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A Journal of Hospital and Internal Medicine

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Roberto Nardi

The official journal of the Federation of Associations of Hospital Doctors on Internal Medicine (FADOI)

XVIII Congresso Nazionale della Società Scientifica FADOI

Giardini Naxos 11-14 maggio 2013

Presidente: C. Nozzoli

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ABSTRACTS

Hypotensions in diabetic subjects undergoing ambulatory blood pressure monitoring

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Introduction: Dysautonomia, a possible consequence of long standing diabetes, is a known cause of orthostatic hypotension, one of the indications for ambulatory blood pressure monitoring (ABPM). Aim of this study was to evaluate the prevalence of hypotensions in diabetic subjects undergoing ABPM.
Materials and Methods: 568 diabetics undergoing ABPM at our Institution from January 2001 to September 2012 were considered. Subjects were divided in two groups according to 24 hours monitored mean blood pressure > or <130/80 mmHg. Hypotension was defined as the registration of systolic blood pressure during daily activity <100 mmHg. We also evaluated: blood pressure variability, dipper/non-dipper status, pulse pressure, AASI (evaluated as 1 minus the slope of diastolic on systolic pressure during 24 hour ABPM), recording the number of anti-hypertensive drugs used and smoking habits.
Results: Hypotension prevalence proved to be no statistically different in both groups independently from blood pressure control, AASI and additional ABPM parameters. A higher blood pressure variability along with a non-dipper status was present in treated diabetic hypertensives regardless of the number of anti hypertensive drugs used.
Conclusions: As expected hypotensive episodes are quite frequent in diabetics regardless of mean blood pressure control. No correlation between hypotension and AASI is evident. ABPM is a useful tool in clinical follow-up of diabetic subjects, in order to detect symptomatic or asymptomatic hypotensions, regardless of anti hypertensive pharmacological treatment.

Iperaldosteronismo primario come causa di ipertensione resistente

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Premesse: Per ipertensione resistente si intendono valori pressori non controllati da terapia con almeno 3 farmaci (tra cui un diuretico) a dosaggio adeguato. Possibile causa di ipertensione resistente sono le forme secondarie. Tra queste l'iperaldosteronismo primario ha, in alcune casistiche, una prevalenza dell'11%.
Materiali e Metodi: Uomo di 46 anni. Non fuma e non beve alcolici. Iperteso dai 26 e diabetico dai 42 anni. In trattamento antiipertensivo con 4 farmaci a dosaggio congruo, tra cui un diuretico. PA clinica 180/90, media 24h 171/100, diurna 177/105, notturna 156/87 mmHg. Creatinina 1,32 mg%, urati 10,7 mg%, microalbuminuria 75 m/l. Altri valori nella norma.
Risultati: Dopo wash out dosaggio renina/aldosterone con rapporto patologico (6,7, cut off 5,7) e mancata soppressione dopo carico salino (aldosterone 184 ng/l). Alla TC micronoduli surrene sinistro e doppio distretto venoso renale destro che sconsigliava esecuzione di cateterismo selettivo delle vene surrenaliche. Si optava per terapia con canrenone 100 mg con buon controllo pressorio (PA130/80 mmHg).
Conclusioni: Una potassiemia normale non deve escludere iperaldosteronismo primario che va ricercato nei pazienti con ipertensione resistente insorta in giovane età. Cause: adenoma (30%) ed iperplasia (70%). Il cateterismo selettivo va sempre effettuato per corretta diagnosi di lateralità. Per alcuni autori circa il 25% di pazienti che non vengono sottoposti a tale procedura subiscono inutilmente surrenectomia. Nel caso descritto l'impossibilità di effettuare tale esame ha orientato verso terapia medica.

Lesioni epatiche in giovane viaggiatore

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Premessa: Le lesioni espansive epatiche sono una complessa sfida per il clinico per il vasto spettro di patologie in causa; quelle infettive presentano un'ulteriore difficoltà, legata al differente approccio, in base alla diversa eziologia.
Caso clinico: Maschio, 34 aa; anamnesi di abuso alcolico e stupefacenti. Prolungato viaggio in India, 10 mesi prima del ricovero. Nei 3 mesi antecedenti inappetenza, dimagrimento e dolore in ipocondrio destro. Mai febbre. Rilievo ecografico di 2 lesioni espansive con centro avascolare e cercine periferico ispessito. Si inizia terapia con levofloxacina e, sul dato anamnestico di viaggio in zona di endemia amebica, metronidazolo in infusione. Non si è praticato il drenaggio ecoguidato, per la rapida riduzione delle lesioni con la terapia medica e poichè la sede esponeva ad alto rischio di rottura extra-epatica. La positività sierologica per ameba ad alto titolo rendeva inutile la manovra invasiva anche a scopo diagnostico. Il paziente veniva dimesso in decima giornata, in buone condizioni, con risoluzione ecografica quasi totale e paramomicina per os per altri 10 giorni.
Conclusioni: L'ascesso amebico va sempre posto in diagnosi differenziale con le lesioni espansive epatiche per il sempre maggiore riscontro di malattie di importazione. Particolare attenzione va riservata alla permanenza in zone ad alta endemia. Il caso in questione ha presentato la peculiarità dell'assenza di febbre. Si sottolinea, infine, come in tale patologia il drenaggio dell'ascesso si dimostri spesso non necessario.

✪ Lack of blood pressure changes in patients with reduced plasma levels of vasoactive neuropeptides after standard bicarbonate hemodialysis

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Background and Aims: Dialysis-induced hypotension (DIH) is a common side effect of hemodialyisis (HD). Data suggest that disturbed synthesis or release of some vasoactive substances, such as calcitonin gene-related peptide (CGRP) and substance P (SP), may play a role in DIH. The purpose of the study was to investigate whether changes in plasma levels of CGRP and SP, likely occurring during HD, affect blood pressure (BP).
Materials and Methods: Eighteen stable patients (12 men and 6 women) with end stage renal disease, receiving regular HD treatment, were studied. After an overnight fast, a standard bicarbonate HD was performed. A co-polymer polycarbonate-polyether plate dialyzer was used. Blood samples for the determination of SP and CGRP were taken from the forearm subcutaneous arteriovenous fistula before and after HD. Radioimmunoassays for CGRP- and SP-like immunoreactivity was carried out.
Results: BP values measured at the end of HD were not augmented when compared to values registered before HD started. Both CGRP and SP were found reduced in plasma at the end of treatment.
Conclusions: Our findings show a lack of BP fall during standard bicarbonate HD. The observation might correlate with a reduction of plasma levels of both CGRP and SP we have found at the end of the treatment. The co-polymer polycarbonate-polyether plate dialyzer is capable of removing a large portion of plasma CGRP and SP, likely playing a compensatory role in avoiding BP fluctuations. We suggest that the use of this kind of membrane could be useful to control an important complication such as DIH.

Polmonite da ipersensibilità: casi clinici

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Introduzione: La polmonite da ipersensibilità (PI) è un'infiammazione

granulomatosa polmonare, alveolo-interstiziale, da abnorme reazione immune verso antigeni di polveri organiche reiteratamente inalati, ad andamento acuto, sub-acuto o cronico.
Casi clinici: Due donne, 58 e 49 anni *(quest'ultima fumatrice)*, braccianti agricole, in terapia con CSI/LABA rispettivamente da 3 e 8 anni, con spirometria normale, test broncodinamico e TPBA negativi, riferiscono episodi di tosse secca, dispnea, tachicardia, mialgia, cefalea, brividi e febbre che si accentuano sul lavoro e scompaiono nei giorni di riposo, sintomi patognomonici per PI. Al torace crepitii diffusi, DLCO ridotta, ipossiemia e cianosi nelle fasi di riacutizzazione e, nella più giovane, ippocratismo digitale e grave insufficienza respiratoria transitoria (con sindrome restrittiva reversibile). Il quadro radiografico varia con le fasi della malattia, dalla negatività, a noduli mal definiti o diffusi, ad aree a vetro smerigliato a chiazze o diffuse. In entrambe sono aumentati VES, PCR e GB, sono presenti le precipitine per piume di pappagallo, piume/escrementi di piccione e actinomiceti e nella donna più anziana è positivo il FR. In entrambe è stato diagnosticata PI e praticato terapia con steroidi sistemici con remissione della malattia. L'allontanamento dal posto di lavoro previene le recidive.
Conclusioni: È necessaria una più diffusa/approfondita conoscenza di questa malattia per facilitare la diagnosi e attivare precocemente la profilassi per evitare le recidive e prevenire lo sviluppo della temuta fibrosi polmonare.

Un ritardo diagnostico dalle severe conseguenze

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G.R. ♂, 27 aa. Da 40 gg dolore, edema ginocchio sx; consultato ortopedico, iniziava ozonoterapia, diclofenac 75 mg/di e betametasone 4 mg/die, sospesi dopo due giorni dal Curante per estensione dell'edema agli arti inferiori. Il paziente aumentato di peso (circa 30 Kg) si reca al PS per la comparsa di strie rubre e viene ricoverato per S. di Cushing. All'ingresso: stato anasarcatico, ipertensione arteriosa (PAO: 180/100 mmHg), astenia e peso Kg 99,800. Esami ematochimici di routine nella norma (compresi cortisolemia, cortisoluria e cortisolo libero salivare). Presenti: ipoalbuminemia: 1,3 g/dl, proteinuria (11,2 g/24h), ipercolesterolemia (407 mg/dl) ipotiroidismo secondario (FT3: 1,97 pmol/l, FT4: 8,55 pmol/l, TSH: 3,21 uIU/ml e TG: 3,2 ng/ml). ETG renale e tiroidea nella norma; TAC ToracoAddominale: versamento ascitico e falda pleurica basale bilaterale. Nell'ipotesi di una sindrome nefrosica, ha eseguito biopsia renale con diagnosi di sindrome nefrosica da glomerulonefrite a lesioni minime. iniziava terapia steroidea (1 g pro/Kg), atorvastatina 20 mg/die, albumina umana 20% 100cc/die con riduzione della proteinuria a 0,64 g/24h e del peso a 74 Kg, risoluzione dello stato anasarcatico, normalizzazione dei valori pressori (PAO: 120/ 70 mmHg). Dimesso in remissione clinica con prednisone 75 mg /die ed atorvastatina 20 mg/die. A otto settimane non ripresa di malattia; la terapia viene proseguita per sei mesi come da protocollo.

Raro caso di Echinococcosi ossea

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S.R., ♀ di 69 aa, giunge alla nostra osservazione dal P.S. dove si è recata per febbre continuo-remittente comparsa circa 20 gg prima e trattata dal curante con antibiotici (cefixima 400 mg/die) senza beneficio. All'EO: riscontro di calor, rubor, dolor in regione iliaca dx. Durante la degenza ha praticato esami ematochimici che hanno evidenziato alterazione degli indici di flogosi (VES: 102, PCR: 187 mg/L), leucocitosi eosinofila; ha eseguito urinocoltura, emocoltura, sierodiagnosi Weil-Felix, monotest, Vidal-Wright, CMV, TOXO, markers epatite B e C: negative. RX Torace, Ecocardiogramma, ETG Addome: negative per lesione patologiche. TC total body con mdc ha evidenziato ascesso dell'osso pelvico con le caratteristiche iconografiche di echinococcosi. Ha eseguito RX bacino che presentava osteolisi della regione iliaca dx. Sono stati eseguiti test diagnostici quali emoagglutinazione indiretta, l'ELISA e l'immunoelettroforesi, mediante l'impiego di antigeni idatidei opportunamente standardizzati. Confermata la diagnosi è stato iniziato ciclo terapeutico con mebendazolo ed avviata ai chirurghi per intervento demolitivo allargato. Dopo Un follow-up di sei mesi della paziente non ha rivelato patologia della ciste e di altri organi.

Embolia polmonare ad inusuale presentazione

G. Anastasi[1], F. Gambina[1], M. Esposito Pellitteri[1], F.C. Pantaleo[1], R. Cangelosi[1], E. Apollinari[2], V.A. Grassellino[3], F.C. Raimondo[1]

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M.G. ♂ di 75 aa giunge al PS per la comparsa da una settimana di febbre (TC: 39,5 C), nausea, vomito, dispnea, trattata al domicilio (7 gg) con Amoxicillina senza beneficio. All'ingresso ipokaliemia: 2,8 mEq/L, ileo paralitico, alvo chiuso a feci e gas, scompenso glicometabolico (glicemia >340 mg/dl, HbA1c: 6,1%), alterazione degli indici di flogosi (VES: 81, PCR: 171 mg/L) e dei parametri emocoagulativi (AP: 55%, INR 1,33, AT III 158%), leucocitosi neutrofila (GB: 28000 con N: 98%). Urinocoltura, 1° emocoltura, sierodiagnosi (WF, VW, CMV, TOXO, HbsAg e HCV): negative. RX Torace, Ecocardiogramma, RX ed ETG Addome, TC Encefalo: no reperti patologici; TC Torace: sottile falda di versamento pleurico dx. TC Addome mdc: formazioni ascessuali con microbolle aeree nel tessuto adiposo retro peritoneale a ridosso del m. ileopsoas sx. Per la dispnea persistente, nell'ipotesi di una flogosi retroperitoneale evoluta in setticemia ed embolia polmonare subacuta, si eseguivano D-Dimero: 7,11 (vn <0,5), EGA (PH 7.45, PCO2 32, PO2 40) ed AngioTC Torace che mostrava fenomeni tromboembolici dell'arteria polmonare sx. Eseguita consulenza Chirurgica, che escludeva intervento di drenaggio addominale, iniziava terapia EBPM e Daptomicina 500 mg/die ev (2° emocoltura positiva: S. Aureus). Nel follow-up miglioramento clinico, risoluzione della setticemia (WBC 6800, N 56%), normalizzazione del K+, del compenso glicemico e riapertura dell'alvo a feci e gas. Il controllo TAC mdc mostrava scomparsa delle lesioni ascessuali e dell'embolia polmonare sx.

Early detection of clinical deterioration and rapid response system: experience in an internal medicine ward

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Introduction: In our department of internal medicine was recently introduced a protocol for the early detection of clinical deterioration, based on the daily survey of the Modified Early Warning Score (MEWS) in all the hospitalized patients. The nursing staff follows an algorithm based on the MEWS values: 0: MEWS control after 24 h; 1-2: MEWS control after 8 h; 3: MEWS control after 3-4 hours; 4: internist doctor visit within 30 minutes; MEWS≥5 immediate calling of internist doctor and/or resuscitator. The data are collected in the computerized clinical record in use in the ward. We present the activity data of the year 2012, to assess feasibility of the protocol.
Results: The MEWS was measured in 89, 2% of 3087 patients admitted with an increasing trend from January (87.3%) to December (92.4%), consistent in the 4 sections of hospitalization. The adherence to the protocol was over 80% for MEWS 0-2, 65% for MEWS=3 (470 of 721), 58% for MEWS=4 (125 of 214) and 52% for MEWS>5 (76 of 145).
Comment: In our experience the daily surveys of MEWS was feasible, with values consistently over 90% at the end of the year. Adherence to the protocol (in particular the rapid call of the internist or resuscitator for values of MEWS≥4) was not entirely satisfactory and needs improvement, although we observed that in a number of cases the protocol was actually followed but not recorded on computerized clinical record.

Antibiotics stewardship in hospital. How to defeat the resistances

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Objective: The next decade will be poor of new antibiotics because pharmacological research will be delayed substantially for economic reasons. In contrast, the last decade showed the proliferation of antibiotic resistant pathogens especially in some geographic areas.The antibiotic-resistance becomes surely a serious problem of Public Health for inpatients but also in the short term for outpatients.The recent data from the Centre for Disease Control and Prevention (CDC) of Atlanta showed about 90.000 deaths per year in the USA for bacterial infections in particular to resistant pathogens.These problems prove that the gold standard for the next years will be the rationalization and good practice of antibiotic therapy.
Design: Discussion and agreement by clinicians about a hospital's formulary of antibiotic therapy, employment of therapy guidelines and consultations by the infectious diseases specialists for the selected prescription.
Results: We evaluated some biological and economic indicators: we considered four principal bacteria and we showed the decrease of resistances with a good practice of antibiotic therapy with the help of the consultant.
Conclusions: The results confirm that the correct application of antibiotic therapy guidelines by the clinicians will lead to a partial reductions of bacterial resistance with a biological and economic advantage.

Amiodarone induced pulmonary toxicity

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Background: Amiodarone is an antiarrhytmic agents with potentially fatal and non-reversible acute and chronic pulmonary toxicity.The development of lung complications are associated with older age, duration of treatment, cumulative dosage,coexisting-preexisting lung disease.The onset of pulmonary toxicity may be insidious or rapidly progressive and may develop as early from the first few days of treatment to several months or years later.Discontinuation of the drug and corticosteroids may be of therapeutic value.
Case report: A 70-year-old woman was admitted to ED after 3-weeks increasing dyspnea and fever.She had a history of paroxismal atrial fibrillation treated with oral anticoagulation and amiodarone.On chest examination there were diffuse crackles(Velcro-like).Blood gas parameters were indicative for tipe I respiratory insufficiency.The complete blood count was negative for leukocytosis. A chest x-ray detected bilateral,confluent opacity and thickening of the interstitium. Antibiotic treatment for interstizial pneumonia was started without improvement.The laboratory search for autoantibodies was negative.An HRCT scan showed parenchymal multiple and confluent opacity and obliterans bronchiolitis.A bronchoscopy showed negative cytological and cultural examination of BAL.The BAL immunological analysis showed linfocitic alveolitis suggestive for toxicity by amiodarone.She stopped amiodarone and started corticosteroid therapy(prednisolone 1mg/Kg) tapered slowly. After 4-month patient's respiratory status improved and an HRCT scan showed complete findings regression.

A case of Churg-Strauss syndrome

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Background: Churg-Strauss syndrome is an eosinophil-rich form of granulomatous inflammation that involves respiratory tract and other organs, associated with necrotizing vasculitis of small to medium-sized vessels. Two hallmarks of Churg-strauss syndrome are asthma and eosinophilia and 50% of case are associated with ANCA directed against MPO.
Case report: A 50year-old male presented to ED with 1 month history of hoarseness, dry cough, fever, diffuse myalgia and lower chest pain, despite antibiotic treatment. He had a history of bronchial asthma treated with inhaled miflonide and formoterol. On physical examination there were reduced breath sounds all over the lung fields, not lymphadenomegaly or splenomegaly. The blood count showed leukocytosis (17.300/mm3) with remarkable eosinophilia (7,49 x 10^9/L, 43,3%). A peripheral blood smear confirmed important eosinophilia without circulating blasts. Chest x-ray and HRCT-scan detected multiple areas of consolidation and bilateral peribronchial thickening. No pathological findings on neck and abdominal CT scan. Sierology for pneumotropic and hepatotropic viruses,HIV,Leishmania,Trichinella,Borrelia,parasitic agents was negative as well galactomannan antigen. Reumatoid factor and ANCA antiMPOs antibodies were positive. Negative the FIP gene mutation(FIP1L1-PDGFR1).A diagnosis of Churg Strauss Syndrome was made,initial treatment of prednisolone(1 mg/Kg)was started, and after few days symptoms were attenuated and eosinophilia was reduced.Actually the patients is tapering corticosteroid treatment slowly under pneumologist control.

A rare case of extrapleuric solitary fibrous tumor

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Solitary fibrous tumor (SFT)is a rare mesenchymal tumor originating in the pleura or at virtually any site in the soft tissue. Most SFT's are benign and only rarely are malignant. Extrapleuric SFT's lesions are rare and can show a malignant habit. A 63 years-old man presented to our ED after a car accident. Physical examination showed a 25x15cm mass located in the upper part of the left leg,non dolent and firm to palpation. Patient reported that such finding was already present more than one year before the presentation and that he noted it for the first time after a mild trauma. He did not seek medical attention at that time because he supposed that the mass was an haematoma. A contrast enhanced RMN of the leg showed a well defined mass arising from the quadriceps suggestive for sarcoma. A chest and abdomen CT scan showed multiple round opacities in both lung consistent with secondary lesions. PET scan showed augmented 18-FDG uptake in lung lesions and in the left leg mass. A biopsy of the left leg mass was performed.The mass showed necrosis, hypercellular areas and intense mythotic activity. FISH study showed absence of SS18 rearrangment of the gene in region 18q11.2 thus excluding the diagnosis of synovial monophasic sarcoma.Immunochemistry showed a cd34+, cd99+, AE1/AE3-, camp 5.2-, EMA-,desmine-,actine1a4- and s100protein- pattern consisting with a solitary fibrous tumor. The patient underwent surgical excision of the left leg mass and subsequent chemotherapy and radiotherapy. At a follow up visit 6 months after the surgery a restaging CT showed a partial response to therapy.

The FADOI PEP COPD Study: Prevalence of Pulmonary Embolism in Emilia Romagna referral centre

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Backgorund: There are no proven clinical criteria to delineate acute Pulmonary Embolism (PE) from COPD (Chronic Obstructive Pulmonary Disease) exacerbations: nevertheless while the former remains a clinical diagnosis (based on worsening of dyspnea with or without sputum change), the latter requires objective confirmation of clot by an imaging study. The aim of our retrospective multicentre study was to determine the prevalence of and the risk factors for PE in hospitalized patients affected by exacerbations of COPD.
Methods: We retrospectively analyzed all patients discharged with COPD/COPD exacerbation diagnosis during 2011 who underwent Computed Tomography Angiography (or Perfusion Scintigraphy) during hospital stay. The intersection between the collection of ICD 9 Diagnosis and Radiological Results defined two different populations related to the presence/absence of PE.
Results: 25,4% (=15/59) patients presented radiological criteria for PE. This high prevalence resulted sensible different between male (=30%) and female (=15,8%) patients. The observed value was similar in Pulmonary (=26,7%) and General Ward (=24,1%) while limiting the analysis to patients with a instrumental confirmation of COPD (Spirometric or Radiological) the prevalence slightly decreased to 20% (=7/35).
Conclusions: the preliminary analysis performed in our centre confirmed the high prevalence of PE in patients discharged with COPD diagnosis from a third level Hospital. Multicenter analysis could highlight difference from referral centre and suburbs hospitals in PE prevalence during COPD exacerbation.

FADOI PEP COPD study: peculiar characters of venous thromboembolism in COPD patients

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Backgorund: There are no proven clinical criteria to delineate acute Pulmonary Embolism (PE) from COPD (Chronic Obstructive Pulmonary Disease) exacerbations: nevertheless while the former remains a clinical diagnosis (based on worsening of dyspnea with or without sputum change), the latter requires objective confirmation of clot by an imaging study. The aim of our retrospective multicentre study was to determine the prevalence of and the risk factors for PE in hospitalized patients affected by exacerbations of COPD.
Methods: We retrospectively analyzed all patients discharged with COPD/COPD exacerbation diagnosis during 2011 who underwent Computed Tomography Angiography (or Perfusion Scintigraphy) during hospital stay. Instrumental findings related to PE and Deep Vein Thrombosis (DVT) present in clinical charts were noted to describe specific features and define their sensibility (Sn) and specificity (Sp) to detect Pulmonary Embolism.
Results: The majority of PE lesions detected in our referral centre were Segmental (10/15) or Centrally (4/15) located and monolateral (10/15). Regarding to Compressive Ultrasonography just proximal DVT revealed high Sp (82%) and average Sn (56%) while including all DVT (proximal and distal) detected, Sp fell to 36% while Sn rose slightly to 67%.
Conclusions: Distal DVT in the clinical contest of COPD exacerbation doesn't seem to predict Pulmonary Embolism. Our data support the previous hypothesis that a considerable part of PE are *in situ* and not related to DVT. The multicenter analysis should validate our data through logistic regression.

FADOI PEP COPD study: clinical and laboratory clues for pulmonary embolism diagnosis

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Backgorund: There are no proven clinical criteria to delineate acute Pulmonary Embolism from COPD (Chronic Obstructive Pulmonary Disease) exacerbations: nevertheless while the former remains a clinical diagnosis (based on worsening of dyspnea with or without sputum change), the latter requires objective confirmation of clot by an imaging study. The aim of our retrospective multicentre study was to determine the prevalence of and the risk factors for PE in hospitalized patients affected by exacerbations of COPD.
Methods: We retrospectively analyzed all patients discharged with COPD/COPD exacerbation diagnosis during 2011 who underwent Computed Tomography Angiography (or Perfusion Scintigraphy) during hospital stay. Clinical signs, lab tests and instrumental findings present in clinical charts were noted to define their sensibility (Sn) and specificity (Sp) to detect Pulmonary Embolism.
Results: previous Thromboembolism (TE) and Clinical suspicion of Venous Thrombosis affirmed their elevated Sp (respectively 75 and 86%) and low Sn (respectively 40 and 33%) while D-Dimer test confirmed its absolute Sn (100%) and very low Sp (23%). Moreover the absence of purulent sputum showed high Sn (80%) and low Sp (43%). Paradoxically the absence of Haemoptysis proved high Sn (93%) and good Sp (80%).
Conclusions: combining clinical signs of TE with atypical evidences of COPD exacerbation could provide the basis for a specific score system with high diagnostic yield in the clinical contest of COPD exacerbation. The multicenter analysis should validate our data through logistic regression.

