboratory data were collected during a medical visit. Crockcroft-Gault formula was used to calculate eGFR.
Results: The calculation of the percentage falls into the same categories in 3 cases. There is a tendency for Italian cards to cut the risk than European ones. Our patients are mostly at high risk of fatal and non-fatal events. If we delete the HbA1c and eGFR value, the numbers line-up.
Conclusions: 2023 SCORE2-Diabetes extends the regionally recalibrated SCORE2 risk model to enable use in T2DM patients aged 40-69 years. The algorithm integrates CVD risk factors with diabetes-specific items. Diabetes is a dicothomous variable in CUORE Project's charts. We found no match when comparing the prediction models. This finding could mean that age at diabetes diagnosis, metabolic compensation and renal function refine the system. Right 10-year CVDr estimate can improve prevention with therapies tailored on the patient's need.

Vita da cani: un curioso caso di microangiopatia trombotica sepsi relata

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Premesse: Capnocytophaga canimorsus, commensale orale di cani e gatti, causa raramente zoonosi gravate da alta mortalità per shock settico.
Descrizione del Caso clinico: Una donna di 64 anni accede al Pronto Soccorso per febbre, diarrea e comparsa di porpora alle estremità. L'anamnesi patologica remota è muta. Il National Early Warning Score all'ingresso è 1. Gli accertamenti rilevano una piastrinopenia severa con rialzo degli indici di flogosi, dei lattati, un lieve incremento della creatinina e delle transaminasi. Il Sequential Organ Failure Assessment Score è 6. Durante il ricovero viene avviato un trattamento con: antibiotico (meropenem+levofloxacina), idratazione, steroide, supporto trasfusionale. Gli accertamenti escludono stati di immunodeficienza. Le emocolture sono positive per C. canimorsus toti sensibile, viene modificata quindi la terapia antibiotica (amoxicillina/clavulanato, ciclo di 3 settimane complessive). La paziente ammette di essere stata graffiata dal proprio cane. Viene prescritto un ciclo di 5 giorni con prostanoidi ev con miglioramento della gangrena. La diagnosi di dimissione è "sepsi da C. Canimorsus complicata da microangiopatia trombotica e gangrena delle falangi".
Conclusioni: La sepsi da C. Canimorsus è una condizione rara ma letale. La presenza di bastoncelli Gram negativi e granulazioni tossiche in soggetti a rischio supporta il sospetto. Il caso sottolinea l'importanza del riconoscimento precoce dello stato settico con avvio tempestivo di una antibioticoterapia empirica e del supporto di circolo.

A new concept of *gender geriatrics*: do gender differences play a role in geriatric syndromes?

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Introduction: Gender Medicine focuses on the influence of gender on the pathophysiological processes of diseases. Literature data demonstrate gender differences in geriatric syndromes (GS) about prevalence, age of onset and evolution. We focused on gender differences in some GS (delirium, dementia, falls, immobility).
Methods: We conducted a literature review in Pubmed until 31 December 2023. The search keywords were gender differences, delirium, dementia, falls and mobility. Inclusion criterion: age >65.
Results and Discussion: We selected 18 scientific articles. The most accredited hypothesis is that women have substantial protection due to the presence of estrogens that influence bone metabolism and allow a better connection between synapses increasing acetylcholine concentrations and perfusion. After menopause, women lose their advantage and so they are more likely to fall than men, having a higher rate of immobilization syndrome. Usually, the average age is higher in women than in men. Older women are also at greater risk of developing delirium and dementia and dementia severity is positively related to delirium severity. In addition to sex, factors that play a role are education, comorbidities, social status.
Conclusions: Our review aims to a better understanding of the role of gender as a determinant of health in geriatric patients. A greater attention to gender can allow for the timely implementation of preventive, diagnostic and therapeutic strategies. However, further research is needed to define the relationship between gender and geriatric syndromes.

Non riesco a stare in piedi

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Premesse: Una donna di 72 anni è stata ricoverata per diplopia, cefalea occipitale e nausea con impossibilità alla postura eretta. In anamnesi dislipidemia, stenosi carotidea sin (60% circa), ipertensione arteriosa, osteoporosi.
Descrizione del Caso clinico: Alla visita vertigini, diplopia da paralisi del VI nervo cranico sinistro, soffio aortico cardiaco rude; la paziente è stata sottoposta ad esami ematici (nei limiti), ecocardiografia (stenosi aortica severa), TC encefalo (negativa) e successiva RM encefalo e colonna (reperti suggestivi per ipotensione liquorale). È stata valutata dal consulente neurologo e neurochirurgo; indicazione ad allettamento in Trendelemburg, idratazione e ciclo con steroide e caffeina endovenosa. Escluse all'imaging fistole liquorali. Per persistenza di sintomi all'ortostatismo la paziente è stata inviata presso altro centro dove ha eseguito blood patch epidurale a livello lombare con rapido miglioramento clinico
Discussione: La sindrome da ipotensione liquorale spontanea è una rara condizione caratterizzata da bassa pressione del fluido cefalorachidiano. Nella maggiorparte dei casi si associa a perdite occulte del liquido, spesso in relazione a piccoli traumi, in altri casi è associata a malformazioni cerebrali o più raramente idiopatica. La diagnosi si basa sulla clinica, imaging cerebrale; utile rachicentesi con misurazione della pressione liquorale. La terapia prevede misure sintomatiche; chiusura chirurgica di eventuali fistole o blood patch (inie-

zione di pochi ml di sangue del paziente nel liquor in sede di fistola o lombare).

Quella strana rigidità

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Premesse: Un uomo di 73 anni è stato ricoverato dal PSM per impotenza funzionale persistente agli arti inferiori con dolori diffusi. In anamnesi diabete mellito in terapia iniettiva, ipotiroidismo autoimmune, BPCO, sindrome della spalla congelata. Già eseguiti Tc e RM encefalo negativi.
Descrizione del Caso clinico: Il paziente è stato sottoposto ad esami ematici di routine (modesta leucocitosi neutrofila, CPK 930 U/l, VES 40 mm, PCR 32 mg/l, TSH 14 mIU/l, T3 e T4 nei limiti), RM colonna (negativa), visita neurologica (non turbe del settore cranico, forza segmentate 4/5 non turbe sensitive Rot presenti e scattanti, rigidità diffusa prevalente agli AAII con ipertono, alcuni spasmi o fascicolazioni); sono stati richiesti autoanticorpi, in particolare antimiosite. È emersa positività per anticorpi anti GAD. L'EMG ha mostrato normale attività di contrazione. Negativa la TC body per malattie occulte neoplastiche. Il paziente è stato trattato con diazepam e baclofene con discreto beneficio; effettuato inoltre breve ciclo di steroide per via orale.
Conclusioni: La sindrome dell'uomo rigido è una malattia neurologica rara che colpisce il sistema nervoso centrale con manifestazioni neuromuscolari. La maggior parte dei casi presenta positività per anticorpi contro l'acido glutammico decarbossilasi (GAD), enzima coinvolto nella produzione del neurotrasmettitore inibitorio. La sindrome può avere origine autoimmune, paraneoplastica o idiopatica. La terapia sintomatica prevede diazepam e baclofene. Possibili inoltre corticosteroidi, Ig vena e rituximab nei casi refrattari.

Coincidenze pericolose: nemesi di una nefasta alleanza infettiva

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Premesse: L'artrite settica è un'emergenza medica. Un'infezione batterica ne è la causa più frequente, in particolare da Staphylococcus aureus. Le sedi maggiormente interessate sono ginocchio, anca, caviglia e gomito. L'AIDS è una patologia causata dall'infezione del retrovirus HIV, la cui azione principale è quella di ridurre le difese immunitarie dell'organismo mediante la distruzione delle cellule CD4, determinando un aumentato rischio di contrarre infezioni.
Descrizione del Caso clinico: Donna di 62 anni, ex tossicodipendente, sieropositiva per HIV in corso di terapia antiretrovirale, accede in PS per edema colonnare dell'arto inferiore sinistro: si riscontra esteso ascesso a partenza dall'articolazione coxo-femorale sinistra, con completa lisi della testa femorale ed estensione retroperitoneale addomino-pelvica, condizionante dislocamento del polo renale sinistro e compressione della vena cava. Si isola su frammenti ossei e materiale sieropurulento S. Aureus. Degenza complicata da sepsi da K. Pneumoniae KPC tipo A e vasto ematoma tamponato a livello della coscia sinistra.
Conclusioni: Dopo duplice debridement chirurgico con drenaggio di 2400 ml di materiale purulento e posizionamento di perle di calcio solfato addizionate di vancomicina e gentamicina, terapia antibiotica progressivamente implementata, posizionamento di drenaggio retroperitoneale, la paziente ha apparente decorso favorevole, in attesa di trasferimento per ciclo riabilitativo e completamento terapia antibiotica a lungo raggio, per eventuale impianto di artroprotesi.

A particular case of chronic diarrhea

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Premises: When faced with a patient with chronic diarrhea and malabsorption syndrome, once the most common microbiological, immunological or neoplastic etiologies have been excluded, we must not forget the rare diseases.
Description of the Case report: A 71-year-old man goes to the emergency room complaining of diarrhea for about 5 months, with progressive weight loss and onset of nausea in the last few days. A colonoscopy showed modest sigmoid diverticulosis. He was hospitalized for AKI, severe dyshionemia and elevation of myocytolysis indices. The first level microbiological tests on blood, urine and feces were negative while the biohumoral tests only detected an increase in chromogranin, which is why a DOTATOC scintigraphy was performed, which was negative. The autoimmune profile was also normal. The EGDS revealed no macroscopic alterations, while the biopsy documented a chronic non-specific lymphocytosis of the lamina propria of the duodenum. Due to the onset of fever with an increase in the inflammation indices on biohumoral tests, empirical antibiotic therapy with ceftriaxone was started, after carrying out blood cultures (subsequently negative), which unexpectedly improved the conditions of the bowel and finally allowed the normalization of ionemia. It was decided to carry out a more accurate investigation on the faeces, with positive molecular biology findings for T Whipplei.
Conclusions: Tropheryma whipplei is a pathogen to consider in the differential diagnosis of chronic diarrhea

Il breath test come indagine non invasiva per lo screening iniziale della dispepsia non ulcerosa

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Premesse e Scopo dello studio: L'infezione da Helicobacter pylori è considerata un problema sanitario di rilevanza mondiale in relazione alla notevole diffusione del germe nella popolazione generale ed in particolare nei pazienti che presentano sintomatologia dispeptica.
Materiali e Metodi: Nell'ambulatorio di Fisiopatologia digestiva dell'UOC di Medicina Interna abbiamo sottoposto al breath-test (13C-UBT) per la ricerca dell'Helicobacter un gruppo di pazienti che presentavano una sintomatologia dispeptica senza segni di allarme, come anemizzazione, perdita di peso, vomito e senza familiarità per cancro o GERD. I partecipanti allo studio, condotto dal gennaio 2020 al dicembre 2023, sono stati 986 di cui 400 di sesso maschile e 500 di sesso femminile, con età media di 47 anni.
Risultati: Dei 986 pazienti sottoposti al test del respiro 157 (16%) sono risultati positivi alla ricerca del batterio, mentre 829 (84%) erano negativi.
Conclusioni: Il nostro studio ci porta a concludere che, di fronte a pazienti giovani con una sintomatologia dispeptica, senza segni di reflusso e di allarme, sia giusto proporre come

prima indagine il breath Test per valutare la presenza dell'Helicobacter pylori. Di fronte, invece, ad un paziente con età superiore a 45 anni con sintomi di allarme, è opportuno eseguire la gastroscopia per valutare l'eventuale presenza di lesioni della mucosa gastrica.

Arterite a cellule giganti: l'importanza della diagnosi precoce

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Case report: Maschio, 77 anni, si presentava in DEA per odontalgia e diplopia transitoria associate a leucocitosi e rialzo degli indici di flogosi. Veniva dimesso con indicazione ad antibiotico ad ampio spettro nel sospetto di ascesso dentario. Ambulatorialmente eseguiva accertamenti odontostomatologici risultati di norma. A distanza di pochi giorni si ripresentava in DEA con analoga sintomatologia. Veniva ricoverato nel reparto di Medicina Interna dove, evidenziati claudicatio mandibolare e deficit visivo progressivo, venivano eseguiti: TC encefalo+massiccio facciale di norma, leucocitosi neutrofila, rialzo della PCR con PCT negativa. Effettuate visita neurologica ed oculistica con riscontro di paresi del III nervo cranico sinistro. Inoltre eseguita visita reumatologica ed ecografia arterie temporali con riscontro di ispessimento dell'intima-media con compression test positivo. Veniva posta diagnosi di arterite a cellule giganti e avviata terapia steroidea (metilprednisolone 1 mg/kg) con parziale miglioramento del deficit visivo e regressione della claudicatio mandibolare. Dopo accertamenti di screening veniva associata terapia con tocilizumab. L'arterite a cellule giganti coinvolge arterie di grande calibro con esordio in età >50 anni. La diagnosi si avvale di esame clinico, indici di flogosi, ecografia e biopsia delle arterie temporali, PET. Come evidenziato nel nostro caso, spesso i sintomi di presentazione non vengono adeguatamente inquadrati all'esordio.
Conclusions: L'avvio precoce di una terapia efficace è fondamentale per evitare la comparsa di danni irreversibili soprattutto a livello oculare.

Hallucination in elderly patient: the solution can be simple

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Introduction: Hallucinations are sensory experiences that occur without external stimuli and can be expressed in different ways (auditory, visual, olfactory, tactile). It is common to believe that they are associated with psychotic disorders, but they can also be related to organic diseases and to drugs or toxic substances exposure.
Clinical case: 82 years old woman. History of metabolic syndrome and chronic ischemic heart disease. Hallucinations since months, complicated by a reactive anxious-depressive state. She went through a complex diagnostic procedure to define the etiopathogenesis of the symptoms. Pathologies commonly implicated in the genesis of the disorder were excluded. After examination of all the possible iatrogenic genesis, ranolazine, which, according to the technical data sheet, can cause hallucinations as an uncommon side effect, was suspended. The patient quickly went through disappearance of the symptom and concomitant significant improvement of the anxious-depressive state.
Conclusions: Hallucinations are a phenomenon that occurs in the general population, with different prevalence rates in different age groups, reaching a minimum of 3% in individuals aged ≥70 years. In the elderly hallucinations are less likely to be due to primary psychosis. It is therefore necessary to look at first for an underlying organic pathology or for the intake of potentially determining drugs. Hallucinations caused by drugs are commonly visual and usually, as in our case, come to resolution after discontinuation of the causative drug.

A strange abdominal mass

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Background: Pheochromocytoma (PC) is a rare tumor originated from adrenal medulla or sympathetic ganglia, often diagnosed by chance and with polymorphic clinical and biochemical presentation.
Case report: 60 yo woman hospitalized for asthenia, weight loss and sepsis. Medical history positive for endometriosis, fibromyalgia, negative for hypertension. On blood tests: Hb 7.4 g/dl, PLT 144000/mm^3, procalcitonin 33 ng/ml. Physical examination and US revealed a left hypochondrium mass, diameter 10 cm. Abdomen CT scan confirmed a heteroplastic mass with irregular edges and intralesional necrosis which dislocates liver, stomach, spleen, kidney, and pancreas without a cleavage and incorporated abdominal vessels (splenic, renal, and inferior mesenteric veins). A CT-guided biopsy was performed. Histological examination showed fibrous tissue with oncocytic cells, necrosis and calcifications. Ki 2-8%. Immunohistochemistry: synaptophysin+, cromogranin+, a-inhibin+, CKAE1/AE3+, with melan-a- and calretinin-. This pattern excluded adrenal cortical carcinoma and oriented to malignant PC diagnosis.
Conclusions: Malignant PC is a rare neoplasm (10% of all PC). We report this case due to the atypical presentation (abdominal mass occasional detection, no symptoms due to catecholamine -CA- secretion). Plasma and urine CA negativity could be explained as a false negative (greater sensitivity of metanephrines, which cannot be measured in our laboratory) or as a lack in CA sinthesis and/or secretion due to neoplastic evolution. Biopsy played a pivotal role in differential diagnosis.

Un complesso caso di sindrome da anticorpi antifosfolipidi sieronegativa

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Premesse: In una giovane donna con più aborti spontanei bisogna sempre effettuare accertamenti per escludere la Sindrome da Anticorpi Antifosfolipidi (APS).
Descrizione del Caso clinico: Donna fumatrice con 3 aborti spontanei alle spalle. A Novembre 2009 ricoverata per sincope; RM encefalo: trombosi del seno sagittale superiore;

pannello trombofilico negativo, dimessa in warfarin. Dopo 6 mesi, all'RM risolta la trombosi quindi sospesa terapia anticoagulante. A Febbraio 2023 ricovero per addominalgia. TC torace-addome mdc: trombosi d'aorta toracica discendente, occlusione di arteria e vena mesenterica superiore, trombosi portale e infarti spleno-epatici e renali; seguiva dunque resezione digiuno-ileale e intrapresa TAO poi sostituita da EBPM e ASA (per scarso controllo di INR): sospetta APS. 3 mesi dopo ricoverata per encefalopatia porto-sistemica in epatopatia cronica post-ischemica. Terapia: rivaroxaban e DAPT, ma interrotte per rettorragia e anemizzazione, iniziava fondaparinux. A Luglio 2023 ricovero in Policlinico S. Matteo (PV). TC torace-addome mdc: esiti embolici in LID; IgA anticardiolipina ed IgM anti-B2GPI positivi (poi negativi a 3 settimane). Terapia: enoxaparina. Per continue anemizzazioni eseguiva enteroscopia a doppio pallone: plurime ulcere digiunali non sanguinanti; a seguire, sanguinamento attivo di ulteriore ulcera: resezione di anastomosi ileo-trasverso. Diagnosi: APS sieronegativa. Terapia: eparina+ASA.
Conclusioni: Questo caso ci dimostra l'importanza di una diagnosi ed un trattamento precoci al fine di migliorare la prognosi, infausta in molti casi.

Tubercolosi peritoneale come unica manifestazione dell'infezione da bacillo di Koch: un caso clinico

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Premesse: La peritonite tubercolare è una rara complicanza dell'infezione del bacillo di Koch (BK). I pazienti si presentano con sintomi aspecifici quali dolore addominale, febbre, calo ponderale ed astenia.
Descrizione del Caso clinico: Un ragazzo senegalese di 26 anni giungeva presso la nostra U.O.C. presentando febbre, dolore addominale e ascite. Agli esami ematochimici si evidenziava leucopenia, linfopenia, piastrinosi e negatività ai virus epatotropi maggiori, a leishmania e schistosoma. Il test al Quantiferon ha dato esito negativo. E' stata utilizzata indagine TC, deponente per verosimile peritonite. Eseguito l'esame citologico del liquido ascitico, anch'esso negativo, si è ricorso a laparoscopia bioptica evidenziante nodularità a livello delle anse intestinali e nel peritoneo. Alla biopsia si evidenziava positività per il BK, nonostante le indagini radiologiche avessero escluso processi flogistici attivi o pregressi a livello polmonare. Si iniziava terapia antitubercolare con isoniazide, rifampicina, etambutolo, pirazinamide con beneficio clinico. In ottava giornata, il trattamento veniva sospeso per incremento degli indici di necrosi epatica, da verosimile reazione avversa a farmaci. Infine il paziente veniva trasferito al reparto di Malattie Infettive del P.O. Cannizzaro (CT).
Conclusioni: Descritta in letteratura come complicanza associata alla localizzazione polmonare della tubercolosi, la peritonite tubercolare può presentarsi invece come manifestazione atipica ed isolata dell'infezione da BK, ed è diagnosticabile attraverso indagine laparoscopica.

A strange case of isolated distal deep vein thrombosis: not as benign as it may seem

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Premises: Canomad (chronic ataxic neuropathy, ophthalmoplegia, immunoglobulin M paraprotein, cold agglutinins, and disialosyl antibodies) is a rare syndrome characterized by neuropathy with sensory ataxia, ocular, and/or bulbar motor weakness in the presence of a monoclonal IgM reacting against gangliosides containing disialosyl epitopes.The most frequent is Waldenstrom macroglobulinemia.
Description of the Case report: A 61-year-old man suffering from diplopia since about one year and dryness associated with eating difficulty and weight loss. He presents to our observation for distal deep vein thrombosis. He started anticoagulant therapy and was hospitalized due to a monoclonal Ig M peak. Osteomodillary biopsy is performed with a diagnosis of malignant lymphoma of non-Hodgkin deriving from peripheral mature B lymphocytes. The examination on cephalus spinal liquor confirms compatible framework with Canomad syndrome.
Conclusions: Monoclonal gammopathies associated with peripheral neuropathy are more commonly immunoglobulin M.The presence of a monoclonal component, especially IgM,causes hyperviscosity syndrome,that was one of the cause of the clinical presentation with thrombosis.Pathophysiologic mechanism that link gammopathy and neuropathy include specific autoantibody activity of the IgM against different components of the nerve, specific, leading to cryoglobulinemic neuropathy, amyloid or endoneurial IgM deposits and nerve infiltration and damage mediated by cytokine.The autoreactive activity against gangliosides can be responsible of Canomad syndrome.

Late phrostetic valve endocarditis in a young patient: a case report

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Premises: Prosthetic valve endocarditis is the most severe form of endocarditis, that occurs more common after a biological valve replacement surgery. The pathogenesis of endocarditis differs according to both the type of contamination and the type of prosthetic valve. Clinical presentation is frequently atypical, fever and inflammatory syndromes are the most common symptoms.
Description of the Case report: A 57-years old man came to our Internal Medicine department for the occurrence of shivers and high and persistence fever partially responsive to paracetamol. His past medical history reports a: coronary artery disease previously treated with CABG and the biological aortic valve replacement six month before. On physical examination there was an accentuated second heart sound. A transthoracic echocardiography raised the suspicion of endocarditis due to the presence of vegetations adhering to the biological valve, which have been confirmed at transoesophageal echocardiography. Transoesophageal echocardiography describes a describes a formation with a diameter of 24x15 mm, which originates at the base of the prosthetic valve. The results of blood cultures show a Staphylococcus capitis infection. After the adjustment of a correct antibiotic therapy according to the result of blood culture, the patient was transferred to a cardiac surgery department.
Conclusions: This case show us that late endocarditis can occur also in young patient with prosthetic valve. The diag-

nosis may be challenging due to the various symptoms but is important to recognize this life-threatening disease.

Heparin-induced thrombocytopenia as a rare cause of ischaemic stroke: case report

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Background: Heparin-induced thrombocytopenia (HIT) is a rare immune-mediated reaction to heparin, associated with arterial or venous thrombosis. Diagnosis requires clinical evaluation using the 4T score and detection of platelet activating antibodies. Treatment is based on discontinuation of heparin and use of a non-heparin anticoagulant at therapeutic dose.
Case description: A 67-year-old man was admitted for right hemiplegia and aphasia upon awakening. Brain computed tomography revealed a large ischaemic lesion due to left middle cerebral artery occlusion. 9 days earlier he underwent coronary artery bypass grafting and received aspirin and prophylactic dose of low molecular weight heparin (LMWH). Laboratory testing demonstrated moderate thrombocytopenia (58,000/μL), while 4 days after surgery his platelet count was normal (140,000/μL). Multiple superficial venous thromboses and non-occlusive thrombosis of superior vena cava were detected. HIT was suspected (4T score: 8 points) and lab tests revealed platelet activating antibodies to PF4/heparin. LMWH was promptly stopped, while anticoagulation was contraindicated by hemorrhagic transformation of the ischaemic stroke. Platelet count recovered in 10 days.
Discussion: HIT should be considered as a cause of ischaemic stroke in patients with heparin exposure and recent surgery. Whenever anticoagulation is not possible because of hemorrhagic risk, diagnosis is mandatory to avoid any kind of heparin exposure during the acute event and in the future.

Sua Maestà il fosforo e la sindrome da rialimentazione. Un caso clinico

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Introduzione: L'anoressia nervosa (AN) è un disturbo del comportamento alimentare(DCA) che conduce a perdita di peso con conseguenze mediche importanti oltre a poter essere gravata da una temibile complicanza:la sindrome da rialimentazione.
Caso clinico: Presentiamo il caso clinico di una ragazza di 24 anni affetta da una grave forma di AN (160 cm, 23 kg, BMI 8.98 Kg/m2), giunta alla nostra osservazione per incapacità a mantenere la stazione eretta e cadute. Presentava gravissime condizioni generali con anemia (Hb 5,8 g/dl), alterazioni elettrolitiche, ipoglicemia (15 mg/dl), alterazione degli enzimi epato-pancreatici. Veniva iniziata nutrizione parenterale successivamente sostituita con nutrizione enterale per sondino naso-gastrico mantenendo una minima quota di alimentazione per via orale con stretto monitoraggio delle calorie introdotte al fine di evitare una sindrome da rialimentazione. Nonostante ciò, dopo 2 settimane si osservava calo dei valori di fosforemia, comparsa di edemi declivi, versamento pleuro-pericardico e ascite. Veniva dunque ridotto l'introito calorico enterale e controllo del bilancio idro-elettrolitico. Veniva sostituita la miscela isocalorica enterale con miscela semi-elementare ed incrementato il reintegro di tiamina e di fosforo. Con il passare dei giorni migliorava il quadro. La paziente raggiungeva il BMI di 10.5kg/m2 iniziava a deambulare, veniva trasferita presso un reparto psichiatrico e, raggiunto un BMI di sicurezza, presso un centro specializzato nella cura dei DCA. Oggi la paziente pesa 43 Kg è tornata a domicilio e prosegue il suo iter di cura e riabilitazione.

An unusual case of intestinal bleeding

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Background: Occult digestive haemorrhage originates from the small intestine and should be sought after gastroscopy and colonoscopy have ruled out intestinal lesions; capsular endoscopy (CE) become mandatory.
Case report: We observed a 76-y man for chronic anemization with transfusion needs. Two years earlier he presented a squamous carcinoma, localized in the lung with mediastinal lymphadenopathy and was treated with radio and chemotherapy with remission. Blood exam confirmed iron depleted anemia; we performed upper and lower endoscopy without significant alterations; for continuous transfusion needs, we investigated with CE with finding of ulcerated mucosa with ongoing bleeding at the jejunum level; a subsequent CT scan staging revealed solid parietal thickening of a intestinal loop; our surgeon performed laparoscopic intestinal resection of a section of about 10 cm and the histological examination documented carcinoma with morphophenotypic findings suggestive of pulmonary origin; Previous lung biopsy was re-evaluated and morphophenotypic examination confirm the current presence of metastatic localization of previous lung tumor; our oncologist therefore suggested the resumption of adjuvant chemo radiotherapy treatment.
Conclusions: Chronic iron deficiency anemization deserves the evaluation of the entire intestinal system, first with standard endoscopy and then with CE; the finding of a ongoing bleeding lesion leads to perform a laparoscopic approach to attempt to remove the lesion; bleeding source was metastatic localization at the jejunal level in previous detection of pulmonary neoplasia.

Inclisiran in lipid management

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Premises and Purpose of the study: Inclisiran is a small-interfering RNA that selectively silences the hepatic synthesis of the PCSK-9 protein, implying an increased availability of LDL receptors.The consequent reduction in LDL levels, when associated with usual therapy, is 50% with onset of effect 14 days after the I administration. We report our experience of using Inclisiran (carried out with two inhospital administrations per year) in 12 patients suffering from MAFLD/diabetes or post-infarction ischemic heart disease.
Materials and Methods: 4 of these (3 males and 1 female) had previous revascularization with PCI and were treated with ezetimibe 10 mg/day and atorvastatin 40 mg/day. LDL levels were higher than those recommended in patients at very high cardiovascular risk by the ESC guidelines (average 173 mg/dL, range 96-285).Patients continued oral therapy recording a reduction in values of 53% (mean 91 mg/dL, range 52-143).
Results: No adverse events were recorded. Lipid values were checked on the 30th-60th day showing that its addition to I line treatment resulted in an average reduction in LDL cholesterol of 53% allowing the target to be achieved in 75% of cases.

Conclusions Favorable interaction between the three classes of drugs represents an effective clinical strategy in patients at very high cardiovascular risk. Administration by a healthcare professional represents an opportunity for better management of follow-up, allowing control of therapeutic adherence,due to the appreciation for the savings of further tabs.

Spiritualità e assistenza spirituale: le percezioni degli infermieri. Studio osservazionale

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Premesse e Scopo dello studio: La spiritualità rappresenta il bisogno umano di sviluppare un significato. L'infermiere accompagna la persona con bisogno spirituale che deve rientrare nella pianificazione assistenziale. Le linee guida NANDA considerano i bisogni spirituali componente integrante della diagnosi infermieristica valutabili attraverso strumenti validati. Lo studio ha esplorato l'approccio degli infermieri delle medicine e cure palliative alla spiritualità e assistenza spirituale.
Materiali e Metodi: Studio osservazionale trasversale monocentrico con campionamento non probabilistico condotto in una ASST italiana attraverso la somministrazione della Spirituality and Spiritual Care Rating Scale. Lo studio è stato approvato dalla Direzione aziendale con consenso informato, anonimato e privacy
Risultati: Il tasso di risposta è stato del 69% (59) con un totale di 85 questionari. Il campione era costituito per l'83% (49) da donne (50-59 anni), contratto indeterminato e turnisti; il 3% (2) aveva una formazione specifica in Cure Palliative, il 72% (42) era credente. Il punteggio medio complessivo della scala è risultato 3,70±0,95 mentre nei setting: 3,75±0,98 (Hospice), 3,63±0,81 (Cure Palliative Domiciliari), 3,71±0,97 (Medicine)
Conclusioni: Il ruolo dell'infermiere nell'assistenza spirituale è significativo, lo studio ha evidenziato un approccio favorevole ed equiparabile nei setting considerati in linea con studi precedenti. Gli infermieri nel rispondere al bisogno spirituale ritengono importanti fede, cultura, dignità, ascolto, significato della vita e del fine vita.

A clinical case of acute fulminant hepatitis complicated by disseminated intravascular coagulation

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Premises: Evaluate the therapeutic approach and differential diagnosis in acute liver failure
Clinical case description: 85-year-old man with persistent jaundice and pruritus. Blood tests showed mixed jaundice, liver necrosis, increased inflammation indices and INR. Fluid infusions and therapy with dexamethasone and pantoprazole were prescribed. Considering the persistence of liver failure, the differential diagnosis between autoimmune, alcoholic and/or infectious hepatitis and peritoneal carcinomatosis was necessary. Blood tests showed positivity for ANA, reduction of C3 and C4, increase in gamma globulins and IgG: strong suspicion of autoimmune hepatitis. In the suspicion of a concomitant DIC, other tests were performed with findings of an overall deficiency of plasma factors, antithrombin and fibrinogen and positivity in the direct and indirect Coombs test. A liver biopsy was scheduled, with preventive administration of prothrombin complex and fibrinogen. Abdominal ultrasound shows chronic liver disease with cirrhotic evolution, portal hypertension with severe ascites. A few hours after the biopsy the patient experienced an episode of hypotension for which an abdominal CT scan was performed which revealed acute hemoperitoneum. At the end of the exam the patient went into cardiopulmonary arrest, resulting in his death.
Conclusions: Histopathological analysis revealed acute autoimmune hepatitis. It may be difficult to confirm the diagnosis in patients with DIC, due to the need to perform biopsy procedures which can lead to significant bleeding.

TACHE NOIR: quando l'esame obiettivo è fondamentale per la diagnosi

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Descrizione: Paziente di 55 anni in Pronto Soccorso per febbre elevata (fino a 39°C), cefalea e rash cutaneo eritematopapulare su tutto il corpo con risparmio del volto e delle zone palmari. A livello della coscia destra piccola lesione crostosa. In PS esami ematici (PCR 16 mg/dl, Na 126 mmol/L, ALT 157 U/L, ferritina 2569 ng/ml, CK 1553 U/L, VES 9 mm),RX torace (negativo). Screening micro (emocolture negative, TAS negativo, virus epatotropi negativi, toxo negativo,HIV negativi) ed autoimmune (ANA, ANCA negativi). TC torace-addome mdc con splenomegalia. Il paziente ha riferito passeggiate nel bosco assieme al cane. Richiesta sierologia per leishmania (negativa), toxocara (negativa), rickettsie IgG positive 2.2 U/L. introdotta doxiciclina con progressivo miglioramento clinico. Eseguita biopsia dell'escara e tampone cutaneo di vescicola con riscontro di positività per DNA di rickettsia.
Conclusioni: Le rickettsiosi sono un gruppo di malattie trasmesse dalle punture di zecche. In Italia la più frequente è la R.conorii (febbre bottonosa del Mediterraneo). Dopo un'incubazione di 3-5 giorni si manifesta con febbre elevata, cefalea ed un rash cutaneo. In molti pazienti è presente una lesione crostosa di colore nero nel punto in cui è avvenuto il morso della zecca (tache noir). In rari casi complicanze neurologiche (sd di Guillain Barré, polineuropatia), insufficienza renale o piastrinopenia. La diagnosi è sierologica o con il riconoscimento della rickettsia nella biopsia dell'escara. Terapia con doxiciclina per ridurre la durata dei sintomi e ridurre l'incidenza di complicanze.

Follow up del paziente con scompenso cardiaco e comorbidità in Medicina Interna: l'esperienza di un ambulatorio specialistico dedicato

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Background: Lo scompenso cardiaco (HF) è una patologia cronica di frequente riscontro in Medicina Interna responsabile di riacutizzazioni che possono portare a ripetute ospedalizzazioni e aumento della spesa sanitaria. La gestione in ambulatori specialistici dedicati anche in ambito internistico si è dimostrata efficace nel migliorare outcomes clinici e economici.
Materiali e Metodi: Studio osservazionale retrospettivo

real word: tutti i pz afferenti a ambulatorio scompenso cardiaco UO Medicina Interna da giugno 2022, provenienza post dimissione o MMG. Obiettivi: descrivere caratteristiche cliniche della popolazione, valutare impatto follow up ambulatoriale specialistico (riospedalizzazioni)
Risultati: 104 pz (47% M, 53% F), età media 83aa. EF media alla prima visita: 63% pEF, 20% mrEF, 17% rEF. NYHA4 7% casi, NYHA2-3 66% casi, NYHA1 27% casi.Eziologia: cardiopatia ipertensiva 44%, ischemica 23%, valvolare 3.8%, cardiomiopatia 8.7%. Comorbidità: 80% ipertensione, 45% FA, 20% IRC, 34% DM, 31% BPCO. Mediamente 3,4 comorbidità/pz. Creatininemia media 1,12 mg/dl (min-max 0,34-3,412). Terapie in atto: 35% SGLT2i (78% pEF o mrEF), 80% ACEi/ARB/ARNI, 75% BB, 41% MRA, 91% diuretici. Frequenza controlli: 63% 3 visite/aa, 15% 5 visite/aa. Nel periodo di osservazione: 8% pz ricoverati per HF,4% ricoverati non per HF
Conclusioni: La popolazione seguita presso ambulatorio HF è costituita da pz anziani, comorbidi, con FE preservata, eziologia ipertensiva, classe NYHA intermedia. Il follow up in ambulatori dedicati con controlli frequenti consente di controllare il tasso di riospedalizzazione

A very difficult case of arterial hypertension

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Premises: Arterial hypertension is a global cardiovascular risk factor and obtaining adequate (and long-lasting) blood pressure (BP) control through pharmacological and non-pharmacological therapy is an absolute priority for health-care personnel.
Description of the Case report: Female, 51 yrs, suffering from arterial hypertension at the age of 34 but reporting the onset during 1st pregnancy at 27 in 3rd trimester. The patient (pt) came to our clinic in March 2019 with very high BP values checked at home and on 24-hour BP monitoring (MAPA), ≥180/110mmHg. Routine lab and cardiovascular test performed. We modified the antihypertensive therapy (ARB, beta-blocker), adding Ca channel blocker and indapamide at full dosage. In December 2019 pt returned to the clinic due to failure to control her BP and reported chest pain. A coronary angiographic exam was prescribed (negative) and K canreonate and ASA were added. In 2020 pt didn't perform prescribed US renal scan due to SARS-CoV2 pandemics. The March 2022 US scans showed duplicity of the bilateral renal arteries with angulation at the origin of the right inferior polar artery; in October 2022 pt underwent renal artery denervation. In September 2023 she reported failure to control her BP at the MAPA (daytime values 165/105 mmHg) and still strives to obtain good BP levels with maximum therapy.
Conclusions: Renal denervation, a minimally invasive procedure, an alternative therapeutic option for the treatment of resistant hypertension, does not always solve resistant hypertension even if performed according to the standards.

A case of severe *Cryptosporidium enteritis* in an immunocompetent patient

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Premises: Cryptosporidium is a intracellular protozoan parasite that cause a gastrointestinal disease in humans and animals. In immunocompromised subjects can cause a severe, debilitating diarrhea with severe liquid loss and malabsorption whereas in immunocompetent subjects it usually causes a mild, self-limiting enteritis. We present a case of a Cryptosporidium enteritis with severe diarrhea and acute kidney injury in an immunocompetent subject.
Description of the Case report: 60 y/o male, with a history of type 2 diabetes, CAD and hypertension. The patient presented to the ER with 4 days of severe watery diarrhea associated with abdominal pain, fever and malaise. Blood tests demonstrated acute kidney injury (creatinine 2,95 mg/dL), leukocytosis (WBC 13.000/mcL, N 11.360/mcL) and elevated C-reactive protein (15,25 mg/dL). The patient was initially treated with empiric ciprofloxacin and supportive therapy, without improvement and persistence of frequent watery diarrhea (as frequent as every 2 hour) and new worsening of kidney function and severe metabolic acidosis (pH 7). Stool C. difficile toxin and stool coltures were negative. A PCR multiplex on feces was performed and tested positive for Cryptosporidium spp. The patient was treated with azitromicine for 9 days with progressive resolution of diarrhea and kidney function improvement. Causes of immunosuppression were excluded.
Conclusions: Although less frequent in immunocompetent hosts, Cryptospiriudm infection must be considered, particularly in severe diarrhea without improvement with supportive or empiric therapy.

Ipo-disfibrinogenemia congenita e trombosi arteriosa: la nostra esperienza

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Premessa: L'ipo-disfibrinogenemia è una malattia rara caratterizzata da ridotto livello antigenico del fibrinogeno associato ad attività funzionale bassa.La diagnosi è basata sul rapporto tra l'attività e i livelli antigenici del fibrinogeno.Anomalie molecolari come mutazioni missenso nell'esone 2 di FGA e esone 8 di FGG, portano a difetti nella conversione del fibrinogeno in fibrina.
Caso clinico: Uomo di 62 anni si è recato presso il nostro dipartimento di medicina lamentando dolore all'arto inferiore destro con claudicatio inferiore ai 200 metri, all'ECD arterioso presentava una completa occlusione poplitea con un buon circolo collaterale. La storia clinica includeva pregresso TIA e gliosi cerebrale, rettocolite ulcerosa, ipo-disfibrinogenemia congenita con mutazione missenso in eterozigosi c.952G>T nell'esone 8 del gene FGG. Il trattamento del paziente nella fase acuta era EBPM e acidoacetilsalicilico associati a trattamento endovenoso con iloprost. Nel follow-up il paziente è in trattamento con warfarin e acidoacetilsalicilico con infusioni bimestrali di iloprost. La risposta al trattamento è stata ottimale con miglioramento significativo della claudicatio.
Conclusioni: La mutazione del paziente destabilizza il fibrinogeno, il quale non è espresso nel plasma e la sua emivita plasmatica è estremamente breve. A causa della rarità della ipo-disfibrinogenemia e la conseguente assenza di studi controllati la gestione clinica del paziente deriva dal consenso di esperti. Qualsiasi trattamento considerato nei pazienti dovrebbe innanzitutto basarsi sulla storia personale e familiare.

Sindrome di Lemierre: un caso raro di tromboflebite suppurativa giugulare

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Premessa: La sindrome di Lemierre è caratterizzata da tromboflebite della vena giugulare interna con sepsi. Attualmente è un evento raro, l'incidenza è di 3,6 per 1 milione l'anno.E' preceduta da faringite, ma sono riportati anche altri eventi quali infezioni dentali, tonsilliti, mononucleosi e inserimento di cateteri venosi. L'infezione passa dall'orofaringe ai vasi della guaina carotidea, causa tromboflebite settica della giugulare e talvolta della carotide interna.
Caso clinico: Una donna di 22 anni si è recata al pronto soccorso con febbre debolezza e faringodinia da giorni, le è stata prescritta l'azitromicina per la tonsillite bilaterale, la quale non ha alleviato i sintomi cosi ha presentato gonfiore del collo, emoftoe e peggioramento delle condizioni. La TC con mdc del collo ha rivelato tonsille palatine ingrossate e difetto di riempimento della giugulare interna sinistra. L'esame clinico, di laboratorio e la TC concordavano con la diagnosi di sindrome di Lemierre e progressione verso la sepsi. Iniziò terapia con piperacillina/tazobactam ed EBPM. La paziente ha avuto un'ottima risposta all'antibiotico terapia ed a 3 mesi una ricanalizzazione del vaso.
Conclusioni: La sindrome di Lemierre è un evento raro e pertanto può portare a regimi terapeutici inadeguati, diagnosi mancate e aumento delle complicanze. Inoltre, questo caso porta l'attenzione sull'urgenza della terapia antibiotica iniziale per infezioni orofaringee e sottolinea l'importanza di un trattamento adeguato con la copertura per i batteri orofaringei, compresi quelli con maggiore resistenza antibiotica.

Dissecazione spontanea dell'arteria mesenterica superiore: caso clinico

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Premesse: La dissecazione spontanea isolata di una delle arterie mesenteriche è una condizione rara. Nella gran parte dei casi coinvolge un unico vaso, più frequentemente l'arteria mesenterica superiore (SMA).
Descrizione del Caso clinico: Uomo di 57 anni, fumatore, si presenta in Pronto Soccorso per dolore addominale a livello dei quadranti superiori da 2 giorni. In considerazione della sintomatologia dolorosa intensa associata a segni di attivazione neurovegetativa è stata eseguita angioTC addome che ha mostrato dilatazione aneurismatica della SMA dall'origine (15mm) per un tratto di circa 8 cm con presenza di flap di dissecazione miointimale che coinvolgeva le diramazioni prossimali. Il paziente è stato sottoposto a trattamento conservativo con digiuno, terapia antiaggregante e controllo valori pressori (target pressione sistolica inferiore a 120 mmHg). Durante la degenza il paziente è stato sottoposto a controlli ecografici giornalieri con dimostrazione di sostanziale stabilità della dilatazione aneurisma della SMA. Per il persistere della sintomatologia dolorosa è stato richiesto controllo angioTC addome che ha mostrato estensione dell'ematoma di parete a livello di un'ampia ramificazione digiunale della SMA con riduzione del lume pervio della stessa. E' stato quindi posta indicazione a trattamento endovascolare.
Conclusioni: Nonostante il trattamento conservativo sia la scelta di prima linea per la dissecazione isolata della SMA, il trattamento endovascolare è da considerarsi trattamento rescue quando fallisce quello conservativo.

Diagnostic and therapeutic care pathway iso-resources for respiratory sleep disorders of ASST Valle Olona

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Diagnostic and therapeutic care pathway (PDTA) represents a dynamic tool of practical organizational direction, shared between the various actors: General Practitioners, Specialist, Physiotherapists and Nurses, aimed at improving some specific areas in our case it involves investigating and treating breathing disorders during sleep, sleep apnea syndrome (OSA). The intent is promotion of correct lifestyles, fight and prevention of obesity and hypertension. Active participation of the pts with OSA in the management of their pathological condition, aiming at autonomy and self-management through therapeutic education courses, monitoring and self-determination of clinical parameters, ability to recognize and manage the main symptoms. In order to prevent complications related to hypoxemia, early diagnosis OSA, pts education, adherence to treatment objectives (international standards). The optimization and rationalization of access to the Sleep Center allowed from 22 September 2022 to 22 January 2024 to study 254 pts, 29 newly adapted to the ventilator, 20 readjusted to more modern and comfortable masks, 45 sent for snoring, 15 for dental alterations, 13 for central apnoea. This was achieved without financial burdens but by carrying out an accurate analysis of the resources present in the hospitals of ASST valle Olona, optimizing the resources themselves and enhancing the know-how of each one. On the other hand, if we make each person do what they love to do most and what they know how to do better than anything else, it seems simple and obvious but you get the best at a low cost.

Un raro caso di sindrome del compasso aorto-mesenterico

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Introduzione: La sindrome del compasso aorto-mesenterico è una rara causa di ostruzione intestinale prossimale causata da compressione ab estrinseco del duodeno con riduzione dell'angolo tra arteria mesenterica superiore e aorta ed è principalmente attribuita alla perdita del cuscinetto adiposo mesenterico interposto fra il margine superiore del duodeno e la superficie inferiore dell'arteria mesenterica superiore. Negli adulti è più comunemente associata a malattie gravi e debilitanti, come tumori maligni, sindromi da malassorbimento, AIDS, etc.
Caso clinico: Una ragazza di 18 anni accede al Pronto Soccorso per ripetuti episodi di vomito associati a lieve addominalgia. Veniva riferito un calo ponderale di circa 7 kg negli ultimi due mesi (BMI 14,2) e amenorrea da quattro mesi. Tutti gli esami eseguiti non evidenziavano reperti di rilievo. Per persistenza dei sintomi è stata eseguita AngioTC addome che evidenziava marcata distensione gastrica e duodenale fino alla terza porzione dove era apprezzabile brusca riduzione del calibro del viscere in corrispondenza del passaggio aorto-mesenterico superiore.

Discussione: La caratteristica tipica della presentazione della SMAs è la comparsa di vomito post-prandiale determinata dalla compressione sul duodeno che, soprattutto nei quadri iniziali, determina occlusione incompleta del lume. Molto spesso si pone una errata diagnosi di DCA. Una corretta e tempestiva diagnosi eseguita già in PS consente di indirizzare il paziente verso il setting più corretto di cura migliorando la gestione terapeutica.

Pernicious anaemia: a generally overlooked diagnosis. Case report

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Premises: Pernicious anaemia (PA) is an autoimmune disease most commonly caused by a reduced dietary absorption of vitamin B12 (cobalamin) which leads to cobalamin deficiency and subsequent megaloblastic anaemia. PA is a rare disease, with a prevalence of about 1% in the European population, more common in the elderly. The most common cause of PA is the formation of antibodies that prevent the bond between intrinsic factor (IF) and cobalamin and thus a lack of cobalamin absorption. PA requires lifelong supplementation of vitamin B12 and constant monitoring.
Description: A 76 years old male patient was admitted to our hospital due to dyspnea and chest pain. Blood works showed: haemoglobin 6.8 g/dl, MCV 95.7 fL, platelet count 73000/µL. He also reported memory lapses and irritability in the last months. He was treated with blood transfusion and more blood works were administrated. They showed: reticulocyte count 0.7%, folate 3.6 ng/ml, vitamin B12 undosable. Antibodies anti IF and anti parietal cells resulted positive. The gastroscopy showed chronic gastritis. Proper therapy was promptly administrated with cobalamin IM supplementation and folate integration. A 14 days follow up blood count showed: haemoglobin 12.7 g/dl, MCV 97.3 fL, platelet count 156000/µL.
Conclusions: PA is a rare type of anemia and therefore it is generally overlooked although diagnosis and therapy are relatively easy and a correct and early approach can significantly improve the life quality of patients and prevent irreversible damage. Therefore it should always be considered in a patient with anemia.

Gestione evidence-based medicine dell'anemia sideropenica nel territorio: è possibile, è un sogno, è utopia?

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Premessa e Scopo dello studio: Nel paziente in assistenza domiciliare (ADI), la carenza di ferro è la causa più frequente di anemia. È stata condotta un'analisi sull'appropriatezza gestionale dell'anemia sideropenica e sul buon uso del sangue nei pazienti del percorso trasfusionale domiciliare dell'ASL Roma 1.
Materiali e Metodi: È stato effettuato uno studio osservazionale sui pazienti del percorso trasfusionale dei Distretti 13 e 14 dell'ASL Roma 1 nell'anno 2023. I dati anamnestici, laboratoristici, le cause di anemia ed i trattamenti (farmacologici e/o emotrasfusioni) sono stati raccolti in un file ed analizzati.
Risultati: 66 pazienti arruolati, età media 86 anni±12, Hb media 7.6 g/dl±1.76. Cause principali di anemia: multifattoriale (38/66 pazienti), malattia ematologica (10/66 pazienti), causa unica non ematologica (16/66 pazienti). Il profilo marziale al basale è stato valutato in 39/66 pazienti; di questi, 25/39 (64%)avevano deficit di ferro; 18 di 25 pazienti sideropenici sono stati trasfusi con almeno una sacca di emazie (72%). Nei pazienti trattati con ferro IV in ospedale, il bisogno trasfusionale è stato significativamente ridotto.
Conclusioni: L'analisi evidenzia la necessità di studiare tutti i pazienti con anemia per stati carenziali correggibili, al fine di ridurre il bisogno trasfusionale. Per i pazienti in ADI, bisogna costruire percorsi idonei alla somministrazione di ferro IV per ridurre gli accessi in ospedale, il peggioramento di patologie croniche, garantire lo stesso standard di cure del paziente ospedalizzato e "Casa come primo luogo di cura".

La gestione del fine vita in assistenza domiciliare integrata

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Premesse: Lo scompenso cardiaco terminale è tra le patologie di frequente riscontro nel paziente anziano in assistenza domiciliare integrata (ADI). La gestione preponderante di questi pazienti ricade nel setting ospedaliero per le frequenti riacutizzazioni. È inoltre difficile identificare il momento di attivazione delle cure palliative a causa della difficoltà di stratificare la prognosi.
Descrizione del Caso clinico: Donna di 96 anni, segnalata dal MMG per dispnea ingravescente in cardiopatia ipertensiva, FA permanente, pregressa frattura femore. Alla visita specialistica, presenza di edemi declivi colonnari, tachipnoica, SpO2 88% in aria. ECG: FA ad elevata risposta ventricolare. V-scan: ipertrofia ventricolo sin, insufficienza tricuspidale severa, steno-insufficienza aortica moderata. Condivisa la gestione domiciliare e la prognosi della paziente con il care-giver, si incrementava terapia diuretica, si somministrava O2, si effettuava controllo ematochimico e monitoraggio clinico in telemedicina con riscontro di miglioramento dei segni e sintomi.
Conclusioni: Nel paziente anziano o grande anziano il trattamento domiciliare di patologie croniche terminali in ADI, con il contributo tempestivo dello specialista, può evitare al paziente l'accesso al servizio di emergenza, le complicanze relate al ricovero ospedaliero e fornire adeguato supporto nel fine vita.

Raro caso di sindrome di Kasabach-Merritt dell'adulto

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Introduzione: La coagulazione intravascolare disseminata (CID), anomala attivazione del processo coagulativo, può essere secondaria a sepsi, patologie ostetriche, neoplasie, traumi, complicanze post-chirurgiche e cause rare.
Caso clinico: Descriviamo il caso di un paziente maschio di 65 anni ricoverato per dolore addominale ai quadranti di destra. In anamnesi FAP e splenectomia post-traumatica con all'istologico emangioma epitelioide. Alla visita ecchimosi glutea destra con infarcimento sottocutaneo, algia in ipocondrio destro e gengivorragia; in ecoscopia non segni di trombosi portale né TVP. Agli ematochimici quadro di

CID con alterata funzionalità coagulativa, Coombs negativo e striscio periferico negativo per blasti. All'aspirato midollare FISH esclusa leucemia promielocitica e clonalità B. Trattato con fibrinogeno, acido tranexamico e vitamina K. Alla TC addome con mdc fegato incrementato di dimensioni con struttura disomogenea e ipercaptante. Revisione esame istologico da splenectomia con quadro di emangiosarcoma ora con localizzazione epatica. Avviato trattamento chemioterapico con gemcitabina con miglioramento degli indici coagulativi e dell'epatomegalia. Decorso complicato da stato settico e sanguinamento da ulcera gastrica. Raro caso di CID paraneoplastica da emangiosarcoma splenico ed epatico (altresì denominata Sindrome di Kasabach-Merrit dell'adulto). Di particolare interesse sintomatologia d'esordio ed età. Dall'analisi della letteratura prevalenza di Kasabach-Merrit dell'adulto <0.01%, maggiore in età pediatrica, seppur rara (0.3%). Attualmente paziente in terapia oncologica attiva.

Hyponatremia and sodium-glucose transport protein 2 inhibitors: a controversial relationship

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Introduction: Hyponatraemia is a common electrolyte disorder in patients hospitalized for heart failure (HF) (prevalence 10-30%).
During hospitalization, hyponatraemia (because of depletion following diuretic therapy?) can occur in approximately 10% of cases, complicating therapeutic decisions.
Clinical case.:Woman, 82 y.o, suffering from type 2 diabetes mellitus and hypertensive heart disease. Recent hospitalization for severe HF with reduced ejection fraction. Soon after discharge, she was drowsy due to hypovolaemic hyponatraemia. Resolution of the clinical picture after therapeutic adjustment and the reasoned decision not to suspend the therapy with sodium-glucose transport proteins 2 inhibitors (SGTL2i) started at discharge.
Discussion: It is documented, although with little data, that therapy with SGLT2i can induce hyponatraemia, which is usually transient and early, attributable to osmotic diuresis and natriuresis due to increased vasopressin secretion and reduced free water clearance. Continuing treatment, perhaps with temporary reduction in dosage, will often lead to correction of hyponatraemia as a result of compensatory responses and induction of tubule-glomerular feedback.
Conclusions: The relation between SGTL2i and hyponatraemia has not yet been precisely defined. It seems that initial possible hyponatraemia does not require suspension of SGTL2i and that, indeed, in chronic conditions, SGTL2i may even represent effective treatment for outpatients with chronic hyponatraemia due, for example, to a syndrome of inappropriate antidiuretic hormone secretion (SIADH).

Spot the right diagnosis!

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Premises: Diffuse large B cell lymphoma is an aggressive non-Hodgkin lymphoma, and can arise in any extra nodal extramedullary tissues, including the skin.
Case report: An 89-year-old-woman, with a 6-month-history of diffused worsening nodular skin lesions, was admitted due to new-onset pain localized to the rib cage and evidence of pulmonary opacity. Medical history included smoke-related COPD, chronic kidney failure and hypertension. A cutaneous fine-needle aspiration had already been performed in an outpatient setting and had only identified epithelioid cells. At a first examination, multiple non-itchy papular nodules were observed all over the body, whereas blood exams showed the presence of acute-on-chronic kidney failure, anemia, and elevated ACE levels. A suspect of sarcoidosis was suggested, and a total-body CT scan was requested to stage the disease. The imaging revealed widespread contrast-enhanced lesions in the skin, lungs, nasal cavities, orbits, hepatic and splenic lymph nodes, and adrenal glands. A cutaneous biopsy was then performed and disclosed a diagnosis of diffused large B cell lymphoma. The patient was therefore referred to the hematologists, who started a containing treatment based on R-miniCHOP regimen, which led to a partial remission of the disease.
Conclusions: Although DLBCL typically presents with a rapidly enlarging nodal mass, it often involves extra nodal tissues and is already advanced stage at the time of presentation. Excisional tissue biopsy is the gold standard for the diagnosis and treatment can be associated with long-term survival.

SGLT2-i may have positive effects in patients with chronic righ failure

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Premises: Gliflozins are an innovative therapy that has revolutionized the treatment of the patient with heart failure. Gliflozins have shown an improvement in the NYHA class in patients with HfrEF. SGLT2 inhibitors showed an increase in FE and favorable effects on left ventricular remodeling. There are numerous studies concerning HFrEF, but fiew in patients with right heart failure/HFpEF/HFmpEF.
Description of the Case report: we report the clinical case of a man (55 years old) arrived at the emergency room for dyspnea and anasarcous state. He had an myocardial infarction in 2000 and in 2003 underwent a mitral valve replacement for rheumatic stenosis. At the entrance, cardiac ultrasound was performed with a summary of severely dilated right ventricle with severe reduction of pump function (FAC 19%); EF 45%; massive TI. It was then treated with diuretic therapy and multiple evacuative paracetesis. Followed for poor response to therapy, initiation of empagliflozin with improvement and discharge. It came after a month re-evaluated echocardiographically with EF 38%; right ventricle dilated with moderately reduced functionality (TAPSE 14mm) and overall pump function. Systolic pulmonary pressures increased compared to the previous examinations and hemodynamics percentages further improved by increased ventricular atrial pressure gradient (PAPs 47 mmhg). The patient no longer needed paracentesis and is compensated with ongoing therapy.
Conclusions: SGLT2-i may have positive effects in patients with chronic righ failure secondary to disease on the left side of the heart.

Retrospective analysis of 12 cases of cardiorespiratory arrest in patients with massive pulmonary embolism. The CARTEM study

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Premises and Purpose of the study: The "CARTEM" study, acrostic deriving from "CArdiac arReT in patiEnts with Massive pulmonary embolism", enrolled 12 patients with massive pulmonary embolism complicated in the prelysis period by cardiorespiratory arrest. The "CARTEM" study has the following objectives: 1) verify any existing relationships between the cardiorespiratory arrest situation and the presenting electrocardiographic rhythm in the 12 patients enrolled during the period 2017 - 2023; 2) verify the statistical significance found by applying Cochran's Q parametric test as a comparative analysis.
Materials and Methods: A comparative analysis was performed for continuous variables with Cochran's Q parametric test to verify whether there is a significant relationship between the variables considered.
Results: Cochran's Q test applied to the 12 patients involved in the retrospective analysis, shows how the "ND-A" (Non-Shockable-Asystole) clinical situation highlighted in all patients is not attributable to chance but assumes statistical significance high since the relative value (VR) of the $\chi 2$ obtained is 144 with Degrees of Freedom (GL)=2 and the critical value (VC) of the $\chi 2$ for $p=0.001$ is 13.816 with $p<0.001$.
Discussion: The data obtained in the "CARTEM" study demonstrate how the electrocardiographic presentation rhythm is a non-shockable rhythm.
Conclusions: The "CARTEM" study demonstrated that in the group of 12 patients with massive pulmonary embolism complicated by cardiorespiratory arrest the presenting electrocardiographic rhythm was a non-shockable rhythm.

Vitamin D and gender differences

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Background: Vitamin D deficiency is widespread worldwide, but it is still very controversial whether the amount of vitamin D taken daily is the only problem related to its biological functions.
Objective: This narrative review aims to shed light on the role of gender differences, on the biological and molecular functions in the main pathological mechanisms that recognize the role of vitamin D.
Methods: We evaluated all studies related to vitamin D and gender published on the Pubmed, Scopus, Web of science between 2018 and 2023.
Results: The concept is that the biological function of vitamin D is not only linked to its circulating levels, but it is hypothesized that its biological functions depend, above all, on its total bioavailability. Vitamin D circulates for the most part linked to albumin and vitamin D binding protein (DBP), which depend on various pathological conditions and physiologically, above all, the function of the latter is regulated by estrogens, glucocorticoids, and inflammatory cytokines. During her life, women undergo various changes in the hormonal and sexual sphere concerning menarche, possible pregnancies, and breastfeeding but also the use of contraceptives and, finally, the transition from the period of fertility to menopause. Studies on young women have shown that vitamin D deficiency is present in 58 to 91% of cases.
Conclusions: Obesity, metabolic disorders, and variation in estrogen contraction may affect vitamin D deficiency due to the decreased bioavailability from dietary sources due to deposition in body fat compartments.

Immune-related 3rd degree trioventricular block and myopathy in lung cancer patient treated with pembrolizumab

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Background: In recent years immune checkpoint inhibitors (ICI) has become the standard of care for the treatment of a large number of tumors.
Case report: We present the case of a 82-year-old man without significant comorbidity with lung adenocarcinoma who has received pembrolizumab as first-line systemic therapy for metastatic disease. After a single dose there was a severe drop in sodium levels that led to the diagnosis of SIADH and treatment with tolvaptan. After two weeks, the patient developed fever and a cough and tested positive for a paucisymptomatic form of SARS CoV2 infection treated with antiviral therapy with remdesevir. After 5 days, the patient began to experience severe asthenia involving the muscles of the head-neck and upper limb region in association with an increase in CPK, myoglobin and troponin. An EKG and an heart ultrasound led to the diagnosis of atrioventricular electrical dissociation, myositis and myocarditis. The severity of the clinical picture prompted high-dose steroid therapy, i.v. immunoglobulin and the placement of a pacemaker. The patient had to be admitted to the intensive care unit; after two weeks he started recovering and the subsequent radiological re-evaluation showed a major therapeutic response to ICI. Nevertheless this therapy was permanently discontinued.
Conclusions: Immunorelated cardiotoxicity may have sudden onset and be life-threatening, accordingly it should be recognized early. In this case the timing and the therapeutic response demonstrate the iatrogenic aetiology; it is unclear how much the concomitant infection influenced the clinical severity.

A rare complication of deep vein thrombosis

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Background: Phlegmasia cerulea dolens is a rare complication of deep vein thrombosis, characterized by severe venous outflow obstruction, marked limb swelling, severe pain, cyanosis and even venous gangrene if the condition is untreated. It can be associated with pulmonary embolism and be burdened by high mortality. The main factors associated with it are neoplasms, hereditary and acquired thrombophilia, pregnancy, prolonged immobilization and surgical interventions.
Case report: Here we report the case of a 56-year-old man admitted to the psychiatric ward, suffering from schizophrenia and being treated with chlorpromazine. An urgent internist consultation is requested for right lower extremity pain. Lower extremity venous echocolordoppler showed, on the right, venous thrombosis of a soleal vein, an anterior tibial vein, popliteal vein, superficial and common femoral vein, and superficial venous thrombosis of the small saphenous vein throughout its extent. On the left, no signs of superficial or deep venous thrombosis. Hypercoagulable and paraneoplastic screening were negative. We attributed the

thrombosis to the patient's decreased mobility and ongoing antipsychotic therapy. Low-molecular-weight heparin therapy and then rivaroxaban was immediately started with gradual clinical improvement. Suggested second compression class elastic stockings (30 mmHg) and psychiatric reevaluation for modification of antipsychotic therapy.

Acquired hemophilia A in a patient with bullous pemphigoid

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Premises: Acquired hemophilia A is a disease misrecognized by many physicians. It is a rare hemorrhagic syndrome with autoimmune pathogenesis, due to the development of autoantibodies directed toward various epitopes of the FVIII molecule that neutralize its coagulant activity and/or induce its more rapid clearance.
Description of the Case report: An 83-year-old man presents with multiple ecchymoses on all four limbs, intense itching, severe macrocytic anemia, and PTT prolongation. During hospitalization, skin biopsies are performed with a diagnosis of bullous pemphigoid; due to pain in the right gluteal region and for the purpose of ruling out paraneoplastic forms, CT chest and abdomen is performed showing a replenished hematoma at the level of the right piriformis and gluteal muscles. The finding of normality of PT associated with PTT prolongation, which is not corrected by a mixture test, supports the clinical suspicion of AHA, and we proceed with the assay of intrinsic coagulation pathway factors, which show FVIII levels <1%, and titration of anti-FVIII inhibitors, which result to be >5 UB. The patient is treated with haemotransfusions of blood products, steroids, cyclophosphamide and activated heptacog alpha with normalization of PTT and excellent hemostatic response.
Conclusions: AHA is often associated with neoplasms, other autoimmune diseases, dermatologic diseases and drug intake. Secondary forms should be investigated and treatment should be started promptly as severe bleeding can occur and be potentially fatal.

A newly onset jaundice in a 62-year-old woman with fever and inguinal lymphadenopathy

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Premises: Jaundice is a clinical manifestation that represent a daily challenge for the Internal Medicine practitioner. In this case report we present a very rare cause of jaundice.
Description of the Case report: A 62-year-old woman with jaundice, fever, inguinal lymphadenopathy and abdominal pain presented to the ER. At the blood exams there was evidence of thrombocytopenia (PLT 68000 u/L) and leukocytosis (43370/uL); bilirubin 11,92 mg/dl, direct 11,08 mg/dL, GOT 66 U/L; GPT 89 U/L, GGT 542 U/L, ALP 536 U/L. The abdomen US revealed hepatomegaly and splenomegaly (17 cm). The CT scan confirmed steatosic hepatomegaly, acalculous cholecystitis (confirmed at MRI) and multiple lymphnodes in the celiac, caval, crural, paraortic, iliac and inguinal region. The peripheral blood cytology highlighted anaplastic mononuclear elements with "proboscis" extensions. In the suspicion of lymphoproliferative disease, we performed a BM biopsy, revealing 8% large-sized cells, CD30+, CD7+, ALK1+, so it was made a diagnosis of medullary localization of anaplastic lymphoma ALK+. The patient was transferred to the ICU due to worsening pulmonary condition and underwent CPAP cycles. Upon stabilization, she was moved to Hematology Unit, where she underwent the first and second cycles of chemotherapy (BV-CHP). Upon discharge, she was in fair overall clinical condition. Bilirubin levels was completely normalized.
Conclusions: NH lymphomas manifesting with jaundice are very rare (1-2%). Patients generally have an unfavorable prognosis, but they may have a good respond to chemotherapy with early diagnosis.

Diagnostic-interventional ultrasound of *atypical* focal lesions: a rare case of non-Hodgkin lymphoma with primary hepatic localization

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Introduction: Abdominal Ultrasound (AU) represents, with the development of the use of contrast-enhanced ultrasonography (CEUS) and with the possibility of being a support to invasive procedures with an echo-assisted or echo-guided approach, a fundamental tool in the diagnosis of focal hepatic lesions, making it possible to postpone further diagnostic investigations in case of typical hepatic lesions (HL), and guiding the diagnostic procedures in case of "atypical" HL.
Description: A 72-year-old male was hospitalized for abdominal pain. He performed a first level AU which highlighted hypoechoic HL: thoracic-abdominal CT was performed but it was unable to identify the aetiology of the HL. The patient was centralized at our hospital where CEUS was performed, that showed enhancement of the HL in the arterial phase with poor contrast release in the late phases. In relation to the difficulty of making a diagnosis, an echo-guided biopsy was performed and this approach made it possible to make a diagnosis of localization of large B-cell lymphoma.
Conclusions: This is an example of how a correct diagnostic-interventional ultrasound approach can lead to the correct and rapid diagnosis of pathologies which, due to imaging characteristics and rarity of clinical presentation, would be difficult to interpret radiologically, also allowing a reduction in diagnostic times.

The importance of bedside ultrasound in the diagnosis of ischemic stroke: a case of floating carotid thrombosis

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Introduction: Ischemic stroke (IS) is a neurological emergency: a rapid diagnosis and etiological identification is important in order to set up a timely therapeutic treatment and for the choice of the most appropriate treatment. Free-floating thrombus (FFT) of the carotid artery (CA) is an uncommon entity that usually presents with IS symtoms. The aim of the

work is to report a case in which the use of bedside ultrasound (B-US) allowed to formulate the diagnosis of IS and to define its etiology before the appearance of radiological signs.
Description: An 84-year-old female was hospitalized for E. coli sepsis. In relation of the appearance of dysarthria and left hemiplegia, a brain CT was performed, with no signs compatible with the clinical picture. B-US was performed with echocardiogram, with no signs of infective endocarditis or cardiac thrombus, and echocolor doppler of the supra-aortic vessels, that highlithed the presence of FFT of the ICA with base adherent to a hyperechoic plaque with fissures of the same and no signs of ICA stenosis with high resistance flow. ECG showed sinus rhythm. Fibrinolysis was excluded for thrombocytopenia. The subsequent CT of the cerebral circulation confirmed the presence of FFT, also highlighting complete occlusion of the downstream CA, and demonstrating recent IS in the right rolandic site. Endovascular thrombectomy was excluded and intravenous antiplatelet therapy was started.
Conclusions: This case demonstrates how an initial B-US can support the diagnosis of IS, identify its etiology and guide in choosing the best therapy.