Mortality for chronic liver disease and hepatocellular carcinoma in Italy and Europe over the last 40 years

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Background: Chronic Liver Diseases (CLD) is very frequent with high mortality rates and high social costs. Mortality-rates can be an accurate, although indirect, assessment of the burden of these diseases.
Aim: To analyze the CLD mortality from data reported in the official death registry from 1970 to 2010 and compare mortality among different geographical areas and among other relevant causes of death.
Methods: Data were registered using ICD-9 (1980-2002) and ICD-10 (2003-today). Standardized death rates (SDR) from European and Italian standard populations were used.
Results: In 1970, Italy had the second highest mortality rate for CLD in Europe, and currently occupies the fifteenth. In Italy, the annual age-standardized mortality rates for CLD have dropped from $33/10^5$ in 1970 to $9/10^5$ in 2009 (in Europe were $21/10^5$ and $18/10^5$). In Italy, death rates for CLD had a 73% decrease, (Europe:–50%). From 1980 to 2008, death rates for liver cancer (LC) in Italy increased from $5.7/10^5$ to $15.8/10^5$ (+174%). In Europe LC has increased from $3.6/10^5$ to $6.5/10^5$ (+80%). Campania has the highest SDR for CLD ($25.7/10^5$ male; $18.7/10^5$female) and for LC ($32.5/10^5$ male; $14.7/10^5$ female). Mortality for liver cirrhosis is very high especially in the youngest, being the 2nd common cause of death for male in the 45-59 age group and the 1st cause of death among the five causes analyzed for the female group.
Conclusions: CLD mortality rate is decreasing in Italy and in Europe. The significant increase of LC mortality requires greater attention for understanding the causes of this phenomenon.

Caso clinico: anemia e dolori addominali di n.d.d.

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Paziente di anni 32, nigeriano, da 4 anni in Italia, viene ricoverato per astenia, adinamia e dolori addominali da circa un mese. In anamnesi riferisce malaria all'età di 10 anni. All'e.o. si evidenzia epatosplenomegalia, nella norma gli altri organi ed apparati. Gli esami ematochimici dell'ingresso evidenziano anemia sideropenica (G.R.=2.300.000/mmc; Hb=3,7 g/dl; Fe=30 ng/dl; ferritina=27 ng/ml; MCV=61 fl), normali gli indici di funzionalità epatica e renale. Al paziente vengono somministrate 4 sacche di emazie concentrate e successivi esami di laboratorio evidenziano negatività dei test di Coombs diretto ed indiretto, nella norma risultano il dosaggio di IgG, IgA, IgM e del complemento; l'ecografia addominale conclude per spiccata epatosplenomegalia e EGDS e colonscopia risultano negativi; l'esame dello striscio periferico non evidenzia blasti né plasmodi,ma l'esame parassitologico delle feci evidenzia uova di Ancylostoma duodenale: il paziente inizia terapia con mebendazolo 100 mg x 2/die per 3 giorni, i valori dell'emocromo si stabilizzano e il paziente viene dimesso in decima giornata con Hb=10,8 g/dl. L'anchilostomiasi è un'infezione da nematodi, che avviene per contatto della cute con terreno infestato dalle larve liberate dalle uova eliminate con le feci,con incubazione di settimane-mesi e caratterizzata da anemia e disturbi gastrointestinali.

Su di un caso di coma di n.d.d.

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Paziente di sesso femminile,di anni 80, giunge in P.S. con ambulanza del 118 per stato di coma. La paziente vive sola ed è accompagnata da una nipote che riferisce, in anamnesi, cardiopatia ischemica cronica. All'ingresso: P.A.=80/50 mmHg,stato di coma, cute pallida, edemi declivi, bradicardia (F.C.=40 bpm), T.C.=35°C; EAB=pCO2=38 mmHg; pO2=58mmHg. Pratica atropina e plasma-expanders e.v. Esami ematochimici: Hb=9,5 g/dl, Urea=85 mg/dl, crea=1,94 mg/dl, CPK=5190 U/L, CPK MB=170 U/L, LDH=1169 U/L, troponina=0,208 ng/ml. La TAC cranio risulta negativa, come quella di controllo praticata dopo 48 ore, l'ecocardiogramma evidenzia un lieve versamento pericardico, l'Rx del torace è negativo. Alla paziente viene somministrata nutrizione parenterale, idratazione(circa 3 L/die) e metilprednisolone 20 mg x 2/die. In terza giornata miglioramento degli indici di citolisi e riscontro di: TSH=79,40 microU/ml (v.n.=0,3-3,6), FT3=indosabile, FT4=2,86pmol/L (v.n.=12-22); inizia, pertanto, L-tiroxina=100

mcg/die per sondino naso-gastrico, aumentato dopo 4 giorni a 125 mcg/die. In decima giornata miglioramento dello stato del sensorio e dimissione in quindicesima giornata con TSH=40,50 microU/ml e prescrizione di L-tiroxina 100 mcg/die per os. Il coma mixedematoso è una grave complicanza dell'ipotiroidismo, che spesso insorge in pazienti con ipotiroidismo non diagnosticato, scatenato da fattori precipitanti (freddo, infezioni, traumi, alcool, farmaci psicotropi).

✪ Diabetic patients Discharge from Internal Medicine Audit (DDIMA)

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Introduction and Scope: Basing upon QUADRI STUDY results, pointing out the low quality treatments often delivered to the patients affected by diabetes, a group of Internal Medicine Physicians designed a multicenter Clinical Audit aimed to evaluate the diabetic patients management at the moment of the discharge from the hospital.
Materials and Methods: A four phases clinical audit was designed: 1 definition of the 'quality statements' (quality measures, standards); 2 retrospective data review, comparison between actual practice and wished standards; 3 implementation (actions to improve clinical practice); 4 new prospective data collection and analysis.
Results: The working group selected 5 recommendations from the main three recent practice guidelines concerning the diabetic patients management; quality measures and relative standards were thereafter defined. A form for data collection was built up and, starting from January 1st, each Center has retrospectively reviewed data from 60 patients or more, hospitalized in the previous three months. Preliminary results analysis confirms that daily practice is still far from the standards.
Conclusions: According to preliminary data, we identified deficient areas, different in each Center, to address with specific corrective actions. After this phase we will repeat the data collection, aiming to verify the improvement in the quality of the management of the diabetic patients at discharge. The eventual success of this project will furthermore confirm the validity of the Clinical Audit as fundamental tool of Clinical Governance.

Prevalence of colonic diverticulosis in patients affected by ulcerative colitis *versus* adult patients in a single centre

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Background and Aim: The true prevalence of colonic diverticulosis (CD) is difficult to measure because most individuals are asymptomatic. In literature, there are few study about the prevalence of CD in patients affected by ulcerative colitis (UC). Aim of this study has been to investigate the prevalence of CD in UC and in adult patients referred in a single centre.
Material and Methods: Computerized data of consecutive patients, referred to our Institution to undergo a colonoscopy for colorectal cancer screening (CCS) and/or for UC control, between January 1, 2009 and December 31, 2009, were retrospectively studied.
Results: Six hundred and five consecutive patients were included in the study. Of these patients, 438 (72.4%) underwent colonoscopy for colorectal cancer screening (Group A) and 167 (27.6%) for UC control (Group B). In group A 224 patients (51.1%) were male (average age of 62.7±14.2 SD years), in group B 102 (61.1%) were male (average age of 57.6±12.1 SD years). Prevalence of CD was higher in group A (122 patients, 27.8%) than group B (18 patients, 10.8%) (p <0.0001). Female gender in patients with CD was higher in group A than group B (68 patients, 55.7% and 4 patients, 22.2%, respectively) (p=0.0106). In group A sigma and left colon was involved in 119 (97.6%) patients *versus* 12 (66.7%) of Group B (p=0.0001), in Group B the right colon was involved in 4 (22.2%) patients *versus* 1 (0.8%) of Group A (p=0.0009).
Conclusions: Prevalence of CD was significantly lower in patients with UC than in adult population.

Blast plasmocytoid dendritic cell neoplasm (BPDCN) with cytomorphological HCL pattern at onset

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Introduction and Purpose: BPDCN is very rare (0.4%hematologic neoplasms,0.7%cutaneous lymphomas, <1%acute leukemia) and has usually a skin onset and then leukemic spread but you can also observe a leukemic beginning. It's very aggressive with 12 months OS.Typically affects elderly patients with a M/F=3/1.
Case record: Man of 79 ys admitted from Emergency Department with worsening asthenia and anorexia. We observe pale skin, mild hepatosplenomegaly. Lab: pancytopenia [Hb=8g% GB=2x10³/mmc (lymphocytes=65% with atypia); PTL=36x10 ³/mmc]; 2microglobulin= 8162 g/L. On the basis of a bone marrow cytology was made diagnosis of HCL and then performed cycle of therapy with Cladribine (0.12mg/Kg/die) intravenously for 3 days (compared to standard 5 days). The patient response was a Complete Hematologic Remission long-lasting for up to 7 months after diagnosis when pancytopenia relapsed. A 2nd cycle of Cladribine achieved only a fleeting Partial Haematologic Remission with need for rehospitalization for rapid progression. On this occasion we noted the appearance of generalized purple papulonodular skin lesions: a biopsy showed a BPDCN. Patient came to exitus due to septicemia and cardiorespiratory failure within 3 weeks from admission without that there were the conditions for performing additional chemo.
Conclusions: This case (we have not found similar ones in Literature) poses interesting insights as the possible interpretations of the immunophenotypic profile performed in this case, associated with the cytomorphology, and the role of cladribine in this rare neoplasm.

Classic cardiovascular risk factors and thrombophilic factors in the retinal vein occlusion

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Background and purpose of the study: Retinal vein occlusion (RVO) is the second most common retinal vascular disease after diabetic retinopathy, and is a significant cause of visual loss. Classic cardiovascular (CV) risk factors are frequently associated with RVO, whereas, the role of thrombophilic factors isn't clear. The purpose of the study is to identify the prevalence of CV risk factors and thrombophilic factors in patients with RVO.
Materials and Methods: We collected data from 80 patients with RVO. At diagnosis, all patients were evaluated in internal medicine and ophthalmology, and both laboratory and instrumental investigations were performed.
Results: The main CV risk factors recorded were: hypertension (55%), smoking (43.7%), dyslipidemia (36.3%), diabetes (17.5%), and obesity (21.2%). Among the thrombophilic factors those most frequently found were: hyperhomocysteinemia (36%), Lp(a) (19.2%), PAI-1 (17.9%), and antiphospholipid antibodies (11%). Among the less frequent: protein C deficit (0%), protein S deficit (8%), antitrombin III deficit (1%), heterozygosis mutation of the factor V (6%) and factor II (6%).
Conclusions: RVO is associated more frequently with the classic CV risk factors. Among thrombophilic factors the most frequent were hyperhomocysteinemia, elevated Lp(a), PAI-1 and antiphospholipid antibodies. Less frequent was the association with protein C and S deficit, antitrombin III deficit, and factor V and II mutation.

An intriguing case of liver nodulation

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Background: A 70 year old gentleman, presented with pain in the right hypochondrium, nausea, weight loss and increased transaminases. The clinical history was positive for hypertension, NIDDM, a previous resection of kidney cancer with CKD.
Methods: Liver echoscan showed multiple diffuse hypoecogenic areas suggestive for metastatic cancer.CT scan confirmed this hypothesis but did not show the possible origin of cancer. The presence of mesenteric and retroperitoneal lymphoadenomegalies was reported. Liver

function briskly worsened and jaundice appeared. A liver biopsy was then performed with the suspicion of a lymphomatous process. In the meanwhile steroidal therapy was started. Histology confirmed the presence of a B type lymphoma with high degree of malignancy.
Results: Treatment with cyclophosfamide and steroids was started, but a severe rabdomyolisis appeared, leading to acute kidney failure. This was treated with CVVH, patient was intubated and circulation sustained with amines. Hepatomegaly was reduced. It was decided to administer rituximab, adriamycin and vincristine. Pancytopenia occurred and septic shock due to Pseudomonas Aeruginosa led to death.
Conclusions: This case makes us reflect on the timing of diagnosis and treatment and the aggressive approach in patients with curable disease but multiple comorbidities.

Variabilità della pressione arteriosa come indice predittore di mortalità nel paziente anziano con ictus cerebrale in fase acuta. Studio osservazionale-retrospettivo

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Premesse e scopo dello studio: Nella relazione tra Ipertensione arteriosa ed ictus cerebrale, è stato rilevato che l'ictus è tanto più frequente quanto più elevata è la pressione arteriosa. Scopo di questo studio è stato quello di: 1) valutare l'andamento pressorio con monitoraggio della PA clinica e delle 24 ore (ABPM) nelle prime 24 ore di ricovero in base alla tipologia di ictus; 2) valutare la PA nella fase acuta (prime 24 H-monitoraggio ABPM) dell'Ictus come indice predittore di mortalità.
Materiali e Metodi: Sono stati inclusi 87 pz.anziani (≥65 anni), di cui 47 di sesso femminile e 40 di sesso maschile con età media di 75.03±8, di cui 77 per ictus ischemico e 10 per ictus emorragico. Tutti i pazienti sono stati sottoposti a: a) misurazione clinica della PA; b) monitoraggio ABPM–prime 24 h); c) Ecocolodoppler TSA; d) Ecocardiogramma.
Risultati: Di ciascun gruppo sono stati rilevati rispettivamente i valori medi della PAS – PAD e della Fc media, a partire dal gruppo di pz.con stroke emorragico che presentavano i valori medi di PAS – PAD e Fc più elevati sino a quelli con i valori medi più bassi nei pz. con stroke di tipo aterotrombotico.
Conclusioni: La PA clinica ed ambulatoriale differisce nei pz. anziani in base all'etiopatogenesi dell'Ictus e la variablità può rappresentare un fattore prognostico negativo non solo nei pz. anziani con ictus emorragico, ma anche nei pz. anziani con ictus ischemico.

Quando anche i D-Dimeri risultano fallaci. Un caso clinico di embolia polmonare

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La scarsa specificità e la buona sensibilità rende la ricerca del D-dimero interessante nell'esclusione della malattia tromboembolica. Talvolta anche la negatività del D-dimero non può escludere un quadro di malattia tromboembolica.
Sintesi anamnestica: Pz. di 70 anni, con anamnesi positiva per BPCO in OLT domiciliare e dispnea ai minimi sforzi.
Sintesi clinico-strumentale: Parametri emodinamici e respiratori nella norma, valori normali di LDH e di d-dimeri; TC multistrato torace con mdc con note di microembolia di qualche ramo periferico dell'arteria polmonare più evidente a dx; Scintigrafia polmonare perfusionale con radiofarmaco 99m-TcMAA compatibile con esiti di recente embolia polmonare; screening trombofilico positivo per eterozigosi della mutazione per Fattore V di Leiden, fattore trombofilico a carattere autosomico dominante con prevalenza in Europa (5-15%), rischio di VTE negli eterozigoti dello 0.2% e negli omozigoti del 16-17%. Raccomandate opportune misure profilattiche in situazioni ad aumentato rischio tromboembolico con consiglio di eseguire la ricerca di tale mutazione nei consanguinei.

La costruzione di corsi e-learning in management sanitario in un ambiente collaborativo

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Contesto: L'Istituto Superiore di Sanità eroga formazione in sanità pubblica in modalità e-learning dal 2004, utilizzando una metodologia attiva, ispirata ai principi del Problem Based Learning (PBL). I docenti oltre a diventare una risorsa per i discenti e quindi rivestire un ruolo diverso rispetto a quello tradizionalmente svolto, possono trovare ulteriori difficoltà nell'e-learning.
La fase di costruzione dei materiali nei corsi PBL per l'e-learning, infatti, risulta impegnativa per i docenti, che hanno scarsa familiarità con i metodi e le tecnologie utilizzate e che devono seguire indicazioni stringenti per la produzione di materiali didattici adeguati.
La costruzione dei corsi in Moodle: L'ISS e Fondazione FADOI, hanno avviato una sperimentazione diretta a facilitare i docenti nella fase di preparazione di materiali appropriati al contesto didattico del PBL. I docenti, formati sul PBL, lavorando a distanza, hanno potuto sfruttare le opportunità di confronto e di condivisione tra pari che caratterizzano sia il PBL, sia l'ambiente costruttivista di Moodle, costruendo i percorsi formativi tramite l'utilizzo delle risorse della piattaforma, come forum, database, feedback, wiki. Attraverso lo scambio di conoscenze, la definizione e la ricerca condivisa delle soluzioni didattiche/contenutistiche più appropriate, i docenti hanno acquisito progressivamente autonomia tecnologica e metodologica. Sono stati così progettati e costruiti due corsi in modalità e-learning (erogazione marzo 2013-marzo 2014), accreditati ECM: Professione case manager e La continuità assistenziale.

Efficacia dell'ecografia toracica nella gestione del pneumotorace spontaneo in pronto soccorso

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Premesse e scopo dello studio: L'utilizzo dell'ecografia nell'ambulatorio di pronto soccorso ha ampliato notevolmente le possibilità diagnostiche dei medici. Presentiamo la nostra esperienza nella diagnosi e nel trattamento del pneumotorace spontaneo attraverso l'uso dell'ecografia toracica.
Materiali e Metodi: Dal 2009 abbiamo introdotto la valutazione ecografica del torace e il trattamento immediato del pnx mediante: a) drenaggio toracico; b) trattamento semi-conservativo con puntura e aspirazione; c) trattamento conservativo. Dal gennaio 2009 al dicembre 2012 si sono presentati 24 casi di pnx spontaneo: 20 maschi, 4 femmine con età media 19,5 anni. Tutti i pz. Sono stati sottoposti ad ecografia toracica che confermava la diagnosi di PNX. In 5 pz. Non veniva repertato il lung-point ponendo il sospetto di PNX massivo. 11 casi sono stati trattati con inserzione di drenaggio pleurico in PS; 9 sono stati trattati in modo semi-conservativo; infine 4 casi sono stati trattati in modo conservativo.
Risultati: I pz. sono stati successivamente valutati solo mediante ecografia toracica. La rimozione del drenaggio toracico è avvenuta dopo conferma con ecografia toracica della risoluzione del PNX (valutazione eseguita dopo 12 ore dalla chiusura del drenaggio). La degenza media è stata di 3,5 gg., un solo pz. è stato trasferito in chirurgia. Non abbiamo avuto complicanze o recidive.
Conclusioni: Nella nostra esperienza l'ecografia toracica si è dimostrata una metodica estremamente semplice ed efficace per la diagnosi ed il trattamento di PNX spontaneo, migliorandone la gestione.

Il galateo al letto del paziente: un'arte antica da riscoprire

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Premesse e scopo dello studio: è esperienza comune di come sia in crescita esponenziale il tasso di conflittualità degli utenti che riguarda anche aspetti comportamentali degli operatori. La qualità delle relazioni umane si basa fondamentalmente sulla qualità della comunicazione nei suoi aspetti verbali ma anche non verbali. La possibilità di riflettere sulle proprie azioni e su cosa le ha influenzate diventa il primo passo per poterle modificare ottenendone un controllo migliore.
Materiali e Metodi: Abbiamo stilato un decalogo di suggerimenti sul

comportamento da utilizzare nell'approccio al paziente. Abbiamo suddiviso l'incontro medico-paziente in 5 fasi: ingresso-accoglienza; anamnesi; visita; ripresa del dialogo; dimissione o ricovero; e per ognuna di queste sono stati proposti modelli comportamentali molto semplici che aiutino lo svolgimento della relazione. In alcuni incontri per il personale sono stati esposti questi temi utilizzando anche spezzoni di film noti. A distanza è stato compilato un questionario per valutare l'efficacia dell'intervento.
Risultati: il 98% dei partecipanti ha compilato il questionario; il 71% ha riscontrato le tematiche presentate molto interessanti e attuali, il 91% ha riferito di avere maggiore consapevolezza dei problemi della comunicazione; il 68% ha apportato delle modifiche al proprio modo di rapportarsi; il 100% ritiene utile affrontare questi temi nel corso dei programmi di aggiornamento
Conclusioni: L'uso di questi piccoli accorgimenti è in grado di raggiungere due obiettivi: 1-ridurre lo stress; 2-migliorare la comunicazione.

L'errore diagnostico: ecco come studiarlo

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Premesse e scopo dello studio: Il problema degli errori diagnostici è ancora molto sottovalutato; l'approccio con la root analysis ha contribuito ad iniziare l'analisi dei processi operativi che possono portare all'errore, ma non aiuta quando l'errore è frutto di un ragionamento sbagliato. L'approccio di tipo cognitivo ha proposto alcuni strumenti che possono rilevarsi molto utili per capire il perché ed il come degli errori diagnostici.
Materiali e Metodi: Abbiamo eseguito una analisi di tipo cognitivo (autopsia cognitiva) nei casi di errore diagnostico. L'analisi è stata condotta su quattro casi: a) embolia polmonare scambiata per polmonite; b) rottura di aneurisma addominale scambiata per riacutizzazione di bpco, c) frattura di C2 misconosciuta; d) ritardo nella diagnosi di neoplasia mediastinica. Tutti i casi sono stati analizzati rivedendo la documentazione clinica e ricostruendo le fasi del processo diagnostico applicando il ragionamento metacognitivo.
Risultati: Sono stati individuati 12 errori euristici (3 errori/caso) i più frequenti dei quali sono risultati essere: l'errore di accessibilità, l'effetto cornice, la chiusura prematura, l'errore di conferma, di ancoraggio, di ricerca soddisfatta. In assoluto il più frequente è stato la chiusura prematura.
Conclusioni: Il fallimento del ragionamento clinico non può essere affrontato con la root analysis. L'autopsia cognitiva nella nostra esperienza si è dimostrata una metodica semplice ed efficace, quanto meno a gettare luce sui meccanismi che hanno condotto all'errore.

Le encefalopatie subacute reversibili: un caso di encefalopatia di Hashimoto

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Introduzione: L'Encefalopatia di Hashimoto (EH) è una rara encefalopatia di origine autoimmune caratterizzata da un elevato titolo degli anticorpi antiperossidasi. In questa segnalazione descriviamo un caso clinico prontamente diagnosticato e a decorso favorevole dopo terapia steroidea.
Caso clinico: il paziente giungeva in Pronto Soccorso per un rallentamento psicomotorio subacuto con episodi confusionali, occasionali dispercezioni visive, prosopagnosia e difficoltà di memoria. Nei primi giorni di degenza il Pz sviluppava mioclonie diffuse, rigidità, ipereflessia e compromissione della vigilanza. Tutti gli accertamenti neuroradiologici, sierologici, liquorali e internistici risultavano nella norma tranne un aumento degli Ab anti-perossidasi e anti-tireoglobulina. La somministrazione di prednisone ad alte dosi (75 mg/die) determinava un rapido miglioramento clinico, come monitorato anche da ripetuti tracciati EEG.
Discussione: L'EH, descritta per la prima volta nel 1966, è una patologia rara ma comunque sottostimata a causa della variabilità del quadro clinico, il cui tempestivo riconoscimento è fondamentale per la potenziale completa reversibilità in risposta al trattamento steroideo, che deve essere ridotto con gradualità onde evitare possibili recidive.

An intriguing case of portal hypertension

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Background: Portal hypertension is due to multiple causes; diagnosis is not always easy.
Case: male, 74, history of hypertension, CAD, previous pancreatitis complicated by portal vein thrombosis. 20 yrs ago diagnosis of polycythemia vera, switched to myelofibrosis 1 year ago. Recent finding of ascites during hernia intervention and of esophageal varices on routine endoscopy: intensive search for viral or toxic hepatopathy is negative. He comes for sudden abdominal and leg swelling. Blood exams show anemia, mild hepatic dysfunction. No signs of HF or DVT on echographic screening. Ascites improves with diuretics; a gastroscopy shows esophageal varices and congestive gastropathy. A doppler exam of portal flow is performed by specialists who find splenomegaly and hepatomegaly with fine irregular liver pattern without nodules, normal portal vein dimension and flow with collateral vascular bed, no signs of current thrombosis. Parenchimal elasticity measuring shows significative fibrosis. To identify the site of portal hypertension a transgiugular hepatic venous pressure gradient (HVPG) measuring with liver biopsy is made: it shows severe sinusoidal portal hypertension; biopsy shows significative hemopoietic tissue infiltration. Portal hypertension is thus explained by parenchimal alteration due to hematopoiesis in MF. The patient is treated with TIPS procedure to prevent GE bleeding from varices, with significative reduction of porto-sistemic gradient.
Conclusions: HVPG measurement with liver biopsy is a useful diagnostic tool to identify uncommon causes of portal hypertension.

Incidenza di infezione da Clostridium in un reparto di Medicina Interna

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Premesse e scopo dello studio: L'infezione da Clostridium diff. (CDAD) è un problema sanitario in costante crescita. CDAD è associata a aumento di morbilità e mortalità ospedaliera, protrarsi del ricovero e incremento dei costi di ospedalizzazione. In Italia visono pochi dati epidemiologici e pochi studio hanno focalizzato il problema nei reparti di Medicina Interna. L'attenzione sulla logistica, la cura dei pazienti e la terapia antibiotica e la ricerca di una correlazione tra questi fattori e CDAD ha rappresentato l'obiettivo del nostro studio.
Materiali e Metodi: Studio retrospettivo da gennaio 2010 a luglio 2012 in 2 nosocomi, Cantù, e il presidio riabilitativo dell'azienda, Mariano. Abbiamo valutato età,sesso,tempo tra ricovero e insorgenza di sintomi, provenienza,condizioni di rischio,interventi o procedure sul tratto gastro-enterico eseguite nel ricovero, durata della terapia antibiotica,grado di dipendenza,terapia con IPP, presenza di bagno e/o comoda dedicati, isolamento,trattamento dell'infezione e recidive.
Risultati: 65 casi, 2 decessi, prevalenza tra i 60 e gli 80 anni, 100% di comorbidità, 70% allettati, 82% sottoposto a terapia antibiotica per oltre 2 settimane, nel 34% presenza di recidiva.
Conclusioni: Il grado di colonizzazione è fattore di rischio indipendente da caratteristiche demografiche, gravità delle patologie, terapie ricevute. Strategia preventiva più efficace è limitare la propagazione di bacilli e spore attraverso l'isolamento del paziente infetto, utilizzando misure di prevenzione nei contatti, igiene delle mani, pulizia e disinfezione degli ambienti.