Clinical case: suspected liver toxicity from the use of topical ivermectin

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Background: Ivermectin is a drug of the macrocyclic lactone class indicated for the topical treatment of inflammatory lesions of Rosacea (Papule-Pustulosa) in adult patients. The exact mechanism of action is not yet fully known but may be linked to its broad-spectrum anti-inflammatory and anti-parasitic properties. The most reported adverse reactions are burning and irritation of the skin, itching and dry skin (no more than 1% of patients).
Case report: A 51-year-old male subject who has been taking ivermectin, including lotions and creams for approximately two years for acne rosacea, recently developed a state of hepatic cytolysis characterized by an increase in transaminases and gGt without involvement of bilirubin, alkaline phosphatase, and autoimmunity. Negative virological status, normal hepatobiliary ultrasound, absence of celiac disease and hemochromatosis. The anti-inflammatory effect of ivermectin has been demonstrated *in vivo* and *in vitro* by reducing the production of TNF-alpha, IL-1 and IL-6 and by suppressing LPS[4]-induced NF-kB translocation and decreases the recruitment of immune cells and the production of cytokines and IgE/IgG. The damage depends not only on the toxic agent, but also on exogenous and endogenous factors: the duration of exposure, genetic characteristics, physiological characteristics (age, sex, lifestyle habits, etc.) and absorption, distribution and elimination of the drug.
Conclusions: In this Clinical case, the patient has been using ivermectin topically for two years and therefore an accumulation of ivermectin resulting in hepatocellular liver damage.

Invecchiare all'Esquilino. Ricerca qualitativa sui bisogni degli anziani e sull'offerta socio-sanitaria

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Premessa e Scopo: Stimolati dalla LR del Lazio n. 16 del 17 novembre '21, alcuni cittadini, attivi in associazioni territoriali, avviano uno studio sperimentale per valutare i bisogni e le aspettative degli anziani residenti, i servizi offerti, le criticità ed il divario tra domanda e offerta socio-sanitaria.
Materiali e Metodi: La metodologia è quella della ricerca qualitativa, con interviste, individuali e di gruppo, di 31 anziani e 19 operatori socio-sanitari. Il rione è l'Esquilino, Roma centro, ad alta percentuale di anziani (23.9%) e con alto indice di vecchiaia e di dipendenza. Le interviste (febbraio '22 - maggio '23), audio-registrate, tutelate per la privacy, alla presenza di un moderatore e di un osservatore, sono state analizzate ed i risultati elaborati sotto forma di report.
Risultati: Gli anziani, categoria non omogenea, lamentano scarsa presa in carico e continuità assistenziale, servizi poco accessibili e fruibili, scarsa prevenzione dedicata. Si registrano casi di fragilità psichica e fisica, fino al barbonismo domestico, difficili da intercettare e sostenere. L'offerta di prestazioni è consistente ma generica, non sempre tarata sui bisogni specifici, con criticità organizzative, carenza di personale, punti di accoglienza e di una rete sinergica ed efficace.
Conclusioni: Si propongono 1) incontri periodici, per il monitoraggio dei percorsi e la presa in carico degli anziani residenti con patologie cronico-degenerative, tra ASL, MMG, Municipio ed associazioni territoriali; 2) campagne e corsi per gli anziani sulla prevenzione di patologie ed incidenti.

La sepsi causata da *Corynebacterium diphtheriae* non produttore di tossine: un allarme di possibile e rara causa di endocardite infettiva su valvola nativa

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Premesse: Il genere Corynebacterium comprende batteri gram positivi che possono essere commensali della cute e della faringe oppure produttori di tossina difterica, causanti difterite cutaneo-faringea o malattie più gravi come la miocardite e la polineuropatia demielinizzante.
Descrizione: Una donna di 76 anni, portatrice di PM, ricoverata per febbre di origine sconosciuta resistente alle terapie intraprese nel sospetto di infezione delle vie urinarie ed erisipela, presentava un soffio sistolico 3/6 L maggiormente udibile sul focolaio aortico. Le emocolture all'ingresso erano positive per C. striatum (2 set) per cui veniva iniziata terapia antibiotica con cefazolina e linezolid ev. L'ecocardiogramma transtoracico era negativo per segni di endocardite infettiva. Persisteva positività per C. striatum alle emocolture "sentinella" (2 set) eseguite a 48 h, la cefazolina veniva con la vancomicina ev. Persistendo il sospetto clinico di endocardite, veniva eseguito ecocardiogramma transesofageo che ne confermava la presenza su valvola aortica. Sono state infine escluse embolizzazioni periferiche su addome e cranio, interessamento del PM tramite PET e indicazioni cardiochirurgiche, con successo del trattamento tramite sola terapia antibiotica.
Conclusioni: Anche i normali commensali, se presenti porte d'accesso, possono essere rare cause di infezioni ad elevato tasso di mortalità come l'endocardite, colpendo principalmente il cuore sinistro. La sola terapia antibiotica può essere sufficiente nel trattare con successo l'infezione.

Caso clinico: l'iponatriemia può essere l'unica spia d'allarme di una neoplasia non nota

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Premessa: Il riscontro casuale di iposodiemia asintomatica non è un reperto da sottovalutare in quanto, oltre essere una conseguenza di condizioni benigne, potrebbe essere la spia di una misconosciuta patologia maligna.
Descrizione del caso: Un uomo di 72 anni, euvolemico, in buone condizioni generali accedeva in PS per ritenzione urinaria acuta in storia di stenosi ureterali per cui era stato sottoposto in passato a procedure dilatative. Agli esami ematici veniva incidentalmente riscontrata iposodiemia grave (111 mEq/L) in assenza di sintomatologia relata e di cause iatrogene. In regime di ricovero lo studio dell'osmolarità sierico-urinaria e della sodiuria hanno portato a diagnosi di SIADH, per cui il paziente è stato trattato con soluzione ipertonica e terapia con tolvaptan con ripristino dei normali valori sodiemici. Per studiarne l'eziologia è stato eseguito uno studio di imaging con RMN encefalo, risultata negativa, e TC total body che ha portato a diagnosi di verosimile neoplasia primitiva renale con secondarismi linfonodali, polmonari ed ossei. La malattia era in stadio talmente avanzato che non si è ritenuto opportuno procedere ad esame bioptico e ad accanimento terapeutico.
Conclusioni: L'iposodiemia cronica, sebbene asintomatica e quindi poco preoccupante nell'urgenza, rappresenta un dato su cui riflettere soprattutto in assenza di cause immediate della stessa e i pazienti affetti da tale condizione meriterebbero uno screening per patologie neoplastiche.

Homocysteine: marker of neurodegeneration in patients with alcohol dependence syndrome

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Aims: Alcoholism correlates with increased homocysteine, whose metabolism requires vitamins B12, B6, and B9 as cofactors. Homocysteine overcomes BBB by acting as a neurotoxin, promoting demyelination, leading to up-regulation of NMDA receptors, glutamate accumulation and neuronal lipid peroxidation, cellular changes underlying phenomena such as learning, memory and dysesthesia. The study assesses the association between hyperhomocysteinemia in alcoholics and central/peripheral neuronal damage.
Methods: MOCA and MMSE psychometric instruments, EMG.
Results: 45 patients underwent homocysteine assays at enrollment found to be above threshold values in 96% of cases; at T0 performed neurocognitive assessment by MOCA and MMTE with mild to moderate impairment of cognitive abilities in 65% of cases. EMG performed at T0 documented mild signs of neurogenic distress in 30% of patients. After a course of parenteral B vitamins and continued vitamin oral supplementation for 6 month repeat tests were performed providing improvement in cognitive abilities in 85% of cases: moderate/light to mild. Repeat EMG at 6 months was also negative in 20% of patients with mild signs of distress. Homocysteine values at T6 were in range in 99% of patient.
Conclusions: Hyperhomocysteinemia of alcoholics represents a risk factor for neurodegeneration that is potentially modifiable with pharmacological strategies of vitamin replenishment and total abstention from potus.

Promoting self-management of chronic diseases in Italy: bridging the gap between current knowledge and practice of self-management interventions

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Chronic diseases are a worldwide public health problem. They adversely affect the quality of life of individuals and their families, cause most deaths and contribute to increasing disability and healthcare costs. Current treatments of chronic diseases can slow their progression and mitigate their burden on people and society, but their effectiveness significantly depends on patients' self-management, defined as the ability to manage the symptoms, treatment, physical and psychosocial consequences, and lifestyle changes inherent in living with a chronic condition. In the last decade there has been an increasing interest in self-management interventions (SMIs), supportive interventions provided by healthcare staff or peers, aimed at increase patients' skills and confidence in their own ability to cope with long-term conditions. In 2022 seven european institution accomplished the COMPAR-EU project, funded by European Union, to identify, compare, and rank the most effective and sustainable SMIs for adults living with one of the four high-priority chronic conditions: type 2 diabetes, obesity, COPD, and heart failure. Through an IT platform (https://self-management.eu) the project provide support for policymakers, guideline developers and professionals to make informed decisions on the adoption of the most suitable SMIs. In 2024 the CEFPAS (Educational Center of Regional Health Service of Sicily) and Self-Management Europe (an initiative of COMPAR-EU project) agreed on an educational program aimed at providing updated scientific knowledge on self-management and patient empowerment.

Effectiveness of muscular acoustic modulator in the treatment of lower limb lymphedema: a case study

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Introduction: Lower limb lymphedema presents a significant clinical challenge, characterized by interstitial fluid accumulation and lymphatic flow disruption. Recently, innovative therapeutic approaches, including the Muscular Acoustic Modulator (MAM), have garnered attention. This case study examines the effectiveness of MAM in a 52-year-old female with diffuse lower limb lymphedema.
Methodology and Treatment: The patient presented to our clinic, with significant swelling and discomfort in the lower limbs. She was commenced on a weekly MAM therapy, a non-invasive treatment utilizing acoustic waves to stimulate muscle activity and enhance lymphatic drainage.
Results: In 34 days, after five sessions, an approximate 50% reduction in edema was observed. The patient also reported subjective improvement in circulation and stabilization of blood pressure. These findings suggest a positive impact of MAM on reducing lymphedema and improving patient quality of life.
Discussion: It is hypothesized that the acoustic waves enhance muscle contraction and lymphatic drainage, thereby reducing

edema. Furthermore, the therapy showed potential benefits on systemic circulation and blood pressure regulation.
Conclusions: This case study underscores the efficacy of MAM in the treatment of lower limb lymphedema. The significant reduction in edema and related benefits in circulation and blood pressure indicate that MAM could be a viable therapeutic option. Further studies are required to confirm these findings and to explore the potential of MAM in a broader patient population with lymphedema.

Early outpatient follow-up in patients hospitalized for heart failure: experience of a single center

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Background: Chronic heart failure (CHF) is associated with incresed hospitalizations and a risk of death.
Materials and Methods: We analizated the 5 years (2018-2022) experience of a single-center CHF ambulatory with the aim to evaluating all-cause rehospitalization at 30-day and 3-months. One hundred and eighty patients (mean age 70 +/- 13 years, 57.2% males) discharged from hospital with diagnosis of HF had been evalutated between 10 and 15 days after hospitalization and also after 3-month.The 55% of patients had severe left ventricular dysfunction (HFrEF).
Results: In this HFrEF sample 57% of patients had a hystory of smoking, 65% arterial hypertension, 41% atrial fibrillation, 30% diabetes, 23% chronic renal failure, 25% chronic obstructive bronchitis, 72% coronary arterial disease.Diuretic therapy was modified in 43.5% of cases durig the first visit, ARNI in 5.3%. HFrEF patient hospital readmission was 6.7% within 30 days of discharge and 13.4% within 3 month.
Conclusions: Clinical studies report, in patients with HF, hospital readmission from 15 to 22% during the first month, up to 35-45% during the following 3 months.Our study demonstrates the benefits of early outpatient follow-up for HF hospitalization by reducig the rate of readmission at 30 days and 3-months.

Prevenzione e formazione: progetto di miglioramento in un reparto di Medicina Interna

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Scopo: Le LDP sono un importante esito sensibile all'assistenza. La prevalenza delle LDP in alcuni reparti si attesta a valori superiori a quelli stimati nei setting per acuti (6-18,5%). L'obiettivo era quello di prevenire l'insorgenza di LDP acquisite in ospedale (Hospital-Acquired Pressure Injury), in un reparto di Medicina Interna dell'A.O. Mauriziano di Torino, attraverso: valutazione, presa in carico e documentazione dei pazienti a rischio.
Materiali e Metodi: Studi di prevalenza puntuale hanno permesso di conoscere l'entità del fenomeno e monitorare l'efficacia degli interventi posti in essere. Tramite diagramma di Hishikawa è stato messo in atto un progetto di miglioramento composto da lezioni frontali e formazione sul campo, al fine di trasmettere ai colleghi le best practice in ambito di prevenzione delle HAPI. Gli strumenti di valutazione utilizzati sono: Scala di Braden e classificazione EN-PUAP/EPUAP per la stadiazione delle LDP.
Risultati: Si è evidenziato un decremento del valore di prevalenza delle HAPI, un incremento della compilazione della cartella infermieristica e l'implementazione di buone patiche atte a prevenire e trattare propriamente le LDP.
Conclusioni: L'esito è individuabile in un miglioramento della qualità dell'assistenza dei pazienti a rischio di LDP che si è tradotto nella riduzione della prevalenza di queste lesioni e nell'incremento della soddisfazione del personale coinvolto. Un monitoraggio nel tempo fornirà informazioni utili per l'implementazione del progetto nel reparto di medicina coinvolto ed eventualmente in altre realtà che possano beneficiarne.

Gli antagonisti del co-trasportatore sodio-glucosio 2 nello scompenso cardiaco: una critica analisi multidisciplinare come strumento per migliorare la pratica clinica

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Premessa e Scopo dello studio: Il grande impulso scientifico all'utilizzo degli antagonisti del cotrasportatore sodio-glucosio 2 nella terapia dello scompenso cardiaco ha portato a valutare il loro utilizzo nella pratica clinica.
Materiali e Metodi: È stata condotta un'analisi retrospettiva nel reparto di Medicina Interna dal 15 aprile al 30 agosto 2023, analizzando 98 ricoveri per differenti patologie acute, nei quali coesisteva lo scompenso cardiaco. L'attenzione è stata rivolta alla terapia farmacologica all'atto del ricovero e alla dimissione. Nel contesto della frazione di eiezione ridotta nel 61,5% dei casi non è stata modificata la terapia alla dimissione considerando tutte le categorie di farmaci che dovrebbero essere introdotti nell'insufficienza cardiaca: questo ha comportato che nell'80% non fosse stata introdotta una glifozina. Nel contesto della frazione di eiezione preservata la terapia non è stata modificata nel 73% dei casi; la glifozina non è stata introdotta addirittura nel 90%. Analoghi risultati sull' analisi condotta su 37 pazienti ricoverati in Medicina d'Urgenza nel periodo Giugno-Ottobre 2023, nonostante la costante presenza del consulente cardiologo. La scarsa aderenza alle raccomandazioni ha spinto ad un hospital meeting dove sono stati mostrati i dati raccolti.
Conclusioni: La gestione di una patologia complessa come lo scompenso cardiaco si concretizza proprio nella multidisciplinarietà e si misura anche in termini di prescrizioni terapeutiche. Nel mese successivo all'hospital meeting l'aderenza prescrittiva è stata del 100%.

A fortunate incident: intrabdominal splenosis. Case report

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Premiss: We present a rare case of intraperitoneal splenosis in a 53-year-old man with a history of post-traumatic juvenile splenectomy. The patient presented to the emergency department with nonspecific abdominal pain localized to the lower quadrants.
Case report: Abdominal CT with contrast revealed "[..] thickening of the sigmoid colon with peri-colonic adipose tissue thickening compatible with recent diverticulitis, [..] presence of multiple intraperitoneal nodular formations (diameters about 20 mm) distributed in the mesogastrium, right

and left hypochondrium". An ultrasound-guided core biopsy was performed. The histopathological examination of the biopsy samples was consistent with microfragments of fibrous tissue and splenic parenchyma.
Conclusions: Despite the availability of imaging technologies, splenosis remains challenging to identify instrumentally, often mimicking metastatic neoplastic disease from an unknown primary tumor. A clinical history of splenic trauma or splenectomy is reported in all cases documented in the literature, thereby providing a decisive element in considering a case of abdominal splenosis. The diagnostic and therapeutic management of this rare clinical condition should be conservative, with targeted surgical treatment reserved for cases with symptoms.

PS KIT: la cassetta degli attrezzi per il medico che lavora nei pronti soccorsi degli ospedali di rete di APSS

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Premesse e scopo dello studio: Per sostenere i Pronti Soccorsi degli ospedali di rete, gravati dalla carenza di medici, il dipartimento medico Apss ha organizzato una turnazione di medici internisti nei pronti soccorsi degli ospedali di rete Per implementare questo modello organizzativo di job rotation, con il servizio formazione si è costruito un "pacchetto formativo" a sostegno delle competenze richieste per operare in sicurezza all'interno di un pronto soccorso. Il PS KIT è un progetto innovativo, esito di un lavoro congiunto di analisi valutazione verifica della coerenza con le politiche e la normativa provinciale, che offre ai medici internisti che operano nei Pronti Soccorsi una formazione sostenibile appropriata personalizzata.
Materiali e Metodi: Il percorso formativo mira a potenziare competenze e conoscenze in diversi ambiti: acquisire abilità nel supporto vitale avanzato e gestione del paziente traumatizzato nella rete trauma trentina; approfondire il funzionamento del sistema di emergenza-urgenza in trentino e le responsabilità professionali correlate; migliorare la gestione delle emergenze in team e il rapporto con pazienti e astanti, conoscere strumenti e procedure per affrontare le quotidiane sfide del pronto soccorso.
Risultati: Il percorso si avvale di diversi corsi e prevede la partecipazione a moduli formativi in presenza o asincroni specificatamente progettati sulla scorta di fabbisogni emergenti, con raccolta feedback e monitoraggio.
Conclusioni: A settembre 2024 verranno intervistati i partecipanti e analizzata la qualità della trasferibilità dei contenuti.

Surveillance of healthcare-associated infections in an Internal Medicine Department

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Premises and Purpose of the study: Surveillance of healthcare-associated infections (HAIs) represent a major public health challenge. The aim of this study was to investigate the burden in an Internal Medicine Department.
Materials and Methods: Over 2023, at the Internal Medicine Dep - Camerino H, a surveillance study on HAIs was conducted. A data entry form was compiled with information on pts's demographics and risk factors, length of stay, microbiological isolates and their resistance.
Results: There were 23 patients (39% M, 61% F, average age 83.5 years) with at least 1 HAI, for a total N° of 28 cases (4.1% of hospitalized pts), with an infection/patient ratio 1/24. Urinary tract infection (53,6%) and bacteremia (28,6%) were the most common HAIs. Lower respiratory tract infections and other HAIs were recorded in 14.3% and 3.5%, respectively. All pts with HAI wore at least 1 device. During the study, 26 bacteria were isolated: Gram negative with greater frequency (58%). The report confirms the high percentage of multi-resistant bacteria (58%). Examining pts with HAIs, 9% had undergone surgery in the previous 30 days, 52% had malnutrition (prealbumin <17 mg/dl), 74% had at least 4 serious comorbidities. The average length of hospital stay was 26 days (10 days the entire population admitted in the same study period).
Conclusions: HAIs represent a complication responsible for an increase in hospitalization. The prevalence of HAIs in our department is in line with what is described in the literature, but this study aims to be the first step towards implementing adequate interventions aimed at reducing cases in the coming years.

Delirium in Internal Medicine wards: a survey of Campania region

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Premises and Purpose of the study: Delirium is a common neuropsychiatric syndrome occuring frequently in acute Internal Medicine wards and may worsen the patient's prognosis. The purpose of this survey was to identify the prevalence, recognition, risk factors, course and management of delirium among hospitalized medical wards patients.
Materials and Methods: We performed an online ten items survey on delirium.
Results: 111 replies were recorded. The prevalence of delirium is between 20-30%, the hyperactive form is the most frequent one. Age, poor functional status and neurocognitive disorders are the major risk factors. There is a little knowledge of diagnostic screening tools (such as 3D-CAM, ALO-A score). The diagnosis of delirium is often omitted in the hospital discharge letter. Therapeutic intervention is mainly pharmacological, with the use of typical antipsychotic drugs. Delirium favours bed rest syndrome and prolongs length of stay, with worse outcomes. The activation of home services for the management of acute internal diseases could prevent the onset of delirium and optimize its management.
Conclusions: The survey highlighted that, although delirium represents a recurrent syndrome in general medical wards, there is still little awareness in reporting this event in medical records, in adopting screening tools, in the use of non-pharmacological interventions. A multidisciplinary strategy and wider spread of semi-intensive home-care services for acute patients at risk of delirium could be crucial for the management of this epiphenomenon syndrome of fragility.

Cerebral salt-wasting syndrome: a rare cause of hyponatriemia

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Premises: Cerebral salt-wasting syndrome (CSWS) is a potential cause of hyponatremia probably due to brain insults as subarachoid hemorrhage. CSWS is characterized by hyponatremia with elevated urine sodium (>40 mEq/L), urine osmolarity (>100 mosm/kg) and hypovolemia. These features overlaps with SIADH. Therefore, differential diagnosis is crucial because while CSWS requires fluid and sodium supplementation, SIADH is usually treated with fluid restriction.
Description of the Case report: A 75 female with no significant clinical history except for osteoporosis admitted to undergo elective D12 vertebroplasty for vertebral fracture. The procedures was complicated by subdural bleeding D4-L2 requiring neurosurgery decompression. 2 weeks later the patient complains fatigue with evidence of dry oral mucosa, low blood Na (111 mEq/L), blood osmolarity (265 mOsm/kg), and increased Na renal excretion (Na 50 mEq/L and 180 mEq in 24h nr 50-250) and urine osmolarity (138 mosm/kg). A new RMN brain scan showed bleeding extension to subarachnoid space parieto-occipital bilaterally and in the inter-hemispheric fissure. Diagnosis of CSWS was done and the patient was treated with fluid and sodium supplementation observing progressive improvement in tests and symptoms. 10 days after blood Na was restored and the patients were discharged with indication to high sodium intake for two months. Follow-up 1 month after discontinuing high salts diets showed normal blood tests.
Conclusions: CSWS is a rare cause of hyponatremia that appears similar to SIADH but requires a different management.

Il percorso del malato oncologico terminale dall'ospedale al domicilio nella rete delle cure palliative: un case report

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Premesse: Donna di 72 anni giunge in Pronto Soccorso per ittero, dolore addominale e alterata funzionalità epatica. In anamnesi pregressa gastrectomia totale per neoplasia gastrica in trattamento chemioterapico di I linea metastatica con taxolo e ramucirumab (ultimo ciclo non praticato per epatotossicità). All'Angio TC addome marcata dilatazione di vie biliari intra epatiche, dotto cistico e coledoco; neoformazione a livello duodeno-pancreatico indissociabile dal moncone duodenale; linfoadenopatie conglobate e colliquate; sospette lesioni secondarie epatiche (IV e VII segmento) e sospetto impianto peritoneale.
Descrizione del Caso clinico: In Medicina viene sottoposta a posizionamento di drenaggio percutaneo delle vie biliari e prelievi bioptici della lesione stenosante con esame istologico, successivamente stenting delle vie biliari e rimozione del drenaggio, con progressivo miglioramento degli indici di colestasi. Gli indici di flogosi si sono mantenuti sempre nei limiti della norma. Completata la stadiazione con TC torace ed encefalo con mdc. Dimissione protetta per rivalutazione ambulatoriale oncologica per pianificazione terapeutica in attesa dell'istologico (adenocarcinoma scarsamente differenziato a probabile primitività gastrica).
Conclusioni: Alla rivalutazione oncologica, stante le condizioni generali scadute (svolge a fatica piccole attività basilari della vita quotidiana), i trattamenti oncologici già eseguiti e l'obiettivo di cura palliativo non si ritiene indicata la prosecuzione di trattamenti oncologici specifici ma le sole cure palliative domiciliari del caso.

Complexity of Henoch-Schonlein purpura in a young women from a clinical case

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Background: Henoch-Schonlein purpura is an immune-mediated vasculitis due to IgA deposition and underlying cause often remains unknown. It occurs in 90% of children, usually self-limited and characterized by clinical tetrad: palpable purpura without thrombocytopenia and coagulopathy, arthritis/arthralgia, abdominal pain and kidney disease.
Case report: A 31-year-old woman was referred to our department for unilateral arthralgia of ankle and wrist associated to extension of purpura from lower to upper limbs up to abdomen, her medical history was negative. Inflammation indices were increased, autoimmune and sierologic test resulted normal such as chest X-rays and abdominal-US. After a week abdominal pain appeared with melena and mild anemia. CT showed ileitis and gastroscopy revealed hemorrhagic duodenitis, later skin biopsy confirmed leukocytoclastic vasculitis. We started methylprednisolone 0.8mg/kg/d for 3 days and immune globulin 0.4g/kg/d. Because of positive coproculture for EPEC, we also administered ciprofloxacin and metronidazole for a week. Prednisone 1mg/kg/d was continued with improvement of gastrointestinal symptoms and azathioprine was introduced for partial cutaneous response. After a month hematuria and proteinuria appeared at urinalysis with normal creatinine.
Conclusions: Management of this illness includes supportive care and monitoring for complications. The use of glucocorticoids is controversial and additional therapies for recalcitrant disease are not well defined. The risk of chronic kidney disease is increased in adults but a scoring system is not yet available to predict it.

Association between carotid plaque echolucency and peripheral arterial disease in patients with ischemic stroke

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Premises and Purpose of the study: Polyvascular disease is a very common condition, often under-diagnosed, and associated with an increased cardiovascular risk. This study aims to estimate the prevalence of peripheral arterial disease (PAD) in patients with ischemic stroke and its correlation with carotid plaque echolucency.
Materials and Methods: We enrolled 50 patients with anterior ischemic stroke, aged >50 years and with atherosclerotic carotid plaques. All patients underwent carotid duplex ultrasound to evaluate plaque echogenicity by grey-scale median (GSM). They were also screened for the presence of PAD with ankle-brachial index (ABI) measurement and tibial artery waveform examination.
Results: PAD was diagnosed in 26% of the patients. Patients with PAD were older, more frequently were active smoker, and suffered from hypertension, dyslipidemia and ischemic heart disease. Patients with PAD showed lower GSM values than those without PAD (36 *vs.* 50, p=0.012).

Conclusions: These preliminary data suggest an association between plaque echolucency assessed by GSM and the presence of PAD. Further studies adequately powered are needed to confirm these findings, provide a better understanding of mechanisms causing increased echolucency in this subset of patients, and suggest potential therapeutic strategies.

A strange case of low back pain

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Background: Smouldering myeloma is an early form of myeloma which usually slowly evolves to active myeloma.
Case report: A 72-year-old woman with a history of Sjogren Syndrome, mitroaortic valve insufficiency and recurrent urinary tract infections, was admitted because of persistent fever and low back pain. First, she was treated with piperacillin/tazobactam and teicoplanin, switched to oxacillin and rifampicin based on the results of blood cultures tested positive for methicillin-resistant staphylococcus aureus, with gradual negativization of inflammation indices. Lumbosacral MRI evidenced multiple spondylodiscitis L5-S1 and a widespread subversion of the metamers with some vertebral collapses (in particular D9 and D11); transthoracic echocardiogram was negative for valve vegetations. Blood exams showed a slight increase in light chains, initially attributed as secondary to the septic state. Suspecting a systemic disease, the patient was subjected to a vertebral biopsy D9, that resulted in plasma cell infiltration up to 18% with prevalent immunophenotypic expression of kappa light chains in a suspicious setting of smouldering myeloma. The patient was discharged in fair general conditions.
Conclusions: Despite the absence of significant hematochemical alterations, the outcome of the vertebral biopsy evidenced that the patient probably suffered of MM, that justified the patient's general fragility (hypokinetic syndrome, vertebral collapse, resistant recurrent infections).

Non responders to anti-calcitonin gene-related peptide monoclonal antibodies: unmet needs and challenges in the management of drug-resistant migraine

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Question: To describe the outcome of patients who withdraw anti-calcitonin gene-related peptide monoclonal antibodies (CGRP/R mAbs) and the related causes and characterize these patients.
Methods: A prospective analysis on outpatients who started erenumab, galcanezumab, or fremanezumab. We assessed the follow-up of patients that withdrawn treatment and if they had subsequent follow-up after the last mAb administration and subsequent new treatments. The primary outcomes were to describe the reasons for anti-CGRP mAbs withdraw and the follow up thereafter. The patients were divided in the overall population and then a subgroup that discontinued solely due to ineffectiveness.
Results: A total of 472 patients were treated with anti-CGRP/R mAbs, and 136 (28.8%) discontinued treatment. Almost all patients have chronic migraine (91.9%) and 81.6% medication overuse. The majority of patients withdrawn treatment due to ineffectiveness (n=96, 70.6%), followed by lost to follow up (18, 13.1%) and adverse events (13, 9.6%). Three patient each (3, 2.2%) withdrawal treatment for pregnancy or physician decision and one for no compliance (0.7%). Overall, 106 (77.9%) patients discontinued treatment during the first 12-month follow-up. At the first follow-up after withdrawn, 66 (48.5%) patients started a new pharmacological treatment, 54 (39.7%) were lost to follow-up and 16 (11.8%) decided to not start other treatments.
Conclusions: Managing non-responders to anti-CGRP treatment remains a challenge, necessitating tailored management strategies and timely identification.

New therapeutic frontiers in the management of hypercholesterolemia: scientific evidence on the use of inclisiran in clinical practice

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Background: The reduction of low-density lipoprotein cholesterol (LDL-C) is associated with a reduced cardiovascular risk, the extent of which is proportional to the reduction of LDL-C. Numerous studies have demonstrated the effectiveness of inclisiran in terms of LDL-C reduction and its good tolerability.
Clinical case: 42 year old patient, smoker, family history of hypercholesterolemia and coronary artery disease. You have been taking statins for a short time due to an increase in transaminases. Total cholesterol 380 mg/dL; LDL-C 260 mg/dL; HDL-C 45 mg/dL; triglycerides 150 mg/dL. Glycemic profile, thyroid and hepatorenal function were normal. Physical examination: eyelid xanthelasmas, tendon xanthomas and abdominal obesity. EcoDoppler TSA: bilateral non-stenosing carotid atheromasia. Echocardiogram: hypertensive heart disease.
Conclusions: Research into lipid-lowering treatments has led to the development of new drugs to reduce cardiovascular risk. Gene silencing is one of the most innovative therapeutic approaches to reduce LDL-C levels. Inclisiran is a small molecule of ribonucleic acid which, by interfering with the synthesis of proprotein convertase subtilisin/kexin type 9 (PCSK9), determines a reduced degradation of LDL-C receptors mediated by PCSK9 and promotes the elimination of LDL-C from the circulation hematic. Several studies have demonstrated the effectiveness of inclisiran in terms of reduction of LDL-C (50%). Inclisiran is therefore an innovative approach for the management of hypercholesterolemia, overcoming many of the limitations of drugs already in use.

Prevention of atrial fibrillation in heart failure: updates on the cardioprotective role of gliflozines

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Background: The ESC, the ACC and the AHA, revolutionizing the treatment of heart failure, recommend the use of gliflozines (dapagliflozin or empagliflozin) to therapy with beta blockers, ACE inhibitors or ARNIs and mineralocorticoid receptor antagonists.
Clinical case: A patient suffering from metabolic syndrome

with type 2 diabetes mellitus and chronic ischemic heart disease is hospitalized for paroxysmal atrial fibrillation and heart failure; he was discharged after pharmacological cardioversion of the arrhythmia and optimization of therapy for heart failure, with the addition of dapagliflozin (asymptomatic on follow-up).
Conclusions: Diabetes and comorbidities (obesity, hypertension, chronic kidney disease, heart failure) are associated with an increased incidence of atrial fibrillation/flutter. Gliflozines can reduce weight and blood pressure without increasing heart rate, have positive effects on cardiac remodeling, and reduce the risk of hospitalization for heart failure and death in diabetics. The pathophysiological mechanisms range from the natriuretic, diuretic and hemodynamic effect of these drugs which can affect atrial dilatation and cardiac remodelling, to the effects on blood pressure, body weight, oxidative stress, inflammation, sympathetic hyperactivation and the reduction of epicardial fat. Hypoglycemia may increase the risk of atrial fibrillation/flutter; by pharmacokinetics, these are drugs with a low hypoglycemic risk and therefore represent an important therapeutic innovation.

Bedside geriatric ultrasound for source identification in sepsis

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Background: Demographic changes occurring worldwide are exposing the modern healthcare system to patients very different from those for whom our clinical services, decades ago, were designed for: treatment of infections in geriatric patients require knowledge, appropriateness and timely management due to clinical pictures that can be extremized. Local symptoms and signs can be less pronounced secondary to impaired immune response, frailty and cognitive decline. To date, the usefulness of bedside ultrasound exploring the geriatric patients during physical examination to understand the source of infections has not yet been explored.
Case presentation: A 86 year-old woman, affected by atrial fibrillation in DOAC, admitted with sepsis of unknown origin without striking symptoms and high fever since 4 days (qSOFA 2, PCR 27.8, PCT 6.4) was scanned bedside with a probe with a left renal mass as abdominal finding, suspected for renal abscess. Due to left shoulder oedema an extended collection was found at the same time, and an explorative needle aspiration resulted positive for purulent blood and the diagnosis of infected hemartro was made. An E. coli was isolated from the needle sample; blood culture and trans-thoracic echocardiography resulted negative. Source control was partially obtained with repeated ultrasound guided aspirations.
Conclusions: A diagnosis of urinary tract infection complicated with septic arthritis was concluded. With the help of a simple bedside US during admission, the diagnosis of sepsis'source has been postulated, and an early and appropriate therapy was set up.

Ultrasound findings in shedding breast implants' silicone: a case report

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Background: Limited evidence is available about different imaging findings associated with breast implants (BI) complications, predominantly focusing on issues arising from implant rupture. Silicone particles can localize within lymph nodes, as well as the liver and spleen. The resulting inflammatory response is associated with both localized and systemic disorders including silicone-induced granuloma of the BI capsule, connective tissue diseases and potentially BI-associated anaplastic large cell lymphoma.
Case report: 31 years old woman with no significant medical history other than previous breast augmentation surgery, came to our attention with ultrasound evidence of splenomegaly and hepatomegaly, revealing a bright appearance of the liver and spleen surface. Advanced abdominal ultrasound with elastography confirmed these findings, revealing a diffuse granulose and hyperechoic pattern with increased splenic stiffness. Additionally, four bright hyperechoic nodules, resembling comet-tail artifacts, were observed in the axillary region and along the hepatoduodenal ligament, consistent with nodal silicone localization. An axillary fine needle aspiration demonstrated abundant lymphocytes and phagocytes within the lymphatic tissue, while breast MRI revealed intracapsular rupture of the right BI supporting the diagnostic hypothesis.
Conclusions: Lymphatic, hepatic, and splenic silicone deposits occurring after BI shedding, though unfrequently reported, warrants consideration in the differential diagnosis for patients exhibiting compatible ultrasound findings.

Clinical usefulness of co-management with Internal Medicine in neurosurgical department: approach to postoperative fever in adult

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Background: Postoperative fever is reported to occur in 50–70% of neurosurgical (NS) patients. Prolonged fever (>5 days) occurs less frequently and underlying cause is often not clear. The aim of our study is to describe characteristics, causes of fever and outcome (length of stay and readmission in 30 days) in NS patients.
Methods: We conducted a case-control study on a cohort of patients who underwent surgery electively or as emergencies between January 1st 2023 and January 31st 2024. Fever was defined as a body temperature of 37.8°C or more, according to the literature. Assuming a prevalence of post-operative fever of 20%, based on prior data, we calculated a sample size of 193 patients.
Results: We analyzed data about 240 patients (120 cases, 120 controls). The average age was 43.63 years in case group and 64.30 years in control group. 12.23% was diagnosed to have diabetes mellitus preoperatively. Fever was associated with longer hospitalization and readmission in 30 days ($p < 0.005$). The main cause of fever was urinary tract infection (24 cases, 18.89%); a significant part of the patients who suffered fever had a urinary catheter for more than 48 hours (55 patients, 43.3%). Fever was associated with longer hospitalization and readmission in 30 days ($p < 0.005$).
Conclusions: Postoperative fever could have a significant impact on hospitalization in NS patients in terms of longer hospitalization and readmission. In terms of antibiotic stewardship, it is necessary to identify patients with high risk of fever due to infectious causes.

Difficoltà diagnostiche in un caso di trombosi cavale

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Premesse: La malattia da deposito di IgG4 è una patologia di recente definizione, che abbraccia uno spettro di manife-

stazioni prima considerate a sé stanti. È caratterizzata da infiltrati linfocitari IgG4+ in vari organi, con lo sviluppo di masse pseudo-tumorali; talvolta i livelli sierici di IgG4 risultano elevati. Si può avere un interessamento retroperitoneale, in particolare di aorta, reni e, raramente, vena cava inferiore.
Descrizione del Caso clinico: Maschio di 42 anni, APR muta, accedeva in PS per dolore ipogastrico ed edemi bilaterali agli AAII; qui veniva riscontrata TVP delle vene femorali bilaterali. In reparto veniva impostata terapia anticoagulante ed eseguita TC torace-addome con mdc con riscontro di tromboembolia polmonare, neoformazione retroperitoneale non clivabile dalla vena cava inferiore con trombosi completa della cava a monte e delle vene mesenterica, iliache e femorali. Una RM addome con mdc confermava la presenza di massa improntante l'arteria renale destra e non dissociabile dalla vena cava inferiore. Eseguita ecoendoscopia con prelievo bioptico, non dirimente. Una PET-TC con FDG mostrava iperaccumulo di tracciante nella porzione periferica della lesione cavale. Una determinazione di LAC risultava positiva, con oncomarkers negativi e IgG4 ai limiti superiori. Sottoposto a laparotomia per biopsia linfonodale, l'EI mostrava una patologia da accumulo di IgG4.
Conclusioni: In caso di massa retroperitoneale infiltrante le strutture vascolari va considerata una malattia da deposito di IgG4, per la cui diagnosi è dirimente l'esame istologico.

Sorpresa! Quando una buona anamnesi è la soluzione

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Caso clinico: Uomo di 68 anni giunge alla nostra attenzione per ascite di nuovo riscontro e anemizzazione. In anamnesi: ipertensione arteriosa, dislipidemia, obesità; il mese precedente è stato sottoposto ad intervento di duplice BPAC per cui assume ASA mentre per fibrillazione atriale insorta durante tale ricovero è in terapia con DOAC. Si avvia quindi iter diagnostico dell'anemia e della concomitante ascite che si rivela secondaria a cirrosi epatica esotossica. L'EGDS risulta negativa per sanguinamenti mentre una colonscopia, negativa, era stata eseguita l'anno precedente. L'anamnesi si arricchisce del dato di un pregresso ematoma perirenale di cui non viene fornita documentazione. L'ecografia addominale conferma la presenza di una massa di 8 cm ipoecogena plurisettata al rene sinistro in seguito studiata anche in TC e RMN con mdc. Si pone diagnosi di cisti renale tipo Bosniak IV complicata da sanguinamento intracistico con dilatazioni aneurismatiche arteriose e trombosi della vena renale, per cui vengono poste indicazioni a nefrectomia totale. Insorgono quindi varie problematiche riguardanti le indicazioni a terapia anticoagulante, la necessità o meno di proseguire la terapia antiaggregante, la coesistenza di una lesione ad alto rischio di sanguinamento oltre che l'elevato rischio anestesiologico connesso alla procedura chirurgica.
Conclusioni: Il racconto anamnestico è lo strumento più importante che abbiamo a nostra disposizione. Venire a conoscenza della lesione prima dell'intervento cardiochirurgico, avrebbe modificato la storia clinica del paziente?

Acute on chronic liver failure: a new/old indication for liver transplantation. Survey on awareness about this clinical condition in Internal Medicine Departments of Lazio

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Premises and Purpose of the study: Acute on chronic liver failure is currently recognized as an indication for liver transplantation in Europe and in the world, however in Italy there are no studies on the prevalence of this indication in Italian transplant centers. Furthermore, the condition of ACLF is little known in Internal Medicine Departments. To delve deeper into these issues, an online questionnaire has been prepared to be submitted to Internal Medicine departments of Lazio.
Materials and Methods: A questionnaire of 22 items was prepared with Google forms to be administered to the medical departments of hospitals in Lazio. The questionnaire, prepared and discussed within the hepatology area of FADOI Lazio, will be administered from 01/02/2024 to the medical departments that will participate in the study. The statistical processing of the data collected will be presented at the FADOI National Congress 2024 and will be used to revise/improve the questionnaire to be presented at a national level.
Conclusions: From the data of the European ECLIS study it appears that in Italy out of 7 Centers with 891 transplants, 359 were for decompensated cirrhosis, 49/359 had ACLF 2-3 (13.6%), 14 (3.9%) ACLF 1, 296/359 (82.4%) did not have ACLF. Overall prevalence of ACLF was 63/891 (7%). Data provided by the transplant center of the Policlinico Umberto I Rome from January 2013 to date indicate 12/251 (4.8%) transplants for ACLF. Data requested to the other transplant centers of Rome and data collected through the questionnaire will be presented at the 2024 FADOI National Congress.

Acquired von Willebrand disease: the importance of integration between clinical and laboratory data

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Case report: A 65-year-old woman underwent to intestinal resection for diverticulosis and subsequent revision for postoperative hemorrhage, then she was transferred to our ward for hemorrhagic syndrome with PTT lengthening: a mix test and dosage of coagulation factors documented deficiency of factors VIII and von Willebrand. The negative personal and family history of bleeding rise doubt of an acquired form, confirmed by resumption of the enzymatic activity of the von Willebrand factor at increasing plasma dilutions, due to a probable dilution of inhibitor. A recurrence of bleeding was treated with desmopressin infusion with a hemostatic effect. An abdominal CT evidenced pus collections between intestinal loops, but she wasn't operated due bleeding risk. Ig vein test infusion was performed under control of the vWF/factor VIII complex after therapy, with increase in both factors and their activity: this treatment was therefore established in case of active bleeding and in elective surgical interventions, or together factor VIII in emergency surgery.
Acquired von Willebrand disease is a rare coagulopathy with multiple pathophysiological mechanisms and could be secondary to hemopathies, IBD, cardiovascular diseases and dysthyroidism. Its management involves the control of active bleeding, prevention and the treatment of any triggering conditions. Its clinical and laboratory similarity to the congenital syndrome and difficult diagnosis causes possible incorrect therapeutic consequences.

Sondino naso-gastrico con sistema di ancoraggio studio osservazionale dei pro e contro

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Premesse e Scopo dello studio: Nella Unità Operativa Complessa di Medicina Interna l'accesso alle cure è predestinato a pazienti con patologie acute. In anamensi, spesso, avremo malattie neurologiche degenerative, caratterizzate da alterazioni dello stato di coscienza e dalla effettiva adesione alle cure messe in atto, ove ne viene meno la collaboratività in tutto il processo di cura e di assistenza. Durante i pasti, abbiamo notato elevati casi di tosse nel breve post-prandiale, con la necessità di indagare e porre soluzioni in essere, dopo un attento studio della letteratura, abbiamo compreso che il test di Guss poteva fare al caso nostro. In caso di disfagia severa in paziente dissociato, obnubilato e non collaborante, quando non è possibile confezionare una PEG, posizioneremo il sondino naso gastrico con ancoraggio (conseguenzialmente e/o in collaborazione con il vascular team un picc per la nutrizione parenterale In seguito alla redazione di un protocollo sul posizionamento del sondino naso gastrico con tecnica di ancoraggio, è nata la necessità, visto che in letteratura le evidenze sono scarse, una raccolta dati su i pro ed i contro dell'utilizzo della briglia ancorata, per mantenere in sede il SNG nel paziente agitato, obnubilato e non collaborante.
Metodi: Dal mese di aprile 2019 al mese di maggio 2022, è stata effettuata una raccolta dati, per un totale di 95 pazienti, caratteristica comune di suddetti utenti: •effettuare nutrizione enterale; •sensorio obnubilato, in paziente non collaborante; •impossibilità di confezionare un PEG.

It's not what it seems, a misleading case report

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Introduction: Arterial thrombosis in unusual sites should always be well investigated.
Case report: A 63-year-old man was admitted to the ER for syncopal episode and right upper limb paresthesia. The patient had a history of atrial fibrillation and biological aortic valve replacement two years earlier. Physical examination showed blood pressure of 135/70 mmHg in the left arm and 80/60 mmHg in the right arm, with weak brachial pulse. Laboratory tests showed a white-cell count of 13,940 per mm^3, C-reactive protein levels 6 X ULN, a D-dimer level of 688 ng/ml without fever. Brain and neck Angio-TC revealed a focal occlusion of the right subclavian artery, with a suspect of extrinsic compression. Thrombophilia screening and contrast-enhanced CT scan of chest and abdomen resulted negative. Transthoracic echocardiogram revealed an increased aortic transvalvular gradient. During the recovery, the patient complained pain of right lower limb with absence of dorsalis pedis artery pulse. Angio-CT scan showed obstruction of the right popliteal and dorsal pedis artery, then treated with embolectomy and multiple ischemical splenic lesions. In the suspect of infective endocarditis serial blood cultures were performed and tested positive for S. epidermidis; transesophageal echocardiography revealed a vegetation on the prosthetic valve. Therapy with vancomycin and gentamicin was started.
Conclusions: Patients with prosthetic valves have a higher risk of developing endocarditis even one year after surgery. It should be suspected when multiple arterial thrombotic manifestations are present.

L'implementazione della pianificazione infermieristica con le diagnosi infermieristiche NANDA- I in una degenza medica

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Premesse e Scopo dello studio: L'utilizzo di un linguaggio standardizzato quale le diagnosi NANDA-I permette di identificare i bisogni di salute degli assistiti, e attuare cure appropriate. Nell'anno 2023 è' stata implementata, dopo specifica formazione, la pianificazione infermieristica con le diagnosi infermieristiche Nanda-I in area medica per uniformare e documentare i problemi degli assistiti e le relative cure infermieristiche. Identificare le diagnosi infermieristiche prevalenti, gli interventi correlati e la loro appropriatezza.
Materiali e Metodi: E' stata condotta una ricerca valutativa in una U.O. di Medicina. I dati sono stati rilevati dalla documentazione infermieristica dei ricoverati nel 1° semestre 2022 e 2023, per insufficienza cardiaca o cirrosi.
Risultati: Sono state incluse 246 cartelle. Per lo scompenso cardiaco sono state formulate 16 domande infermieristiche (DI) nel pre e 21 nel post, per la cirrosi epatica 12 DI prima e 20 nel post. Nel post implementazione è aumentato l'utilizzo delle scale, la formulazione di diagnosi appropriate per i dati rilevati, quali ad es. volume eccessivo dei liquidi nello scompenso cardiaco, la registrazione di più interventi correlati alle DI formulate. L' accoglienza registrata dal case manager si presentava più completa e con un utilizzo appropriato delle DI.
Conclusioni: Sembrerebbe dimostrata l'efficacia dell'implementazione delle DI in termini di tracciabilità dei bisogni e degli interventi infermieristici, anche se non sempre la registrazione degli interventi è completa, probabilmente per il limite dello studio, retrospettivo, e in quanto operatore-dipendente.

Diabetic ketoacidosis and sepsi: a diagnostic challenge

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Premises: Diabetic ketoacidosis is the most common complication of diabetes mellitus; infection can be a precipitating factor in almost 50% of cases.
Description of the Case report: A 76-year-old woman with type 2 diabetes was admitted at our emergency department for an alteration of consciousness, GCS 11, afebrile, stable hemodynamics, abdominal rush with an eschar and a vesicular rash extended to the entire left arm. The patient's arterial blood gas (ABG) showed severe metabolic acidosis with glucose of 720 mg/dL and hyperlactatemia. Restoration of intravascular volume and correction of electrolyte abnormalities, acidosis and hyperglycemia were carried out. After 20 minutes she had a worsening of the consciousness state (GCS 8). A non-contrast head CT was negative for acute hemorrhagic or ischemic changes, and an EEG was free of clear epileptiform abnormalities. Laboratory tests showed neutrophilic leucocytosis, increased CRP and glucose 480 mg/dL. Neck examination showed rigidity in flexion and doubtful meningeal signs. Due

to the high index of suspicion, lumbar puncture was performed that revealed clear cerebrospinal fluid (CSF), hyperglycorrhachia, proteinorrhachia, pleocytosis. Empirically, patient was started with Acyclovir. CSF Polymerase chain reaction (PCR) was positive to the Varicella Zoster Virus, leading to the diagnosis of Herpetic Encephalitis.
Conclusions: Encephalitis can occur without fever. Alteration of consciousness, common to both diabetic ketoacidosis and encephalitis, can be a confounding factor for a correct diagnosis.

Fahr's syndrome in primary hypoparathyroidism

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Premisis: Fahr's syndrome is a rare disease characterized by basal ganglia calcifications. It is often secondary to hypoparathyroidism.
Description of the Case report: A 32 year-old male from Italy with medical history of arms tingling, presented to the emergency department with generalized weakness, tetany and muscolar cramps. When interrogated reported dhiarrea during the 10 days preeciding the admission. The initial blood tests showed severe hypocalcemia (4mg/dl). Head CT revealed basal ganglia calcifications compatible with Fahr disease, confermed at nuclear magnetic resonance. The next blood tests showed low serum total calcium togheter with high phospatemia, low PTH hormon and D3 vitamins levels, negative autoimmunity screening. We also performed 24h calciuria and phosphaturia that was compatible with a diagnosis of hypoparathyroidism. Based on these investigations, a diagnosis of Fahr's syndrome due to primary hypoparathyroidism was suggested. After receiving intravenous calcium gluconate to relieve symptoms, the patient continued to take oral calcium carbonate and calcitriol for treatment. Genetic exams and specific autibodies tests are in process.
Conclusions: The possibility of hypoparathyroidism should be considered in patients with chronic hypocalcemia, recurrent tetany, and even neuropsychiatric symptoms. Hypoparathyroidism is a common cause of basal ganglia calcification. Therefore, it is recommended that blood calcium, phosphorus, and PTH levels should be measured in all individuals with basal ganglia calcification to exclude hypoparathyroidism.

Is it just a simple pneumonia?

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Background: Vasculitis are a heterogeneous group of autoimmune conditions characterized by inflammation and vessel wall necrosis. Clinical presentation is different depending on the type, size and location of affected vessels. Eosinophilic granulomatosis with polyangiitis (EGPA), is an eosinophilic-rich necrotizing vasculitis affecting small- to medium-sized vessels. Patients often have chronic rhinosinusitis, asthma, and peripheral blood eosinophilia.
Case report: A 53-year-old woman was admitted to our department with dyspnea, weight loss, asthenia, myalgias, fever. She had a history of therapy-resistant asthma and allergic rhinitis. Chest examination showed widespread wheezes, arterial blood gas test revealed hypoxemic respiratory failure, blood tests documented eosinophilia and increase in C-reactive protein serum levels; tumor markers and autoimmune screening tests were negative. Computed tomography showed bilateral areas of pulmonary consolidation and marked and widespread thickening of the mucous lining of paranasal sinuses which were largely obliterated. Bronchoalveolar lavage showed eosinophilia, cytological examination of the nasal mucosa revealed numerous eosinophilic granules. Based on clinical, laboratory and instrumental evaluation a diagnosis of EGPA was made and the patient was referred to the rheumatologist.
Conclusions: EGPA is an insidious disease that requires multidisciplinary management, taking into account the different clinical manifestations that it can present during its course.

Respiratory syncytial virus and influenza A: two underestimated and unwelcome adventure companions

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Background: The experience acquired during the management of patients during the Covid-19 pandemic period has significantly changed the diagnostic approach to patients with acute respiratory symptoms (ARI) and influenza-like illness (ILI).
Case report: In presence of these clinical pictures, the need to guarantee timely diagnosis and isolation measures, expanded the use of multiplex RT-PCR for viral testing by nasal swab, allowing diagnosis of SARS-CoV-2, influenza A and B and respiratory syncytial virus (RSV). RSV is an important cause of severe respiratory illness in older adults, especially with chronic comorbidities; in older adults, it can cause pneumonia as well as exacerbation of chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF). Patients hospitalized with either influenza or RSV are typically admitted under a wide range of diagnoses, like pneumonia, COPD, CHF, asthma, bronchitis. Bacterial coinfections occur in 10-30% of cases. In the period December January in our department we admitted 85 subjects suffering from ARI, of which 72 were over 65 years of age and 69 with cardiac, respiratory comorbidities or diabetes mellitus. The RT-PCR multiplex swab, performed on 29 subjects with ILI or interstitial pneumonia, on radiological examination was positive for SARS-CoV-2 (20.6%), influenza A (24,1%), RSV (27,6%).
Discussion: Recognizing and defining the impact of RSV in older adults, significantly re-emerged after the COVID-19 pandemic, is important to evaluate the utility of future prevention and set a correct therapy

La Medicina Interna nel territorio oggi: è così fuori moda?

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Premessa: L'assistenza domiciliare (ADI) è il setting principale del paziente anziano ma può rappresentare una risorsa anche nel giovane fragile. L'approccio polispecialistico in questo contesto rischia di valutare i sintomi in assenza di una sintesi globale necessaria per giungere alla diagnosi.
Descrizione del Caso clinico: Donna di 44 anni con febbre remittente da circa 3 anni, cefalea, artralgie/mialgie, eruzioni

cutanee. Valutata da più specialisti, effettuava diversi accessi in PS con esecuzione di accertamenti radiologici ed ematochimici senza giungere ad una diagnosi conclusiva. Questo determinava astenia, fino al completo allettamento. Il MMG segnalava il caso all'ADI richiedendo visita neurologica, dermatologica, ematologica ed infettivologica. La valutazione del caso dall'internista del servizio faceva emergere una complessa situazione familiare con storia di abusi, anoressia. All'EO, candidiasi orale, lesioni ovalari rilevate, di color bruno non dolenti né pruriginose. La sintesi anamnestica con l'EO e gli esami diagnostici mirati, hanno consentito di porre la diagnosi eziologica di FUO ed affidare la paziente al centro di riferimento specialistico.
Conclusioni: La diagnosi complessa del paziente a domicilio rappresenta una sfida per lo specialista per la ridotta disponibilità di mezzi diagnostici, i tempi lunghi per l'esecuzione degli stessi, la difficile integrazione tra specialisti. L'approccio olistico dell'internista può rappresentare la risorsa in grado di sopperire a tali difficoltà, giungendo precocemente alla diagnosi e alla miglior cura per il paziente.

Quando la richiesta giusta fa la differenza…

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Premessa: Nell'Assistenza Domiciliare Integrata (ADI), le richieste di visite specialistiche giungono spesso senza un quesito diagnostico specifico, impendendo di realizzare liste di attesa sulla base dell'appropriatezza e priorità clinica. L'integrazione tra MMG-ADI e tra ospedale-territorio è auspicabile per superare tali limiti.
Descrizione del Caso clinico: Donna di 86 anni, affetta da cardiopatia ipertensiva con episodi di scompenso diastolico, BPCO, obesità. Tre giorni prima della valutazione, episodio di perdita di coscienza, per cui il MMG richiedeva all'ADI consulenza specialistica prioritaria per "primo episodio sincopale". All'EO, paziente dispnoica, SpO2 87% in aria, PA 130/70 mmHg, tachicardica, edemi declivi significativi arti inferiori. ECG: tachicardia sinusale (FC 110 bpm), bassi voltaggi nelle periferiche, BBdx completo (non riscontrato ai precedenti ECG). Nel sospetto di TEP, si inviava la paziente in PS dove veniva posta diagnosi di embolia polmonare a cavaliere con segni di disfunzione ventricolare dx.
Conclusioni: La valutazione clinica tempestiva, su quesito diagnostico specifico posto dal MMG dopo sua valutazione, consente di prendere in carico il paziente in modo prioritario garantendo la diagnosi tempestiva di patologie life-threatening. La sola valutazione clinico-anamnestica, anche in assenza di esami di II livello eseguibili a domicilio, consente di avviare il paziente al percorso più idoneo già con un'ipotesi diagnostica.

Effetto placebo ed effetto nocebo: implicazioni per la pratica infermieristica

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Premessa: L'effetto placebo può essere definito come qualsiasi miglioramento dello stato di malattia, derivante da un intervento che non ha alcun effetto fisico, mentre l'effetto nocebo è stato definito come risultato indesiderato prodotto da contesti psico-sociali negativi che circondano il paziente e l'erogazione del trattamento.
Obiettivi: L'elaborato si propone di indagare tali effetti, con particolare riguardo ai fattori contestuali di attivazione degli stessi ed alle implicazioni relative all'assistenza infermieristica.
Materiali e Metodi: Revisione narrativa della letteratura attraverso ricerca bibliografica effettuata sulla banca dati PubMed e su CINAHL.
Risultati: Tutti gli interventi clinico-assistenziali sono composti da due elementi inseparabili: il primo è l'intervento stesso, mentre il secondo è basato sul contesto. Il contesto può comprendere sia fattori individuali del paziente e dei professionisti sanitari, sia l'interazione tra paziente, sanitari e ambiente di trattamento. È stato dimostrato che i fattori contestuali (FC) influenzano gli interventi infermieristici e gli esiti dei pazienti, innescando effetti placebo/nocebo. Gli infermieri producono di per sé un effetto specifico sull'assistito perché trasmettono informazioni attraverso l'aspetto e il comportamento sull'essenza dell'assistenza infermieristica.
Conclusioni: La relazione infermiere-paziente può influenzare fortemente l'innesco dell'effetto placebo e nocebo, pervadendo tutti gli aspetti dell'assistenza infermieristica e comprenderli è fondamentale per migliorare gli esiti di cura.

Rabdomiolisi e ipotiroidismo

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Premesse: La rabdomiolisi è caratterizzata da rilascio nel torrente circolatorio dei costituenti muscolari dovuto alla necrosi dei miociti. Clinicamente può decorrere del tutto asintomatica fino ad essere complicata da insufficienza renale acuta associata a disionie severe (iperpotassiemia, ipocalcemia). La rabdomiolisi nell'ipotiroidismo è dovuta a deficit di tiroxina porta ad aumentata glicogenolisi e ad un aumentato metabolismo dei trigliceridi, causando uno shift dall'utilizzo di fibre muscolari veloci a quelle lente con bassa attività miosina-ATPasi.
Descrizione del Caso clinico: Donna di 84 anni, accedeva in PS per ipotensione, oliguria e insufficienza renale acuta (creatinina 3,1 mg/dl, prima normofunzione renale; K 3.9 mEq/l, Ca 6,6 mg/dl) e rabdomiolisi (CK 10496 mU/ml, mioglobina 13244 ng/ml, LDH 810 U/l, AST 79 mU/ml, ALT 240 mU/ml). In anamnesi, di particolare rilevanza, erano segnalati ipotiroidismo in terapia sostitutiva e pregressa meningoencefalite condizionante crisi epilettiche. Interrogando i famigliari e la RSA non si riscontravano cause evidenti per rabdomiolisi: non recenti traumatismi, non crisi epilettiche tonico-cloniche, non sintomi riconducibili a infezione d'organo, nè variazioni di terapia. Agli esami ematochimici si riscontrava ipotiroidismo centrale non adeguatamente sostituito (TSH 0,4 uIU/ml, T3 1.19 pg/ml, T4 0,6 ng/dl).
Conclusioni: Nei casi di rabdomiolisi senza causa precipitante nota è importante dosare tempestivamente TSH - T3 - T4 e sospettare un quadro di ipotiroidismo.

Sindrome emofagocitica: ferritina e trigliceridi che fanno la differenza

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Premessa: La sindrome emofagocitica è una patologia aggressiva, potenzialmente letale, dovuta ad eccessiva attivazione del sistema immunitario. Il trattamento tempestivo è fondamentale, ma il principale ostacolo è spesso una mancata o ritardata diagnosi a causa della rarità di questa sindrome.
Descrizione del Caso clinico: Uomo di 72 anni accedeva in PS per febbre da 15 giorni, anemia, piastrinopenia e neu-

tropenia. Era già stata eseguita al domicilio la diagnostica di primo livello e terapia antibiotica empirica senza beneficio. In reparto si eseguivano esami colturali (negativi), RX del torace (nei limiti) ed ecografia dell'addome che mostrava epato-splenomegalia. Il paziente si presentava febbrile poco, prostrato e con iniziali alterazioni del sensorio. Al fine di riconoscere tempestivamente l'eventuale SE in atto sono stati dosati i livelli di ferritina (30.000 ng/ml) e trigliceridi (850 mg/dl), che hanno permesso di porre elevato sospetto di SE e di centralizzare il paziente in meno di 48 ore presso il centro ematologico di riferimento. In questa sede è stata confermata la diagnosi di sindrome emofagocitica alla biopsia midollare e agli esami immunologici.
Conclusioni: La sindrome emofagocitica può essere letale se non rapidamente riconosciuta. Nel setting corretto (febbre, splenomegalia, 2 citopenie su sangue periferico), il dosaggio elevato di ferritina e trigliceridi (5 dei 9 criteri HLH-2004), permettono di porre un elevato sospetto diagnostico e di centralizzare il paziente per esami immunologici di conferma e avvio del trattamento precoce.

Un raro caso di osteoporosi associata alla gravidanza e allattamento

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Introduzione: L'osteoporosi associata a gravidanza e allattamento (PLO) è un raro disordine di eziologia non chiara: dolore cronico, fratture vertebrali spontanee, ridotta densitometria ossea, diagnosi spesso per esclusione
Caso clinico: Giunge donna di 42 anni anamnesi muta. Dopo la terza gravidanza, lombalgia acuta RMN LS: avvallamento L2 -L5fratture multiple non stabilizzate. ZS-2.6 (TS-2.9), Z S femorale-1.1(TS-1.5); terapia antiriassorbitiva con bisfosfonati poi sospesa DEXA di controllo (TS R-2.3, TS femore -0.5), non ulteriore terapia. Successivamente sforzo fisico: recidiva di dolore al rachide, RX RCDL avvallamento D12, L1, L2, L3 e L4, D9 e L5. LAB: Vit D 25.8; emocromo, creatinina, calcio, fosforo, fosfatasi alcalina, PTH, TSHR, elettroforesi sierica, calciuria, celiachiaR negativi Escluse tutte le cause di osteoporosi secondaria. Strategia terapeutica: bisfosfonato, denosumab, teriparatide tutti controindicati in gravidanza e allattamento; portatrice di spirale medicata si concorda con pz per una prima linea di terapia teriparatide con calcio e vit D, in seguito si valuterà antiriassorbitivi.
Conclusione: In gravidanza e allattamento sono rare le fratture da fragilità nei pz che si fratturano, una bassa massa ossea o fragilità scheletrica spesso precedono la gravidanza/allattamento, compromettendo la stabilità scheletrica e precipitare in una frattura. Una spontanea ripresa nella massa ossea è attesa nella maggior parte delle donne al termine dell'allattamento, anche dopo frattura. I deficit nutrizionali e altri fattori che possono causare osteopenia dovrebbero essere corretti per ottimizzare la salute dello scheletro.

Uno strano caso di cervicalgia

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Premessa: La nevralgia del nervo grande occipitale di Arnold è un dolore cronico da irritazione/danno del nervo che origina dal II°nc (C2) puramente sensitivo; innerva cute, cuoio capelluto, occipitali. Dolore tipicamente pulsante, urente, irradiato al vertice e alla fronte, scatenato da stress, artrosi, malformazioni atloccipitali. La diagnosi è clinica, dolore sul "punto di Arnold", ove il NGO emerge. RXC, RM, TC spesso inconclusivi. Il trattamento è tipo medico, con infiltrazioni di anestetico e/o steroidi.
Caso clinico: Pz 52 aa, ipotiroidea, intolleranza a glutine e lattosio. Vit D 16 ng/mL, calcemia 10 mg/dl, vit B12 178 pmol/L folati 6 nmo/L, ANAr positivo debole 1:80, Ab anticell parietali e antitransglutaminasi negativi, TSHr 2.5 mU/L. Giunge per cervicalgia occipitale dopo sforzo in progressivo peggioramento e cefalea per cui esegue RMN RC edema laterale sn di C1e apofisidi C2, in diffuse alterazioni degenerative. TC RC smdc postumi di frattura C7. TC TB e mammografia negative, biopsie digiunali negative. L'osteoncologo: stretto follow-up; TC RC a 3 mesi: degenerazione artrosica di C1 e C2 possibile causa di nevralgia occipitale di Arnold. Trattato con successo con collare di Aspen, terapia antalgica e infiltrazioni a livello dell'articolazione C1- C2 sinistra.
Conclusioni: Nella tipizzazione del dolore nevralgico l'internista deve svolgere sempre un attento esame obiettivo che può esser la chiave diagnostica e contestualmente interfacciarsi con gli specialisti.

A case of porto sinusoidal vascular disorder of the liver in a patient suffering from systemic sclerosis

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Background: Porto vascular sinusoidal disorder (PSDV) describes liver vascular disorders characterized by lesions encompassing portal venules and sinusoids irrespective of portal hypertension (PH) with no histological signs of cirrhosis and increased presinusoidal resistance. Biopsy, fundamental, shows nodular regenerative hyperplasia, obliterative portal vein stenosis, septal fibrosis/cirrhosis. Patients present with signs and symptoms of PH or asymptomatic.
Case report: A 52 years-old man was admitted to hospital for abdominal distension, peripheral edema. Aplastic anemia and systemic sclerosis (Ssc) anamnestic. He showed thrombocytopenia, hypoalbuminemia. HBV-HCV: negative. Alcohol occasionally. US showed ascites, increased portal vein dm and flow velocity, splenomegaly. CT-scan evidenced bilateral pneumonia and pleural effusion. At paracentesis serum-ascites albumin gradient >1.1 g/dL. Liver stiffness 10.7 KPa. Normal atrial and inferior vena cava pressure revealed with hepatic venous pressure gradient 7 mmHg (wedge-hepatic venous pressure 16, free hepatic pressure 9) suggesting pre-sinusoidal more than intra-sinusoidal component. Biopsy configured a vascular porto-sinusoidal disorder.
Conclusions: Multiple studies report an association between PSVD and autoimmune disorders probably linked to hyper activation of intrasinusoidal T lymphocytes. Some cases have been described in patients with SSc even if liver involvement in SSc is atypical. Obliterative sclerotic damage could increase resistance leading to PH. More studies are needed to

highlight pathogenesis of the association of autoimmunity and PSVD.

Atypical case of lung cancer

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Case report: A 57-year-old woman came to our E.D. for anaemia. First evaluation: GCS 15,normal vital signs, paleness, anasarca and a large vegetating and ulcerated lesion in the left gluteus. In her PMH a recently diagnosed oncological pathology: the first histopathological characterisation of the gluteal lesion concluded an angiosarcoma; a pulmonary lesion in the right lower lobe was found on HRCT; total body CT revealed numerous metastases in the breast, abdominal lymph nodes and confirmed the left gluteal lesion, also finding right thigh muscle lesions; a second biopsy evaluation was in progress. Lab exams showed severe anaemia,needing haemotransfusions, extreme increase in WBC 103.400/uL, increased CRP, hypoglycaemia and hyponatriemia. Swab of the gluteal lesion tested positive for P. Mirabilis, so we firstly focused on the sepsis and started antibiotic therapy, daily medications and correction of natriemia. Later, the report of the second histopathological evaluation revealed a 'localisation of pulmonary origin'. Cutaneous metastases of lung cancer (LC) are rare (1–12%) so a high clinical suspicion is therefore essential. The other clues we had about LC were ascribable to paraneoplastic syndrome whereas, according to literature, LC is one of the cancer's types most commonly associated with it: leukemoid reaction (WBC) more than 50,000/mL, SIADH, anemic syndrome and hypoglycemia (due to production of insulin-like growth factors by the tumor).
Conclusions: The unusual skin lesion as the initial presentation for LC and the presence of paraneoplastic symptoms without pulmonary signs delayed the initial pulmonary work-up.

Methotrexate induced leukopenia an anaemia

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Premises: Methotrexate (MTX), folate antagonist part of single disease modifying drugs (DMARDs). In low dose treatment some toxicities can occur. Liver and renal functions, chest radiograph and complete blood cell count should be regularly assessed. Indoses for rheumatic diseases with propermonitoring is well tolerated.
Case history: A 75-year-old man came to Emergency Room due to asthenia and anaemia. No anamnestic findings. Stable vital signs, GCS 15, normal general physical examination, noobvious blood losssigns. Laboratory examinations: leukopenia, anaemia, reticulocyte index 0.4. Fecal occult blood and EGDS: no signs of gastrointestinal bleeding; peripherals mear: monocytosis, anisocytosis, no immature cells. He was placed in isolation and started antibiotic prophylaxis. We also observeds wollen hands, drumstickf ingers with functional limitation. Further question ingrevealed history of psoriatic arthritis in MTX therapy. Folic acid treatment was started. Gradual laboratory and clinical improvements confirmed MTX toxicity suspicion.
Discussion: Psoriatic arthritisis a spondyloarthropathy. Therapy starts with non-steroidal anti inflammatory drugs, then DMARDs and finally biologic drugs. Corticosteroids are used torapidlysettle inflammation. MTX isused as first-line therapy. Pancytopenia (less than 1% of patients) could be dose-dependent oridiosyncratic. Predisposing factors: renaldys function, infections, advanced age, poor folate supplementation. Management: MTX discontinuation, starting of folic acid rescue, broad-spectrum antibiotics and antifungal, granulocyte colony-stimulating factor in severe cases.

Possible association between ANCA-associated vasculitis and IgG4 disease: a case report

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Premises: IgG4 disease is characterized by lymphoplasmacytic infiltrates and tissue sclerosis, while ANCA-associated vasculitis by necrotizing vasculitis. Several cases with common features of the two conditions have been reported, suggesting a relationship between the diseases.
Description of the Case report: MA patient of 83 years old, came to our attention from the ED for organic wasting, fever and polyarthralgia. He presented a complex arterial and venous vascular history treated with oral anticoagulation therapy with vitamin K antagonist (Warfarin). Another anamnestic data emerged: a subrenal periaortic sleeve and retroperitoneal fibrotic involvement. This lesion was biopsied in 2005, resulting not diagnostic. Polymyalgia rheumatica was suspected, and he also complained of weakness in the lower limbs. The following dosages were performed: ESR 115 mm, CRP 4.16 mg/dL, positive pANCA with anti MPO 6.8, IgG4>1900, Lac negative, Anticardiolipin antibodies (IgG-IgM) and antibeta2 glycoprotein antibodies (IgG-IgM) resulted negative. EMG was performed and documented severe axonal, motor and sensory polyneuropathy, affecting the lower limbs with left anterior tibialis deficiency. The picture seemed compatible with ANCA-associated vasculitis and possible coexistence with IgG4 disease also in light of the retroperitoneal fibrosis data. The patient was subsequently treated with rituximab and iv steroid therapy.
Conclusions: We report a case of possible association between ANCA-associated vasculitis and IgG4 disease, the confirmation of which is in course of study.

From the bowel to the heart: a special attention to salmonella infection

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Background: Endocarditis is a rare complication of salmonellosis, with an incidence of 0.2-0.4% and a mortality rate of up to 45%. It is particularly prevalent in patients with a history of previous endocarditis, valvulopathy, congenital heart disease, and HIV. Timely detection is crucial to limit complications, necessitating a prompt initiation of antibiotic therapy lasting at least 3 weeks, with potential surgical intervention.
Clinical Case description: A 63-year-old man with a medical history of arterial hypertension, HCV-related hepatopathy, a mechanical prosthetic aortic valve in VKA, and an abdominal endoprosthesis for an aortic aneurysm, presented to the emergency room with asthenia and fever. Positive Widal-Wright's

blood cultures and serodiagnosis confirmed salmonella spp. Initial tests, including TTE and TEE, ruled out endocarditis, while ultrasound suggested cholecystitis, later unconfirmed by total body CT. Targeted antibiotic therapy with meropenem and ciprofloxacin was initiated and continued until discharge. A week later, the patient was readmitted for sepsis, with positive blood cultures for salmonella spp. PET/CT revealed uptake at the aortic periprosthetic level, and TEE confirmed periprosthetic abscess and aortic bulb involvement. Then, the patient was transferred to the Cardiac Surgery Department.
Conclusions: In cases of salmonella-positive blood cultures, excluding endocarditis is imperative due to its high mortality and complication rates. Immediate cardiosurgical intervention is particularly indicated for non-Hacek negative Gram endocarditis.

Sudden visual loss due to arteritic anterior ischaemic optic neuropathy: a rare manifestation of eosinophilic granulomatosis with polyangiitis

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Introduction: Eosinophilic granulomatosis with polyangiitis (EGPA) is a rare multisystem inflammatory disease characterized by asthma, eosinophilia and granulomatous or vasculitic involvement of various organs. While the eye is uncommonly affected in patients with EGPA, multiple ophthalmic manifestations have been reported, which can result in serious visual impairment.
Case description: We report the case of a 77-year-old woman with a history of asthma and nasal polyps who presented with low-grade fever, mild alteration of mental status, and fatigue. Chest X-ray revealed interstitial infiltrates. Lab tests showed elevated C-reactive protein level and eosinophilia (eosinophil count, 4.6 x10^9 cells/L); blood cultures and parasitological examination of stools tested negative. Four days after presentation, the patient reported sudden and severe blurring of vision in her left eye. Ophthalmological examination revealed bilateral swollen optic disc and visual field loss, more severe in the left eye. A diagnosis of EGPA complicated by arteritic anterior ischaemic optic neuropathy (A-AION) was established. Immunosuppressive treatment with high-dose intravenous glucocorticoids was promptly started. The patient's visual defect did not improve; however, 2 months later, no worsening was registered on ophthalmic reassessment.
Discussion: A-AION is an infrequent manifestation of EGPA, requiring emergency-level glucocorticoid therapy to prevent any further vision loss. Multidisciplinary approach is crucial to expedite diagnostic work-up and effective management of this condition.

What type of thrombocytopenia?

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Premises: Thrombocytopenia, also known as thrombocytopenia is a condition that occurs when the number of platelets circulating in the blood is less than 150,000/mm^3. Thrombocytopenias can be primary. Thrombocytopenia can also be observed when the marrow is affected by infectious, inflammatory or neoplastic processes.
Description of the Case report: We describe a 63-year-old woman who was admitted to our department for the appearance, about a week ago, of purpuric lesions on the limbs and hematomas of the abdominal wall. Blood chemistry tests indicate the presence of 0 platelets with normal leukocyte and erythrocyte values. The patient underwent n. 3 platelet pools, steroid therapy (1 g/kg for 5 days) and subsequently immunoglobulin infusion cycle (1g/kg for two days); given the poor response to therapy (PLT: 1000/UL), therapy with eltrombopag cp (50 mg/day) was started,with gradual improvement in the platelet count. A total body CT scan revealed numerous bilateral ilo-mediastinal lymphadenomegalies. Infectious causes tested were negative. The patient has rheumatoid arthritis in therapy with etanercept (anti-tnf-alpha) in a month; hypertensive heart disease; epilepsy for about 10 years.
Conclusions: One month after the patient had normalization of platelet values and the chest-abdominal CT scan there was a clear decrease in the thoracic lymph nodes. The patient had thrombocytopenia as a reaction to anti-tnf alpha therapy in a subject with rheumatoid arthritis. This case highlights the importance of the link between hematological diseases and autoimmune disorders.

La guerra è ancora lunga nella lotta contro i batteri multifarmaco resistenti

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Premessa: La diffusione di ceppi multiresistenti agli antibiotici (AMR) costituisce oggi uno dei principali problemi della medicina mondiale a tal punto che si rischia di vanificare le conquiste finora raggiunte nell'approccio alla cura e alla prevenzione delle malattie infettive malattie.
Caso: Uomo di 77 anni residente in RSA. Viene inviato in Ps per febbre persistente resistente a terapia antibiotica con Ceftriaxone. In anamnesi: cerebropatia ischemica cronica e postumi di Ictus ischemico con iniziale decadimento cognitivo, sindrome da allettamento, IPB. TD acido acetilsalicilico 100, tamsulosina 0,4, memantina. Agli esami ematochimici lieve rialzo di PCR e PCT, inviate emocolture e urinocoltura. Il paziente viene ricoverato in un Reparto di Medicina. All'ingresso piretico,viene eseguito tampone rettale e viene impostata terapia antibiotica con piperacillina + tazobactam 4.5 x 3 volte/die. Il tampone rettale e le emocolture sono risultate positive a K. pneumoniae NDM+ per cui, dopo consulenza infettivologica,viene sospesa la terapia con piperacillina + tazobactam e introdotta terapia antbiotica con meropenem 6g/die e fosfomicina; il paziente è stato dimesso dopo 13 gg di degenza apiretico e con indici di flogosi nella norma.
Conclusioni: Usare correttamente gli strumenti diagnostici presenti oggi a nostra disposizione prima di iniziare la terapia empirica consentirà di vincere la guerra.

Fino alla fine

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Introduzione: Si continua a confondere la polmonite con lo scompenso cardiaco troppo facilmente. Vediamo un caso tipico.
Caso: Donna di 65 aa, si presenta in PS per tosse e dispnea. In anamnesi:ipertensione arteriosa. TD: ramipril 5 mg al mattino. EO: ACR normofrequente, RR ridotto in assenza di grossolani RRA, lievi edemi declivi bilaterali, addome ndn. Esegue Ega (lieve insufficienza respiratoria tipo 1) e Rx To-

race (addensamenti polmonari bilaterali). Agli esami ematochimici PCR aumentata, PCT negativa. La paziente viene ricoverata in un Reparto di Pneumologia con diagnosi di: polmonite bilaterale. Impostata terapia antibiotica e cortisonica. Durante la prima notte di degenza comparsa di dispnea ingravescente; all'ega peggioramento dell'insufficienza respiratoria. Eseguita Tac torace con evidenza di massivo versamento pleurico bilaterale in quadro di EPA. Agli esami ematochimici innalzamento di BNP e troponina. La paziente è stata trattata con terapia diuretica ev, morfina, C-PAP con progressivo miglioramento del quadro clinico fino alla dimissione 8 giorni dopo il ricovero. Quindi quella che è stata classificata come polmonite bilaterale era in realtà un quadro di scompenso cardiaco acuto evoluto in EPA.
Conclusioni: Dobbiamo essere più clinici e meno radiologi.

VExUS score come indice di cogestione venosa nei pazienti dializzati

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Premesse e Scopo dello studio: Lo stato di congestione venosa pur essendo importante, risulta di difficile valutazione. A questo scopo è stato introdotto il VExUS (Venous Excess UltraSound) Score basato sulla valutazione ecografica della vena cava inferiore (VCI), e dell'analisi eco-doppler dei flussi venosi di: vena epatica, vena porta e distretto vascolare intrarenale. Lo scopo dello studio è valutare le variazioni del valore del VExUS Score in pazienti stabili sottoposti ad emodialisi in cronico.
Materiali e Metodi: Studio pilota prospettico monocentrico con arruolamento di 50 soggetti sottoposti ad emodialisi in cronico. I pazienti sono stati sottoposti a valutazione ecografica pre- e post-trattamento dialitico allo scopo di definirne il VExUS score e la sua correlazione con il volume di disidratazione.
Risultati: 50 pazienti arruolati di cui 25 con VExUS Score 0 (VCI<2 cm) e 25 con VExUS Score≥1; in particolare: 23 pazienti con VExUS Score 1, 2 pazienti con VExUS Score 2 e 1 paziente con VExUS Score 3. Non si è evidenziata alcuna correlazione con il peso portato ed il volume di disidratazione.
Conclusioni: Il VExUS Score sembra essere un buon parametro per la valutazione dello stato di congestione venosa nel paziente in acuto. Al contrario, nella popolazione in esame, sottoposta in cronico ad un aumentato stato volemico, si verificano, verosimilmente, dei meccanismi di compenso del letto vascolare venoso tali da rendere questo score inapplicabile. Ulteriori studi sono necessari per verificare il suo utilizzo nel paziente con necessità di trattamento emodialitico in acuto.

Sindrome di Cushing da secrezione ectopica di ACTH: una rara causa di ipokaliemia e decadimento cognitivo nel paziente anziano

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Premesse: La sindrome di Cushing (SC) da secrezione ectopica (tumore extraipofisario) di ACTH (EAS) è una rara e grave causa di ipercortisolismo, spesso diagnosticata tardivamente.
Descrizione del Caso clinico: Donna di 82 anni, autonoma ed in buono stato di salute fino a due mesi prima, si ricoverava per ipokaliemia ingravescente, iporessia, calo ponderale e rapido deterioramento cognitivo. Presentava ipotrofia degli arti, potassio 2.04 mEq/l (durante integrazione per *os*), sodio 150 mEq/l. Venivano dosati cortisolo ed ACTH, che risultavano estremamente elevati, rispettivamente 132 ug/dL e 442 pg/ml. La RM ipofisi escludeva adenomi. Alla TC torace-addome: "opacità polmonari in sede para-ilare sinistra, basale destra e atelettasia completa del lobo medio; iperplasia surrenalica bilaterale non presente ad un esame di 3 mesi prima e recente frattura di L1-L4". Il quadro clinico deponeva per SC EAS con grave ipercortisolismo, complicata da alterazione del sensorio, grave disionemia, osteoporosi fratturativa e polmonite bilaterale. In aggiunta alle terapie di supporto, veniva iniziata in urgenza terapia specifica per l'ipercortisolismo (osilodrostat), in attesa di ulteriori esami diagnostici atti ad individuare la sede della sospetta neoplasia. Tuttavia, la paziente andava incontro a rapido exitus per le complicanze infettive.
Conclusioni: SC EAS si caratterizza per marcata ipercortisolemia e grave ipokaliemia. L'iter diagnostico può essere complesso e la neoplasia restare occulta, pertanto è prioritario il rapido trattamento dell'ipercortisolismo e delle complicanze.

A strange site for infection

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Premises: Psoas abscess may arise by hematogenous route (primary abscess) or via contiguous spread from adjacent structures (secondary abscess). Primary psoas abscesses are most frequently due to infection with a single organism (most common bacterias isolated are S. aureus, M. tuberculosis, Brucella spondylodiscitis). Secondary psoas abscess may be monomicrobial or polymicrobial, including enteric organisms (particularly in the setting of abscesses with gastrointestinal tract origin).
Description of the Case report: A 77-yo male was admitted to the hospital for persistent oedema of the left lower limb. Abdominal CT with contrast revealed an abscess lesion, inseparable from the iliopsoas muscle, encasing the external iliac vessels. The lesion was drained and S. agalactiae was isolated. For aetiological definition transthoracic echocardiography and colonoscopy were performed. The endoscopy revealed a single flat ulcer of the ileocecal valve, likely a site of bacterial translocation. The diagnosis of secondary abscess was made and antibiotic therapy with linezolid and amoxicillin/clavulanate was administered with subsequent switch to ceftriaxone.
Conclusions: Secondary psoas abscesses are frequently associated with bowel bacterial translocation. Diagnosis is based on imaging (CT and ultrasound), culture examinations (on blood and drained fluid) and biopsy. Treatment is based on drainage of the abscess, long-term therapy, and source control. The duration of therapy is uncertain (at least 3-6 weeks after drainage). Follow-up imaging at the end of antibiotic therapy is necessary.

Una trombosi in sede atipica anomala

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Premesse: Le indagini strumentali sono uno strumento fondamentale nell'iter diagnostico-terapeutico di ogni paziente.

Questo case-report mostra come gli esami diagnostici vanno scelti con la dovuta accuratezza rispetto all'ipotesi diagnostica, in quanto l'esame più opportuno evita l'incidenza di falsi negativi diagnostici o degli errori di interpretazione dei referti prodotti dalle indagini.
Descrizione del Caso clinico: Maschio di 65 anni, potus misconosciuto, veniva ricoverato presso il nostro reparto per un dolore toracico retrosternale associato ad addominalgia. Il paziente veniva dimesso dalla Chirurgia per una sub-occlusione intestinale, durante la quale si diagnosticava una trombosi venosa delle vene mesenterica senza cirrosi epatica, e con screening trombofilico negativo. Nella nostra U.O. si diagnosticava un ematoma esofageo con emotorace (sospetta Sindrome di Boerhaave). Durante la degenza si eseguivano ripetute indagini strumentali (TC toraco-addominale +/-mdc e Colangio-Wirsung RM) e una biopsia epatica, tutte risultate negative per cirrosi. L'esecuzione di un una elastografia epatica documentava la presenza di una cirrosi epatica esotossica (Stiffness 21.9 –F3-F4), negando l'esito negativo delle indagini precedenti.
Conclusioni: A fronte di un'ipotesi diagnostica lo studio con esami non-gold standard ha portato ad un aumento della durata della degenza e ad un ritardo diagnostico. Nel sospetto clinico di una patologia è fortemente consigliato sempre ricorrere all'esame gold-standard, e non accontentarsi di esiti negativi ottenuti da altre modalità diagnostiche.

Doll therapy: a project for the humanization of care in to a Medical Department

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Premises and Purpose: Delirium affects at least 10% of elderly patients admitted to hospital and is burdened by numerous complications, such as falls, a high risk of institutionalization and increase a mortality. It also significantly affects the emotional state of the patient, family and caregivers and is associated with higher healthcare costs. International scientific literature and good clinical care practices have long underlined how the first choice treatment of delirium should be non-pharmacological with the aim to recover the patient's orientation, exploiting his residual psychomotor resources and putting the person assisted in the foreground. Among this non pharmacological approch is the doll therapy (DT) which consists in the use of the doll, as a means of providing comfort, reducing agitation, and enhancing well-being of people with delirium. The objective of this project was the application of doll therapy in our Medical Department.
Methods: The intervention was divided into two phases: in the first phase a nurse expert in doll therapy and Montessorian therapies meeted all clinical staff for training session. Subsequently, in the second step, the staff began to apply DT, also thanks to the support of the student nurses and volunteers.
Conclusions: To implementing the doll therapy can contribute to the humanization of care. Our preliminary results demonstrate that it has an positive impact in terms of decreasing the use of physical restraints and the use of sedative therapies during hospitalization. However, it requires adequate training on the part of the care staff.

Riluzole induced pancreatitis

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Background: A 66 ys old man came to our E.D. due to abdominal pain and closure of alvus. On physical examination GCS 15, normal vital signs, abdomen diffuse pain. In his PMH hypothyroidism, arterial hypertension and a provisional diagnosis of myasthenia gravis in treatment with pyridostigmine and, since about 40 days, riluzole. Lab exams were normal except for moderate increase in CRP, transaminases and bilirubin and marked increase in amylase and lipase. On abdomen US: distended cholecyst biliary sludge and stones. Hydration therapy with Ringer Lactate, Pip./Tazo. and his previous therapy were administered. In the suspect of Riluzole dependent pancreatitis, the drug was discontinued, gradually observing clinical and laboratory improvement. About 5 days after the reintroduction of riluzole, the amylase and lipase values began to increase again, so the drug was discontinued. Cholangio-RMN was performed: main biliary pathway modestly overstretched without lithiasic nuclei, reduced calibre in the pre-ampullary site. Gradual improvement of clinical picture and the patient was discharged. The main causes of AP are biliary lithiasis, alcohol and drugs. Drugs are a relatively uncommon cause of pancreatitis. Mild acute pancreatic damage by riluzole has been reported in literature. Riluzole is a neuroprotective drug. Common adverse effects are nausea, epigastric pain, diarrhoea, constipation and increased liver enzymes. The risk of moderately severe pancreatitis is rare, but AP should be considered as a likely side effect of treatment in patients receiving riluzole who become symptomatic.

Un raro caso di *Staphyloccus pettenkoferi* isolato in una protesi articolare

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Premessa: Staphylococcus pettenkoferi noto dal 2002 è un batterio coagulasi-negativo emergente. Presente in diverse sedi del corpo è in grado di provocare infezioni (I) opportunistiche, in particolare del sangue, devices ed infezioni ossee e colpisce, soprattutto, pazienti pluricomorbidi.
Descrizione del Caso clinico: Uomo di 72 aa in PS per febbre da un mese e resistente alle cefalosporine. Affetto da DT2, ipertensione arteriosa, obesità, malattia renale cronica. Pregresso posizionamento di protesi anca destra. Presente lieve leucocitosi neutrofila, aumento di PCR, procalcitonina e creatinina. Nessun riscontro radiologico a favore d'infezioni acute. I colturali su sangue (3) e urine erano negativi. In degenza riferiva dolore all'anca protesicalio. La TC dell'articolazione mostrava raccolta di tipo ascessuale (14x12cm) con interessamento dell'ileopsoas. Praticava drenaggio esterno con fuoriuscita di pus positivo per SP. Dopo 10 giorni di vancomicina si assisteva a guarigione umorale. Eseguito infine l'espianto della protesi, con prosecuzione della terapia in corso e guarigione clinica. Sul materiale prelevato dall'intervento chirurgico era presente SP.
Discussione: SP può essere confuso con altri coagulasi negativi, che non hanno capacità patogene e sono saprofiti della cute. In molti casi descritti, i pazienti con infezione da SP presentavano numerose comorbidità e la più rappresentata è diabete mellito. Non tutti i laboratori sono attrezzati per la ricerca di SP ma le infezioni da questo batterio devono essere tenute in considerazione.

Un insolito caso di scompenso cardiaco

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Premesse: Lo scompenso cardiaco è molto frequente nei reparti di Medicina Interna italiani. La eziologia più frequente è la cardiopatia ischemica acuta o cronica. Tuttavia, nei pazienti naive è buona regola indagare possibili cause e concause poco frequenti.
Descrizione del Caso clinico: Donna, 56 anni, si presenta al PS per edemi arti inferiori da circa una settimana e dispnea ingravescente. Durante la permanenza presso il DEU, esegue Rx torace (non segni di scompenso né alterazioni pleuroparenchimali in atto) ed esami ematochimici, da cui emerge sono una lieve piastrinopenia. L'ECG mostra un ritmo sinusale con T negative sulle precordiali sinistre. In regime di ricovero effettua ecocardiografia TT, documentando disfunzione sistolica di grado moderato/severo(FE 35%), ipocinesia parietale globale, più marcata a livello dei segmenti laterali. Curva della troponina negativa, valori di NT-proBNP lievemente incrementati. In relazione ai reperti emersi, decidiamo di sottoporre la paziente ad una coronarografia, negativa per stenosi emodinamiche. Per meglio indagare il quadro, decidiamo di inviare esami ematici di approfondimento, da cui emergono valori ridotti di C3, ANA con pattern di fluorescenza "Granulare" con mitosi positive titolo 2560 e pattern di fluorescenza "Citoplasmatico mitocondriale" con titolo 1280, AMA-M2 positivi, Ro-52 e SS-A positivi. Con nuova diagnosi iniziale di connettivite, consigliando terapia con steroide ed idrossiclorochina.
Conclusioni: I pazienti con scompenso cardiaco non sono tutti uguali.

Un raro caso di sindrome DRESS

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Premessa: La sindrome DRESS è un raro evento avverso legato all'utilizzo di farmaci con un'incidenza di 1/100000. La sua patogenesi non è del tutto chiara, ma pare relata a meccanismo di ipersensibilità di tipo 4, che può colpire a livello multiplo l'organismo, con febbre, esantema diffuso, eosinofilia, compromissione epato-renale e cardiaca. La mortalità è del 10% circa, e può esordire fino a 12 settimane dall'assunzione del farmaco.
Descrizione del Caso clinico: Il caso riguarda un paziente di 68 anni, recentemente guarito da COVID-19, che aveva sospeso 7 gg prima dell'accesso in PS la terapia eradicante per l'Helicobacter pylorii. A seguito comparivano febbre persistente, esantema diffuso, astenia e diarrea. In PS si riscontravano un rialzo degli indici di flogosi (PCR 117.3 mg/L e leucocitosi con eosinofilia) e un rialzo degli indici epatici e renali. Ricoverato nel sospetto di una patologia infettiva, veniva posta diagnosi di DRESS dopo consulenza farmacologica e iniziata terapia steroidea ev, con scomparsa della febbre e miglioraamento degli indici di flogosi e della funzionalità epato-renale. In terza giornata si osservava una rara complicanza, con di melena e necessità di EGDS urgente, e successiva necessità di infusione di PPI.
Conclusioni: L'anamnesi farmacologica è un elemento fondamentale della valutazione diagnostica. In caso di comparsa di febbre associata a interessamento multiorgano, non va mai esclusa la possibilità di una risposta autoimmune (specie dopo eventi infettivi), legata a fattori farmacologici, anche a distanza di settimane dalla loro sospensione.

Una strana anemia nel giovane: un caso di NET

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Premessa: I tumori neuroendocrini sono formati da un gruppo eterogeneo di neoplasie rare, derivanti da popolazioni cellulari che formano il sistema neuroendocrino, presenti in ogni distretto corporeo. Hanno incidenza bassa, (0.5-2/100000), con sopravvivenza a 5 anni stimabile in circa il 60% per le forme localizzate.
Descrizione del Caso clinico: Il caso riguarda una paziente di 37 anni, che accedeva presso il PS per astenia e dispnea, associate ad un episodio di diarrea scura in corso di modesta assunzione di FANS per emicrania cronica. Anamnesi remota muta. Agli esami ematici si riscontrava severa anemia normocitica (5.7 g/dL), con esplorazione rettale positiva per melena. Data l'obiettività addominale positiva per dolore palpatorio, eseguiva in PS TC addome con mdc con evidenza di sospetta neoformazione ileale sanguinante. Venivano quindi effettuati approfondimenti diagnostici con esecuzione di EGDS (lieve gastrite) e poi di RMN addominale seguita da TC tenue con enteroclisi con evidenza di 9 neoformazioni ileali risultate poi NET alla biopsia. Non metastasi a distanza. Veniva eseguito quindi intervento di resezione ileale con colectomia dx con buona ripresa clinica.
Conclusioni: Lo studio delle anemie, specie nel paziente giovane, richiede una valutazione clinica approfondita, volta ad escludere la presenza di forme (seppur rare) neoplastiche. Se ci si fosse fermati alla sola EGDS, attribuendo alla gastrite da FANS l'anemia, il rischio sarebbe stato di fare diagnosi di NET tardivamente, con il rischio di sviluppo di metastasi a distanza e di peggioramento prognostico.

Looking for a connection between kidney, skin and drug in an elderly patient treated with politherapy

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Case report: A 87 years old man came to Emergency Department in October 2023 for syncope and head trauma. His son found him unconscious at home with a frontal wound. He had history of hyperthyroidism, hypertensive cardiopathy, hyperuricemia. In the last 10 days he complained weakness, lack of appetite, low grade fever. Two days before he stopped beta-blockers and allopurinol for creatinine increase. At the emergency department blood tests showed acute renal impairment, potassium abnormalities and inflammatory state; a QT prolongation was found on ECG; total body CT scan evidenced bilateral hydronephrosis. A bladder catheter was positioned. During hospitalization physical examination was remarkable for skin detachment in abdomen and thighs, a non-pruritic erythematous rash in the lower limbs and trunk. For hypotension noradrenalin was infused for 48 hours. Patients was treated with intravenous fluids, steroids and ceftriaxone. On day 7th, renal function improved (creatinine clearance 40.7 ml/min calculated with EPI CKD

formula), heart frequency was normal and ECG abnormalities disappeared. Skin rash became pale and the areas of scaling reduced. Patient was transferred to a long-term care facility.
Conclusions: We described a case of Stevens Johnson Syndrome (SJS), a rare severe adverse cutaneous drug rection. STS differs from toxic epidermal necrolysis (TEN) by extent of skin detachment. The main causes are drugs; allopurinol is recognised as high-risk drug. Our diagnosis was based only on clinical suspicion; a rapid steroid and supportive therapy was started, and patient recovered completely.

Linfoadenopatia ed ecografia: un connubio inscindibile

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Pr**emesse:** La linfoadenopatia pone un'ampia diagnosi differenziale: tra queste patologie infettive, reumatologiche, neoplasie solide o ematologiche.
Descrizione del Caso clinico: Donna di 37 anni. Abitava a 40 km da Chernobyl. Giunge per linfoadenopatia latero-cervicale, ascellare, inguinale da 1 mese, calo ponderale di 6 kg. Obiettività duro-elastica, poco mobile, poco dolorabile. TC collo-torace-addome con MDC: linfonodi ovalari dim. max 1,5 cm lombo-aortici e inter-aorto-cavali; linfoadenomegalie collo e ascellari con necrosi colliquativa. fibrolaringoscopia, HIV, TB Gold, toxoplasma, leishmania, EBV, treponema, streptococco β-emolitico, HBV, HCV, ANA, ENA, striscio periferico negativi. Ecografia degli internisti curanti coinvolgendo il chirurgo: linfoadenomegalia con aspetto "patologico, rotondeggianti, perdita della normale morfologia ilare e corticale di dim. fino a 5 cm, superficiali i latero-cervicali e ascellari, latero-cervicali maggiori localizzati intorno ai grossi vasi. Eseguita biopsia escissionale linfonodo ascellare. Successivamente netto incremento della leucocitosi, aumento di transaminasi, creatinina, uricemia, amilasi, lipasi, LDH, indici di colestasi. Non potendo escludere leucemia acuta o linfoma leucemizzato concordato con l'ematologo trasferimento in ematologia. In seguito il referto della biopsia:malattia linfoproliferativa con pattern diffuso;in corso ulteriori approfondimenti.
Conclusioni: L'internista con competenze ecografiche può indirizzare il chirurgo nella biopsia verso il linfonodo con caratteristiche ecografiche di malignità e più "sicuro" da asportare, lontano dai grossi vasi.

Studio osservazionale prospettico sull'utilizzo degli anticoagulanti orali diretti nel tromboembolismo venoso associato a cancro

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Premesse e Scopo dello studio: Il TEV associato a cancro (CAT, cancer associated thrombosis) è un'importante causa di morte nei pazienti oncologici, per i rischi di recidive trombotiche e di sanguinamento. Ad oggi vari RCTs hanno confrontato efficacia e sicurezza dei DOACs (Direct Oral AntiCoagulants) rispetto alle EBPM nel trattamento del CAT, dimostrandone efficacia nel prevenire recidive di TEV, con analogo rischio di sanguinamento rispetto alle EBPM. Tali risultati necessitano però di conferma in una popolazione "real-world".
Materiali e Metodi: Studio osservazionale prospettico su popolazione oncologica real-world che valuta efficacia (prevenzione di recidiva di TEV) e sicurezza (eventi emorragici) dei DOACs in 53 pazienti con CAT. I risultati sono stati confrontati con dati di letteratura.
Risultati: Si è osservata la popolazione per un follow-up mediano di 9 mesi; si è registrato un solo caso di recidiva trombotica (incidenza cumulativa a 6 mesi:1.9%) e nessun caso di sanguinamento maggiore. In 3 pazienti è occorso un sanguinamento minore clinicamente rilevante (incidenza cumulativa a 6 mesi: 3.8%) mentre in 8 un sanguinamento minore non clinicamente rilevante (incidenza cumulativa a 6 mesi: 3.8%; incidenza cumulativa a 12 mesi:11.3%).Le frequenze di recidive trombotiche e dei sanguinamenti di ogni tipo sono risultate minori rispetto ai dati di letteratura.
Conclusioni: I DOACs dimostrano ottimo profilo di sicurezza ed efficacia con ridotte incidenze sia di recidiva trombotica sia di emorragie anche in una popolazione oncologica "real-world".

Eyes never lie

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Premises: Cogan syndrome (CS) is a rare condition with bilateral sensorineural hearing loss, ocular inflammation, vestibular symptoms accompanied by systemic vasculitis in 10% of cases.
Case description: A 57-year-old man of moroccan origin was admitted for left otalgia and fever with dizziness and bilateral red eye. Leukocytosis, elevated ESR and thrombocytosis at laboratory test. Ophthalmic evaluation showed conjunctivitis. Serous otitis at ENT evaluation. Antibiotic therapy was performed with no benefit on symptoms and inflammatory markers. PET scan reported focal intense tracer accumulation at ascending aorta and brain MRI showed vestibular system inflammation. Infections (including syphilis) were excluded so autoimmune disease was considered. Systemic steroid treatment was started because of clinical worsening. Despite epidemiology and country of origin, Behcet's disease was ruled out in absence of signs as aphtosis, uveitis, erythema nodosum. Hearing impairment was reported by the patient. An audiometric test showed sensorineural hearing loss which, combined with the above-mentioned symptoms, laboratory tests and good response to steroid, led to diagnosis of atypical CS.
Conclusions: CS diagnosis can be a challenge because specific tests are not available and diagnosis of atypical form (no interstitial keratitis) is even more difficult. It is confirmed by response to corticosteroids. It should be considered in differential diagnosis in concomitant hearing loss and ocular symptoms because early diagnosis and multidisciplinary intervention can optimize patient outcomes.

Quality of life in patients affected by ulcerative rectocolitis and Crohn's disease undergoing biological therapy: an Italian exploratory observational study

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Premises and Purpose of the study: Although the highlighted improvements in quality of life (QoL) of patients affected by inflammatory bowel diseases (IBDs) after biological therapy administration, there is limited evidence on this topic in Italian literature. This study aimed to investigate changes in patients' perceived QoL over time in a sample of Italian patients with ulcerative rectocolitis and Crohn's disease, undergoing biological therapies.
Materials and Methods: An observational study was conducted in an italian hospital between 2016-2020, involving 66 patients; the IBDs questionnaire was used to assess patients' perceived QoL, at baseline (T0) and between 6-24 months after starting a biological therapy (T1).
Results: Administration of infliximab (INFLIX), ustekinumab (UST) and vedolizumab (VDZ) led to clinically significant improvements in patients' perceived QoL (score difference >16) from T0 to T1 (INFLIX: 157.72 *vs.* 183.4, p=0.035; UST: 140.96 *vs.* 165.26, p=0.002;VDZ: 133.89 *vs.* 181.35, p<0.001), estimated from linear mixed model for repeated measurements. The greater score difference was found in patients receiving VDZ (47.46, p<0.001).
Conclusions: Improvement in patients' QoL is related with biological therapy administration, especially with VDZ therapy, administered to patients in an active disease state at T0 for the most part of the sample. However, any significant conclusions can be drawn in relation to clinical characteristics, such as disease activity and extension, and endoscopic scores, that should be more in depth analyzed.

Last year case of anemic patients in Medicine DH, Desenzano del Garda

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Introduction: In the last 10 years, anaemia's prevalence and incidence are increasing, affecting 1 of 4 person. In the recent years we had same situation in our ward, where we saw an increase of aneamia cases both in hospitalized and day hospital patients.
Methods: 1 Jan 23-31 Dec 23 patients population of Medicine Day Hospital.
Results: In 2023 we had 160 new anaemia cases, 102 female and 59 male. 55% of patients was >65 years old. 61.2% sent by general practictionaire, 36.2% referred after hospitalization and 2.5% from ER. 92.5% had known anaemia's cause, 46.25% had gastrointestinal bleeding, 8.1% menstrual cycle-related bleeding, 16.1% malabsorption related to previous surgeries (14.3% bariatric surgery, 1.87% gastrectomy) and 8.1% bone marrow hyporegeneration. In 7.5% of cases, ethiology remained not documented. 3.75% patients started examinations in Day Hospital. 16.8% of anameic patients were taking antithrombotic therapy, while 16.8% oral anticoagulant therapy (0.62% of them were in TAO and 16.2% in NOAC). Considering gravity: 38.7% Hb >10 g/dL, 38.1% Hb 8-10 g/dL, 23.1% <8 g/dL. 52.5% were microcytic. About treatments, 29.3% of cases needed blood transfusion, while in 82% of cases intravenous (IV) iron and 12.5% repeated in the same year twice. In 11.2% of cases, combined approach have been administered.
Conclusions: Anaemia is an increasing pathology interest of Internal Medicine. It requires a therapeutic approach often combined and defined on patient. Day Hospital is the right place to manage it, leaving hospitalization to patients with severe acute anemization only.

La sindrome di Hirata: l'ipoglicemia che non ti aspetti

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Premessa: La sindrome di Hirata, comune in Giappone, è una rara malattia caratterizzata da una gravissima reazione avversa che si manifesta con una severa ipoglicemia.
Descrizione del Caso clinico: Donna di 80 anni, condotta in PS per sospetto evento neurologico (rinvenuta supina, vigile, ipotonica, disartrica e con instabilità posturale): le indagini radiologiche escludevano evento ischemico/emorragico cerebrale, non stenosi carotidee, non focolai settici; gli esami ematochimici rilevavano importante ipoglicemia (40 mg/dL). Lo specialista neurologo concludeva per possibile crisi epilettica in corso di ipoglicemia. Durante la degenza veniva ripetutamente riscontrata severa ipoglicemia (25-50mg/dL) nonostante infusioni di soluzioni glucosate. A completamento degli accertamenti la paziente veniva sottoposta a ecoendoscopia e PET negative per lesioni pancreatiche. Veniva tuttavia individuata severa iperinsulinemia (>1000 mU/l) con positività degli anticorpi anti insulina>50. Introdotta pertanto terapia con steroide e diazossido, quest'ultimo poi sospeso, con risoluzione delle ipoglicemie e stabilità del quadro di coscienza.
Conclusioni: La paziente si era in precedenza sottoposta a valutazione neurologica per segni di decadimento cognitivo, caratterizzato da episodi mnesici, iniziando assunzione di acido alfalipoico. In considerazione dell'elevato consumo di integratori, in presenza di grave ipoglicemia anche in pazienti diabetici è mandatario chiedere l'eventuale utilizzo di acido alfalipoico considerato trigger di iperinsulinemia autoimmune.

Il valore di un osservatorio per la prevenzione delle lesioni da pressione per l'implementazione di best practice in clinical setting

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Premessa e Scopo dello studio: Per ridurre l'incidenza delle ldp le LG EPUAP/NPIAP/PPPIA (2019) raccomandano, a livello organizzativo, di valutare le conoscenze dei professionisti, la disponibilità delle attrezzature, monitorare le prestazioni ed implementare un programma personalizzato di miglioramento. In ASST Valle Olona la DAPSS ha definito un osservatorio che, attraverso 13 indicatori ed un sistema di data-driven management, sia in grado di identificare i gap tra evidenze e pratica clinica.
Materiali e Metodi: Il gruppo di lavoro ha analizzato le LG e gli indicatori e monitorato gli esiti, ha elaborato un report finale di sintesi e pianificato riunioni per analisi dati e andamento.
Risultati: La percentuale di assistiti sottoposti a valutazione del rischio è incrementata rispetto al 2022; gli errori nella compilazione sono diminuiti, anche grazie alla digitalizzazione, che però costituisce elemento barriera per la disponibilità dei dati. Anche il grado di conoscenza delle superfici di supporto è stato identificato come elemento barriera. È stata elaborata una procedura aziendale, pianificati incontri con coordinatori ed infermieri per condivisione e feedback,

identificato topic e setting che necessitano di refresh formativi e predisposti casi-studio da discutere.
Conclusioni: L'osservatorio ha consentito di elaborare strategie multimodali volte a ridurre l'incidenza delle ldp, valutare l'aderenza degli infermieri a LG e procedure aziendali e di definire la baseline per confrontare, nel tempo, gli esiti infermieristici, proponendo azioni personalizzate.

Rheumatoid arthritis and its great evolutionary potential

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Background: Castleman disease is a rare disorder that involves an overgrowth of cells in lymph nodes throughout the body.
Case report: The case reported is about a 65-years old Ukraine woman with rheumatoid arthritis who was hospitalized for a worsening of rheumatological symptoms. Headache, trismus masseter, fever, hepatitis, pneumonia, serositis, vasculitis's history was negative. Blood tests showed leukocytosis, neutropenia, hypovitaminosis D, cryoglobulins and rheumatoid factor increase. Mixed anemia was found too, with macrocytosis, folate deficiency, positive Coombs test, bilirubin, LDH and reticulocytes increase. Proteinuria, Quantiferon test, ANA-reflex, HCV, HBV, parvovirus19, ANCA were negative. Joint ultrasound and RX showed diffuse and bilateral tenosivitis. Chest and abdomen's CT scan and PET showed diffuse lymphadenomegaly. Suspecting a hematological pathology, lymph node biopsy was performed, showing follicles with regressing germinal centers (CD21+, Bcl2-, Bcl6+), a Castleman-like appearance, polytypic plasma cells aggregates (CD38+, CD138+) in the interfollicular area, eosinophilia, necrotic areas without an evident imbalance of immunoglobulins' light chains. Immunostaining for HHV8, EBV, treponema, CD5, CyclineD1, CD56 were negative. HHV-Negative Castleman disease was diagnosed. Therapy with bisphosphonate and hydroxychloroquine was started. Methotrexate was postponed due to folate deficiency. Although lymphadenomegaly and haemolysis led to suspect a haematological pathology, the final diagnosis of such a complex case required both clinical and pathological contribution.

A rare case of multi-system sarcoidosis: a challenge for the internist

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Case report: A 54-years-old man with metabolic syndrome and schizophrenia was admitted for acute schizophrenic episode and acute respiratory failure; pulmonary angio-CT showed bilateral pulmonary embolism and mediastinal lymphadenopathy. Patient was put on anticoagulant therapy plus multiple antibiotic courses plus antiviral therapy due to persistent fever and a worsening neurological status with negative cultures and negative brain CT. After stabilization, patient was transferred to Internal Medicine where mild hyperpyrexia persisted; PET examination confirmed hypermetabolic mediastinal lymphadenopathy. Screening for autoimmunity, rheumatologic and infectious diseases tested negative. He then underwent endobronchial ultrasound bronchoscopy with evidence of stage I sarcoidosis. A gastroscopy thereafter was positive for non-necrotizing giant-cell microgranulomas. Low-dose steroid therapy was started. One month later, the onset of tonic-clonic seizures raised the suspicion of neurosarcoidosis, and antiepileptic therapy was set up. Brain MRI confirmed leptomeningeal involvement, lumbar puncture showed high proteins and oligoclonal bands. Patient was put on high steroid therapy with neurological improvement and was discharged to a rehabilitation facility. Two-months follow-up brain MRI showed marked improvement of neuroradiological findings and patient was kept on reduced dose of steroids.
Conclusions: Sarcoidosis can display a multisystem involvement. Early diagnosis is a challenge for the internist, who must maintain high level of suspicion in order to allow timely and adequate treatment.

CoNS role in infective endocarditis: contamination or real infection?

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Background: Infective endocarditis (IE) is an infection of the endocardium, most often the heart valves. Most cases are due to staphylococci, streptococci and enterococci. There are two types of IE: native valve endocarditis (NVE) and prosthetic valve endocarditis (PVE), with a different management.
Case history: A 54 years old man came to emergency room for abdominal pain. In his medical history he reported an alcoholic liver cirrhosis in terminal stage. He presented with fever and a new heart murmur. Blood exams showed slightly high infective markers. A TTE showed two vegetations (max 1 cm) on the mitral valve. Blood cultures were done, then empiric therapy with amoxicillin/clavulanic acid plus daptomycin was started. Surgery was not required. Meanwhile, 2 blood cultures became positive for S. Epidermidis MSSA so definite diagnosis was done (2 of the major modified Duke criteria met) and previous therapy was replaced by cefazoline as suggested by ESC 2023.
Discussion: Recent studies report an increased incidence of stafilococci IE, especially CoNS (S. epidermidis). It's always difficult to distinguish between a contamination and a real infection as CoNS are considered less or non-pathogenic. Due to patient and procedure-related changes, CoNS now are one of the major nosocomial pathogens. In our case the first culture was considered more likely a contamination, the second one confirmed the pathogen leaving no doubts about it's rule. The patient is still going on with therapy (6 weeks at all) and will be revaluated at the end of it.

Nurses' experiences with telenursing

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Premises and Purpose of the study: Improving care in different clinical settings is increasingly linked to developments in technology. The aim of this study was to explore the experiences of nurses using telenursing, in particular how effective they perceive it to be for patient care, the impact it has on patients' quality of life, and the implications for the nursing profession.
Materials and Methods: The study was conducted using a semi-structured interview with 8 cardiology nurses. The interviews were conducted by telephone from September 2023 to December 2023 using 7 open-ended questions. The interviews were recorded with the consent of the participants, transcribed, analyzed and the main themes identified.
Results: The narratives report the positive impact of telenursing on care, particularly on caring for the person and quality of care. The innovation is also seen as an opportunity for professional development and an improvement in the patient's perception of the nurse's professionalism. However, the use of this new modality is associated with difficulties for some patients in using the specific instruments, making the presence of the caregiver indispensable. Nurses also report resistance from some colleagues to the new technological approach, also because it changes the relationship with the patient.
Conclusions: The results suggest that telenursing is an effective approach within the care process and can improve the patient's quality of life in their own context. Such an approach would also enhance the nurse's professional development.

Lithium toxicity can be silent

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Premises: Lithium neurotoxicity is a severe complication of long-term lithium therapy that can lead to encephalopathy and parkinsonism and can especially occur when renal clearance function is reduced. At the same time, lithium can cause acute kidney injury. The persistence of neurological signs and symptoms, after discontinuation of lithium, is called Syndrome of Irreversible Lithium-Effectuated Neurotoxicity (SILENT syndrome).
Description of the Case report: A 77-year-old man with stage 3 chronic kidney disease and with a long history of bipolar disorder in treatment with lithium was admitted to our unit for decreased levels of consciousness, hallucinations and extrapyramidal signs. Laboratory findings showed a severe worsening of kidney function to predialytic stage (subsequently partially improved by saline intravenous infusion) and serum levels of lithium were significantly raised from baseline (2 mMol/L). An abdominal ultrasound excluded urinary obstructions. Brain CT scan showed widespread leukoaraiosis and EEG showed iatrogenic metabolic encephalopathy aspects. Furthermore, regarding extrapyramidal signs, SPECT with radioligand DaTSCAN excluded presynaptic dopamine transporters abnormalities in basal ganglia. Once lithium therapy was stopped and serum levels of lithium went back to normal, general mental status significantly improved, as well as kidney function, but bradykinesia persisted.
Conclusions: Clinicians should be aware of the complications related to lithium use. A regular monitoring of serum lithium levels and renal function is recommended.

Acquired hemophilia, a rare cause of bleeding: a case report

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Premises: Acquired hemophilia is a rare disorder in which an autoantibody inhibits the activity of clotting factors. It presents with spontaneous subcutaneous hemorrhages, but major hemorrhages are also frequent. The diagnosis is based on presence of spontaneous hemorrhagic manifestations associated with an increase in activated partial thromboplastin time (APTT), not corrected by the mixing study, a normal prothrombin time (PT) and the identification of the clotting factor targeted by the antibody. Therapy involves the use of immunosuppressive drugs to eliminate the inhibitor and supportive therapies to control bleeding.
Description of the Case report: We describe a case of a 93-year-old female patient with spontaneous hematomas appeared on her limbs about a week ago. She didn't take antiplatelet or anticoagulant therapies. Physical examination didn't reveal other signs of hemorrhage. Blood tests showed hemoglobin 11.9 g/dL, platelets 296000/mm^3, PT 1.06 (0.80-1.20), APTT 3.39 (0.83-1.27). The mixing study didn't correct the APTT. The subsequent factor VIII (FVIII) dosage was 2,4% and a high titer inhibitor (67 BU/mL) was identified against FVIII; acquired hemophilia A was diagnosed. Therapy with methylprednisolone 60 mg/die and cyclophosphamide 100 mg/die was started with progressive normalization of subcutaneous hemorrhages, APTT, and resolution of the inhibitor.
Conclusions: We presented a case of acquired hemophilia A in which no major bleeding occurred, and the patient was successfully treated with immunosuppressive therapy alone without the need for bleeding control.

Myasthenia gravis: something to think about

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Premises: Myasthenia gravis is the most common disorder of neuromuscular transmission. It is characterized by weakness in ocular, bulbar, limb, and respiratory muscles, due to antibody-mediated, T-cell dependent immunological attack directed at proteins in the postsynaptic membrane of the neuromuscular junction.
Description of the Case report: An 84-year-old man with mute anamnesis was admitted in our department for an acute colecitistis complicated by pulmonary embolism from venous femoral thrombosis. At admission the patient presented with an herpetic keratitis involving oral mucous membranes. A broad spectrum antibiotic was started along with anticoagulant treatment with low molecular weight heparin and antiviral therapy. A gallbladder drainage was placed. After clinical and laboratory improvement, the patient developed a paralytic ileus and fatigue, treated with neostigmine administration with mild improvement. At drug discontinuation, dysarthria, dysphagia, fatigable chewing with dysphagia and muscle weakness were observed. In two days the patient developed respiratory insufficiency. An autoimmune encephalitis was suspected, a cerebrospinal fluid

analysis was performed and immunoglobulin were administered, but the patient died the day after. Post-mortem liquor analysis revealed the presence of Ab-antiCh receptor and Ab-anti-titina: a diagnosis of myasthenia gravis was made (post-infection?paraneoplastic? Unfortunately, autopsy was not performed).
Conclusions: Myasthenia gravis can have a subdol clinical course that can lead to patient loss if not promptly recognized.

Il catalogo delle competenze dell'infermiere in Medicina Media Intensità

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Premesse e Scopo dello studio: Il catalogo delle competenze è lo strumento che individua le attività e processi messi in atto da un professionista nel proprio contesto lavorativo. Esprime le attività e le competenze che l'organizzazione si aspetta dal professionista esperto. E' utile al professionista per confrontarsi, interiorizzare le aspettative dell'organizzazione e pianificare il proprio sviluppo e al coordinatore per identificare punti di forza e aree di miglioramento del gruppo. Le attività sono raggruppate in macroaree seguendo il processo assistenziale: assessment pianificazione assistenza sorveglianza trasferimento dimissione. Ciascuna attività è descritta da comportamenti osservabili. L'insieme dei comportamenti rappresenta lo standard di riferimento che definisce cosa si intende per fare bene l'attività.
Materiali e Metodi: Un gruppo di esperti ha descritto le attività dell'infermiere esperto in medicina media intensità facendo riferimento alla gestione standard del paziente, ai quadri clinici, alle attività trasversali e a situazioni specifiche: delirium, disfagia. La mappatura è stata validata da direttori e posizioni organizzative poi presentata agli infermieri per l'autovalutazione.
Risultati: Il catalogo delle competenze della medicina media intensità descrive il processo di assistenza attraverso 31 attività che definiscono i comportamenti attesi dall'organizzazione per lavorare in qualità e sicurezza.
Conclusioni: Questo strumento verrà utilizzato dai coordinatori e dalla direzione. per l'assegnazione degli obiettivi in un'ottica di sviluppo delle competenze.

Mesenteric vascular disease in geriatric patients as a cause of diahrrea: the urgency to quicken diagnosis - A case report

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Background: Primary care access for diahrrea in the geriatric population is a common issue. Most cases depend on gastrointestinal infections or non-infectious causes, such as use of laxatives, side effects of medications and enteral nutrition. When an intestinal infection and potential medication-induced gastrointestinal disturbances have been excluded, intestinal malabsorption must be considered in the elderly as long as young patients. Furthermore, among causes of malabsorption, chronic mesenteric vascular disease is one cause to pay particular attention for, since it leads to ischemic colitis, severe dehydration, lower drugs and nutrients absorption, and death.
Case report: This is a case report of a 77 year-old woman affected by vascular dementia who presented in a daze with severe diarrhea and vomit. Once infectious causes were excluded, she has been diagnosed with superior mesenteric artery stenosis (50%) and treated pharmacologically since there was not surgical indication considerating her age and comorbidities.
Conclusions: Illustrating this case report, our goal is to raise awareness about mesenteric vascular disease and considering it as soon as possibile in the elderly in order to quicken a possible surgical treatment and avert further malabsorption that could lead to death.

Panipopituitarismo "mascherato"

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Caso clinico: Donna, 76 anni, BMI 45, diabete mellito, cardiopatia ipertensiva, poliartrosi, sindrome ansioso-depressiva. 2022: intervento di Hartmann per adenoK con ipotensione necessitante supporto aminico. Successiva scarsa ripresa di cenestesi. Trattamenti ambulatoriali con infusioni ev di Mg per ipomagnesemia isolata. Sospeso bisoprololo per bradicardia. TSH nei limiti. 2023: ricovero per astenia, apatia, turbe mnesiche, anoressia, ipoglicemia, lieve ipotensione. EO: Tendenzialmente assopita ma orientata, non deficit neurologici focali, edemi arti inferiori. Apiretica. PA 90/50. Laboratorio: glicemia 58 mg/dl, lieve ipomagnesiemia, PCR e restanti esami nei limiti. Eco doppler venoso AAII non TVP; ecocardio: lieve cardiopatia ipertensiva; colonscopia: negativa; TC torace-addome: negativa. Per riferita contusione frontale richiesta TC encefalo: non alterazioni emorragiche ma lesione espansiva sellare riferibile a macroadenoma ipofisario. Agli esami mirati: iposurrenalismo centrale (ACTH e cortisolo bassi) ed ipotiroidismo centrale (TSH in range ma basso in relazione a FT3 e FT4). Introdotto cortone acetato con pronto ripristino di benessere; successivo inizio di levotiroxina con miglioramento edemi. Ipomagnesiemia recidiva fino a sospensione del PPI.
Conclusioni: Malgrado clinica suggestiva, le diagnosi di insufficienza surrenalica e ipotiroidismo sono state tardive per mancanza nelle forme ipofisarie di alterazioni elettrolitiche da conservata secrezione aldosteronica, e non attendibilità del TSH isolato come screening. Confondente e sottostimato un noto effetto avverso dei PPI.

Febbre ricorrente, artralgie e dolore addominale per anni: diagnosi di malattia di Whipple

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Premesse: Paziente di 57 anni, nel 2015 diagnosi di artrite sieronegativa (episodi di febbre e artralgie) trattata con molteplici linee terapeutiche, interrotte per inefficacia e intolleranza. Dal 2017 comparsa di episodi di dolore addominale diffuso in concomitanza con gli episodi febbrili, saltuariamente diarrea per cui ricoverato diverse volte. Negative TC torace-addome con mdc, EGDS, colonscopia, Widal-Wright, cnticorpi anti-borrelia, anti-leishmania, quantiferon, celiachia, ANA, FR, ANCA, anticitrullina, complemento, IgG4.
Descrizione del Caso clinico: Marzo 2023 ricoverato nel

nostro reparto per febbre con TC fino a 41°C, artralgie e dolore addominale. Iniziata terapia antibiotica con ceftriaxone+azitromicina e terapia steroidea con iniziale beneficio clinico-laboratoristico. A 48 ore dalla sospensione della terapia antibiotica, in corso di decalage steroideo, nuova comparsa di febbre. Negativi tampone molecolare per SARS-CoV-2, emocolture, coprocoltura, parassitologico feci, ricerca tossina di C. difficile. Ulteriore recidiva di febbre alla sospensione di un secondo ciclo di antibioticoterapia con cefalosporine. EGDS con biopsie duodenali: "alcuni macrofagi schiumosi contenenti numerosi piccoli aggregati PAS positivi nella tonaca sottomucosa". Prescritto cotrimossazolo con progressiva risoluzione degli episodi di febbre e del dolore addominale.
Conclusioni: Possibile che l'esordio di malattia risultasse databile già 2 anni prima della comparsa dei sintomi addominali o che le terapie immunosoppressive abbiano favorito le manifestazioni cliniche della malattia.

Retrospective validation of HS score: the lesson from a case report of haemophagocytic lymphohistiocytosis virus associated

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Background: Hemophagogytic syndrome is a rare severe life threatening hyperinflammatory condition.The diagnosis of HLH is challenging because clinical presentation is often non-specific.The HS score can be used to estimate an individual's risk of having reactive hemophagocytic syndrome.This is a retrospective validation of the scoring system in a single case of HLH virus associated.
Case description: A 47 years old man presented with fever, abdominal pain, macrohematuria.He was treated for an urinary infection but the fever did not resolve. During the hospitalization he got worse. Laboratory and instrumental findings consisted of: three linear cytopenias, liver disfunction, pleural effusion, elevated levels of ferritin, hypertriglyceridemia, lymphadenopathy, spleen ipoechogenic areas at US scan. He were treated empirically with supportive care, antibiotics and steroids, waiting for the results of the bone marrow biopsy.He dyed before the results of the histologic examination. Bone marrow biopsy revealed CD20+ lymphocytosis with infected B cells by Epstein Barr virus (*in situ* hybridation EBER) and macrophagic phagocitosys of neutrophilis, small lymphocitis and red cells.
Conclusions: we investigated retrospectively the usefulness of HS score in a case of confirmed Epstein Barr virus related hemopahagocytic lymphoistiocytosis; the retrospective proof revealed an extremely elevated pre test probability of reactive hemophagocytic syndrome.The pre test probability of HS warranted the opportunity of immunosuppressive treatment before the histological diagnosis.

Non sempre il D-dimero ha valore diagnostico di esclusione di una embolia o trombosi

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Premesse: Il D-dimero è un prodotto di degradazione della fibrina. La sua determinazione nel sangue si inserisce nell'iter diagnostico della trombosi venosa profonda e dell'embolia polmonare. Il limite dell'esame è legato alla sua bassa specificità.
Descrizione del Caso clinico: Donna (48 anni) accede in PS per dolore atraumatico ed edema arto inferiore sinistro con difficoltà alla deambulazione da circa 4 giorni, dolore toracico e dispnea da sforzo. In anamnesi TVP arto inferiore sinistro in occasione di quarta gravidanza nel 2016. In visione ECD eseguito un mese prima, nella norma. Eseguiti esami ematici nella norma, in particolare creatinina 0,82 mg/dl, D-dimero 239 mcg/L (vn <500), hs TNI 5 e 4 ng/L. All'ECD venoso evidenza di TVP gemellare sinistra. Sottoposta ad angioTC torace con riscontro di focale difetto di riempimento di ramo segmentario per la piramide basale del LSD. Avviata terapia anticoagulante enoxaparina 6000 UI bid (PC 67 Kg). Alla rivalutazione ambulatoriale esclusa sd da anticorpi antifosfolipidi e prescritto edoxaban 60 mg/die.
Conclusioni: Esistono condizioni nelle quali le concentrazioni di D-dimero sono inferiori al cut-off, nonostante ci sia una trombosi in atto (scarsa sensibilità del metodo di misura, inaccuratezza nella determinazione del cut-off, ipofibrinolisi, sintomi di TEV riconducibili a 7-14 giorni prima della misura e trattamento antitrombotico in atto). La determinazione del D-dimero come unico criterio diagnostico per TEV è potenzialmente pericolosa, perché alcuni pazienti con TEV potrebbero essere non diagnosticati.

Acute decompensated heart failure: sequential nephron blockade *versus* only loop diuretics

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Premises: Diuretic resistance is a major complication during hospitalization for acute heart failure (AHF), causing congestion persistence at discharge, impacting mortality and readmission rates.
Purpose: To compare the efficacy and safety of the use of sequential nephron blockade (SNB) *versus* the only loop diuretics in AHF patients.
Materials and Methods: Retrospective clinical and biochemical data about AHF-patients admitted in an italian single center of Internal Medicine from April to July 2023 were collected. Patients were divided in Group A (treated with SNB: loop diuretics, acetazolamide, mineralocorticoid receptor antagonist and sometimes also thiazide/metolazone) and Group B (treated with only loop diuretics) treated for at least 3 days.
Results: Ten patients of Group A with a median age of 84.5 years and 10 patients of Group B with a median age of 85 years were selected. No differences were found about the clinical and biochemical data between the Group A and Group B. To note that the use of SNB seemed to be slightly safer since that Group A was associated with a less frequent electrolyte abnormalities (p=0.09) or worsening of renal function (p=0.2) respect the Group B, even if this difference was not statistically significant. Moreover, we observed a shorter but not statistically significant difference length of stay in patients of Group A than patients of Group B (p=0.05).
Conclusions: SNB seemed to be an effective and safe strategy to overcome most diuretic resistance mechanisms and reach efficient decongestion. Larger randomized controlled trial is needed.

Obesità grave: ad ogni paziente la strategia più adatta

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Premesse: L'obesità è una patologia cronica che richiede una presa in carico multidisciplinare ed un trattamento che dovrebbe durare tutta la vita.
Descrizione del Caso clinico: Donna di 36 anni con disturbo da alimentazione incontrollata, al peso di 174kg, dopo solo consulto chirurgico, si sottoponeva ad intervento restrittivo/malassorbitivo. Presentava progressivo calo ponderale. In seguito, si sottoponeva a numerosi interventi di correzione estetica legate al dimagrimento. Non ha mai assunto integratori multivitaminici, non è mai stata seguita da un gruppo multidisciplinare. Nel corso degli anni abusava di sostanze stupefacenti. Recentemente si era sottoposta ad impianto dentale per edentulia. Giungeva alla nostra attenzione all'età di 57 anni per severo deperimento organico (peso di 36,5kg) con candidosi orale, esofago-gastrica e severa osteoporosi. Gli esami ematochimici documentavano una severa malnutrizione. Veniva introdotta alimentazione parenterale e concentrati ipercalorici con progressivo miglioramento clinico. Veniva valutata dal punto di vista psichiatrico ed introdotta terapia specifica.
Conclusioni: Un disturbo dell'alimentazione è un disordine persistente che comporta un'alterazione nell'assunzione di cibo che compromette la salute fisica e il funzionamento psicosociale. Note sono le attuali frontiere farmacologiche/chirurgiche, tuttavia la cura dell'obesità deve essere fondata su un cambiamento stabile dello stile di vita e un mutamento di processi mentali. Solo un approccio integrato con diverse competenze portano ad un successo a lungo termine.

Fluorodeoxyglucose positron emission tomography-negative liver metastasis from midgut neuroendocrine tumor: an incidental contrast enhanced ultrasound diagnosis

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Introduction: Ultrasound (US) evidence of liver metastases usually needs to be confirmed by other imaging techniques. Fluorodeoxyglucose-positron emission tomography (FDG-PET) is often the exam of choice in patients with impaired renal function or history of allergy to iodinated contrast medium also for the ability to identify the primary tumor. However, PET-CT negative liver metastases exist and further examinations may be needed.
Description of the case: A 85-year-old man suffering from urothelial carcinoma of the bladder was treated with transurethral resection (TURV). Three months after TURV, an ultrasound follow-up was carried out which highlighted two nodular lesions on the liver. A FDG-PET did not confirm the ultrasound findings and did not show any primary tumor. Few months later, we performed a contrast-enhanced ultrasound (CEUS) for a previous endovascular aortic repair (EVAR). We incidentally noticed two liver lesions with early wash-out compared to the adjacent liver parenchyma. B-scan US confirmed the presence of two nodular isoechogenic lesions with hypoechoic margin and mass effect on the adjacent liver parenchyma. Given the high suspicion of liver metastases, despite the PET-CT results, a liver needle biopsy of the largest lesion was performed. Histological examination was suggestive of a metastasis from a neuroendocrine tumor originating in the midgut.
Conclusions: Neuroendocrine tumors and their metastasis may exhibit low glucose avidity and be undetectable on FDG-PET. CEUS may be useful in equivocal cases as long as the evidence of early washout is highly specific for malignancy.

Skin rash and muscle weakness: not always systemic lupus erythematosus

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Background: Dermatomyositis (DM), a connective tissue disease, is a rare idiopathic inflammatory myopathy with typical skin manifestations.
Case report: A 62-year-old male was admitted to the hospital for persistent intensely pruritic heliotrope skin rash followed by worsening proximal muscle weakness and dysphagia. Laboratory findings showed: hypereosinophilia (2220 x10^9/L), increased CPK (4499 U/L) and CRP levels (62 mg/L). A whole-body CT excluded evidence of an underlying malignancy, showing signs of mesenteritis. Needle EMG showed a neurogenic-myopathic pattern. A FDG PET/CT showed diffuse proximal muscular uptake. A skin biopsy revealed mild interface dermatitis and muscle biopsy showed signs of necrotizing myopathy, with some inflammatory aspects, both in the absence of tissue eosinophilia. A RAST test and a stool ova/parasite test were negative. Autoimmune panel was positive for ANA (1:1280 speckled pattern) and for myositis-associated and myositis-specific autoantibodies (PM-Scl75, Mi-2alfa, Mi-2beta). A diagnosis of DM with hypereosinophilia and mesenteric panniculitis was made; treatment with corticosteroids and methotrexate was started with a progressive significant improvement in clinical manifestations and laboratory alterations.
Conclusions: DM is rare but in typical cases a diagnosis can be straightforward. Our case was challenging because of a complex presentation with hypereosinophilia and mesenteric panniculitis that is a chronic inflammatory disorder often asymptomatic and associated with several underlying etiologies including connective tissue diseases.

Catastrofic cardiac tamponade in systemic lupus erythematosus

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Background: Systemic lupus erythematosus (SLE) is an autoimmune disease that could involve any organ system. In fact, disease manifestations, such as joint disease, cutaneous and mucosal lesions, serositis, renal injury, and neurological manifestations, may occur. Generally pericardial effusion is a common disease sequela with a prevalence up to 50%, tamponade is a rare, potentially fatal complication.

Hence cardiac tamponade was estimated occur in less than 1% of those affected with SLE.
Case report: We report a case of pericardial tamponade in a 55-year-old woman. She presented to our medical department with history of central chest pain and dyspnea. On examination, she had a heart rate of 120 beats/minute, blood pressure of 65/40 mmHg and muffled heart. Initial workup showed severe normochromic normocytic anemia, leucopenia and piastrinopenia. Immunological studies produced the following results: antinuclear antibody 1:80 with a coarse speckled pattern, anti-dsDNA antibody positive, concentrations of complement components were extremely low: C3 62 mg/dl (vn 90 – 160 mg/dl) and C4 6.7mg/dL (vn 18 – 44 mg/dl). The electrocardiogram showed sinus tachycardia and low voltage. Moreover, the echocardiogram showed the presence of more than 3 cm of global pericardial effusion with evidence of tamponade's signs: swinging of the heart in the pericardial sac. Therefore, pericardiocentesis was then performed and 1200 mL of pericardial fluid was drained. After the diagnosis patients was treated with high doses of intravenous glucocorticoid, but she died after 24 hours.