Un insidioso caso di poliangioite microscopica

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Caso clinico: Uomo di 70 anni con anamnesi di adenoca prostatico

trattato con RT e sindrome depressiva. Maggio 2012 occasionale riscontro TAC di interstiziopatia polmonare asintomatica. Il 26.9.12 in PS per sincope post-minzionale in corso di febbre da IVU, ematici nella norma, compresa funzionalità renale. Il 29.10 viene ricoverato in Medicina per polimialgie agli arti inferiori, impotenza funzionale e febbre pomeridiana fino a 38° da circa un mese.All'ingresso quadro di IR, pCreat 2.57 progredita rapidamente durante il ricovero fino a 4.57. Sedimento urinario attivo compatibile con sindrome nefritica, sottoposto pertanto a biopsia renale con evidenza di glomerulonefrite necrotizzante extracapillare pauci-immune. Titolazione degli ANCA positivi per pANCA(MPO-ANCA) 400UR/mL. Veniva quindi posta diagnosi di Poliangioite microscopica condizionante IR rapidamente progressiva e iniziata terapia con Ciclofosfamide ev ben tollerata. Sottoposto a TAC torace senza m.d.c. e a BRSC+BAL negative per IPF, veniva confermato iniziale quadro di UIP, con PFR, EGA nella norma e assenza di dispnea. Alla dimissione, pCreat 3 mg/dL, Hb 10.3gr/dL, asintomatico.
Conclusioni: La poliangioite microscopica è una vasculite necrotizzante di capillari, venule o arteriole con immunodepositi assenti o scarsi. L'incidenza è 4-8 casi milione/anno e la prevalenza di 50 casi x milione.La glomerulonefrite necrotizzante progressiva e la capillarite emorragica polmonare sono frequenti manifestazioni e le più importanti cause di morbilità e mortalità.

Gestione del rischio clinico mediante metodo Wolff

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Premesse e scopo dello studio: Nel nostro presidio ospedaliero si è deciso di implementare la gestione del rischio clinico e la conoscenza degli "eventi indesiderati", mediante la verifica retrospettiva dell'attività clinica attraverso la revisione di cartelle cliniche per l'identificazione di "eventi avversi", e la successiva valutazione rispetto alla loro prevenibilità.
Materiali e Metodi: È stato adottato il metodo Wolff che prevede l'intercettazione di eventi avversi o potenzialmente tali mediante la revisione di cartelle cliniche scelte in base ad alcuni criteri: decessi, reinterventi, reingressi entro 28 gg,trasferimenti in RIA o in altri ospedali,oltresoglia. Il gruppo è formato da specialisti dei vari reparti (PS, RIA, Medicina, Chirurgia, DS). è importante considerare il metodo Wolff all'interno dell'intero processo di gestione del rischio clinico per comprendere le interrelazioni con la fase precedente e quella successiva al fine di individuare gli imput necessari e gli output attesi di questa attività. L'input è costituito dalle segnalazioni raccolte l'output è l'RCA che si concluda con l'individuazione delle cause e che preveda azioni concrete ed applicabili al trattamento del rischio.
Risultati: Dall'ottobre 2010 al gennaio 2012 sono state valutate 1369 cartelle di cui sono stati discussi dal gruppo 78 casi di questi 10 sono andati in audit e sottoposti a Rot Cause Analisis
Conclusioni: La garanzia della sicurezza del paziente include sistemi operativi e processi che minimizzino la probabilità di errore e massimizzino la possibilità di intercettarlo dove accade.

Multiorgan failure in a patient with haemophagocytic syndrome

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A 63-year-old man was admitted for asthenia and confusion. The patient's medical history included: hypertension, diabetes mellitus, cardiac surgery (CABG and aortic valve replacement) complicated by sternal osteomyelitis treated with a long course of antibiotic therapy. For persistent fever, hyperferritinemia and hypofibrinogenemia bone marrow biopsy (BMB) was performed revealing haemophagocytic syndrome (HS) treated with corticosteroids and etoposide. On admission the patient was alert, pale, dehydrated, disoriented without other neurological signs, with ecchymosis in the limbs and hepatomegaly. The blood gas analysis and ECG were normal. Laboratory tests showed: hemoglobin=9.4g/dL, platelets=30.000/mm3, impaired liver function with cholestasis and hyperammonemia (161mcg/dL), hyperferritinemia (9373ng/mL), hypotiroidism, negative sierology for hepatitis viruses. Brain CT with contrast was normal. Hyperammonemia was treated; levothyroxine and corticosteroid therapy was started. A second BMB showed marrow hypoplasia. Patient died for multiorgan failure. The HS, a rare underdiagnosed disease with nonspecific diagnostic criteria, is a severe hyperinflammatory condition that should be suspected in presence of persistent fever, cytopenias (≥2 cell lines) hepatosplenomegaly, elevated ferritin and triglycerides, and low fibrinogen. Prognosis is influenced by an early diagnosis and appropriated treatment. For the acquired HS (secondary to infections, malignancies, autoimmune diseases) there are no standardized therapy protocols. Neurological signs are negative prognostic factors.

A retrospective study on prognostic significance of hyperglycemia in patients admitted to an Internal Medicine Department

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Background: The aim of the study was to evaluate the prevalence of hyperglycemia in hospitalized patients in an Internal Medicine Department and its prognostic significance.
Methods: A retrospective study on patients consecutively hospitalized from January to June 2011 in an Internal Medicine Department was performed. In-hospital hyperglycemia was defined as fasting blood glucose(FBG) level >126mg/dL at least in one or more of the following: 1) first FBG available; 2) FBG between 24 and 72 hours after admission; 3) FBG the day of discharge. Outcomes evaluated were in-hospital mortality and clinical deterioration needing transfer in Intensive Care Unit (ICU).
Results: Of 403 patients hospitalized (52.8% M, mean age 74 ys), 232 (57.5%) presented normal glycemia (group A), 95 (23.5%) had hyperglicemia and no diabetes mellitus (DM) history (group B), 76(19%) had hyperglicemia and DM (groupC). In the group B was observed a higher in-hospital mortality (16.8%) and a greater rate of ICU trasfer than group A and C ($p \leq 0.001$ and $p<0.05$ *vs* groupA, $p=0.029$ and $p=0.05$ *vs* group C respectively). Patients of groupB and C had a longer hospital stay than groupA (10.9±9.3 and 12.9±11.1 respectively *vs* 9.1±6.7 days).
Conclusions: This study revealed the high frequency of in-hospital hyperglycemia in an Internal Medicine Department and its negative effect on in-hospital mortality, on clinical deterioration with ICU transfer and on length of hospitalization. This influence was greater in patients with hyperglycemia without a history of DM. In hyperglycemic subjects the main cause of death was infectious desease.

Porpora palpabile da beta-2 agonisti, descrizione di un caso

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Un uomo di 56 aa è stato ricoverato nel nostro Reparto per la comparsa di lesioni petecchiali agli arti ed in regione lombare cui si erano associate successivamente febbricola ed artralgie. Riferiva diabete mellito in terapia con Metformina e BPCO di grado moderato-severo per la quale due giorni prima aveva iniziato, oltre al Tiotropio Bromuro già in atto, terapia con l'associazione Salmeterolo e Fluticasone per aerosol, poi sospesa prima del ricovero. All'ingresso in Reparto era presente porpora palpabile a distribuzione simmetrica; gli esami rilevavano aumento degli indici di flogosi e scarso compenso glicometabolico, con negatività dell'autoimmunità, delle sierologie virali, dell'urinocoltura e del tampone faringeo. La biopsia cutanea a livello di una lesione purpurica della gamba risultava aspecifica, verosimilmente perché eseguita a circa10 giorni dall'inizio della terapia cortisonica sistemica e già in fase di graduale risoluzione delle manifestazioni cutanee. Il quadro descritto è suggestivo per una porpora palpabile da farmaci, frequentemente associata a sintomi sistemici quali malessere, astenia, febbre e artralgie. Fra gli agenti causali descritti in letteratura non sono presenti i Beta-2 agonisti. Il nesso causale è stato confermato in occasione di un secondo ricovero del pz per BPCO riacutizzata quando, a circa 48 ore da una singola somministrazione di Salbutamolo per aerosol effettuata in PS, sono comparse minute lesioni petecchiali a livello del torace, verosimilmente non evolute perché il paziente era in terapia cortisonica per la patologia di base.

Un caso di ipotensione ortostatica

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Un paziente di 77 aa, dimesso dopo impianto di PM per sincopi in BAV di II grado, torna in Ospedale per severa ipotensione ortostatica. Normofunzionante il PM, escluse cause farmacologiche ed aspecifici gli esami ematochimici, l'iter diagnostico viene guidato dal riscontro di grave ipocorticosurrenalismo con mancata risposta sia gluco- che mineralcorticoide, basale e dopo stimolo. Viene quindi instaurata terapia sostitutiva con miglioramento del quadro clinico. Gli esami strumentali, volti a definire la genesi del deficit ormonale, evidenziano la presenza all'ecografia di una grossa "cisti complicata" a livello polare superiore del rene destro. La Tac localizza tale formazione come di pertinenza surrenalica rilevando una massa analoga a carico del surrene sinistro. Tre le ipotesi: formazioni tumorali primitive o secondarie, localizzazioni tubercolari. Una prima biopsia surrenalica depone per tessuto linfoide ma l'esiguità del campione non consente ulteriori precisazioni. L'esecuzione di una PET-Tc rileva patologico accumulo del tracciante, oltre che ai surreni, anche a livello di multiple piccole formazioni nodulari polmonari. Il Tb-Gold risulta positivo, ma la ricerca per BK (diretto, PCR e colturale) su espettorato e su BAL risulta negativa, così come gli esami citologici, i markers tumorali, EGDS e colonscopia. Solo la ripetizione della biopsia surrenalica permette infine di diagnosticare la presenza di un linfoma ad immunofenotipo B, aggressivo. Il caso clinico presentato è emblematico della complessità clinica e delle sfide diagnostiche dei pazienti Internistici.

When sonography provides a valuable contribution to the diagnosis

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Case report: 33 years old woman admitted for epigastralgia, fatigue, weight loss of 5 kg in the last month, episodes of vomiting food. The patient is dehydrated and ipotesa. One month earlier she had done esophagogastroduodenoscopy: "cardial incontinence" and started therapy with esomeprazole. In our department the patient was subjected to blood tests: ESR: 22, D-dimers: 1.04 mcg/mL; cardiac enzymes were normal, Na:126mEq/l, creatinine: 2.47mg/dl; albumin: 2.4 g/dl. Rx abdomen and chest: "meteoric distension of an intestinal loop." Abdomen ultrasound showed "gastrectasia with undigested material inside, in fasted patient. "It was decided to perform CT abdomen and pelvis "duodenal and proximal segment of the fast ectasia with wall thickening to about 10 cm from Treitz." It is then enteroscopy with biopsies: "At the level of Treitz, presence of tight stenosis, not passable, covered with hypertrophic, edematous and eroded mucosa, easily bleeding." The biopsy allows the diagnosis of "well-differentiated adenocarcinoma, with ulceration of the small intestine." The patient was moved in surgery where was subjected to resection of intestinal segment. The surgery shows multiple secondary localizations at the bladder peritoneum.
Discussion: Tumors of the small intestine are rare and the diagnosis is often made late. In the case of our patient, the symptoms had arisen about two months before admission but they had been underestimated. A careful clinical examination and ultrasound examination have allowed us to quickly program the enteroscopic investigation which led to the diagnosis.

✪ Peripheral regulatory Foxp3+ve T-cells in IBD patients treated with thiopurines

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Premesse e scopo dello studio: I linfociti regolatori FOXP3(CD4 +) sono emersi come importanti regolatori della risposta immunitaria. Difetti di queste cellule sono stati osservati nei pazienti con malattie immunitarie. È stato dimostrato in letteratura che i pazienti responder alle terapie biologiche hanno un aumento di linfociti T FoxP3 nel sangue periferico. Lo scopo dello studio pilota è quello di indagare se il trattamento con le Tiopurine porta a risultati simili nei responders rispetto ai non-responder.
Materiali e Metodi: 81 pazienti, 46 colite ulcerosa (22 con malattia attiva e 23 in fase di remissione) e 35 Malattia di Crohn (17 in fase attiva e 15 in remissione). La risposta al trattamento è stata considerata mediante la valutazione del partial Mayo score nella UC, e Harvey-Bradshaw Index in CD, PCR e leucociti sono stati usati per confermare la remissione clinica.
Risultati: L'espressione di FOXP3 tra CD attivi e UC attivi è statisticamente significativa p=0.045, mentre per CD in remissione e UC in remissione non risultano dati significativi. Nel gruppo di pazienti con CD i valori di FOXP3, tra quelli con malattia attiva e quelli in remissione non è statisticamente significativa, al contrario nei pazienti affetti da UC i dati ottenuti sono significativi p=0,005.
Conclusioni: È stata dimostrata una variazione significativa dei linfociti regolatori FOXP3 nei pazienti con malattie infiammatorie intestinali croniche associate alla risposta della terapia con Tiopurine. Questo dato deve essere confermato dalla valutazione endoscopica di guarigione della mucosa.

A slow...infiltration!

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A 56-year-old man presented recurrent hospitalization for pleural effusion, anorexia, asthenia, dyspnea and peripheral edema. His medical history consist of a symptomatic total atrial ventricular block treated twenty years ago with pace-maker implant, and the onset about ten years ago of brittle and slow-growing nails; moreover, four years ago he reported taste loss and generalized anhidrosis. During the physical examination we observed loss of body hair and bruising. The blood routine test showed microcitic anemia while chest radiografy was suggestive for pleural effusion (confirmed by CT and recognized as a trasudate at the pleural fluid analysis). The echocardiography showed left ventricle concentric hypertrophy (interventricular septum thickness 16 mm), with preserved ejection fraction. Monoclonal light chains (lambda) was found with serum protein electrophoresis. On the suspicion of monoclonal immunoglobulin deposition diseases, the patient underwent a heart biopsy with evidence of amyloid deposits. In conclusion, the patient was affected by systemic amyloidosis with heart, bone marrow and skin involvement. Systemic AL amyloidosis is a plasma cell dyscrasia in wich the amyloid fibril protein is produced by monoclonal plasma cells and consists of whole or fragments of immunoglobulin light chains. It is associated with plasma cell myeloma in about 15% of cases. A monoclonal immunoglobulin is found in the serum or urine in more than 80% of patients. One quarter of patients present with single organ involvement; the affected organ determines the prognosis.

A clinic...swing

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A 30 years old man with remittent fever and asthenia was admitted to our Medical Unit; cultural, autoimmune, viral serology and blood routine test were performed, without significant findings. Chest and abdominal TC showed splenomegaly, paraaortic and paratracheal lymph nodes enlargment, with retroperitoneal fibrosis; assuming a lymphoproliferative disease we performed hemathologichal tests, but no typical pathological findings were seen. A clinical benefit to systemic corticosteroid was observed, but the same symptoms associated with significant weight loss occurred six months after the discontinuation of steroid treatment, leading us to take a bioptic specimen of a left paratracheal lymph node. The histological observation of plasma cell and histiocytes proliferation, IgG production and capsular fibrosis, associated with a peri lymph nodes plasmacellular proliferation lead us to hypothesize a "IgG4 related sclerosing disease". The IgG4-related disease is a potentially multiorgan disorder that is characterized by elevated serum IgG4 concentrations, fibrosis, inflammatory infiltrate of lymphocytes and plasma cells; obstructive phlebitis is also a common morphologic finding.

Hepatitis B virus infection in immunosuppressed patients: prevalence and clinical impact in Internal Medicine Units

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Background and Aims: Hepatitis B virus (HBV) reactivation in patients undergoing immunosuppressive therapy is associated with significant morbidity and mortality. Internal Medicine Units are usually characterized by the prevalence of older patients, who have a high probability of a previous contact with HBV and who are often immunosuppressed for different diseases. The aim of our study was to analyse the prevalence of HBV infection and the clinical characteristics of immunosuppressed inpatients (ISP) afferring to two different Internal Medicine Units.
Methods: In this observational study we analized clinical and virological data of all ISP afferring to the Internal Medicine Units of Desenzano and of Gavardo Hospitals from January to June 2011.
Results: Out a total of 2001 inpatients, 79 (4%) were pharmacological immunosuppressed. All ISP tested negative for hepatitis B surface antigen, but 19 of them (24%) revealed a previous contact with HBV (serum positivity for anti-hepatitis B core antibody plus or minus positivity for hepatitis B surface antibody). Mean age of ISP was 73 years. The most frequent causes of immunosuppression were solid cancers, lymphomas and reactivation of chronic bronchopneumopathies. Steroids represented the prevalent immunosuppressive therapy (85%) followed by combined immunosuppressive drugs (7%) and by cytotoxic chemotherapy (7%).
Conclusions: Our study shows a low prevalence of active HBV infection but a high prevalence of occult HBV in ISP afferring to Internal Medicine Units, and underlines the importance of increase awareness among physicians.

È etico l'uso della ventilazione meccanica non invasiva (NIV) nel trattamento dell'insufficienza respiratoria terminale?

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Le nuove tecnologiche impongono ai medici una riflessione sul fine vita e sono state punto centrale nella stesura del codice deontologico, tra queste la NIV è l' uso di un supporto ventilatorio nell' insufficienza respiratoria. Le cure palliative mirano a migliorare la qualità di vita dei pazienti terminali attraverso l'alleviamento della sofferenza globale; l'aumento delle patologie croniche fatali ha esteso questo concetto oltre l'ambito puramente oncologico. La gestione di questi malati prevede una rimodulazione non sospendendo le terapie curative a priori ma valutando ogni trattamento e interrompendo, in base alla volontà del paziente, solo quelli futili. Il concetto di accanimento terapeutico è inutile se il paziente è in grado di prendere decisioni, ma è rilevante quando è incapace di agire e non ha espresso in precedenza delle direttive anticipate di trattamento. Queste ultime In Italia hanno solo valore etico e le decisioni di fine vita devono basarsi necessariamente solo su principi etici fondamentali. I dati disponibili indicano che il 50% dei pazienti terminali trattati con NIV sopravvivono si tratta quindi di un trattamento palliativo con possibilità curative in grado di prolungare il processo del morire (contro il principio di non maleficità). I pazienti terminali con indicazione all' uso di NIV dovrebbero essere quindi categorizzati in: Competent (in grado di fornire un consenso informato) ed Incompetent che hanno o meno lasciato direttive anticipate. Su questa base, applicando principi etici fondamentali, proponiamo un algoritmo decisionale.

Infezione da micobatterio atipico in paziente con linfoma follicolare

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Background: Le micobatteriosi atipiche sono favorite da immunodepressione, denutrizione e pneumopatie; la clinica è attenuata rispetto alla tubercolosi.
Caso: 68 anni, ex fumatore, BPCO, linfoma follicolare trattato con CT e Rituximab per recente riaccensione di malattia. Giunge per dispnea ingravescente, ortopnea, tosse produttiva in assenza di febbre, con insufficienza respiratoria parziale lieve. Al torace ronchi diffusi e broncostenosi bibasilare. Un'angioTC, negativa per embolia, mostra enfisema, bronchite e bronchiolite in assenza di addensamenti o di interstiziopatia. Negativa la ricerca per i batteri e virus pneumotropi e la PCR per CMV. L'ematologo interpreta il quadro come progressione della malattia ma esclude l'indicazione a Rituximab per l'elevato rischio infettivo. Per il persistere dell'IR nonostante la tp broncodilatatoria e antibiotica massimale, si ripete TC, invariata. La broncoscopia mostra mucorrea in assenza di lesioni, vengono prelevati campioni per esame microbiologico. Il consulente pneumologo attribuisce il quadro a riacutizzazione di BPCO, verosimilmente su base infettiva, con indicazione a effettuare ossigenoterapia 24h/24, FKT respiratoria, e vaccinazioni. Il paziente viene dimesso in attesa del risultato del BAL che nell'VIII settimana di incubazione risulta positivo per M. xenopi. Il paziente inizia il trattamento con miglioramento dei sintomi e dell' IR.
Conclusioni: Il caso in esame sottolinea la difficoltà nella diagnosi di infezioni opportunistiche, che facilmente si mascherano da quadri clinici diversi.

Rischio ipertensivo e terapia estroprogestinica

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Caso clinico: Donna di 43 anni, giunge per calo visus OSx. Anam. fam.: Famil. neg. per CVD. Anam. pat.: Preeclampsia gravidica a 31 aa, allergia ad acari. Anam. fis.: Normotesa, assume estroprogestinico (gestodene 0.075+etinilestradiolo 0.03) ed antistaminico (cetirizina cloridrato). Es. obb.: Pa 240/140 Fc 74/m., ipovisus OSx. Es. diagn.: Microalb. +++. ECG: RS T neg V1-V3. Ecocard: Iniz. IVsx conc. MAP 24 H Media 24 h 158/95 mmHg (die 162/98 mmHg, not. 141/86 mmHg) Aldost. clino 37 pg/ml, ren. plasm. clino 9.8 ng/ml/h (Ý). Eco add.: neg. Ecodop. art. renali: I.R. ndp, AgioTac: Ectasia aorta asc. (36mm), dupl. art. renale sx per ramo polare sup. Vis. ocul.: Osx: Edema papillare, emorragie intraretiniche peripapillari e diffuse al polo post., edema maculare. OSV 1/10. Angio. ret.: Trombosi v. centr. retinica con area isch. nel settore sup. Eco TSA: IMT dx/sx 0.8 mm.
Diagnosi: Crisi ipertensiva in ipert. art. essenziale con danno d'organo (IVsx), trombosi della v. centr. retinica OSx.
Dec. Terap.: Dieta ipos., amlodipina 10 mg, valsartan 160 mg, nebivololo 5 mg, sosp. di estr/pr.
Conclusioni: L' est/pr. incrementa il rischio di ipert, e la sua sospensione lo riduce rapidamente e tra le rare complicanze la più rilevante è la trombosi v. (4-7 casi/10000 donne), i contraccettivi di "3^ gen." (desogestrel o gestodene) hanno un rischio doppio rispetto a quelli di "2 gen.", emerge quindi la necessità stratificarlo accuratamente (ipertensivo e trombogenico) con una accurata raccolta anam., una corretta informazione ed eventual. una prescrizione a minor rischio (2^ gen.).

Are hyperthyroidism and hypopituitarism two mutually incompatible diagnoses?

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Premises: Hypopituitarism leads to the loss of control over the physiological target glands and usually results in a secondary functional failure. However, this does not preclude the development of a thyroid disease that causes a primary hyperthyroidism (Graves' disease, autonomous adenomas) or a thyrotoxicosis (destructive thyroiditis). This event is extremely infrequent.
Case #1: A 67yr old man affected with hyperthyroidism due to Graves' disease, treated with radiotherapy for rhinopharyngioma 35yr earlier. After a year of thyrostatic therapy, Graves'disease went into remission and he manifested central hypothyroidism, associated with secondary hypoadrenalism and hypogonadism. Five years since the beginning of replacement therapy with L-thyroxin, testosterone and cortisone acetate the patient is completely asymptomatic.

Case #2: A 74yr old woman with a history of subclinical hyperthyroidism caused by a thyroid adenoma, in continuous therapy with methimazole for many years. She had been treated with radiotherapy for sellar meningioma three years earlier. Hormonal findings showed secondary hypoadrenalism and low gonadotropins. She started therapy with cortisone acetate and the thyroid adenoma was treated with I^{131}. Two months later an evolution in low-TSH-hypothyroidism was observed, and L-Thyroxine therapy was started.
Conclusions: Hyperthyroidism and hypopituitarism are not mutually incompatible diagnosis. When both syndromes coexist in the same patient, which is very rare, their recognition may constitute a diagnostic challenge.

Trombosi della vena mesenterica superiore in corso di infezione acuta da Citomegalovirus in un soggetto immunocompetente con mutazione del fattore V di Leiden

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Premessa: L'infezione da Citomegalovirus (CMV) può svolgere un ruolo nell'insorgenza della trombosi venosa (TV) nei soggetti immunocompetenti. L'incidenza della TV tra i pazienti ricoverati per infezione acuta da CMV (TV-CMV) è circa il 6%. In un terzo dei casi riportati di TV-CMV con interessamento mesenterico è stata rilevata la mutazione eterozigote G20210A per la protrombina mentre quella del fattore V di Leiden è stata sinora descritta in un solo caso di TV-CMV con interessamento giugulare.
Caso clinico: Un uomo di 36 anni si ricoverava nel nostro reparto per febbre remittente, astenia e faringodinia da circa 4 settimane. L'esame obbiettivo segnalava solo febbre remittente e note di faringite acuta. Gli esami bioumorali evidenziavano linfocitosi assoluta con linfociti atipici; modesto incremento dei valori di VES, PCR, AST, ALT, LDH, γGT; netto incremento dei valori di IgM totali e specifiche per CMV; positività della PCR per CMV. La ricerca dei fattori trombofilici svelava un decremento della APCR ratio e la presenza della mutazione eterozigote per il fattore V di Leiden. La TC dell'addome con mdc svelava il deficit di opacizzazione di un tratto della vena mesenterica superiore e di un suo ramo, riferibile a trombosi parzialmente occludente. Al termine del ricovero il paziente risultava asintomatico e veniva iniziato il trattamento anticoagulante orale con warfarin, tutt'ora in corso.
Discussione: A nostra conoscenza, si tratta del primo caso di TV-CMV con interessamento mesenterico in un soggetto immunocompetente con mutazione del fattore V di Leiden.

Una rara causa di ittero ostruttivo

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Un uomo di 57 anni, presenta vomito e diarrea, seguiti da comparsa di ittero. In DEA esegue esami che mostrano bilirubina 16 mg/dl (diretta 13), non calcolosi biliare all'ecografia addome. Visto l'aumento del Ca 19.9 e il reperto TC di dilatazione di vie biliari intraepatiche e coledoco con assottigliamento nel tratto pancreatico, viene trasferito in Chirurgia con indicazione all'intervento. La colangioRMN conferma dilatazione di vie biliari e coledoco con restringimento a livello pancreatico, e aumento di volume del pancreas. Tramite ERCP si eseguono biopsie della papilla che risultano negative per neoplasia. Nel sospetto di pancreatite autoimmune si dosano le IgG4 che risultano aumentate. Viene intrapresa terapia steroidea con risoluzione dell'ittero, normalizzazione del Ca 19.9 e alla colangioRMN riduzione di volume del pancreas, scomparsa della dilatazione biliare e normale visualizzazione del Wirsung.
Conclusioni: L'ittero, presente nel 65% dei casi, è la manifestazione clinica principale della pancreatite autoimmune, rara forma di pancreatite caratterizzata da flogosi cronica linfocitaria e fibrosi. La sua diagnosi deve essere sospettata in presenza di alterazioni radiologiche suggestive come l'aumento di volume focale o diffuso del pancreas e il restringimento uniforme del dotto pancreatico. La presenza nel siero di IgG4 è quasi diagnostica e la risposta clinica alla terapia steroidea conferma la diagnosi. Il reperto di alterazioni radiologiche tipiche deve indurre a un iter diagnostico mirato che serve ad evitare interventi invasivi o inutilmente demolitivi.

Incidence and treatment of asymptomatic hyperuricemia in chronic coronary artery disease

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Introduction: The relationship between hyperuricemia and cardiovascular risk has been studied for decades and it's still controversial. Uric acid (UA) role as an independent risk factor or as a risk marker for Coronary Heart Desease is not clear. New studies have shown that allopurinol is associated with reduced mortality risk and with reduced blood pressure, pointing to a probable relationship between UA levels and Cardiovascular mortality. We investigate the incidence of hyperuricemia in a cohort of subjects with Chronic Coronary Artery Disease.
Methods: 61 subjects (48 males) with symptomatic Chronic Coronary Heart Disease admitted in a department of internal medicine from January 2012 to January 2013. UA serum levels values were obtained on subjects the day after hospitalization.
Results: The mean uric acid value in both sexes was 5.5mg/dl, while for men and women alone it was respectively, 5,6 mg/dl and 5,2 mg/dl. Overall 18% of inpatients showed levels higher than 6.5 mg/dl, and none of them received anti-hyperuricemic treatment before or during the hospital stay. Serum UA values were significantly higher in subjects of both sexes who were taking antihypertensive drugs.
Conclusions: Although UA role in the pathogenesis of CAD it's still debted, new studies have shown the importance of UA as an independent risk factor as well as the effect of allopurinol in reducing cardiovascular mortality; the high incidence of asymptomatic hyperuricemia suggests that further studies are needed.

Acquired aorto-pulmonary fistula secondary to aortic arch aneurysm

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Introduction: Aorto-pulmonary fistulas secondary to thoracic aneurysms are extremely rare and only few cases are reported in literature.
Case report: A 46 years old, non smoker, woman was admitted, because of cough and dyspnea that lead to acute respiratory failure. The diagnosis was of multifocal pneumonia and acute congestive heart failure. An ascending aortic aneurysm of 6 cm width was also diagnosed. Four months later she was admitted again due to a relapse of congestive heart failure, and to undergo the diagnostic and therapeutic workout for the aortic aneurysm. She showed with dyspnea not responding to furosemide treatment. The CECT scans and ultrasound confirmed the presence of an ascending aneurysm of 60 mm width and an aortic arch aneurysm of 66 mm width, with mild aortic compression of right pulmonary artery. A normal cardiac function, pleural effusion, ascitis and left atrium dilation of moderate degree were present too.
Due to respiratory failure, she was referred to intensive care unit. The patient was intubated, and supported with inotropic drugs. An increase of mixed venous oxygen saturation was observed during catheterization. Measurement of venous oxygen saturation was 72% in the right atrium and 92% in the pulmonary artery. The aortography showed a left-to-right shunt and revealed the aortopulmonary fistula.
Conclusions: Aorto-pulmonary fistula is a rare complication of aortic aneurysm, which can produce acute congestive heart failure as well as respiratory failure, not sensitive to diuretics treatment.

Improvements and drawbacks deriving from the implementation of the i-caring technology in cardiological department. An experience from the real world

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During the last year, our cardiological department thoroughly tested a homebrew version of the electronic patient's file called "Archimed", internally developed by a doctor currently employed in our hospital. Using a.php language, the program is able to save and share, to other wards sharing the same platform, any information ranging from medical history to lab results. After an obvious and required beta-test, required to purge any possible bug, the e-platform was ready to be extensively used. In the beginning we encountered some problems: the system was a little clunky and required too many clicks for even the most basic command, but after several feedbacks from the wards using the program and gaining experience as time passed, we were able to fully understand the program's potential and extensively adopt it for our department. We realized that an easy shareable, consultable and storable database is of the upmost importance to promptly identify and solve the majority of problems that would otherwise require much more time and effort to be done. Lab tests consulting and past clinical histories are the fields that received most benefits: no more pile of paper sheets, easily lost or damaged as time passed: Archimed is able to show and retrieve any archived data with few clicks. Not to mention some functions, like "Stats" and multi-filter "Advanced Research", useful to research data for intra-department retrospective studies. In conclusion, we strongly recommend the adoption of an e-platform for the implementation of an i-caring technology to better manage, and consequently treat, our patients.

Heart and kidney: relationship between creatinine levels and number of stents used in routine PTCA

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In this study, we tried to evaluate the possible relationship between the variations of serum creatinine level and the number of stents used in standard percutaneous transluminal coronary angioplasty (PTCA). We retrieved the data of the patients admitted in our ward from the first quarter of 2012 (33 cases) and analyzed the serum levels of creatinine before and after the procedure. We have found a mean value of +0.10 (±0.12) mg/dL, ranging from a min of -0.08 to a max of +0.60, and a median of +0.09. Our patients underwent PTCA using 1 to 4 stents, obviously receiving a larger amount of radiocontrast agent as more stents were used. We tried to relate the number of stents used during the procedure and the creatinine variations but we found no statistically significant relationships. Increasing the patients' pool will surely help to better characterize a possible link between this two factors, but we currently think there are too many values involved in the mechanism to be actually very difficult to summarize the whole process with a mere serum metabolite level.

Predittori di recupero funzionale al follow-up in pazienti con cardiomiopatia secondaria a chemioterapia con antracicline

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Background e Obiettivi: La cardiomiopatia (CMP) da chemioterapia (CT) con antracicline (ANTRA)è considerata a prognosi infausta.Abbiamo esaminato retrospettivamente una popolazione di paz.con CMP da ANTRA diagnosticata tra il 1984 ed il 2011.
Metodi: Criteri di inclusione: 1) FE all'ECO≤50% o con riduzione di >10% di FE rispetto a un eco pre-CT; 2) assenza di altra causa di CMP; 3) follow-up (FU) di almeno 6 mesi. Paz. responders:se la FE aumentava a >50% o ≥10% rispetto al basale. End-point primari:mortalità cardiovascolare; recupero della FE a 12 mesi. End-point secondari: fattori ECO e terapeutici predittivi di risposta.
Risultati: 133 paz. (d./u.101/32, età media 53±13 aa). Durante il FU 78 (57%) paz. sono morti. La causa di morte è risultata correlata, nella quasi totalità dei paz., alla progressione della malattia oncologica e solo in pochi a cause cardiovascolari. La NYHA media è passata da 2.1±0.8 a 1.5±0.6 a 12 mesi,(p<0.0001). All'ECO la FE è progressivamente aumentata. I responders tot sono stati 77 (57%), i non responders 59 (43%). L'aggiunta del BB alla terapia con il solo ACE-I ha portato i responders dal 56% al 64%. Predittori indipendenti di recupero: DTD e FE all'esordio; associazione di ACE-I e BB; monoterapia con BB(p=0.001).
Conclusioni: La mortalità nei pazienti con CMP da ANTRA è legata prevalentemente alla neoplasia. L'entità del rimodellamento ventricolare sinistro in basale può condizionare il recupero di FE durante il FU.La terapia con ACE-I e BB è efficace nel migliorare il quadro clinico ed ecocardiografico, ma il BB sembra avere un ruolo predominante rispetto all'ACE-I.

Is it possible to maintain remission of SLE-affected patients obtained with high doses of oral steroids by the use of low doses of modified release steroids and chloroquine?

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Background: The use of steroids in SLE is largely diffused and the side-effects of steroids are also very common in patients undergoing for long periods to such kind of therapy.
Materials and Methods: A 36 years old male with a newly diagnosed SLE characterized by high titers of DNA Ab binding, proteinuria, fever, asthenia, photosensitivity, non-erosive arthritis and recurrent pericardial serositis underwent to a modified-release prednisone (15mg/die) based therapy associated with hydroxychloroquine (400mg/die) for disease control. Both clinical and laboratory parameters were observed every month for 6 months. Therapy was started in march 2010, as patient presented pericardial serositis, fever (38.3°C), severe asthenia, low levels of C3 and C4, ESR of 59mm/h, and proteinuria (2,86g/24h) (SLEDAI score 11).
Results: After one month of therapy, proteinuria was completely reverted, C3 and C4 levels returned within normal ranges, no signs of pericardial serositis were detectable by ultrasound performed every month and ESR was 31mm/h. Photosensitivity persisted during whole followup time. AntiDNA Ab persisted during whole followup but at low titers.
Conclusions: Modified-release prednisone (Lodotra®, Mundipharma), may represent a feasible tool for treating patients affected by SLE; the lower doses of this kind of compound respect to commonly used doses of oral prendisone may also grant a reduction of steroids-related side-effects and thus grant more compliance in long-term therapies.

Trombosi della VMS: un'imprevedibile diagnosi

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Caso clinico: Uomo di 30 anni giunto alla nostra osservazione per la comparsa di un dolore di tipo gravativo localizzato in fossa iliaca destra, successivamente irradiato a tutti i quadranti dell'addome e al dorso. In APR: ipertensione arteriosa di recente diagnosi, pregressa TVP arti inferiori. Gli esami ematochimici evidenziavano solo un modesto aumento dei D-dimeri. La radiografia diretta dell'addome e l'ecofast risultavano negativi. Data la persistenza dei sintomi veniva sottoposto ad una TC addominale con mezzo di contrasto che metteva in evidenza una trombosi della VMS. In seguito lo screening coagulativo ha evidenziato deficit di proteina S.
Commento: La trombosi venosa mesenterica è rara e si manifesta spesso con un infarto intestinale venoso distrettuale. Essa è caratterizzata da tassi elevati di morbilità e mortalità legati soprattutto al ritardo con cui viene formulata la diagnosi che risulta molto difficile dal momento che i pazienti presentano sintomi addominali aspecifici, spesso associati ad un intenso e continuo dolore spontaneo non corredato da reperti obiettivi altrettanto significativi. Gli studi diagnostici per immagine, quali l'Ecografia e la TC con mezzo di contrasto, sono di difficile interpretazione per l'esiguità dei segni di lesione. La TC dell'addome deve essere pertanto effettuata con la massima urgenza in tutti i quadri clinici caratterizzati da un importante dolore addominale continuo privo di cause evidenti, ed a maggior ragione in tutti i pazienti che abbiano presentato precedenti episodi di trombosi venose.

Razionale del check-up oncologico nella TVP idiopatica

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Caso clinico: Uomo di 76 anni giunge in PS con trombosi della grande vena safena con evidente materiale esogeno trombotico safeno-femorale sinistro con imbibizione edematosa del cellulare lasso sottocutaneo dell'arto per stasi linfatica e venosa. L'ecografia addome fast risulta negativa. Al radiografia del torace tenue ipodiafania paratracheale a destra. Gli esami ematochimici mostrano lieve iposodiemia e lieve ipoalbuminemia ed elevati valori del D-dimero.
Dalla TC torace e addome con m.d.c. si evidenzia vescica indissociabile dalla ghiandola prostatica che appare irregolare, a margini gozzuti; multiple e grossolane linfoadenopatie lomboaortici e otturatori che inglobano i vasi iliaci. Lesioni nodulari II e IV segmento epatico di aspetto secondario e lesioni osteoaddensanti di aspetto secondario dell'emobacino, della sinfisi pubica e del sacro.
Discussione: I fattori di rischio per TVP nell'anziano sono la disidratazione, lo scompenso cardiaco, la frattura dell'anca, gli stati di ipercoagulabilità, l'immobilizzazione, l'obesità, la policitemia, la trombocitosi, i traumi ma tutti i pazienti con trombosi della vena iliacofemorale devono avere una valutazione diagnostica addominale per escludere una compressione estrinseca da parte di un tumore o trombi nella vena cava inferiore. è quindi razionale sottoporre a check-up oncologico un soggetto con trombosi venosa idiopatica.

Uno strano caso di occlusione intestinale nell'anziano

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Caso clinico: V.P. donna di 72 anni giunge alla nostra osservazione per dolore addominale e vomito. Non patologie gastrointestinali pregresse. Es. obiettivo addome negativo, presenza di ernia crurale sx. Gli esami di laboratorio evidenziano ipopotassiemia. Nelle successive 24 h si assiste al peggioramento del quadro clinico con segni di subocclusione intestinale, confermata da Rx diretta ed ecografia addominale. EGDS evidenzia ristagno gastrico e liquidi che risalgono dal duodeno distale. Rx addome con gastrografin evidenzia distensione delle anse ileali, gastrectasia e mancata opacizzazione del colon. Viene posizionato SNG con emissione di materiale fecaloide e di parassita tubolare, biancastro, delle dimensioni di circa 7 cm che risulta essere femmina adulta di ascaris lumbricoides. Viene somministrato mebendazolo con scarso beneficio e successivamente citropiperazina 1,6 gr diluito in 80 cc di soluzione fisiologica per SNG per cinque giorni con eliminazione dei parassiti e risoluzione del quadro occlusivo con successiva dimissione. Dopo una settimana la paziente rientra in ospedale per l'insorgenza di dolore addominale e stato occlusivo da strozzamento erniario; durante l'intervento chirurgico è stata riscontrata la presenza di aderenze, ascessi addominali multipli e fistole entero-cutanee, come complicanza della parassitosi.
Conclusioni: L'ascariasi è una parassitosi rara nell'anziano dei paesi industrializzati in cui la risoluzione clinica non porta sempre a guarigione completa ma vanno monitorate le complicanze.

Portal vein thrombosis and Budd-Chiari syndrome as onset of polycythaemia vera

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Budd-Chiari syndrome may be defined as an heterogeneous group of vascular disorders characterized by obstruction of hepatic venous return to the level of hepatic venules, supra-hepatic veins, inferior vena cava or right atrium. The main cause of this syndrome is represented by myeloproliferative diseases, and, in particular, by polycythaemia vera. The latter may cause multiple splanchnic thrombosis, including portal vein thrombosis, particularly important, especially for its clinical outcomes (ascites, collateral vessels genesis, etc.). Here we reported two cases of a Budd-Chiari syndrome induced by polycythaemia vera characterized by an abnormal clinical onset, both as regards subject's age (29 and 39 years old, respectively) and set of symptoms, signs and laboratory data. After a complete clinical, instrumental and genetic diagnosis, the patients were treated with combined therapy, using acetylsalicylic acid and hydroxyurea. The therapy proved successful and patients are still in follow-up in our Institution. Polycythaemia vera should be suspected in patient affected with portal vein thrombosis and Budd-Chiari syndrome even if its clinical onset might be unusual. A correct and early diagnosis should be kept to start appropriate therapy as soon as possible and to prevent patients from useless diagnostic and therapeutic treatments.

Sonographic diagnosis of pneumonia

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We report three clinical cases of patients admitted to the Medical Ward of Busto Arsizio Hospital between October 2102 and January 2013. In all the cases, in spite of a chest radiograph performed only in posterior-anterior, as often happens in our Emergency Rooms, which had not shown sure inflammatory infiltrates, a thoracic ultrasound examination was of a great decisional value to diagnose a bacterial pneumonia. The first case was a streptococcal pneumonia in a patient with COPD, the second was a case of recurrent polymicrobial pneumonia in an elderly patient with multiple comorbid illnesses, and the third was a case of aspiration pneumonia in a young brain-damaged patient. The ultrasound examination was useful not only for the diagnosis but also for the follow up of the patients.

Beginning a basal plus mealtime insulin regimen using prandial insulin aspart in insulin-naive adults with type 2 diabetes: results of the A1chieve® study

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Background and Aim: A1chieve® is an open-label, non-interventional study evaluating the safety and clinical effectiveness of starting insulin analogs in people with type 2 diabetes (T2DM) (n=66,726) in routine clinical care in 28 countries across four continents.
Materials and Methods: This subgroup analysis investigated effectiveness of insulin aspart (aspart) administered at mealtime(s) as required, together with any basal insulin (insulin detemir, neutral protamine Hagedorn or insulin glargine)±oral glucose-lowering drugs in younger (≤65 yr) and older (>65 yr) insulin-naïve adults with T2DM.
Results: Mean age of the younger and older study participants was 49.6 (SD 10.4) and 71.9 (5.5) years respectively. Baseline glycemic control was very poor, with A1C of 10.2 (2.0) in the former and 10.0 (2.5)% in the latter group. A1C decreased significantly to 7.4 (1.2)% and 7.3 (1.1)% ($p<0.001$) respectively. There were also significant improvements in fasting plasma glucose (PG) and post-breakfast PG ($p<0.001$) after 24 weeks. As expected, overall hypoglycemia remained low but increased in both groups, significantly so in the younger group ($p<0.001$). Quality of life, measured by the EQ-5D 100-point visual analog scale, improved in both age groups ($p<0.001$).
Conclusions: starting insulin therapy with a basal plus mealtime aspart regimen is feasible in both younger and older adults, and is associated with improved glycemic control with a low rate of hypoglycemia.

Giant aneurysm of circumflex coronary artery in asymptomatic patient

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Introduction: We describe a giant coronary aneurysm: at our knowledge, so large dimension and asymptomatic aneurysms are quite rare.
Case report: A 74-year-old woman (history of COPD and hypertension) was admitted for fever and two pulmonary masses. Chest CT in-

cidentally showed another mass with haematic content behind left atrium with possible shunt in coronary vessels. The CT angiography showed a markedly ectasic circumflex artery with a distal saccular aneurysm (6.4x5.5 cm). The distal branch of artery overflowed into the dilated coronary sinus, which was displaced by the aneurysm. A subsequent cardiac angiography showed: no angiographic coronary lesions; an entirely aneurysmatic circumflex artery, with a large aneurysm placed by atrioventricular junction. Clinical and diagnostic examination showed no immunological disease, but presence of non-small cell lung carcinoma. Patient refused any treatment.
Discussion: Coronary aneurysm is uncommon (incidence: 1.2-5.3%). It is characterized by abnormal dilatation of a segment of vessel of up to 1.5 times the diameter of an adiacent normal segment. Different etiologies have been postulated, atherosclerosis accounting for at least 50% of cases. Its natural history and prognosis is largely unclear and no consensus still exists on better therapeutic approach: surely patients with coronary aneurysm should receive aggressive modification of coronary risk factors. Remarkably, our patient was asymptomatic in spite of aneurysm dimensions, being indeed investigated because of fever and pulmonary masses, not of dyspnoea or thoracic pain.

A very rare case of neoplasia with uncertain prognosis

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Background and Aim of the study: We admitted into our Department a 48 year old woman for new onset of polyarthralgias. In the past history only surgery at the right ulnar nerve in 2007 with a histological diagnosis of "myositis ossificans progressiva".
Materials and Methods: We observed slight increase of inflammation markers, but negativity of all rheumatological, immunological and infectivological tests. Considering the possibility of a systemic disease we performed a CT and a CT-PET with the unexpected result of multiple nodular lesions in the lungs, lymph nodes and liver with clear contrast enhancement supporting a neoplastic origin. We completed the study with a transthoracic and hepatic biopsy.
Results: The histological review of the biopsies and of the 2007's slide unified the diagnosis: multiple locations of epithelioid hemangioendothelioma. Our patient quickly became symptomatic with increase of the pulmunar lesions, pleural effusion and disseminated skeletal disease. We decided to start thoracic radiotherapy followed by systemic treatment with rapamycin (also known as sirolimus) with actual clinical and radiological stability of the patient.
Conclusions: Epithelioid hemangioendothelioma is a rare tumor of vascular origin with uncertain behavior; lesions can be single, multiple, synchronous or metachronous. In half of the cases patients remain stable and need only follow up; in half of the cases the disease rapidly evolves. Therapy is based on experimental protocols: radiotherapy or systemic therapy with bevacizumab, pazopamib, interferon alfa or sirolimus.

Analisi sull'uso appropriato di risorse nel percorso tra RSA e sistema di emergenza territoriale

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Premesse: Le Residenze Sanitarie Assistenziali (RSA) rispondono a bisogni socio-sanitari della popolazione anziana fragile, rappresentando un nodo fondamentale per il processo di deospedalizzazione e riduzione dei tempi di degenza.
Materiali e Metodi: Dal 1 Gennaio al 31 Maggio 2012 sono stati analizzati i dati riguardanti l'attivazione del sistema di emergenza-urgenza da parte di 7 RSA della Zona-Distretto di Arezzo.
Risultati: Su 227 posti letto, gli eventi "attivazione del sistema di emergenza-urgenza" sono stati 79. Il 60% di essi è stato seguito da ricovero ospedaliero (insufficienza respiratoria acuta 23,4%, patologia gastroenterica 14,8%, patologia polmonare acuta o riacutizzata 12,7%, patologia cardiovascolare acuta 12,7%, disidratazione 6,3%, stato settico 6,3%, altro 23,8%). Il 22% dei casi avrebbe giovato del coinvolgimento del MMG in RSA (ipo/ipertensione, ostruzione di catetere vescicale, stato di disorientamento spaziotemporale, stati tumorali in fase avanzata) mentre gli accessi ripetuti a PS sono stati il 12,6% del totale: i pazienti in questione hanno registrato "evento maggiore" (ricovero ospedaliero o decesso) entro il mese successivo.
Conclusioni: Il ersonale di RSA deve contenere gli accessi inappropriati a PS cercando collaborazione con il MMG, viceversa il personale di emergenza non deve demandare all'RSA pazienti a rischio di in stabilizzazione e di eventi maggiori. Riconoscere il miglior setting di cura degli anziani favorisce la stabilizzazione clinica del paziente e il governo dell'accesso al sistema di Emergenza Territoriale.

Oral health as prevention for cardiovascular diseases: ESOHAR study

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Introduction: Oral health is an issue that involves education, prevention of dental pathologies and correction of lifestyle-related risk factors (smoking, alcohol, obesity). Since these factors are common to both periodontal diseases and to systemic diseases, it's important to place oral health education in a family setting since school age. Bacterial plaque control, proper nutrition to prevent dental cavites and dental erosions, and damage caused by smoking, will affect cardiovascular disease and diabetes.
The aim of the study: The project "Education School Oral Health ARezzo (ESOHAR Study) wants to assess the knowledge of oral hygiene techniques and carry out health education, identify the intra-family correlations between the oral cavity, the prevalence rates of tooth decay (DMFT) and the periodontal pathology (CPI), inserted and related to the overall cardiovascular risk.
Materials and Methods: Enrollement of 350 students (high school) and 700 parents (participants in the project "Education School ARezzo: ESCAR Study), whom will be given evaluation forms on lifestyle and oral hygiene procedures, and also will be subjected to examination to detect dental indexes and to 5 years monitoring.
Conclusions: Epidemiological data will be used to provide targeted intervention on oral hygiene health education and lifestyles changes to reduce common risk factors for cardiovascular diseases.

Scompenso cardiaco: analisi critica degli indicatori prognostici

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Premesse e Scopo dello studio: Gli indicatori, nei pazienti (pz) affetti da scompenso cardiaco(SC) si suddividono in: descrittori, predittori, determinanti decisionali, indicatori emergenti.
Scopo: Verificare la prevalenza di alcuni di questi in un campione di pz ricoverati nella nostra Divisione di Cardiologia e valutarne l'utilità.
Materiali e Metodi: Considerare: età, sesso, sintomi, eziologia, IVS, BBsn, BNP elevato, ridotta EF%, IRC, anemia, F.A., Fc elevata, tabagismo, ipercolesterolemia, ipertensione arteriosa, diabete in 160 pazienti (106 M e 54 F:età media:65,9±13,1). Test statistici: t di student per le medie e chi quadro per i valori percentuali. (significatività statistica se $p \leq 0,05$)
Risultati: I nostri pz sono più di sesso maschile (65,5%), anziani (età >65 aa: 59%), con molteplici fattori di rischio: ipercolesterolemia (40%), diabete (44%), ipertensione (60,8%), tabagismo: (27%), BBsn: 19.5%, IVS: 13%, IRC: 16%, HB<12g/dl: 19%, BNP elevato: 5.7%, Fc elevata (>100bpm): 41,5%, F.A.: 45%, EF% depressa <45%: 60%, ricoverati, per EPA 72,5% NYHA III-IV *vs* elezione: 27,2% NHYA I-II e con un'eziologia prevalentemente ischemica: 40%. Il sintomo maggiore: la dispnea (81,5%). La valutazione complessiva profila 1 pz ad alto rischio.
Conclusioni: Il problema della stratificazione ed inquadramento prognostico si presenta complesso nello SC e dovrebbe essere affrontato facendo riferimento ad una valutazione multiparametrica. Il più importante indicatore resta il livello di gravità clinica. Gli indicatori acquistano peso e significato diverso a seconda del grado di severità dello SC.