Ferric carboxymaltose in heart failure with preserved ejection fraction and iron deficiency: a retrospective observational real-life study

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Premises and Purpose of the study: Iron deficiency (ID) is common in heart failure (HF), and is associated with increased mortality and hospitalization. RCTs of ferric carboxymaltose (FCM) in ID patients with HF have shown improvements in symptoms, functional capacity and QoL in reduced ejection fraction (rEF), but the effect on clinical events has been unclear. Recent meta-analysis shows a reduction in the composite of total cardiovascular hospitalizations and death with reduced risks of hospitalization due to HF and no effect on survival. Among outpatients, recent data show there was no difference between FCM and placebo with respect to death and HF hospitalizations. However, there is a lack of evidence in patients with preserved ejection fraction (pEF ≥50%).
Materials and Methods: We included all acute decompensated HF patients with pEF admitted to the 8 beds FAST Internal Medicine Unit in 2023, treated with FCM after ID diagnosis (ferritin<100 ng/mL; TSAT<15%). We retrospectively evaluated HF-hospital readmission (HR) in a follow up period from 4 to 52 weeks after discharge.
Results: Among 438 patients hospitalized in 2023 (22.3% with acute HF), 80 patients (18.2%; Male/Female: 43.3%/53.7%; mean age: 76±14) have been treated with FCM (41.2% with pEF). In this subset, preliminary data have shown 1 year HF-HR in 36.5%. Adverse events have not occurred.
Conclusions: Although limitations of a retrospective evaluation, in patients with pEF stabilized after an acute HF episode, FCM treatment was safe and seem to reduce 1 year HF-HR with respect to expected 60% literature data.

La cartella clinica: strumento di tutela per gli operatori

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Premesse: La cartella informatizzata, è diventata, uno dei più forti mezzi di tutela degli operatori durante i contenziosi. La corretta compilazione da evidenze di come il lavoro viene svolto.
Descrizione: All'ingresso di un paziente di circa 80 anni in ospedale, l'infermiere provvede alla compilazione delle schede presenti: valutazione Braden con punteggio di 14, significativo per rischio alto di compromissione dell'integrità cutanea. Traccia la presenza di: 1) ulcera da pressione sacrale stadio 3 secondo NPUAP/EPUAP indicativa di perdita cutanea a spessore totale; 2) ulcera da pressione calcaneare dx indicativa di sospetto danno profondo del tessuto, profondità sconosciuta; 3) ulcera da pressione calcaneare sx, stadiazione secondo NPUAP/EPUAP indicativa di sospetto danno profondo del tessuto, profondità sconosciuta. Vengono attuate le seguenti azioni: medicazione con film poliuretano, idrocolloide e detersione con soluzione fisiologica, programmata ogni 5 giorni, pianificazione del cambio postura ogni 4 ore con monitoraggio giornaliero, posizionamento del materasso antidecubito. I dati sopra riportati, sono stati estratti dalla cartella informatizzata a distanza di mesi.
Conclusioni: Dalla descrizione dell'evento si evince che se l'operatrice non avesse correttamente descritto e compilato la cartella informatizzata, sarebbe stato impossibile verificare la tracciabilità del percorso. Il caso enunciato vuole attenzionare e sensibilizzare tutti gli operatori a riportare le attività assistenziali svolte quotidianamente.

Unusual pneumonia in young woman

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Premises: Toxoplasmosis has a clinical expression conditioned by the patient's immune status: from paucisymptomatic forms in the immunocompetent to severe and potentially fatal forms in patients with congenital or acquired immunodeficiency.
Description of the Clinical case: Female 31 y/o, hospitalized for continuous-remitting fever for two weeks accompanied by skin rash. On chest x-ray, bilateral pneumonia with pleural effusion. On blood tests, severe anemia, leukopenia with lymphocytopenia, increased CRP; serology for pneumotropic bacteria and autoimmunity were negative. Positive blood culture for S. haemolyticus. Antibiotical therapy with piperacillin-tazobactam ineffective. No endocardial vegetations or pericardial effusion. On contrast-enhanced chest and abdomen CT: mild hepatosplenomegaly, fascial thickening and pelvic inflammation signs. TVUS: right ovarian formation with ring-enhancement; HCG negative. Following serial blood cultures were negative. Decrease in CD4+ lymphocytes. Positive IgM for Coxiella burneti and Rickettsia and IgG for CMV, EBV, Rubeo and Toxoplasma. HIV test positive. On the tenth day, lethargy; brain CT negative. Transferred to Infectious Diseases Department, brain MRI with contrast medium detected brain localizations of Toxoplasma. Clinical worsening required transfer to another Department for the treatment of neurotoxoplasmosis.
Conclusions: Neurological alterations during sepsis with multi-organ involvement requires a complex diagnostic work-up and multidisciplinary evaluation, with identification of sometimes unexpected etiological factors.

Fever of unknow origin in a minor under 16 years of age

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Premises: Fever of unknown origin describes a temperature above 38°C present several times for a period exceeding 40 days without a confirmed diagnosis despite two further hospitalizations in two other emergency departments. This diagnosis represents a challenge in clinical care management due to the unknown etiology, but also for nursing management and care based above all on careful and effective communication with the minor and with a family member always present during hospitalization.
Description of the Case report: A minor under 16 years of age accompanied by her mother presents herself at the P.S. on the recommendation of the treating pediatrician for serotonin fever above 38°C, with headache, asthenia, and weakness of the lower limbs, with a recent episode of hypothymia and vomiting. Familiarity with Crohn's disease and celiac disease. Weight loss of 3 kg in 30 days. During hospitalization she was subjected to blood chemistry tests with negative autoimmune screening. Mild leukocytosis with PCR and ESR within limits. CT TB with contrast medium negative, Widal Writh negative.
Conclusions: Fever of unknown origin represents a clinical and healthcare challenge, particularly in cases where a certain diagnosis is not reached.With the remission of symptoms she was discharged with instructions for follow up. A multidisciplinary path not only from a clinical care point of view but also from a relational point of view with an empathic taking charge based on effective, attentive communication in listening which aimed to reassure but not to belittle was fundamental.

A case of *Capnocytophaga canimorsus*' infection

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Premises: Capnocytophaga canimorsus is an encapsulated Gram negative rod and commensal bacterium in the gengival flora of canine and feline species. Transmission may occur through bites or licks. It has generally low virulence in healthy individuals, but can cause severe illness in immunocompromised ones, like the asplenics. Moreover, middle-aged people are at greater risk. Symptoms may appear within 2-3 days after exposure or up to 4 weeks later and they range from mild, flu-like symptoms to fulminant sepsis.
Description of the Case report: A 63 years-old male patient was admitted to our Emergency Department with fever and confusion. Within few hours his conditions worsened and he was moved to Intensive Care Unit where he developed severe septic shock complicated by multiple organ failure (MOF). Therefore, he underwent oral-tracheal intubation, continuos renal replacement therapy and platelet transfusions combined with intravenous immunoglobulines for disseminated intravascular coagulation (DIC) wich resulted in limbs and facial necrosis. C. canimorsus species was isolated from blood sample and targeted antibiotic course was administered. After that MOF were reversed except for kidney failure with permanent dialysis need.
Conclusions: We described a rare case of septic shock, determined by C. canimorsus. This infection should always be considered in immunocompromised patients, especially the asplenic ones. Starting immediately with a target antibiotical therapy in a suspected infection could infact significantly reduce the incidence of life-threatening complications.

Obstructive sleep apnea syndrome in elderly patients

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Premises and Purpose of the study: Obstructive sleep apnea syndrome (OSAS) is a common breathing disorder in sleep characterized by recurrent episodes of partial or complete airway obstruction. The prevalence of OSAS rises in middle-aged and elderly individuals. The aim of this study is to prove that OSAS severity increases with age, even if elderly patients often don't show typical symptoms. The secondary aim of the study is to analyze risk factors which are associated with OSAS.
Materials and Methods: A total of 324 patients (140 females and 184 males) were included and divided into 2 groups: adult group (n=167) and elderly group (n=157). Anthropometric measurements, clinical evaluation (anamnesis), Epworth daytime sleepiness questionnaire and full polysomnography were performed.
Results: OSAS severity (AHI, ODI, oxyhemoglobin desaturation) increased with age, after adjustment for body mass index. Daytime sleepiness wasn't associated to OSAS severity. Diabetes and hypertension were positively associated with severe obstructive sleep apnea in elderly patients.
Conclusions: Looking for OSAS in elderly patients should be considered, even without typical symptoms, especially in patients with diabetes and hypertension.

Un *misunderstanding* quasi fatale

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Premessa: Il metrotressato è analogo dell'ac. folico escreto per via renale inibisce specificatamente la diidrofolato riduttasi, antimetabolita verso le cellule ad alto turnover. Indicazioni: malattie neoplastiche ed autoimmuni. Manifestazioni da tossicità: epatorenali, gastrointestinali, pancitopenia, alopecia, Sdr di Stevens Johnson. In corso di MTX monitorare: emocromo completo con formula, funzionalità epatorenale, rx torace.
Descrizione del caso: Uomo 74 aa IA IRC psoriasi sarcoidosi refrattaria TD nebivololo prednisone PPI metotressato 2.5 mg da 2 settimane (dose di 2,5 mg 1cp al dì). Giunge in PS per emorragia gengivale disfagia CAV: acido folinico ad elevate dosi ed alcalinizzazione urine (NaHC03.) In TI pancitopenia PCR 460 mg PCT 72 mg/dl creat 3.15 mg/dl urea 290 EC UC negative galattomannano e betadglucano tampone MRSA negativi, FBS: galattomannano negativo. ECG: FAP Dosaggio del MTX 0.07 Umol/L TC TB addensamenti polmonari versamento pleurico BOM: aplasia midollare. Trattato con diverse linee antibiotiche fattori di crescita e eltrombopag. Intubato per shock settico, per prolungata ventilazione meccanica si confezionava tracheotomia, poi

trasferito in medicina a maggior intensità di cura con lento, graduale ma completo recupero.
Conclusioni: Il prescrittore deve specificare il giorno di assunzione sulla prescrizione e assicurarsi che i pazienti capiscano perfettamente che va assunto solo una volta alla settimana ed i gravissimi rischi in caso di sovradosaggio.

Painless jaundice: is it only cancer?

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Background: Type 2 autoimmune pancreatitis (AIP) is a rare inflammatory disease limited to the pancreas often presenting with jaundice. Discriminating AIP from pancreatic cancer is crucial in the diagnostic work-up of the jaundiced patient.
Description of Case report: We report a case of a 31-year-old man with recent onset of painless jaundice featuring acholic stools and hyperchromic urine. The first blood tests confirmed marked direct hyperbilirubinemia, associated with increased levels of cholestasis and pancreatic enzymes. At US examination, we detected a marked dilatation of the intra and extrahepatic bile ducts with stenosis of the common bile duct in the intrapancreatic region owed to an enlargement of the pancreas head. MRI confirmed expansion of the pancreas profiles, particularly in the head, containing a thin Wirsung with the duct-penetrating sign, compatible with AIP. Given the rapid worsening of hyperbilirubinemia and pancreatic enzymes, we promptly started corticosteroid treatment leading to a rapid decrease of bilirubin, pancreatic and cholestasis enzymes, and clinical resolution of jaundice. Of note, diagnosis of type 2 AIP was confirmed further by normal IgG4 serum levels and by increased faecal calprotectin.
Conclusions: Clinical, biochemical, radiological findings along with the good response to corticosteroid therapy were consistent with type 2 AIP diagnosis, though biopsy confirmation was missed because of the rapid jaundice progression. Although jaundice is a common clinical manifestation, rare diseases must be considered in its diagnostic work-up.

Acute onset pain in ADPKD: be aware of complications

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Premise: Autosomal dominant polycystic kidney disease (ADPKD) is the most common hereditary cystic kidney disease, characterized by the development of cysts compromising renal function, leading to end-stage renal disease.
Description: A 48-years-old man was admitted to our Emergency Department because of acute onset of abdominal pain 2 hours earlier. He referred macroscopic hematuria. His medical history was remarkable for ADPKD. On admission, he was hemodynamically stable, his blood pressure was 135/70 mmHg. The blood tests were normal, except for a mild leukocytosis and for a moderate increase in C-reactive protein. Creatinine levels were 1.28 mg/dl. He underwent abdomen US showing several cysts in the right the kidney with echogenic intracystic material suitable for intracystic bleeding. Abdomen CT-scan confirmed the presence of cystic lesions without active bleeding. He was admitted to our intensive observation area and closely monitored. At 48 hours, his blood tests showed a reduction of 2 point in haemoglobin levels. He repeated abdomen CT-scan that confirmed the cystic lesions with blood inside but no active bleeding. Emoperitoneo was detected on CT-scan. A consultation with the interventional radiologist was made and he did not consider angiography because of no active bleeding. The patient was admitted to the Urology Department where he is still hospitalized and closely monitorized.
Conclusions: Cysts hemorrage is a complication of ADPKD and its management is lacking of a strong evidence. Acute abdominal pain must be carefully evaluated in these patients.

Una questione aperta: possibilità di mantenimento in remissione della miocardite gigantocellulare idiopatica dopo interruzione della terapia immunosoppressiva di combinazione: un caso clinico

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Premesse: La miocardite gigantocellulare è una miocardite primitiva a patogenesi autoimmune ad esito potenzialmente fatale. La terapia immunosoppressiv è potenzialmente capace di scongiurare la necessita' di trapianto e indurre remissione. Una questione aperta è la durata ottimale della terapia immunosoppressiva di combinazione.
Descrizione del caso clinico: Un giovane di 34 anni ha presentato improvvisamente dolore retrosternale intenso e fisso e febbricola evoluto rapidamente a grave scompenso cardiaco. La diagnosi di miocardite a cellule giganti è stata posta con esame istologico di biopsia endomiocardica. L'inizio della terapia immunosoppressiva è stato seguito da un rapido miglioramento fino alla remissione completadella malattia. Il trattamento è stato ben tollerato con nessun evento indesiderato durante il follow-up. La terapia immunosoppressiva di combinazione è stata definitivamente sospesa solo dopo sei anni di trattamento. Durante il follow-up successivo alla sospensione del trattamento, attualmente arrivato a sei mesi, il paziente è rimasto in remissione completa.
Conclusioni: La miocardite gigantocellulare è una patologia cardiaca idiopatica autoimmune a prognosi spesso infausta a breve termine per la quale non vi sono strategie terapeutiche approvate definitivamente. L'ottima risposta del paziente al trattamento prescritto è a supporto dell'efficacia terapeutica della terapia immunosoppressiva di combinazione. Il mantenimento della remissione dopo sei mesi dalla sospensione del trattamento immunosoppressivo suffraga la possibilità di sospendere dopo diversi anni i farmaci immunosoppressori.

Meningoencefalite criptococcica in infezione da HIV di nuova diagnosi

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Premesse: La meningoencefalite criptococcica è un'infezione opportunistica che si manifesta in pazienti immunodepressi con AIDS non in trattamento farmacologico.
Descrizione del Caso clinico: Paziente di 55 anni, di nazionalità nord africana, con anamnesi muta e senza terapie croniche in corso. Accedeva tre volte in una settimana in Pronto Soccorso per cefalea frontale e febbre; dimesso dopo esecuzione di TC encefalo e RX torace negative con diagnosi di cefalea muscolotensiva. Al terzo accesso riscontro di iponatriemia e ipereosinofilia; seguiva ricovero. Inviate emocolture (positive per MSSA), parassitologico su feci, sierologia malaria e virus epatotropi (tutti negativi). Per comparsa di me-

ningismo eseguita rachicentesi, con riscontro di antigene criptococcico ad alto titolo; RMN encefalo negativa ed EEG con segni di encefalopatia diffusa di grado lieve. Iniziata terapia con fluconazolo e amfotericina B ed eseguita terapia con oxacillina per MSSA. Alla rachicentesi di controllo si evidenziava riduzione titolo antigenico; negativo l'esame colturale per Cryptococco. A completamento eseguita ricerca HIV con riscontro di positività; effettuato dosaggio HIV RNA e popolazione linfocitaria CD4+. Al termine della fase acuta infettiva intrapresa terapia antiretrovirale terapia profilattica con cotrimossazolo.
Conclusioni: In caso di riscontro di patologie causate da microorganismi poco virulenti nei soggetti immunocompetenti, è sempre necessario cercare cause di immunodeficienza anche in assenza di anamnesi di infezioni ricorrenti.

Acute pancreatitis secondary to extrinsic compression

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Premises: Extrinsic compression of pancreatic ducts is a rare event but potentially harmful for acute pancreatitis. The few cases described to our knowledge are those connected to procedures such as intragastric balloon treatment. We also found some correlation between large renal masses such as in polycystic kidneys, and bile ducts compression in literature, but not with the pancreas.
Description of the Case report: A 74-year-old caucasian female with a history of hypertension and atrial fibrillation was admitted to our department for epigastric pain with laboratory tests compatible with acute pancreatitis and unremarkable ultrasound finding except for a large left renal cyst. MRI showed a dislocation of the body-tail of the pancreas from a voluminous multiseptate left renal cyst (10 x 8 cm, II F according to Bosniak classification) with consequent swelling and edema of the pancreatic tail, contiguous fluid layer and slight overdistention of the secondary ducts. The finding was normal in the remaining segments of the pancreatic-hepato-biliary districts. These data were confirmed with eco-endoscopy study. The patient was therefore referred to a urological setting for the indication of possible decompressive surgery.
Conclusions: We report a unique case of a patient consulted for a picture of acute pancreatitis, whose investigation objectified compression of the body-tail pancreas by a voluminous left kidney cyst.

Progressive multifocal leukoencephalopathy as a first manifestation of AIDS

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Premises: HIV is neuroinvasive, neurotrophic and neurovirulent. Central nervous system (CNS) disorders are estimated to occur in approximately 10-20% of people living with HIV. CNS diseases can also be the first manifestation of HIV/AIDS, such as progressive multifocal leukoencephalopathy (PML). Its definitive diagnosis is established by biopsy or autopsy. However, a diagnosis of probable PML can be made with a supportive clinical history along with correlative radiological and laboratory findings. A positive JCV PCR is considered diagnostic in a case with typical clinical and imaging features; however, the sensitivity and specificity of this test is still under discussion.
Description of the Case report: A 63-year-old caucasian previuosly healthy male was admitted to our department for balance disturbances from a month. The neurological exam and audiometric-vestibular tests were unremarkable. The laboratory exams showed only lymphopenia (500/mm^3), the study of lymphocite subpopulations showed a count of T CD4+ of 16/mm^3. The HIV test resulted positive. The brain MRI highlighted widespread hyperintense on T2 and hypointense on T1 lesions, distributed in the subcortical area and in the pons (grade 3 on the Fazekas scale), a picture compatible with PML. He was referred to a specialist center for further investigation and treatment.
Conclusions: Most cases of AIDS PML occur during severe immunosuppression (<100 CD4+cells/mm^3). A rapid recognition of this syndrome, neurodiagnostic studies, and exclusion of other infections, are required for a prompt diagnosis and therapy.

He wasn't just depressed!

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Premises: Sarcoidosis is a multisystem disease; the lymphatic and pulmonary systems are most affected. In many cases, sarcoidosis manifests itself with non-specific symptoms, such as asthenia, weight loss, fever or night sweats.
Description of the Case report: A 47-year-old man has been hospitalized for fever, asthenia and weight loss for about three months; the mood is depressed. Before hospitalization, he performed several blood chemistry, chest and abdomen CT scan with MDC with negative results. In the stay, the echocardiogram and CT scan of the brain with MDC are negative. Also, all microbiological investigations (including HIV test) and autoimmunity, blood cultures, and urine culture are negative. Inflammation indices turned off. The FDG PET shows hyperaccumulations of the tracer of enhanced glycolytic metabolism at the level of mediastinal lymph nodes in bilateral hilar site, Barety's lodge, aorto-pulmonary and subcarinal window. The histological examination of EBUS TBNA on right, left and subcarinal paratracheal adenopathy shows minute coarctate fragments of lymph node parenchyma and some epithelioid granulomas partly sclero-hyaline, without necrosis.
Conclusions: Since the clinical manifestations of sarcoidosis are often non-specific, histological evaluation of tissue granulomas is necessary to establish the diagnosis. Typical histological features include the absence of necrosis, the presence of well-formed and concentrically arranged layers of immune cells, the most important of which is the central nucleus of macrophage aggregates and multinucleated giant cells.

Platelet aggregability tests: new fields of application

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Premises and Purpose of the study: Data on the use of aggregability tests in high-risk procedures derive mainly from cardiac surgery, but could also have applicability in neurosurgery (NS).The aim of our study is evaluation of aggregability test safety in patients with surgical indication for subdural hematoma (SH).

Materials and Methods: We conducted a case-control study to determine risk factors and outcome (early onset complications if <7 days; late onset >7 days) in patients undergoing evacuation of SH recruited in the two-year period 2022-2023. Patients with history of antiplatelet treatment and aggregability test with early negativization (<7 days from suspension of the drug) and urgent neurosurgical indication were considered cases. Patients were not taking antiplatelet therapy are control. Main complications analyzed were residual subural layer with or without cerebral shift, pneumencephalon, ESDA (acute subdural hematoma), intraparenchymal hemorrhage (ICH), cerebral ischemia.
Results: We analyzed data about 206 patients (73 cases) and 133 controls. In the group of 45 cases with early negative tests we did not observe a statistically significant early complications compared to 133 controls (8.9% *vs.* 6.8%). Regarding late complications, the incidence of total haemorragic complications is similar in the two study groups (90.2% *vs.* 83.9%).
Conclusions: SH is often a neurosurgical emergency and there is no time to wait for antiplatelet therapy to be ineffective and aggregability test could be an useful and safe tool to guide NS.

A strange case of transient strength deficit

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Premises: Conditions can lead to primary hyperaldosteronism are adenoma, carcinoma or adrenal hyperplasia. Aldosterone causes K loss, Na retention and increases blood pressure. Symptomatology is characterised by paresthesias, weakness, tingling and an increase of blood pressure values (hypertension).
Description of the Case report: Male, aged 53 years, suffering from hypertension for 10 years, on therapy with perindopril, amlodipine, atenolol and chlorthalidone. The patient arrives to the Emergency Department for limb strength deficit and then, he was admitted to neurology. He was transferred to Internal Medicine, suspecting primary hyperaldosteronism, due to poorly controlled arterial hypertension and severe hypokalemia, and after K normalisation and pharmacological woshout, subjected to determination of plasma renin activity and aldosterononemia (ARP 0.9 ng/ml/h, aldosterone 424 pg/ml, with pathological ARR cutoff of 47.1). TSH, FT4, cortisolemia in normal range. Confirmatory captopril testing shows no suppression of plasma aldosterone levels and suppressed PRA (plasma renin activity). Abdominal CT scan shows "...regular right adrenal gland. A solid nodule is noticed in the left adrenal gland...". The patient is currently on home therapy with anti-aldosteronic drugs.
Conclusions: Ten years of poorly controlled arterial hypertension confirm the lack of timeliness in the diagnosis of primary hyperaldosteronism, which is still considered a rare condition despite the fact that it accounts for around 10% of cases of arterial hypertension.

Prima valutazione di correlazione tra livello assistenziale assegnato all'ingresso e punteggio alla chiusura (coefficiente di intensità assistenziale) dell'assistenza domiciliare per i pazienti seguiti dall'UOS cure intermedie del Distretto H3-ASL RM6

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Introduzione: La valutazione multidimensionale ed il successivo Progetto di Assistenza Individuale (PAI) definiscono il livello di intensità, complessità e durata dell'intervento assistenziale. I livelli assistenziali delle cure domiciliari si articolano in quattro livelli crescenti di intensità. Il coefficiente di intensità assistenziale (CIA) è calcolato come giornate di effettiva assistenza/giornate di cura fino alla cessazione del programma.
Scopo dello studio: Gli AA hanno voluto verificare la correlazione tra il livello di assistenza assegnato all'inizio ed il punteggio CIA alla chiusura della cartella del paziente.
Materiali e Metodi: Sono stati raccolti, dal sistema informatizzato SIAT 525, i dati delle cartelle chiuse dei pazienti seguiti dall'U.O.S. Cure Intermedie Distretto H3 ASL RM6 dal 01.03.2023 al 31.12.2023.
Risultati: Sono state chiuse 830 cartelle, 2/3 dei pazienti inseriti sono di genere femminile. Il livello assistenziale assegnato è correlato con il punteggio CIA finale solo in 1/4 dei casi. I punteggi più alti (>0.61) sono stati molto frequenti in quasi tutti i livelli assistenziali, soprattutto il primo. Ad oggi, risultano 491 cartelle ancora aperte e prive di CIA.
Conclusioni: Il livello di assistenza individuato all'ingresso molto spesso non coincide con il CIA calcolato al termine del periodo di presa in carico, poiché le prestazioni erogate variano in relazione all'evoluzione clinica (riacutizzazione patologie, allettamento, LDD, infezioni respiratorie/genito-urinarie). L'aumento di prestazioni consente di limitare gli accessi in PS e le ospedalizzazioni.

Valutazione dei report annuali di assistenza di base presso l'UOS. Cure intermedie distretto H3 dell'ASL RM6 dal 2019 al 2023

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Introduzione: Il Ministero della Salute ogni anno richiede i dati relativi all'attività di Assistenza di Base (FLS.21).
Scopo dello studio: Gli AA, per valutare l'andamento dell'assistenza fornita all'utenza territoriale, hanno confrontato i modelli FLS.21 ed analizzato le ore di assistenza erogate ai pazienti in carico presso UOS. Cure Intermedie Distretto H3 ASL RM6.
Materiali e Metodi: I dati sono stati raccolti dai report FLS.21 dal 2019 al 2023.
Risultati: I casi trattati, dopo il periodo pandemico del COVID-19, sono aumentati esponenzialmente (da 698 casi nel 2019 a 5078 casi nel 2023). Gli anziani sono stati il motivo principale di questo incremento (541->4778) mentre il numero di malati terminali, triplicati nel 2021, si è ridotto nei due anni successivi (499->248->300). Il personale medico dal 2019 al 2022 è andato incontro ad un dimezzamento numerico (27->11) con riduzione degli accessi (3800->2103). Nel 2023 l'incremento del numero dei medici ha determinato un au-

mento del numero di accessi. Nel periodo di riferimento anche il numero e gli accessi del personale infermieristico e della riabilitazione ha avuto un'impennata (IP 6091->33392 e FKT 1542 ->11239). Il numero di autorizzazioni concesse, dopo il 2020, sono stabilmente oltre le 2100.
Conclusioni: I report dei modelli FLS.21 mostrano che l'assistenza erogata ai pazienti afferenti all'UOS. Cure Intermedie Distretto H3 ASL RM6 è andata incrementandosi nel tempo. I casi trattati dopo il periodo del COVID-19 sono aumentati esponenzialmente determinando una migliore gestione domiciliare del paziente fragile, riducendo accessi in PS e strutture ospedaliere.

Role of CEUS associated with clinical reasoning in the diagnosis of splenic hamartomas

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Background: The EFSUMB Guidelines and Recommendations for the Clinical Practice of Contrast-Enhanced Ultrasound (CEUS) in Non-Hepatic Applications, update 2017, recommend CEUS as capable of differentiating benign and malignant splenic lesions with a good level of accuracy (with reduction use of MRI or CT abdomen).
Case report: Few cases of its application in the diagnosis of splenic hamartomas can be found in the literature. Since January 2022 to December 2023, four patients with incidental splenic lesions have been submitted CEUS in our hospital. The first case is an 83-years-old man with known splenomegaly associated with multiple anechoic areas, moderate thrombocytopenia, and minute right kidney neoformation. The second and third cases are a 77-years-old man and a 65-years-old woman, with fever. The last case is a 95-years-old woman with a history of chronic myeloproliferative disease and current thrombocytopenia associated to multiple splenic lesions. In all these cases, the association between CEUS typical findings (intense and early wash-in with radial pattern in the arterial phase associated to heterogeneous appearance secondary to multiple persistently anechoic areas, and poor wash-out in the venous phase) and clinic led to the hypothesis of splenic hamartomas.
Conclusions: CEUS is a real time, safety and cost effective method, but further studies are needed to validate CEUS for the diagnosis and follow-up of these lesions. In our unit, we are making a data collection which includes patients with splenic lesions associated with clinical or ultrasound or laboratory specific features.

Interventi di educazione sanitaria per migliorare l'aderenza terapeutica negli adolescenti affetti da HIV. Revisione narrativa della letteratura

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Premesse e Scopo dello studio: Secondo l'OMS nel 2022 circa 1,5 milioni di persone di età inferiore ai 15 anni è affetta da HIV. Gli adolescenti hanno un rischio elevato di non aderenza alla terapia antiretrovirale (ART). Lo scopo dello studio è individuare interventi per migliorare l'aderenza terapeutica alla ART negli adolescenti con HIV.
Materiali e Metodi: È stata condotta una revisione narrativa della letteratura da marzo a luglio 2023. Sono stati inclusi studi primari con popolazione di età compresa tra i 13 e i 17 anni, ottenuti dalle banche dati PubMed, Embase e CINAHL mediante apposite stringhe di ricerca.
Risultati: Sono stati inclusi 10 articoli, di cui 4 svolti in America e 6 in Africa, pubblicati tra il 2014 e 2022. Gli interventi che migliorano l'aderenza terapeutica sono di tipo multidimensionale e multidisciplinare. Sono stati raggruppati in 5 macroaree: Aumento delle conoscenze; riduzione dello stigma; supporto personale; improvement dell'aderenza terapeutica già presente; utilizzo delle risorse e background culturale e abitudini. Tali interventi possono essere svolti da infermieri, medici, psicologi e operatori qualificati. Esistono anche facilitatori che favoriscono il miglioramento dell'aderenza terapeutica tra cui un costante supporto sociale, tutela della riservatezza ed educazione all'ART.
Conclusioni: Gli interventi più efficaci riguardano l'aumento delle conoscenze sull'HIV, la rivelazione dello stato sierologico secondo il grado di comprensione e maturità dell'adolescente, e l'utilizzo di strumenti tecnologici che facilitano l'aderenza terapeutica.

Il colpevole c'è ma si nasconde

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Premesse: Spesso la diagnosi di neoplasia ci mette a dura prova nonostante l'evidenze di malattia.
Descrizione del caso: Paziente di 47 anni si presenta al PS con sintomi compatibili con colica biliare. In eco riscontro di abbondante versamento ascitico e pleurico. Alla TAC non alterazioni focali a carico degli organi addominali o al torace. Alla paracentesi drenaggio di liquido chiloso, non solati patologici al citoincluso. In anamnesi si segnalava: obesità (123 kg per 175 cm), gastrectomia a manica nel 2021, sindrome depressiva. Ultima EGDS effettuata 2 mesi prima e riferita nella norma. Alla luce della natura chilosa dell'ascite ripeteva nuovamente sia EGDS (regolari esiti di gastrectomia a manica) e TAC invariata: il quadro veniva messo in relazione all'intervento bariatrico. Il mese successivo, per la comparsa di dolore toracico e dispnea si procedeva a toracentesi e all'analisi citologica si reperivano cellule ad anello con castone come da adenocarcinoma di origine gastroenterica. Eseguiva quindi colonscopia ed una terza EGDS senza reperti macroscopici ma con conferma alle biopsie random di adenocarcinoma con cellule a castone. Il paziente veniva affidato all'oncologo ed iniziava terapia con regime XELOX. Dopo 2 mesi, il trattamento veniva interrotto per insufficienza respiratoria in corso di aritmia ed il paziente veniva trasferito in Hospice.
Conclusioni: L'assenza di macrolesioni, l'obesità e l'ascite chilosa che ha impedito la corretta diagnosi citologica hanno portato ad un ritardo diagnostico nonostante il sospetto di neoplasia fosse presente dalla prima visita.

Gli interventi non farmacologici nella gestione del prurito nel paziente in trattamento emodialitico: revisione della letteratura

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Premesse e Scopo dello studio: L'insufficienza renale cronica provoca la cessazione delle funzionalità dell'organo. Le scelte terapeutiche compensative sono il trattamento dialitico o il trapianto. La malattia renale allo stadio terminale provoca sintomi che aggravano la qualità di vita. Il prurito uremico rappresenta una delle manifestazioni cutanee più comuni. La ricerca mira ad indagare i trattamenti non farmacologici più efficaci, per ridurre il prurito uremico nei pazienti emodializzati.

Materiali e Metodi: Attraverso la ricerca nei database Pubmed, CINAHL e Scopus,sono stati selezionati ed inclusi 14 studi pubblicati dal 2017 al 2023. Essi riportano le migliori strategie non farmacologiche per trattare il prurito uremico nei pazienti in trattamento emodialitico.
Risultati: Le strategie non farmacologiche includono tecniche orientali, come l'agopuntura, la digitopressione, la digitopressione auricolare e l'utilizzo di erbe cinesi in differenti tipologie di trattamenti, e tecniche di fitoterapia, come l'utilizzo di oli essenziali (aromaterapia), olio con estratto di semi, fiori o frutta (olio di primula, olio di viola, olio di chia, olio di cocco, olio di enotera e fumaria parviflora), spezie (curcuma), carbone vegetale, olio per bambini e acqua di colonia.
Conclusioni: I trattamenti non farmacologici più efficaci per la gestione del prurito uremico sono le tecniche di fitoterapia: l'utilizzo di oli naturali, l'aromaterapia, il carbone vegetale e l'olio per bambini sono indicati per alleviare, moderare la sintomatologia e migliorare la qualità di vita dei pazienti.

Reversible hypocholesterolemia with chronic diarrhea: a case report

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Introduction: Hypocholesterolemia is sometimes associated with cancer. One of underlying mechanisms is related to over expression of LDL receptors in tumoral cells.
Case: A 40-y-old man, was hospitalized to our unit for chronic diarrhea from 6 weeks without fever. Blood exams showed WBC 19300/mm^3, hemoglobin 12,8 g/dl, MCV 80 fl, creatinine 0.85 mg/dl, no alteration of liver enzymes and protein synthesis, CRP 250 mg/l, ESR 95 mm/h. Lipid profile showed total cholesterol 90 mg/dl, HDL 18 mg/dl, LDL 46 mg/dl, triglycerides 100 mg/dl. Diagnostic work out assessed: gastroscopy and colonoscopy (without alterations), HIV test (negative), calprotectin (90 microg/g), PCR on feces swab (negative for viruses, bacteria, and C. difficile), test for celiac disease (negative). Abdominal ultrasound showed multiple lymph nodes with malignant features. PET CT showed pathological lymph nodes suggestive for 3rd Ann-Arbor stage lymphoma. Histological exam diagnosed an Hodgkin lymphoma. After two weeks from diagnosis, the patient started therapy with ABVD scheme. After first injection diarrhea was resolved. After 10 days, lipid profile was in range (total cholesterol 184 mg/dl, HDL 58 mg/dl, LDL 99 mg/dl, triglycerides 136 mg/dl).
Conclusions: Chronic diarrhea and Hypocholesterolemia are two non-specific clinical findings. Their association wasn't described before in Hodgkin lymphoma onset. The mechanisms are unclear. Fast resolution after first chemotherapy injection suggests the role of over expression of LDL receptors and malabsorption due to lymphatic obstruction of abdominal masses.

Un caso di mutazione JAK2 V617F esordito con ematemesi

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Introduzione: Le mutazioni del gene JAK2 V617F sono correlate ad insorgenza di malattie mieloproliferative e trombosi in sedi tipiche ed atipiche. La trombosi portale è una condizione molto comune in pazienti oncologici o affetti da cirrosi epatica.
Caso clinico: Una donna di 54 anni senza precedenti anamnestici per epatopatia accedeva alla nostra osservazione per insorgenza di ascite nell'arco delle due settimane precedenti ed ematemesi con anemizzazione massiva (hb 5.3 g/dl). L'EGDS evidenziava in sede media esofagea la presenza di 3 varici F2 ed una F3 sottoposte a legatura. Successivamente eseguiva TC addome con mdc che evidenziava marcata splenomegalia (diametro 18 cm) e trombosi del tratto comune della vena porta e della vena cava inferiore. Dopo 5 giorni a stabilità dei valori dell'emoglobina veniva introdotta terapia anticoagulante con fondaparinux. La paziente non presentava alterazioni della conta leucocitaria e delle piastrine. Lo studio delle coagulopatie così come l'autoimmunità sono risultati negativi. Dopo circa 15 giorni si assisteva a miglioramento dell'ascite e parziale ricanalizzazione della trombosi con sviluppo di cavernoma. La mutazione del gene JAK2 V617F è risultata positiva. La paziente alla dimissione veniva instradata a follow-up ematologico.
Conclusioni: In una trombosi portale idopatica, oltre a ricercare le casue di possibili coagulopatie, bisogna porre attenzione alla presenza di mutazione del gene JAK2 V617F, perchè col tempo il paziente può sviluppare una malattia correlata alla stessa.

A case of status epilepcticus

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Premises: The status epilepcticus (SE) is a medical emergency associated with significant morbidity and mortality. Diagnosis is clinical, but requires EEG and imaging. Encephalitis is one of the most common causes of SE in adults. A rapid identification of the cause and infusion of antiepileptics is essential.
Description of the Case report: A 87-year-old woman was rushed to the hospital in a coma, febrile and with subsequent onset of tonic seizures. In previous days she suffered from urinary infection. The brain scan was negative while EEG showed critical epileptiform grafoelements. Infusion of antiepileptics was started (lancosamide 100 mg/bid and levetiracetam 1000 mg/tid). The lumbar puncture was performed and the cultural examination of the liquor was positive for E. coli and S.agalactiae. Blood cultures and urine cultures were positive for P.mirabilis. Antibiotic therapy with Ceftriaxone 2g/bid was started with subsequent clinical improvement.
Conclusions: The status epilecticus is a life-threatening condition and early identification of the ca use can reduce morbidity and mortality.

A difficult choice

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Premises: There is a strong association between OSA and cardiac arrhythmias.

Description of the Case report: The 58-year-old man reported to snoring, poor sleep quality and daytime drowsiness. Medical history: smoking habit, overweight, hypertension, left ventricular hypertrophy. On physical examination, neck circumference of 43 cm and abdominal circumference of 103 cm, Mallampati class II.He was undergoing screening tests for sleep disorders. The patient had a high risk of OSAS and underwent a polygraph which showed a severe OSAS.There was an indication for treatment with CPAP and lifestyle changes.After 3 years he was sent to our clinic to check adherence to CPAP therapy by cardiologists who had diagnosed hypertrophic-hypertensive cardiomyopathy and found nocturnal sinus pauses. The patient reports not having changed their lifestyle, not having undertaken beta blocker therapy and discontinuously practicing CPAP therapy. Sleep hygiene was recommended, the interface was changed and the pressures were modified. Through telemonitoring it was possible to improve adherence to therapy. CPAP polygraphy confirmed good control of respiratory events and a dynamic ECG according to Holter showed the persistence of nocturnal pauses.The cardiologist recommended CPAP therapy, lifestyle modifications, beta blocker and dynamic ECG after three months, which showed persistence of nocturnal sinus pauses.The arrhythmologist recommended loop recorder implantation.
Conclusions: The nocturnal cardiac pauses persist despite excellent adherence to the CPAP.The nocturnal vagal hypertonicity may be responsible.

Assessment of the functional status in the elderly patient with OSAS: an observational study

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Premises and Purpose of the study: The obstructive sleep apnoea syndrome is related to cardiocerebrovascular and metabolic complications that determine a worsening of the quality of life and increase the mortality and morbidity.Few studies have investigated if exists a correlation between the reduction of functional autonomy and OSAS in elderly patients.The aim of our study was to verify whether there is a relationship between OSAS and the functional status of the elderly patient.
Materials and Methods: Were enrolled 451 patients.Anthropometric parameters were recorded and all patients underwent sleep quality tests and polygraphy.Were included in the study 234 patients(144 M, 90 F)aged between 65 and 92 years with OSAS. 217 patients were excluded because some data were missing. All of them tested for neurocognitive status and for autonomy in daily living.
Results: Patients with higher BMI were more likely to develop severe OSAS. The MMSE and the GDS correlated with the severity of OSA, while we did not find a statistically significant correlation between loss of autonomy in the elderly and OSAS. Patients with total loss of autonomy or with severe cognitive impairment were not included in this study and this represented a limitation in evaluating the actual impact that OSAS has on the functional decline of elderly patients.
Conclusions: Our study revealed a strong correlation between the severity of OSAS, major depression and cognitive impairment.The relationship between the OSAS and the loss of autonomy in the elderly is less clear, more studies are needed to explore this aspect.

Subdural empyema: a challenging diagnosis

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Background: Intracranial subdural empyema (SE) is a loculated collection of pus in the subdural space. It is considered a dangerous but treatable entity.
Description: A 44-year-old male with a medical history of drug consumption and a traumatic brain injury 1 month before, was referred to the emergency department with seizures and high blood pressure. He was followed with a series of brain CT for a right temporal subdural hematoma (SHE) by the neurosurgeons. At the ED, the patient repeated another brain CT with an increase of the SHE, and he was hospitalized. At the physical examination, the patient appeared alert, confused with inappropriate speech. The lab data were significant for mild leukocytosis and elevated CRP. An anti-hypertensive, anti-epileptic and an empiric antibiotic therapy treatment was started. For the unstable condition, another CT was repeated the day after with a further increase in SHE (22 mm *vs.* 14 mm), peripheral edema and median line shift. A brain MR showed the SHE with the presence of inflammatory and granulation tissue and a worsening edema. The patient underwent craniotomy. The cultural exam of the subdural material was positive for Staphylococcus aureus. He was started with daptomycin, with progressive clinical improvement and normalization of lab test.
Conclusions: The management of intracranial SE is complex. The etiology can be multifactorial and the most common microorganisms are anaerobes and aerobic Staphylococci, H. influenzae, Streptoc. pneumoniae. The treatment of cranial SE is multimodal, including both medical and surgical treatment.

Off label long-acting antibiotic treatment of difficult-to-treat patient with infective endocarditis

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Premises: Right-sided endocarditis represents 5-10% of all cases of infective endocarditis (IE). 90% of IE cases among intravenous drug users involve the tricuspid valve. Methicillin-resistant Staphylococcus aureus (MRSA) is the major microbiological challenge.
Description of the Case report: A 47-year-old male smoker with a history of alcohol abuse and intravenous drug use in a methadone program was admitted with fever, cough, jaundice and acute respiratory failure. Chest X-ray revealed multifocal excavated pneumonia. Abdominal ultrasound documented steatotic liver disease with splenomegaly. HIV, HBV, HCV, mycoplasma, pneumococcal, and tubercular infections were ruled out. After collecting blood samples, empirical treatment with piperacillin/tazobactam plus clarithromycin was started. A chest CT scan revealed pneumothorax and multiple excavated lung formations. A left pleural drainage was performed. Blood, sputum, and bronchoalveolar lavage cultures were positive for MRSA. Echocardiography demonstrated tricuspid valve vegetations, and the treatment was shifted to daptomycin. No surgical in-

dications were found in the transoesophageal echocardiography. After 4 weeks, at discharge, considering the poor reliability of the patient, a single dose of oritavancin was administered. At the 3-month follow-up, no relapse or reinfections were detected, and a chest CT scan documented an improvement of lung excavations.
Conclusions: Long-acting antibiotics can be safe and effective in the rapid discharge of difficult-to-treat patients.

Moderate-to-severe hypoalbuminemia as an independent risk factor for adverse events: an observational study

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Premises and Purpose of the study: Upon entering our department, the protidogram is part of the routine. The aim of our observational study was to evaluate whether moderate-severe hypoalbuminemia alone represents an independent risk factor (by age, sex, polypathology) for adverse events (mortality and increased length of stay with associated complications).
Materials and Methods: Between 27 January 2023 and 27 January 2024, 1447 patients were discharged from our department. We randomly selected a sample of 110 hypoalbumanemic patients among the 1447 discharged and divided them into two groups: 1) patients with serum albumin levels <3 g/dL and 2) patients with serum albumin levels >3 g/dL. Statistical significance for $p<0.05$.
Results: The cohort of 110 patients consisted of 60 M (54.55%) and 50 F (45.45%) with a minimum age of 30 years and a maximum of 104 (mean age 76.25). Group 1 included 65 patients and group 2 45. A total of 16/110 patients (14.55%) died, of whom 15/65 (23.08%) were in group 1 and 1/45 (2.22%) in group 2 (exact statistical value of the Fisher test 0.0019). Non-deceased patients in group 1 had a mean duration of hospitalization of 13.12 days (minimum 3 and maximum 49), those in group 2 9.13 days (minimum 3 and maximum 24).
Conclusions: Moderate-to-severe hypoalbuminemia represents an independent risk factor for adverse events, therefore serum albumin levels should be monitored not only at hospital admission but also in the community, in order to follow these patients more closely trying to avoid hospitalization.

The albumin/globulin ratio as an independent risk factor for adverse events and marker of frailty at entry into Internal Medicine wards: an observational study

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Premises and Purpose of the study: The albumin/globulin ratio (A/G) is an element of the protidogram that correlates with nutritional status. The aim of the study was to evaluate whether a moderately or severely reduced A/G ratio at entry represents an independent risk factor for adverse events (mortality and increased hospitalization time with associated complications) and can be used as a marker of frailty.
Materials and Methods: Among the 1447 patients discharged from our department between 27 January 2023 and 27 January 2024, we randomly extracted a sample of 150 patients (10.37%), dividing it into two groups: 1) patients with normal or slightly reduced A/G ratio and 2) patients with moderately or severely reduced A/G ratio. Statistical significance for $p<0.05$.
Results: The cohort of 150 patients consisted of 79 M (52.67%) and 71 F (47.33%), minimum age 30 years and maximum 100 (mean age 76.16). Group 1 included 64 patients and group 2 86. A total of 21/150 patients (14.00%) died, of whom 4/64 (6.25%) were in group 1 and 17/86 (19.77%) in group 2 (exact statistical value of the Fisher test 0.0189). Non-deceased patients in group 1 had a mean length of stay of 9.95 days, which was less than 13.65 days in group 2.
Conclusions: A moderately or severely reduced A/G ratio at ward entry represents an independent risk factor (by age, sex, polypathology) for adverse events, and can be used as a marker of frailty, allowing the identification of the most fragile patients who need closer monitoring at admission.

A rare extraintestinal manifestation of inflammatory bowel disease

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Background: Autoimmune pancreatitis (AIP) is pancreatic a inflammation with good response to corticosteroids and potential fibrotic evolution and organ failure if untreated. Two forms of AIP are known: AIP-1 (lymphoplasmacytic sclerosing pancreatitis), and AIP-2 (idiopathic central ductal pancreatitis). 15-30% of cases of AIP-2 occurs are associated to inflammatory bowel diseases (IBD), generally in youths and no gender difference.
Clinical case description: A 21 years old female with subclinical hyperthyroidism, and relapsing idiopathic acute pancreatitis (AP) was admitted to our Division due to abdominal pain, rectal bleeding, hyperlypasemia, and hyperamylasemia. The abdominal CT scan with iv contrast showed a 3-mm cephalopancreatic area liable for AIP. Stool exams showed increased fecal calprotectin. MR cholangiopancreatography and echoendoscopy evidenced diffuse inflammation in absence of focal abnormalities, so FNB was not performed. Finally, a colonscopy with random biopsies was consistent with IBD. A diagnosis of relapsing pancreatitis associated with unclassified IBD, and she was discharged on oral steroid therapy (prednisone 25 mg per day).
Conclusions: AIP, and predominantly AIP-2, is a rare extraintestinal manifestation of IBD. The association lies in common immune-mediated patterns between the intestinal and the pancreatic acinar-ductal epithelium. First-line treatment is prednisone 0.6 mg/Kg/day for at least 4-6 weeks, and 5 mg weekly reduction. If steroid-dependence, alternatives are azathioprine 2 mg/Kg/day, mofetil-mycophenolate (750 mg twicely) or rituximab.

Ipocondriaco fino al *midollo*

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Premessa: Pregresso episodio depressivo maggiore in concomitanza della morte del padre (moto a 39 anni per IMA).
Caso clinico: Paziente di 41 anni con multipli accessi in PS per cardiopalmo, test da sforzo negativo, ECG ed rx torace neg. Dosaggio troponine seriate nella norma; D-dimero nella norma. Ecocardiogramma normale. EGDS: ernia jatale.

Giunge in PS per l'ennesimo episodio di epigastralgia e cardiopalmo ma con riscontro anche di aumento della pro calcitonina (18 mcg/L), tutti gli altri esami nei limiti di norma, indici di flogosi, emocromo, funzionalità epatica e renale, ionemia, funzionalità tiroidea comprensiva di autoimmunità, calcemia PTH. Alvo tendenzialmente diarroico. Non febbre, dispnea, sincope, traumi, assunzione di droghe, potus, vomito alimentare o altra sintomatologia associata. Tuttavia riscontro di aumento di volume di noto nodulo tiroideo (in eutiroidismo), in follow up solo ecografico. All'eco tiroide nodulo tiroideo ipo/isoecogeno di 1.5x2.0 cm al lobo sin e linfonodi sospetti (per forma ed aspetto) omolaterali. Eseguiamo agoasp: esito non dirimente (tir 1 colloidale ematico).
Conclusioni: Alla luce dell'aumento apparentemente immotivato della pro calcitonina, nel dubbio di interferenza analitica, è stata dosata la calcitonina, elevata (923 ng/dL, limite sup 10). Eseguita TC collo-torace:linfonodi laterocervicali sin omolaterali colliquati. Alla luce di questi dati, sintomatologia epigastrica e diarroica è compatibile con la diagnosi di carcinoma midollare della Ttroide. Sono in corso ulteriori accertamenti per completamento diagnostico e impostazione terapeutica del caso.

Un puzzle di storia ed esami chiamato paziente: l'internista mette insieme i pezzi

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Caso clinico: Uomo di 64 anni, appendicite retrocecale perforata con successiva sindrome aderenziale; stenosi aortica severa e dilatazione aneurismatica dell'aorta ascendente con posizionamento di Bentall e in warfarin; asportazione di adenoma tubulo-villoso sigmoideo in follow-up. Accede in ps per addominalgia a rettorragia in seguito a clistere evacuativo eseguito per stipsi ostinata e inappetenza. EE di ps: WBC 18, INR 5.87, S-crea 2, LDH 372, PCR 30, PCT 1.54, fx epato-pancreatica nella norma. TC addome di ps; ateromasia calcifica di grado medio AA e diverticolosi. Trasfonde 2 sacche di PFC. Segue ricovero in Medicina. Nella notte picco pressorio ed episodio di TPSV-flutter atriale non responsivo a bolo di amiodarone, digossina e metoprololo ev; INR 10. Paziente vigile e asintomatico per angor. La mattina insorge epigastralgia, EE: WBC 10, S-crea 1.8, LDH 3312, AST 4141, ALT 2273, PCR 50, PCT 2.93, INR 5. EGA: pH 7.37, pCO2 17, pO2 91, HCO3- 10, lattati 15.55. Ecoaddome: aorta non visualizzabile per abbondante distensione intestinale. Angio-TC torace-addome urgente: flap di dissezione aortica acuta dall'arco aortico sino alla iliaca comune sin con ischemia intestinale.
Conclusioni: A fronte di una minima sintomatologia addominale aspecifica, l'insorgenza di una tachiaritmia su picco pressorio unitamente a esami ematochimici drasticamente peggiorati e al dato anamnestico di intervento di Bentall hanno posto il forte sospetto di una dissezione aortica acuta che ha permesso al clinico di fare diagnosi precoce in una patologia tempo-dipendente e di salvare il paziente.

Characteristics and outcome of 41 patients with acquired haemophilia A in the Sardinian island. A 18 years' experience

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Premises and purpose of the study: Acquired hemophilia A (AHA) is a rare autoimmune disease caused by autoantibodies against coagulation factor VIII and characterized by spontaneous hemorrhage in patients with no previous family or personal history of bleeding.
Materials and methods: Demographics, diagnosis, underlying disorders, bleeding characteristics, treatment, and outcome of a series of 41 AHA patients are described along with some particular cases. Diagnosis and treatment were done in Sardinia between 2005 and 2023.
Results: The estimated incidence of AHA is 2 cases per million/year (range from 0 to 5,4). The median age at diagnosis was 67,8 years (range 15-93). Ten out of 41 patients (24%) were idiopathic, 4 (10%) patients were postpartum, 18 (44%) patients had autoimmune, while 9 patients were diagnosed with cancer. Diagnostic delay was more than 30 days in 15/41 cases (36,5%) A total of 38/41 (93%) patients presented an spontaneous bleeding. The most common presentation is mucocutaneous bleed (23/41. Hemostatic by-passing therapy was started in all patients. Steroids were the most used immunosuppressive agent. Clinical remission was achieved in 100% patients. An important delay in the diagnosis was observed.
Conclusions: This study shows that a single specialized Centre in Haemostasis and Thrombosis can properly manage patients with AH. We noticed an important delay in the diagnosis of the disease by non-specialized or general practitioners who ignore not only the disease but also the basic principles of the haemostatic system.

Heparin-induced thrombocytopenia in a case of pulmonary embolism treated with continuous infusion of unfractionated heparin: case report

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Introduction: Heparin-induced thrombocytopenia (HIT) is an immune-mediated adverse drug reaction to heparin products leading to a prothrombotic state caused by antibodies directed against complexes of heparin molecules and platelet factor 4 (PF4). The probability of HIT correlates with so-called 4T-score. A confirmatory laboratory diagnostic should be exclusively reserved for patients with a medium to a high probability of HIT development (more than 3 points in 4T-score). The screening method is based on serological detection of antibodies against heparin-platelet factor-4 complexes; confirmation tests aim to identify the activation of platelets.
Clinical case: A 49-year-old obese man was admitted to the hospital for dyspnea. Laboratory tests showed markedly raised serum D-dimer and contrast-enhanced computed tomography showed deep vein thrombosis (DVT) in the left iliac and femoral vein and pulmonary embolism. The DVT and PE were treated using continuous intravenous heparin infusion. On the six day the patient developed thrombocytopenia. Blood tests and imaging examinations excluded acute hemolysis and other active bleeding. Positive platelet factor 4 IgG antibody confirmed the diagnosis of HIT. The patient received fondaparinux for anticoagulation. The following days, the patient remained clinically stable and his platelet count recovered.
Conclusions: This case emphasizes the significance of suspecting HIT in patients with unexplained rapid thrombocytopenia after frequent heparin exposure.

Skin tears: rilevazione del bisogno formativo tra il personale infermieristico dell'UOC cure primarie -Distretto Est- AULSS 8 Berica. Proposta di uno strumento operativo

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L'elaborato pone l'obiettivo di valutare le conoscenze e le competenze del personale infermieristico dell'U.O.C. Cure Primarie - Distretto Est - AULSS 8 Berica in merito alla corretta gestione delle skin tears. Il fine è di offrire ai colleghi un mezzo che contenga delle indicazioni basilari spendibili sul campo per la gestione di questa tipologia di lesioni secondo le evidenze scientifiche. In primis e' stata eseguita una revisione della letteratura internazionale sull'argomento per poi riflettere su quanto tale fenomeno sia presente e conosciuto tra i professionisti nella realtà domiciliare del Distretto Est. Per raccogliere informazioni utili è stato dapprima progettato e poi somministrato un questionario conoscitivo e, infine, sono state valutate le risposte ottenute. I risultati ottenuti sono stati commentati con l'analisi ed elaborazione dei dati, esponendo gli elementi più rilevanti dell'indagine svolta; tra questi, la carente conoscenza del problema da parte dei professionisti e la necessità di una formazione specifica. Grazie a questo lavoro è stata quindi possibile la creazione di uno strumento operativo, un poster, utilizzabile anche a domicilio del paziente grazie ad un supporto digitale in esso contenuto.

Un raro caso di trombosi venosa profonda bilaterale dovuto ad atresia della vena cava inferiore

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Premesse: L'atresia della vena cava inferiore (VCI) è una rara anomalia congenita che interessa 0.3% dei soggetti sani e 0.6-2% di soggetti con difetti cardiovascolari congeniti. E' diagnosticata nel giovane adulto (25.5±9.4 anni) con storia di TVP ricorrente e bilaterale. Si tratta di un'interruzione della VCI, spesso sottorenale, cui si associano circoli collaterali che drenano in VCS tramite le v. azygos ed emiazygos.
Caso clinico: Uomo di 48 anni, con insufficienza venosa cronica dall'età di 20 anni, da 2 mesi lamentava lombalgia ed edemi declivi. All'ECD AI evidenza di TVP iliaco-femoro-poplitea bilaterale. La TC addome ha svelato atresia della VCI sottorenale e circoli collaterali afferenti al sistema azygos. Ecocardiogramma nella norma. All'angio TC non embolia polmonare. Allo screening trombofilico mutazione del fattore V di Leiden in eterozigosi ed iperomocisteinemia. Instaurata terapia con EBPM e poi con rivaroxaban a tempo indefinito.
Conclusioni: L'atresia della VCI, comportando stasi venosa, è causa non modificabile di TVP. Si ritrova nel 5% di giovani adulti con TVP idiopatica, spesso bilaterale, per cui in tali pazienti andrebbe eseguita una TC o RM addomino-pelvica, non essendo l'ecografia da sola in grado di diagnosticare tale difetto. E' indicato lo studio ecocardiografico per escludere eventuali malformazioni cardiache associate. Più rara è l'associazione con l'EP per l'ostacolo che il trombo incontra nel raggiungere il circolo polmonare tramite vasi di calibro ridotto (v. azygos ed emiazygos).

COVID-19 e disturbi alimentari nell'adolescenza: quali relazioni? Uno studio retrospettivo in un reparto pediatrico dell'USL SudEst Toscana

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Premessa e Scopo: L'emergenza pandemica da COVID-19 ha contribuito ad un incremento della sintomatologia ansiosa e depressiva nella popolazione, con conseguenze più severe su individui con disturbi mentali preesistenti (Chaturvedi, 2020). I disturbi del comportamento alimentare (DCA), sono tra i disturbi più a rischio, per le caratteristiche e le conseguenze dello stato di lockdown. Recenti studi epidemiologici internazionali rilevano un aumento dell'incidenza dei disturbi alimentari e della sofferenza psicologica negli adolescenti di genere femminile con un'età compresa tra i 12 ed i 25 anni. L'obiettivo dello studio è di evidenziare l' impatto della pandemia sulla salute mentale degli adolescenti e, in particolar modo, di come abbia incrementato la percentuale di ricoveri e di diagnosi dei DCA.
Materiali e Metodi: Studio di tipo retrospettivo condotto revisionando le cartelle cliniche integrate, tra il 01/01/2019 e il 31/11/22, della Unità Operativa di Pediatria del P.O. Misericordia di Grosseto - USL Toscana Sud Est.
Risultati: Emerge una prevalenza di ricoveri per DCA nel sesso femminile (86%) rispetto al sesso maschile (14%). L'anno in cui si sono verificati più accessi per tali disturbi e' risultato il 2020, con maggiore prevalenza di ricoveri per diagnosi di anoressia nervosa.
Conclusioni: Lo studio propone la sensibilizzazione e supporto dei soggetti a rischio e relative famiglie, attraverso il riconoscimento precoce da parte del personale sanitario dei segnali di allarme.

L'importanza dell'igiene del cavo orale nell'anziano: una revisione narrativa della letteratura

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Premessa e scopo: l'igiene orale è una pratica di fondamentale importanza che non deve essere trascurata, soprattutto nel soggetto anziano, in quanto la salute orale è in grado di influenzare lo stato di salute generale dell'individuo. Oggi parliamo di "Oral Health-Related Quality of Life" proprio per descrivere l'impatto della salute orale sulle esperienze personali dell'individuo nella vita di ogni giorno. Lo scopo del nostro studio è quello di descrivere come l'igiene orale contribuisca al mantenimento della salute generale nella persona anziana.
Materiali e metodi: è stata effettuata una revisione narrativa consultando la banca dati biomedica PubMed su revisioni sistematiche con metanalisi, studi clinici randomizzati controllati e studi osservazionali sia in lingua inglese che italiana pubblicati dal 2009 ad oggi.
Risultati: il parodonto malato è implicato nello sviluppo di complicanze cardiovascolari, malattie polmonari e/o disturbi respiratori e può influenzare negativamente il controllo glicemico.
Conclusioni: è auspicabile che tutti i professionisti della salute, e gli infermieri in particolare, siano sensibilizzati sull'importanza dell'igiene orale e adottino strumenti di valutazione dello stato del cavo orale stesso nella pratica assistenziale quotidiana.

A multifactorial acute kidney injury in a salmonella gastroenteritis

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Background: AKI has been described during Salmonella infection, but the synergism of other factors may worsen it.
Description of clinical case: Man of 54 yo came in ED for 15 times/day of green watery stools and fever for two days. Carlo denies recent trips and assumption of raw food. He is affected by DM II, dyslipidemia and hypertension. His home therapy consisted of ASA, olmesartan/hydrochlorothiazide, metformin, empaglifozin/ linagliptin and simvastatin. At the entrance he appears alert but dehydrated with normal vital sign. At ABG where figured a metabolic acidosis with increased AG. The abdomen was diffusely dolent at deep palpation and Giordano's maneuver was positive on the right. Among instrumental he performed an abdominal US that showed a calculous of 3 mm on the right kidney and an rx abdomen evidenced coprostasis. At laboratory data we have noted increased flogosis index (PCT 8.8, PCR 27 mg/dl, WBC 10^3), hyponatremia (Na 125 meq/l) with AKI (Crea 7.56, GFR 7 ml/min), polyglobulic (Hb 18 mg/dl, HCT 52%). He was admitted in IM department to continue follow up. It was performed a GI film array panel positive for Salmonella, so all its drugs where suspended and a treatment with hydration, probiotics, insulin, piperacillin/tazobactam was imposed adding of tamsulosin for expulsion of calculous. He was discharged after 7 days with complete recovery of renal function (Crea 0.95, GFR 90 ml/min).
Conclusions: This patient underwent AKI by dehydration mechanism induced by salmonella, worsened by continue use of metformin and renal obstruction of calcolous.

When the numbers don't add up.... A 'strange' acute brain event

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Introduction: The association of altered consciousness, dizziness and appearance of cerebellar signs, in most cases leads to a diagnosis of acute cerebral vascular event generally rapidly identifiable with a brain CT scan. However, when, in the presence of clinical suspicion, the brain CT scan is negative, then other causes of neurological injury must be thought of.
Case report: 80-year-old patient in good general condition who was admitted for a case of cholangitis that rapidly complicated with the appearance of liver abscesses, which required targeted and prolonged antibiotic therapy with metronidazole and amoxicillin/clavulanate ev. On day 50, despite a gradual clinical improvement, remission of fever and negative inflammation indexes, persistent vomiting and dizziness appeared. After a few days, alterations in the visual acuity, ataxia to a state of confusion with hallucinations also emerged. Negative brain CT scan both at zero time and at 48 and 72 hours. On suspicion of an adverse reaction to metronidazole, an encephalon MRI with mdc was performed. The total amount of drug administered was 116 g ev (2 g/day for 58 days).
Discussion: What the mechanism of neurotoxicity of metronidazole is still not well understood. In the presence of acute neurological symptoms, a toxic aetiology must always be considered in differential diagnostics, which can also be confirmed by means of appropriate imaging methods.

Portal vein thrombosi secondary to deficiency C protein in a young male

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Premises: Inherited defects of the natural coagulation inhibitors predispose patients to thrombosis. These disorders have similar clinical presentations with a strong family of thrombosis, episodes of recurrent venous thromboembolism, beginning in early adulthood. We report a case of portal vein thrombosis (VPT) secondary to hereditary protein C deficiency in a young male.
Description of the Case report: A 37-year-old male was admitted to the hospital for abdominal pain. Laboratory tests revealed levels of alanine and aspartate aminotransferases increased and levels of lipase and amylase normal, ruling out any possibility of pancreatitis. Abdominal CT scan indicated thrombosis of the portal vein and multiple celiac lymph nodes. There were attempts to pinpoint the origin of the clot. To exclude occult malignancy PET/CT scan was conducted. Results from viral profiles and tumor markers were negative. Cardiolipin and antiphospholipid lipid antibodies produced negative findings. The levels of antithrombin III were normal, and the Factor V Leiden mutation was unremarkabl. Low levels of protein C (PC) antigen (28% with n.r. 70-140%) and normal protein S antigen activity were found. Therefore, insufficient PC came out to be the primary cause of PVT. The patient was prescribed anticoagulant therapy with fondaparinux 7,5 mg/die and then warfarin for a long period to target an INR range of 2-3.
Conclusions: Inherited PC deficiency is rare in PVT. Its identification is important for treatment of PVT, with better outcomes associated with early anticoagulant medication intervention.

May a vitamin deficiency affects a heart rhythm? A case report

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Introduction: The most common heart rhythm disturbances are distincted in hypekinetic and hypokinetic. Hypokinetic arrhytmias include sinus bradycardia and various types of heart blocks. Cardiac blocks are due to degenerative processes in the stimulus conduction system.
Case report: A 81 years old man, presented in emergency room with asthenia and diarrhea for at least three months. He has diabetes and hypertension.The initial evaluation demonstrated severe anemia (hemoglobin level beneath 3,9 g/dl), macrocytosis (Mean corpuscolar volume 121 fL) and thrombocytopaenia (19000 /mm^3) and a Ecg showed sinusal bradycardia e 1st-degree AV block. In ER he was transfused with 4 units packed red bloods cells and with 1 pool of platelet and he was admitted in Medicine ward.
Methods: Further laboratory investigations revealed deficiencies in folate 1,1 ng/dl and in vitamin B12 75 pg/ml and a bone marrow aspiration study demonstrated macromegaloblastic erythropoiesis, and rule out leukaemia. The 24-hour Holter recordings showed heart rate average 55 b/m and AV block 4:1 and 5:1 and 6 sinus pause 2945 msec.
Therapy: Supplementation with folate 5 mg and vitamin B12.
Results: Platelet count dropped to 92.000/mm^3 after 4 days of therapy and after1 week reached normal level and the heart rate increased at 70 beat/min so we decided to repeat

a second 24-hour Holter recordings showed a sinusal rhythm (heart rate average 79 b/m) and several ventricular and sopraventriculare extrasystoles but no pauses.
Conclusions: The therapy of magaloblastic anemia with vitamins affected the heart rhythm.

Una delle molteplici strade che conducono alla piastrinopenia: il COVID-19

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Premesse: La piastrinopenia è una manifestazione di svariati quadri clinici: epatopatie, quadri infettivi, CID e malattie ematologiche potenzialmente fatali.
Descrizione del Caso clinico: Paziente di 85 anni; giunge in PS per febbre e dispnea; eseguito TNF SARS CoV2 risultato positivo. Alla TC torace: interstiziopatia con aree di consolidamento e ispessimento pleurico da polmonite COVID. Per insufficienza respiratoria in VMK è stata necessaria O2 terapia ad alti flussi, oltre a antivirali, steroidi e EBPM. Durante la degenza si assisteva a riduzione dei valori di piastrine fino a 6.000/µL trattata con pool piastrinico e incremento della terapia steroidea. Non segni di sanguinamento. GB, Hb, assetto marziale, elettroforesi proteica, vitamina B12, folati e striscio periferico nella norma, sierologia per epatite negativa. Ecografia addome: NDR. Nonostante la terapia steroidea in piastrinopenia verosimilmente COVID relata, persistevano valori fino a 17.000/µL. Di concerto con l'ematologo si avviava terapia con immunoglobuline ev (400 mg/kg/die per 5 giorni). Durante la terapia si osservava regressione della piastrinopenia fino a valori di 200.000/µL. Veniva ripetuta TC torace HR documentante iniziale regressione del quadro descritto e il paziente presentava netto miglioramento respiratorio fino alla sospensione dell'ossigenoterapia.
Conclusioni: Abbiamo imparato a conoscere che il virus SARS CoV2 ha come target di azione vari organi con possibili complicanze anche extrapolmonari sia in fase acuta che post-acuta. La piastrinopenia, seppur rara, è una possibilità a cui pensare.

Effect of sulphurous thermal water inhalation in stable COPD

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Background: Sulphurous thermal water (STW)inhalations have been traditionally used in the treatment of airway diseases. *In vivo* and *in vitro* studies reported that they ameliorate mucus rheology, mucociliary clearance and reduce inflammation. Data on the effects of STW treatment on pulmonary function and symptoms of COPD are sparse. Aim is to evaluate the short term effects of daily inhalation for 12 days by aerosol of STW (-SH group concentration>100 mg\L) in patients with a stable mild to moderate COPD.
Materials and Methods: We recruited 50 consecutive patients with COPD. 35 were males, mean age 70±15 years, eighty percent were smokers. Sixty per cent were in stage 3 GOLD A, twenty per cent were in stage 3 GOLD B, others in stage 3 GOLD E. Eighty per cent were using LAMA\LABA, the remainder LAMA\LABA\ICS. Mean FEV1 was 41± 12%, and FEV \FVC was 59±8.2 of predicted. The control group was of 20 subjects matched for age, sex and GOLD classification from the outpatients service.Patients performed spirometry, and filling of the CAT questionnaire, at study entry (before starting inhalation with termal water) and after 12 months. After 6 month they filled by using a telephone call a CAT questionnaire, and reported any episode of exacerbation. CAT score decrease significantly from baseline value of 35±5 to 28±6 (p=0.046), at six months, to 26±5 after 1 year. FEV1 and Tiffenau remain stable during the follow-up period.
Conclusions: There was no difference between the two groups in exacerbation rates. Inhalations with STW may have a beneficial effect on symptoms of stable COPD patients.

A comprehensive clinical evalutation for differential diagnosis of splenomegaly: a case study

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Case report: A 51 y.o. male was transferred from the general surgery department in January 2024. He was admitted to ER 10 days before for anemia and splenomegaly. He has been under treatment for a GIST with imatinib 800 mg owing to GCCTAT exon 9 mutation, since november 2022. At admission, he was complaining of high intermittent fever and lab exams showed anemia and thrombocytopenia. Abdominal Us and CT confirmed splenomegaly (23 cm). Infection was ruled out by negative peripheral blood and urine cultures, serology and PCR for CMV, EBV, ParvoB19, WW, serology for mycoplasma, viral hepatitis, HIV, leishmania, borrelia, treponema, candida, aspergillus, Quantiferon and influenza A-B tests. Endocarditis was ruled out by myocardial suppression PET-CT. Anemia and thrombocytopenia were further characterized by FOB tests, cold agglutinins, anti-platelets antibodies, systemic autoimmune panel, Coombs, Gaucher and Fabry tests, all resulting in negative. At seven days from admission, since hyperferritinemia and hypertriglyceridemia, though normal fibrinogenemia and sCD25 expression were detected, HLH was suspected. After obtaining a bone marrow specimen for histological examination, bone marrow aspirate resulted in a dry tap and he was started on steroids with mild clinical improvement. Unfortunately, histology showed lymphoid infiltrates compatible with follicular lymphoma, the most common type of low-grade NHL and grade 2-3 fibrosis. He was referred to another center for treatment.
Conclusions: This case prompts us to a thoroughly differential diagnosis of splenomegaly by a comprehensive clinical evaluation.

Pericarditis with jundice. A rare manifestation of mononucleosis

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Premises: Jaundice is a yellow discoloration of the skin and sclerae, a clinical indicator of underlying hepatobiliary or

hematological dysfunction. This report emphasizes the difficulty and the complexities of jaundice and the importance of systematic evaluation.
Case report: The patient presented to the E.R. with jaundice. In the history the patient was under treatment for pericarditis that occurred three weeks prior. Laboratory tests showed elevated cholestatic and cytolysis indices. US and MRCP did not reveal dilatation of the bile ducts but showed hilar lymphadenopathy. Endoscopic US revealed a 15mm lesion along the the bile duct, confirmed by CT scan. EBV was found positive.Elevated cytolysis and cholestasis indices raised suspicion of bile duct obstruction. However, US. and MRCP ruled out cholelithiasis. Attention was focused on the possibility of EBV hepatitis, a rare occurrence. Considering the positivity for both IgM and IgG, the timing is consistent with the pericarditis onset. Corticosteroid showed a prompt response.
Conclusions: Acute painless jaundice is often associated with poor prognosis. The patient was found to have pericarditis secondary to mononucleosis and subsequently developed lymphadenopathy near the bile duct, causing secondary obstructive jaundice.

Clot or trick?

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Premises: Inferior vena cava (IVC) thrombosis in a rare but life-threatening condition. Symptoms can be subtle, and diagnosis challenging. Although computed tomography (CT) is frequently first-choice imaging test for its high accuracy and widely availability, false positive results can occur.
Description of the Case report: A 32-year old woman without relevant past medical history, and about to begin an assisted reproductive technology (ART) treatment, was admitted to the Emergency Department for abdominal pain. Here, after a surgical and gynaecological visit, an abdominal CT was made in the suspicious of retrocecal appendicitis. While excluding this, it showed lacking of opacization of the intrahepatic tract of IVC, as per thrombosis at least partial. Admitted to the ward, while preparing heparin for infusion, point-of-care ultrasound (POCUS) was made, showing normal IVC and suprahepatic vein flow. The initial suspicious was rejected, and no treatment was prescribed. Abdominal pain regressed spontaneously, and a second CT on day 2 was performed, confirming the absence of thrombosis. No contraindication to hormonal treatment necessary for ART was set.
Conclusions: Although CT scan remains a cornerstone in diagnosis of abdominal vessel disease, false positive can occur, particularly in not phase-focused scan. POCUS can be essential in bedside evaluation, especially in idiopathic cases, avoiding useless and potentially harmful treatments.

Evaluation of congestion status using femoral vein Doppler pulsatility: a novel and easily obtained parameter

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Background: Femoral vein pulsatility, assessed by pulsed Doppler, is a new proposed method for assessing congestion status in patients with heart failure. This method is based on the pathophysiological assumption that venous flow changes from continuous to pulsatile with increasing congestion, in relation to the cardiac cycle. This is similar to the VExUS method. Compared to the vascular districts investigated for the VExUS score, namely the suprahepatic, portal, renal, and inferior vena cava, the superficial femoral vein is easily insonatable, even under conditions of poor abdominal acoustic window. This enables nursing staff to conduct the assessment independently with minimal training, as previously suggested by Zisis *et al.* for the inferior vena cava and pulmonary B-lines.
Materials and Methods: To begin, position the linear probe over the inguinal fold to visualize the superficial femoral vein and artery. Check for deep vein thrombosis by compressing the vein. Next, switch to the longitudinal view and use pulsed wave Doppler to assess the flow. Determine if it is continuous, discontinuous, or if retrograde flow is present. Few studies in the literature have investigated the correlation between this new method and other congestion parameters, including the relevant method proposed by Torres-Arrese *et al.* Our department is integrating this evaluation in patients admitted for acute decompensated heart failure.
Conclusions: We aim to contribute to the knowledge on the subject with the data we are collecting, regarding both the state of congestion and the effectiveness of diuretic therapy.

Analisys of factors affecting the length of stay in patients hospitalized for COVID-19

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Background and Purpose of the study: The objective of the study was to identify factors that alter the length of hospital stay of COVID-19 patients.
Materials and Methods: 1238 patients hospitalized for COVID-19 at our hospital from March 17, 2020, to June 15, 2021, were analyzed; 247 survivors were compared to some factors.
Results: The group of survivors (male 57.1%) were divided into three groups according to tertiles of the average stay <15 days, >24 days and 16-24 days. Both laboratory and medical data, comorbidities and severity of the clinical picture were analysed. Of course, the most severe and most strenuous patients had a longer stay. From the analysis of comorbidities only the presence of neoplasia and systolic hypertension affects the stay ($p= 0.02$ and $p= 0.008$ respectively). Among the haematochemical parameters, only the high PRC value at discharge lengthens the recovery time, while a reduction of 1.5 mg/dl of hemoglobin during hospitalization delays discharge.
Conclusions: The analysis of our case studies shows that some factors lengthen the stay of patients with SARS-CoV2. Neoplasms have the greatest impact on the length of stay.

A rare case of bilateral renal infarction induced by marijuana smoking

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Premisis: Acute renal infarction usually occurs in patients with severe atherosclerosis or valvular heart disease. Bilateral renal infarction is a very rare condition and is usually associated with embolic conditions, sistemic vasculitis or fibromuscolar displasia. Sometimes it is associated to drugs abuse-related vasospasm (in particular cocaine). Recently it was observed also in cannabis abuse. We describe a very rare case of bilateral renal infarction induced by daily marijuana smoking.

Description of the Case report: A 53 year-old female, without past medical significant history, presented to the emergency department with severe bilateral lumbar pain. She was a usual cigarets and marjiuana smoker. The abdomen CT showed bilateral triangular renal lesions suspected for infartcions. Arteriography didn't show renal arterial dissection nor trombosis. but demonstreted string of beads appearance of renal arteries (in particular the letf). During hospitalization, the patient presented hematuria with preserved renal function. Blood tests, included trombophilic and autoimunity screening, were normal. Even if fibromuscolar displasia was possible, the radiological and clinical pattern suggested, in the fist, a marijuana smoking-related origin of the bilateral renal infarctions. We started an antitrombotic therapy with acetylsalicylic acid and the patient went to follow-up.
Conclusions: If the renal infarction is bilateral, a drug abuse-related origin should be considered.

A case of latent autoimmune diabetes in adults

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Background: Latent autoimmune diabetes in adults (LADA) is the term coined to describe adults who have a slowly progressive form of autoimmune diabetes that can be treated initially without insulin. The diagnosis is based on three clinical criteria: adult age at onset of diabetes; the presence of islet autoantibodies; and insulin independence at diagnosis.
Case report: A man of 53 yo, arrives to the ED for abdominal pain, vomiting, tachypnoea and sensorial clouding. On blood tests hyperglycemia and elevated ketones, the same in the urine; at ABG metabolic acidosis with high AG. In R.P.H.: HBP, type 2 DM treated with OHG and insulin, Hashimoto's thyroiditis. A diagnosis of diabetic ketoacidosis is made. Treatment is started with hydrating solutions and rapid insulin and close monitoring of glycemia, ABG and ECG. He is admitted to Internal Medicine for the diagnostic-therapeutic continuation. The anamnestic history is explored to find a diagnosis of type 2 DM made eight years before, initially under therapy with OHG and then with the addition of insulin due to poor glycemic control and frequent hospitalizations for DKA. The anamnestic data supports the suspicion of diabetic ketoacidosis in LADA. ICA, IAA, GADA tested positive with C-peptide <0.1 ng/ml and HbA1c equal to 120 mmol/mol. A diagnosis of LADA is made according to the ADA 2021 GL.
Conclusions: LADA remains poorly understood at both a clinical and research level. Patients with LADA are often misclassified as type 2 diabetes. All newly diagnosed T2D patients should be screened for GADA positivity. It is recommended measurement of serum C-peptide levels, also necessary for treatment.

Survey sulla comprensione e sull'applicazione della procedura aziendale e delle linee di indirizzo regionali, per la gestione delle lesioni cutanee e ferite difficili, nei reparti del Dipartimento di medicina dell'AUSL di Modena

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Background: La corretta gestione e la cura delle lesioni difficili rappresentano una quotidiana sfida per gli infermieri
Obiettivo: Indagare la capacità di riconoscere e differenziare le diverse tipologie di lesioni cutanee, il livello di conoscenza delle scale di valutazione, la capacità di utilizzo appropriato delle diagnosi infermieristiche, della procedura aziendale e delle linee di indirizzo regionali, la capacità di identificare eventuali fattori predisponenti alla difficile applicazione degli strumenti, sondare il bisogno di inserire lo specialist wound care che al momento non è presente nell'ospedale di Carpi, per migliorare la gestione delle lesioni cutanee, dare continuità al trattamento e alla presa in carico del paziente lesionato
Metodi: La survey è stata identificata come strumento ideale per raggiungere gli obiettivi. Il giorno 15 maggio 23 è stato inviato via mail il link attivo con il questionario a tutti gli infermieri (222) dei reparti di medicina dell'azienda USL di Modena. Il link è rimasto attivo fino al 15 luglio 23
Risultati: Alla survey hanno risposto un totale di 115 infermieri su 222 (51,8%)
Conclusioni: Il personale infermieristico conosce e applica le scale di rischio, le diagnosi infermieristiche NANDA, la procedura aziendale e le linee guida regionali. Emerge la necessità di una formazione continua. Si rileva una difficoltà di applicazione per la mancanza di un tempo dedicato, per la difficile consultazione rapida del materiale e alla non sempre ottimale conoscenza dei presidi disponibili. Emerge il bisogno di avere uno specialist wound care.

Perforation of the right ventricle with cardiac tamponade after pacemaker implantation

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Premises: We present a clinical case of a 64-year-old patient with cardiogenic shock following cardiac tamponade due to perforation of the right ventricle after pacemaker implantation.
Description of the Case report: A 64-year-old-man was admitted to the emergency room for NSTEMI and atrial fibrillation with a post-ischemic dilated heart disease, for which ICD was implanted in primary prevention. After two months he was admitted to our department for worsening chest pain and he underwent an echocardiogram with evidence of an electro-catheter in the right ventricle with the distal end perforating the apex of the ventricle with pericardial effusion formation. Therefore a pericardiocentesis was performed and the ICD was removed. Blood cultures from CVC were positive for MSSA for which therapy with daptomycin and cefazolin had been undertaken. Subsequently, a transesophageal echocardiogram was performed which showed massive tricuspid insufficiency and multiple subcentrimetric formations attached to the atrial side. The left auricle showed thrombosis at the apical site. The patient then underwent surgery to replace the tricuspid valve and oral anticoagulant therapy was administered. During the postoperative course, an episode of thrombocytopenia with hematuria was reported, for which a red blood transfusion was performed. A search was also carried out for anti-PF4 antibodies (negative).
Conclusions: A review of the literature found that cardiac tamponade is a rare but possible complication for which we should be aware of the risks and be prepared to manage them.

La miocardite in ambito autoimmune: un quadro clinico trascurato

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Premesse: La miocardite acute è un'alterazione infiammatoria a carico del miocardio ed è espressione di alterazioni infettive, quadri immunomediati da sostanze, farmaci e vaccini, oppure manifestazione di alterazioni autoimmuni.
Descrizione del Caso clinico: Un uomo di 62 anni è arrivato al PS per dolore toracico oppressivo e cardiopalmo. Riscontrati FA ad alta frequenza, ipocinesia dei ventricoli con FE al 20% e incremento di troponina hs e CK-MB. Veniva posta diagnosi di miocardite acuta alla RM cardiaca, rispettando i criteri di Lake-Luise. Ad un'angio-TC emergeva un quadro sospetto per aortite del tratto toraco-addominale confermata alla PET. Veniva esclusa la tossicità da farmaci, vaccini ed infettiva e sospettata una miocardite associata a vasculite dei grossi e medi vasi, su un quadro di flogosi medio-intimale delle carotidi comuni all'ecocolordoppler, con clinica positiva solo per astenia e mialgie simmetriche diffuse. All'autoimmunità ANA 1:320 pattern nucleolare ed ENA con Ab Ro52++ e Ab PM/Scl75+ per cui si ipotizzava un quadro di polimiosite con espressione cardiovascolare, vista la positività ad aldolasi seppur senza altri citeri. Il paziente è stato trattato con glucocoticoidi con recupero della cinetica cardiaca con FE al 53%.
Conclusioni: Le alterazioni cardiovascolari nel contesto delle polimiositi/dermatomiositi sono delle presentazioni cliniche conosciute ma trascurate seppur correlate ad alta mortalità. Nel futuro si spera di poter aumentare la consapevolezza di queste espressioni cliniche per aumentarne la diagnostica.

The impact of nosocomial infections on clinical outcome and autonomy in elderly orthopedic patients: a retrospective observational study in long-term rheabilitation facilities

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Premises and Purpose of the study: Objective of the study is to verify whether nosocomial infections (NI) have influenced the clinical outcome upon discharge.
Materials and Methods: We evaluated the prevalence of NI in patients(P) admitted to long-term rehabilitation using the patients' medical records. We selected orthopedic (P) and analyzed on date those who developed NI.The types of NI that occurred were analysed, correlating them with the number of days of hospitalization with the following scales: Barthel, Braden, ICA (index of healthcare complexity).
Results: A cluster of 873 orthopedic patients has been selected from 2974 (P) hospeitalized from 1/1/21 to 11/30/23. Of the 873 (P) 313 contracted NI. The average age is comparable 79,83 *versus* 79,59. The data for (P) who have not cotracted NI are: Barthel incoming avarange (IA)37.75, median (M)37.41, standard deviation(S) 2.82, Barthel outgoing avarange (OA)59.47, (M) 60.31(S) 8.11, ICA (IA) 17.75. (M) 18.37(S) 1.08, ICA (OA)13.94 (M) 14.65, (S) 2.12, Braden (IA)15.92, (M) 16.65, (S)0.48 Braden (OA)17.73, (M) 17.83, (S) 5.02. Average hospital stay 28.40. (P) who has contracted NI: Barthel (IA)27.39, (M) 27.62, (S) 1.23, Barthel (OA)46,29, (M)42.07, (S) 6.15, ICA (IA)18.99, (M) 18.63, (S) 0.67, ICA (OA)16.21 (M), (S) 1,30. Braden (IA)15.10, (M)15.26, (S) 0.32, Braden (OA)16,42 (M) 16.19, (S) 0.36. Average hospital stay 30.31.
Conclusions: The data analyzed confirm that the days of hospitalization in (P) who contracted NI have become longer. Frailty scales used on average confirm that in (P) NI worsen the outcome.

Hematological referrals: evaluation of appropriateness in a single-centre study

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Background and Aims of the study: Despite a structured referral organization in Lombardia region, there may be situations where people bypass a primary-care contact. Unnecessary self-directed referral often makes the specialist system less efficient and leads to problems for both the individual and the healthcare organization. The study focuses on patient self-referral at the Oncology/Haematology Unit of the Vigevano Civic Hospital.
Materials and Methods: A sample of 700 first visits by nursing home residents recorded between October 2021 and October 2023 was included. Patient characteristics were extracted from clinical charts and referral appropriateness was evaluated using a protocol for process evaluation based on three elements: process, impact, and outcomes.
Results: Overall, 38.0% (266/700) of referrals were considered inappropriate. A well-defined hematological diagnosis was reached in 52.6% of cases (368/700). The most frequent diagnoses were MGUS (49.7%, 183/368) and iron deficiency anemia not related to hematological diseases (24.1%, 64/266). Overall, 61.6% of patients (431/700) were redirected to another clinical division/hospital, to be managed by different specialists or by the general practitioner. Overall, 8.9%, (62/700) were taken in charge for therapy.
Conclusions: We showed that 38.0% of referrals were inappropriate meaning that a high number of the dedicated slots could have been booked by patients effectively affected from a hematological disease, saving time and resources and with a potential improvement in their clinical outcome.

Un pericoloso mal di gola: la sindrome di Lemierre

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Introduzione: La sindrome di Lemierre è una grave complicanza vascolare causata da un'infezione tonsillare (usualmente provocata da batteri gram negativi anaerobi), ovvero una tromboflebite della vena giugulare interna e successiva disseminazione settica ai polmoni ed ai nervi cranici.
Case report: Paziente maschio tabagista di 21 anni veniva ricoverato per febbre, faringodinia ed insufficienza respiratoria con necessità di HFNC. Non patologie note. Per febbre elevata e tonsillite trattato a domicilio con ceftriaxone e fluorochinolonici. Si segnalava marcata leucocitosi neutrofila con piastrinosi, rialzo della PCR e della PCT. La TC torace documentava versamento pleurico bilaterale, noduli polmonari escavati e difetto di riempimento di natura trombotica a livello della vena giugulare interna di destra per cui si avviava terapia con EBPM. Negativa l'autoimmunità, la ricerca per trombofilia e sierologia HIV; nella norma lo striscio periferico e l'immunofenotipo. Le indagini colturali risultavano negative. Il paziente è stato trattato con terapia antibiotica empirica ad ampio spettro (lizenolid e piperacillina-tazobactam, poi meropenem ed infine ceftriaxone+ gen-

tamicina). E' stato posizionato drenaggio toracico sinistro (esame citologico e colturale negativo) ed eseguito un Ecocardio transesofageo negativo per endocardite. Il paziente veniva avviato a tonsillectomia in elezione e terapia anticoagulante orale per almeno tre mesi.
Conclusioni: La sindrome di Lemierre è una patologia rara che richiede un alto sospetto clinico e la disponibilità di un'equipe multidisciplinare.

The national early warning score: can it define the workload of healthcare personnel? A prospective observational study

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Premises and Aims of the study: The National Early Warning Score (NEWS), designed for the assessment of evolutionary risk, indicates the intensity level of the patient's acute condition, correlating with short-term prognosis. As it is known that more intensive patients require greater healthcare resources, NEWS at the time of patient admission could indicate the potential use of healthcare professional resources that the patient will require.
Materials and Methods: A single-centre prospective study included patients admitted to the Internal Medicine at the Hospital of Altovicentino between September and December 2022. Healthcare professional activities were recorded for the first three days after admission and standardised to the daily mean as performance/five minutes/patient/day. Linear regression was used to study the correlation between nursing demand for different points of NEWS.
Results: This study included 333 patients. Their mean NEWS was 3.9 (2.9), with 61% (203/333) in the NEWS <5 category, 19.5% (65/333) in the NEWS 5–6 category, and 19.5% (65/333) in the NEWS >6 category. Their average daily care requirements increased from 22 (16–30) activities/five minutes/patient/day in the low NEWS category to 30 (20–39) activities/five minutes/patient/day in the intermediate NEWS category (p<0.001) and 35 (23–45) activities/five minutes/patient/day in the high NEWS category (p<0.001).
Conclusions: The NEWS correlates with healthcare professionals' activities for patients with an acute condition and can be used to optimise the distribution of available care resources.

Un caso inaspettato di coagulazione intravascolare disseminata: un ruolo per il rilascio di fattore tissutale durante l'angioplastica coronarica percutanea transluminale?

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Premesse: Nella coagulazione intravascolare disseminata (CID) si ha attivazione della coagulazione sistemica e persistente; è una complicanza inaspettata e rapidamente ingravescente con prognosi severa. Il trattamento non è standardizzato. E' noto il ruolo dell'aumento del fattore tissutale (TF) che porta generazione di trombina e attivazione piastrinica il cui consumo, con il progredire della CID porta a ipocoagulabilità con tendenza al sanguinamento. Il rilascio di TF nell'angioplastica coronarica percutanea transluminale (PTCA) è dimostrato *in vivo* e *in vitro* ma non esistono dati su una propagazione sistemica.
Descrizione del Caso clinico: Riportiamo di un uomo di 69 anni con tumore neuroendocrino metastatico dell'ileo trattato con lanreotide ricoverato in Unità di Terapia Intensiva Coronarica per uno STEMI laterale trattato con PTCA e posizionamento di stent medicato su ramo interventricolare anteriore, quindi duplice terapia con profilassi antitrombotica. All'ingresso emocromo e coagulazione erano nella norma. Quattro giorni post-precedura insorgeva macroematuria con quadro bioumorale compatibile con una CID grave (PLT 20.000, PT 13, apTT 9,8, d-dimero 20), la TEG ha mostrato consumo di fibrinogeno. La TAC torace-addome ha escluso trombosi. Sono stati somministrati concentrato di fibrinogeno (2 g/die), unità di PLT e RBC e steroidi (0,5 mg/Kg) con graduale normalizzazione dei parametri e regressione delle emorragie; veniva mantenuta singola antiaggregazione.
Conclusioni: Non è escludibile, stante anche il nesso temporale, che dato un fattore predisponente (NET) il rilascio di tissue factor legato alla PTCA possa essere stato l'evento scatenante della CID.

Bleeding of unknown origin

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Background: Meckel's diverticulum. Here we report a case of a bleeding diverticulum in a 20-years-old female: the aim is to raise clinical suspicion regarding this rare pathology, so that timely diagnosis and management could be carried out.
Case report: She presented to the emergency department for rectal bleeding and syncope occurred a few hours earlier. The patient was healty, had no family or personal history of similar presentation and no pharmacological or surgical history. On examination she had pain in hypogastrium and positive rectal examination. Tests showed lymphocytosis, platetosis and hemoglobin concentration of 11 g/dl (a few days earlier it was 13.5 g/dl) that the following day was 7 mg/dl, so a transfusion was performed. Electrolytes and other routine analysis were all within normal values. Patient's ultrasonography, gastroscopy, colonoscopy and abdominal CT were unremarkable so CT angiography was performed: thus ileal antimesenteric loop Meckel's diverticulum was diagnosed and subsequently surgically resected. Meckel's diverticulum is a common congenital abnormality of the gastrointestinal tract (incidence 0.3-3%, M >F). Since it is usually clinically asymptomatic, particularly in adults, it may be encountered during a laparotomy performed for another reason or as an incidental finding on diagnostic imaging.
Conclusions: The life-time risk of diverticulum complications including inflammation, bleeding, obstruction, ulceration or perforation is approximately 4% to 6% (M >F): bleeding is the most common complication especially in paediatric populations (below the age of ten years).

Appropriatezza dell'accesso venoso in base al patrimonio venoso e alla tipologia di infusione, dall'approccio reattivo al proattivo: valutazione prospettica monocentrica

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Premesse e Scopo: La scelta dell'accesso venoso (AV) secondo l'approccio reattivo, ricorre all'agocannula(ag) come prima scelta, indipendentemente dalla terapia infusiva(ti) e dal patrimonio venoso (pv) del paziente (pz), ricorrendo ad

altri AV dopo la comparsa di complicanze. Lo scopo è quello di sensibilizzare gli infermieri(i) all'approccio proattivo(ap), effettuando l'accertamento del pv e della ti, dall'inizio e per tutto il ricovero, per scegliere l'AV più idoneo.
Materiali e Metodi: Lo studio descrittivo osservazionale condotto nell'U.O. di Medicina Interna dell'ASST di Cremona, considera come campione pz adulti, portatori di ag e in ti e valuta come viene effettuata la scelta dell'AV, la media degli AV in un ricovero e le complicanze associate. Il progetto ha inizio nel 2018 (400 pz), seguito dalla formazione degli i sull'ap nel 2019 e l'introduzione della Proactive vascular scale, che indica l'idoneità dell'ag o la necessità di un altro AV e una successiva rivalutazione nel 2019(160 pz) e nel 2023(150 pz).
Risultati: È migliorata la compatibilità dell'AV con il pv: da 2 pz su 4 nel 2018 (60%) a più di 3 pz su 4 nel 2019 (76%) e nel 2023 (83%), nonostante avessero un pv più scarso e durata della ti e ospedalizzazione maggiori. E' migliorata la media degli AV in un ricovero da 4 (2018) a 2,4 (2019) a 2,1 (2023) e la% di complicanze da 88% (2018), 83% (2019) a 62% (2023). L'introduzione delle cannula lunghe nel 2023, ha aumentato i pz con un unico AV in tutta la durata del ricovero, dall'11 nel 2018 al 20% nel 2023.
Conclusioni: L'ap migliora significativamente i risultati.

A coexistence of giant cell arteritis and anaplasma infection: fortuity or cause-effect mechanism?

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Introduction: Giant cell arteritis is an inflammation of medium- and large-sized arteries that involves one or more branches of the carotid artery, particularly temporal artery. It is a systemic autoimmune disease that can involve arteries in multiple locations, particularly the aorta and its branches. Pathogenetic mechanism involves delayed hypersensitivity with autoreactive lymphocytes T against vessel wall antigens (panarteritis). The precise cause triggering arteritis remains unclear; the most plausible hypothesis involving a combination of genetic and environmental factors.
Case Presentation: We present a case of a 81-year-old male with fever, frontotemporal headache radiating to the temporomandibular joint for three weeks, treated unsuccessfully at home with low-dose of corticosteroids and NSAIDs. Affected by previous deep vein thrombosis, COPD, Raynaud's phenomenon, vertigo and calcific tendinopathy of the shoulder. CT cranial scan, MRI and MR angiography, were negative. Ultrasound of the superficial temporal arteries, revealed at right side, wall thickening alternating with regular caliber and appearance. Infective agents have been investigated; PCR test resulted positive for Anaplasma phagocytophilum antigen. After treatment with high dose corticosteroids and doxycycline, the symptoms were remitted.
Conclusions: The hypothesis is that Anaplasma infection may triggered the onset of arteritis, but new studies must be carried out to demonstrate this correlation.

Epstein-Barr virus - induced cholestatic hepatitis

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Introduction: Epstein-Barr virus (EBV) cause infectious mononucleosis, which is characterized by fever, sore throat, lymphadenopathy and atypical lymphocytosis. EBV is also associated with several tumors; among rare complications associated with acute EBV infection is hepatitis, which usually is self-limiting with mild transaminases elevation but rarely presents with jaundice and can be fulminant.
Case presentation: A 53-year-old male was hospitalized for the onset of high fever with jaundice and colic abdominal pain lasting about one week. Laboratory tests showed mild leukocytosis with relative neutropenia, increase of large unstained cells (LUC) and acute cholestatic hepatitis (increase of AST, ALT, total and conjugated bilirubin and alkaline phosphatase). Imaging studies revealed an inflammatory thickening of the gallbladder wall, without stones or obstruction of biliary tract, hepatosplenomegaly without focal liver lesions and presence of reactive lymph nodes at the hepatic hilum. Laboratory tests excluded metabolic and autoimmune causes and acute infection by major hepatotropic viruses. EBV serology showed weakly positiveness of EBV VCA IgM and negative EBNA IgG; EBV-DNA tests revealed 19195 copies/ml. Supportive treatment was administered with subsequent improvement until normalization of liver function.
Conclusions: A limited number of cases of EBV-induced cholestatic hepatitis has been reported in literature. Research of EBV at baseline in acute hepatitis it's an important instrument for avoid unnecessary invasive procedures like liver biopsy.

Ipercalcemia severa in paziente con leucemia linfatica cronica avanzata.
Quale causa scatenante: PTHrP o 1,25-2OHD?

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Premesse: L'ipercalcemia umorale da tumore maligno nell'80% dei casi è dovuta ad un aumento del peptide correlato al paratormone (PTHrP); il restante 20% è correlato all'osteolisi locale; meno dell'1% è correlata all'incremento di 1,25-didrossivitamina D (1,25-2OHD) e alla secrezione ectopica di paratormone. Riportiamo un caso di ipercalcemia in una paziente affetta da leucemia linfocitica cronica avanzata (LLC) e pregresso carcinoma della mammella.
Descrizione del Caso clinico: Una donna di 80 anni affetta da LLC (stadio Rai IV) si ricoverava per confusione mentale e astenia marcata. Gli esami ematici mostravano incremento della calcemia (17.9 mg/dl v.n.8-11) e di calcio ione (2.24 mmol/L v.n.1.13-1.32). La paziente era in trattamento con vitamina D, pertanto, al fine di effettuare una diagnosi differenziale veniva dosato il PTH che risultava soppresso (4 pg/ml v.n.10-65), la 25 OH vitamina D ed il PTHrP che risultavano nei limiti. Invece la 1,25-2OHD era aumentata (135.7 pg/ml v.n.19.9-79.3). La TC total body mostrava progressione della LLC, mentre la scintigrafia ossea escludeva metastasi ossee. Si diagnosticava una ipercalcemia umorale di natura maligna da produzione paraneoplastica ectopica di 1,25-2OHD. La paziente veniva idratata, trattata con acido zoledronico 4 mg ev e corticosteroidi ottenendo la normalizzazione della calcemia.
Conclusioni: Questo caso mostra come l'incremento di 1,25-2OHD può rappresentare una causa di ipercalcemia maligna. Pertanto dovrebbe essere presa in considerazione una volta escluse lesioni litiche e l'incremento del PTHrP.

Mesenteric panniculitis: an uncommon condition

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Premises: The mesenteric panniculitis (MP) is an uncommon benign condition characterized by chronic inflammation and fibrosis of the fatty tissue of the mesentery involving the small bowel. Etiology is unknown, it seems linked with drugs, neoplasms, vasculitis, abdominal surgery or infections.MP usually presents with a benign disease, complications can occur because of the mass effect on adjacent structures.
Description of the Case report: 21-yo man comes to ED complaining of abdominal pain and nausea. At lab tests, mild leukocytosis, increase in CRP and d-dimer, so, for suspect of mesenteric ischemia, undergoes to CT scan with IV contrast enhancement that made diagnosis of mesenteric panniculitis. More lab tests report leukocytosis with eosinophilia therefore tests are carried out for differential diagnosis between autoimmunity, neoplasms, thrombophilia. Start therapy with prednisone and colchicine. Endoscopic examinations report chronic anthrax gastropathy (HP-) and lymph node follicular hyperplasia in the last ileal loop. He was discharged with diagnosis of MP with indication to hematological and rheumatological follow-up.
Conclusions: MP is a chronic inflammation of mesenteric fat, also referred as mesenteric weber's disease. The diagnosis is made by CT scan, usually diagnosed incidentally. Biopsy is the gold standard for diagnosis and can exclude an underlying malignancy. Medical treatment should be offered to patients with symptoms. Differential diagnosis with vasculitis and neoplasm is important to define pathology as self-limited and isolated.

Burnout in the medical area in the post COVID-19 era: national observational study on nurses

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Premises and Purpose of the study: Despite the end of the COVID-19 emergency (WHO, 2023), a recent study demonstrated high levels of burnout among Italian nurses after the COVID-19 pandemic (Muschitiello *et al.*, 2024). The aim of the study was to observe the symptoms of burnout among Italian nurses in the medical area in the post COVID-19 era.
Materials and Methods: National observational multicenter study (December 2023); a convenience sampling was adopted: 200 Italian nurses in the medical area were administered online, through the Google Forms platform, the Maslach Burnout Inventory-MBI (Maslach *et al.*, 1981) of 22 items. The risk of burnout is classified as low, moderate, and high for each of the 3 dimensions of the scale: emotional exhaustion, depersonalization, personal accomplishment.
Results: 103 nurses (51.5%) participated. Of these, 79.6% are women; 45 (43.7%) have at least one child, 76.7% tested positive for COVID-19 during the pandemic. Symptoms of severe burnout were observed in 90 nurses analyzed (87.4%); high levels of burnout were highlighted in the "personal accomplishment" dimension (74.7%) and a moderate risk of developing burn-out for the "emotional exhaustion" (25.2%) and "depersonalization" (24.3%) dimensions.
Conclusions: considering that burnout is related to factors internal to the organization rather than individual (Leiter and Maslach, 1988), in the light of the results obtained, it would be appropriate that each intervention carried out individually on the professional also corresponds to interventions on the organization on a broader spectrum.

Intermediate care units as a new frontier for Internal Medicine department: case report of a multi organ dysfunction syndrome related to acute pyelonephritis and COVID-19 pneumonia

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Background: Internal Medicine is renewing its traditional organization and mission. The new frontier is represented by the Intermediate Care Units (IMCU), created to best manage moderately critical patients, who present more demands in term of nursing, diagnostic and therapeutic interventions but do not require invasive monitoring in ICU.
Case report: A 75 year-old caucasian, female, was hospitalized in Our Internal Medicine Unit for fever (38°C), lower back pain, hypoxemic respiratory failure in COVID-19 pneumonia. In the first hours, she presented unconsciousness, tachypnoea, tachycardia (160 bpm), rising fever (41°C), hypotension (80/50). Suspected for septic shock (qSOFA 3), she was transferred in our IMCU. Unresponsive to fluid therapy, she was treated by noradrenalin, wide spectrum antibiotics (meropenem/teicoplanin). The CT-scan performed urgently revealed emphysematous pyelonephritis resulting from kidney stones. Laboratory test showed: WBC $15x10^3$/ul, CRP 2.66 mg/dl, procalcitonin 10.3 ng/ml, troponin I 3315.4 ng/L, NT-proBNP 19288 pg/ml. Blood cultures were positive for E. coli. On BGA (FiO2 40%): P/F 160, lactate 6.6 mmol/l. This picture was suggestive for Multi Organ Dysfunction Syndrome (MODS). Urgent Urologic surgery was performed (Double-J Ureteral Stents), then the patient returned to IMCU, her clinical conditions improving in the following days. Reorganization of Internal Medicine Units by intensity of care, leads to significant reduction of early/total in-hospital mortality and incidence of urgent transfers to intensive care (step-up). Thus, IMCU, should represent a new frontier for Internal Medicine Department.

Febbre intermittente in esiti di emorragia cerebrale: dalla teoria alla pratica

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Premesse: La TB miliare è la disseminazione linfo-ematogena della TB in numerosi tessuti e organi. Negli adulti immunocompetenti è rara. La clinica è aspecifica con lesioni che possono comparire in fase tardiva, con febbre mattutina, intermittente e persistente, anoressia, astenia, sudorazione notturna e tosse.
Descrizione del Caso clinico: Maschio, 46 anni, ricoverato per febbre intermittente resistente a terapia con ceftriaxone.

Anamnesi: emergenza ipertensiva con emorragia cerebrale con reliquati, istituzionalizzato. TC torace: formazione espansiva pleurica dx con ipodensità centrale sovrafluida a margini polilobati. PET/CT 18-FDG: iper-accumulo della lesione polmonare e dell'arco anteriore IV costa, numerose lesioni con cercine iper-metabolico e core con assente fissazione tracciante come da fenomeni necrotico-colliquativi di femore sn. Biopsia polmonare negativa per neoplasia.Ricerca BK in espettorato, urine, liquor e BAL negative. HIV e markers epatite negativi. Dopo 20 giorni, comparsa lesione cutanea sotto-scapolare destra,con biopsia positiva per rari micobatteri. TC cerebrale: multiple sub-centimetriche localizzazioni cortico-sottocorticali e parenchimali bilaterali compatibili con tubercolomi. Per TB miliare da micobatteri atipici, iniziata terapia con rifampicina, isoniazide, etambutolo, pirazinamide, con progressiva defervescenza.
Conclusioni: La TB, ancora oggi rimane una malattia insidiosa di difficile diagnosi e non vanno trascurate le forme da micobatteri atipici, non diagnosticabili con le comuni tecniche di routine disponibili nella maggior parte degli ospedali.

Un raffreddore da ricordare: un raro caso di trombocitopenia da eparina spontanea

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Premesse: La trombocitopenia autoimmune indotta da eparina (aHIT) è una rara condizione caratterizzata da trombocitopenia e ipercoagulabilità per attivazione piastrinica mediata da anticorpi (ac.) anti-eparina/PF4, indipendente da eparina e può essere secondaria a infezioni, vaccini o interventi ortopedici.
Descrizione Caso clinico: Donna di 43 anni, anamnesi non significativa, ricoverata per febbre, sintomi respiratori e cefalea senza deficit neurologici. Riscontro in PS di emorragia cerebrale temporo-parietale sn con severa piastrinopenia ($38x10^9$/L) e multiple trombosi (portale, femoro-poplitea con embolia polmonare). Previa trasfusione di piastrine e posizionamento di filtro cavale, si procedeva a craniotomia evacuativa. Agli esami allungamento di PT e aPTT, D-dimero 196700 ug/L FEU, ipofibrinogenemia (0.6 g/L), presenti ac. anti-eparina/PF4 (3,12 OD). Non segni di emolisi, negativi attività e anticorpi anti-ADAMTS-13 e aPL. Positiva RT-PCR per Adenovirus. Si concludeva per aHIT secondaria a infezione da Adenovirus. Veniva trattata con plasma-exchange, terapia steroidea ed Ig ev con risalita della conta piastrinica che consentiva avvio di terapia anticoagulante antiFXa e completo recupero clinico.
Conclusioni: La aHIT dovrebbe essere considerata in caso di trombocitopenia e trombosi senza esposizione ad eparina e a seguito di infezione virale. La tempestività della diagnosi e della terapia sono infatti determinanti per un outcome favorevole. Profilo anticorpale e caratteristiche cliniche presentano analogie con trombocitopenia trombotica immune indotta da vaccino.

Patent foramen ovale and stroke, a possible association with deep vein thrombosis

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Premises: Patent foramen ovale (PFO) is a congenital anomaly of the heart. It consists in the persistence of a tunnel between the right and the left atrium and it is associated with a higher prevalence of stroke.
Description of the Case report: A 54-year-old man was admitted to the emergency room for confusional state and deep vein thrombosis with signs of pulmonary embolism. He began therapy with fondaparinux. After admission, an ischemic stroke occurred. Blood exams, thrombophilic screening and infectious diseases showed no alterations. Holter-ECG, echocardiography, and PET-CT (performed in suspected paraneoplastic thrombosis) were negative except for the presence of PFO. Apixaban was started. Surgical treatment was scheduled, but a new ischemic stroke occurred, despite therapy, so treatment with mechanical thrombectomy was attempted, but it failed.
Conclusions: The patient continues therapy now; the etiopathogenesis of cerebral events seems associated to the presence of PFO; the association with deep vein thrombosis is described in the literature.

Atypical dyspepsia and non-polyposic colon cancer

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Introduction: Dyspepsia is a frequent condition in the general population. We present the case of a 52-year-old woman.
Clinical case: History of thalassemia trait. Asthenia and hyposthenic dyspepsia unresponsive to therapy for 2 months. On abdominal objectivity, indolent hepatomegaly and palpable mass in the left iliac fossa. The laboratory highlights WBC 9.58 /L, serum iron 17 ug/dL and ferritin 149 ng/mL. CT brain-thoracic-abdomen: marked hepatomegaly with subverted structure due to the presence of metastases. Thickening of the sigmoid with lymphadenopathies inscribed in the visceral fat and focal thickening of the mesenteric fan. Ascites in the pelvis. EGD-Colonoscopy: ulcerated vegetative neoformation of the sigmoid colon extending for approximately 5 cm.
Conclusions: Upon careful anamnesis, the father died at the age of 45 due to K of the sigmoid diagnosed at the age of 37. Familial nonpolyposis colon cancer (HNPCC) is transmitted as an autosomal dominant trait. Our patient met the Amsterdam criteria, but molecular biology on histological specimen highlighted negative MSI, RAF - BRAF wt and absence of mutations in the MLH1, MSH2, MSH6 and PMS2 genes. This is described in approximately one third of patients. Syndromes other than Lynch's should be excluded, such as Familial CRC Syndrome X and Lynch-Like Syndrome. However, the adoption of specific surveillance protocols in family members is indicated. Genetic evaluation is underway.

Atypical persistent asthenia in a patient with heart failure and chronic coronary syndrome despite optimal medical therapy

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Introduction: In clinical practice we often come across cases of HF-CCS with persistent asthenia. We present the case of an 84 year old man.
Clinical case: Hypertensive patient, CKD KDIGO G3a A1 (eGFR 48 ml/m'/1.73 m2), diabetic, dyslipidemic and HFmrEF in previous STEMI, PTCA+stents several times. Asthenia for 12 months despite OMT. Objectivity reveals an indolent mass in the left hypochondrium. The laboratory shows: LDL 45 mg/dl, HbA1c 51 mmol/mol, pro-BNP 1200 ug/dl, WBC 7.8 left septo-lateral – EF 50%. SPECT myocardial stress: previous necrosis of the septum and lateral wall. Chest CT: multiple solid formations of heterogeneous appearance, max 5 cm. CT abdomen: solid tissue extended for approximately 13 cm between the splenic hilum and the stomach, along the diaphragmatic, interaortocaval retroperitoneal and left para-aortic pillars; spleen within limits. Free effusion into the pelvis. Adenopathic swellings at the level of the "diaphragmatic crux" (2 cm), in the bilateral cardiophrenic area (1.5 cm), in the sub-carinal area (d. 6.5 cm) as well as other millimetric hilo-mediastinal ones. Histology: lymphoma with small mature B lymphocytes with plasmacytic differentiation CD5-,CD20+,BCL2+,CD10-, Cyclin D1 -, CD23 -,MUM1+,CD138+, CD38+, K+ chains, Ki 67 equal to 5% MYD88.
Conclusions: Asthenia is frequent in HF-CCS and is often attributed to heart disease. Our patient had developed lymphoma with asthenia as his only symptom. The clinical-internistic framework allowed the diagnosis. The patient died 3 months later.

Graves disease and hypokalaemia

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Introduction: Graves disease (GD) is the main cause of hyperthyroidism (circa 70-80% of cases) and occurs mainly in people between 30 and 50 years of age and especially in females (F/M ratio 8-10:1).
Case report: A 31 year old male was admitted to out unit for severe weakness. Blood tests showed severe hypokalaemia (K+=2.2 mEq/l) that was poorly responsive to electrolyte intravenous infusions, and a hyperthyroidism (TSH 0.01 mIU/ml, fT3 8.55 pg/ml, fT4 2.36 ng/dl)was discovered; further tests showed positive anti-thyroid antibodies (anti-thyroglobulin antibodies 132.88 IU/ml, anti-thyroperoxidase antibodies 115 IU/ml and anti-TSH receptor antibodies 2.30 U/l) suggesting GD. Therefore, methimazole therapy was started (10 mg twice daily). After a few days of treatment K+ serum levels raised to normal levels and the patient was discharged and sent to our endocrine outpatient service for follow-up. Tests performed at 1 and 3 months showed a normalization of anti-TSH receptor antibodies serum levels and of K+ serum levels; the full normalization of the thyroid functionality tests with a titrated methimazole treatment was obtained after 6 months (TSH 2.8 mIU/l, fT3 2.4 pg/ml, fT4 0.9 ng/dl).
Conclusions: GD and hyperthyroidism in general could be a cause of hypokalaemia. In our case hypokalaemia was severe and poorly responsive to treatment until anti-thyroid drugs were administered to the patient. Therefore thyroid functionality tests should always be performed in case of hypokalaemia.

Cerebral vein thrombosis: a case report

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Premises: Cerebral venous thrombosis is a thrombosis of dural sinuses and cerebral and cerebellar veins. It is a rare variety of venous thromboembolic disease and accounts for 0,5% of all strokes..
Description of the Case report: We describe a case of a 63 years old man that was admitted to our hospital because of headache, altered consciousness, confusion. Cranial computed tomography demostrated no ischemic parenchymal lesions. A transcranial color doppler revealed an inverted flow signal in the right basal vein of Rosenthal. An inverted basal vein of Rosenthal flow is a typical finding in vein of Galen or the straight sinus occlusion. CT and RMN angiography confirmed a thrombosis of the vein of Galen and straight sinus.
Conclusions: Transcranial color doppler cannot replace CT and RMN angiography as diagnostic tool in cerebral vein thrombosis, but may be used as a screening method.

A case of miastenia gravis

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Premises: An 84-year-old man came to our with reported weakness in the right upper limb and lower limbs, along with rhinolalia, dysarthria, and dysphagia for solids and liquids that had developed a few months prior.
Description of the Case report: On admission, he exhibited mild dyspnea with mild hypoxemia and hypercapnia on arterial blood gas analysis. Consultations were scheduled with a speech therapist, who identified coordination issues with swallowing without aspiration, and a neurologist, who observed a predominant right-sided pyramidal-extrapyramidal syndrome without dysautonomia. Brain CT revealed chronic cerebral vascular disease without focal abnormalities attributable to acute events. The involvement of the bulbar region, along with signs of both upper and lower motor neuron involvement, raised differential diagnostic concerns between amyotrophic lateral sclerosis (ALS) and myasthenia gravis.
Conclusions: Definitive diagnosis relied on motor evoked potential studies, demonstrating a decremental response in action potential amplitude following repetitive nerve stimulation, suggestive of a junctional pathology like myasthenia gravis. This justified the involvement of respiratory muscles and prompted serum testing for anti-acetylcholine receptor (AChR) antibodies, which were positive, as well as treatment with pyridostigmine and corticosteroids. Chest CT excluded thymoma, while thyroid ultrasound revealed a multinodular goiter underlying subclinical hypothyroidism with positive anti-thyroid peroxidase (TPO) antibodies.

The seriAL accumulator

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Premises: A 72 year old lady came to our with non-productive cough, sloping edema and worsening dyspnoea for about 10 days, she had already performed a chest CT scan at home which showed slight bilateral baseline fluid. She decided to go to the ED where they found a mild normocytic

normochromic anemia (Hb 11.4 g/dL), troponin I 148 ng/L, BNP 2554 pg/mL.
Description of the Case report: At the anamnestic interview, evidence of arterial hypertension, chronic ischemic heart disease, recent PMK implant (approximately 20 days earlier for the onset of symptoms for BAV II° Mobitz 2), previous HCV infection. The patient was dyspneic but hemodynamically stable. In the light of the suggestive picture of congestive heart failure, intravenous diuretic therapy was set up with furosemide and potassium canrenoate with consequent benefit on respiratory dynamics. A new echocardiogram showed severe concentric hypertrophy of the left ventricle with preserved volume, moderate mitral regurgitation and sclerocalcified aortic valve, concluding for probable storage disease.
Conclusions: In consideration of the suspicion of cardiac infiltrative pathology, it was decided to perform: serum immunofixation for k and lambda chains, which later proved positive for the monoclonal lambda component; bone scan tested negative; endomyocardial biopsy, which confirmed the presence of a picture compatible with storage disease, specifically attributable to cardiac amyloidosis with myocytolysis; immuno-electromicroscopy, with evidence of an ultrastructural picture compatible with AL Amyloidosis.

Un raro caso di infezione renale da severa e prolungata iperglicemia

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Premessa: La pielonefrite enfisematosa è una rara infezione acuta necrotizzante del rene, in genere monolaterale, da accumulo di gas intraparenchimale o peri-renale. Sono più colpite le donne con DM2 in scompenso glicemico e/o litiasi renale; il patogeno isolato più di frequente è l'E.Coli tra le Enterobatteriacee coinvolte.
Descrizione del Caso: Donna indiana, 56 anni, affetta da DM2 insulino-trattato in scarsa compliance entra per febbre, addominalgia e vomito con rilievo di AKI, glicosuria,elevati indici di flogosi. Nelle prime ore manifesta quadro di shock settico con ipotensione, oliguria, acidosi lattica e batteriemia da E. coli. Intrapresa terapia con piperacillina/tazobactam e riempimento volemico, ha necessitato di amine e proseguito insulina. Alla POCUS visibile iperecogenicità con coni d'ombra nei calici del rene sinistro, VCI filiforme,non free fluid; in TC addome rilevata ampia componente gassosa pielo-ureterale sinistra con ectasia,edema peri-renale,gas in vescica. Sottoposta pertanto a drenaggio percutaneo renale di urine purulente ed impianto di monoJ, è stata trasferita in UTI per MODS.
Conclusioni: La pielonefrite enfisematosa è un'urgenza urologica che va sospettata in pazienti diabetici con severa e prolungata iperglicemia e shock settico addominale.La scelta del drenaggio percutaneo,volto a garantire la conservazione del rene e l'evacuazione del pus, della terapia terapia antibiotica tempestiva e di supporto emodinamico intensivo, hanno consentito la risoluzione della flogosi e la ripresa funzionale del rene.

A case of hemoglobin S-C disease

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Premises: Hemoglobin S-C Disease is a rare type of sickle cell disease caused by co-inheritance of the hemoglobin S (HbS) and hemoglobin C (HbC).
Description of the Case report: A 19-year-old, Benin-born man, recently moved to Italy, presented to our emergency department with arthralgia of the lower limbs. He reported similar episodes in the past with spontaneous regression. Vital signs and physical examination were normal, including no symptoms or signs of arthritis. Initial laboratory exams showed mild hypereosinophilia so he was admitted to our unit for further investigations. We ruled out the most common causes of unexplained hypereosinophilia. A CT scan of the abdomen and chest showed thoracic and abdominal lymphadenopathy, multiple hypervascular lesions of the spleen, some subpleural pulmonary opacities and diffuse morphology bone alteration secondary to increased medullary bone density. A 18F-FDG PET/CT was negative for hypermetabolic lesion, except for the bone alteration due to increased osteoblastic activity. A bone marrow biopsy was performed, and the patient was discharged waiting for the result. Two days later the patient came back to our emergency department complaining of an extreme pain episode. Laboratory tests showed signs of hemolysis and HPLC revealed the presence of HbS and HbC so the diagnosis of S-C disease was made.
Conclusions: S-C disease is less frequent than HbS disease and has a milder spectrum of symptoms but may bring serious complications. Further investigations are needed to have specific management guidelines.

A case of Fournier's gangrene

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Premises: Necrotising fasciitis (NF) or Fournier's gangrene is a rare and life-threatening infection caused by aerobic and/or anaerobic microorganism that synergistically affect subcutaneous tissue and fascia with microcirculation thrombosis followed by a rapid and progressive necrosis of the skin.
Description of the Case report: An 84 year old female patient with no previously medical history or trauma related, presented pain, fever, and local hyperaemia in sacral region, requiring hospitalization. The patient underwent abscess drainage. The therapy approach started with intravenous antibiotic combination of piperacillin-tazobactam 4,5 gr and clindamycin 600 mg every 8h. Computed tomography (CT) showed inhomogeneous solid tissue with paramedian bilateral localization extending from the anal canal anteriorly to gluteal muscles, subcutaneous fat, dermis and epidermis posteriorly magnetic resonance (MR) confirmed the same findings. The infectious disease team requested a surgical debridement to collect culture material and confirms the antibiotic therapy already in use. The patient presented an important clinical improvement after the surgical approach, and was discharged from the sub intensive care unit three days after admission. On the 30th day after admission, when the patient presented normal laboratory tests results, a skin graft was planned by the plastic surgery team. The patient evolved without new signs of infection and was discharged from the hospital.
Conclusions: NF is a rare infection. The mortality rate is 32.2%; if untreated, it can reach 100%.

***Scedosporium* spp. infection in immunocompromised patients: a case report**

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Background: Scedosporium infections (SI) represent a current life threatening event in patients immunocompromised due to pathologies or drugs.
Case report: We report the case of a 44-year-old woman suffering from polyangiitis with granulomatosis (GPA), recently admitted in our ward for CMV pneumonia complicated by lymphohistiocytic hemopphagocytosis (HLH) secondary acute hepatitis and ARDS which required admission to the ICU. Successfully treated with ganciclovir (GC), methylprednisolone (MP) and ruxolitinib (JAK1/JAK2 inhibitor). Discharged with normal PCR and blood count, improving liver tests and indication to continue GC and MP. Ttwo weeks later onset of fever, cough, aphasia. Head and chest CT scan revealed cerebritis in the frontal left and occipital right subcortical areas and diffuse excavated nodular lesions compatible with fungal pneumonia. Sputum culture positive for Scedosporium spp. The patient begins voriconazole ev with PCR improvement. After three days neurological worsening and coma onset. A new head CT scan demonstrated a cerebral hemorrhage in the left hemisphere not susceptible to surgical treatment. The patient died after a few days.
Conclusions: SI represent a current serious problem in immune compromised patients despite early diagnosis and therapy particularly because there is no evidence of efficacy of antifungal prophylaxis in absence of neutropenia. The vascular damage GPA related contributed to the dramatic course, facilitating cerebral hemorrhage.

Immune thrombocytopenia and *Rickettsia conorii* asymptomatic infection: a *dangerous liaison*?

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Background: Immune thrombocytopenia (ITP) is an acquired disease associated to low platelet count in peripheral blood and bleeding caused by a disregulated immune response. Rickettsia conorii is a Gram-negative obligate intracellular bacterium, tick-borne.
Case report: We report a case of a 35yo male, pitalized for the onset of spontaneous diffuse skin hematomas and severe isolated thrombocytopenia (6000/mm^3) without associated symptoms or recent history of clinical infection. We diagnosed a ITP and the patient was treated with dexamethasone 40mg IV/die for 4 days with a low PLT count increase. So intravenous immune globulins 1 g/kg/die were administered for two days with significant rise in PLT count (180.000/mm^3) in few days. Anti-Rickettsia antibodies were suggestive for recent Rickettsia conorii asymptomatic infection with high IgM and IgG titres.
Conclusions: Antibodies production against PLT glycoproteins (most commonly IIb/IIIa, the fibrinogen receptor) is one of the mechanisms that causes ITP. Regarding asymptomatic infections by R. conorii, it is estimated that they have a high prevalence in endemic areas like those bordering the Mediterranean Sea. ITP associated with R. conorii infection may arise due to molecular mimicry. Thus, antibodies directed against the pathogen may cross-react with the glycoprotein, leading to thrombocytopenia. This is perhaps the mechanism by which R. conorii lead to the development of ITP in our case. Further studies are necessary to confirm our hypothesis.

Un caso di polmonite interstiziale e sindrome nefrosica da tossicità da ciclofosfamide

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Premesse: Molti pazienti accedono ai reparti di Medicina Interna con febbre e lieve ipossiemia. Molti di questi sono pazienti oncologici spesso portatori di dispositivi come catetere venoso centrale ad accesso periferico che viene usato per chemioterapia e possono sviluppare trombosi catetere-relata.
Descrizione Caso clinico: Una signora di 56 si ricovera per febbre e lieve insufficienza respiratoria. In anamnesi neoplasia della mammella in chemioterapia con ciclofosfamide. La sintomatologia aveva avuto inizio circa cinque giorni prima del ricovero con marcata astenia, difficoltà a muoversi e dolore al braccio sede del PICC. Subito si procede ad esami colturali ad un esame ecocolor doppler venoso del braccio. Quest'ultimo evidenzia di trombosi catetere correlata che dalla succlavia si estendeva al tronco anonimo ed avvia terapia anticoagulante. La TC del torace mostrava un quadro compatibile con polmonite interstiziale e la nostra paziente è gravemente peggiorata necessitando di alti flussi di ossigeno fino alla ventilazione non invasiva per molti giorni. In contemporanea ha sviluppato anche un quadro di sindrome nefrosica. I colturali sono risultati negativi: il quadro era compatibile con tossicità da ciclofosfamide.
Conclusioni. La nostra paziente aveva svuluppato un quadro di insufficienza respiratoria e sindrome nefrosica secondaria al trattamento con ciclofosfamide. Tutti i colturali fatti sono risultati infatti negativi e non aveva embolia polmonare. E' fondamentale considerare l'anamnesi farmacologica soprattutto nei pazienti oncologici.

An unusual case of warm autoimmune hemolytic anemia

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Background: Autoimmune hemolytic anemia is caused by autoantibodies that react with self red blood cells and cause them to be destroyed. Warm AIHA is the most common type of AIHA. Warm AIHA can be primary (idiophatic) or secondary (in the setting of a condition or medication that predisposes to the production of an autoantibody: infections, autoimmune disorders, lymphoproliferative disorders, immunodeficiency). We report a case of a 73-year-old male with warm AIHA.
Case presentation: A 73-year-old-male, with history of polyglobulia, was hospitalized for asthenia, worsening dyspnea and loss of appetite for one week, with subsequent fever, jaundice and dark urine. The blood tests revealed severe anemia, elevated inflammatory biomarkers, unconjugated bilirubin, AST, ALT, LDH, haptoglobin consumption; positive Coombs test (direct and indirect) and negative autoimmune hepatitis markers. Imaging studies presented two areas that could be suggestive of hepatic abscesses. A liver biopsy was performed but failed to reach the lesion, reporting fibrosis of periportal spaces, micro and macrovacuolar steatosis; neoplastic infiltration was excluded. Patient was treated with broad-spectrum antibiotic, antifungal, steroids and Rituximab. Despite of early ending of anti-CD20 due to CMV reactivation, clinical and radiological remission was observed.
Conclusions: Due to the limitations of hepatic biopsy, uncertainty remains about the nature of hepatic lesion (abscess/lymphoma) and its reduction in size after the immunosuppressive treatment.

Raro caso di granulomatosi eosinofilica con poliangioite *atipica* in paziente adulto

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Introduzione: La sindrome ipereosinofilica è caratterizzata da eosinofilia nel sangue periferico (>1500/mcl) con manifestazioni correlate a coinvolgimento di vari organi; necessario escludere cause parassitologiche, immunoallergiche e neoplasie solide o ematologiche.
Caso clinico: Descriviamo il caso di un paziente maschio di 73 anni ricoverato per rash cutaneo pruriginoso presente da mesi. In anamnesi diabete mellito tipo 2, artrosi ed AOCP. Alla visita eritema diffuso con escoriazioni ed edemi declivi bilaterali. Agli ematochimici ipereosinofilia con incremento degli indici di flogosi, striscio periferico e parassitologico negativo, screening anticorpale negativo (solo ANCA atipici+). Alla BOM infiltrato granulocitario eosinofilo interstiziale. Alla TC torace-addome con mdc non lesioni solide. All'istologico da biopsia cutanea eosinofili infiltranti la parete di vasi di piccolo-medio calibro compatibile con processo vasculitico. Trattato con diuretici, steroide e antistaminici e avviato Mepolizimab (IL-5 inibitore) per prevalente coinvolgimento cutaneo in pattern ANCA atipico. Miglioramento dell'emocromo con conta eosinofilica 0.8% e degli indici di flogosi.
Conclusioni: Caso di granulomatosi eosinofilica con poliangioite ANCA negativa (ANCA atipici+) con coinvolgimento cutaneo dei vasi di piccolo calibro attualmente in trattamento con IL-5 inibitore. Di interesse l'assenza di coinvolgimento sistemico e di comorbidita' ed età di insorgenza. Dall'analisi della letteratura la prevalenza di tale vasculite è rara (1.7%) soprattutto se esclusivamente cutanea, maggiore risulta invece il coinvolgimento sistemico.

A rare case of familial Mediterranean fever complicated by hemofagocytic lymphohistiocytosis

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Background: Familial Mediterranean Fever (FMF) is a hereditary autoinflammatory disorder characterized by recurrent bouts of fever and serosal inflammation. Hemophagocytic lymphohistiocytosis (HLH) is a severe hyperinflammation disease; acquired HLH occurs after strong immunologic activation, such as systemic infections, rheumatic diseases, immunodeficiency or underlying malignancy.
Description of the Clinical case: A 53-year-old woman affected by FMF and cryopyrins enters the hospital because of fever and pharyngodynia persisted for 20 days not responsive to antibiotic therapy and oral steroids. During hospitalization appearance of chest pain and pericardial effusion, urticaria and persistent fever associated with increased inflammation indices. Blood cultures were negative.The chest-abdomen TC was negative for infections, lymphadenopathy or splenomegaly, no evidence of malignancy. A hemophagocytic lymphohistiocytosis was suspected and cyclospirin A was undertaken. The course was difficult due to focal seizures; neuroimaging was compatible with reversible posterior encephalopathy. Antiepileptic therapy was initiated and cyclosporine was discontinued. Thus, human interleukin 1 receptor antagonist protein (anakinra) was started and the symptoms gradually reduced.
Conclusions: HLH is a potentially life-threatening disease due to uncontrolled proliferation of lymphocytes and macrophages secrete high amounts of inflammatory cytokines.Most patients are acutely ill with multiorgan involvement.FMF can be complicated by HLH and a delay in diagnosis can be fatal.

Back pain and multiple myeloma: it's not always a fracture

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Premises: The solid localizations of multiple myeloma (MM) typically develop in soft tissues but can also involve parenchymatous organs, serosa or even the central nervous system. Although rare, solid extramedullary locations are associated with a worse prognosis and increased morbidity.
Description of the Case: A 56-year-old woman was admitted to our department for persistent low back pain, which did not respond to NSAIDs. A lumbosacral x-ray ruled out fractures, and laboratory tests showed mild normocytic anemia, serum calcium levels at the upper reference limit, and a monoclonal IgA-lambda component greater than 3 g/dL. A bone marrow needle biopsy was performed which showed a massive proliferation of atypical monoclonal plasma cells. Consistently, the diagnosis of MM was made. Furthermore, a CT scan of the abdomen also showed a solid lesion of the pancreas that was suggestive of MM localization. During hospitalization, the woman complained of a new onset of paresthesia in her legs which rapidly worsened. An urgent MRI was performed which demonstrated an endocanal localization of the MM requiring surgical removal due to spinal cord compression. Despite the surgery, flaccid paraplegia of the lower limbs persisted. The patient has started CHT which is still ongoing and is awaiting autologous stem cell transplant.
Conclusions: The extramedullary localizations of multiple myeloma can lead to unexpected clinical manifestations, therefore in affected subjects it is important not to underestimate any new onset signs or symptoms.

Effects of leaf blowers used without protection in closed spaces on air pollution and the health of users

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Background: Petrol and electric leaf blowers are tools frequently used by gardeners and professional cleaners to clean up pavements, flowerbeds, parks, garages and roadways. These tools are increasingly required as a requirement by private individuals to cleaning companies and are used both indoor and in open air. Leaf blowers are conceived to blow out instead of sucking, thus scattering fine dust in the micro environment near the ground while spreading leaves. The increase of particulate matter in the air represents a potential risk for general population and particularly for leaf blower users, ex-

posed to greater amount of dusts, especially if not provided with protective equipment.
Materials and Methods: From November 2021 to November 2023 in the Pneumology Unit of Gallarate Hospital we evaluated 4 new cases of bronchial asthma in leaf blower professional users: 3 young men aged 22, 34, 56 and a woman aged 37. 2 were gardners, and 2 worked in cleaning company. All patients declared to use anti-dust masks. None of them were smokers, or have received a diagnosis of bronchial asthma or COPD in the past. They were investigated with chest X-ray, spirometry and reversibility test. They were treated with inhaled formoterol and proprionate fluticasone with improvement by second week of treatment. The patients were called back after 6 months: they were continuing pharmacologic therapy but none of them suspended use of leaf blowers, as we had recommended.
Conclusions: Further studies are necessary to measure the impact of blowers on people's health and air pollution, especially with the worsening of draught in urban areas.

Ascites as an uncommon presentation of systemic lupus erythematosus

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Background: Atypical presentations as lupus enteritis is reported in 0.2-5.8% of systemic lupus erythematosus (SLE) patients and current knowledge is scarce and based mostly on case reports.
Clinical case: A 19-year-old female, with no medical history, came to the ER for the third time in six months reporting crampy abdominal pain, bloating and diarrhea; she also displayed erythematous raised periorbital rash. On admission an abdominal US showed large amount of ascites and thickening of the small bowel wall. Labs showed normal liver/kidney function, sideropenic anemia, CRP 1.5 mg/dl and elevated fecal calprotectin. Infection evaluation of the stool was negative. Gynecological causes, celiac disease, porphyirias and eosinophilic colitis were been ruled out. Diagnostic paracentesis was performed with evidence of sterile exudate and cytology negative for tumor cells. MRE showed diffuse small bowel wall edema and enhancement "target sign", with extensive serosal and urethral wall involvement suggestive of autoimmune disease. Targeted blood tests revealed hypocomplementemia (C3,C4), FAN (1:640), anti-DNA, antiSm and antiRnp. Due to onset of nephrotic range proteinuria the patient underwent renal biopsy diagnostic for Class II lupus glomerulonephritis. Diagnosed with SLE with prevalent skin and gastrointestinal involvement she was treated first with corticosteroids and hydroxychloroquine and subsequently with intensified lymphocyte depletion therapy.
Conclusions: GI involvement due to SLE activity though uncommon and often difficult to diagnose, is potentially life threatening and must be thoroughly investigated.