Procedure diagnostiche e profilo psicologico del paziente affetto da scompenso cardiaco: analisi in una popolazione ambulatoriale

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Premesse e Acopo dello studio: La gestione ambulatoriale del paziente (pz) affetto da scompenso cardiaco cronico(SCC) richiede 1 iter che comprenda: follow.up clinici, esami specifici e gestione caratteriale del pz. stesso.
Scopo: Valutazione della personalità e dell'uso delle metodiche diagnostiche nell'ambulatorio dedicato.
Materiali e Metodi: Valutare 103 pazienti(15 F, 88 M:età media 67,0±11,0aa), l'uso di esami specifici, la qualità della via dei pz nelle classi NHYA II-III.
Risultati: Il 100% dei pz eseguono esami ematici di routine e specifici (BNP), ECG, visita cardiologia, ECOCG. I follow-up: minimo dopo 1 mese, massimo dopo 1 aa. 41% hanno eseguito coronarografia. ECG-Holter 24 h:3%; 6minuts walking test: 2%; test ergospirometrico: 2%; cateterismo dx: 1% eco-stress alla dobutamina: 1%; scintigrafia miocardia con Tallio 201: 1%; TAC-cuore multistrato:1%. 4,9%: impianto di CRT; 13%: ICD; 6,8%: ICD+CRT; 4,9%: PM. Dei pz NYHA II/III, abbiamo selezionato casualmente un campione (13 pz di cui 1F e 12M) ed abbiamo somministrato loro una versione italiana del Minnesota-Living with heart failure per esplorare la qualità di vita.
Conclusioni: La procedura più usata è la coronarografia mentre delle altre più sofisticate non ci si avvale routinariamente anche perché non sempre fattibili c/o la nostra struttura ospedaliera. L' uso adeguato degli esami di I° livello consente una buona gestione del pz cronico con una riduzione delle ospedalizzazioni.Il pz affetto da SCC è 1 tipo ansioso-depressivo e necessiterebbe di 1 valutazione specifica da personale qualificato.

Incidental thyroid abnormalities identified during carotid duplex ultrasonography

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Background and Aims: Duplex US is commonly used in the evaluation of carotid arterial disease. Because of its anatomic proximity, the thyroid is well visualized during carotid duplex US, and incidentalomas may be discovered. The aim of this study was to define the prevalence of these incidentalomas identified during carotid duplex.
Material and Methods: From June 2012 to January 2013 all patients undergoing carotid US were also studied for thyroid incidentalomas. Patients with a known history of thyroid disease were excluded. Nodules were characterized by laterality, consistence and size. All patients underwent dedicated thyroid US to confirm the presence of disease. These results obtained with the two US techniques were compared by means of X^2 or Fisher test.
Results: 1412 consecutive patients underwent carotid duplex. One or more incidentalomas were identified in 105 patients (7.4%). Abnormalities were unilateral in 65 patients (62%), and bilateral in 40 patients (38%). Fifty incidentalomas (47.6%) were cystic, 45 (42.8%) were solid, and 10 (9.5%) were of mixed consistency. Ninety of these patients (85.7%) went on to have thyroid ultrasound. Measurement of the thyroid mass by carotid duplex strongly correlated with measurement by formal thyroid ultrasound (r=0.95, P<.001).
Conclusions: Incidental thyroid abnormalities identified during carotid duplex ultrasound are common. A multidisciplinary clinical pathway may facilitate the appropriate evaluation of this abnormalities. Further studies are requires to better clarify the specificity of our findings.

Un'anemia improvvisa

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Uomo 63 anni. Nel 2004 exeresi chirurgica di liposarcoma della coscia sinistra, successiva chemioterapia adiuvante. Nel 2008 e nel 2011 metastatectomia polmonare per ripetizioni. Nel luglio 2012 riscontro di anemia microcitica (Hb 9 g/dl, MCV 75 fl). EGDS negativa. Alla colonscopia polipo sessile del sigma asportato endoscopicamente. All' istologia metastasi da sarcoma a cellule fusate e pleomorfe. In considerazione della più elevata prevalenza di ripetizioni da sarcoma a livello del piccolo intestino è stata eseguita enteroscopia con VCE che ha mostrato a livello del digiuno prossimale lesione ulcerata in superficie con segni di recente sanguinamento. Il paziente è stato sottoposto a enteroscopia con prelievi bioptici che hanno confermato l'origine mesenchimale della lesione. Per tale motivo il paziente è stato sottoposto a duodenocefalopancreasectomia. I sarcomi appartengono a un gruppo eterogeneo di neoplasie maligne di origine mesenchimale, più frequentemente metastatizzano a livello polmonare, meno frequentemente a livello intestinale ed in questa sede prevalentemente a livello del piccolo intestino. L'incidenza delle metastasi nel piccolo intestino è sconosciuta, sebbene sia rara. La clinica è varia e comprende dolore addominale, ostruzione intestinale, sanguinamento occulto o manifesto. L'enteroscopia con videocapsula è un esame fondamentale per valutare la presenza di malattia a livello del piccolo intestino.

Incidentali lesioni epatiche

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Donna 46 anni. In anamnesi tonsillectomia, adenoidectomia ed appendicectomia in giovane età, non storia di epatopatia. Ad una ecografia dell'addome riscontro di nodularità epatiche multiple. Agli esami ematochimici nella norma le transaminasi, incremento degli indici di colestasi (GGT 131 U/L, FA 175 U/L, bilirubina totale nella norma con bilirubina diretta 0,30 mg/dl). Negativi i principali virus epatotropi e il profilo autoanticorpale. Alla colangioRM e RM addome superiore con mdc epatospecifico quadro tipico di amartomatosi cistica biliare tipo complesso di Von Meyemburg, caratterizzato dalla presenza in entrambi i lobi epatici di multiple formazioni rotondeggianti di dimensioni variabili in assenza di comunicazione con i dotti biliari. Presenza inoltre di angiomi epatici. Non altre alterazioni rilevanti. L'amartomatosi cistica biliare è una rara malformazione epatica molto probabilmente legata ad un'alterazione della formazione dei dotti biliari durante l'embrionogenesi che interessa le piccole vie biliari intraepatiche. Si tratta di una lesione benigna ed asintomatica, spesso diagnosticata incidentalmente. Tale quadro spesso non necessita di follow up radiologico ma in considerazione delle alterazioni degli indici di colestasi, la paziente è attualmente in follow-up epatologico.

Diarrea notturna

F. Bucciero[1], S. Lunardi[2], S. Deiana[1], T. Gabbani[1], R. Puntili[1], S. Giovanelli[1], F. Mini[1], G. Razzolini[1], M. Marsico[1], A. Calabro[1], M.R. Biagini[1], S. Milani[1]

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Donna 52 anni. Tiroidite autoimmune in terapia sostitutiva. Da circa 3 mesi comparsa di diarrea acquosa (10 scariche/die) anche notturna. Agli esami ematochimci di controllo con riscontro di elevati livelli di gastrina (3454 pg/ml), polipeptide pancreatico (1534 pg/ml) e Cromogranina A (343 ng/ml). La paziente ha eseguito Octreoscan che ha mostrato reperti scintigrafici sospetti per localizzazione ad elevata densità recettoriale sst2 nella sede duodeno-pancreatica. Alla Tc addome mdc neoformazione della testa pancreatica, adiacente alla II porzione duodenale, con parete mediale al di sopra della papilla che presenta aspetto ispessito. All'ecoendoscopia presenza di tumefazione disomogenea in corrispondenza della testa pancreatica. Alla luce del quadro clinico, ematochimico e strumentale la paziente è stata sottoposta a duodenocefalopancreasectomia. Il gastronoma è un neoplasia che origina dalle cellule del sistema neuroendocrino secernente gastrina. Nel 60-90% si tratta di una neoplasia maligna e si localizza più frequentemente a livello della regione duodeno-pancreatica. Clinicamente si manifesta con ulcerazioni del tratto gastroenterico refrattarie a terapia medica, diarrea e RGE. Può far parte della Sindrome MEN 1. Il sospetto diagnostico deriva dal riscontro di elevati livelli di gastrina (>600 pg/ml) e viene confermato dalla positività dell'esame scintigrafico con recettori per somatostatina.

La controversa diagnosi di encefalite

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Background: Viral encephalopathy is the most common form of acute focal encephalopathy. Cerebro spinal fluid (CSF) analysis helps in confirming the clinical diagnosis.
Clinical Report: Here we describe a case report of a 62 years old caucasian male affected by ischemic cardiopathy, with an history of aorto-coronaric by-pass. The patient was admitted to emergency room of our hospital due to a sudden consciousness disturbance associated with a raise in cardiologic enzymes. During hospitalization he underwent a diagnostic coronarography with a stent placement. After surgery the patient presented a clinical decline, with confusional state and behavioural disturbances. The rest of neurological examination was unremarkable. No fever neither raise of inflammatory indexes was detected. MRI was contraindicated due to the presence of metallic by pass clips and recent stent placement. A CT scan, right after the coronarography, indicated a bilateral temporo-polar and insular hyperintensity, probably attributed to contrast medium artefact. Therefore another CT scan after 24 hours was performed indicating right temporal hypodensity.
Results: Patient was diagnosed with a cerebral ischemic event. Due to clinical worsening the patient has been transferred to a Neurological Unit where he underwent a lumbar puncture which indicated increased in cell count and proteins with an intratecal IgG synthesis. The PCR analysis for common viral agents was negative. Encephalitis was diagnosed.
Conclusions: Viral encephalitis needs to be always suspected in cases of uncertain consciousness disturbances. In those cases CSF analysis is mandatory in order to confirm the diagnosis.

Extensive venous thrombosis in a patient with familial mediterranean fever and antiphospholipid syndrome

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A 34 years old Moroccan man came to our observation for continues-remitting fever and monolateral lumbar pain interpreted as acute renal colics complicated by urinary tract infections. A CT scan excluded urinary stones and showed shaded bilateral basal pulmonary infiltrates. Main viral and bacterial causes were excluded. The search for auto-antibodies (ANA; ENA; ANCA; anti-cardiolipin antibodies) was negative; LAC was positive. The patient was treated with multiple antibiotics and only after a short course of steroid treatment fever disappeared. No treatment was recommended at discharge. The patient was admitted again three times over the next three months for recurrence of fever, abdominal pain, oral sores, arthralgia and erythema nodosum. The symptoms regressed with steroid treatment and reappeared when prednisone dose was below 12.5 mg/die. During the last hospitalization due to the occurrence of peripheral edema a massive thrombosis extended to the common iliac, inferior cava and renal veins became evident as well as anti-cardiolipin antibodies positivity. Despite the negativity of HLA B51 a Behcet's disease with anti-phospholipid antibodies positivity was diagnosed and the patient was treated with anticoagulants, cyclosporine and low dose of steroids. Subsequently genetical analysis led to the identification of MEFV gene homozygous mutation c.605G>A in exon 2 described in familial mediterranean fever. As a consequence the diagnosis of mediterranean fever associated to antiphospholipid syndrome was made.

Palmo-plantar keratoderma (mal de Meleda) with microcirculatory involvement: videocapillaroscopic features

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Palmo-plantar keratoderma (*mal de Meleda*) is a rare autosomal recessive skin disease characterized by transgressive palmoplantar hyperkeratosis (abnormal differentiation of keratinocytes in the *stratum granulosum*). Clinical features may also include lichenoid lesions, brachydactily and nail dystrophy. Contemporary involvement of deep subcutaneous tissues and microcirculatory network have not been described in this syndrome.

Case report: A 19-years-old female was admitted because of dull pain at level of the fingers of toes and hands with cold hypersensitivity. Examination showed a bilateral keratotic thickening of palmo-plantar cutis and marked cutaneous pallor at the level of dorsal surface of hand toes; no other pathologic findings were observed. Familial anamnesis revealed three cases of palmo-plantar keratoderma in collateral and ascending relatives. Nailfold videocapillaroscopy demonstrated an overall pattern of major non-specific morphological abnormalities of microcirculation. The patient had a slight decrease of capillary density on the terminal row of the nailfold. There were tortuous, twisted, ramified, meandering, bushy and enlarged loops (also with irregularly enlarged loops with isolated micro-aneurysms), as well as features of neoangiogenesis and microhaemorrhages; the sub-papillary venous plexus was not observable. Vitamins, vasodilatory ointment and physical hand-protection devices were prescribed. Symptoms slightly improved but the videocapillaroscopic features remained unchanged at six months and one-year controls.

Subclinical enthesitis in chronic idiopathic inflammatory bowel diseases: final data of a mono-institutional survey by using articular echo-powerDoppler

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The prevalence of musculoskeletal manifestations, in particular of enthesitis, is poorly understood in chronic idiopathic inflammatory bowel diseases (IBD). Ultrasonography (US) with Power Doppler (PD) are basic to discover all kind of entheseal involvement in spondyloarthritis but the values of this technique is not well established in IBD. Patients & Methods. Seventy-seven out of 83 eligible were enrolled: 56 (83.5%) with ulcerative colitis (UC) and 11 (16.4%) with Crohn's disease (CD). All patients resulted asymptomatic from the rheumatologic standpoint (articular signs and symptoms, clinimetric scores). Activity of IBD (CAI and CDAI scores) were recorded. Rx of hands, wrist, feet, pelvis and dorsolumbar spine were taken. Articular US with PD was also performed in all patients (total of entheses examined: 1547). US signs of enthesitis were found in 29 patients (43.2%) with IBD and in 4 controls (7.6%), $p < 0.001$. Positive US examination was observed in 23 out of 56 (41%) patients with UC and 6 out of 11 (54.5%) with CD (ns). A relationship between the IBD activity indexes with US signs of enthesitis was found in 33 UC (58.9%) and in 8 CD (72.7%), ns. Patients with US positive and normal IBD activity indexes were 19 (28.3%; 2 with CD and 17 with UC). On the opposite, only 7 patients (10.4%) presented positive IBD activity indexes and no articular US pathologic features. Conclusions. Subclinical enthesitis frequently occur in IBD. Early detection of entheseal involvement plays an important in preventing disability and planning more efficacious management strategy.

Dolore addominale in giovane donna

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Presentazione clinica: Donna di 23 anni sintomatica per dolore addominale al fianco dx, febbre con riscontro di elevati valori pressori.
Decorso: Gli esami bioumorali erano nella norma e l'ecografia escludeva litiasi renale. La TC addome mostrava invece la presenza di infarto renale dx. Lo studio angiografico evidenziava ostruzione all'origine dell'arteria renale dx con difetti di riempimento di natura trombotica. Paziente quindi anticoagulata con eparina e trattata con antipertensivi. Lo screening emocoagulativo risultava nella norma. Successiva comparsa di dolore addominale controlaterale con evidenza alla TC di fenomeni infartuali anche al rene di sx. Presenti tre arterie renali sx, dilatazione aneurismatica a livello della polare superiore e panno tissutale attorno alla polare inferiore, suggestivo per processo vasculitico escluso dallo screening immunologico e dalla TC-PET. Per la comparsa di cefalea la paziente eseguiva angio-RMN che mostrava la presenza di dissezione anche dell'arteria carotide interna dx.
Diagnosi: Tale evidenza di malattia arteriosa sistemica, la presenza di lassità dei legamenti e di facies suggestiva (naso affilato e assenza dei lobi auricolari), indirizzavano quindi verso una collagenopatia, in

particolare la Sindrome di Ehlers-Danlos di tipo vascolare (IV). Tale patologia è dovuta ad una mutazione eterozigote del gene COL3A1 che causa alterazioni strutturali del Collagene III provocando estrema fragilità delle pareti dei vasi, in particolare quelli di grosso calibro. Il test genetico confermava tale ipotesi diagnostica.

Pneumocefalo secondario ad otite media purulenta

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Donna di 70 aa, storia di AR, in cura con steroidi, DMARD e FANS, cefalea e depressione bipolare. Giunge alla nostra osservazione per una sintomatologia insorta da alcune ore, caratterizzata da afasia motoria, cefalea, irritabilità, agitazione psicomotoria. Al PS esegue TC encefalo, negativa per eventi ischemici/emorragici. L'esame obiettivo evidenziava iperestesia tattile, allodinia del capo, fotofobia, ipoacusia ed afasia motoria. Null'altro alla restante obiettività clinica. Gli esami bioumorali evidenziavano leucocitosi neutrofila, incremento di VES e PCR. Si eseguiva emocoltura, e nel sospetto di meningite batterica, TC encefalo HR, che mostrava presenza di essudato nell'orecchio medio e mastoide sn, aria intracranica adiacente al tentorio senza soluzioni di continuo del tegmen. All' otoscopia: abbondante essudato purulento nel meato esterno ed iperemia della membrana timpanica sn. Alla rachicentesi: LCR torbido, con leucocitosi (280/mm3), ipoglicorrachia, iperproteinorrachia(190mg/dl), normale la pressione liquorale. L'immediata terapia antibiotica ev con: ceftriaxone, vancomicina e meropenem determinavano la risoluzione del quadro clinico e TDM dopo1 settimana. Lo pneumacefalo otogeno complicato da meningite è una patologia di raro riscontro (0,5-3%) della otite media acuta e gravato da alto tasso di mortalità (5-15%). Il caso esposto richiama l'attenzione sul ruolo dell'internista, sulla capacità del corretto inquadramento diagnostico, tale da porre diagnosi anche per patologie rare, non di pertinenza internistica, e con presentazione atipica.

Tumori neuroendocrini dell'appendice: nostra esperienza

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Premesse e Scopo dello studio: I tumori neuroendocrini (NET) dell'appendice rappresentano la terza sede di insorgenza dei NET del tratto gastroenteropancreatico. Scopo dello studio è stato valutare retrospettivamente i dati clinici, anatomopatologici, strumentali e il follow-up dei pazienti (pz) giunti alla nostra osservazione tra il 1991 ed il 2011.
Pazienti: Abbiamo incluso 63 pz, 45 femmine e 18 maschi, con diagnosi istologica di NET dell'appendice e con un follow-up >6 mesi.
Risultati: L'età media alla diagnosi è di 27.8 anni e la diagnosi occasionale in tutti i casi. L'istopatologia ha mostrato diagnosi di: carcinoide (52.3%), tumore neuroendocrino ben differenziato (22.2%), carcinoma neuroendocrino ben differenziato (15.9%), forme miste esocrino-endocrine (9.6%). Sono stati sottoposti ad emicolectomia destra 17 pz, di cui 9 con criteri ENETS per tale procedura, 2 di essi con metastasi linfonodali. 2 pz senza indicazione ENETS per l'emicolectomia destra presentavano linfonodi positivi. L'osservazione media è stata di 82.6 mesi. Abbiamo osservato un solo caso di ripresa di malattia riferibile a carcinoma neuroendocrino ad alto grado con metastasi linfonodali alla diagnosi.
Conclusioni: I dati sono in accordo con la letteratura per distribuzione per età, sesso e presentazione clinica. L'utilizzo dei criteri ENETS per l'emicolectomia ha permesso di diagnosticare il 50% dei casi di malattia metastatica linfonodale. Per stabilire con maggiore certezza tali criteri e ridurre al minimo il rischio di ripresa di malattia, saranno necessari studi prospettici su più ampia casistica.

Non conventional biological therapy and inflammatory bowel diseases: is there a future?

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Background and Aim: The pathogenesis of inflammatory bowel diseases (IBD), particularly Crohn's disease (CD) and ulcerative colitis (UC), is still largely unknown. The most accepted hypothetoday gives the role of "primary factor" to the genetic substrate subsequently upon which other elements of immunological (cytokines, infective (intestinal microflora) and environmental (diet) character constitute causes of the disease.
Material and Methods: This retrspestive study regard 150 patients with UC (100 with low grade activity UC and 50 in clinical relapse) who where treated with low-dose cytokines, exclusion diet, probiotics and hydrocolon and monitored both clinically and histologically for 3 years.
Results: All the patients responded positively to the treatment from both the symptomatic and the endoscopic and histological view points, although with varying times and modes of response without suffering of any side effect. Simultaneously, there was also a notable rise in the quality of life, with favourable repercussions at a social level (study, work).
Conclusions: Even though the very small number of cases and the bref floolw-up period do not allow for the deduction of definitive conclusions, the results are very encouraging about the therapeutic potential of a non conventional biological treatment and for a more though research into new therapeutic approaches aimed, above all, at controlling acute phases an the prevention of complications of UC.

Butyric acid, a new drug in the treatment of inflammatory disease of the rectal canal. Our experience

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Aim: The short-chain fatty acid, acetate, propionate and butyrate are end products of fermentation by intestinal microflora of the indigestible material, mainly carbohydrates, reaching the colon and are essential for the vital function of the colonic cells. Butyric acid furnishes energy to the cells of the colon and may play an anti-infiammatory role in pathologies of large bowel. The aim of this study was to comparare red anusitis treatment with topical mesalazina alone *versus* combined treatment with mesalazina plus Butyrtic acid (symbiotic) to determine whether the effect of a terapy combining anti-infiammatory activity witth a sinbiotic that interferes with intestinal dysbiosis ean improve anusitis symptoms.
Methods: From December 2011 to December 2012, 50 patients with idiopathic red anusitis, without other coloproctologic diseases, were enroller in a double blind study on the effect of topical mesalazine alone *versus* combined mesalazine plus symbiotic treatment.
Results: In the mesalazine monotherapy group, reduction in pain, hyperemia and bleeding was transient and symptoms recurrend 1 year after discontinuation of treatment. Mean visual analogue scale (VAS) score: pain 2,5; hyperemia 2; bleeding 2,5. In the combined treatment group, a significant improvement in symptoms was noted at 2 month after discontinuation of treatment; men VAS scores: pain: 0; hyperemia 0,5; bleeding 0. Patients treatment wid combination terapy showed no recurrence after one year.
Conclusions: The results showed a greater long-term benefit of combiantiontherapy mesalazina plus acid butyric in the treatment

Point-of-care ultrasonography in an Internal Medicine Unit. Usefulness of the RUSH exam (Rapid Ultrasound in SHock)

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Introduction: Care of the patient with shock (S) is one of the most challenging issues in internal medicine. Physycal findings often overlap between the subtypes of S, thus physical examination (PhEx) can be misleading. Studies have demonstrated that integration of bedside ultrasound (BUS) into the initial evaluation of patients with S results in a more accurate diagnosis and management.
Presentation of Case: a 63-year-old man affected by nicotine addiction was admitted to our Internal Medicine Unit with a 3-week history of cough and dyspnea, unsuccessfully treated at home with amox-clav. His heart rate was 105 bpm, and blood pressure 80/50 mmHg, despite

fluid challenge. No other pathological signs were found on PhEx. ECG showed sinus tachycardia, RX showed a slightly enlarged cardiac shadow. BUS was performed following a validated protocol (RUSH): it showed a 3 cm pericardial effusion (PE), with right atrial and ventricular collapse. Traditional echocardiogram confirmed the PE, along with heart pendular motion. The patient underwent emergent pericardiocentesis. After 450 mL of hemorrhagic fluid was drained, his clinical condition improved. Further investigations revealed pulmonary adenocarcinoma with pericardial, adrenal and brain methastases. The patient was discharged and began an outpatient chemotherapy regimen.
Conclusions: It is difficult to assess clinically which classification of S best fits the patient's current clinical status. Early performance of the RUSH exam can dramatically change both management and outcome of the patient.

The Quality Improvement Process: audit and feedback about regional guidelines for venous thromboembolism (VTE) prevention in acutely ill hospitalized medical patients

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Aim: To audit the implementation and application of regional guidelines for VTE prevention in hospitalized medical patients and evaluate possible differences between the application of regional and Padua scores.
Methods: The study retrospectively analysed acutely ill hospitalized medical patients in November 2012 in 9 centers. Audit targets: regional adoption score; total number, appropriate, and in excess/defect inappropriate prophylaxis; differences between regional and Padua scores.
Results: In 4 centers with regional score, 55.26% of 228 total patients received prophylaxis. Of 57.90% patients who should have received prophylaxis, 14.4% did not (in defect inappropriateness); of 42.10% patients who should have not received prophylaxis, 13.54% did (in excess inappropriateness). In 5 centers with no regional score, 66.97% of 443 total patients received prophylaxis. Of 59.58% patients who should have received prophylaxis, 2% did not (in defect inappropriateness); of 40.42% patients who should have not received prophylaxis, 21.14% did (in excess inappropriateness). We also calculated the Padua Score with data derived from tabs of >75-year patients: out of 219 regional score≥2.5 (appropriate prophylaxis), Padua Score was <4 in 89 cases.
Conclusions: This study confirms that the publication (passive dissemination) of guidelines alone is followed by their limited and inadequate application, if not integrated in information activities, reminders and provider support, systematic audit and feedback, and active policy of continuous improvement in clinical practice quality.