An unusual case of descending mediastinitis in medical department

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Premises: Mediastinitis is an inflammation of the connective and adipose tissue surrounding the mediastinal structures. Principal causes of acute mediastinitis are cardiac surgery, esophageal or tracheobronchial perforation, mediastinal extension of lung or ENT infections, known as descending mediastinitis.
Description: A 54-year-old woman entered the Emergency department for pharyngodynia, chest pain, dysphonia, fever and a cough with yellowish sputum lasting for ten days without response to treatment. No relevant medical history except obesity. Hypotension, fever, marked neutrophilic leukocytosis and elevation of CRP were found on admission. A CT scan was performed showing acute mediastinitis thus broad-spectrum antibiotic therapy was initiated and the patient was admitted to medical department. During the diagnostic examination, ENT diseases and the presence of esophageal and tracheobronchial perforation were excluded. Blood cultures, serologies for respiratory viruses, CMV DNA and HIV tests were negative; EBV DNA positive. Molecular testing for respiratory pathogens on BAL was positive for Streptococcus Pyogenes. Despite targeted antibiotic treatment, there was a clinical worsening with the appearance of a concamerated pleural effusion and consensual inflammatory thickening. The patient required chest drainage and then thoracoscopy.
Conclusions: Descending mediastinitis is a complication of ENT infections that can occur even in the absence of cervical abscesses or predisposing factors; it is a life-threatening condition if not promptly diagnosed or treated appropriately.

Liver infection due to diabetes

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Premises: Diabetes has the potential to lead to immune system dysfunction: hinder chemotaxis, modify macrophage differentiation. Thus, poor glycemic control and high BMI are linked to community-acquired liver abscess.
Case history: A 71-year-old man was admitted in emergency room with hyperglycemia and diarrhea. In remote pathological history he had diabetes mellitus II on insulin therapy. HGT values 632 mg/dl with K 3.3 mEq/L, plasma osmolarity 326.68mOsm/L. Hyperosmolar Hyperglicemi syndrome (HHS) diagnosis was done. Clinical and laboratory sugns were consistent with a state of infection, so abdomen CT reported hypodense hepaic lesions to be referred to abscess.
Discussion: HHS is a clinical condition that arises from a complication of diabetes mellitus. Approximately 50% of HHS is attributable to an infectious etiology. HHS is defined by plasma glucose level greater than 600 mg/dL, plasma effective osmolarity greater than 320 mOsm/L, and absence of significant ketoacidosis. A liver abscess can develop from injury to the liver or an intraabdominal infection disseminated from the portal circulation. Certain risk factors promote the development of liver abscesses, such as diabetes, cirrhosis, male gender, elderly, immunocompromised states, and people with proton pump inhibitor usage. Drainage is needed and can be done under the US or CT. Empiric antibiotic regimens include cephalosporins plus metronidazole.
Conclusions: In conclusion improved glycemic control and weight reduction may therefore help to reduce the risk of the emerging infectious disease, pyogenic liver abscess.

Outliers in Sanremo hospital: a difficult problem to solve without rethinking the healthcare model

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Background: The diagnosis-related group (DRG) payment system is a classification tool for hospitalizations, useful for evaluate the resources involved in clinical activity and determine the payment that hospitals receive. This system evaluates, among other data, anomalies in length of stay, identifying the so-called *outliers,* characterized by a length of stay exceeding the threshold value for DRG. Prolonged hospitalization, specially for >65-year patients, has significant consequences on healthcare, increasing the risk of complications.The length of stay is conditioned both by production efficiency and case-mix. Therefore, the main determinants of the resources consumed during hospitalization concern the clinical severity and social conditions of the patient, the hospital efficiency and the medical healthcare strategies. In 2023 the Medicine Unit of Sanremo discharged 1319 patients, with 117 >65y outliers (8.9%). Of these, 30 (33.7%) were caused by SARS CoV2 infection contracted during hospitalization, 16 (18%) were due to difficulties in reception by long-term care facilities, and 43 (48.3%) to the impossibility of transfer patients too critical for staying in lower intensity care settings. Our patients are mostly elderly, with multiple complex chronic co-morbidities, with superimposed acute, and often severe diseases; interaction among the patient's factors (age, multimorbidity, frailty) as well as contextual factors (environmental, socio-economic,) leads to difficult to manage both in clinical practice and in the organisation of care, prolonging the lenght of hospital stay.

Persistent eosinophilia and acute enteric bleeding an unusual presentation of a chronic infestation: trongyloidiasis

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Premises: Hypereosinophilia (HE, AEC >1.5x10^9/L) is extremely rare; the potential etiologies include allergic, infectious, neoplastic, genetic, immune disorders, with various symptoms, mainly dermatologic, pulmonary and GI.
Case report: A 81-year-old man was admitted to our hospital with abdominal pain and hematochezia. Clinical history included right hemicolectomia for diverticolitis, haesophagitis, prostatectomy for cancer; abdominal tenderness and haematochezia were present on clinical examination. Blood test showed severe hypereosinophilia (WBC 7.41x 10^9/L, AEC 3.21x10^9/L), mild anemia (Hb 8,9 g/dL) creatinine 1,3 mg/dL, CRP 18,9 mg/L, PRIST 1750 kU/L. We performed an abdomen CT-scan with evidence of colonic wall thickness and severe diverticulosis. A colonoscopy with biopsy revealed massive eosinophilic infiltration. A real-time PCR was positive for Strongyloides stercoralis DNA and a therapy with ivermectine 200 mcg/kg was given for 2 days, repeated after 14 days. One-week later AEC count decreased below 0.6x10^9/L. We also ruled-out immune, haematological, allergic and other infectious diseases.
Conclusions: Patients with chronic strongyloidiasis often show HE and may experience diarrhea, constipation, abdominal pain and sometimes massive colonic and gastric hemorrhage. Physicians should be particularly diligent to consider Strongyloides, endemic in Northern Italy, in patients with unexplained eosinophilia; furthermore, they must rule-out disseminated disease or hyperinfection syndrome, that, if untreated, have a mortality rate >90%.

Parvovirus B19: quando ad essere infettato è un adulto

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Premesse: L'infezione da Parvovirus B19 è ubiquitaria nel mondo. In genere è a trasmissione respiratoria, ma anche verticale o ematogena. Nel 25% dei casi è asintomatica; nel 50% si manifesta con sintomi simil-influenzali; nel restante 25% con rash al volto e artralgie simmetriche delle piccole articolazioni. In rari casi può dare manifestazioni neurologiche (encefaliti, plessopatia brachiale infiammatoria, parestesie, Sd. di Guillan Barré). Possibile inoltre: leucopenia, piastrinopenia e riduzione dei reticolociti fino a crisi aplastica. La diagnosi è posta dalla presenza di IgM positive. Il trattamento è sintomatico (antipiretici e anti-infiammatori). L'usuale decorso dell'infezione è benigno con risoluzione spontanea entro pochi giorni. Negli immunosoppressi può essere utile somministrare IG-vena.
Descrizione del Caso clinico: Paziente di 45 anni ricoverata per mialgie diffuse (collo, cingoli, distretto prossimale di braccia, comparto posteriore di coscia), difficoltà nella deambulazione, edema delle mani, eritema del volto, parestesie distali e febbricola. Impostata terapia anti-piretica e anti-dolorifica. Tra gli accertamenti eseguiti: esami ematici (PCR 1.59 mg/dl, CK 388 U/L), eco addome (lieve epatosplenomegalia), TC encefalo+rachide cervicale (neg), visita neurologica (non deficit neurologici) e, nel sospetto di manifestazioni para-infettive in contesto di diatesi autoimmune, eseguito profilo reumatologico (neg) e infettivologico (IgM e IgG positive per PVB19).
Conclusioni: Alla luce di tale riscontro è stata posta diagnosi di mialgie e artrite reattiva da PVB19.

Studio pilota sulla terapia con rivaroxaban 2,5 mg bid e le modifiche della qualità di vita in pazienti affetti da arteriopatia periferica che accedono in ambulatorio cardiologico

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Premesse e Scopo dello studio: L'arteriopatia obliterante periferica è una patologia invalidante e molto spesso sottostimata. La qualità di vita soprattutto nelle vasi avanzate risulta essere molto compromessa. Lo studio Compass ha svelato nuove opportunità terapeutiche tuttavia ancora poco utilizzate nella pratica clinica. Partendo dai risultati dei rivoluzionari trial degli ultimi anni, abbiamo voluto indagare il beneficio della terapia con xarelto 2,5 mg bid+ASA 100 mg sia clinico che in termini di miglioramento della qualità di vita.
Materiali e Metodi: 30 pazienti che accedono all'ambulatorio cardiologico che presentano i criteri di prescrivibilità della terapia Compass, l'indice caviglia-braccio (ABI) al momento dell'arruolamento e al termine dei 3 mesi di follow up come marcatore di presenza e severità di arteriopatia periferica, registrando la qualità di vita attraverso WIQ score e l'SF36.

Risultati: 8 pazienti hanno presentato lieve incremento di ABI e 6 pazienti un peggioramento. Utilizzando il WIQ: circa il 50% dei casi ha registrato un miglioramento clinico (in particolare riduzione della percezione di dolore sia a riposo che dopo sforzo), nel 43% nessuna modifica. Utilizzando SF36 score: nel 60% si è rilevato un miglioramento della qualità di vita soggettiva e nel 33% nessuna modifica.
Conclusioni: La terapia con Rivaroxaban 2.5 mg bid in associazione ad ASA può migliorare non solo la clinica ma anche la qualità di vita dei soggetti affetti. E' importante saper riconoscere i pazienti con arteriopatia e applicare appropriatamente la terapia.

Studio osservazionale trasversale sull'affidabilità inter operatore dell'ecografia della vena giugulare in un gruppo di studenti di Medicina

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Premesse e Scopo dello studio: L'ecografia della giugulare interna, valida nel predire gli stati volemici, per l'assenza di standardizzazione nell'esecuzione, potrebbe esser esposta ad un rischio di variabilità inter-operatore. Perciò abbiamo deciso di valutare la variabilità inter-operatore di un set di misure ecografiche della giugulare interna.
Materiali e Metodi: E' uno studio osservazione trasversale condotto presso l'Ospedale Maggiore di Bologna nel 2023. Sono stati inclusi 10 pazienti adulti ricoverati in Medicina e 12 studenti presso UniBo. Per ogni paziente sono state registrate, da 60 immagini ottenute in sez trasversa di diverse finestre acustiche del collo, le seguenti misure ecografiche: il diametro max Antero-posteriore (AP-IJV max), il diametro LL-IJV, l'area max (CSA-IJV max), Aspect ratio. Affidabilità inter-operatore misurata con la statistica ICC (inter-class correlation coefficient).
Risultati: Le misure più affidabili sono state l'AP-IJV max ed il CSA-IJV max con eccellenti valori di ICC sia nelle finestre cricoidea che alla base del collo: per AP-IJV, ICC=0,93 (95%IC, 0,88-0,98) e 0,97 (95% IC,0,94-0,99) e per CSA-IJV max, ICC=0,98 in entrambe le finestre. Finestre più affidabili: base collo e cricoide. Misure con peggiore affidabilità: il LL-IJV e l'aspect ratio.
Conclusioni: Questo studio suggerisce che le più affidabili misure e finestre da usare potrebbero essere l'AP-IJV e CSA-IJV alla base del collo od alla cricoide. Limite principale è l'aver usato immagini e non pazienti reali.

Eosinophilic granulomatosis with polyangiitis: our experience

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Premises and Purpose of the study: Eosinophilic granulomatosis with polyangiitis (EGPA) is a rare antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis, characterized by asthma, eosinophilia and granulomatous or vasculitic involvement of several organs. The incidence of EGPA ranges between 0.5 and 4.2 cases per million people per year and its prevalence between 10 and 14 cases per million inhabitants globally. We tried to analyze clinical phenotype and treatment in 3 patients diagnosed of EGPA at our hospital.
Materials and Methods: A retrospective analysis was made of 3 patients diagnosed of EGPA at Cardarelli Hospital in Naples from 2017 at 2023. Data regarding personal antecedents, clinical manifestations, analytical parameters, histology, and clinical course were collected.
Results: Of the 3 cases, 2 were women, 2 were diagnosed at an age between 51 and 80 years; one case to 22 years. All patients had antecedents of bronchial asthma and eosinophilia. Among clinical manifestations, women presented sensory-motor symmetric axonal neuropathy, two patients had fever and interstitial lung disease, the younger woman presented with pericarditis. One had non severe EGPA, two severe EGPA. For remission maintenance, in patients with severe EGPA, we used DMARDs, mepolizumab and glucocorticoids. In the patient with non-severe EGPA, only glucocorticoids in combination with mepolizumab.
Conclusions: Our experience showed that EGPA patients should be offered the best care through interdisciplinary management and well-defined treatment-to-target approaches to achieve remission.

A misunderstood diagnosis of non-tubercular *Mycobacterious* disease

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Premises: We report a case of misunderstood diagnosis of non-tubercular Mycobacterious disease.
Description: A smoker 83 year old man was admitted to our ward because of diagnostic study about his lung disease. He never had any symptoms, but three years before during his cardiology check-up he found an excavated lesion at the lung apex with irregular and spiculated margins. He underwent a biopsy that was negative for cancer. The following year this lesion increased, but a further biopsy was negative and a new paracostal pleura lesion appeared. After three years chest CT scan showed excavated thickenings and small nodular formations, so the patient underwent a bronchoalveolar lavage which was positive for the presence of acid-fast alcohol bacilli. Then the patient was admitted to our ward and we performed Mantoux test, IGRA test and microscopic search for mycobacteria on sputum with negative results. The culture exam on sputum revealed the presence of mycobacterium intracellular, so we started therapy with rifampin, ethambutol, azithromycin and amikacin.
Conclusions: It is important to start specific antibiotic therapy only after the right diagnosis to avoid bacterial resistance or misunderstood diagnosis.

Acute complications of mononucleosis in two young patients

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Premises: We report two cases of mononucleosis complications.
Description: First case: a 18 year old girl was admitted to our ward for dyspnea due to tonsillar kissing. She presented fever, retrocervical and inguinal lynphadenopathy, splenomegaly and provided us a positive VCA IgM test of previous days. Corticosteroid and beta lactam antibiotic home therapy had no benefit. After two days lateral cervical swelling and tonsillar kissing persisted and CT scan revealed numerous lymphadenopathies affecting all the neck stations, one of them with colliquated area. We started piperacillin/tazobactam and daptomycin and higher doses of corticosteroids intravenously. There was a progressive clinical improvement in two weeks. During the outpatient visits neck ultrasound showed resolution of the infectious process. Second case: a 28 year old man suffering from Friedreich's syndrome was admitted to our ward for fever and lower back pain. He had splenomegaly, blood tests showed hypertransaminasemia, increased cholestasis indices, positive VCA IgM and 3000 IU/mL HBV-DNA. CT scan showed a massive thrombosis of the left femoral iliac axis up to the vena cava. We started therapy with fondaparinux with clinical benefit and we discharged with oral anticoagulant therapy for 6 months. After one month we repeated serological tests showed VCA IgM and IgG positive, EBNA IgG negative, EA IgG indeterminate; EBV-DNA was less than 200 copies/mL.
Conclusions: The first case is about an infectious complication of cervical lymphadenopathies. The second case is about a thrombosis complication.

Utilizzo di inclisiran in ASL Toscana Centro: stato dell'arte

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Premesse e Scopo dello studio: Inclisiran è un siRNA con selettivo tropismo epatico che interferisce con la sintesi di PCSK9, risultando una terapia per l'ipercolesterolemia appetibile per efficacia, sicurezza e modalità di somministrazione (semestrale). Scopo di questo lavoro è valutare lo stato dell'arte della terapia con Inclisiran in ASL Toscana Centro, con un focus specifico sull'Osp. SS Cosma e Damiano di Pescia.
Materiali e Metodi: Studio osservazionale di coorte relativo ai pz dell'ASL Toscana Centro trattati con Inclisiran tra gennaio e settembre 2023 (dati forniti dalla SOC Governance farmaceutica e appropriatezza prescrittiva ASL Toscana Centro). Studio osservazionale prospettico relativo ai pz trattati dal Centro Dislipidemie, SOC Medicina Interna, Osp. SS Cosma e Damiano di Pescia (interrogato il registro AIFA, verificato il raggiungimento del target di LDLc).
Risultati: Da gennaio a settembre 2023 Inclisiran è stato prescritto a N=68 pz in ASL Toscana Centro (N=6 già in tp con Evolocumab, N=2 con Alirocumab); non sono stati riportati effetti collaterali significativi. Afferivano al Centro Dislipidemie dell'Osp. SS Cosma e Damiano di Pescia N=9 pz (N=6 già in tp con statina+ezetimibe, n=3 con ezetimibe). Al basale LDLc mediano=118 mg/dl, 6 mesi dopo aggiunta di Inclisiran LDLc mediano=47 mg/dl (riduz. mediana 71 mg/dl); solo nei pz già in tp con statina+ezetimbe LDLc era a target.
Conclusioni: Inclisiran è una terapia efficace e tollerabile, la compliance è ottimale; in associazione a statina+ezetimibe garantisce il raggiungimento del target di LDLc.

Uno strano caso di insufficienza renale acuta

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Premesse: L'esofagite da Herpes Simplex Virus (HSV) è frequente nei pazienti immunocompromessi (HIV positivi, oncoematologici o in terapia con immunosoppressori). L'odinofagia, con o senza sintomi sistemici o lesioni mucocutanee, è il sintomo tipico di esordio. La diagnosi si basa sulla esofagogastroscopia (EGDS) con biopsia e istologico delle lesioni. La terapia consiste nella somministrazione di antivirali (acyclovir o foscarnet) che raramente può causare insufficienza renale acuta (IRA), generalmente evitata somministrando il farmaco in infusione prolungata.
Descrizione del Caso clinico: Paziente di 26 anni in buona salute accedeva in Pronto Soccorso per dolore toracico con odinofagia e febbre. Gli ematochimici mostravano indici di flogosi elevati con esami colturali, Rx torace e consulenza ORL negative. L'EGDS riscontrava esofagite, l'istologico e la sierologia risultavano positive per HSV1 con sierologia per HIV e screening immunologico negativi. Dopo terapia con acyclovir in infusione lenta si osservava iniziale riduzione degli indici di flogosi ma comparsa precoce di IRA con proteinuria per cui veniva trasferito in Nefrologia. Dopo switch a valganciclovir per os e avvio idratazione si otteneva normalizzazione degli indici ritentivi. Il paziente veniva quindi dimesso in buone condizioni cliniche.
Conclusioni: Sebbene sia un evento raro nell'immunocompetente, l'esofagite da HSV è una patologia da considerare in presenza di lesioni endoscopiche tipiche. L'IRA in corso di terapia con acyclovir è un evento raro e reversibile dopo idratazione e sospensione del farmaco.

Malattia di Addison: una presentazione atipica di malattia linfomatosa

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Premesse: La malattia di Addison è una endocrinopatia caratterizzata da una ipofunzione della corteccia surrenalica, che nel 70% dei casi consegue ad una atrofia su base autoimmune della corteccia surrenalica; i restanti casi alla distruzione della ghiandola surrenalica da parte di granulomi tubercolari o istoplasmotici, tumori, amiloidosi, emorragia o necrosi infiammatoria.
Descrizione del Caso clinico: Una donna di 64 anni giungeva in PS per astenia e riduzione dei valori pressori. Per il riscontro di iponatriemia severa e di anemia ingravescente, veniva ricoverata per sospetta malattia di Addison. Agli esami ematochimici, riscontro di ipocortisolismo con ACTH elevato ed ipoaldosteronismo; di un aumento di NSE, Cromogranina e beta-2-microglobulina con Ig anti-surrene, anti-tiroide e anti-ovaio negativi. Alla TC torace-addome con mdc, formazioni espansive solide surrenaliche bilaterali con contrast enhancement disomogeneo. Al fine di escludere una eventuale primitività occulta, eseguiva PET-TC globale corporea, che confermava le neoformazioni surrenaliche ed evidenziava altre lesioni a livello del cranio, della tiroide, del cuore, dell'intestino tenue, della piccola pelvi, nonché numerose adenopatie mesenteriali; tali lesioni erano da riferire

ad alterazioni eteroplastiche ad elevato consumo glucidico. L'agobiopsia e quindi l'esame istologico, concludevano per linfoma di derivazione dai linfociti B periferici, a grandi cellule, diffuso.
Conclusioni: Trattasi di un caso inusuale di malattia linfomatosa, la cui unica estrinsecazione clinica è stata la malattia di Addison.

Food literacy, eating disorders, and social media use: a cross-sectional study

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Background and Aim: Food Literacy (FL) is the ability to research, obtain, interpret, understand, and use information on food and nutrition for healthy food choices. Eating disorders (ED) seem to be affected by a lack of information and social media use. The aim of the study was to evaluate the relationship between the risk of developing an ED, FL, and social media use among Italian individuals aged between 12 and 65.
Materials and Methods: The study was conducted from May to June 2023. A questionnaire with 4 sections was used for data collection: (I) socio-demographic data; (II) the Eating Attitude Test (EAT-26); (III) the Short Food Literacy Questionnaire (SFQL); (IV) 7 items to evaluate social media use.
Results: Of the 531 subjects enrolled,79.8% were female, 80.7% lived in Apulia and 61.2% were aged between 19 and 26. Results showed that low levels of FL affected the likelihood of developing ED (r=-0.133, p=0.002). Highest EAT-26 scores significantly correlated with the use of social media during meals (r=0.144, p=0.001), the influence of social media on self-esteem and body image (r=0.333, p <0.001), the exposure to nutrition or fitness-related content on social media (r=0.253, p <0.001), and following nutritional advice provided on social media (r=0.266, p <0.001).
Conclusions: FL and social media use were linked to the risk of developing ED in the studied population. Educational/rehabilitation interventions offered by health workers could improve these aspects.

Dealing with fever of unknown origin: an acute HIV infection not revealed by early routine testing

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Background: In modern medicine fever of unknown origin (FUO) remains one of the most challenging diagnosis beeing caused by over 200 disorders; a detailed medical history is essential for a correct approach**.**
Description: A previously healthy 52-years-old woman, was admitted for a 2 weeks persistent fever and skin rash after taking amoxicillin. Blood test showed slightly increased lipase and ALT with normal CRP and WBC. The patient denied abdominal pain but an initial bedside US couldn't rule out edematous acute pancreatitis. The patient underwent abdominal and chest CT scan showing normal pancreatic gland but revealing mild splenomegaly and multiple lymphadenomegaly. Sierology for infections (HAV, HBV, HCV, HEV, HIV, CMV, EBV, mumps, borrelia, coxiella), blood and urine coltures, quantiferon and autoimmunity tests were negative. For ongoing fever and development of superficial lymphonodes, bone marrow and axillary lymphonode biopsies were performed showing non-specific reactive pattern. The patient developed sore throat, but clinical criteria for Still disease were not fully met. Histological revision for IgG4 syndrome and Castleman disease was inconclusive. At a 2 months later reassessment the patient said that her partner has recently died due to HIV infection and disclosed sexual exposure immediately before her onset of fever. HIV test was repeated and confirmed the diagnosis.
Conclusions: Early negative HIV test led to useless invasive investigations; in high pre-test clinical suspicion, repeated or second level test should be performed**.**

An incredible clinical history

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Premises: L.L. is a 56 year old male. He is affected by pulmonary hypertension because of atrial defect corrected in 2012, with pulmonary thromboembolism as a complication. Ex alcoholic, smoker, no vax for SARS-CoV-2.
Description of the Case report: He came to Emergency Unit of Magenta Hospital for severe dyspnea on 12/20/2021. By exams were detected severe anemia (3.8 g/dl), severe hypoxia and COVID19 pneumonia. Blood transfusions were performed. Because of atrial fibrillation low dose of heparin was prescribed. Chest CT scan showed an extended and bilateral pulmonary thromboembolism. Echocardiography detected right ventricular dilatation. Anemia was studied with the diagnosis of right colon angiodysplasias which were resolved during endoscopy. For respiratory failure worsening (1/4/2022) it was necessary to use high flow nasal cannula; the situation improved by degrees until O2 therapy was sospended on 01/18/2022.
Conclusions: Finally, for the steadiness of anemia, apixaban was prescribed at the dose of 5 mg bid. In spite of all the very severe diseases, the patient was discharged in a stable state.

L'efficacia del modello di case management in medicina nella riduzione delle ri–ammissioni e delle giornate di ricovero

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Prenesse e Scopo dello studio: L'Infermiere Case Manager è l'infermiere che si occupa della creazione del percorso assistenziale centrato sulla singola persona che viene seguita in tutte le fasi, dall'ammissione alla dimissione. Prende in carico la persona assistita e la famiglia e identifica il percorso più adatto.
Il "colloquio d'accoglienza" avviene entro le 72 ore dal ricovero dopodiché si iniziano a valutare i possibili scenari alla dimissione, utilizzando come principali strumenti la scala di BRASS, l'Indice di Karnofsky e la scheda COT.
Prima della dimissione viene effettuato il "colloquio di dimissione" coinvolgendo la persona assistita e il caregiver nel percorso dimissorio, che può prevedere anche l'addestramento.
Materiali e Metodi: Sono stati elaborati i dati degli anni 2022 e 2023 per rilevare se grazie al case manager si è avuta una diminuzione dei giorni di degenza media e una riduzione delle ri – ammissioni.
Risultati: I risultati hanno messo in luce una sensibile ridu-

zione dei giorni di degenza media e una riduzione delle ri – ammissioni dal 2022 al 2023.
Conclusioni: La figura del case manager si è dimostrata di importanza cruciale nel migliorare la presa in carico del paziente e la definizione del percorso clinico – assistenziale; ha permesso di migliorare la comunicazione e la gestione organizzativa clinico – assistenziale con le varie Unità operative e i vari specialisti.
E' stata anche percepita una maggiore soddisfazione da parte dell'utenza e dei caregiver e da parte del gruppo medico – infermieristico.

Cerebral nocardiosis in a confused man admitted for pneumonia

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Premises: Cerebral abscess is a severe condition, with a mortality rate up to 53%. Clinical presentation can mimic other neurologic diseases.
Description of the Case report: We describe the case of a 62-years-old man admitted to our department for dyspnea. In the last months he also referred psychomotor impairment with occasional confusion and disorientation. Chest radiography revealed pneumonia. Lab analysis revealed leukocytosis with normal CRP levels. His clinical history included depression and hypersensitivity pneumonia, treated with prednisone 5 mg/die. He performed brain CT-scan which revealed two intracranial space-occupying lesions in the right talamus-basal nuclei region. Brain MRI demonstrated the abscess nature of the lesions (diameters:13-37mm). He was treated with drainage of the major lesion and empirical antimicrobial therapy with ceftriaxone, metronidazole, vancomycin. Culture analysis was positive for Nocardia spp. Antimicrobial therapy was modified with imipenem/cilastatin and trimethoprim/sulfamethoxazole, with gradual improvement of neurological symptoms. Intravenous antimicrobial treatment was continued for three weeks, then he started oral trimethoprim/sulfamethoxazole for 6 months, with clinical and radiological controls. Brain MRI after 9 months reported significant reduction of the abscesses (major 7 mm).
Conclusions: Nocardia is a rare cause of cerebral abscess accounting for about 1% of all cases, affecting mainly immunocompromised hosts. In our patient chronic steroid therapy even if at low dosage may have represented a predisposing factor.

A simplified therapeutic approach in patients with type 2 diabetes mellitus through the use of the fixed-ratio combination of insulin glargine plus lixisenatide: an account of our experience in frail elderly patients

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Premises and Purpose of the study: Approximately 50% of patients with type 2 diabetes mellitus do not reach glycemic targets and need intensification or simplification of treatment. The purpose of our study was to reduce the use of basal bolus approach among frail elderly patients for episodes of hypoglycaemia or to intensify treatment in case of severe hyperglycaemia. The application of fixed-ratio combination of insulin glargine plus lixisenatide (iGlarLixi) promotes the mechanism of action of both drugs on hyperglycaemia while minimizing adverse effects.
Materials and Methods: We enrolled 70 patients (aged>65) from July to December 2023 referred to our Diabetology Ambulatory Care or admitted to our Endocrine Diseases department. 60% of patients were using basal bolus therapy and presented with at least 3 episodes of recent hypoglycaemia, while 40% of patients presented with severe hyperglycaemia, requiring therapy intensification.
Results: 45% of patients treated with iGlarLixi achieved an improvement in glycated hemoglobin already in the first 3 months of therapy with an average reduction of approximately 1 unit. Additionally, 30% of patients who transitioned from basal bolus therapy to iGlarLixi achieved an average weight loss of 4 kg.
Conclusions: In our experience in frail elderly patients the use of the fixed-ratio combination of iGlarLixi has revealed improvement in both fasting and postprandial blood glucose, reducing the risk of fasting hypoglycaemia. Moreover, it proved to be an effective treatment for enhancing glycated haemoglobin levels and reducing body weight.

Flecainide overdose during acute on chronic kidney failure: a clinical case

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Premises: Flecainide has a narrow therapeutic index, and the half-life is prolonged in patients with kidney impairment. We report a clinical case of flecainide overdose during acute on chronic kidney failure.
Case report: We describe the case of a 71 years old woman with medical history of primary hypertension, chronic renal failure stage IV, paroxysmal atrial fibrillation. Her chronic therapy included flecainide 50 mg BID and warfarin and she reported recent antibiotic therapy with cotrimoxazole for infected leg ulcers. She was admitted for a fall, with unspecified dynamic; no fever or other associated organ symptoms. Laboratory tests documented acute on chronic renal failure (creatinine 3,6 mg/dL,CrCl 12 ml/min).The ECG documentend left bunde branch block with extremely wide QRS complex and prolonged Qtc (>700 ms),changes highly suspicious for flecainide toxicity, during acute kidney failure and concomitant cotrimoxazole therapy. During hospitalization, it was administered intravenous hydration therapy, in association with sodium bicarbonate. Her ECG morphology improved with normalization of the alterations, only a few phases of bradycardia were reported on telemetry, so the patient was discharged without any rate control therapy.
Conclusions: Flecainide is an effective agent against both ventricular and supraventricular arrhythmias. However, its use is limited by its proarhythmic effects. In patients with kidney failure (especially in patients with CrCl ≤35 mL/min) it is necessary to monitor ECG parameters frequently following initiation of therapy or dose adjustments.

Tocilizumab in SARS-CoV-2 induced ARDS: our real-life experience

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Premises: SARS-CoV-2 triggers an exaggerated and abnormal immune reaction, which can lead to Acute Respiratory Distress Syndrome (ARDS). A high virus load causes a "cytokine storm" characterized by elevated levels of various cytokines in the blood and tissues. This can result in acute and long-term damage and scarring of lung tissue. In particular IL-6, IL-1, IL-17, and TNF-α have a substantial impact contributing to lung damage and subsequent ARDS. It has been suggested that monoclonal antibody drugs targeting inflammatory cytokines, including IL-6, could have a significant therapeutic effect.
Description of the Case report: In 2023, two patients with ARDS in bilateral interstitial pneumonia SARS-CoV-2 related were admitted in our Internal Medicine department. Both patients were considered unsuitable for intensive care due to age and severe comorbidities. Despite this, considering also the absence of clinical response to high-dose intravenous steroid treatment and CPAP support, both patients were treated with tocilizumab (anti-IL-6R) at dosage of 8 mg/Kg in a single administration. They experienced surprising fast clinical response: in one patient, in particular, it was possible to withdraw CPAP support the day after treatment.
Conclusions: From our direct experience, supporting scientific evidences, tocilizumab therapy in SARS-CoV-2-related ARDS has proven to be a life-saving treatment. Both treated patients were discharged without significant complications; only minor side effects were reported, including oral candidiasis and a transient peripheral cytopenia.

Impatto della *lifestyle medicine* sul trattamento dell'ipertensione arteriosa: una revisione di studi clinici

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Premesse e Scopo dello studio: La lifestyle medicine è una nuova branca della medicina in progressiva e rapida diffusione che utilizza le modifiche dello stile di vita come trattamento di molte patologie croniche. Lo scopo dello studio è stato identificare quali dei pilastri della lifestyle medicine contribuiscano maggiormente al trattamento dell'ipertensione arteriosa.
Materiali e Metodi: E' stata condotta una revisione sistematica attraverso Pubmed, utilizzando come parole chiave "hypertension" e "lifestyle medicine"per il periodo 2016-2023, con lo scopo di selezionare trials clinici randomizzati (RCTs) più significativi.
Risultati: Tra i 212 RCTs abbiamo selezionato due studi, sulla base della numerosità campionaria e dell'impatto clinico: "Lifestyle interventions reduce the need for guideline-directed antihypertensive medications" Hinderliter et al, e "Effects of lifestyle modificationson patients with resistant hypertension: results of TRIUMPH randomized clinical trial". In entrambi gli studi, le modifiche dello stile di vita, in particolare la prescrizione della DASH DIET, dell'esercizio fisico e della CBT (terapia cognitivo comportamentale), hanno migliorato in maniera significativa tutti gli outcomes valutati.
Conclusioni: Le evidenze scientifiche supportano la necessità di implementare la prescrizione delle modifiche dello stile di vita nella pratica clinica per il trattamento dell'ipertensione.

I farmaci progestinici non risultano associati ad un aumentato rischio trombotico in pazienti con trombofilia ereditaria da deficit di proteina C, proteina S o antitrombina: uno studio di coorte monocentrico retrospettivo

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Premesse e Scopo dello studio: In precedenti studi la terapia con solo progestinico (POC) non è risultata associata ad un aumentato rischio trombotico nella popolazione generale, tuttavia pochi dati sono disponibili per i pazienti con trombofilia. Abbiamo valutato la frequenza di eventi trombotici in pazienti con deficit di antitrombina (AT), proteina C (PC) o proteina S (PS) che assumono POC e confrontato con il gruppo che aveva assunto estroprogestinici (EP) o nessuna terapia.
Materiali e Metodi: In questo studio retrospettivo di coorte sono state incluse 196 donne in età fertile frequentanti il nostro centro tra il 2006 e il 2023 e con diagnosi di trombofilia ereditaria da deficit di AT, PC o PS. I criteri di esclusione erano il cancro attivo, la trombofilia acquisita e la terapia anticoagulante a lungo termine.
Risultati: 34 pazienti (17,3%) avevano deficit di AT, 64 (32,7%) deficit di PC e 98 (50%) deficit di PS. 35 pazienti (28,2%) sono state trattate con POC per un tempo mediano di 21 mesi, 89 (71,7%) avevano assunto EP (prima della diagnosi) con durata mediana di 24 mesi. 32 pazienti hanno sviluppato un evento VTE: 30 (33%) nel gruppo EP, 2 (2,7%) nel gruppo senza terapia, e nessun evento nel gruppo POC. Il numero di eventi nel gruppo EP è risultato significativamente maggiore rispetto a quello POC ($p<0,001$) mentre non è stata evidenziata differenza tra il gruppo POC e quello senza terapia ($p=0,34$).
Conclusioni: I nostri risultati evidenziano che la terapia con POC non è stata associata ad un aumentato rischio di eventi di TEV in portatrici di deficit di AT, PC o PS.

Acute cholestatic hepatitis associated to smooth muscle autoantibodies production following Epstein-Barr virus infection. A case report

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Premises: During acute mononucleosis in EBV infection, acute symptomatic cholestatic hepatitis has been infrequently described in medical literature; cholestatic damage has been ascribed to an immune mechanism, rather than to a cytotoxic effect. Antinuclear Antibody (ANA) and Smooth Muscle Antibody (SMA) have been found positive in serum of individuals with Epstein-Barr virus (EBV) infection, although their role in hepatocytic damage in that context has not been clearly understood.
Description of the Case report: We present the case of a young woman who presented cholestatic hepatitis and the evidence of SMA autoantibodies in serum. Parenchymal liver biopsy was performed, showing intrasinusoidal lymphocyte T in a pearl lace-like pattern; lymphocytic infiltrates in portal region, with biliary ducts involvement. Molecular biology investigation on liver biopsy showed positive elements for EBV. Serum EBV-DNA turned back positive, con-

firming the suspicion. The patient was treated with intravenous fluid support and monitoring of liver function until normalization. She was discharged on day 13 in absence of symptoms.
Conclusions: Symptomatic acute cholestatic hepatitis during EBV infection should be considered in differential diagnosis of young patients presenting features suggestive of cholestatic hepatic impairment. In suspected cases liver biopsy might be necessary to determine the best therapeutic approach, in which use of corticosteroids should be considered in AIH, whereas self-normalization of symptoms and liver enzymes often occurs in EBV hepatitis, recommending supportive treatment.

A rare case report of sporadic Creutzfeldt-Jakob disease

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Background: Sporadic Creutzfeldt-Jakob disease (SCJd) is a rare and incurable neurodegenerative disorder of unknown etiology that causes rapidly progressive dementia. This disease is uniformly fatal, and most patients die within 12 months. Clinical findings include myoclonus, visual disturbances, and cerebellar and pyramidal/extrapyramidal signs in addition to rapidly progressive cognitive and functional impairment.
Case report: We present a case of a 71-year-old man, no-smoker, no-alcohol abuser, afflicted with hypertension and dyslipidemia, who was admitted to our hospital for traumatic fracture of the left femur and with a 1-month history of rapidly progressive dementia. After orthopedic surgical treatment and series of diagnostic examinations and continuous follow-up, he was diagnosed with probable sporadic Creutzfeldt-Jakob disease based on Centers for Disease Control and Prevention (CDC) criteria, with key findings of rapidly progressive dementia, blurry vision, extrapyramidal signs (cogwheel rigidity), abnormal hyperintensity signals on diffusion-weighted MRI, altered EEG and presence of prions on CSF (liquor) examination. Despite every therapeutic effort made, the patient's symptoms progressively worsened, and he died 3 months after the onset.
Discussion: Our patient presented with a progressive dementia. Based on clinical data and outcome, instrumental and laboratory findings, a diagnosis of Creutzfeldt-Jakob disease was made, later confirmed by the post-mortem brain autopsy with the presence of abnormal protease-resistant prion protein by Western Blot analysis.

An insidious case of achalasia

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Background: Achalasia a rare disease of unknown origin, characterized by esophageal non peristaltic contraction and incomplete relaxation of the lower esophageal sphincter. The most common symptoms are dysphagia, regurgitation, chest pain, sialorrhea, weight loss.
Case report: A 65-year-old woman, was admitted to our department for worsening dysphagia onset in adulthood. She had to drink a lot of water to help swallow solid or soft food. Complaint worsened in the last three months followed by odynophagia, nausea, and vomiting undigested, retained food. The patient also complained about heartburn and was previously diagnosed with an esophageal reflux, but her symptoms didn't improve with medication. The patient had a history of weight loss but no anorexia, no prior history of corrosive ingestion. Physical examination revealed no abnormality. Esophagogram showed dilated distal esophagus with rat tail appearance, while gastroscopy revealed dilatation on the lower third of the esophagus and Computed Tomography pointed dilatation of distal esophagus and HRM confirmed the presence of achalasia. Based on the results of the exams, we concluded the diagnosis as achalasia (Chicago II). The patient was treated on Per-Oral Endoscopic Myotomy (POEM) with clinical improvement and was discharged and planned for once a month follow up in the outpatient clinic.
Discussion: Currently, the most effective therapies for achalasia are botulinum toxin, Pneumatic dilation of the cardias, Per-Oral Endoscopic Myotomy (POEM), Heller myotomy. Fortunately, our patient benefited from treatment with POEM.

Un insolito caso di ittero

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Premessa: L'Italia rientra tra i Paesi a bassa incidenza di TBC, con 2480 casi notificati nel 2021 (4/100.000), il 74% con TB polmonare. L'epatite da tubercolosi è generalmente un riscontro autoptico.
Descrizione del caso: Filippino di 39 aa con dolore in ipocondrio dx e ittero da 7 giorni, APR negativa. Es Ematici: bilir tot. 9.14 mg/dl, lieve ipertransaminasemia, il resto nei limiti. TC addome mdc: colecisti alitiasica, dilatazione delle VBI, a livello del V° seg. epatico disomogeneità parenchimale con microcalcificazioni. Colangio Rmn: neoformazione di 5.3 x 3.8 cm alla confluenza del dotto cistico e VBP, marcata dilatazione VBI. Secondarie nodulazioni nel lobo dx. Linfoadenopatie ilari. TC cranio-torace mdc: non lesioni secondarie. Marcatori neoplastici, virali e autoimmunitari negativi. Ecografia addome: si conferma in sede parailare area pseudonodulare a margini irregolari di 63 mm. Biopsia epatica: epatite granulomatosa di tipo tubercolare. Inviato Quantiferon TB: esito positivo. Terapia con etambutolo+levofloxacina+amikacina e rifampicina. Follow up a 12 mesi con regressione sintomatologica e radiologica (Rmn di controllo: area di fibrosi focale in esiti reattivo-flogistici nella sede della lesione nota).
Conclusioni: La TBC epatica isolata è molto rara e può mimare tumori del parenchima e delle vie biliari. II micobatterio penetra nel fegato per via ematogena o linfatica o lungo i dotti biliari. Per la diagnosi sono cardine il riconoscimento dei segni clinici, laboratoristici e strumentali (Eco, Tc, Rmn) e soprattutto la biopsia.

Il cuore a pezzi

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Premessa: Le malattie cardiovascolari rappresentano la principale causa di morte nel sesso femminile a livello globale.
Descrizione del Caso clinico: Donna di 74, affetta da dislipidemia, ipertensione e obesità, l'ecografia mostra un versamento pleurico e pericardico lieve per cui viene posta diagnosi di pericardite. Nonostante la terapia la sintomatologia persiste e anzi si aggrava, quindi la paziente viene ricoverata presso l'UO di Cardiologia e sottoposta a

drenaggio pleurico. Dopo due giorni, presenta shock cardiogeno, per rottura di cuore, per cui viene sottoposta a intervento di riparazione. La coronarografia eseguita a completamento diagnostico risulta negativa. Dimessa con indicazione a terapia antiaggregante. Tornata a visita di controllo, presenta episodio sincopale con riscontro all'ECG di BAV completo, per cui subisce un impianto di PM. Per importante anemizzazione associata ad episodi di melena, giunge alla nostra attenzione e viene sottoposta a EGDS con riscontro di neoformazione sanguinante. L'anatomopatologo conclude per sarcoma gastrico.
Conclusioni: Il caso descritto è indicativo di una problematica di salute globale che vede un netto ritardo diagnostico della patologia ischemica cardiaca a sfavore del sesso femminile e rappresenta un caso complesso la cui intricata storia cardiologica ha reso manifesta una condizione oncologica che probabilmente sarebbe rimasta occulta.

Atypical onset of a rare inflammatory disease

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Introduction: Granulomatosis with polyangiitis (GPA) or Wegener's granulomatosis is an inflammatory condition affecting medium and small-caliber arteries, capillaries and venules, causing necrosis and granulomas. Initial organ involvement includes the airways, lungs, and kidneys but can progress systemically.
Case presentation: A 74-year-old female was admitted to the hospital for severe anemia (Hemoglobin 6,8 g/dl); she had a two- month history of fatigue, nausea and vomiting. Esophagogastroduodenoscopy, colonoscopy and abdominal ultrasound revealed colonic diverticulitis, splenomegaly and gallbladder microlithiasis. Laboratory tests showed 24-hour urine total protein of 1,8 g, worsening of kidney function with creatinine-clearance between 25-30 ml/min, immature monocyte cells on peripheral blood smear with normocellular bone marrow aspirate. The study of skeleton with CT total-body revealed osteoporosis and cervical arthrosis (C6-C7). Positivity of c-ANCA antibodies and findings of the renal biopsy (vasculitic process) lead to the diagnosis of GPA**.** Immunosuppressive drugs were onset (corticosteroids+azathioprine) with improvement of anemia, kidney function and resolution of proteinuria.
Conclusions: With this case, we confirm the major role of biopsy associated to the research of autoimmunity for the diagnosis of GPA. Immunosuppressive therapy has proven be effective for maintenance clinical and laboratory remission for over five years, still under monitoring.

Everything, everywhere, all at once: a complex case of multifactorial severe pancytopenia

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Abstract: Pancytopenias are complex, multifaceted entities that can present with subtle symptoms with various potential confounding factors. Multidisciplinary approach is often required to address concurrent intersecting etiologies.We herein report a complex case of pancytopenia with a multifactorial ethiology
Clinical Case description: A 74-year-old frail patient was admitted to ER for abdominal pain, diarrhea and oral ulcers; biochemistry showed severe pancytopenia and undetectable folate levels. Her clinical history revealed psoriatic arthritis on MTX therapy without folic supplementation and Paget's disease. Upon admission MTX was discontinued and IV folate and parenteral nutrition started. Red cell and platelets transfusions were initially required. An abdominal CT-scan revealed diffuse colitis. Hematologic and infectious investigations were negative. We initially interpreted the case as secondary to severe folate deficiency worsened by malabsorption in multifactorial colitis (neutropenic and iatrogenic). After stabilization a colonoscopy with biopsy was performed, conclusive for Crohn's disease. Budesonide and gradual transition to oral feeding were initiated. We concluded for malabsorptive colitis in late-onset Crohn's disease, disguised by MTX use, that contributed to severe folate deficiency underlying the pancytopenia.
Conclusions: A meticulous approach to the whole clinical picture and patient's history is pivotal in unraveling complex cases, especially when frailty and comorbidities can lead to nuanced and overlapping presentations that may conceal major diagnoses

Pioderma gangrenoso e lupus eritematoso sistemico: una rara associazione

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Premessa: Il pioderma gangrenoso (PD) è una rara dermatosi neutrofilica caratterizzata dalla comparsa di una o più ulcere cutanee a rapida evoluzione e intensamente dolorose. Può essere idiopatico o associato ad un'ampia varietà di patologie sistemiche, come le malattie infiammatorie croniche intestinali, mentre rara è l'insorgenza in corso di lupus eritematoso sistemico (LES).
Descrizione del Caso clinico: Donna, 50 anni, affetta da tiroidite autoimmune, fenomeno di Raynaud e con una pregressa diagnosi di artrite reumatoide esordita con artrite, aumento degli indici di flogosi e fattore reumatoide positivo. Dopo due anni di remissione clinica, alla sospensione dell'idrossiclorochina, si verificavano episodi ricorrenti di artralgie e porpora agli arti inferiori responsivi a brevi cicli di glucocorticoidi. Seguiva la comparsa di una lesione bollosa a livello del terzo inferiore della gamba destra che evolveva nell'arco di 2 mesi in un'estesa e profonda ulcera, nonostante le medicazioni ambulatoriali. La biopsia cutanea documentava una vasculite leucocitoclastica con marcata infiltrazione neutrofilica compatibile con PD. Per comparsa di febbricola, artralgie e versamento pleurico e riscontro di ANA, anti-Sm-RNP e ipocomplementemia veniva posta diagnosi di LES e impostato trattamento con methotrexate e belimumab con stabilizzazione clinica.
Conclusioni: L'associazione tra LES e PD è descritta solo in pochi case report. Il caso descritto sottolinea l'importanza di un corretto inquadramento diagnostico al fine di impostare un appropriato trattamento.

Quando l'eosinofilo causa danno d'organo: nuove frontiere terapeutiche

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Premessa: La Granulomatosi Eosinofila con Poliangioite (EGPA) è la più rara delle vasculiti dei piccoli vasi ANCA associate. E' caratterizzata dall'insorgenza di asma ad esordio tardivo, ipereosinofilia e vasculite dei piccoli vasi.
Descrizione del Caso clinico: Donna affetta da ipertensione arteriosa, dislipidemia e bronchite asmatiforme esordita all'età

di 65 anni. A 68 anni insorgenza di ipoestesia e dolore con distribuzione a calza rapidamente ingravescente. L'ENG degli arti inferiori documentava una multineuropatia assonale sensitivo-motoria asimmetrica e gli esami ematici mostravano una marcata ipereosinofilia (E 15.000/microL), ipergammaglobulinemia e ANCA negatività. Le indagini ematologiche, la RMN encefalo e rachide con mdc e la PET-TC erano negative per alterazioni di significato patologico. La biopsia del nervo surale documentava un quadro compatibile con neuropatia da vasculite dei vasa nervorum. Veniva effettuato ciclo di immunoglobuline e glucocorticoidi ev e successivamente iniziata terapia con azatioprina e mepolizumab. A distanza di 6 mesi si osservava un progressivo miglioramento del quadro clinico con ripresa della deambulazione autonoma e persistente normalizzazione degli eosinofili.
Conclusioni: L'EGPA è una malattia T-helper 2 guidata caratterizzata da un'aumentata espressione dei mediatori specifici degli eosinofili come l'IL-5. La rilevanza del IL-5 ha portato alla recente approvazione di mepolizumab, anticorpo monoclonale anti-IL5, in grado di indurre una remissione persistente, ridurre il numero di riacutizzazioni e il dosaggio di glucocorticoidi.

Atypical neuroleptic malignant syndrome: a case report

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Premises: Neuroleptic malignant syndrome caused by atypical antipsychotic drugs may present in an atypical manner without symptoms such as hyperthermia and/or muscle rigidity.
Description of the Case report: A 64-year-old man,suffering from bipolar disorder,complained of confusion, inability to walk and refusal to eat. Psichiatric therapy was strengthened. During hospitalization,the patient presented with fever and dyspnea with radiological findings of pneumococcal pneumonia. On neurologic examination, consciousness was absent with flaccid tetraparesis, deep tendon reflexes were normal and nuchal rigidity was not observed. The electroencephalogram was altered with widespread slowing of diffuse irritative abnormalities. In biochemistry test CPK, C Reactive Protein and sodium resulted increased. In the cerebrospinal fluid, there was a modest increase in protein. A total body computed tomography (CT) scan showed only enlarged thyroid. There was no acute ischemic or Inflammatory lesions on cranial Magnetic resonance imaging (MRI). After 2 weeks of suspension of psychiatric therapy and with antibiotic and supportive therapy,the patient progressively regained consciousness and mobility.
Conclusions: Central nervous system infections, sepsis, subcortical structural lesions,autoimmunity, systemic diseases (pheochromocytoma, thyrotoxicosis, tetanus), malignant hyperthermia, intoxication, central anticholinergic syndrome and lethal catatonia should be considered in the differential diagnosis. In this case,sepsis and atypical neuroleptic malignant syndrome together were responsible for the clinical picture.

HIV-associated neurocognitive disorders

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Premises: Neurocognitive disorders associated with human immunodeficiency virus (HIV) infected individuals increase the risk of mortality and morbidity. The daily lives of people with HIV infections are greatly affected by cognitive declines such as loss of attention, learning and executive functions,and other conditions like dementia.It is estimated that a considerable number of people with HIV are developing neurological complications at their early stages of infection.
Description of the Case report: A 61-year-old man presented with weight loss and itching within the preceding 6 months. He also had depression, loss of memory and attention in the last month. Blood tests revealed mild pancytopenia associated with vitamin B12 deficiency. Anti HIV was positive. A total body computed tomography scan showed no alterations. The patient began antiviral therapy. During hospitalization he presented fever with changes in the neurological status and neck stiffness. Magnetic resonance imaging (MRI) indicated bilateral lesion in frontal brain region. Lumbar puncture was conducted and Cryptococcus neoformans was isolated.
Conclusions: Besides the HIV replication in the central nervous system and the adverse effects of antiretroviral therapy on the brain, a range of opportunistic infections,including viral, bacterial and parasitic agents, augment the neurological complications. Given the immuno-compromised state of people living with HIV, these co-infections can present a wide range of clinical syndromes with atypical manifestations that pose challenges in diagnosis and clinical management.

Vasculite leucocitoclastica da amlodipina

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Introduzione: L'amlodipina è un farmaco comunemente usato per il trattamento dell'ipertensione arteriosa. Gli effetti collaterali sono la cefalea, edemi aa.ii, tachicardia, costipazione e iperpigmentazione cutanea e necrolisi epidermica tossica (rari). La vasculite leucocitoclastica (LCV) è una infiammazione dei piccoli vasi, secondaria a infezioni, farmaci, disturbi del collagene e patologie maligne.
Caso clinico: Uomo, 82 aa. APR: DM complicato, cardiopatia ipertensiva con FAC in NAO, LMC, emicolectomia dx per ADK. Dopo un primo ricovero per porpora palpabile agli arti inferiori verosimilmente da farmaci (sospeso allopurinolo), veniva nuovamente ricoverato dopo una settimana per ripresa dell'eritrodermia agli aa.ii, in regione lombo-sacrale, inguinale ed iniziale scompenso cardiaco. Eseguite biopsie cutanee: infiltrato linfo-granulocitario perivascolare superficiale senza necrosi fibrinoide della parete dei vasi e con focali aspetti di leucocitoclasia per lo più interstiziale. Impostato wash-out farmacologico con sospensione dell'amlodipina, iniziata da circa 2 mesi, con progressiva risoluzione degli edemi declivi e della manifestazione cutanea, che non si è più ripresentata. Non è stata intrapresa terapia steroidea in considerazione dei rischi (scompenso glicemico, ulcere diabetiche in esiti di amputazione ad elevato rischio infettivo) ed alla luce della negatività degli accertamenti eseguiti sulla compromissione renale, non secondaria alla vasculite.
Conclusioni: Questo caso descrive una rara presentazione di LCV indotta verosimilmente da amlodipina, farmaco frequentemente usato e del quale spesso sottovalutiamo gli effetti avversi.

Una neurite acuta del plesso brachiale con progressiva paraparesi transitoria degli arti superiori di dubbia eziologia: sindrome di Parsonage-Turner

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Introduzione: La sindrome di Parsonage-Turner è una forma idiopatica di Amiotrofia Nevralgica, malattia rara del sistema nervoso periferico, con comparsa improvvisa, non traumatica, di dolore acuto agli arti superiori, seguito da rapida debolezza, atrofia motoria multifocale e lenta remissione, che può durare mesi-anni. L'incidenza è molto bassa, ma è sottodiagnosticata. L'eziologia non è ben definita, ma è stata attribuita maggiore importanza a processi infettivi; tuttavia tra le cause sono riconosciuti anche intensi sforzi fisici.
Caso clinico: Uomo, 80 aa. APR: cardiopatia ischemica, IPB, iperuricemia, dislipidemia. Il paziente accedeva più volte in PS per comparsa, dopo intensa attività fisica, di intenso dolore scapolare con progressiva paraparesi degli arti superiori. Il quadro clinico orientava per una patologia acuta del plesso brachiale. Sono stati eseguiti accertamenti strumentali: RMN encefalo/rachide (non evidenza di lesioni), RMN plesso brachiale, EMG (sofferenza diffusa del plesso brachiale di media gravità). Il paziente riferiva anche punture di zecche, per cui è stata eseguita la sierologia per Borrelia (assenza di altre manifestazioni correlate): positive IgM e IgG; somministrata terapia con tertracicline. Iniziata terapia steroidea con prednisone ed intrapreso trattamento fisioterapico. Progressivo miglioramento clinico fino alla ripresa di completa mobilizzazione dopo circa un mese.
Conclusioni: La sindrome di Parsonage-Turner è patologia molto rara che può portare a ipovalidità importante nel 25% dei casi; la prognosi è migliore nei pazienti in cui viene fatta diagnosi precoce.

Ectopic ACTH secretion and vertebral collapses

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Premise: hypokaliemia, arterial hypertension and multiple vertebral fractures: a clinical problem that was difficult to clarify.
Description of the Case report: A 75-year-old man was affected by high blood pressure and hypothyroidism (thyroidectomy in 2011 because of a medullary carcinoma). In 2022 he started taking canrenone due to hypokalemia with partial benefit. In November biohumoral analysis showed elevated serum levels of ACTH (82pg/ml), cortisol am (25ug/dl) and pm (23ug/dl) and a very high urinary cortisol (1018 mcg/24 hours). In January 2023 the patient suffered from the first somatic vertebral fracture; MRI excluded a pituitary adenoma. After a second fracture he was admitted to hospital. A thorax CT scan showed a 14 mm pulmonary nodule and arterial embolism. In March he underwent vertebroplasty of D12,L1,L2,L3 with biopsy because of persistent pain and trabecular oedema; in April another intervention for D11 and L4 fractures complicated by a subcutaneous hematoma 23x7x5 cm. Although the cytological examination of a bronchoaspirate was negative and the bronchobiopsy was unsuccessful, in agreement with the surgeons we decided to proceed with lung wedge resection. ACTH and cortisol rapidly declined; cortone acetate (12.5mg bid) and an anti-resorptive agent (denosumab) were started. The nodule was a typical carcinoid tumor (1cm).
Conclusions: This man was affected by a rare Cushing's syndrome due to ectopic ACTH secretion by a little neuroendocrine tumor, complicated by recurrent vertebral fractures due to rapidly worsening glucocorticoid-induced osteoporosis.

Outpatient management *versus* urgent hospitalization for a better use of healthcare resources

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Premises: Healthcare resources are limited and medical doctors must be good managers.
Case report: A 38-year-old man was accompanied to the Emergency Room (ER) because of postural instability, diplopia and worsening muscle pain. He was weak and slow in moving and speaking; he had periocular edema, heart rate 60 b/min, blood pressure 110/70 mmHg, no hepatosplenomegaly, no one-sided limbs weakness. In ER blood analysis showed altered creatinine (1.48 mg/dl [0.70-1.20]) and creatine kinase (4588 UI/l [25-200]). During the night he was treated with hydration iv. In the morning TSH could be dosed and resulted very high (172 µUI/ml [0.27-4.20]); fT4 was very low (0.04 ng/dl [0.93-1.70]). Colleagues in the ER asked to admit the patient to the Internal Medicine dpt. The doctor on call was an endocrinologist and decided to start treatment with levothyroxine 50 µg/day, discharge the patient and follow him to gradually adapt the therapy. She visited him after 5 and 15 days and rapidly increased hypothyroidism replacement supervising any side effects, especially the risk of tachyarrhythmias. Two weeks later the patient was feeling better, TSH was 64 µU/ml, fT4 was 0.73 ng/dl, levothyroxine was increased to 100 µg/day. Then the patient was followed by his General practitioner.
Conclusions: The diagnosis was Chronic Hashimoto's thyroiditis with secondary severe hypothyroidism, myocytolysis, acute renal failure and neurological symptoms. Although the clinical problem was severe, the patient was correctly treated as an outpatient.

Difference in the workload of healthcare professions between intermediate Care Unit and Internal Medicine: a prospective observational study

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Premises and Purpose of the study: Despite years of research on resource calculations, effective allocation remains a challenge. The Intermediate Medical Care (IMC) Units in Internal Medicine departments has further exacerbated this gap. This study aims to evaluate the workload differences between patients admitted under regular departments *versus* IMC.
Methods: Patients admitted to Internal Medicine at the Altovicentino Civil Hospital between September and December 2022 were enrolled. Healthcare activities were recorded for the first 72h of hospitalisation and standardised as performance/5 minutes/patient. Patients who required more

than the 85th percentile of performance/5 minutes/patient were considered as healthcare over-activities.
Results: There were 333 patients enrolled in the study with 55% (183/333) in the IMC and the remaining 45% (150/333) in the Ordinary Care Unit. In IMC the number of activities was higher, (32.4 *vs.* 22.6 activities/5 minutes/patient/day) compared to the ordinary department (p<0.001). Over-activities were present in 6% (9/150) of patients admitted in the ordinary department *versus* 23% (42/183) of patients in the IMC department, p<0.001. IMC hospitalization required more healthcare activity with an adjusted OR of 2.993 (CI95% 1.212-7.391, p=0.017) for the risk of over-activities.
Conclusions: The results highlighted a significantly higher demand for healthcare services for patients in the IMC. The analysis of over-activities confirmed this disparity, indicating that patients in the IMC experienced a greater workload.

Amatoxin-containing mushroom poisoning: a case report

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Premises: Clinical manifestations associated with the ingestion of non-edible mushrooms are varied and depend on the fungal species involved; some mushrooms, such as those belonging to the genus Amanita, cause delayed gastrointestinal symptoms. Identifying different species is challenging, so treatment is typically guided by symptoms. Therapy is mainly symptomatic and supportive; treatment for liver failure may require a liver transplant.
Description of the Case report: A 65-year-old woman came to our attention with abdominal pain occurring more than 12 hours after consuming self-harvested mushrooms; blood tests revealed elevated liver enzymes with AST up to 654 U/I and ALT 585 U/I (normal range 1-35), bilirubin within the normal range. Suspecting mushroom poisoning, therapy was initiated with intravenous hydration, administration of activated charcoal, continuous infusion of n-acetylcysteine, along with close monitoring of blood glucose levels. There was a regression of symptoms and progressive improvement in markers of liver cell necrosis. It was not possible to perform mycological examination on the ingested mushroom remnants, but urinary alpha-amanitin levels were clearly positive with a value of 81.9 ng/ml (minimum detectable functional dose: 1.5).
Conclusions: We presented a case of mushroom poisoning involving amatoxins; typically, gastrointestinal symptoms occurred in a delayed manner. In the literature, the mortality rate for mushroom poisoning with amatoxin-containing mushrooms is reported to be between 15% and 25%.

Sindrome da attivazione macrofagica: caso clinico

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Premesse: La sindrome da attivazione macrofagica (MAS) rappresenta una sindrome infiammatoria acuta e grave, idiopatica o secondaria a infezioni, malattie reumatiche, neoplasie o farmaci. Clinicamente è caratterizzata da febbre, epatosplenomegalia, iperferritinemia, alterazione dei parametri epatici, coagulopatia da consumo, pancitopenia, ipertrigliceridemia ed emofagocitosi del midollo osseo.
Descrizione del Caso clinico: Un uomo di 57 anni accedeva al DEA per febbre resistente alla terapia antibiotica da circa 15 giorni. In anamnesi riferiva psoriasi non responsiva alle terapie tradizionali. Per tale motivo aveva iniziato da alcune settimane trattamento con anticorpo monoclonale. Gli esami microbiologici rivelavano unicamente test di stimolazione linfocitaria per M. tubercolosis indeterminato. Successivamente l'esame colturale da broncoaspirato risultava positivo per M. Tubercolosis. La persistenza della febbre, gli esami ematochimici, il dosaggio di IL2 e l'analisi del midollo osseo indirizzavano a una diagnosi MAS. Per il peggioramento delle condizioni cliniche il paziente veniva trasferito in terapia intensiva. Nonostante le cure del caso il paziente decedeva.
Conclusioni: La MAS è spesso diagnostica con notevole ritardo in quanto difficilmente distinta dalla sepsi, dagli effetti avversi dei farmaci antiartritici o dai sintomi esacerbati di malattie reumatologiche in evoluzione. Inoltre, è da considerare che in soggetti immunodepressi i test diagnostici basati sulla risposta immunitaria possono risultare falsamente negativi.

Ipercalcemia e sarcoidosi

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Premesse: La sarcoidosi è una malattia idiopatica sistemica cronica, caratterizzata da un accumulo di linfociti T e fagociti mononucleati con formazione di granulomi epitelioidi non caseosi. L'esordio è tra 20 e i 40 anni ed ha un interessamento prevalentemente polmonare. L'incidenza in Europa è di 5-40 casi ogni 100.000 abitanti/anno.
Descrizione del caso: Donna, 58 anni. Giunge in ambulatorio per ipercalcemia: Ca 11.2 mg/dl, PTH 7 pg/ml, VitD 16.9, calciuria 24h: 775 mg/dl, EF nei limiti. Terapia in atto: Colecalciferolo 10.000 UI/sett. Ob: tumefazioni palpabili in sede laterocervicale. Esegue calcio urgente: 14 mg/dl; ne viene disposto il ricovero. Trattata con idratazione, steroide, diuretico e bifosfonati, sospesa Vit D. TC-TB non neoplasie solide ma linfoadenopatie mediastiniche e laterocervicali; ecografia del collo: linfonodi patologici alla base del collo. Escluso iperPTH primitivo (PTH nn), escluso MM (non CM, IF siero e urine negativa); autoimmunità, ACE, LDH, ac.urico e b2 microglobulina nei limiti. Sottoposta a linfadenectomia laterocervicale: linfoadenopatia granulomatosa epidelioidea e gigantocellulare compatibile con una eziologia sarcoidosica. Progressiva riduzione della calcemia, fino alla normalizzazione, anche dopo sospensione di terapia. Diagnosi: ipercalcemia in sarcoidosi ad interessamento linfonodale. La paziente, in dimissione, è stata inviata ad ambulatorio dedicato.
Conclusioni: Nella sarcoidosi l'ipercalcemia è presente nel 5-10% dei casi e deve essere presa in considerazione nei casi di ipercalcemie con PTH normale/basso.

Rare case of severe diarrhea: gastrocolic fistula caused by migration of percutaneous endoscopic gastrostomy tube

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Introduction: Gastrocolic fistula is a rare complication of the percutaneous endoscopic gastrostomy (PEG) placement procedure. It can go unrecognized, becoming evident

only when a tube replacement is done, or spontaneous tube migration into colonic lumen occurs.
Case report: A 38 years-old male patient was admitted to our department to undergo intensive rehabilitation program after a severe trauma. He underwent PEG placement two weeks before uneventfully. His past medical history was unremarkable. After admission, watery severe diarrhea was observed with a normal physical examination. Clostridium difficilis toxin, coprocolture, stool chemical-physical examination and fecal calprotectin test were performed with negative results. Medications potentially causing diarrhea were suspended and empiric treatment was performed. Diarrhea persisted and an abdominal CT scan was repeated, showing absence of the botton in the stomach with misplacement. A further investigation with colonic contrast media was performed. The opacification revealed gastric fundi, transverse and descending colon with a gastro-colonic communication. The misplaced PEG was removed. A new PEG was placed uneventfully.
Conclusions: Migration of a percutaneous endoscopic gastrostomy tube into the transverse colon is often a forgotten cause of refractory diarrhea. Physician should be aware that misplacement of a PEG tube via a gastrocolic fistula, may occasionally occur as a complication of PEG tube placement, often remaining asymptomatic for several months.

One might say: a breathtaking splenomegaly!

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Background: Myeloproliferative neoplasms (MPN) are a group of chronic myeloid disorders characterized by stem cell-derived clonal proliferation. It includes chronic myeloid leukemia, driven by Philadelphia chromosome BCR-ABL1, and BCR-ABL1-negative MPNs as primary myelofibrosis (PMF).
Case history: An 84 years old man came to emergency room for acute on chronic respiratory failure. He referred fatigue and involuntary recent weight loss. On clinical examination hepato-splenomegaly was detected. A TC scan was performed that showed a huge spleen (21 x 8 cm). Blood tests showed anemia, leukocytosis and high lactate dehydrogenase. A PET-TC excluded other probable diseases. Peripheral blood smear showed immature granulocytes CD34+. Finally, genetics studies were performed: JAK2 V617F mutation was discovered. A bone marrow examination will be done according to ICC/WHO criteria for diagnosis of PMF.
Discussion: PMF is characterized by bone marrow fibrosis. Median age at diagnosis is 65 years old. Patients may be asymptomatic or present with anemia, leukocitosis/leukopenia, hepatosplenomegaly, weight loss and fever. It's due to somatic mutations of JAK2 (V617F 50-65%), CALR (22-30%) and MPL (4-8%) genes. Risk level defined by DIPSS/DIPSS-plus-v2 scores suggested by European Society of Medical Oncology, defines management strategy. Our patient was classified as intermediate risk, so we decided for palliative control of symptoms. JAK inhibitors could be considered especially for the splenomegaly as it impaired his breathing capacities. One might say: a breathtaking splenomegaly!

E' veramente emolisi?

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Premesse: L'anemia da deficit di B12 può presentarsi con aumentato LDH, anemia macrocitica grave, bassa conta reticolocitaria e neutropenia.
Caso clinico: Un ventenne sottopeso accedeva al nostro PS per astenia e febbre, difficoltà a concentrarsi e inappetenza. Gli esami mostravano pancitopenia (Hb 3.2 g/dL, MCV 98 fL, GB 2280/mcL, piastrine 52.000/mcL) e splenomegalia all'ecografia. Veniva trattato con tre emotrasfusioni e ricoverato c/o la nostra U.O.; nel sospetto di emolisi si iniziava metilprednisolone 100 mg ev a scalare. I dati erano discordanti: a deporre per emolisi LDH >2500 U/L, bilirubina totale 2.33 mg/dL, indiretta 1.82 mg/dL, aptoglobina <0,1 g/dL, test di Coombs diretto debolmente positivo; a orientare per anemia iporigenerativa bassa conta reticolocitaria, leucopenia e piastrinopenia. Erano negativi i seguenti accertamenti: crioagglutine, HBV, HAV, HCV, CMV, EBV, HIV, parvovirus, Leishmania e immunofenotipo su sangue midollare. L'eritropoiesi inefficace era confermata da carenza di B12 (100 pg/ml) associata ad ipotiroidismo da tiroidite cronica autoimmune (TSH 36 mcUI/mL, FT4 0,78 ng/dL). L'integrazione di B12 e la terapia sostitutiva con LT4 miglioravano progressivamente la crasi ematica: alla dimissione: Hb 8 g/dL, leucociti 4290/mcL, piastrine 142.000; dopo 4 settimane Hb 10 g/dL. Lo screening delle endocrinopatie autoimmuni era negativo.
Conclusioni: Le anemie macrocitiche possono essere causate da eritropoiesi inefficace (carenza di B12, folati, mielodisplasia, aplasia midollare etc) o associate a reticolocitosi (emolisi, emorragia etc).

Hepatic nodules in a healthy man after a trip to Argentina

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Premises: We discuss the case of a young adult male presenting with liver nodules of unclear nature.
Discussion: After a trip to Argentina, a previously healthy 46-year-old man started experiencing fever and upper abdominal pain. Three months later, he was admitted to our ward with anemia, neutrophilia and persistently elevated inflammatory biomarkers. Abdominal CT scan showed two inhomogeneous liver nodules and enlarged regional lymph nodes. A comprehensive microbiological panel, including blood and stool cultures, IGRA for M. tuberculosis, and serology for Entamoeba and Echinococcus turned out negative. To exclude neoplastic disease, biopsies of the nodules, lymph nodes and bone marrow were performed, all non-diagnostic. Rheumatic diseases and autoimmune hepatitis were also ruled out. A new CT scan showed increased dimension and coalescence of the nodules; therefore, empiric piperacillin/tazobactam was started. Pigtail catheter drainage of the hepatic abscess was also performed, with collection of a purulent brown liquid. Due to suspect amoebic infection, antibiotic therapy was switched to ceftriaxone and metronidazole. Although all drainage liquid cultures were negative, clinical and laboratory parameters improved dramatically. In the end, actinomyces spp was identified on drainage liquid cytology, most likely connected to poor oral hygiene. The patient continued ceftriaxone for 6 weeks, followed by oral amoxicillin for a total of 12 months.

Conclusions: The clinician should always focus on all possible risk factors and not only on seemingly relevant anamnestic data.

Polymyalgia rheumatica: not just a matter of glucocorticoids

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Background: Polymyalgia rheumatica (PMR) is a disease involving the shoulders, neck and hips with pain and stiffness. It is a typical adult disease. The etiology is unknown. The first line therapy is glucocorticoids. PMR must be considered as a possible paraneoplastic syndrome and therefore as a possible onset of advanced neoplastic disease.
Description of the Case: We present the case of a 55-year-old man who came to our attention due to worsening pain and stiffness in the shoulder girdle, which did not respond to NSAIDs. Evaluated in the rheumatology clinic, where the diagnosis of PMR was made; therefore, more tests were prescribed. Furthermore, the chest CT found substitutive lesions of bones, lung lesions and the abdomen CT found a pelvic neoformation with lymphadenopathy and other substitutive lesions affecting various bone segments and the liver. MRI of the pelvis confirmed the presence of a plurilobulated mass that cannot be separated from the levator ani muscle. A biopsy of one of the liver secondaries was performed which confirmed a NET.
Conclusions: Various studies have been conducted on the topic in the literature and the evidence of PMR as a paraneoplastic syndrome is consolidated. However, the opposite does not appear to be true, *i.e.* there would be no increased risk of cancer in patients with PMR. This case report is intended as a stimulus for the internist to search for possible occult neoplasms in young patients diagnosed with polymyalgia rheumatica, especially in the case of partial resolution of the condition after adequate glucocorticoid therapy.

Poliuria in malattia di Von Willebrand: un caso di serendipità

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Premesse: L'insufficienza di arg-vasopressina (AVP), altrimenti detta diabete insipido centrale, è una malattia metabolica caratterizzata da un deficit della AVP che si manifesta clinicamente con polidipsia e poliuria con urine molto diluite. Le cause possono essere primitive da mutazioni genetiche o acquisite come la neuroipofisite autoimmune, tumori cerebrali primari o secondari, sarcoidosi, istiocitosi a cellule di Langerhans, esiti di neurochirurgia e trauma cranico. La terapia, quando la causa non è rimovibile, è sostitutiva mediante la somministrazione di AVP-analoghi, come la desmopressina.
Descrizione del Caso clinico: Presentiamo il caso di una donna di 43 anni con storia di neoplasia mammaria sottoposta a mastectomia e regolari follow-up negativi. In anamnesi, si segnala malattia di Von-Willebrand trattata occasionalmente con fattore VIII. Si ricoverava per recidiva della neoplasia mammaria metastatizzata; durante la degenza si riscontravano poliuria e polidipsia, regredite dopo assunzione di desmopressina somministrata per controllo di un'epistassi. Si poneva quindi il sospetto deficit di AVP, confermato successivamente dal riscontro di elevata osmolarità plasmatica e ridotta osmolarità urinaria associata a ipernatremia.
Conclusioni: La desmopressina trova indicazione sia nel trattamento del diabete insipido centrale che nella malattia di Von Willebrand per la sua capacità di incrementare i livelli di vWF e quindi di fattore VIII. Il caso illustrato è un esempio curioso di diagnosi ex adiuvantibus, mediante l'uso di uno stesso farmaco per due patologie distinte.

Epidemiologia dei pazienti con ossigenoterapia domiciliare a lungo termine afferenti all'UOS. Cure intermedie del Distretto H3 dell'ASL Roma 6. Anni 2019-2023

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Introduzione: L'ossigenoterapia domiciliare a lungo termine (OLT) viene autorizzata per soggetti con insufficienza respiratoria.
Scopo dello studio: Gli AA. hanno valutato le cartelle cliniche dei pazienti in OLT domiciliare dell'UOS. Cure Intermedie del Distretto H3 dell'ASL Roma 6, per misurare le possibili correlazioni.
Materiali e Metodi: I dati sono stati ottenuti dalle 148 cartelle cliniche dei pazienti seguiti dall'UOS. Cure Intermedie negli ultimi 5 anni (2019-2023). Di queste 148 cartelle, sono state valutate quelle dei pazienti ancora vivi (121).
Risultati: Le donne sono il doppio degli uomini (80 *vs.* 41). I pazienti vengono quasi ugualmente dai due comuni (Ciampino 54% - Marino 46%). I nati negli anni 1930-1939 sono circa il 50% del totale dei pazienti. Con i nati degli anni 1940-1949 raggiungono il 78% del totale dei pazienti. La prima prescrizione di OLT nel 2023 raccoglie il 49,5% di tutti i pazienti. La BPCO è presente nel 98% dei pazienti. Si associa a ipertensione (94,2%), cardiopatia ipertensiva (80,1%) e diabete mellito (24,8%). Le LDD sono presenti in quasi la metà (46,2%) dei soggetti in trattamento. Il volume di ossigeno somministrato è estremamente variabile e pertanto non indicativo.
Conclusioni: I dati mostrano che i pazienti in OLT domiciliare sono per lo più donne e soggetti ultraottantenni. Le patologie causali sono quelle classicamente più frequenti (BPCO, cardiopatia ipertensiva, diabete e LDD). Gli autori, hanno considerato che il notevole ricorso all'OLT nell'ultimo anno (2023) è da riferire ad un esito a lungo termine dell'insufficienza respiratoria post-Covid.

There are severe cytopenias that do not belong to the haematologist: myelophthisis as a rare presentation of lung cancer

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Background: Bone marrow is an uncommon (<10% of metastatic cancers) and important site of metastasis of solid malignancies. We describe an unusual clinical onset of a lung tumor, characterized by severe anemia and thrombocytopenia and interpreted in the first instance as a primary hematological disease.

Case report: A 62-year-old man presented for back pain, asthenia, serotine fever (38°C) and weight loss over two months; he also reported the appearance of purpura in the last week. Blood tests showed Hb 4,9 g/dL (corrected reticulocyte count, CRC 0,44), PLT 4000/mm^3, WBC 6730/mm^3, LDH 2963 U/L ferritin 3586 ng/mL, iron 217 mg/dL, haptoglobin 63 mg/dL, CRP 23.7 mg/dL, bilirubin 1.20 mg/dL, INR 1.17, fibrinogen 167 mg/dL, D-dimer 20,9,mcg/mL, mild hypertransaminasemia, albumin 3,3 g/dL, ALP 1534 U/L, absence of monoclonal peak, kappa/lambda ratio normal, IAT/DAT negative. We performed: 1) PET-TC scan that revealed symmetrical diffuse bone marrow involvement 2) Bone marrow biopsy that highlighted massive infiltration of large cellular elements with acinar distribution, with immunohistochemistry (CK-7+, TTF-1+) suggestive of lung neoplasm metastasis and minimal residual hemopoiesis. 3) assay of oncological markers on blood: CEA >15000 ng/mL, CA 19-9 3213 U/L, mcg/mL, NSE 31.6 PSA 0,2 ng/mL.
Discussion: This case highlights the bone marrow invasion (myelophthisis) revealed by a severe bi-cytopenia as the initial manifestation of a solid tumor. Clinical presentation may be similar to hematological malignancy, especially when the primary tumor is not evident, and the prognosis is poor.

Nodularità calcifiche meningo-encefaliche in un paziente in apparente buona salute

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Premesse: La diagnosi differenziale delle lesioni espansive cerebrali può essere difficoltosa quando reperti strumentali ed esami di laboratorio risultano discordanti.
Caso clinico: Un uomo di 49 anni originario della Romania, in apparente buona salute, giungeva in Pronto Soccorso per cefalea frontale, seguita da episodio di afasia globale. All'esame obiettivo neurologico rilievo di emiplegia facio-brachio-crurale destra complicata da crisi epilettiche parziali subentranti. Stabilizzato il paziente, nel sospetto di stroke si eseguivano TC e RM encefalo con reperto di plurime nodularità calcifiche cortico-piali nel lobo frontale sinistro. Gli esami ematici risultavano nei limiti; negativa la ricerca dei principali miceti patogeni, screening per lue, HIV e quantiferon. La rachicentesi mostrava iperprotidorrachia con cellularità assente; negativa la ricerca su liquor di micobatteri. Una PET-TC total body evidenziava linfonodi calcifici in sede ilare polmonare bilaterale e mesenteriale ed una lesione calcifica ipermetabolica in sede sovrascapolare destra; quest'ultima veniva sottoposta a biopsia ed esame istologico, risultato compatibile con pilomatricoma. Veniva infine eseguita biopsia di una delle lesioni cerebrali, con esame molecolare positivo per M. tubercolosis. Posta diagnosi di tubercolosi cerebrale e linfonodale, veniva intrapresa terapia con rifampicina, isoniazide, pirazinamide, etambutolo.
Conclusioni: La tubercolosi dovrebbe essere sempre considerata nella diagnosi differenziale delle lesioni espansive cerebrali. Nel 2021, la Romania ha rappresentato il 23.8% di tutti i casi di TB in Europa.

Un dolore nascosto

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Premessa: La fibrosi retroperitoneale è una rara sindrome clinica che spesso insorge nel contesto di una periaortite cronica con coinvolgimento degli ureteri e secondaria idronefrosi bilaterale. Rientra tra le espressioni di malattia IgG4-associata, ovvero di patologie fibro-infiammatorie immunomediate caratterizzata da ricchi infiltrati linfoplasmacellulari e spiccata espressione di igG4.
Descrizione: Maschio, 65 anni. Da 9 mesi addominalgie diffuse in mesogastrio con irradiazione ai fianchi e al dorso, associate a recente insorgenza di edemi. Non febbre o altra sintomatologia associata; moderato calo ponderale. APR: AAA corretto con endoprotesi bisiliaca 1 anno prima; remota ulcera peptica Hp+ eradicata. TC addome e PET-TC evidenza di tessuto denso ipercaptante che circonda a manicotto l'aorta addominale. Agli EEC: Lieve anemia normocromica/citica, incremento di PCR, in assenza di leucocitosi/leucopenia e insufficienza renale acuta. VES e ferritina elevate; ipergammaglobulinemia policlonale (con elevati valori di IgG); B2micorglobulina e proteinuria di Bence Jones alterate; oncomarkers e autoimmunità negative. Sottoposto a posizionamento di DJ bilaterale, avviata terapia glucocorticoide ad alte dosi e programmata biopsia tissutale.
Conclusioni: Le malattie IgG4-associate sono affezioni rare e di recente descrizione per le quali pertanto non vi sono ancora criteri diagnostici e classificativi definiti. Le manifestazioni cliniche sono correlate all'insufficienza degli organi colpiti dal'infiltrazione fibro-infiammatoria. Generalmente si ha buona risposta ai corticosteroidi.

Trust your gut

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Premises: Jaundice with haepatic derangement and acute renal failure can recognize different causes.
Description of the Case report: A 44-years old man, was admitted to our departement for sudden onset of jaundice, fever and abdominal pain. Blood exams collected showed elevation of colestasis markers as bilirubin (22,8 mg/dl, direct 17,1), CPK, myoglobin and acute kidney injury (serum creatinine 7,04 mg/dL, urea 142 mg/dL), low protein count (total protein count 4,6 g/dL, albumin 1,6 g/dL), thrombocytopenia (PLT 61000/uL), elevation of reactive C protein and procalcitonin. There was no family history of gastroenteric or renal disorders. Major and minor viral hepatitis were excluded; autoantibodies were negative. Abdominal US-scan didn't show gallbladder disorders. A CT-scan was performed, without important findings. IgM and IgG antileptospira were performed, and also zoonosis autoantibodies panel, with negative result. It was started rehydration and empiric antibiotic therapy with ceftriaxone 2 g/day. Only PCR on urine resulted positive for Leptospira. CRRT with filter for sepsis and successive plasma-apheresis was started with rapid renal function recovery and progressive normalization of hepatic function, the last requiring about one month to achieve complete regularization.
Conclusions: Leptospirosis in one of the most important zoonotic bacterial disease worldwide, resulting in significant morbidity and mortality. Clinical illness can range from a mild, self-limiting acute febrile illness to a severe, life-threatining condition with mutiple organ dysfunction.

The node in the high Castleman

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Introduction: Castleman's disease is a clinical condition characterized by diffuse lymphadenopathy, fever, night sweats, asthenia and weight loss, that is often misdiagnosed. The etiopathogenesis appears to be different based on the underlying infection with which it is associated: HHV-8 and HIV.
Description: An 85-year-old caucasian male came to our attention for dyspnea due to mild exertion (NYHA III), weight loss (10 kg), asthenia and postural instability. He presented also severe anemia, marked hypergammaglobulinemia (5.2 g/dL, v.n. 0.36-1.35 g/dL), with new onset monoclonal peak and diffuse lymph node hyperuptake on a PET-CT examination performed in another centre. In consideration of the suspicion of lymphoproliferative pathology, we decided to perform a biopsy of the right axillary lymph node (one of those described in the CT). The histology report was compatible with hyperactivity disease of the lymphatic system, specifically attributable to "multicentric Castleman's disease HHV8-associated with mixed/plasmacytic morphology, sheets of CD138-positive plasma cells".
Conclusions: Although sporadically diagnosed, Castleman's disease appears to be more frequent and underreported. An early diagnosis and immunosuppressive therapy would improve the patient's prognosis. It should always be suspected in patients immunocompromised by HHV-8 or HIV infections, and in patients with diffuse lymphadenopathy with altered inflammation indices of non-univocal diagnosis.

Amiloidosi come malattia sistemica ad approccio polispecialistico: un grande caleidoscopio

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Premessa: L'amiloidosi è una patologia rara, caratterizzata da un accumulo di aggregati proteici anomali che si depositano in diversi tessuti del corpo con conseguente danno d'organo.
Descrizione del Caso clinico: Donna di 53 anni, anamnesi per stipsi e gammopatia monoclonale non definita. Accedeva in PS per alvo chiuso a feci e gas, oliguria. Eseguiva TC addome con quadro di distensione colica, agli esami ematici quadro di IRA e severa disionia. In relazione alla severa coprostasi veniva sottoposta a controlli TC addome, videat chirurgico, colonscopia decompressiva, terapia con prucalopride con miglioramento clinico. Effettuava videat gastroenterologico, esame ecoendoscopico e riscontro di BD-IPMN con high risk stigmata, SOF e oncomarker negativi. A livello renale presentava ritenzione urinaria acuta con idronefrosi bilaterale e IRA, effettuava studio urodinamico con riscontro di vescica neurologica e posizionamento di catetere vescicale. Per astenia agli arti inferiori effettuava videat neurologico, puntura lombare negativa, EMG (poliradicolneuropatia mista con segni di denervazione in atto L4-S1) RM encefalo/rachide con riscontro di ernie discali. Per la presenza di gammopatia monoclonale effettuava videat ematologico e biopsia midollare che evidenziava infiltrato plasmacellulare al 5-10% e deposito di amiloide.
Conclusioni: La presentazione della amiloidosi può essere subdola e difficile da riconoscere anche per lunghi periodi. Nel caso presentato la diagnosi è stata complessa per un esordio con un interessamento neurologico somatico e viscerale.

Case series. Alterations in behavior and consciousness in the elderly: not just dementia. Nonconvulsive status epilepticus

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Premises: Altered mental status is common in hospitalized patients with acute illness, especially in the elderly. Sometimes it can be the only manifestation of a non convulsive status epilepticus.
Presentation of the cases: A 92 y/o man with a history of recent subdural hematoma due to a fall was admitted for worsening of functional status and episodes of confusion and aggressive behavior. In the next days developed worsening drowsiness. A CT scan was repeated (stable subdural hematoma) and an EEG was performed with features suggestive of status epilepticus. The patient was treated with antiepileptic therapy without improvement; he progressed to coma and ultimately death. A 91 y/o man with a history of severe dementia was admitted for fever and dyspnea. A diagnosis of COVID19 and Influenza A with respiratory failure was made and the patient was treated accordingly. In the next days the patient had a generalized tonic-clonic seizure treated with antiepileptic therapy with subsequent coma. Brain CT was negative. The antiepileptic therapy was continued with mild improvement: the patient was awake but minimally interactive. An EEG was performed with evidence of status epilepticus.
Conclusions: Non convulsive status epilepticus is increasingly being recognized as a cause of altered mental status in critical patient. It presents mainly with impairment of consciousness that can range from mild confusion to coma. First-line treatment is IV benzodiazepines in combination with antiseizure medications. Among acutely ill patients prognosis is poor, with morality up to 50%.

Case series. Alterations in behavior and consciousness in the elderly patient: not just dementia. Paraneoplastic autoimmune encephalitis

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Premises: Autoimmune encephalitis is characterized by antibodies directed against central nervous system components (Ab antiCNS). It is often paraneoplastic and some drugs are also associated with the development of the disease. The subtle onset of neuropsychiatric symptoms can mimic forms of cognitive impairment.
Description: A 66 y/o man with a history of clinically stable melanoma previously treated with pembrolizumab was admitted to the ER with worsening confusion. The patient was confused, slowed and delirious; the only notable alteration in blood tests was mild hypercalcemia, that was treated. In the following days, the condition progressed to worsening drowsiness. The patient was transferred to the neurology department: a brain MRI was performed and showed no focal lesions, EEG showed epileptiform anomalies and lumbar puncture resulted

positive for anti SOX-1 antibodies. A diagnosis of paraneoplastic autoimmune encephalitis was made. The patient was treated with high-dose steroids followed by plasmapheresis and administration of intravenous immunoglobulins (IVIG) with improvement, but no resolution, of symptoms.
Conclusions: An accurate oncologic history and a review of present and past therapy (in this case melanoma and pembrolizumab, which is associated with the development of Ab anti CNS) played a fundamental role for suspecting the diagnosis. Steroides, IVIG and plasmapheresis are first line therapies, but the removal of the triggering cause is critical. The persistence of cognitive alterations is the most frequent sequelae.

PET-CT imaging as a turning point in an uncommon presentation of sarcoidosis

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Background: Many-sided presentation of immuno-rheumatic disease represents a major diagnostic challenge in Internal Medicine.
Clinical case description: 66-year-old man was admitted to hospital for deteriorating general conditions, significant weight loss, itching with related scratching lesions and suspected lower limbs erysipelas. He reported xerostomia and dysgeusia with progressive hyporexia in family history of Sjogren's disease. Before hospitalization neck ultrasound was performed showing aspecific salivary gland inflammation. TMP/SMX was given for erysipelas and cetirizine for pruritus. To identify a possible neoplastic disease, a total body CT scan was performed showing mediastinal lymphadenopathy suspicious for lymphoproliferative disease and small intraparenchymal subpleural nodular opacities. Routine blood test and immuno-rheumatic panel resulted negative, ACE weakly positive. A PET scan was also performed, suggestive of chronic granulomatous disease in active phase. Diagnosis was obtained by EBUS: cytohistological data were consistent with sarcoidosis. We prescribed systemic and topical steroid therapy on skin lesions, with complete remission of symptoms.
Conclusions: Sarcoidosis is a challenging disease and this case was particularly intriguing: PET helped differential diagnosis between granulomatous and lymphoproliferative disease sparing a more invasive excisional biopsy by thoracoscopy. Moreover this patient showed a rare cutaneous manifestation of sarcoidosis mimiking skin infection.

Tracheoesophageal fistula a possible cause of recurrent pulmonary sepsis in Medicine

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Premises: Nowadays Internal Medicine wards represent a kind of step-down units that can provide an intermediate level of care for patients discharged from Intensive care units. Indeed, frequently patients with tracheostomy, enteral o parenteral nutrition are hospitalized in Internal Medicine. Tracheoesophageal fistula (TOF) is defined as a pathological connection between trachea and the esophagus, leading to a spillover of oral and gastric secretions into the respiratory tract. The majority of acquired benign TOFs are deemed.
Description of the Case report: We report the case of a 37 years old man hospitalized in our ward after discharge from intensive Unit (ICU). He was tracheostomised in ICU and was fed with PEG. His hospitalization was complicated by episodes of recurrent pulmonary sepsis with fever and important worsening oxygenation. He underwent various computed tomography scans of the chest and in the suspect of tracheal fistula, we performed tracheal endoscopy, but only esophagography showed the typical sign of TOF: the oral contrast traversed through the fistula and was visualised in the airways. Patients was evaluated by thorax surgeon and after endoscopy and bronchoscopy, was treated with tracheal resection and oesophageal suturing. We observed a full post-procedural closure of the fistula on the oesophagogram, and the patient was able to resume oral intake after 15 days.
Conclusions: The diagnosis of TOF is often significantly delayed or undiagnosed. In patients with tracheostomy, dysphagia, frequent and important respiratory infections TOF should be excluded.

When heart failure is associated with unclear pneumonia

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Premises: The diffusion of multi-resistant strains to antibiotics (AMR) today it is one of the main problems of world medicine to such an extent that there is a risk of making useless the achievements achieved to date in the approach to the treatment and prevention of infectious diseases.
Clinical case: Man, 89 years old, known cardiac patient, presents himself in ED for dyspnoea. On the chest X-ray report extensive parenchymal thickening ilo-parahilar on the right and basal on the left, bilateral pleural veiling. He begins broad-spectrum antibiotic therapy and is hospitalized with a diagnosis of bilateral pneumonia. Reassessed by the internist on admission, it was noted that there were no signs of inflammation, no hyperpyrexia and the objectivity that he deposed for acute heart failure immediately suspending the antimicrobial prescription and continuing the appropriate treatments. During hospitalization, no blood or instrumental tests supported the initial diagnosis but far from it. Discharged with a diagnosis of acute heart failure with severely reduced function, pulmonary emphysema with pleural effusion.
Considerations: Heart failure is a leading cause of hospitalization in our medicines, often associated with advanced age and polycomorbidity. All of us internists who are experts in this complex syndrome must know how to recognize all the clinical pictures with which it can be confused by limiting the improper use of drugs such as proton pump inhibitors, steroids and, in this particular case, antibiotic therapy. All together against AMR.

Utilità limitata dei marcatori neoplastici per la diagnosi. Caso emblematico

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Premesse: L'antigene carboidrato 125 ha dimostrata utilità nel follow up della neoplasia ovarica ma l'aspecificità ne esclude la validità nello screening del carcinoma ovarico.
Descrizione caso clinico: Donna, 47 anni entra dall'ambula-

torio oncologico per anasarca e perdita di peso significativo in neoplasia ovarica; il tutto sviluppato in circa due mesi per cui il curante effettuava esami e TC e richiedeva visita oncologica, da qui ricovero in Medicina Interna. Inizialmente inquadrata come oncologica avanzata, recava in visione accertamenti esterni e il sospetto diagnostico del curante e dell'oncologo si basava su un valore elevato di Ca.125, nonostante una TC negativa (per quanto metodica non ideale per lo studio annessiale). Vista l'aspecificità del marker e il quadro clinico, sono stati effettuati altri accertamenti con riscontro di importante proteinuria e insufficienza renale per la quale effettuava biopsia renle, dialisi e terapia steroidea: con ottima risposta. Autoimmunità negativa, negativa la ricerca di neoplasia occulta, Referto istologico renale: glomerulonefrite a lesioni minime. A distanza di 2 anni la paziente continua follow-up nefrologico in ottime condizioni.
Conclusioni: Fondamentale è stato l'inquadramento clinico, non lasciandosi trascinare dalla diagnosi iniziale e, soprattutto, dai markers di neoplasia. In pochissimi casi i marcatori neoplastici hanno una utilità certa nello screening delle neoplasie diversamente quanto accade nel follow-up post terapeutico o delle recidive.

Infezione da *Capnocytophaga canimorsus*: caso clinico

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Il Capnocytophaga canimorsus è un bacillo gram-negativo a crescita lenta, comune commensale orale dei cani e dei gatti. L'infezione umana è rara con un tasso di mortalità di circa 25%. I fattori clinici che predispongono a un maggior rischio di sepsi sono l'immunodepressione, la splenectomia, l'alcolismo.
Caso clinico: Un uomo di 71 anni senza storia medica significativa accedeva al DEA per stato confusionale, vomito, diarrea e febbre. Alla presentazione si osservava: creatinina 2,58 mg/dl, bilirubina 3,2 mg/dl, amilasi 87 UI/L, AST 315 UI/L, ALT 149 UI/L, LDH 909 UI/L, PT 2.23, a PTT 2.57, fibrinogeno 139 mg/dl, AT 55%, PCR 20 mg/dl, PCT >100, DD 8929, GB 0,9 x 10x3/µL, Hb 13.8 g/dl, PLT 16 x 109/L. Test HIV e SARS-CoV-2 negativi. L'emogasanalisi evidenziava una severa acidosi metabolica. All'esame citomorfologico di sangue periferico si osservavano granulociti con molteplici bacilli intracellulari a forma di bastoncino. Il paziente veniva quindi ricoverato in terapia intensiva con la diagnosi di shock settico, MOF e CID. Dopo 6 giorni gli esami colturali indicavano che le inclusioni granulocitarie erano causate da C.canimorsus. Ulteriori informazioni confermavano che la fonte della batteriemia era stata il suo animale domestico. Il quadro clinico è stato anche complicato da necrosi delle estremità superiori ed inferiori. Nonostante le cure del caso, il paziente decedeva dopo cinque mesi di ricovero.
Conclusioni: Nel nostro caso l'analisi di sangue periferico ha rappresentato un fondamentale strumento diagnostico, ancor prima dell'analisi microbiologica.

Relationship between disinfectants and microorganisms in patient care: disinfectant resistance is a real issue ?

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Premises and Study aim: Healthcare-associated infections (HAI), infections acquired by patients during their stay in a hospital or another healthcare setting have been an increasingly severe issue worldwide, owing to reduced efficacy of antibiotics and disinfectants. With this narrative review we aim to summarize the latest evidence on this matter with a focus on disinfectant usage, thus increasing healthcare providers awareness as well as improving treatment efficacy and cost-effectiveness.
Materials and Methods: MEDLINE, EMBASE and Web of Science have been searched for original research, RCTs, systematic reviews and meta-analyses by using "HAI" and "healthcare associated infections" as keywords: about 98 papers from 2010 onward have been screened and used for this review.
Results: Literature data highlights a sharp increase in HAI incidence, directly correlating with rising antibiotic resistance and reduced effectiveness of common disinfectants, such as iodine and chlorexidine. Furthermore, HAI are responsible for increased inpatient costs and worse outcomes, such as rehospitalization and all-cause survival. The issue is further complicated by inadequate training of healthcare professionals, leading to more frequent cases of HAI.
Conclusions: An adequate HAI awareness and training campaign, geared towards healthcare professionals, caregivers and patients' families might be useful in improving prevention and treatment strategies. A European-wide solution proposes to create a website where diseases such as Enterobacteria carbapenems-resistant are notifiable diseases under national legislation.

Anti-synthetase syndrome

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Premises: Anti-synthetase syndromes are a group of systemic autoimmune diseases characterized by interstitial lung disease, Raynaud phenomenon, inflammatory myopathy and arthritis, supported by the finding of a specific autoantibodies against tRNA-synthetases. In the pathogenesis of the disease,the innate and adaptive immune response both contribute to a cell-mediated end-organ damage against lung, skin, muscular and articular tissues, activating a dysregulated inflammatory cascade.
Case report: 67-yo female was hospitalized due to recurrent lung failure episodes starting from 04/22, she was treated only with high-medium doses of prednisone. She has been complaining about the Raynaud phenomenon since '19. She presented on 09/23 with a progressive non-specific interstitial pneumonia, lung damage progressed despite high-dose of prednisone and multiple antibiotic therapies. All microbiological tests were negative.The patient also experienced proximal muscle weakness. Biohumoral and functional electrical tests were suggestive for muscular lysis and a diffuse proximal myopathy. She tested positive for anti-PL12 autoantibodies, and capillaroscopy showed an active scleroderma pattern.
Conclusions: A diagnosis of anti-synthetase syndrome was made. Was first treated with three subsequent IV boluses of methylprednisolone (1g), then with four IV infusions of human immunoglobulin. She was discharged on oral prednisone at 1mg/kg/day, and tacrolimus with a target therapeutic blood level between 4 and 6 ng/L. She benefited from this treatment allowing prednisone to be decreased to 7.5 mg/day.

Un insolito caso di mieloma multiplo

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Caso clinico: Donna 45 aa, APR muta, non potus, ricoverata per severo calo ponderale da circa 15 gg, con addome batraciano; già eseguita TC addome positiva per ascite imponente ed epatomegalia con dubbi secondarismi. Agli esami ematici (EE): Hb 9,6 g/dl; PLT 70000 /mm^3, Ca 9,9 mg/dl, lieve iperammoniemia, picco monoclonale all'ELF; nella norma markers epatici e oncomarkers. Sottoposta a EGDS, colonscopia ed Etg TV, nel sospetto di neoplasia primitiva gastroenterica o ginecologica, con esito negativo. Successivo rapido declino delle condizioni generali con comparsa di sopore, segni di insufficienza epatica acuta e anemia refrattaria, con necessità trasfusionale quotidiana. Controllo EE: severa ipercalcemia (16 mg/dl), per cui inizia terapia con zoledronato e desametasone ev. All'immunofissazione siero/urine: componente monoclonale IgAl (IgA 4350 mg/dl). Sottoposta a TC total-body, riscontro di marcata epatomegalia (28 cm) con sovvertimento strutturale da grossolane nodularità, nonché diffusa presenza di lesioni osteolitiche con scheletro tarlato. Eseguita BOM con istologico conclusivo per mieloma multiplo (MM) ad aspetti plasmablastici con infiltrazione pari al 90%. Trasferita in Ematologia, subentra exitus in pochi giorni.
Conclusioni: Sebbene l'infiltrazione epatica plasmacellulare diffusa si riscontri in circa il 40% dei casi di MM, le nodularità epatiche da MM sono molto rare e di difficile differenziazione rispetto all'HCC multifocale o al cr colorettale metastatico, con prognosi severa e rapidamente evolutiva come nel caso descritto.

Contrast-enhanced ultrasound of a rare case of sclerosing angiomatoid nodular transformation of the spleen in a patient with acromegaly admitted to the Internal Medicine ward

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Background: Sclerosing angiomatoid nodular transformation (SANT) of the spleen is a rare vascular benign lesion.
Case report: We describe the case of 28-years-old man admitted to medicine ward for anemia and fatigue suffering from known GH-secreting pituitary adenoma and visceromegaly. Referred to Internal Medicine ultrasound service where abdominal ultrasound showed huge splenomegaly (area 265 cmq) with 2 hypoechoic solid lesions (14 and 12 cm). On contrast-enhanced ultrasound (CEUS) lesions had arterial spokewheel pattern plus washout in venous phase, posing differential diagnosis with malignancy. CT and MRI examination where inconclusive, showing the same dynamic vascular pattern of that of CEUS, plus T1 phase isointensity and hypointense central scar. Patient was sent to surgery for splenectomy after multidisciplinary discussion. In cross-sections of resected specimen, splenic masses showed mid stellate fibrosis and reddish angiomatoid nodules running in spokewheel pattern. Histological analysis revealed nodule-like arrangement of fibroblasts, low cell density, predominance of dilated capillaries and venules (CD31+, CD34+), with low mitotic index, indicating SANT of the spleen. After splenectomy, anemia resolved.
Conclusions: Definitive diagnosis of SANT is reached by means of histology/immunohistochemistry, but real time CEUS allows to directly visualize its peculiar vascular structures suggesting diagnosis, and physicians need to know that SANT can show washout of contrast media, posing differential diagnosis with malignancy. Very few cases on the use of CEUS in SANT have been reported until now.

Un caso di SIADH: la zebra nascosta tra i cavalli

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Caso clinico: Donna di 66 anni, BMI 27.9, cardiopatia dilatativa con FA, scompenso cardiaco cronico; DM tipo 2, OSAS. Terapia: apixaban, sertralina, bisoprololo, furosemide, 300 mg, metolazone 5 mg, canrenone 100 mg, empaglifozin 10 mg. Da almeno 1 anno costante lieve iponatremia (130mM/L) secondaria a terapia diuretica. 7/12/24 - Ricoverata per sincope con recidiva di severa iponatremia (Na 126 mM/L). Sospettata eziologia iatrogena in corso di trattamento con furosemide, tiazidico, metolazone e glifozina. Dopo 3 settimane di trattamento mediante supplementazione elettrolitica ad alte dosi e revisione della terapia diuretica persiste iponatremia (Na 126 mM/L). Ipotizzate quindi altre cause: sindrome di Barterr esclusa per età, insufficienza corticosurrenalica poco probabile per concomitante ipokaliemia; nel sospetto di SIADH controlla osmolalità urinaria 261 (VN 300-800) e sodiuria 81 mM/L (VN.50-250): valori apparentemente bassi ma in realtà inappropriatamente alti rispetto ai valori plasmatici. Diagnosi di SIADH: inizia terapia con tolvaptan 15 mg con progressiva normalizzazione del quadro idroelettrolitico e riduzione del fabbisogno di diuretico. Alla dimissione paziente euvolemica, Na 133 mM/L.
Considerazioni conclusive: Lo scompenso cardiaco cronico in politerapia diuretica (i "cavalli") hanno indotto in prima istanza ad interpretare l'iposodiemia (il "rumore di zoccoli") come iatrogena. La persistenza del "rumore di zoccoli" anche quando i "cavalli" erano stati domati hanno costretto l'internista a formulare ipotesi alternative ("zebre") consentendo di arrivare alla diagnosi corretta.

Diagnostic complexity of a laterocervical lesion in ANCA-associated vasculopathy: a case study

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Introduction: ANCA-associated vasculitis (AAVs) can presents with several clinical symptoms, complicating diagnosis. While literature reports cystic formations in AAVs affecting areas like the pancreas and cervix, laterocervical cysts in AAVs have not been documented.
Case description: A 56-year-old man presented with presyncope, nasal obstruction, and headache. Initial treatment for a right septal varix was followed by the investigation of a laterocervical lesion near the right thyroid lobe, discovered during a CT scan performed for the new finding of right vocal cord paralysis. PET scan also showed FDG uptake in

this area. Fine needle aspiration cytology of the lesion indicated a suppurated cystic condition with granulomatosis. Further symptoms, including fever, multiple lung nodules, and worsening of his chronic renal insufficiency, emerged during his stay. Infectious screenings including M. tuberculosis assays were negative. Rheumatological consultation led to positive ANCA PR3 findings, and bronchial and lung nodule biopsies suggested ANCA-associated vasculitis. This diagnosis was confirmed by renal biopsy.
Conclusions: This case illustrates the diagnostic challenges of AAVs, especially with atypical laterocervical lesions. It stresses the importance of a thorough, adaptive diagnostic process and it suggests to consider systemic vasculitis when initial tests on a laterocervical lesions are inconclusive. The case highlights the need for more efficient diagnostic methods to accelerate AAVs diagnosis, enabling more effective treatment.

Hepatic involvment in Osler Weber Rendu syndrome

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Premises: The Osler Weber Rendu syndrome is a rare condition wich results in liver vascular malformation and focal nodular hyperplasia.
Description of the Case report: A 46-years-old woman performed a abdominal ecography. The exam showed a focular nodular hyperplasia. The clinical history of the patient was unremarkable, no use of oral contraceptive was reported. A screening for Osler Weber Rendu syndrome was performed. A positive genetic screening for Osler Weber Rendu syndrome imposed to perform an angioTC splancnic vessels. The evidence of fistulas between epatic artery and portal vein showed epatic involvment in Osler Weber Rendu syndrome. Actually the patient is in follow for epatic transplantation.
Conclusions: In patients with focular nodular hyperplasia is mandatory to screen HHT

I can't get no...hallucinations. A case report of clarithromycin-induced visual hallucinations

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Premises: Hallucinations and delirium are extremely frequent conditions that the internist has to manage. They can be caused by many organic conditions, such as degenerative disease, neoplasia, epilepsy, fever, trauma or infection, but their origin may also be traced back to a patient's medical history, especially concerning drug treatments.
Case report: An 81-year-old woman with history of cardiovascular disease and stage 4 CKD came to our attention for visive hallucinations of small insects or ants around her in the last 48h. The patient showed complete awareness but was scared due to these episodes. The laboratory tests and CT scan didn't show any signs of organic condition and the toxicological screening was negative. After a more accurate dialogue with the patient, she referred a recent intake of clarithromycin for productive cough. This information, associated with the known chronic kidney disease (creatinine on admission: 2.77 mg/dL), led us to suppose a clarithromycin-induced delirium. Psychiatrist confirmed our suspicion. Therefore, we administered EV fluid to facilitate the clarithromycin excretion until the complete disappearance of the episodes on the 4th day.
Conclusions: This case is an excellent example of the importance of the examination of the patient as a whole, starting with the medical history, especially the drugs. This is crucial, even more so, in patients hospitalized in Internal Medicine: elderly, with many comorbidities and polypharmacy, with impaired kidney and hepatic function. Overall, this highlights the importance of appropriate prescribing.

AL amyloidosis: hard to suspect, hard to detect

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Premises: AL amyloidosis is characterized by extracellular tissue deposition of amyloid fibrils deriving from monoclonal light chains, leading to involved organs' failure (*e.g.* heart and kidney). Histological confirmation is required for diagnosis. Prognosis is poor, especially when it's detected at a late stage.
Case report: Increased NT-proBNP and TnI led a 58-year-old man to undergo coronary angiography (negative) and echocardiography, showing a thickened myocardial wall. One year later, he had a stroke and he came to our attention with cardiac failure, severe proteinuria (11g/24h), orthostatic hypotension, increased cholestasis and loss of appetite with hypogammaglobulinemia. We were sure we were dealing with amyloidosis, but we must prove it. Periumbilical fat aspiration and bone marrow biopsy were Congo Red (CR)-staining negative. Due to recent stroke, we opted for biopsy liver instead of kidney not to stop ASA therapy. Surprisingly, it also was CR-staining negative. At this point we had kidney's biopsy. Meanwhile, we obtained gastric biopsy's result performed during a gastroscopy, it was CR-staining positive, such as the renal biopsy. Diagnostic process took 3 months with worsening patient's condition. Therapy was started, but he died after 1 month. Autopsy confirmed death by amyloidosis of most organs, including liver.
Conclusions: AL amyloidosis diagnosis is often delayed, due to heterogeneity and lack of awareness of the disease. Improving knowledge of this illness, keeping in mind that all organs can be involved, can lead to early diagnosis and better prognosis.

Tremori e scosse di pH

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Premesse: L'aumento delle concentrazioni sieriche di lattato durante una crisi tonico-clonica è dovuto ad una condizione di ipossia tissutale a causa delle contrazioni muscolari, con viraggio dal metabolismo aerobico verso quello anaerobico, determinando dunque uno stato di «malessere tissutale».
Descrizione del Caso clinico: Uomo di 71 anni, affetto da depressione maggiore con deterioramento dello stato cognitivo da circa 10 anni, ricoverato per polmonite. In PS riscontro di leucocitosi neutrofila, procalcitonina 1,42 ng/ml, PCR 232 mg/L. In seconda giornata di degenza episodio di crisi tonico-clonica generalizzata; l'iter diagnostico-terapeutico ha previsto: terapia con diazepam 10 mg 1 fiala, seguita da controllo post-critico con midazolam 5 mg 2 fiale in pompa siringa a

1,5 ml/h, idratazione EV, sospensione di farmaci agenti sulla soglia convulsiva, esecuzione di TC encefalo in urgenza (negativa per acuzie ischemiche e/o emorragiche), valutazione neurologica con ottimizzazione di terapia anticonvulsivante. All'EGA acidosi metabolica a GAP anionico aumentato da iperlattatemia. Proseguendo la terapia di supporto, progressivo ripristino ai valori di normalità dei parametri emogasanalitici, documentato da esecuzione EGA serati.
Conclusioni: Il lattato può essere utilizzato come biomarcatore sierico per identificare una crisi tonico-clonica. In tale contesto l'esecuzione di EGA seriati risulta utile nel monitoraggio e nella valutazione della risposta terapeutica in acuto del paziente epilettico.

Valutazione dei pazienti in terapia con antagonisti della vitamina K presso il centro trombosi dell'ASL CN2

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Premesse e Scopo dello studio: Il centro trombosi dell'ASL CN2 è situato presso l'Ospedale Michele e Pietro Ferrero di Verduno. A questo centro afferiscono i pazienti in TAO sia del territorio della CN2 sia da fuori ASL reclutati a seguito di prima visita presso l'ambulatorio o a seguito di dimissione ospedaliera. L'infermiere si inserisce in questo percorso come collante tra paziente, medico ospedaliero e/o medico di medicina generale attraverso un'attività di case manager. Lo scopo di questo studio è quello di mappare la tipologia di utenza afferente al centro: genere, età, diagnosi e tipologia di farmaco utilizzato.
Materiali e Metodi: E' stata condotta una revisione attraverso l'analisi dei dati riportati sul data base Parma nell'ultimo anno (31 gennaio 2023-31 gennaio 2024)
Risultati: Al centro afferiscono 216 persone in terapia con antagonisti della vitamina K (AVK): 103 femmine e 113 maschi, la fascia di età prevalente è quella tra i 75-84 anni. Le diagnosi individuate sono 8: F.A. permanente (26%), sostituzione di protesi valvolare meccanica (25%), TEV (21%), arteriopatia (8%), trombosi di sedi atipiche (8%), sostituzione di protesi valvolare biologica e valvulopatie (6%), cardiopatia con trombosi endocavitaria (3%), sindrome da anticorpi antifosfolipidi (3%).
Conclusioni: Lo studio ha permesso di mappare sia la tipologia di utenza afferente al Centro Trombosi sia di valutare l'aderenza al trattamento farmacologico (TTR 65%).

La politerapia: il valore aggiunto del farmacista in corsia

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Premesse e Scopo dello studio: Parte dei ricoveri sono causati da poco conosciute interazioni fra i molti farmaci assunti dal paziente: reazioni avverse, compromissione delle funzioni fisiche e cognitive. Molteplici i motivi della politerapia: aumento dell'età e contestuale aumento di malattie; timore del medico e del paziente di modificare la terapia in atto; overuse di integratori e tisane. Si stratificano così nel tempo farmaci e medicine. Uno studio australiano (British Medicial Journal 2016) ha esaminato il ruolo della condivisione dei processi decisionali nel contrastare la politerapia inappropriata: migliorare l'outcome del paziente, la presa di coscienza del problema, il cambiamento di rotta.
Materiali e Metodi: Avvalendosi della cartella elettronica in uso nel reparto di degenza, farmacista ospedaliero effettua una valutazione di necessità, efficacia e sicurezza della terapia, evidenziando effetti collaterali e interazioni tra farmaci. Discute con l'internista suggerendo le possibili modifiche.
Risultati: Questo modello organizzativo, attraverso l'interazione di competenze tecniche, assicura la valutazione, la gestione e il controllo del rischio farmacologico in maniera più snella ed efficace rispetto all'uso delle note app disponibili in commercio.
Conclusioni: Il farmacista ospedaliero in sinergia con il clinico, rappresenta un valore aggiunto per i pazienti, contribuendo alla maggior sicurezza nell'uso dei farmaci e quindi al miglioramento della cura e dell'assistenza.

Wernicke's encephalopathy, a case report

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Introduction: Wernicke encephalopathy (WE) is a brain disease that causes mental confusion, nystagmus and ataxia, due to a severe deficiency of thiamine.
Clinical case: 54y woman, in her medical history depression and alcoholism, post-surgical hypothyroidism. She comes to the emergency room because she was found at her home unconscious. At the clinical examination she was dehydrated. Emogasanalysis: metabolic alkalosis. Laboratory tests: increased myocytolysis enzymes, hypernatremia, hypokalemia, increased inflammation values and neutrophilic leukocytosis, increased renal function values. Chest CT: interstitial pneumonia. She started this therapy: 5% glucose solution 500 ml+Kcl 20 mEq (50 ml/h); 5% glucose solution 500 ml+furosemide 20 mg (50 ml/h); piperacillin/tazobactam 2.25 g x 3 iv; omeprazole 40 mg iv; canrenone 100 mg iv. Neurological examination: drowsiness, she doesn't follow simple orders or answer questions. Divergent strabismus, myotic pupils poorly reacting to the light stimulus. Bilateral Babinski. EEG: metabolic cerebral distress. Brain MRI: neuroradiological images suggestive of WE. She started therapy with thiamine 600 mg/day im with improvement of the sensorium. Due to the worsening of the inflammation values and the high fever she added daptomycin and caspofungin to the therapy, but unfortunately she died due to complications from septic shock.
Conclusions: We described a clinical case of WE in a patient suffering from depression and alcoholism. The replacement treatment with thiamine initially led to an improvement in the sensorium, but the immunosuppression contributed to a sepsis, leading to death.

Haste makes waste...

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Background: Acute generalized exanthematous pustulosis (AGEP) is a rare skin reaction, commonly caused by drugs. The most frequently reported suspect drugs are anti-in-

fectives for systemic use, other frequent suspect drugs are antineoplastics and anti-inflammatory/anti-rheumatic products.
Case report: We describe a female 80 years old patient who developed extensive and abnormally prolonged AGEP following exposure to dopamine. She was admitted in Internal Medicine ward for ascites of cardiac origin (chronic heart failure in valvular heart disease); past medical history: diabetes, hypothiroidism, atrial fibrillation, dyslipidemia. Following a paracentesis procedure she developed an acute on chronic kidney disease, treated with benefit with dopamine and diuretics. 24 hours later she showed an acute onset of a widespread pustular eruption. She underwent cutaneous biopsy that confirmed AGEP suspicion and was theated with corticosteroid oral therapy in a short cycle (10 days). A month later the patient, admitted to our Long-term Care department to continue antibiotic protocol (teicoplanin) for urosepsis, relapsed with AGEP and corticosteroid intravenous therapy was administered and continued long-term in discharge.
Conclusions: This is the first documented case of AGEP due to dopamine and demonstrates that it is mandatory to be careful with rapid discontinuation of corticosteroid treatment especially in frail patients.

Use of omalizumab in delayed pressure urticaria

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Premises: Delayed pressure urticaria (DPU) is a seriuos form of chronic inducibile urticaria. The gold standard for the diagnosis of DPU is the appearance of wheals 6 hors after the application on the skin of rods of 1,5 cm diameter weighted with 2.5 or 3.5 kg for 20 minutes. Although the pathogenesis is not clear,it can hypothesized that the edema depends on the activaction of mast cels, histology shows a dermal inflammatory infiltrate of neutrophil and eosinophil without vasculitis.
Description of the Case report: We report a case a 42-year-old-women with DPU. She reported onset of DPU after long walks, wearing tight clothes and carryng heavy bags. She had been treated unsuccessfully with H1 antihistamines, oral steroids, leukotriene inhibitors. In agreement with the patient, an off label therapy was started with omalizumab 300 mg subcutaneous injections monthy for 6 months. After 3 months of therapy, the patient report a reduction in the appearance of wheals and itching and complete regression of the symptoms after 6 months.
Conclusions: Omalizumab is a monoclonal antibody that prevents the binding of IgE to FceRI.The mechanism of action of omalizumab in DPU is unclear, it can be interrupting the allergic cascade. Although few studies report the efficacy of omalizumab in the treatment of DPU and the use in this form of urticaria is not authorized, our experience suggests that omalizumab may be a valid alternative in patients with severe form of DPU unresponsive to traditional therapies.

Preliminary evidence for the possibility of using hepatitis C virus as a helper virus in infections with hepatitis delta virus

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Premises and Purpose of the study: Hepatitis D virus (HDV) is considered a defective virus whose only helper virus is hepatitis B virus (HBV). Recent investigations suggested HDV presence in HCV positive subjects without a concomitant HBV coinfection: this would represent a revolution in our virological knowledge. Our purpose was to investigate for signs of a HDV infection supported by HCV.
Materials and Methods: In this study, 146 HCV positive subjects, recruited from January 2022 to July 2023, were tested for HDV antibodies. The patients were attended by the Internal Medicine and Infectious Diseases departments of Novara, Biella, Verbania and Vercelli hospitals, and were selected by considering negativity for all serological and molecular HBV markers.
Results: All patients resulted negative for HDV antibodies, except one (with negative HDV RNA). This was a HCV/HIV coinfected female, with a previous hepatitis C infection, which obtained a virological response (SVR). Her HBV markers had always been completely negative in the last 30 years. Her husband was, in turn, a HIV-positive patient with a previous hepatitis C; he had also a history of HBV coinfection, but with no detectable HBV DNA at least for the last 15 years. He died one year before this study, and was never tested for HDV.
Conclusions: In this study we provide preliminary evidence for HDV exposure (0.7%) in HCV patients apparently not infected with HBV. In our HDV positive case, it can be assumed that she contracted HDV from her HCV positive partner independently from HBV, losing HDV replication after HCV SVR.

Splenomegalia all'ecografia come segno guida per la diagnosi di febbre Q

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Premesse: La Febbre Q è una zoonosi causata da Coxiella burnetii che si manifesta con sintomi sistemici aspecifici e coinvolgimento epatosplenico. La diagnosi è sierologica; l'ecografia può rivestire un ruolo nell'identificare reperti suggestivi.
Descrizione del Caso clinico: Uomo di 44 anni con storia di episodi sincopali, diarrea e calo ponderale, giunto al ricovero per febbre, mialgie ed artralgie. Esposizione lavorativa a ruminanti. L'esame obiettivo evidenziava splenomegalia. Gli esami mostravano incremento degli indici di flogosi, crioagglutinine e fattore reumatoide positivo. L'ecografia addominale rilevava splenomegalia marcata con diametro bipolare di 21 cm e compressione delle strutture adiacenti. Sulla base del quadro anamnestico, clinico, laboratoristico e del riscontro ecografico, veniva posto il sospetto di Febbre Q, confermato dal riscontro di positività anticorpale. Trattato con doxiciclina con beneficio. L'esame istopatologico della valvola mitrale rimossa a causa della endocardite recidivante confermava l'eziologia singolare, consentendo di porre diagnosi di febbre Q provata
Conclusioni: Il caso descritto dimostra il ruolo chiave dell'ecografia nell'evidenziare segni altamente suggestivi che nella Febbre Q si concretizza nella splenomegalia,l egata all'infiammazione granulomatosa caratteristica di questa patologia, indirizzando il percorso diagnostico verso la conferma sierologica. Pertanto, di fronte a splenomegalia e sintomi sistemici, l'internista dovrebbe considerare la Febbre Q nella diagnosi differenziale e suggerire approfondimenti mirati.

Addominalgia in peliosi epatica

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Premesse: La peliosi epatica decorre spesso in maniera asintomatica e può interessare diversi organi. Le cisti che si riscontrano possono avere dimensioni da pochi millimetri a diversi centimetri. Si ritiene una correlazione con l'uso di farmaci ormonali, steroidi e glucocorticoidi, e nel contesto di LNH ed infezioni del tratto intestinale. Alcuni soggetti possono presentare quadri eterogenei sino allo shock da rottura di una ciste.
Caso clinico: Donna di 31 anni anamnesi negativa per estroprogestinici, giunge per addominalgia con diarrea. Si documenta stato anemico con epatosplenomegalia con formazione cistica epatica e versamento. All'ecografia e radiografia del torace si delinea versamento pleurico maggiore a destra. La paziente viene ricoverata nella UOC di Medicina Interna dove la ricerca di virus epatotropi, funzionalità epatica ed oncomarkers sono risultati negativi. Alla TC addome si conferma la formazione cistica all'VIII segmento epatico di 3 cm che si presenta ipodensa. Nelle more di una forma neoplastica o di una FNH si effettua la risonanza magnetica, la quale ha meglio caratterizzato il volume epatico di 24 cm di diametro cranio caudale e presenza della ciste in intensità di segnale disomogena a maggior rappresentazione nella fase arteriosa.
Conclusioni: La peliosi si conferma essere una patologia a decorso spesso asintomatico ma, come nel caso descritto, si può manifestare sintomatologia in relazione alla rottura di una delle cisti. La paziente è stata dimessa con risoluzione del quadro ascitico e del versamento pleurico con modica riduzione delle dimensioni epatiche e spleniche al controllo.

Una lesione epatica dai mille volti: l'echinococcosi cistica

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Premesse: La echinococcosi cistica è una zoonosi causata da Echinococcus granulosus. L'uomo (ospite intermedio) può essere contagiato dalla contaminazione ambientale delle uova del verme adulto presente nell'intestino dell'ospite definitivo (es. cane). Le cisti si sviluppano dallo stadio larvale del parassita che infetta gli organi interni.
Descrizione del Caso clinico: Donna di 33 anni, non patologie in anamnesi, possedeva un cane. Giunta in PS per dispepsia da 5 mesi. Apiretica. Agli esami ematici lieve aumento della PCR, GB nella norma, procalcitonina negativa, lieve anemia sideropenica. All'ecografia due noduli ad ecostruttura mista prevalentemente ecogena con zone anecogene di 5,2x4 e 2,2x1,8 cm. AFP negativa. Proseguiva iter con TC addome con MDC che mostrava due lesioni iperdense con aree ipodense di 4,8x4 e 2x1,8 cm, non aumentato enhancement nelle fasi contrastografiche. Il quadro clinico tuttavia non era univoco. A completamento eseguiva RMN addome con MDC epatospecifico che deponeva per una lesione di verosimile natura idatidea. Per confermare la diagnosi abbiamo richiesto il dosaggio degli anticorpi anti-echinococco (ELISA e emoagglutinazione indiretta) risultati positivi classificandole ecograficamente come CE3B, si optava pertanto per terapia con Albendazolo e successivo intervento chirurgico.
Conclusioni: Le cisti da echinococco si presentano con quadri diversi alla diagnostica per immagini, alcuni patognomonici altri aspecifici. L'ecografia gioca un ruolo importante per la diagnosi e la terapia che si basa sulla classificazione ecografica della WHO-IWGE.

Uno strano caso di linfoadenopatia

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Caso clinico: Donna, di 87 anni. Giunge per dispnea ed edemi. All'EO: tumefazione dolente della parotide sinistra. All'EGA buoni scambi gassosi, agli EE pancitopenia con macrocitosi, d-dimero aumentato e incremento indici di flogosi. Alla TC torace riscontro di multiple areole di addensamento maggiormente evidenti al LSD ed in sede dorso-basale bilateralmente,nodulo solido non calcifico di 7 mm al segmento dorsale del LSS, linfonodi calcifici in sede ilare. Negativa inoltre per EP. Multiple linfoadenopatie in parte conglobate in sede ascellare sinistra ed in sede sovra e sottoclaveare. Durante la degenza, agli EE lieve pancitopenia, associata a deficit di vit. B12 e folati con ipergammaglobulinemia policlonale. Eseguita biopsia parotidea sinistra: linfonodo reattivo intra-parotideo. FBS con BAL negativo per germi comuni e BK. Dopo terapia antibiotica vista la persistenza radiologica delle multiple formazioni nodulari polmonari e linfoadenopatie è stata eseguita asportazione eco-guidata di un linfonodo in sede ascellare sn di circa 5 cm. Il quadro istologico ha deposto per linfoadenite granulomatosa necrotizzante con la PCR su campione bioptico per M. tuberculosis complex negativa. Pertanto, considerando il quadro istologico, la più probabile diagnosi, per esclusione, è stata quella di sarcoidosi.
Conclusioni: La sarcoidosi è una malattia infiammatoria caratterizzata dalla presenza di granulomi non caseosi. L'ipotesi diagnostica viene inizialmente sospettata per l'interessamento polmonare e confermata dagli esami radiologici, dalla biopsia e dall'esclusione di altre cause di infiammazione granulomatosa.

A case of acquired hemophilia occurring in the course of pemphigus

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Introduction: Acquired hemophilia is a rare autoimmune disorder associated with the production of autoantibodies directed against factor VIII/IX. It often occurs in association with other conditions [neoplasms (often hematological), autoimmune diseases].
Clinical case description: A 74-year-old male ago, developed flaccid skin blisters resulted in erosions. The biopsy had shown pemphigus (no therapy had been initiated). About 20 days before admission, he tripped, resulting in contusive trauma to the ribs and left thigh. In the following days, swelling of the thigh appeared, and an ultrasound revealed a hematoma (13 cm) in the medial vastus muscle. Due to severe fatigue and SBP 70 mmHg, he was referred to the ER of our hospital. In our unit patient presented with hematoma in the

left medial vastus region and small bruises on the trunk and neck; INR 0, aPTT 86", Hb 8.3 g/dl. A body CT scan showed a hematoma in the abdominal rectus. In the following days, the petechiae turned into bruises. Coagulation factor levels were assayed, revealing low factor VIII values of 0.2% (nr 70-150). Subsequent factor VIII inhibitor assay (16 U.B/ml) allowed the diagnosis of acquired hemophilia. The patient was treated successfully initially with prednisone (1 mg/kg) and then with emicizumab (80 UI/kg bid).
Conclusions: The clinical case presented by us is of interest due to the rarity of acquired hemophilic pathology and its association with pemphigus. The immunotherapy used, initially steroid-based and later biologic, successfully resolved the hematologic condition.

A rare event of neurological paraneoplastic syndrome in a patient affected by severe obesity

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Premises: Obese women experience a greater occurrence of tumors that impact the reproductive system, frequently leading to delayed diagnosis because of postponed access to medical care and unconventional manifestations.
Description of the Case report: A 54-year-old woman was hospitalized due to an unexplained fever. After ruling out the typical reasons for fever, our patient experienced an episode of metrorrhagia she attributed to her regular menstrual cycle. Further assessments, including measurements of FSH and LH levels, as well as subsequent diagnostic imaging, revealed the existence of an abnormal growth mass affecting the uterus.
Conclusions: The objective of our paper is to emphasize the significance of exploring paraneoplastic signs and symptoms in this kind of subjects, enabling prompt diagnosis and the subsequent establishment of an appropriate therapeutic approach.

Hemophagocytic lymphohistiocytosis: the importance of a timely diagnosis and a targeted therapeutic approach

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Background: Hemophagocytic lymphohistiocytosis (HLH) is a rare life-threatening syndrome, which can occur as an inherited disorder in children or as a secondary disease in adults.
Case report: A 63-year-old woman presented to the Emergency Department due to worsening asthenia, dyspnea, swelling of lower limb and weight gain of 5 Kg in 10 days. According to her medical history, it was reported hepatic haemangiomas and a doubtful seizure episode during a COVID-19 infection. Blood tests revealed severe anaemia (red blood cells 1.69 10^9/L, haemoglobin 5.3 g/dl) and thrombocytopenia (33 10^9/L), atypical dacryocytes and monocytes appeared on the blood smear. Since entering the emergency room, the patient was febrile for which antibiotic and steroid therapy and transfusion support were undertaken. A bone marrow biopsy was performed. The search for infectious agents/paraneoplastic syndrome gave negative results (total body CT scan, coombs test, serology for viruses and bacteria, breast assessment, evidence of pericardial effusion on echocardiogram and pelvic effusion on transvaginal ultrasound). The patient was transferred to haematology, on objective examination ubiquitous peripheral imbibition. A PET scan was performed showing spinal and hepatic uptake and the patient was ensured continued transfusion support and a massive diuretic and albumin therapy. The histological preparation highlighted medullary localisation of histiocytosis with mixed immunomorphological aspects.
Conclusions: The patient underwent vinblastine combined with steroid as first-line therapy, although it was unable to counteract the aggressiveness of the picture.

Indice di resistenza dell'arteria renale nei pazienti con sarcoidosi. Risultati preliminari da uno studio osservazionale clinico ed ecografico

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Obiettivo: I pazienti affetti da sarcoidosi sono considerati ad un alto rischio di eventi come aterosclerosi, insufficienza renale ed eventi cardiovascolari (CV). Non ci sono dati sui valori dell'indice di resistenza dell'arteria renale (IRR) nei pazienti con sarcoidosi. Obiettivi: Questo studio preliminare si propone di indagare i valori di IRR nei pazienti con sarcoidosi.
Materiali e Metodi: 15 pazienti (7 donne e 8 uomini, età media 67,5 anni) affetti da sarcoidosi polmonare e 15 persone sane (3 donne, 12 uomini, età media 64 anni) sono state sottoposti a valutazione eco color doppler delle arterie renali e dei vasi intraparenchimali. Gli esami di laboratorio (emocromo, transaminasi, funzionalità renale, lipidi profilo, VES, glicemia) sono stati ottenuti in tutti i soggetti. I criteri di esclusione erano: presenza di diabete mellito, anemia, insufficienza renale, ipertensione, stenosi dell'arteria renale, età >80 anni e <18 anni, frequenza cardiaca <50 o >100 bpm, valori glicemici >100 mg/dl.
Risultati: Tutti i pazienti con sarcoidosi avevano valori significativamente più elevati di IRR rispetto ai controlli ($p<0.001$), a parità di età e funzionalità renale.
Conclusioni: Il riscontro di alterati valori di IRR nei pz con sarcoidosi puó avere un ruolo predittivo di danno microvascolare precoce.

MEWS, NEWS o qSOFA quali marcatori precoci di prognosi nel paziente con sepsi o shock settico dell'anziano

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Background: Predire precocemente prognosi importante per corretta gestione fin da PS. SOFA score,"gold-standard" diagnostico/prognostico, necessita di items laboratoristici: altri scores "rapidi" proposti per triage fin dall'arrivo in PS.
Pazienti e Metodi: Valutati retrospettivamente pz geriatrici ricoverati in Medicina Interna INRCA-IRCCS Osimo (An) con sepsi/shock settico (1/1/18-31/12/23): entro prime 24 h da arrivo in PS, calcolati qSOFA, MEWS, NEWS. Endpoint primari: mortalità intraospedaliera, necessità trasferimento in terapia intensiva. Calcolata AUC con curve ROC, marcatore di accuratezza prognostica dei singoli scores (confronto tra curve: metodica DeLong). Data significativa differenza tra curve a livello di $p<0.05$.
Risultati: 658 pazienti consecutivi(età media 81,2+/-11,2 aa;M:F= 1:1).Endpoint verificatosi in 243 pz. Mediana qSOFA:1[1], NEWS:6[4], MEWS:4[4]; mediana SOFA:6 [4]punti. AUC qSOFA:0.673,NEWS:0.624, MEWS:0.645. Analisi comparativa curve ROC: no differenza significativa tra qSOFA, MEWS, NEWS.
Discussione: Nessuno score di triage superiore agli altri (al di sotto soglia del 70% nel predire prognosi avversa per malattia). Uso scores MEWS/NEWS suggeribile (correlato con prognosi/successiva diagnosi di malattia), mentre qSOFA raccomandabile per ampia validazione prospettica/numero ridotto di items richiesti. Loro calcolo precoce utile per valutazione prognosi/corretta assegnazione del pz, su base intensità di cure richieste, ma accuratezza nel predire eventi intraospedalieri in pz geriatrici bassa (forse influenzata da altri fattori tipici di questa popolazione, fragilità/multimorbidità).

Un insolto caso di insufficienza respiratoria acuta parossistica intrattabile...posizionale

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Caso clinico: Donna di 80 anni giunta al PS per lipotimia in corso di seduta di ginnastica in struttura riabilitativa territoriale,con grave desaturazione(SO2:60%). EGA:insuff.resp tipo 1 (Po2:49 mmHg). Analoghi episodi in anamnesi con accesso al PS dell'ospedale regionale. D-dimero: 3110.BNP:107.Angio-TC torace negativa per embolia e addensamenti. Ecocardio bedside dell'internista di reparto in consulenza: insuff. aortica di grado moderato+dilatazione nota aorta toracica, FE vsx: 50%. Ripetuto a 24 ore, sovrapponibile, pressioni atriali sx normali, non cardiopatia strutturale con esclusione di AHF.Sottoposta a NIV e ricoverata in Pneumologia per studio in condizioni stabili.Tuttavia si apprezzava riscontro di mancata correzione della saturazione con O2-terapia,associata a variazione dei valori di SO2 con il decubito della paziente e dispnea parossistica: nel sospetto di shunt intracardiaco, in accordo con l'internista ecocardiografista, eseguiva in Pneumologia nuovo ecocardio transtoracico (sovrapponibile) completato da infusione di mdc aria-gelofusine (bubble test), con evidenziava marcato shunt dx-sx da comunicazione interatriale(obliterazione istantanea atrio sx). Discusso il caso con cardiologi dell'ospedale regionale: eseguiva ETE, con conferma del quadro di PFO e severo shunt bidirezionale,anatomia non favorevole per chiusura percutanea,tuttavia eseguita con successo mediante device Amplatzer a centralizzazione avvenuta della paziente.
Conclusioni: Caso esemplificativo di sindrome platipnea-ortodeossia,spesso sottodiagnosticata: l'internista ecocardiografista è risultato determinante per diagnosi corretta nel caso specifico

Il mesotelioma pericardico primitivo mima una pericardite costrittiva in una giovane puerpera indiana quantiferon positiva

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Premesse: Il mesotelioma pericardico primitivo ha un'incidenza <0,05% (<2% di tutti i mesoteliomi); ecocardio, TC e RM cardiaca sono aspecifici evidenziando quadri flogistici di pericardite costruttiva, dirimente è il prelievo istologico. La prognosi è sfavorevole (sopravvivenza del 22% ad 1 anno).
Caso clinico: Donna di 34 anni, al 1° trimestre di gravidanza, esordiva con dolore toracico ad Aprile 2023 con riscontro di versamento pericardico sottoposto a drenaggio pericardico; intrapresa terapia antitubercolare empirica HRE per positività del QuantiferonTB (BK negativo su liquido pericardico ed escreato) e steroidea per quadro clinico/laboratoristico di sierosite da LES. Dopo il parto, progressivo peggioramento clinico, iporessia, tosse, febbricola; TC torace negativa, ecocardio suggestivo di pericardite costrittiva calcifica. Nel sospetto di pericardite tubercolare, veniva ripresa terapia con schema HRZE. A Novembre 2023 per ulteriore aggravamento, è stata sottoposta a RM e cateterismo cardiaco (suggestivi per pericardite costrittiva calcifica) ed inviata a pericardiectomia. All'esame istologico mesotelioma maligno epitelioide. Alla TC torace a 3 mesi, comparsa di tessuto patologico indissociabile da aorta ascendente, atrio sinistro, somi vertebrali D7-D8, bronco principale sinistro e multipli difetti trombo-embolici bilaterali.
Conclusioni: Il mesotelioma pericardico è una rara patologia oncologica di difficile diagnosi che mima condizioni flogistiche di pericardite costrittiva; va considerata nei casi di pericardite non responsivi alla terapia medica e approfondita con prelievo istologico.