L'importanza della cartella clinica dal punto di vista medico e giuridico

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"La Cartella Clinica (C.C.) acquista carattere definitivo in relazione ad ogni singola annotazione ed esce dalla sfera di disponibilità del suo autore nel momento stesso in cui la singola annotazione viene registrata; le modifiche aggiunte in un atto pubblico dopo che è stato definitivamente formato, integrano un falso punibile ancorché il soggetto abbia agito per ristabilire la verità effettuale, salvo che esse si risolvano in mere correzioni di errori materiali" Cassazione penale Sez. V, 11 luglio 2005 n. 35167 conforme Cassazione penale 2005 n. 232567. La C.C. e così la scheda di dimissione ospedaliera costituiscono atto pubblico in quanto tali documenti costituiscono atti legittimanti il rimborso da parte del Sistema Sanitario Nazionale delle prestazioni erogate certificando l'esistenza dei requisiti per il rimborso stesso; è certamente il documento sanitario più rilevante ed a questo documento è assegnata una essenziale ed autonoma fonte di prova per ogni controllo di accertamento sia sotto il profilo diagnostico che terapeutico. La C.C. è classificata come atto pubblico dalla prevalente dottrina e dalla giurisprudenza infatti, discende la più ampia connotazione sotto il profilo penalistico dell'omonima categoria civilistica prevista dall'art. 2699 C.C. Il Pubblico Ufficiale commette falso ideologico quando attesta fatti non rispondenti alla verità quando cioè il documento ha contenuto menzoniero (si attesta ad esempio che sono state praticate terapie o esami diversi da quelli effettuati). Tale reato è sanzionato dall'art. 479 C.P.

A rare inherited disease in adults

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Case report: AF a 35-year-old woman presented to our observation with muscle pain and weakness during an acute fever episode with dysuria and dark urine;she underwent biliopancreatic diversion in 1998;since 2001 she suffered from muscle weakness and pain diagnosed with polymyositis and treated with high doses prednisone in association with immunosoppressive drugs. On examination muscle power and tone were normal but she was extremely suffering with muscle pain and weakness.Her serum CK level was highly elevated (100 x vn) Myoglobin was also raised (10 x vn) like AST ALT and LDH. We continued steroid therapy, but performed some other exams to confirm the diagnosis: Body TC, Echocardiography and Functional respiratory tests ESR,CRP,ANA and JO1 antybodies were normal; EMG showed primitive muscle damage and a quadriceps RMN described a muscle inflammatory edema. We performed a muscle biopsy and histological response was consistent with a vacuolar myopathy. So we sended our patient to genetics and biochemical tests (GAA blood assay) in suspecting a Pompe disease.
Discussion: Pompe disease is a rare (1 in every 40,000), inherited and often fatal disorder that disables the heart and skeletal muscles. It is caused by mutations in a gene that makes acid alpha-glucosidase (GAA). In Pompe disease, mutations in the GAA gene reduce or completely eliminate this essential enzyme. Excessive amounts of lysosomal glycogen accumulate everywhere in the body.The severity of the disease and the age of onset are related to the degree of enzyme deficiency.

Importance of internal medicine training in management of a first aid point in developing countries: our experience in Kenya

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Background: The health system of Kenya provides as 1st step the Community Unit(CU), first aid points spread over the territory, run by volunteers, but as partial payment. 2°step the Dispensaries and Health Center run by qualified nurses to a first triage. Hospital care is divided in Government of Kenya Hospital, who provide obstetric, primary care services and laboratory analysis, and District Hospitals in which converge specializations.
Methods: We bring the experience of the CU, at the Takaye Primary school (Malindi-Ken) run by PolePoleOnlus. Working at the clinical, Kenyan nurses and, for a few months, Italian physicians (internists in most cases). Access to clinic is for students and teachers(about 2000 students from3 to18 years). Such a structure responds to urgent health needs, support is provided for wounds, minor trauma, counseling and health education for students, teachers and parents.
Conclusions: Integration between local staff and Italian physicians allows mutual training, with passage of new knowledge and the approaching to culture, essential to establish a relationship of trust and respect

between doctor and patient/tribal-culture. Good knowledge of English isn't enough for communication because most of the population speaks only local dialect. Shortages of resources and health care system paid partially, introduce pertinence criteria of diagnostic and therapeutic choice, often neglected in Italy, like tight control of health spending. In this situation it is even more necessary for the physician to rely on clinical reasoning and not the simple diagnostic tools:

NHL a grandi cellule B: una atipica presentazione extranodale

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Introduzione: Nei Linfomi non Hodgkin (LNH) a cellule B è stata osservata una più alta prevalenza di infezione da HCV (circa 5%) e nei Paesi ad alta prevalenza di infetti HCV (Italia, Giappone) è stato dimostrato un nesso di causalità tra l'infezione e l'insorgenza di linfomi; tra questi il NHL diffuso a grandi cellule B (DLBCL) è tra i più aggressivi. L'esordio clinico è spesso caratterizzato dal coinvolgimento di plurime stazioni nodali o extranodali con una sintomatologia rapidamente ingravescente. Presentiamo un caso clinico di DLBCL ad unica localizzazione sternale.
Caso clinico: Un uomo di 40 anni, noto per cirrosi epatica HCV+ con precedenti ricoveri per scompenso ascitico e idrotorace ds, veniva ricoverato a seguito della comparsa di tumefazione giugulo-sternale a rapido accrescimento e febbricola. Alla TC torace si descriveva una formazione espansiva necrotica, di 9 cm di diametro, condizionante processo distruttivo del manubrio sternale estesa posteriormente al mediastino anteriore; non si evidenziavano adenomegalie patologiche superficiali e profonde toraciche o addominali. Avviata terapia antibiotica nel sospetto di ascesso, il paziente veniva successivamente sottoposto a biopsia escissionale che portava alla diagnosi di DLBCL; il paziente veniva quindi sottoposto a chemioterapia secondo lo schema R-CHOP con la prospettiva di reintervento plastico di ricostruzione della parete toracica anteriore.
Conclusioni: I linfomi sono una entità clinica a presentazione polimorfa ai quali pensare, specie nei pazienti HCV+, per non incorrere in ritardi diagnostici.

Quando tua nipote è un infettivologo....

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Uomo, 87 anni. In anamnesi: BPCO, IRC moderata, cardiopatia ipertensiva (EF 60%), gastrite cronica, pregresso posizionamento di ICD per episodio di TV sintomatica, IPB. Giunge alla nostra attenzione per la comparsa, da 15 giorni, di febbricola associata a dolore al tratto lombare ed alla coscia destra: la TC rachide mostra una zona litica su L2-L3, sottoposta a biopsia con riscontro di vasta spondilodiscite da Staphylococcoccus hominis. L'ecocardio eseguito non mostra segni di endocardite. Emocolture negative. Si inizia una terapia con levofloxacina e rifampicina. Dopo 15 giorni di terapia il paziente presenta una improvvisa dispnea: EGA compatibile con embolia polmonare, confermata dalla TC torace (microembolie multiple). Si ripete un ecocardiogramma, che mostra vegetazioni multiple sull'elettrocatetere dell'ICD, prima non visibili. Alla terapia in corso si aggiunge teicoplanina ed EBPM. Si procede alla rimozione del'ICD, con successo. Il paziente interrompe la triplice terapia antibiotica dopo otto settimane. Non è stato riposizionato alcun ICD vista la buona performance cardiaca (EF 60%). è attualmente in buone condizioni generali.

Type of insulin and age are predictors of hospitalization due to severe hypoglycemia: the EpiHypo study

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Background and Aim: Incidence and recurrence of severe hypoglycemic (SH) events among patients with diabetes mellitus (DM) was evaluated in a retrospective nation-wide register-based linkage study in Finland.
Materials and Methods: SH was defined as a hospitalization or a secondary health care visit due to DM with severe hypoglycemia (ICD E10.00 or E11.00). Total population (n=140,035) comprised patients who purchased insulin during 2000–2009 and were followed-up for SH events until end of year 2009 or death. The present analysis comprised those 77,046 patients who had not used insulin glargine (IGla), insulin detemir (IDet) or NPH insulin (NPH) before year 2000. Stratified incidence rates with 95% CIs were calculated. Hazard ratios (HR) were estimated by Cox's proportional hazards model. 9716 SH events were identified. Type of DM (type 1 or 2) was not associated with risk of SH.
Results: Compared to IGla, risk of SH was lower during use of IDet (HR 0.76, CI 0.67–0.87), and higher during use of NPH (HR 1.19, CI 1.11–1.28). Female gender predicted lower risk (HR 0.93, CI 0.88–0.98), and increasing age predicted higher risk of SH. Risk of SH recurrence was lower during IDet (HR 0.60, CI 0.52–0.69), and higher during NPH (HR 1.58, CI 1.46–1.71) compared to IGla.
Conclusions: Our data show that increasing age and type of longacting insulin are predictors of hospitalization due to SH. Risk of hospitalization due to SH could potentially be modified by selection of long-acting insulin.

Starting insulin Detemir in older *vs.* younger adults with type 2 diabetes (T2DM): results from the A1chieve® study

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Background and Aims: A1chieve® was a 24-week, non-interventional study evaluating the safety and effectiveness of starting an insulin analog in people with T2DM (n=66,726) in routine clinical care in 28 countries across four continents.
Materials and Methods: The present subgroup analysis investigated the effectiveness of starting insulin detemir (detemir) in older (>65 yr; n=1967) and younger (>65 yr; n=9890) insulin-naïve adults with T2DM. The majority of people in both subgroups were using two oral glucose-lowering drugs at baseline (56% >65 yr, 55% >65 yr).
Results: A1C was poor for both age groups (9.5%) but the addition of detemir resulted in significant improvement to 7.6 (SD 1.2) and 7.4 (1.1)% (p<0.001) in older and younger participants, respectively. Starting insulin treatment with detemir was also associated with significant improvements in fasting plasma glucose (PG) and postprandial PG in both subgroups (p<0.001) at 24 weeks. The overall incidence of hypoglycemia increased but remained low, while the incidence of major hypoglycemia decreased from 0.07 (>65 yr) and 0.09 (>65 yr) to 0.00 events/person-year (p<0.001 and p=0.003 respectively). Quality of life and health, as assessed by the EQ-5D 100-point visual analog scale, reported significant improvement at 24 weeks in both age groups (p<0.001).
Conclusions: Starting treatment with insulin detemir in both older and younger insulin-naïve adults with poorly controlled T2DM was associated with improvements in glycemic control without increased risk of major hypoglycemia at 24 weeks.

Fattori di rischio per l'osteoporosi e comorbidità nei Castelli Romani. Indagine preliminare

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Obiettivo dello Studio: Valutare la reale incidenza di osteoporosi nel nostro territorio. Inoltre studiare la co-morbidità con altre patologie dell'anziano.
Materiali e Metodi: Sono stati coinvolti i "Centri Anziani" di Albano Laziale. Lo studio è iniziato nel mese di Settembre 2011 e si è protratto per 12 mesi. Abbiamo eseguito 367 MOC con apparecchio ad

ultrasuoni al calcagno (35 maschi e 332 femmine). Inoltre è stato consegnato il questionario IOF sui fattori di rischio per l'Osteoporosi e indagato sulla presenza di eventuali comorbidità
Risultati: i) L'età media è di 73 anni. ii) Per il 45% delle donne questo è stato il 1° esame densitometrico eseguito. iii) Meno del 2% delle donne assumeva calcio e/o vitamina D. iv) Il 9% delle donne assumeva una terapia per l'osteoporosi. v) Il 92% delle donne pensava che l'esame densitometrico potesse chiarire i dolori artrosici di cui erano affette. vi) Un fattore di rischio era presente nel 37% delle donne. vii) Il fattore di rischio più frequente era la presenza di familiarità per l'osteoporosi (18%). viii) Soltanto il 3% delle donne hanno affermato di fumare più di 20 sigarette al giorno. ix) Il 76% delle donne assumeva farmaci anti-ipertensivi, il 58% farmaci ipo-colesterolemizzanti, il 39% farmaci per il diabete, il 34% farmaci per l'ipotiroidismo. x) Il 92% delle donne riconosceva di assumere una ridotta quantità di calcio per paura ai livelli alti di colesterolo.
Conclusioni: Come si evince da questi dati il problema osteoporosi è ancora poco sentito dalla popolazione e dai medici di base se confrontato con altre patologie presenti nella stessa popolazione.

L'insolito esordio di un caso di iperfunzione surrenalica da ACTH ectopico

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Case report: Una donna di 82 aa viene ricoverata da PS per "tetraparesi flaccida in emorragia cerebrale da crisi tensiva". Gli esami biochimici effettuati per il riscontro di severa iperkaliemia (k=8.7 mEq/l) evidenziano iperfunzione surrenalica (cortisoluria24h>500µg, cortisolemia h8>125pg/ml, aldosterone clinostatismo=300pg/ml) con elevazione di ACTH (>100pg/ml). Il neuroimaging esclude patologia ipofisaria e il test di soppressione (desametasone a basse dosi) suggerisce l'origine ectopica dell'ipercortisolismo. Durante la degenza si manifestano complicazioni: ritenzione acuta di urina e subocclusione intestinale, che si risolvono, come la paralisi, con il controllo dell'iperkaliemia (farmaci+trattamento di riacutizzazione di IRC+sospensione di Candersartan e Idroclorotiazide+Amiloride). L'origine ectopica di ACTH viene rintracciata in una neoformazione epatica, sottoposta a indagini strumentali (ecografia con mdc, RMN e TC-PET). Il sospetto di epatocarcinoma viene confermato da biopsia epatica. La paziente viene sottoposta ad alcolizzazione di due lesioni focali epatiche (30mm VII-VIII segmento e 19mm VI segmento).
Discussione: i) esordio con paralisi iperkaliemica e con crisi tensiva da iperaldosternismo; ii) risoluzione di sintomi neurologici e di complicazioni con ripristino di eukaliemia; iii) cause multifattoriali di iperkaliemia (IRC, farmaci, lisi tumorale spontanea) in contesto di ipercortisolismo (solitamente correlato a ipokaliemia) con kaliuria normale; iv) risoluzione del quadro clinico e recupero del pieno benessere dopo ablazione delle lesioni focali di HCC.

Un caso di sindrome di Cushing: dall'ipercortisolismo all'insufficienza corticosurrenalica

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Case report: Una donna di 47 aa viene ricoverata per dolore da multiple fratture patologiche in osteoporosi secondaria, trattato per mesi con analgesici per lombocruralgia. La presentazione clinica ci ha indotto a formulare l'ipotesi diagnostica di sindrome di Cushing e il sospetto è stato avvalorato da esami bioumorali e radiologici: ipercortisolismo da adenoma surrenalico. La pz è stata trattata con surrenectomia sinistra ed è stato avviato trattamento ormonale sostitutivo con cortone acetato. A 2 settimane dalla dimissione, durante il tapering dei corticosteroidi, sviluppo di IRA pre-renale da vomito incoercibile in sindrome influenzale. Durante il conseguente ricovero la pz ha sviluppato complicazioni infettive: sepsi da stafiloccocco, enterite da C.difficile, candidosi del cavo orale. La pz è stata avviata a trattamento riabilitativo per sindrome ipocinetica da allettamento in esiti di fratture osteoporotiche e condromalacia con rottura del menisco mediale sinistro. A 3 mesi dalla dimissione regressione di diabete, ipertensione e calo ponderale di oltre 30 kg. A 1 anno prosegue il trattamento ormonale sostitutivo, verso cui pare avere sviluppato dipendenza fisica e psicologica.
Discussione: i) ritardo nella diagnosi per erroneo inquadramento ortopedico; ii) esordio con complicazioni osteoporotiche; iii) crisi addisoniana per evento acuto in fase di tapering degli steroidi; iv) complicazioni infettive nosocomiali; v) risoluzione del quadro sindromico a 6 mesi dalla surrenectomia; vi) dipendenza non solo fisica dalla terapia ormonale sostitutiva a 1 anno dall'intervento.

The activity of medical oncology in the MAC of a Complex Operative Unit of Internal Medicine: a year of experience with a new structure

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Since 2012 the Day-Hospital in Lombardy has been almost completely transformed into MAC activity ("macroattività ambulatoriale ad alta complessità") a clinical and organizational way of supplying therapeutical, diagnostical and rehabilitative services with no necessity of admission, but providing a medical, nursing and/or rehabilitative supervision, which must be prolonged and continuous. In our UOC the bedding spaces in DH have been reconverted in technical beds, passing from 11 to 7.
Results: As to the oncological aspect, in 2011 in our UOC we performed 342 chemotherapies in DH, 152 in outpatient's department, 40 in ordinary admission (tot: 534; total service in DH: 633) In 2012: 691 CT performed in the MAC, 10 in ordinary admission (tot 701); total services in MAC 1272, about 60% oncological.The organizational changement generated many problems, but turned out to be an opportunity of improvement, as it led to the unification, rationalization and computerization of procedures. It led to identify a stable MAC medical referent able to deal with the phase of changement. The connection of the MAC with Oncological and Therapeutical Services provided a treatment continuity to the patients. Decisive was cooperation with all staff.
Conclusions: The MAC are a new instrument of therapeutical and assistancial organization; whether this will simply be a service to reduce costs and involve patients which are not relieved of increasing sanitary expenses, or allow to improve organization and elevate sanitary standards it will be verified in future.

Isolated hepatic hydrothorax

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Introduction: Transudative pleural effusion develops in 6-10% of patients with end-stage liver disease; however, isolated hepatic hydrothorax (IHH) can occur in a small number of patients with hepatic cirrhosis.
Case report: We describe a case of 55-year-old female with portosystemic encephalopathy related to alcoholic liver cirrhosis, who suddenly showed dyspnea. Thoracic x ray showed right pleural effusion, but no abnormalities were found in: basal ECG, trans-thoracic echocardiogram, abdominal and thoracic contrast-enhanced multislice TC (after ultrasound guided thoracentesis). Abdominal ultrasonography and endoscopy showed splenomegalic portal hypertension (no ascites) and F1 esophageal varices, respectively. Laboratory parameters showed only: Hb=11.4 g/dl, PLT=112.000 x 10^3/ul; albumina=3 g/dl, fibrinogen=172 mg/dl; PT-INR=1.7; ammonia=184 µg/dl. Pleural effusion resulted a transudative fluid. Treatment with e.v. furosemide and canrenone led to significant decrease of hydrothorax.
Discussion: Hepatic hydrothorax, presenting with unilateral pleural effusion commonly right-sided, can occur in absence of ascites, in advanced liver disease without underlying primary cardiopulmonary causes. It develops most likely because of shift of fluid from peritoneal to pleural space, through diaphragmatic defects. Treatments include salt restriction, diuretics, thoracentesis, TIPS, video-assisted thoracoscopy, and pleurodesis; most of patients require liver transplantation.
Conclusions: the differential diagnosis of IHH should be considered in advanced cirrhotic patients.

Infective endocarditis: a disease in evolution. Retrospective analysis of 43 cases in a tertiary care hospital

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Introduction: Infective endocarditis (IE) is best characterized as a disease in evolution. Patients at risk, which formerly included almost exclusively patients with rheumatic heart disease, is being continuously modified and expanded.
Methods: We reviewed clinical and microbiological features of 43 IE, occurred from 2008 to 2012 at San Giovanni Hospital of Rome.
Results: IE involved native mitral valve in 21 patients (48.8%), aortic valve in 14 (32.5%), pacemaker lead or tricuspid valve in 8 (18.6%), prosthetic valve in 14 (32.5%). All patients were treated with appropriate antimicrobial therapy; heart valve replacement was performed in 19 patients (44.1%). Overall mortality was 32.5%
Discussion: Nowadays, patients with prosthetic heart valves, users of illicit intravenous drugs, and patients with mitral valve prolapse rather than patients with rheumatic heart disease account for the majority of cases of IE. Moreover, due to the widespread use of indwelling atrial catheters for parenteral nutrition as well as for cytotoxic therapy, catheter-related right-sided IE is emerging among nosocomial infections. With the advent of successful antimicrobial therapy, complications rather than endocardial infection pose the major therapeutic problems. In addition to progressive heart failure, myocardial abscesses, relapsing infection, and major systemic emboli in the presence of large vegetations constitute indications for valve replacement. Despite progresses in diagnosis and therapy, IE will most likely continue to challenge physicians even in the next future.

✪ Effects of an active surveillance program of sever infections in ICU

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One of the most pressing goals for physicians involved in hospital infections (HI) is production of measures to prevent infections. Several studies indicate that it is possible to prevent about 30% of HI. To reduce HI is necessary to act on several fronts, *i.e.*, by implementing protocols and training of personnel, monitoring consumption of antibiotics and antibiotic resistance of microorganisms.
Methods: From January to December '12, at San Giovanni Addolorata Hospital of Rome, a group for surveillance of HI in ICU was established with the task of monitoring cases of HI, consumption of antibiotics and pattern of antimicrobial resistance of microorganisms.
Results: 440 patients were admitted to ICU, 28 subsequently developed sepsis and 45 pneumonia associated with mechanical ventilation. Adherence to protocols led to a reduction in the antibiotic consumption of 40.7%, compared to 2011, and a reduction of 61.8% of antifungal. Among isolates, S. aureus disclosed a rate of oxacillin resistance of 31% in 2012 (46% in 2011), and Klebsiella spp reduced resistance to carbapenems from 90% in 2011 to 65% in 2012. Mean hospital stay was reduced by 31.8% (14.6 d in '11 *vs* 9.95 in '12) and total mortality has decreased from 30% to 23%.
Conclusions: Our data indicate that active surveillance of HI with aid of nosocomial protocols and appropriate antibiotic prescription, leads to significant reduction in infection rates and improvement of antibiotic susceptibility pattern of microorganisms.

Mesenteric Castleman's disease presenting as an abdominal mass

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Introduction: Castleman's disease (CD) is a rare lymphoproliferative disorder, also know as angiofollicular lymph node hyperplasia, may occur at any lymph node in the body. The most frequent localization of CD is the mediastinum, whereas the mesenteric involvement is unusual and it's usually associated with multicentric form of the disease. We report on a case of unicentric CD presented as an abdominal mass.
Case report: A 66-year old man, with no significant past medical history, was admitted to our medicine unit for stroke. Laboratory data showed macrocytic anemia and the ultrasonography of the abdomen revealed a 33 mm hypoechoic solid mass localized between the intestinal loops. The CT of the abdomen confirmed the presence of well circumscribed mass, of multiple mesenteric lymph node and strongly enhanced with vascular contrast of the appendix. In order to investigate the origine of the mass, colonoscopy was made; no significant mass was evident. Surgery was planned with a preoperative diagnosis of carcinoid tumors of the appendix. The histopathological diagnosis was hyaline-vascular CD.
Conclusions: Castleman's disease is a rare lymhoid disorder of unknown origin. Three histological variants are known (hyaline vascular, plasma cell and mixed). Surgical excision is curative in the unicentric form; multicentric disease, either hyaline-vascular or plasma cell type, do not benefit from surgical management and should be candidates for multimodality therapy.

✪ A comparison between two different *in vitro* basophil activation tests for gluten and cow's milk protein sensitivity in irritable bowel syndrome-like patients

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Introduction: The diagnosis of food hypersensitivity (FH) in adult patients with gastrointestinal symptoms, beyond the immediate IgE-mediated clinical manifestations, is very often difficult. The aims of our study were to: i) evaluate the frequency of FH in patients with irritable bowel syndrome (IBS)-like clinical presentation; and ii) compare the diagnostic accuracy of two different methods of in vitro basophil activation test (BAT).
Materials and Methods: Three hundred and five patients, (235 females, age range 18-66 years) were included and underwent a diagnostic elimination diet and successive double-blind placebo-controlled (DBPC) challenges. Two different methods of in vitro BAT (CD63 expression after in vitro wheat or cow's milk protein stimulation) were evaluated: one was performed on separated leukocytes, and the other on whole blood.
Results: Ninety patients of the 305 studied (29.5%) were positive to the challenges and were diagnosed as suffering from FH. BAT on separate leukocytes showed a sensitivity of 86% and a specificity of 91% in FH diagnosis. BAT on whole blood showed a sensitivity of 15%-20% and a specificity of 73% in FH diagnosis ($p<0.0001$ compared to the other method).
Conclusions: About one third of the IBS patients included in the study were suffering from FH and were cured on the elimination diet. The BAT based on CD63 detection on whole blood samples did not work in FH diagnosis and showed a significantly lower sensitivity, specificity and diagnostic accuracy than the assay based on separated leukocytes.

Splanchnic vein thrombosis: a difficult management

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Clinical report: We describe the case of a 42 years old woman affected by a myeloproliferative neoplasm diagnosed 20 years ago, treated with oncocarbide. In September 2012 the patient experienced abdominal pain and a complete extrahepatic portal vein thrombosis with patent hepatic veins and important splenomegaly was diagnosed by CT-scan. She had a severe portal hypertension with esophageal varices F2-F3 with cherry red spots and gastric varices F2. We excluded inherited thrombophilia. The JAK2 mutation was found.
Management: The patient underwent endoscopic variceal ligation. She was treated with prophylactic dose of LMWH for the severe portal hypertension, then with LMWH at the dose of 4.000 U bid in a 60 kg patient. When we get complete eradication of esophageal varices,a long-term anticoagulant therapy will be indicated.