Manifestazione severa di pemfigo volgare ad interessamento esofageo

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Premesse: Il pemfigo è una rara patologia bollosa sistemica autoimmune, diretta contro le glicoproteine desmogleina, con incidenza di 0.5 per 100,000 per anno. L'interessamento esofageo è riportato in <50% dei casi. Il pemfigo volgare, la forma più grave, ha una mortalità del 90% che, se diagnosticato in tempo e trattato con farmaci immunodepressivi, si riduce a 5-10%.
Caso clinico: Una donna di 71 anni, affetta da dislipidemia ed ateromasia TSA, accedeva al nostro reparto di Alta Intensità Medica di Guastalla per insufficienza respiratoria acuta associata a febbre, disfagia e disfonia ingravescenti in quadro di aftosi orale in trattamento con antivirali ed antimicotici da 6 settimane. La paziente è stata sottoposta a supporto ventilatorio con high flow nasal cannula associato a terapia antibiotica a largo spettro e nutrizione parenterale; alla TC torace/collo in urgenza emergeva un quadro di ispessimento flogostico/edemigeno a livello faringo-tracheale con spazio aereo conservato e segni di inalazione. Esami sierologici per

infezioni virali bollose e screening autoimmunitario negativi. Pertanto, veniva eseguito un esame endoscopico EGDS con evidenza di mucosa esofagea fragile spontaneamente sanguinante senza lesioni, esame istologico suggestivo di pemfigo volgare. Pertanto, la paziente è stata subito trattata con steroide ev ad alte dosi (metilprednisolone 1mg/kg) ed inviata a Centro Dermatologico per terapia associata con rituximab.
Conclusioni: Il pemfigo volgare ad interessamento esofageo è una causa potenzialmente fatale di disfagia se non diagnosticata e trattata.

To the *bone* of the problem: anemia as a challenge of the Internal Medicine specialist

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Premises: Anemia is a common cause of hospitalization in Internal Medicine and often it is a diagnostic challenge. It could be an indicator of other pathologies.
Description of 2 Case reports: We report 2 cases of a middle-aged women hospitalized for anemia and bone pain with radiological evidence of osteolytic lesions. Patient 1: she presented hypercalcemia, renal failure and monoclonal protein spike, hence the first diagnostic hypothesis was multiple myeloma (MM), excluded by bone marrow histology. High levels of PTH and calcium with normal values of phosphatemia and 1.25-OH-D suggested the final diagnosis of primary hyperparathyroidism associated to parathyroid cancer, confirmed after surgical removal. Microscopic examination of biopsy of right iliac crest showed bone remodeling and fibrotic replacement of the hematopoietic marrow explaining the patient's anemia. Patient 2: she was hospitalized for pathologic fracture of left pubic symphisis. The presence of other osteolytic lesions and anemia suggested the first diagnosis of MM, excluded by bone biopsy that showed bone rarefaction. The subsequent detection of chronic hepatopathy, increased GGT, and positivity to AMA-M2 directed the diagnosis towards primary biliary cholangitis (PBC), which often caused hepatic osteodystrophy and anemia.
Conclusions: The reported cases emphasize a holistic study of anemia, in particular when accompanied by bone lesions. Anemia normochromic/normocytic is a common finding in hematologic neoplasms, like MM, but it can also serve as an indicator of other conditions also affecting the bone.

A case of fever of unknown origin: don't forget the thyroid

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Background: Thyrotoxicosis is characterized by excessive thyroid hormone levels. Causes include subacute thyroiditis, often due to a viral infection occurring 2-6 weeks prior to onset. Complications include a life-threatening condition known as thyroid storm.
Case history: A 36 years old man came to emergency room for fever for 15 days, unresponsive to antibiotics. It started as a flu episode with cold and cough. He didn't suffer from any disease but reported a family history of neoplasms and autoimmune disorders. On clinical examination he presented fever, fatigue, intolerance to physical exertion and tachycardia (heart rate of 130 b/min). Imaging tests, serological panels for viruses, culture tests, autoimmunity and routine blood exams were done. They showed high serum T3 and T4, suppressed TSH and a slightly enlarged thyroid as from thyroiditis. Propanololo 40 mg per day was started, observing an overall improvement.
Discussion: Thyrotoxicosis differs from hyperthyroidism, due to a high synthesis and secretion of thyroid hormone. It typically follows a triphasic course: an initial thyrotoxic phase (low TSH, high T3-T4), a subsequent hypothyroid phase, finally more than 90% of patients return to a euthyroid state within a few weeks to a few months. Beta-blockers are first choice for symptom relief. NSAIDs are suggested for painful thyroiditis. In our case beta-blockers alone were enough for an overall improvement and our patient is still under medical control to assess the progress of the therapy. In conclusion, in case of FUO never forget the thyroid.

The influence of the buddy system on anxiety, depression, and coping strategies among nurses and social health workers during the Covid-19 pandemic: results of a national survey

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Premises and Purpose of the study: The 'buddy system' (BS) is a procedure in which two individuals operate as a single unit to guarantee mutual support. BS could be protective towards anxiety and depression, that have frequently affected healthcare professionals (HCPs) during the Covid-19 pandemic, but evidence is poor in Italy in this regard. This study analyzed anxiety, depression, coping strategies and the impact of BS on these phenomena among nurses and Social-Health Workers (SHWs) during the Covid-19 pandemic, in different italian healthcare hospitals.
Materials and Methods: A national observational study conducted in 2020 involved n.203 nurses and SHWs. A self-assessment questionnaire has been administered to the sample, analyzing socio-demographic data, anxiety state (through the "State Trait Anxiety Inventory scale"), depression (through the "Beck Depression Inventory") coping styles (through the "Brief Cope scale"), and the implementation of BS (through 3 ad hoc questions).
Results: HCPs who have experienced the BS procedure had significant lower levels of anxiety (p=0.02) and depression (p=0.00) than the other HCPs, and implemented coping styles based on problem-solving (p=0.03) and emotions (p=0.00), rather than negative coping strategies.
Conclusions: The present study confirmed that BS is a protective factor against anxiety and depression and that is associated with the use of positive coping strategies. Healthcare institutions should guarantee a workflow organization compatible with BS implementation, given its impact on psychological wellness of the HCPs.

Novant'anni e qualche pH fuori posto

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Premesse: La sindrome cardiorenale è definita come un disordine fisiopatologico che coinvolge cuore e reni, in cui la disfunzione acuta o cronica di uno dei due organi, come in un perfetto cross-talk, induce una disfunzione rispettivamente acuta o cronica nell'altro.

Descrizione del Caso clinico: Donna di 92 anni, affetta da MRC IV stadio (eGFR sec. CKD-EPI 25 mL/min/1,73 m2, sCr 1,89 mg/dL), scompenso cardiaco cronico (FE 30%), IA, DM II e sindrome da allettamento. In PS eGFR 17 ml/min, contrazione della diuresi (circa 100 ml/24h), proBNP 41.975 pg/ml, versamento pleurico bilaterale, dispnea, edemi declivi e ipotensione. All'EGA in ingresso: severa acidosi mista, consumo di bicarbonati e iperkaliemia. Inquadramento diagnostico: SCR tipo 2 (coesistenza di scompenso cardiaco cronico e IRC; relazione causale tra scompenso cardiaco cronico e progressione dell'IRC). Al fronte del peggioramento delle condizioni cliniche (ipotensione severa, tachicardia e oligoanuria) si iniziava terapia per il sostegno del circolo tramite noradrenalina, correzione degli squilibri elettrolitici, dell'EAB e gestione dei fluidi tramite diuretico in pompa siringa. Si evidenziava un miglioramento dei valori pressori e ripresa della diuresi. Pertanto, si procedeva alla riduzione progressiva dell'infusione di NA fino alla stabilizzazione del quadro e rientro dell'EAB.
Conclusioni: Il monitoraggio tramite EGA seriati e l'utilizzo di biomarcatori (proBNP e creatininemia) è di fondamentale importanza nella diagnosi precoce del danno renale nel paziente cardiopatico.

Implementing a hospitalist co-management model for orthopaedic surgical patients

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Premises and Purpose of the study: With the increasing of ageing population patients admitted to hospital medical wards often are elderly, with comorbidity, in polytherapy. Often, they present characteristics similar to those admitted to medical units These characteristics require physicians with medical expertise. The medical co-management is a collaborative model between internists and surgeons for the care of surgical patients. In this model the Internist assumes the management of specific aspects of the patient's care. Aim of this study is the description of the characteristics and the outcome of orthopaedic patients undergoing arthroprotesis surgery in election under medical surgical co-management.
Materials and Methods: From 01/06/2022 to 01/06/2023 we implemented a co-management programme for all patients requiring hip, knee or shoulder replcement surgery. We used standardised management protocols and regular, open comunication between surgical and medical teams.
Results: Between June 2022 and May 2023 1540 patients (mean age: 68,7 years, male:34%, female:66%) underwent replacement surgery, total hip 692, knee 792, shoulder 56. Each patient was suffering from 1.7 chronic pathologies (56% hypertension, 13% diabetes mellitus, 11% cardiovascular disease…). During the stay 11 patients presented perioperative medical complications, of these 8 were treated by the Hospitalist without the need to transfer to another ward.
Conclusions: Having dedicated orthopaedic hospitalists may contribute to fewer medical complications in patients requiring hip, knee or shoulder replacement surgery.

Hyperferritinemia: a biomarker of two rare diseases

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Background: Gaucher disease (GD) is an autosomal recessive lysosomal storage disease marked by the deficiency of the enzyme glucocerebrosidase. Splenomegaly, hepatomegaly, thrombocytopenia, anemia and bone pain are the most common clinical signs. Hyperferritinemia is often associated to GD. Hereditary hemocromatosis (HH) is characterized by excessive absorption of iron from diet and by common findings of elevated serum iron levels that can cause organ overload: liver, heart, skin, pancreas and gonads are specially affected.
Case history: A man of 57 yrs old, who attented the annual follow-up for GD, presented with splenomegaly, hepatomegaly, bone pain and bronzed skin color. Despite enzyme replacement therapy (ERT), a marked increase in ferritin levels (666 ng/ml) and transferrin saturation (Tsat) >50% was observed. In order to exclude the clinical suspicion of HH, a genetic test was carried out for the mutation of the HFE gene, showing homozygosity for H63D mutation. Subsequently, abdominal MRI was performed demonstrating hepatic iron overload.
Conclusions: In clinical practice, hyperferritinemia can be related to many causes. Hyperferritinemia is commonly detected in GD. Despite ERT, our patient presented with bronzed skin color, hyperferritinemia and high Tsat. These remarks successfully prompted us to look for a different etiology of hyperferritinemia.

Be careful when starting a thiazide diuretic: a case of severe hyponatremia

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Premises: Thiazide diuretics are considered safe drugs; therefore, their side effects are often underestimated. We describe a case of severe hyponatremia likely caused by indapamide, that led to severe neurological impairment.
Description of the Case report: A 56-year-old woman with chronic hypertension was seen for poor pressure control. Her therapy with enalapril was replaced with a perindopril/amlodipine/indapamide combination; after a week from this switch, she complained of dizziness, that was initially treated with a symptomatic therapy. The next day, she was admitted to the Neurology Department for the onset of seizures, confusional state and aphasia and diagnosed with status epilepticus. Blood chemistry tests showed severe hyponatremia (98 mEq/l) and hypokalemia (2.5 mEq/l). All subsequent exams excluded endocrine, nephrological, neurological or neoplastic diseases. After indapamide suspension, electrolytes returned to normal values and antiepileptic therapy was gradually decreased. Her clinical condition recovered only partially, and therefore she was transferred to the Rehabilitation Department for the persistence of ideomotor slowing, walking difficulties (ataxia, retropulsion), dysarthria, dysphagia, resulting in functional autonomy loss.
Conclusions: When starting a therapy with thiazide diuretics, electrolytes and clinical status should be closely monitored, because severe hyponatremia can occur. Recent literature in fact suggests a more substantial excess risk for hyponatremia, particularly during the first months of treatment, than indicated by drug labeling.

Lo studio "NEMIPEC": analisi multicentrica dei nuovi episodi di pericardite e miocardite nell'era del Covid-19

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Premesse e Scopo dello studio: Vaccinazione e infezione da SARS-COV-2 sono note cause di pericarditi e miocarditi ma caratteristiche cliniche e tempistiche di insorgenza di queste forme sono ignote.
Materiali e Metodi: Studio prospettico multicentrico su casi di pericardite/miocardite idiopatica esorditi tra 1/1/20 e 31/3/23. Qualora presenti prima dell'esordio, si sono registrate l'ultima infezione e/o vaccinazione: sulla base dei dati temporali di incidenza di pericardite/miocardite si sono individuati dei cut-off per distinguere i casi idiopatici da quelli legati a questi eventi. Sono state registrate le caratteristiche degli episodi e l'evoluzione dopo un anno di follow-up prospettico.
Risultati: Sono stati arruolati 602 pazienti (536 pericarditi, 66 miocarditi) da 9 centri. I cut-off individuati per pericarditi e miocarditi post-vaccino e post-infezione sono rispettivamente 28, 42, 14 e 112 giorni, permettendo di classificare 88 e 45 casi di pericarditi e 11 e 11 casi di miocarditi come post-vaccino e post-infezione, rispettivamente. Le pericarditi post-vaccino hanno minore età, PCR, interessamento pleuro/peritoneale e necessità di medicalizzazione delle forme idiopatiche (p=0.025, 0.038, 0.002 e 0.001). Le pericarditi post-infettive hanno minore età, PCR e necessità di medicalizzazione (p=0.010, <0.001, 0.043). Le miocarditi post-vacciniche hanno minore disfunzione ventricolare (p 0.025).
Conclusioni: Abbiamo sviluppato una definizione di pericardite e miocardite post-vaccino e –infezione che riflette la cinetica di insorgenza e le caratteristiche cliniche di queste forme.

Posterior reversibile leukoencephalopathy syndrome and hypertensive crisis due to obstructive sleep apnea: searching for a link

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Introduction: Posterior Reversible Encephalopathy syndrome (PRES) is a clinic-radiological syndrome characterized by headache, nausea/vomiting, confusion, cognitive changes, seizures, cortical blindness. MRI shows bilateral hyper-intense lesions at the parieto-occipital subcortical level on T2 and FLAIR sequences.
Case report: 44 years old woman presented headache, seizures, respiratory distress with high BP values (220/120 mmHg). Clinical history revealed: active smoker, obesity, COPD, OSA in treatment with CPAP, HF with EF 44%, adrenal hyperplasia and retro-duodenal lesion under investigation. Laboratory tests an increase of plasma cortisol levels (27.5 mcg/dL, range 0-24); low-dose overnight dexamethasone suppression test was normal (1.5 mcg/dl). Despite anti-hypertensive therapy with B-blocker urinary metanephrine levels were normal (184 mcg/24 h, range 0-320) and 18f-FDG PET-TAC was normal. Cerebral CT did not show acute lesions while MRI documented radiological characteristics compatible with PRES. EEG was normal. Antihypertensive intravenous treatment with urapidil (25 mg as bolus injection followed by 25 mg/h as continuous infusion) was performed for 36h and followed by oral treatment with canrenoate 25 mg, amlodipine 5mg and doxazosin 4mg, valsartan 160 mg, furosemide 25 mg, bisoprolol 2,5 mg. At discharge, BP was normalized (120/84 mmHg). Checking the electronic card of CPAP, the patient used the device for more than four hours in 35% of the nights.
Conclusions: OSA is a risk factor for CV diseases; this case highlights the importance of therapeutic adherence.

Nuovi score, esami di laboratorio e terapie stanno modificando la storia di una malattia rara

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Premesse: La porpora trombotica trombocitopenica è una patologia rara, ma ad esito infausto se non prontamente riconosciuta.
Descrizione del Caso clinico: I casi clinici sono due e riguardano pazienti ricoverate nell'aprile del 2023 c/o l'ospedale di Cesena. Una paziente di 50 anni, con storia di obesità, NSTEMI a coronarie indenni, lesioni ischemiche cerebrali emboliche di incerta origine, degente c/o la UO di ginecologia per malattia infiammatoria pelvica. Dopo alcuni giorni, la paziente sviluppava malessere generale con febbricola, anemia, progressiva piastrinopenia (16.000) ed incremento di creatinina (1.96), per cui veniva effettuata diagnosi di porpora trombotica trombocitopenica (plasmic score 6) confermata da ADAMTS-13 <0.2% con presenza di inibitore funzionale. Un paziente di 67 anni, con scarsa anamnesi patologica, che si presentava in PS per epigastralgia ed astenia con evidenza agli esami ematochimici di Hb 5.5, PLT 14.000, TnI 285; all'ECG onde T negative in anterolaterale di possibile significato ischemico. Nel sospetto di una TMA (microangiopatia trombotica) e del PLASMIC score di valore intermedio (5), si eseguiva dosaggio dell'attività di ADAMTS-13, pari a 0.2% con inibitore positivo. In entrambi i casi, il trattamento con caplacizumab, unitamente alla terapia di supporto, ha consentito la guarigione.
Conclusioni: In presenza di bicitopenia (specie anemia e piastrinopenia) e clinica compatibile con danno d'organo, è necessario pensare ad una microangiopatia trombotica ed escludere in particolare la PTT. La gestione multidisciplinare consente di migliorare la prognosi.

La dieta chetogenica a bassissimo contenuto calorico come trattamento efficace per l'obesità e la remissione del diabete tipo 2

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Premesse:L'Obesità è una malattia cronica multifattoriale, associata a plurime comorbidità, la cui prevalenza è in aumento. La dieta chetogenica a bassissimo contenuto calorico (VLCKD) è stata di recente proposta come valida strategia nutrizionale.
Descrizione del Caso clinico: Un uomo di 47 anni affetto da due anni da diabete tipo 2 veniva ricoverato per scompenso glico-metabolico. Il peso corporeo (PC) era di 121 kg (BMI 41,4 kg/m^2), la glicemia a digiuno 149 mg/dl, l'emoglobina glicosilata 10% e presentava dislipidemia mista. Assumeva insulina basale, dulaglutide, metformina, terapia ipolipidemizzante e antipertensiva. Nel corso del ricovero veniva posta diagnosi di steatosi epatica severa associata a disfunzione metabolica, sindrome delle apnee del sonno (OSAS) di grado severo e cardiopatia ipertensiva. Dopo VLCKD, sorprendentemente, il paziente non assumeva più nessuna terapia. Il PC era 74 Kg (BMI 25,3 kg/m^2), l'emoglobina glicosilata 5,4%, così come non erano più presenti steatosi epatica, ipertensione arteriosa, dislipidemia e OSAS.
Conclusioni: VLCKD si è dimostrata efficace nel raggiungere una perdita di peso rapida e significativa, con risoluzione delle comorbidità obesità-relate, preservazione della massa muscolare e miglioramento di fame, appetito e umore. VLCKD pertanto dovrebbe essere considerata come un'eccellente terapia di prima linea in pazienti adeguatamente selezionati, con obesità e/o diabete di tipo 2, sotto stretto controllo medico. VLCKD potrebbe rappresentare una svolta terapeutica per la remissione del diabete di tipo 2 di recente insorgenza.

F-fluorodeoxyglucose positron emission tomography in giant cell arteritis

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Introduction: Giant Cell Arteritis (GCA) is a vasculitis of large vessels. Diagnostic imaging includes doppler sonography, CT scan, CT angio, MRI angiography and FDG-PET. Both CT angiography and MRI angiography require agent administration; there are no prospective studies that suggest the superiority of one method respect over another. However, numerous case reports have demonstrated the effectiveness CT scan and FDG-PET in the identification of GCA (3-4-5).
Case report: A 74-years-old man with a medical history of bladder transactional cell carcinoma underwent surgeon on 2002 after neoadjuvant chemotherapy (two cycles of M-VAC) and a story of non-small cell carcinoma underwent LID lobectomy in 2012. In June 2017, he began to complain pain on the left temporal region, headache and visus disorders characterized by blurred vision and spontaneous tearing. On physical examination swelling of the left temporal region. The blood chemistry made in a recent hospitalisation showed high inflammatory markers (C-reactive protein 28.7 mg / dl and ESR 1h 28 mm). For this reason he was subjected to CT angiography that showed poor opacification of the temporal artery at the level of the middle-distal tract with thickened walls and tortuous course, also evidence of oedema of the subcutaneous soft tissues and of the ipsilateral temporal muscle.

Uno strano caso d'ascite

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Caso clinico: Donna di 66 anni in mediocri condizioni cliniche. In APR: pregresso ictus in sede frontale, nuclocapsulare, occipitale sinistro in Kinking carotideo bilaterale (2017). Angina instabile post-infartuale (angioplastica PCI su IVA, impianto stent medicato - 2022). EDS da ulcera bulbare Forrest Iic (2018) - non esibite/eseguite istologie. Ipertensione arteriosa.
Motivo del ricovero: Ascite di ndd.
Conclusioni: Il quadro clinico motivante il ricovero presso il nostro reparto è stata la graduale comparsa di ascite moderato-severa. L'esame del liquido ascitico risultava essere di verosimile natura essudativa (non eseguibile gradiente albumino-ascitico). A tal fine attraverso studio TC Torace ed Addome con m.d.c. ed EGDs e due esami citologici sono state escluse neoplasie solide responsabili di ascite. Allo studio TC inoltre non evidenza di trombosi dell'asse splenoportale. Lo studio ecocolordoppler cardiaco ha escluso cause cardiogene di ascite. In relazione all'anamnesi patologia remota della paziente ed all'assenza di piastrinopenia nonostante la severa splenomegalia sono state ricercate mutazioni a carico del gene JAK1 e calreticulina, risultati essere negativi. Infine gli studi di imaging in assenza di chiari segni laboratoristici ed etiologici di epatopatia non depongono per causa puramente cirrotica. Pertanto la presenza di ascite poco sensibile alla terapia diuretica, in assenza di chiari segni di cirrosi, associata ad epato-splenomegalia e varici esofagee depongono per verosimile quadro di ipertensione portale post-sinusoidale.

Un improvviso caso di paraparesi

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Premesse: L'ischemia dell'arteria spinale anteriore è una patologia tempo-dipendente ad insorgenza improvvisa e con presentazione clinica spesso di difficile interpretazione, soprattutto se in concomitanza di altre patologie croniche.
Caso clinico: Presentiamo il caso di un uomo di 75 anni che accedeva in DEA per ipostenia della gamba destra insorta in modo improvviso e con associato dolore lombare dopo viaggio in auto di circa 2 ore (NIHSS 3; mRS 0); in anamnesi fibrillazione atriale parossistica in terapia con NAO, dislipidemia, ernia discale lombare. Ha eseguito TC cranio encefalo ed Angio TC dei vasi intra ed extra cranici negativa per acuzie. Dopo 8h di osservazione comparsa di ipostenia bilaterale degli arti inferiori, più evidente all'arto inferiore sinistro, non presenti livelli sensitivi. E' stata dunque eseguita TC del rachide lombo-sacrale con mdc con evidenza di ernia discale lombare L3-L4 e L4-L5; segnalato globo vescicale. Per approfondimento delle strutture endocanalari, è stata proposta RM della colonna vertebrale con mdc rifiutata per claustrofobia. Dopo 48h dall'ingresso in DEA il paziente presentava plegia dell'arto inferiore sinistro, ipostenia dell'arto inferiore destro, vescica neurogena e stipsi. E' stata dunque eseguita RM della colonna vertebrale con mdc sotto sedazione che ha evidenziato quadro compatibile con ischemia midollare.
Conclusioni: L'esecuzione di un esame neurologico approfondito in relazione ai fattori di rischio del paziente possono permettere un più rapido work-out clinico-diagnostico nell'ambito dello stroke midollare.

Adult-onset Still's disease: a piece of hyperferritinemic syndrome puzzle? A case report

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Background: There are many causes of hyperferritinemia, including inflammation, infection, alcohol intake, liver disease, cancer or metabolic syndrome. Extreme hyperferritinemia (cut-off 2000-10000 ng/mL) has been associated with a limited number of causes, including septic shock, Still's disease (AOSD), catastrophic antiphospholipid syndrome (cAPS) and macrophage activation syndrome (MAS).
Case report: A 60-year old female presented to emergency department with history of one-month fever >39°C, sore throat, arthralgia, maculo-papular rash. Blood samples showed Hb 9,1 g/dL, WBC 14050/mm^3, (N 87%) Plt 536000/mm^3, normal GFR, GPT 64 U/L, CRP 15 mg/dL, ferritin 14014 ng/mL, ANA+1:160, iron 154 mg/dL, triglycerides 204 mg/dL, negative RF, no features of haemolysis, normal coagulation values; we also ruled-out acute bacterial, fungine and viral infections. A CT-scan revealed modest enlargement of spleen and neck and axillary lymph nodes, with moderate ^{18}F-FDG PET/TC uptake; we also perform a bone marrow biopsy, without evidence of hemophagocytosis. The patient met the Yamaguchi and Fautrel's criteria for diagnosis of AOBP, so we started a therapy with methylprednisolone 1 mg/Kg with adequate tapering e rapid clinical e laboratory response.
Discussion: Some authors proposed the name of Hyperferritinemic Syndrome to group uncommon disorders (septic shock, MAS, AOSD, cAPS) that share clinical and laboratory features. AOSD still remains as a diagnostic dilemma for physicians because of a combination of nonspecific symptoms that can be caused by a wide variety of diseases.

Management of severe bleeding in cirrhosis and immune thrombocytopenic purpura refractory to medical therapy by arterial embolization of the spleen: an old trick revisited for an old dog

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Background: Immune thrombocytopenia (ITP) is an acquired autoimmune disorder characterized by a low blood platelet (PLT) count in the absence of other causes. Acute ITP (<6 months) often presents with abrupt onset of bleeding; the presence of other diseases that cause bleeding make clinical management more complex.
Case report: A 60-year-old male was hospitalized with severe oropharyngeal and gastrointestinal bleeding; clinical history included liver cirrhosis (Child-Pugh B7) and alcohol abuse. Previous PLT count was 135000/mm^3. Blood samples showed Hb 5,2 g/dL WBC 15030/mm^3, PLT 1000/mm^3, APTT 34" INR 1,4 fibrinogen 115 mg/dL, D-dimer 0,28 mg/mL, creatinine 1,4 mg/dL, haptoglobin 89 mg/dL, LDH 245 U/L, DAT/IAT negative, absence of schistocytes on peripheral smear. We ruled-out infective, systemic autoimmune, drug-related etiology. An US- and CT-scan were performed, with evidence of mild splenic enlargement and ascites; a gastroscopy showed F2 blue esophageal varices and a duodenal bleeding, treated with OTSC. A one marrow biopsy showed a normal pattern due to life-threatening bleeding, patient was treated first with PLT units, corticosteroids and i.v. immunoglobulin (IVIG), then in rapid sequence with TPO-agonists (romiplostim, eltrombopag) and rituximab. In absence of clinical response, we perform an emergency partial splenic embolization (PSE) to stabilize the patient, with dramatic and persistent rise of the platelet count.
Discussion: Our case shows the effectiveness of PSE in the treatment of a life-threatening bleeding in refractory acute ITP and severe cirrhosis.

Central indirect echocardiographic signs of pulmonary embolism: "SINCE" study. Three-year experience (2021-2023)

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Premises and Purpose of the study: "SINCE" study, acrostic of "Signs echocardiographic iNdirect Central of pulmonary Embolism" enrolled 20 patients, between 48 and 82 years old, with venous thromboembolism (central pulmonary embolism) hospitalized in the two-year period 2021-2023. In the 20 patients, we examined echocardiographic values at the entrance of the overload of the right ventricle according to Kurzyna criteria. We carried out a comparative analysis with the Cochran's Q test to check if there is a significant relationship between A conditions (RV overload criteria), B (60-60 SIGN), C (Mc Connell Sign). "SINCE" study has the following goals: to test any association with A conditions (RV overload criteria), B (60-60 SIGN), C (Mc Connell Sign).
Materials and Methods: To calculate χ^2 we apply the following formula: $\chi^2=(k-1)[(k\,x)-y^2]/(k\,y)-z=28,9$. "K" refers to 3 variables.
Results: By applying the Cochran's Q test, the results demonstrate how A, B, C conditions are not at all due to chance. They have indeed a significant importance because the χ^2 obtained relative value (VR) is 20,95 with degrees of freedom (GL)=2, and the χ^2 critical value (VC) per p=0,001 is 13,816 with p<0,001.
Discussion: The results obtained show how the significant association in SINCE study, reveals the coexistence, according to Kurzyna criteria, of A+B+C conditions.
Conclusions: "SINCE" study showed how the most significant association is linked to the coexistence of A conditions (RV overloaded criteria)+B conditions (60-60 SIGN)+C conditions (Mc Connell Sign).

D-Dimer values in 30 patients with septic shock and DIC: "INTEREST" study

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Premises and Purpose of the study: The authors presented the "INTEREST" study, an acrostic deriving from "dissemINaTED intRavascular coagulation in sEpsis Shock paTients" which enrolled 30 patients, hospitalized in the High Intensity of Care Internal Medicine Unit, in the period 2021-2023. "INTEREST" study has the following objectives: 1) verify any existing relationships between the DIC Score values in the 30 patients enrolled; 2) verify the statistical significance found by applying Cochran's Q parametric test as a comparative analysis test.
Materials and Methods: Cochran's Q parametric test as a comparative analysis test is applied to 30 patients.
Results: Cochran's Q test shows how the clinical situation "DICS>5" (DIC Score >5) highlighted in all patients did not is attributable to chance but assumes a high statistical sig-

nificance since the relative value (VR) of the $\chi 2$ obtained is 60 with Degrees of Freedom (GL)=2 and the critical value (VC) of the $\chi 2$ for p=0.001 is 13.816. The differences in choice are, therefore, highly significant with p<0.001.
Discussion: Disseminated intravascular coagulation (DIC) results from abnormal, excessive generation of thrombin and fibrin in the circulating blood.
Conclusions: The "INTEREST" study demonstrates how in the 30 patients enrolled with DIC and sepsis the DIC score values are always greater than 5 with D-dimer values between 1 and 5 microg/ml as for thrombin hyperactivation to the detriment of the plasmin activation. This association is not attributable to chance but reaches high statistical significance.

Dizziness in a patient with vestibular paroxysmia

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Introduction: Vestibular paroxysmia, is a disabling positional vertigo and dizziness, clinical syndrome generated by a symptomatic neurovascular compression of the eighth cranial nerve.
Description: A 64-year-old man was admitted for positional paroxysmal vertigo and dizziness occurred from 10 months. A brain MRI described "…tortuos course of AICA wich touch VIII cranial nerve...". An ENT examination don't showed alterations or signs during objective examination or test. Neurosurgeon consultant excluded his competence regarding the clinical case. In consideration of the suspicion of VP we started carbamazepine ex juvantibus with progressive improvement of symptoms. Complete resolution of symptoms occurs after 8 weeks at Carbamazepine dose o f 800 mg twice daily. According to litterature diagnosis of VP is mainly based on the patient history and requires: A) at least ten attacks of spontaneous spinning or non-spinning vertigo; B) duration less than 1 minute; C) stereotyped phenomenology in a particular patient; D) response to a treatment with carbamazepine/oxcarbazepine; and F) not better accounted for by another diagnosis.
Conclusions: Vestibular paroxysmia is an uncommon condition often underdiagnosed, same studies hypothesize up to 4% of all patients presented with vertigo. This report shows that VP caused by congenital vascular malformation can occur in adults and oral medication is effective and useful for diagnosis.

PRES syndrome in patients scleroderma renal crisis

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Introduction: We report a case of scleroderma renal crisis presenting with PRES syndrome.
Description of the Case report: A 35-year-old woman arrived in emergency room due to seizures. In ER blood pressure was >220/120 mmHg, a brain MRI revealed "diffuse cotton-like lesions predominantly posterior," compatible with PRES syndrome. In light of the increase in blood creatinine values, the nephrologist advised against ACE-I therapy. Despite treatment with amlodipine, nebivolol, clonidine, urapidil, eplerenon and fursemide, blood pressure was >210/100 mmHg. Blood tests and blood smear were compatible with severe intravascular hemolytic anemia. Antibody studies revealed positivity for ANA, Anti-SCL70, and Anti RNA-Polymerase III. We started ACE-I with a gradual discontinuation of all other antihypertensive drugs and subsequent normalization of LDH, bilirubin, and hemoglobin values. Due to the progressive deterioration of renal function, the patient was subjected to hemodialysis. Renal biopsy confirmed the diagnosis of scleroderma renal crisis.
Conclusions: Scleroderma renal crisis is a rare event, often characterized by systemic thrombotic microangiopathy that occurs in the course of syestemic sclerosis, especially in patients with Anti-RNA polymerase III. Thrombotic microangiopathy is found in 43% of patients with scleroderma renal crisis. Activation of RAAS plays a crucial role in the pathogenesis of scleroderma renal crisis. Furthermore, the use of ACEIs in this condition has dropped 1-year mortality to 24% from 85% before the use of these

Early boarding: la presa in carico infermieristica precoce del paziente proveniente da pronto soccorso

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Premessa: Tradizionalmente il ricovero del paziente proveniente da pronto soccorso nei reparti medici viene effettuato dall'infermiere congiuntamente al medico. Questo presuppone che entrambi i professionisti siano disponibili ad accogliere il paziente, e talvolta questo aspetto ritarda la presa in carico, aumentando i tempi di permanenza in pronto soccorso. L'obiettivo dello studio è valutare la fattibilità della presa in carico infermieristica precoce (early boarding) dei pazienti con una bassa complessità.
Materiali e Metodi: I pazienti che vengono presi in carico dall'infermiere del reparto medico sono pazienti stabili, con una scala MEWS con score <=3. La presa in carico medica avviene nel momento in cui il medico è disponibile. Sono stati analizzati i dati del 2022 e confrontati con i dati del 2023 in termine di: fascia oraria del ricovero, numero totale dei ricoveri e stabilità MEWS.
Risultati: Confrontando i dati del 2022 con dati del 2023 si è evidenziato un aumento dei ricoveri nelle fasce orarie del mattino e del pomeriggio, e una conseguente riduzione dei ricoveri durante il turno notturno.
Conclusioni: L'early boarding mette in luce un cambiamento importante rispetto alla consuetudine di effettuare il ricovero solo se presente il medico insieme all'infermiere. Evidenzia un aumento dei ricoveri nella fascia oraria del mattino, un aumento delle dimissioni o dei trasferimenti dal mattino, e una sensibile riduzione dei ricoveri nella fascia oraria notturna.

Work overload among young italian internists: a subgroup analysis of a european survey

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Background and Aims: Work overload, stress and anxiety among physicians are associated with medical mistakes and poor quality of care. The present study aimed to evaluate the prevalence of overwork, its main causes and consequences among young Italian Internists.
Methods: The survey was conducted across European countries by the young internists group of the European Federation of Internal Medicine. Data were collected through an online questionnaire. Only data coming from Italian respondents were analyzed.
Results: Data from 104 young Internists (age <40 ys) working in universities and not-teaching hospitals were collected. Median age was 29.5 ys. Excessive workload was reported by 55.7% of respondents. Main reasons of excessive workload were spending more hours at work than was required by hospital (68.8%), not having any day off after a nightshift (61.3%), excessive number of patients seen (21.5%), too much time dedicated on paperwork and administrative duties (82.7%). Finally, according to 66.6% of respondents excessive workload was the main cause of stress and anxiety.
Conclusions: Work overload is very common among young italian internists. It is caused by excessive time spent at work, lack of rest, high number of patients managed and paperwork. Work overload is associated with stress and anxiety. Strategies to reduce work overload among young italian internists should be identified.

Emofilia A acquisita, rara ma non rarissima

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Premessa: EAA sindrome emorragica da carenza fattore VIII della coagulazione (FVIII) a causa di autoanticorpi specifici, neutralizzanti e/o accelerano clearance FVIII plasmatico (1.5 casi per milione/anno), spesso idiopatica, o associata a neoplasia, m autoimmuni, infezioni, m dermatologiche, farmaci, gravidanza. Si manifesta con emorragie spontanee (sottocutanee, gastrointestinali, muscolari, o più rare intracraniche) o indotte da chirurgia, traumi o procedure invasive.
Descrizione del caso: Il caso è da decalage steroideo in AR sieronegativa in pz (79 aa) con ematomi spontanei avambraccio e coscia dx. In PS Hb 7.8 g/dl, aPTT allungato (63 sec, 2.49 ratio), PCR 85.4; non raccolte o sanguinamento attivo alla TC TB. Trasfusa con 2 UI di GRC (Hb 11,3 g/dl), ma successivo ematoma paratiroideo dx spontaneo non rifornito; riscontro di ANAr positivo debole, totale assenza di FVIII (0,4%) e presenza di inibitore specifico del FVIII (37 U Beth) imposta prednisone 1 mg/Kg e sottoposta ad infusione di eptacog alfa attivato 6 mg ripetuto a distanza di 3 ore con risoluzione del quadro, aumento FVIII (10%) riduzione dell'inibitore.
Conclusioni: L'EAA è una patologia grave con elevata mortalità, 20% ca nei pz di oltre 65 anni; una criticità importante è rappresentata dalla sottodiagnosi e dal ritardo diagnostico (mediamente 7 giorni) è un'emergenza emorragica a cui pensare in caso di emorragie spontaneee di nuova insorgenza che richiede un approccio precoce e multidisciplinare

A case of extensive multidistrict venous thrombosis

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Premises: Venous thromboembolism (VTE) is a multifactorial disease in which multiple inherited and acquired risk factors act synergistically determining different thrombotic manifestations. Common manifestations of VTE are deep vein thrombosis of the lower limbs and pulmonary embolism. Uncommon manifestations of VTE affect atypical sites, such as cerebral sinus, splanchnic, upper limbs, and retinal veins. In recent years, it became clear that congenital and acquired thrombophilia through complex interactions with the vessel wall may induce alterations in the hemostatic balance that predispose to thrombosis at unusual sites.
Description of the Case report: A 34-year-old north-african previuosly healthy female was admitted to our department for edema of the face, neck, shoulders and upper limbs from 15 days. Her medical history included two eutocic pregnancies and she was currently taking estrogen-progestin therapy. CT angiography showed extensive multidistrict venous thrombosis involving the superior vena cava, right jugular vein, right subclavian vein, left innominate vein and right suprahepatic vein. The thrombophilic study only highlighted a slight but still non significant positivity of ANA and LAC and heterozygous MTHFR and FV mutations. She started Warfarin and was referred to a specialist center for further investigation.
Conclusions: We postulate that the patient's current thrombophilic condition does not justify the extensive multidistrict venous thrombosis, therefore clinical monitoring will be necessary to identify any predisposing pathologies and conditions.

La solita acidosi respiratoria?

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Premesse: La sindrome di Guillain Barrè è una polineuropatia infiammatoria acuta a genesi autoimmune, rapidamente progressiva caratterizzata da debolezza muscolare fino alla paralisi ad andamento disto-prossimale e lieve perdita della sensibilità. La terapia è di supporto e prevede l'utilizzo di immunoglobuline e plasmaferesi.
Descrizione del Caso clinico: Uomo di 85 anni in PS per cedimento degli AAII senza PDC. In anamnesi ipertensione arteriosa e BPCO. All'esame obiettivo si riscontrava ipostenia degli arti inferiori con ROT ipovalidi. Agli esami ematici leucocitosi con aumento della PCR e delle CK. Eseguita un'angio TC torace che escludeva un' embolia polmonare. Nelle successive 24 ore progressivo deterioramento neurologico per cui veniva richiesta un'angio TC encefalo negativa ed EEG con segni aspecifici di sofferenza cerebrale. Veniva trasferito in terapia semintensiva dove avveniva un nuovo peggioramento del quadro con comparsa di respiro russante e scosse ritmiche. All'ega severa acidosi respiratoria per cui veniva impostata NIV. Si eseguiva una puntura lombare nel sospetto di meningite/encefalite e si richiedevano gli esami per la diagnostica differenziale. All'EMG eseguito poche ore dopo si evidenziava una sofferenza sensitivo-motoria di carattere demielinizzante ai 4 arti compatibile con sindrome di Guillain Barrè.
Conclusioni: la sindrome di Guillain Barrè è una patologia la cui diagnosi è spesso complessa. Il coinvolgimento dei muscoli respiratori avviene nel 10-30% dei casi e si manifesta con acidosi respiratoria.

Splenic calcification in systemic lupus erythematosus: a case report

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Background: Systemic lupus erythematosus (SLE) is a chronic multisystem autoimmune disease. Splenic calcification has been rarely described in SLE.
Case report: A 63-year-old man admitted to the Internal Medicine Unit for persistent pain in the left hemithorax and fever resistant to therapy. Physical examination was positive only for the intense pain in the left hemithorax in absence of peripheral lymphadenopathy. Laboratory data showed an increase of D-dimer level, ESR and mild anaemia. Blood, urine, and BAL cultures were negative. An abdominal ultrasound showed an altered echogenicity of the spleen with multiple calcifications uniformly distributed. The whole-body CT scan confirmed many differently sized calcific foci only in the spleen without enlarged lymph nodes. Flow cytometry of peripheral blood and BAL revealed a normal CD4/CD8 ratio. A significant positivity for ANA (1:1280), Anti-dsDNA, ANCA, Anti-ENA (SS-A and B) was showed. On the fourth day of hospitalization the patient presented pericardial effusion. Given the clinical picture and the peculiar autoantibodies array we made diagnosis of SLE with a possible association of Sjögren Overlap syndrome. The treatment was based on steroids and hydroxychloroquine with progressive clinical improvement.
Conclusions: Few cases of splenic calcifications have been reported in the literature. It is unclear why the calcification took place only in the spleen. Further studies will be needed to understand the pathogenetic mechanism underlying this histologic alteration and the possible impact on the evolution of the disease and on the response to therapy.

La febbre del sabato sera

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Premesse: Il caso clinico di un paziente di anni 40 che giunge per ipertermia riferita al triage con storia di dipendenze da sostanze.
Descrizione del Caso clinico: Giunge alla nostra osservazione si mostrava agitato, confuso, con stato di coscienza alterato, ipertensione severa, tachicardia estrema, vomito, alito alcolico, si posiziona monitor, catetere vescicale, e SNG, addome trattabile e indolente, constatata l'instabilità emodinamica e midriasi delle pupille si procede alla intubazione orotracheale, alla TC cranio torace nulla da riferire, all'ega acidosi metabolica e lattati non misurabili, agli esami di laboratorio si evidenziava una quadro di insufficienza multiorganico ed piastrinopenia. Si procedeva alle cure del caso che prevedevano terapia sostitutiva renale con rimozione delle citochine infiammatorie, pappe piastriniche e fattori della coagulazione, terapia antibiotica empirica. il paziente risultava positivo a sostanze d'abuso. Il completo quadro laboratoristico deponeva per coagulazione intravasale disseminata elicitata da sostanza da abuso non specificata. Dopo 10 giorni di cure intensive si assisteva ad un miglioramento dello stato generale e alla remissione del quadro ematologico.
Conclusioni: Questo caso ci insegna che un approccio multidisciplinare può fare la differenza nella cura e nella prognosi. Ad oggi il paziente non ha reliquati e conduce una vita sana.

Aneurisma arteria splenica

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Premesse: Gli aneurismi della arteria splenica (AAS) sono i più comuni aneurismi viscerali, frequenti nelle donne in gravidanza, con percentuali di rottura del 5-10%. Il trattamento d'urgenza è di tipo chirurgico e/o endovascolare. La mortalità a 30 giorni del trattamento chirurgico è del 5% contro lo 0.6% del trattamento endovascolare (9% *vs.* 2% in caso di AAS rotti) con degenza in chirurgia più lunga rispetto al trattamento endovascolare (9.8 *vs.* 2.0 giorni).
Descrizione del Caso clinico: La paziente 58 anni in abs giungeva in PS per dolore addominale irradiato al fianco sinistro. All'eco FAST si evidenziava versamento in addome, con riscontro tomografico di aneurisma sacciforme di 20X20 mm della arteria splenica Grado III (SICVE). Indagata la paziente per comorbidità/interventi ed eseguita profilassi per procedura endovascolare, l AAS veniva embolizzato con successo del 100% su parenchima conservato validato alla TC post intervento, degenza ordinaria di 3 giorni.
Conclusioni: L'intervento di embolizzazione spirale (ES) con mezzo contrastografico risulta una metodica sicura, rapida e veloce con vantaggi sui tempi di esecuzione e durata di degenza. La nostra esperienza dimostra, in accordo con le linee guida, come l'ES prossimale dell'arteria splenica non causi una perdita di parenchima. La radiologia interventistica rappresenta una alternativa, vantaggiosa e eseguibile in tutti i presidi ospedalieri.

A patient with rare effects with statin therapy: case report

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Introduction: The statins are a class of drugs whose main adverse effects are liver injury and myopathy. Some of these are idiosyncratic. In this case report the patient presented severe acute cholestatic hepatitis, hyponatriemia and rhabdomyoysis. He had this uncommon adverse drug reactions with two different statins.
Case report: A 62 years old man was admitted to our DEA with confusion, drowsiness,weight loss, icterus and itch for more than one months. In his medical history there was: primary hypertension, dyslipidemia and previous acute miocardial infection. He was on the following therapy: ticagrelor, omeprazole, ramipril, bisoprolol, acetylsalicylic acid, furosemide and atorvastatin. On admission laboratory tests revealed: hyponatremia (Na 110 mmol/L), total bilirubin 6.3 mg/dL (coniugated bilirubin 4.1 mg/dL and an unconiugated bilirubin 2.2 mg/dL), GOT 225 UI/L, GPT 185 UI/L, -GT 210 UI/L, LDH 600 UI/L, ALP 642 UI/L. An initial abdominal echography showed gallbladder sludge without biliary tract dilation, the MRI of the abdomen showed normal data. On the base of suspisious of an iatrogenic etiology, atorvastatin was stopped and fluid therapy (hypertonic saline solution) was carried out with fast clinical and laboratory improvement. Therefore simvastatin/ezetimibe was introduced. After two weeks the patient presented

muskle pain and fatigue, lab test showed GOT 417 UI/L, GPT 350 UI/L, -GT 323 UI/L, CPK 2223 UI/L.
Conclusions: This clinical case provides that further studies on statins are needed to understand the mechanisms that lead to liver and metabolic damage.

An unusual case of refractory hyponatremia in elderly patient

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Introduction: The confusion is a frequent cause in hospitalized elderly patient with hyponatremia. The hyponatremia is the commonest electrolyte disorder in clinical practice and in this case, the syndrome of inappropriate antidiuretic hormone secretion (SIADH) can be one of the most cause.
Case report: An 86 year old woman was admitted to our hospital because of the neurological involvement with confusion, drowsiness, fever (39°C). The medical history revealed chronic vascular encephalopathy and arterial hypertension. The patient was febrile (39.5° C) with B.P. 120/80 mmHg. The EKG showed sinus rhytm (120 bpm). Blood exams noted severe hyponatemia (Na 105 mmol/L) elevated procalcitonin (PCT=15) and C-reactive protein (PCR=42) with sepsis of the urinary tract. The arterial blood gas test noted respiratory alkalosis with mild hypoxia. The brain CT scan without contrast detected chronic vascular encephalopathy and thorax CT scan without contrast was negative. We started infusion with hypertonic saline solution, fluid restriction and antibiotic therapy with mild response (Na 122 mmol/L) normal value of PCT and PCR. Therefore we performed strumental and laboratory tests that allowed diagnosis of SIADH but that didn't reveale any cause of SIADH except sepsis. Infact the patient presented persistent hyponatremia also after the resolution of sepsis.
Conclusions: Acute sintomatic refractory hyponatremia is a medical emergency and the clinicians must always suspect idiopatic senile SIADH related refractory hyponatremia to start as soon as possible the appropriate therapy with vaptan.

La scelta dell'hospice per i pazienti afferenti all'UOS cure intermedie del distretto H3 dell'ASL Roma 6. Valutazione epidemiologica degli accessi dal 2002 al 2023

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Introduzione: L'inserimento dei pazienti in hospice (residenziale o domiciliare) è divenuto una scelta sempre più accettata e richiesta dai familiari. L'UOS. Cure Intermedie del Distretto H3 ASL Roma 6 (Marino - Ciampino) fornisce assistenza ad un bacino di utenza di 82.994 abitanti (2020).
Scopo dello studio: Gli AA hanno analizzato le cartelle cliniche dei pazienti in hospice (residenziale e domiciliare), autorizzati dall'UOS cure intermedie del distretto H3 ASL Roma 6, nel periodo 2002-2023, per valutare il contributo di questa scelta assistenziale nella riduzione di accessi in P.S. ed ospedalizzazioni.
Materiali e Metodi: I dati sono stati raccolti, tramite il supporto informatico, dalle 3542 cartelle cliniche dei pazienti seguiti dal CAD negli ultimi 20 anni (2002-2023).
Risultati: I pazienti provengono, quasi esclusivamente ed in egual misura, dai due comuni del distretto. La presa in carico in hospice avviene contestualmente (tempo 0) nel 15,7% (558 casi). Entro tre giorni il 37,5% dei pazienti. Entro sette giorni 45,2% dei pazienti è inserito in hospice. La patologia prevalente (90%) è oncologica e l'exitus (82%) è la modalità prevalente di dimissione. Dal 2019 (tranne il 2020) c'è stato un aumento rilevante degli inserimenti, grazie al supporto di ulteriore personale sanitario (prima per Covid-19 e poi per l'inserimento di enti accreditati).
Conclusioni: La scelta del hospice è utilizzata sempre più spesso e riconosciuta come soluzione alternativa ad altre meno performanti e/o congrue (ricovero ospedaliero, RSA), consentendo di ridurre gli accessi ospedalieri.

Studio retrospettivo trentennale dell'assistenza domiciliare presso l'UOS cure intermedie del distretto H3 dell'ASL Roma 6 con focus pre- e post-pandemico

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Introduzione: UOS cure intermedie del distretto H3 ASL Roma 6 (Marino - Ciampino) fornisce Assistenza Domiciliare ad un bacino di utenza di 82.994 abitanti (2020).
Scopo dello studio: Il ricorso all'assistenza domiciliare per ridurre le ospedalizzazioni e gli accessi in P.S. dei pazienti seguiti da UOS cure intermedie del distretto H3 ASL Roma 6 (Marino - Ciampino), nel corso degli ultimi 30 anni con focus su pre e post-Covid (2019-2023).
Materiali e Metodi: I dati, tramite supporto informatico, sono estrapolati dalle 9141 cartelle cliniche dei pazienti seguiti dal CAD negli ultimi 30 anni (1992-2023), con focus sui dati pre-Covid (2018-2019) e post-Covid (2021-2023).
Risultati: Gli assistiti provengono in ugual numero dai due comuni del Distretto. Il genere femminile rappresenta i 2/3. Gli ultrasettantenni sono prevalenti (82,9%), ma non mancano i bambini. Gli assistiti sono aumentati nei primi sedici anni (1992-2008), il dato si è poi stabilizzato (media pazienti 426,6). Nel 2020, causa Covid, il numero di pazienti seguiti si è ridotto del 16.5%. Dopo la pandemia, gli assistiti a domicilio sono nuovamente aumentati, in particolare nel 2023 (+22.8% rispetto al 2019 e +14.1% rispetto al 2022).
Conclusioni: La presenza di più personale sanitario a seguito ingresso enti accreditati (soprattutto infermieristico e fkt, prima per il Covid e poi per la scelta di enti accreditati), ha aumentato decisamente le prestazioni domiciliari, agevolando la gestione dei bisogni assistenziali domiciliari e riducendo la probabilità di ospedalizzazione e di accesso in P.S.

Umanizzare le cure è possibile: il sapere, il saper fare e il saper essere dell'infermiere

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Premesse: L'infermiere di famiglia e comunità (IFeC) nell'azienda ASL Toscana Sudest, conosce, pensa e agisce l'assistenza infermieristica sul territorio e garantisce la presa in cura della persona grazie all'adozione del modello G.N.N.N. (accertamento infermieristico di M. Gordon, Nanda International, Nursing Outcomes Classification, Nursing Interventions Classification) che permette di valutare la persona in senso olistico, pianificare e misurare gli esisti assistenziali.
Descrizione del Caso clinico: Una paziente donna vive da sola in una piccola casa in un paese dell'Area Grossetana. Da due anni, le sono comparse delle lesioni sulle gambe a causa della insufficienza venosa. Le lesioni cutanee, si sono trasformate in ulcere sanguinanti, provocando dolore e ipomobilità. L'IFeC, secondo il modello GNNN, rileva i modelli disfunzionali e pianifica l'assistenza. La diagnosi infermieristica prioritaria individuata dopo l'accertamento è integrità tissutale compromessa. Nonostante le medicazioni ad alto costo, le consulenze di infermieri wound care e visite specialistiche, le ulcere non migliorano. L'infermiere di famiglia e comunità decide di dedicare del tempo alla signora e ascolta la sua storia, scopre la sua professione artigiana, il marito è deceduto viene elaborata una nuova diagnosi infermieristica Disponibilità a migliorare il lutto. L'IFeC recupera l'utensile necessario per la sua professione e motiva la signora a realizzare coperte.
Conclusioni: Dopo 2 mesi quasi tutte le ulcere mostrano un notevole miglioramento con riparazione tessutale quasi completa. La paziente, continuando a cucire, ha finalmente "ricucito le proprie ferite".

Encefalite metabolica

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Premesse: L'ipocalcemia può essere causa di manifestazioni cliniche anche severe potenzialmente fatali.
Descrizione del Caso clinico: Pz, di anni 66, giunta in PS per agitazione, insonnia, atteggiamenti teatrali. Non storia psichiatrica. Lo psichiatra consigliava delorazepam e TC cranio (strie iperdense in sede temporale sinistra). Eseguiva EEG (alterazioni aspecifiche), TC cranio con mdc, angioTC dei vasi intra-extracranici (slargamento del corno frontale del ventricolo laterale dx, non più evidenti le strie iperdense in sede temporale sn, placca dell'ACI dx con stenosi del 45% e kinking del tratto prossimale dell'ACI dx), ECD TSA (ispessimento medio-intimale diffuso bilaterale con placche non emodinamicamente significative). Nel sospetto di encefalite eseguiva rachicentesi, esame chimico-fisico, colturale e film array per ricerca patogeni neurotropi. L'esame del liquor mostrava: cellule 8, proteine 104, glucosio 49 e film array negativo. Iniziava terapia antibiotica, antivirale e cortisonica. Ricovero in Medicina Interna con diagnosi di "stato confusionale in sospetta encefalite". Gli esami eseguiti in Reparto mostravano: ipocalcemia (3,7 mg/dl) ipomagnesiemia (1,3 mg/dl) e iperfosforemia (6,5 mg/dl). Anamnesi e esame obiettivo evidenziavano pregresso intervento di tiroidectomia per cui veniva diagnosticata "ipocalcemia post tiroidectomia". Con la terapia sostitutiva si è avuto un rapido miglioramento clinico.
Conclusioni: La corretta metodologia clinica, l'inquadramento del paziente, i relativi esami ematochimici, dettati dalla clinica, hanno risolto l'encefalite.

Ascites as onset of haematological disease

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Background: Diagnosis of ascites considers the most common liver diseases, but also cardiological, oncological and infectious conditions must be investigated. "Hematologic" ascites is uncommon.
Case report: A 44-y man with ascites was referred without significant medical history. Alcoholic, viral, autoimmune, metabolic and congenital etiologies of hepatic disease were excluded. Blood tests revealed polycitemia and thrombocythemia, mild hyperbilirubinemia and hypertransaminasemia. Abdominal US showed severe ascites, normal spleen, hepatomegaly, patent portal vein with reduced hepatopetal portal flow, large intra-hepatic collaterals without detectable supra-hepatic veins. Varices F1 were detected at EGDS. An MRI scan confirming the suspicion of Budd-Chiari syndrome decompensated, revealed a significant thrombotic stenosis of the inferior vena cava. A work-up for haematological disorders showed the presence of JAK-2 positive myeloproliferative disease together with Leiden's Factor V mutation. The patient started bloodlettings, anticoagulation and cytoreductive therapy, but required ripetuted paracentesis for tense ascites. TIPS placement was done, successfully on request for paracentesis. In ascitic patients an US exam with Doppler for hepatic vascularization is mandatory.
Conclusions: In our case, suprahepatic veins trombosis, associated with the haematological investigations, confirm the Budd Chiari Syndrome; TIPS, despite a lower literature, is safe and with anticoagulation and cytoreduction significantly decreasing liver related complications and improving long term survival and avoid need liver transplantation

Role of splenic 2D shear wave elastosonography in cirrhotic patients

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Background: Clinically significant portal hypertension (CSPH) with onset of esophageal varices is associated with severe complications and decompensation of cirrhosis. Liver (LS) and spleen (SS) stiffness measured by 2D Shear-wave elastography (SWE) might be helpful in the diagnosis of CSPH.
Materials and Methods: In our hepatology clinic all patients undergo standard abdominal US and SWE; we selected 32 patients (8 women,mean age 65y,range 32-80) suffering from cirrhosis of various etiologies and we compared the measurement data of hepatic (LS) and splenic stiffness (SS) with the Child Pugh class (27 class A,5 class B without ascites, excluding class C) and with the presence or absence of esophageal varices with endoscopic control performed at our unit (9 patients with congestive gastropathy, 17 with F1 varices and 6 with F2-F3).
Results: The mean stiffness value expressed in kPascal (kPa) was 20.9(14,9) (mean+/-DE) for the LS,29.2(8,4) for the SS; stratifying the patients by Child class,the mean value, in Child A was 13.8 Kpa for LS and 23.3 kPa for SS and 32.5 kPa for LS and 35.4 for SS for B class. Congestive gastropathy was present in patients with LS 13 kPa and SS 23.5 kPa, varices

was present with LS >25.4 kPa, small F1 varices with 25.6 SS kPa and large F2-F3 varices with SS 39.9 kPa (data compliant with those reported in literature).
Conclusions: SWE spleen examination completes the performance of the standard US in the hepatopatic patient. As already demonstrated in the past for LS, also SS is useful to suspect CSPH. Progressive increase in SS correlates well whith de degree of liver failure and presence of varices.

Telemedicine as a health literacy tool

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Introduction and goals: Telemedicine services were already active in our hospital but aimed at patients with no comorbidities. We started a project for multi-pathological patients with the aim of facilitating hospital discharge and ensure continuity of care, so as to reduce access to the ER (Emergency Room), hospitalization and improve patients' health literacy skills (the ability to acquire, understand and use medical information for one's health).
Methods and Materials: We enrolled patients with social or personal problems, acquired informed consent for telemonitoring and provided, as needed, with medical devices and specific software.
Case manager has a key role: A nurse who is responsible for monitoring the alerts, reporting them to the doctor (who will make the appropriate therapeutic changes), and mediating the doctor-patient relationship. Televisiting is also fundamental: it allows to actually see patients and obtain information on their state of health, reassure and educate them and caregivers so as to increase awareness of the disease, learn to manage events, promptly adapt the therapy to prevent clinical worsening and access to ER.
Results: Although recently activated, the feedback is positive and the patients enrolled have actually reduced hospital admissions.
Conclusions: Telemedicine is an innovative approach to healthcare practice that integrates into the traditional doctor-patient relationship. Improving health literacy is promote self-care, reduce hospitalization rates and obtain better health outcomes.

Esordio atipico di neoplasia mammaria occulta

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Premesse: L'anemia è una delle sfide quotidiane per un'internista.
Caso clinico: Paziente di 62 anni, ricoverata per marcato deperimento organico in stato depressivo da recente evento di perdita. In anamnesi: tratto talassemico, fibromatosi uterina. All'ingresso allettata, sottopeso (BMI=16), non alterazioni obiettive cardio-respiratorie o addominali. Riscontro di severa anemia microcitica iporigenerativa con piastrinopenia, in assenza di deficit marziali, vitaminici o emolisi. La TC torace-addome non rilevava lesioni di significato oncologico, così come gastroscopia e colonscopia. Per elevati valori di ferritina, CA 15.3 e CA 125 (pur in assenza di tumefazioni mammarie o dolori ossei), eseguiva mammografia ed ecografia, che non evidenziavano opacità mammarie nè significative linfoadenopatie ascellari. La BOM confermava il sospetto clinico di metastasi osteo-midollari da carcinoma mammario (carcinoma lobulare, ER e PgR+, HER-2 negativo). Veniva trasfusa ed iniziava nutrizione parenterale, poi graduale ripresa dell'alimentazione per os e dell'autonomia funzionale. Successivo riscontro scintigrafico di multipli secondarismi ossei. Intraprendeva terapia ormonale con inibitori delle cicline ed antiaromatasico (ribocilib+letrozolo); si assisteva ad un miglioramento della crasi ematica, trasfusione indipendenza con calo dei valori di CA15.3.
Conclusioni: In letteratura sono segnalati sporadici casi di neoplasia mammaria a primitività occulta esordita con metastasi ossee, ancora più rara è la presentazione clinica con insufficienza midollare senza complicanze come dolori ossei, ipercalcemia o fratture patologiche.

Crioglobulinemia in paziente con leucemia linfatica cronica in stadio iniziale

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Premesse: La crioglobulinemia è una vasculite dei piccoli vasi provocata dalla formazione di immunocomplessi contenenti crioglobuline, immunoglobuline sieriche che precipitano *in vitro* a temperature inferiori a 37°C. Le forme di tipo I sono associate a sindromi linfoproliferative.
Caso clinico: Paziente di 72 anni, da alcuni mesi fenomeno di Raynaud con episodi dolorosi di acrocianosi ai padiglioni auricolari, livedo reticularis e porpora palpabile agli arti inferiori. Gli esami evidenziavano aumento del criocrito, riduzione di C3 e C4, negativi HCV ed HBV, nonché ANA, ANCA e fattore reumatoide; emocromo e funzione renale nei limiti, così come capillaroscopia ed elettromiografia agli arti inferiori. La BOM mostrava un infiltrato di linfociti B clonali come da leucemia linfatica cronica (LLC); la TC torace-addome risultava negativa per adenopatie profonde. La paziente veniva quindi trattata con rituximab x 2 cicli, senza miglioramento clinico, per cui, ipotizzando che i linfociti B clonali potessero fungere da trigger alla formazione delle crioglobuline, si iniziava terapia con R-CVP (rituximab-ciclofosfamide, vincristina, prednisone), nonostante non vi fossero criteri per il trattamento dell'emopatia. La paziente tollerava bene il trattamento e si assisteva a miglioramento clinico e laboratoristico.
Conclusioni: Nel nostro caso l'emopatia (LLC) era in fase molto iniziale; in letteratura sono spesso segnalate associazioni fra crioglobulinemia di tipo I ed LLC, la clinica predominante è tuttavia secondaria all'emopatia, il cui trattamento tende a migliorare anche i sintomi della vasculite.

Sindrome VEXAS

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Premesse: Nel Dicembre 2020 viene codificata una nuova severa malattia autoinfiammatoria dell'adulto dovuta ad una mutazione somatica del gene UBA1 (enzima 1 attivante l'ubiquitina) chiamata "VEXAS sindrome". L'ubiquitina, nelle cellule sane, è un marcatore di proteine obsolete da portare alla distruzione nei proteasomi. Nei paziente affetti si osserva un'attivazione dell'immunità innata e l' incremento di TNF, IL-6, IL-8, INF-γ.
Descrizione del Caso clinico: Uomo di 76 anni ricoverato per anemia, piastrinopenia, calo ponderale e febbre senza richiamo d'organo. L'iter diagnostico ha escluso patologie infettive, neoplastiche, cause reumatologiche e vasculitiche. E' stata effettuata anche BOM che non ha dato risultati diagnostici. E' quindi stato posto il sospetto di VEXAS sindrome ed è stata effettuata la revisione dei vetrini su aspirato midollare

che ha riscontrato numerosi vacuoli citoplasmatici nella linea mieloide coerenti con tale patologia, la ricerca della mutazione UBA1 (ricercata solo la mutazione più frequente) non ha confermato la diagnosi. Clinicamente vi è stata una iniziale risposta al trattamento steroideo, successivamente vi è stata una recrudescenza di malattia con sovrainfezione batterica e, dopo circa due mesi è avvenuto il decesso con diagnosi autoptica di broncopolmonite da mucormicosi.
Conclusioni: La letteratura stima una prevalenza di malattia pari a 1: 4000 uomini con età maggiore di 50 anni, per cui la sindrome VEXAS deve essere considerata nei pazienti adulti con febbre, sintomi da infiammazione sistemica e alterazioni ematologiche.

Una rara variante anatomica inaspettata

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Premesse: Il posizionamento di filtro cavale si rende necessario in pazienti con alto rischio trombotico e impossibilità ad assumere terapia anticoagulante.
Descrizione del Caso clinico: Paziente di 82 anni in terapia con acenocumarolo da circa 30 anni per precedenti plurimi episodi di TEV e trombofilia non meglio specificata, segnalato posizionamento di filtro cavale in giovane età che è tutt'ora è in sede. Giunge alla nostra osservazione in seguito a politrauma da precipitazione con conseguente ESA parietale sinistra e temporale destra con quota ematica endoventricolare, frattura composta della branca ischio-pubica sinistra con stravaso ematico venoso, infrazione IV costa sinistra con minima falda di pneumotorace omolaterale e contusioni polmonari bilaterali. Alla TC TB eseguita si evidenziava inoltre "vena cava inferiore duplicata con possibili esiti di cerchiaggio a carico della destra". Data la diatesi trombotica nota e il rischio attuale trombotico per l'allettamento e la frattura del bacino contrapposti al quadro cerebrale e alla anemizzazione con necessità di trasfusioni, si è ritenuto controindicato l'avvio di terapia anticoagulante anche a dosaggio profilattico e si è posta indicazione al posizionamento di filtro cavale nella seconda vena cava inferiore del paziente.
Conclusioni: Durante la procedura cardiologica il filtro cavale destro anamnestico non è risultato visibile per cui sono stati posizionati due filtri cavali in vena cava inferiore destra e inferiore sinistra.

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Books
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Bjørn Lomborg, ed. RethinkHIV - Smarter ways to invest in ending HIV in Sub-Saharan Africa. Cambridge: Cambridge University Press; 2012.

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, eds. The genetic basis of human cancer. New York, NY: McGraw-Hill; 2002. pp 93-113.

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