Conclusions: The close relationship between myeloproliferative neoplasms and splanchnic vein thrombosis has been confirmed by the current one third prevalence of the JAK2 mutation among patients with Budd Chiari syndrome and extrahepatic portal vein thrombosis. The JAK2 mutation is associated with hypercoagulability and carriers are more prone to thrombosis. The management of anticoagulant therapy in patients with extrahepatic portal vein thrombosis and esofaeal varices is difficult because of the balance between bleeding and thrombotic risk. Long-term oral anticoagulation with vitamin K antagonists is recommended in patients with extrahepatic portal vein thrombosis and permanent prothrombotic state.

A case of asymptomatic Budd Chiari syndrome in patient with chronic B hepatitis

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Clinical report: We describe a case of a 22 years old African man,in Italy since the age of 4.He was affected by chronic B hepatitis. A liver biopsy performed in 2011 showed a picture of chronic liver disease with modest portal fibrosis. In 2011 he was treated with interferon. In October 2011 occasional thrombosis of the media and left hepatic veins in fully asymptomatic patient were reported.The portal vein was patent. The thrombophilia screening was negative. Negative the search for JAK2 mutation
Management: The patient was evaluated for oral anticoagulation with vitamin k-antagonists and he started the anticoagulant therapy. An indication for a three months therapy was given: eco-Doppler study and/or CT abdomen were performed to assess the evolution of the thrombosis.
Conclusions: In patients with an unprovoked splanchnic vein thrombosis and no prothrombotic conditions, anticoagulant treatment is recommended for a minimum of 3-6 months. There is no consensus in the literature about the use of anticoagulant drugs in chronic or incindentally deteted splanchnic vein thrombosis. The decision is often left to the operator's clinical experience.

Cosa si nasconde dietro un ascesso

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I sarcomi delle parti molli sono tumori rari (<1%). Maligni nel 10%, è talvolta difficile la differenziazione istologica. La sintomatologia dipende da localizzazione e profondità. I casi di ascessualizzazione sono rari e per lo più a carico delle lesioni retroperitoneali e polmonari.
Caso clinico: Donna 66 anni, anamnesi non rilevante, presenta da 6 mesi tumefazione della parete anteriore del torace, interpretata come ematoma in assenza di traumi anamnestici. Successivamente, ascessualizzazione con aumento di dimensioni, interessamento del mm pettorale ed erosione delle coste. Seguita in ambulatorio per 3 mesi dai chirurghi toracici che eseguono drenaggi dell'ascesso e dispongono per medicazioni a domicilio. Ricoverata nella nostra SOD per peggioramento della clinica, all'ingresso si presenta piretica, edematosa e cachettica. Alla TC ascessi confluenti che si estendono dalla parete anteriore del torace alla porzione ascellare fino ai mm scaleni omolaterali e versamento pleurico monolaterale. Si posiziona drenaggio toracico con evacuazione di 1100cc di liquido purulento (citologia e colturale neg). Al doppler TVP della giugulare e succlavia omolaterale. Negativa la sierologia e i markers neoplastici eccetto NSE. Nonostante la terapia antibiotica (colturale su ferita pos per Corynebacterium), la paziente presenta insufficienza respiratoria acuta. Trasferita in UTI, esegue toilette chirurgica ed esame bioptico con diagnosi di sarcoma indifferenziato.
Conclusioni: Un caso difficile ma emblematico di come occorra impostare un'attenta DD di fronte ad un ascesso di lunga durata.

Approccio *ex juvantibus* nella diagnosi differenziale della pneumopatia interstiziale

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La tossicità polmonare da Amiodarone ha un'incidenza del 5-10%. La diagnosi può essere supportata da imaging compatibile (opacità a vetro smerigliato, infiltrati a chiazze) e macrofagi schiumosi nel BAL.
Caso clinico: Uomo di 72 anni non fumatore, pregresso IMA, da 6 mesi assume Amiodarone per FA parossistica; si presenta al DEA per tosse non associata a febbre e riscontro EGA d'insufficienza respiratoria normocapnica. Nel mese precedente dispnea da sforzo isolata con visita cardiologica nella norma. Alla Rx del torace addensamenti confluenti bilaterali e alla HRCT opacità a vetro smerigliato. Pro-BNP, D-dimero, ricerca agenti pneumotropi, dosaggio ACE, sierologia, markers neoplastici e pro calcitonina nella norma. Citologia su BAL e broncoaspirato neg. PFR compatibili con s. restrittiva e riduzione del transfer per CO. Non miglioramento dopo tp antibiotica.
La batteria immunologica negativa e l'assenza di esposizione professionale escludevano altre cause d'interstiziopatia. Sebbene la ricerca di macrofagi schiumosi fosse neg; anamnesi ed imaging erano suggestivi per interstiziopatia da Amiodarone. Abbiamo quindi sostituito il farmaco ottenendo a 1 mese miglioramento sia clinico (interruzione dell'O2 terapia) sia radiologico. Il successivo inserimento del cortisone ha fornito ulteriore beneficio per gli scambi respiratori.
Conclusioni: La diagnosi d'interstiziopatia da Amiodarone è di esclusione ma i reperti clinici, radiologici e laboratoristici risultano talvolta incompleti.Il miglioramento clinico all'interruzione del farmaco può costituire un utile criterio ex juvantibus.

Reazione leucemoide in corso di epatite alcolica: una rarissima e pericolosa associazione

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Introduzione: Per reazione leucemoide (LR) si intende l'elevazione della conta granulocitaria (40.000-50.000/mm^3) come conseguenza ad uno stress infiammatorio, infettivo o neoplastico. Sebbene una moderata leucocitosi sia di comune riscontro nella epatite alcolica (HA), la LR è una eventualità molto rara e quando presente rappresenta un potente marcatore prognostico negativo e di mortalità a breve termine.
Caso clinico: Una donna di 48 anni nota per epatopatia etilica, viene ricoverata per anemia (Hb 7,5g/dl MCV 98fl) senza evidenza di perdita gastroenterica, associata a leucocitosi neutrofila (37.000/mm^3, N:89%), ascite ed epatosplenomegalia. Per il persistere di leucocitosi, in assenza di segni e sintomi di infezione in corso (urinocoltura, emocolture e colturale su liquido ascitico negativi), la paziente veniva sottoposta a BOM: midollo emopoietico con incremento dei megacariociti, PET: ipercaptazione come da diffusa attivazione midollare e biopsia epatica: steatosi estesa al 40% degli epatociti, corpi di Mellory e focolai di flogosi prevalentemente composta da neutrofili con fibrosi portale. La paziente è stata trattata con blanda terapia diuretica e albumina ottenendo ricompenso dell'ascite e lenta risoluzione della leucocitosi.
Conclusioni: Il nostro è un raro caso di RL ad evoluzione favorevole, il suo maccanismo fisiopatologico pare correlato all'eccessivo rilascio di citochine (IL1 , TNF-α). I corticosteroidi sono stati utilizzati in due dei quindici casi di AH con LR descritti in letteratura, ottenendo risoluzione della LR ma morte per sindrome epato-renale.

Prevalence of steroid dependence and resistance in inflammatory bowel disease patients: treatment options as steroid-sparing agents in a single centre

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Background and Aim: Inflammatory bowel diasease (IBD) patients are CS-dependent in 17-36% and refractory in 12-20%. Aim of the study has been to investigate the prevalence of CS dependence or resistance in a single centre series of Italian IBD patients, as well as the treatment options as CS-sparing agents in ulcerative colitis (UC) and Cronh's disease (CD).

Materials and Methods: Computerized data of consecutive IBD patients referred to our Centre, from 1990 to 2010, were studied.
Results: One thousand three hundred and twenty-six patients were studied, 729 (55%) were male and 597 (45%) female. Of this 781 (58.9%) were affected by UC and 545 (41.1%) by CD. Three hundred and thirty-three (25.1%) patients were CS dependent (164 UC *vs* 169 CD, 21% and 31% respectively, p<0.0001); 38 (2.9%) patients were CS-resistant (19 UC *vs* 19 CD, 2.4% and 3.5% respectively). Of this 63 patients with a follow-up <12 months were excluded. Three hundred and eight patients (146 UC, 162 CD) were evaluated for treatment options as CS-sparing agents. Azathioprine was used in 191 patients (85 UC *vs* 106 CD), 32 underwent surgery (6 UC *vs* 26 CD, p=0.0006), 16 were treated with anti TNF-α agents (8 UC *vs* 8 CD), 13 with Cyclosporine (2 UC *vs* 11 CD, p=0.0220), 4 with Methotrexate (3 UC *vs* 1 CD), 9 UC patients were treated with leukocytapheresis. Forty-three patients (33 UC *vs* 10 CD, p<0.0001) refused other therapeutic options and continued on CS.
Conclusions: The prevalence of CS-dependence was significantly higher in CD than in UC. Cyclosporine and surgery were significantly used in CD than UC.

✪ Azathioprine in the maintainance of steroid-free remission in inflammatory bowel disease patients: one-year efficacy and safety

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Background and Aim: Azathioprine (AZA) is immunosuppressant drug used for inducing and maintaining remission in inflammatory bowel disease (IBD). Aim of this study has been to investigate its efficacy in maintaining steroid-free remission and its safety in steroid dependent/resistent IBD patients one year after the institution of treatment.
Materials and Methods: Data from consecutive IBD patients referred in our Institution, between 1985-2010, were reviewed and patients treated with AZA were included in the study.
Results: Out of 2330 consecutive IBD outpatients, AZA was prescribed to 337, 159 (47.2%) were affected by ulcerative colitis (UC) and 178 (52.8%) by Crohn's disease (CD). Of this 35 patients with a follow-up <12 months were excluded. Three hundred and two patients were evaluated, 138 (45.7%) with UC and 164 (54.3%) with CD. One hundred and sixty-eight (55.6%) were male and 134 (44.4%) female (average age of 32.38±13.33 SD years, range 10-75 y.). One year after the institution of treatment, 217 (71.9%) patients still were in steroid-free remission (94 UC *vs* 123 CD, 68.1% and 75%, respectively), 46 (15.2%) had a relapse requiring retreatment with steroids (25 UC *vs* 21 CD, 18.1% and 12.8%, respectively), 39 (12.9%) discontinued the treatment due to side effects (19 UC *vs* 20 CD, 13.8% and 12.2%, respectively).
Conclusions: In our series over two/thirds of patients did not require further steroid courses in the twelve months of follow-up. The occurrence of major side effects has been low, and less than 8% of patients had required a reduction of the initial AZA dose.

Fahr's disease: a rare neurodegenerative disorder

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Introduction: Fahr's disease refers to a rare syndrome characterised by symmetrical and bilateral intracranial calcification. The basal ganglia are the most common site of involvement and clinically it may present with an array of movement disorders, dementia and other behavioural disturbances.
Case report: A 76 years old woman presented with progressive deterioration of mentality function and hallucination. Cognitive impairment was detected with a MMSEc score of 15 of 30, with notable deficits in recall and attention. Her neurological examination was unremarkable. Metabolic parameters, Calcium, Phosforus and PTH levels are normal in these patient. A CT scan of her brain was done, with a finding of bilateral symmetric basal ganglia calcifications.
Discussion: We did not rule out unlikely causes for the patient's basal ganglia calcifications. Although Fahr's syndrome could not be ruled out, it is likely that the patient did indeed suffer from Fahr's disease.
Conclusions: Clearly, future studies should be performed because the prevalence of bilateral basal ganglia calcifications in patients with new-onset psychosis could be estimated with data obtained with routine neuroimaging of new cases of psychotic and dementing illness. This case, along with others in the literature, further emphasizes the importance of the role of neuroimaging in any patient with psychosis and/ or dementia to rule out structural causes of neuropsychiatric phenomena.

Febbre di NDD: spondilodiscite? Spondilodiscite associata ad arterite di Horton? Diagnosi tardiva?

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Uomo, 70 anni, da 10 giorni iperpiressia, artralgie e limitazione funzionale. Anamnesi: ipertensione arteriosa, ipotiroidismo. Obiettività toraco-addominale negativa. Esami ematochimici: leucocitosi neutrofila, VES 100 mm, ferritina 1292 ng/mL, PCR 335 mg/L; nel sospetto di polimialgia reumatica iniziava terapia steroidea senza beneficio. Emocolture, urocoltura, markers neoplastici, quantiferon, ANA, ANCA, AMA, anti-LKM, crioglobuline, FR negativi. Ecocardio nella norma; TC torace-addome: focolaio polmonare; RMN rachide lombare: sospetta spondilodiscite L4-L5. Per il persistere di iperpiressia e mialgie eseguiva rachicentesi negativa e indagini microbiologiche per batteri e virus negative. Il paziente veniva trattato con triplice terapia antibiotica per la spondilodiscite. Dimesso, rientrava dopo 15 giorni per persistere di artralgie diffuse e migranti; anemia normocitica, leucocitosi neutrofila, VES 120 mm; PCR 131 mg/L; artrocentesi ginocchio: quadro di condrocalcinosi. TC torace: risoluzione focolaio polmonare; RMN L-S: riduzione dell'enhancement L4-L5. Proseguiva terapia con teicoplanina in DH. Nuovo ricovero dopo 3 mesi per iperpiressia, mialgie diffuse, calo del visus, claudicatio masticatoria; diagnosi di neurite ottica ischemica con biopsia arteria temporale negativa. Iniziato cortisone per os con miglioramento clinico e negativizzazione indici di flogosi. A distanza di 6 mesi paziente asintomatico con indici di flogosi negativi. Discussione: Arterite di Horton già diagnosticabile al primo accesso, mascherata dal contemporaneo quadro infettivo? Diagnosi tardiva?

Aspecific symptoms and hyponatremia in the elderly: a possible missed diagnosis

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We reported a case of a 75 year old man admitted to our medical division for asthenia, headache with nausea, dizziness and depressive symptoms. Physical exam was unremarkable. Blood tests showed a severe hyponatremia. First of all we tested urinary electrolytes and plasmatic and urine hosmolality in order to exclude a syndrome of inappropriate anti-diuretic hormone secretion (SIADH). Plasma cortisol and ACTH were respectively undetectable and very low, so we performed the standard (high-dose) corticotropin test that evidenced a low cortisol response and so a clinical setting of adrenal insufficiency. Measurement of secretion of other anterior pituitary hormones also evidenced a complete insufficiency. A cerebral MRI scan showed a pituitary macroadenoma. Glucocorticoid replacement therapy resulted in resolution of all symptoms and normalization of natremia, but few weeks later he needed a dose reduction because of psycotic symptoms.
Conclusions: Hypopituitarism is a rare and under-investigated pathology in the elderly and so the diagnosis is often delayed, since symptoms may be ascribed to aging and associated comorbidities. Symptoms considered apparently aspecific in the elderly should be investigated in order to possibly diagnose an important treatable dis-

order as hypopituitarism. The prevalente cause of hypopituitarism remains nonfunctioning pituitary macroadenomas. We suggest to consider replacing with the smallest possible dose that is acceptable to the patient and compatible with normal vitality.

Hypoglicemia and hyponatremia: only a chance?

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We reported a case of 48 year old male admitted to our division for an episode of unconsciousness due to severe hypoglycemia. He regained consciousness after treatment with intravenous glucose. In the last few months he referred a history of asthenia, weight loss and depression. At the admission the patient had fever and developed a severe hypotension unresponsive to fluid replacement. Physical exam revealed only few bibasal fine crackling rales and at chest-X-ray a left pneumonia was present. Blood tests showed an increase in C reactive protein and hyponatremia without leukocytosis. He started an empiric antimicrobial therapy. Plasma cortisol (pC) and ACTH were both undetectable. We performed the standard corticotropin test, that confirmed adrenal insufficiency. Residual basal anterior pituitary function was intact, except for an undetectable IGF-1, not confirmed few weeks after the recovery from infection. Raised TSH, low fT4 and thyroid peroxidase antibodies positivity were also detected. Pituitary was normal at MRI scan. The patient responded promptly to glucocorticoid replacement. He started also thyroxine therapy. Conclusions: isolated ACTH deficiency is a rare condition and its diagnosis is always a challenge, especially in patients with critical illness. Since AI appears to be common during septic shock, a high index of suspicion is necessary in case of persistent hypotension despite adequate treatment. Steroid replacement therapy leads to resolution of all symptoms. We also suggest check of thyroid hormones given the close association with thyreopathies.

Management of a complicated chest pain

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We describe the management of a subacute heart rupture complicating a subacute miocardial infarction presenting with ST-segment elevation in a patient at high risk for cardiovascular disease. The patient, woman of 53 years old, obese, hyperlipidemic and abitual smoker, was admitted to the Emergency Room for chest pain lasting for two hours at the moment of the first evaluation. She presented features of cardiogenic shock. Electrocardiographic finds and laboratory tests showed the clear picture of myocardial infarction. The first approach was completed with echocardiographic evaluation which confirmed akinesia of the inferior wall, dyskinetic movement of septum, reduced ejection fraction and tamponade likely due to left ventriculi fissuration. She was suddenly shifted to the main near hospital where, once evidenced a bivasal coronaropathy, she was treated with coronary bypass and heart wall reparation through Dacron patch in a one-time surgery. After one week in intensive care unit the patient was again committed to our attention and definitively discharged after other eleven days. At last evaluation after one month the woman is still in good clinical conditions and maintains stable hemodynamic parameters.

Gastrointestinal bleeding: sometimes improvise can save a life

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Background and why we describe the clinical case: Acute bleeding from the gastrointestinal tract requires rapid differential diagnosis. The blood issued by the bleeding of the upper digestive tract can also be bright red like the secondary loss of the colon.
Case report: Male, 37 years old, no previous major diseases, he does not use NSAIDs. After a burst of bright red blood diarrheal and fainting tendency goes into PS where hemochrome shows Hb of 6 gr% and hypotension. Transfused and subjected to treatment with glipressina he underwent gastroscopy: negative and colonoscopy showing bright red blood and clots up to the splenic flexure. The abdominal CT angiography showed intramural vascular ectasia in the left lateral wall of the rectum. The patient continued to lose blood from the rectum. For these reasons an inflatable garrison was inserted and an arteriography was agreed. The patient was stabilized within 30 minutes and the Hb throught transfusions reached 10 g%. Arteriography showed active bleeding at superior and inferior level of the hemorrhoidal artery. During the exam a bleeding artery embolization was done.
Discussion and Conclusions: In most cases bleeding come from the first or the last digestive tract. In this case because of the blood did not permit the vision of the colonscopy, CT angiography has oriented to assume the seat. The inflation in the rectum of a garrison tire, intended for other uses, has allowed us to stabilize the patient and to perform arteriography which made it possible to stop the bleeding.

L'embolia polmonare: una diagnosi mascherata

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Is extremely important, to me, to revisit periodically the big scientific area of pulmonary embolism in every way, showing the news about it that come from the scientific literature including the pathogenesis, diagnosis and physiopathology; in fact this disease, even well known by the scientific community, is still an important causa of death for lack of good diagnosis, inside and outside of the hospital. Showing the most important aspects of this disease, I try to analize the factors that can make difficult the diagnosis (the big layer: goldhabe- brounwald). Summing up I show, in this report, the new guidelines selecting the best therapeutic advices including also new drugs according to the most modern pharmacological research.

DRG 128: trends of hospital admissions and thresholds of appropriateness in the Azienda USL 6, Livorno, Italy

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Hypothesis: Little is known about cases of deep vein thrombosis which are still hospitalised. Aim of this work is to establish criteria for appropriateness evaluation of hospital admission for DVT.
Methods: We assessed all DGR 128 records from all hospitals of the AUSL 6 Livorno between January 2005 and December 2012, as a whole as well after stratification for hospitals and wards.
Results: 229 discharge records were assigned to DRG 128 (average annual, 28.6; 95% CI 28.57-28.67) out of 268,424 discharges (0.84 per year; 95% CI 0.84-0.85). Only 0.008% of these patients were not discharged from Internal Medicine. Three smaller hospitals discharged less patients than the main one: 8.0 *vs* 17.87 cases for year (95% CI 7.97-8.03 *vs* 17.81-17.93; $p<0.05$). During the last four years, the number of discharges reached a plateau around the 0.06% overall (95% CI 0.640-0.646), and less than 0.22% from Internal Medicine wards.
Discussion: Outpatient treatment of DVT is effective in our ASL. Nevertheless, a small proportion of patients still needs to be hospitalised. We recognise some limitations to our work. ICD-IX-CM codes were assigned as usual; we cannot exclude that the prevalence could be underestimated because of creeping. A referring bias could explain why the main Hospital discharge more patients with DVT. However, we believe that the numerosity of our sample stands in favour of the reproducibility of results. We suggest to implement our methodology to adopt two thresholds of appropriateness for DVT admissions: 0.06% for the Aziende Sanitarie and 0.22% for Internal Medicine Units.

Case report - A "neurological" respiratory failure?

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A 83 years old woman was admitted for previously azithromycin treated persistent cough and recently onset dyspnea on exertion. Past

history was remarkable for hypertension, peripheral atherosclerosis, COPD, osteoporotic vertebral fractures, chronic gastropathy. She reported asthenia and a 4 kg weight loss in the last six months. On admission hypoxemic/hypercapnic respiratory failure and mildly increased C reactive protein were noted, with no evidence of pneumonia on chest x-ray. Treatment with levofloxacin was started, then switched to piperacillin/tazobactam. Prednisone was added without improvement. She was tachypnoic, dysarthric, dysphagic, and unable to cough tracheal secretions. Warfarin was begun for paroxysmal atrial flutter. The trachea was intubated few days later for worsening respiratory failure and hypercapnic coma. After meeting the family members the patient was extubated and died for recurrent hypercapnic coma. Progressive bulbar palsy accounts for 20% of cases of motor neuron disease. Dysphagia and dysarthria are the first symptoms. The life-threatening aspects of the disease are neuromuscular respiratory failure, the most common cause of death, and dysphagia with risk for aspiration and pneumonia. In our patient history and alveolar hypoventilation suggest neuromuscular disease induced respiratory failure as well as shunt hypoxemia (elevated Alveolar-arterial oxygen gradient and oxygen refractoriness) suggests aspiration pneumonia.

Percutaneous renal denervation in patients with resistant hypertension

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Resistant hypertension is a common clinical problem defined as "a failure to achieve goal blood pressure (BP) in spite of an appropriate three - drug regimen that includes a diuretic". The prognosis of resistant hypertension is unknown, these patients often have a history of long-standing, uncontrolled hypertension with a cardiovascular risk undoubtedly greatly increased. Our patient was a 65 years old man with a very high cardiovascular risk. He was dyslipidemic, overweight (BMI 28.7 kg/m^2), known for coronary artery disease treated with artery bypass surgery and carotid vascular disease. He suffered from a 10 years old history of hypertension treated with beta and calcium channel blockers, moxoniden and a sartan plus hydroclorothiazide. Before renal denervation, ABPM reveals a non dipper pattern with mean SBP of 163±16,5 mmHg and DBP of 94.6±9.8 mmHg. Mean pulse wave velocity (PWV m/s) was 12.5 m/s, augmentation Index 37%, central BP was 143/117 mmHg. At one month post procedure, the patient was in therapy with the same antihypertensive drugs without moxoniden, SBP was 145±13.2 mmHg (a mean reduction in SBP of 18 mmHg) DBP 83±7.72 mmHg (a mean reduction of DBP of 8.3 mmHg) and PWV 11.5 m/s, there was a drop of central BP from 143/117 to 117/95 mmHg with no reduction of augmentation index. We report a case of a resistant hypertension successfully treated with percutaneous renal denervation. After one month post procedure there was a significance reduction of BP and arterial stiffness, not clinically achievable with the antihypertensive pharmacological treatment.

A case of a catastrophic paraneoplastic syndrome

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A 39 year old man with no significant PMH was admitted to our emergency department because of altered status of mind and bleeding from an ulcerated inguinal lesion. CT of the brain showed hypoattenuated cortical lesions of doubtful interpretations. A rachicentesis was not diagnostic, HIV screen was negative. MRI showed hyperintense left cortical lesions on T2 weighted image consistent with to cerebral venous thrombosis. Lung CT revealed pulmonary embolism and ground-glass opacities (alveolitis). In addition there was a vegetant mass of 10 mm in the left main bronchus. Abdominal CT scan showed bilateral renal thrombosis, renal and splenic infarction. The clinical presentation was suggestive for Antiphospholipid (a.PL) Syndrome, tests for hypercoagulable states resulted in the normal range; ANA, anti-ds DNA, VDRL and aPL titers were negative. We hypothesize a "catastrophic paraneoplastic syndrome" because of the abruptly onset, atypical manifestations, concurrent unexplained artery and venous thrombosis, involvement of brain, lung and GI system in the absence of autoantibodies and hereditary thrombophilic state. The patient developed a rapidly deteriorating condition with multiple organ failure poorly responsive to any treatment and died after few weeks. The punch biopsy of the inguinal lesion resulted for a diagnosis of an ulcerated melanoma Clark level V.

Application of the intensity of care model in the Hospital of Rivoli

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Premesse e Scopo dello studio: The reorganization of hospital wards according to intensity of care model aims to overcome the fragmentation of care by specialization area or discipline. The objective of this project is to plan the most appropriate model for the reorganization design of the care path of the hospital of Rivoli (Turin) according to intensity of care.
Materiali e Metodi: In order to achieve this outcome, a panel of internal stakeholders has been elected by the Health Direction of the hospital, and through a process of audit and SWOT strategy, opportunities and threats of all incoming suggestions have been evaluated.
Risultati: The areas that would take most advantage are the surgical and medical, where there are some units with prevalence of high intensity, and other with prevalence of low intensity. It was possible to identify a single path to the whole area, stratified into low, medium and high intensity wards. The main problem that emerged is the structural type of the building. Any health division may not be able to receive more than 25 patients, that is that any intensity of care area will be necessary truncated into two or more units. A possible split according to the complexity of the case-mix of patients within the same intensity ward has been proposed.
Conclusioni: The reorganization plan by intensive care in a hospital that has been architecturally built according to a traditional criterion is a significant challenge. This project has highlighted where and how the care model need to be modernized according to intensity of care, evaluating the proposition both for improve appropriatness of care and health practitioner satisfaction.

An acute and severe immunodeficiency syndrome due to a pancreatic ACTH-producing tumor

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Background and Aim of the study: Ectopic ACTH secreting tumors account for 20% of Cushing's syndrome. They usually present with rapid progression of the disease.
About 50% of all ectopic ACTH secreting tumors is accounted for by small cell lung carcinoma, the remaining by pancreatic, bronchial, thymic tumors and thyroid medullary carcinoma or pheochromocytoma. In a 8-19% the primary tumor is undetected. Pancreatic ACTH secreting tumors account for 1.2% of all pancreatic neuroendocrine tumors (PNETs) and 15% of ectopic ACTH syndrome. We report a fatal case of an acute Cushing's syndrome with immunodeficiency in a patient with an advanced PNET metastatic to the liver in order to highlight the possible fatal progression of the disease.
Case report: A 48 years old woman presented with severe asthenia and abdominal pain of recent onset; she was diagnosed poorly differentiated PNET with liver metastases, positive for serum and histological neuroendocrine markers. Shortly after a rapidly progressive Cushing syndrome developed with the classical synptoms, hypokaliemia, hypertension, severe neutropenia and immunodepression. An ectopic ACTH production was suspected and confirmed by serum test and eventually an ACTH-producing PNET was diagnosed. Lysteria Monocytogenes meningitis developed wich lead to a septic state and the patient died of a septic shock within two months.

Conclusions: This case focuses on the malignity and rapid progression of ACTH producing PNETS and alerts on the life threatening complications and difficult management of acute non responsive ACTH production.

Was it a case of progressive multifocal leukoencephalopathy?

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Background: Progressive Multifocal Leukoencephalopathy (PML) is a rare fatal complication of immunodepression induced by Fludarabine, Rituximab and Cyclofosfamide (FRC) therapy, often presenting with atypical neurologic symptoms. Aim of the present report is to alert against this occurrence.
Case report: MM, a 65 old woman was admitted to the hospital complaining of fever. Pneumonia was diagnosed associated with severe neutropenia, with anti granulocytes antibodies. A year before she had been diagnosed B cell LNH, treated with FCR (6 cycles), ended 2 months previously. For a month the patient had suffered from bilateral hypoacusis and loss of balance, resistant to steroids. Antibiotic therapy resolved pneumonia; granulokine treatment normalized the white blood cell count. Aware of the possibility of of PML as a side effect of the treatment, brain serial RM examinations were performed, showing aspecific gliosis. Lumbar puncture was negative for JC virus, aethiologycal agent of PML. No paraneoplastic marker was positive. After a few monthes bilateral optic atrophy developed, neurologic symptoms worsened with progressive clinical deterioration. She developed left ocular herpes and herisipela, Clostridium difficile diarrhea and lastly she died. Permission for necroscopy was denied.
Conclusions: Brain biopsy is imperative to make a PML diagnosis. The fatal course of this case was strongly suggestive for PML, although diagnosis wasn't possible, without brain examination. It will remain a question mark.

(Needle) Length matters

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Background and Objectives: Correct insulin injection technique is critical for optimal control of diabetes. Insulin should be injected into the S/C space. Recent guidelines advocate the use of shorter length pen needles (4, 5 or 6mm). Our aim was to analyse the effects of switching from a longer needle to a 4mm one, on glycaemic control and quality of life.
Materials and Methods: A total of 57 insulin-treated type2 diabetics attending our Diabetic Clinic were followed up for 4-11 months after switching from an 8mm (30pts), 6mm (20pts), or 5mm (7pts) penneedle to a 4mm (all 32G).
Correct injection technique was assessed and HbA1c was measured at baseline and at usual follow-up clinic appointments. Patient preference and development of lypohypertrophy were also recorded.
Results: Glycaemic control assessed by HbA1c showed an overall difference in favour of the 4mm needle: mean HbA1c at baseline 8.57%, at first follow-up 8.13%, a reduction of 0.44% (see detail on pie chart). 100% of patients preferred the shorter needle due to less pain and/or easier injecting technique. No newly developed lypohypertrophy was found on follow-up.
Conclusions: Our data showed that the switch to a shorter length pen needle was associated with an overall mean reduction in HbA1c of 0.44%. All patients reported a higher preference for the shorter needle, and no new occurrence of lipohypertrophy was observed.

Stroke: does sex matter? Data from FADOI Tuscany Stroke Registry

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Background: Cerebral vascular disease differs in epidemiology, pathophysiology and clinical features between genders, due to physiologic and socio-psychologic differences between males and females.
Materials and Methods: Data from FADOI Tuscany Stroke Registry, collecting 749 stroke cases from 28 Neurology and Internal Medicine Departments in Tuscany were analysed.
Results: Registry data show that women are on average older (79.3 *vs.* 73.6 y, p <0.001) and suffer strokes of greater severity, expressed as NIHSS on admission and NIHSS and RANKIN score on discharge, they also show greater disability on admittance due to cognitive impairment (p <0.001). Regarding risk factors, women are more frequently affected by hypertension and atrial fibrillation than men, while men show higher prevalence of multidistrict atherosclerosis, along with literature. Concerning stroke etiology, men have a greater number of cerebral bleedings (15.6% *vs.* 9.6%, p 0.04) while women show a higher prevalence of cardioembolism, but the latter difference is not significant (p 0.17) unlike international data. On discharge women need more often home help and are more frequently transferred to long-term care hospital or nursing homes, while they access less frequently in-patient or day-care rehabilitation (p 0.06).
Conclusions: Our data confirm strokès worse impact on women's health compared to men's one, concerning severity of disease as well as disability on discharge. This is probably due to both clinical and social factors, such as lack of a care-giver and need for further in-patient assistence.

La trombolisi *rescue* ovvero quando il *drip and ship* fa la differenza

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Premesse: La trombolisi loco regionale rappresenta una possibilità terapeutica aggiuntiva per i gravi stroke ischemici, nei casi di fallimento della intravenosa. èpossibile solo in Centri con Radiologia " pertento necessaria l'implementazione del modello Hub and Spoke.
Materiali e Metodi: Descriviamo 2 casi in cui la metodica ha permesso un'efficace terapia dell'ictus e il recupero quasi completo dell'integrità neurologica. Entrambi i casi sono giunti alla nostra osservazione tempestivamente, con elevato NIHSS e senza controindicazioni alla trombolisi sistemica.
Risultati: E. A., M 70 anni, afasico e con emiplegia sx (NIHSS 21). Non beneficio da alteplase ev 0.9 mg/Kg. Segni indiretti di occlusione della basilare a ECD. Inviato alla neuroradiologia di compentenza a 50 km di distanza, viene sottoposto a retrazione meccanica del coagulo, con remissione totale del deficit neurologico.
S.M., M 65 anni, NIHSS all'ingresso 14, iperdensità della ACM dx alla TAC. Nessun miglioramento con rt-PA. Occlusione della ACIdx a ECD. Inviato nello stesso centro, viene posizionato stent in ACI ds ed effettuata retrazione meccanica del trombo in ACM, senza complicanze e progressivo miglioramento fino a NIHSS 4.
Conclusioni: I 2 casi sottolineano la necessità di un'organizzazione a rete per il trattamento dello stroke secondo il modello Hub and Spoke. Fattori decisivi per il successo: la tempestività e il rapido riconoscimento dei pazienti candidabili. Utile l'ECD bed-side, non previsto dai protocolli per la corretta selezione dei pazienti.

Thoracic outlet syndrome

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Introduction and Purpose of the experiment: We present a case of a 63 year-old man suffering from turgidity in the right superior limb after straining with an anamnesis of Thoracic Outlet Syndrome (TOS).
Procedures used: In the hospitalization the patient was submitted to: several ECG within the limits; haematocrit test: within the limits; markers for primary thrombophilia: presence of factor V Leiden, homozygous MTHFR with hyperhomocysteine; markers for secondary trombophilia: within the limits; thoracic X-ray: within the limits; TT echocardiography: normal function, (FE 70%), right section within the limits, absence of pericardial effusion; venous color Doppler lower

limbs: perviety of superior vein; venous color Doppler upper limbs: thrombotic occlusion of the right on the right humeral subclavian axillary area; TSA echo Doppler: within the limits; CT thoracic angiography+upper extremity: right subclavian thrombosis, pectoral hyperthrophy, bilateral pulmonary micro-embolism; superior chest angioRM with hyperabduction test: thrombosis of the right subclavian region and compression during hyperabduction test.
Observation, Data and Results: LMWH and warfarin therapy until INR is optimized. In the hospital discharge we noticed detumescence in the right upper extremity. The patient will undergo angiologic ambulatory care.
Conclusions: The Authors showed a TOS case report with venous thrombosis of the right homer-subclavian region after physical activity associated with costo-clavicular compression.

Loco-regional fibrinolysis associated with mechanical thrombectomy and renal function. "Fitromer" study: comparative analysis with Student test for continuous variables in 30 patients with venous thromboembolism. Triennial experience (2010-2012)

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Introduction and Purpose of the experiment: "FITROMER" study, acrostic of "FIbrinolysis loco-regional associated with Mechanical THRombectomy and Renal function", enrolled 30 patients with massive pulmonary embolism hospitalized between 2010-2012. We calculated pre-lysis and post-lysis MDRD-GFR in all the patients. We carried out a comparative analysis for Student "t" test in order to check if there is a significant relationship between pre-lysis and post-lysis MDRD-GFR scores. This study has the following goals: to test any association between pre-lysis and post-lysis MDRD-GFR scores; to check its statistical importance by applying the Student "t" for comparative analysis.
Procedures used: In 30 patients we compared pre-lysis and post-lysis MDRD-GFR scores. We used Student "t" test to determine the relative value (VR) of "t" according to the following formula: $t=(M1-M2)/\sqrt{DS1^2/N1+DS2^2/N2}$.
Observation, Data and Results: Student's "t" test shows a significant correlation ($p<0,001$) between the two variables (pre-lysis and post-lysis MDRD-GFR Scores). So the "t" score is 4,34 and the "t" VC (critical value) for $p=0,001$ is 3,659 with GL=29.
Conclusions: These data reveal how the variation of pre-lysis and post-lysis MDRD-GFR scores shows a positive correlation according to Student "t" test. This study is significant due to the efficacy of loco-regional fibrinolysis associated with mechanical thrombectomy affecting the renal function of patients with massive pulmonary embolism.

Efficacia della terapia di fondo con bosentan nelle ulcere sclerodermiche

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La Sclerodermia è una malattia sistemica del tessuto connettivo in cui disfunzione del microcircolo,alterazione della funzione immunitaria e fibrosi massiva conducono alla compromissione di numerosi organi ed apparati. Le Ulcere Digitali rappresentano una delle complicanze più invalidanti per i pazienti affetti da sclerodermia. L'intenzione è quella di valutare la safety e l'efficacia di bosentan nel trattamento delle UD. In questo studio osservazionale sono state incluse 6 pz. con sclerodermia che presentavano UD in fase attiva o avevano avuto una storia di ulcere negli ultimi 2 anni. Il gruppo di studio era costituito da donne e per tutte è stato usato bosentan al dosaggio standard di 62,5 mg bis/die per poi passare dopo 28 giorni alla dose di mantenimento di 125 mg bis/die. Il monitoraggio ha avuto una durata di 28 mesi e la valutazione dell'efficacia di bosentan è stata effettuata ogni 6 mesi. Rispetto al baseline bosentan ha ridotto in maniera significativa il numero delle lesioni e migliorato la funzionalità. Nei controlli successivi, di volta in volta, si é evidenziata una riduzione della frequenza degli episodi di Raynaud, una diminuzione della durata degli attacchi ed un significativo decremento del numero di lesioni. Nel corso dell'osservazione clinica si è avuto un netto miglioramento della sintomatologia dolorosa associato ad un basso valore del punteggio della VAS. Lo studio ha dimostrato che bosentan è ben tollerato e efficace nel prevenire il recidivarsi delle ulcere digitali. Inoltre riduce la frequenza degli episodi di Raynaud, l'intensità e la durata degli attacchi.

Gender, cognitive decline and atrial fibrillation: findings from ATA-AF study

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Objective: We evaluate the correlation between gender, cognitive decline and atrial fibrillation (AF) for patients enrolled.
Methods: Data from the Multicentric Observational study ATA-AF were analyzed in the patients hospitalized for atrial fibrillation (AF) and enrolled from 2010 May to 2010 Jule.
Results: In this study, we enrolled 7148 patients (53% man; 47% woman) with primary AF or AF nonvalvular and mean age of 77 yr. The clinical data and the differences between gender reported in table.
Conclusions: There were significant differences in cognitive decline between woman and man (13.1 *vs* 8.0, respectively, $p<0.0001$). However, there were significant differences in CHADS2 (50% *vs* 42.6%, respectively, $p<0.0001$), in CHA_2DS_2-VASc score (75.4% *vs* 24.5%, respectively, $p<0.0001$), and in the antithrombothyc therapy (36.5% *vs* 31.9%, respectively, $p<0.003$) between woman and man, respectively. The larger prevalence in cognitive decline and the larger CHA_2DS_2-VASc score in woman could influence prognostic risk stratification for the eligibility of the antithrombothyc therapy in this gender.

Sleep disorders, comorbidity and gender

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Objective: The purpose of this study was to examine the relationship between sleep quality, comorbidity and gender in 250 elderly inpatients *vs* 250 elderly outpatients.
Methods: In this study we enrolled 250 hospitalized elderly patients (mean age of 75 yr) and 250 non hospitalized elderly patients (mean age of 77 yr) followed from November 2012 to February 2013. All patients completed questionnaires assessing sleep quality, comorbidities, and depressive symptoms. Written consensus was achieved by partecipants.
Results: More than half of the participants (55%) were "poor sleepers" according to the Pittsburgh Sleep Quality Index with cutoff >5. Poor sleep quality, after controlling for covariate, was found to be more common in elderly males inpatients *vs* outpatients (11.00 *vs* 22.00 respectively; $p<0.001$), and is not associated to depressive symptoms (according to the Geriatric Depressive symptoms with cutoff >5) in each group. No differences were reported in Comorbidity score.
Conclusioni: These results suggest that poor sleep quality is common in elderly patients. In particular, sleep disorders are common in elderly hospitalized males. These findings emphasize the importance of screening new patients for sleep problems, making a referral to a sleep medicine specialist if appropriate, and suggesting sleep hygiene strategies. The educator can play a key role in assessing sleep and providing easy to implement interventions to improve sleep hygiene.

✪ Gender and atrial fibrillation: preliminary results from ATA-AF study

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Objective: We evaluate the correlation between gender and atrial fibrillation (AF) for the enrolled patients.
Methods: Data from the Multicentric Observational study ATA-AF were analyzed in patients hospitalized for atrial fibrillation (AF) and enrolled from May to July 2010.

Results: In this study, we enrolled 7148 patients (53% male; 47% female) with primary AF or nonvalvular AF and mean age of 77 y. The clinical data and the differences between gender are reported in Table.
Conclusions: Differences between females and males are significant. In particular, the prevalence of "lone AF" was higher in man; the prevalence of valvular AF was increased in females, and, the prevalence of coronaropathy was higher in man. Similarly, they were significant differences between CHADS2 subgroups in females and males (50% *vs* 42.6%, respectively; p<0.0001); in the antithrombothic therapy (36.5% *vs* 31.9%, respectively; p<0.003) and in cognitive decline (13.1 *vs* 8.0, respectively; p<0.0001).

Central nervous system involvement in sarcoidosis: are corticosteroids sufficient as initial treatment?

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Sarcoidosis involves Nervous System (NS) in 5-13% of cases. Although corticosteroids (CS) represent the first choice, standardized regimens are lacking, and estimates of response vary from 30 to 80%. We report of three cases of NS who received CS alone as initial treatment. Extensive clinical and NMR CNS involvement was present. In Case 1 (43 y.o.) seizures, cognitive deficits, tetraparesis and hypopituitarism were associated with NMR picture of CNS diffuse vasculitis. In Case 2 (75 y.o.) seizures, bitemporal hemianopsia, hypopituitarism, hypoacusia, hypersomnia and cerebellar ataxia were associated with diffuse leptomeningeal involvement, cranial neuropathy (VIII), soprasellar mass and multiple hyperintense white matter lesions. In Case 3 (76 y.o.) cognitive and behavioural abnormalities correlated with involvement of hypothalamus, hypophysis and diffuse vascular, perivascular and meningeal brainstem, frontobasal, periventricular enhancement. Treatment with methylprednisolone 1 mg/kg/die was evaluated clinically and with NMR after 5-7 weeks. Response was observed in all. In Case 1 marked NMR improvement with partial clinical recovery was shown. Methotrexate was added with little benefit. In Case 2 there was incomplete clinical and NMR response. Full clinical and NMR recovery was observed in Case 3 (isolated NS). Our observations agree with literature showing that, excepted in minor CNS disease, CS alone inconstantly induce complete recovery. Future studies will evaluate indications to initial aggressive immunosuppressive therapy and define treatment regimens.

Association between mitral valve prolapse and chronic autoimmune thyroiditis

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Objectives: In order to evaluate a possible common denominator between Mitral Valve Prolapse (MVP) and Chronic Autoimmune Thyroiditis (CAT) we have studied nailfold capillary abnormalities in pts. with MVP and we tested all the pts. for CAT.
Patients and Methods: Our study included 23 consecutive and non selected pts. Hospitalized (from January to December 2012) in our Unit with MVP. They were divided into two groups: 8 pts. (7 F-1 M) mean age 38.8±11 years with anatomic mitral prolapse (AMP) and 15 pts. (11 F-4 M) mean age 33.1±11 with functional valve prolapse (FVP). All participants underwent assays for serum TSH, Ft3, Ft4, TgAb, TPO Ab, thyroid ultrasonography and autoimmunity screening. All the subjects enrolled in the study underwent a nail fold capillaroscopy. The results have been compared to those obtained in 20 healthy euthyroid subjects.
Results: Capillaroscopy abnormalities were found in 20 pts. (87%) suffering from MVP, whilst a normal capillaroscopic pattern was present in only three pts. (13%). Capillaroscopy abnormalities were found in all the 10 pts. suffering from MVP and CAT. The nailfold capillaroscopy showed: Avascular areas: (score 2) in 2 pts. with AMP in one pts. with FVP, score 0 in control group (p<0.01). Tortuosity: (score 2) in 6 pts. with AMP and 2 with FVP and score 1 in control group (p<0.01). Enlargement: score 2 in 5 pts. with AMP, 3 pts. with FVP, *vs.* 1 in control group (p<0.01). Microhemorragies: score 2 in 4 pts. with AMP and 3 pts. with FVP *vs.* 0 in control group (p<0.001). 10 pts. (43%), 2 with AMP and 8 with FVP showed chronic autoimmune thyroid disease.

Nail fold capillary microscopy is associated with disease duration in primary Sjogren's syndrome

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Objectives: to study the role of capillaroscopy in Sjogren's Syndrome (SS).
Methods: we included in the study 54 patients (53 F-1 M) with primary SS, according to the American-European criteria, mean age 46,4±13,8 years and mean disease duration of 106,9±1,4 months, and all clinical data were carefully analyzed. Nail fold capillaroscopy was performed using a Videocap 3.0 (DS Medica) with magnification 200x.Comparison of the capillaroscopic parameters was made with 50 age and sex matched healthy controls without history of Raynaud's Phenomenon (RP).
Results: In 35,1%(19/54) of the patients with SS, RP was present. The mean capillary length in SS patients (0,239±0,008 mm) was found to be significantly higher as compared with healthy controls (0,210±0,09 mm,p<0,05).The mean capillary density was significantly lower in SS patients (8±1 capillaries/mm) as compared with healthy controls (10,2±0,06 /mm,p<0,05).Hemorrhages were found in 18 SS pts (33,3%) *vs* 6 healthy controls (12% p<0,003). In SS patients, capillaries with morphological abnormalities, ectasic loops, were found in 48,2% (26/54). Among the SS pts (26/54) with severe capillaroscopic abnormalities,21 SS pts had disease duration >120 months and the duration of RP was also associated with the severity of avascularity.
Conclusions: In SS patients a significantly higher mean capillary length and mean lower capillary density was found as compared with controls. Nail fold capillaroscopy revealed characteristic changes in SS patients both with and without RP.

Nail fold capillaroscopic analysis of effects of iloprost on new digital ulcers in patients with systemic sclerosis

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Objectives: The aim of the study was to evaluate, by nail fold capillaroscopy, the effects of iloprost on the microvascular damage of SSc patients.
Methods: We included in the study 14 (12 F-2 M) unselected consecutive pts with SSc admitted in our unit during 2012 for new digital ulcers. They had mean age 51.2 years (range 13-84),disease duration 12.2 years±7.5 (range 1-24). All met the preliminary American College oh Rheumatology classification criteria for SSc, 10 pts with Limited cutaneous SSc,, 4 with Diffuse cutaneous SSc. Nail fold capillaroscopy was performed using a Videocap 3.0 (DS Medica) with magnification 200x at study baseline (T0) and every 3 months (T1) and 6 months (T2).All the patients were treated with intravenous iloprost (40 µg/ day) in cycles of 5 consecutive days and one intravenous infusion every 14 days.
Results: Active digital ulcers healed in all 14 patients within an observational period of 2,80 months (min 1,max 6 months).At baseline (T0) the late NVC pattern was present in 3 pts (21,5)%),the active pattern in 8 pts (57%) and the early pattern in 3 pts(21,5%).At the end of the follow-up (T2) the number of capillaries/mm was higher than To (7,83±0,38 *vs* 6,71±0,52 mm)) 1 pts shifted from the late to the active pattern. At T1 we observed a statistically significant progressive increase of capillaries /mm and progressive increase of capillary ramifications.
Conclusions: these results suggest a reduced progression of the microvascular damage together with larger extent of reactive neo-angiogenesis.

Bosentan for digital ulcers in patients with systemic sclerosis

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Objectives: To assess the variation of digital ulcers number in SSc patients receiving a combined therapy with prostanoids and endothelin receptor antagonist.
Methods: Data were collected retrospectively from patients with DU, with and without pulmonary arterial hypertension, who were initiating bosentan and prostanoid's therapy in 2004 (8 patients), in 2005 (6 patients), in 2006 (4 patients), in 2007 (10 patients),in 2008 (10 patients) and followed until December 2012. Relevant measures included number of DU, occurrence of new DU, overall DU clinical status: improved, stabilized, and worsened. We explored associations of disease subset, antibody profile, organ involvement, season.
Results: 38 patients (29 F and 7 M) with SSc and DU were included. PAH was also present in 7 patients (18,4%). At the start of combined therapy (bosentan+iloprost), the median number of DU was 3.0. More Digital Ulcers were present at the end of the cold season from February to May (p 0,036). 32 patients (84,2%) improved, in these patients digital ulcers healed within an observational period of 2,80 months (min 1,max 6 months), 3 patients (7,8%) stabilized, 3 patients (7,8%) had soft tissue infection requiring antibiotics, followed by gangrene and finally by surgical amputation. At 24° month of combined therapy 24 patients (63,1%) did not develop any new DU, after the follow-ups at December 2012: 3 patients were died for PAH, only 2 pts (7,2%) had active digital ulcers and only Diffuse SSc, SCL-70 and lung fibrosis are significantly associated with DU.

The use of nail fold capillaroscopy in our clinical practice

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Nail fold capillary microscopy is a useful non invasive tool to evaluate micro vascular involvement, and is the most reliable method to distinguish between primary and secondary Raynaud's phenomenon (RP).
Objective: To describe our single centre experience in the use of nail fold capillaroscopy.
Methods: Review of the all nail fold capillaroscopies done in our centre between January 2009 and December 2012. Nail fold capillaroscopy was performed using a Videocap 3.0 (DS Medica) with magnification 200x.
Results: 3978 nail fold capillaroscopies were made in patients who had RP (89% females,11% males).The mean age of these patients was 48,2 (range 5-79) years. In 227 pts (5,7%) was found the scleroderma pattern:82 (36,1%) could be classified as having early pattern,102 (44,9%) as having active pattern,43 (19%) as having late pattern. Others 272 pts (6,8%) were classified as having secondary RP fitting the classification of a specific rheumatic disease:84 (LES),58 (Sjogren's Syndrome),74 (RA),26 (MCTD),30 (UCTD).In 404 pts(10,1%)were found some capillaroscopic abnormalities (hemorrhages and dilated and winding capillaries) and were classified as suspect secondary RP without yet fitting the classification of a specific rheumatic disease. 3075 exams (77,4%) were considered normal capillaroscopies and corresponded to patients that did not have any diagnosed disease (primary RP).
Conclusions. Nail fold capillary microscopy is a very useful method in the early diagnosis of some CTDs.

Bedside transthoracic ultrasound and anteroposterior chest x-ray in the clinical management of patients with acute dyspnea: a multicenter study

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The aim of the study was to evaluate the role of bedside transthoracic ultrasound (TUS) in association with chest radiography (X-ray) in the differential diagnosis of patients with acute dyspnea. We studied 355 patients (217 male,138 female) with acute dyspnea. A TUS with a convex probe and an anteroposterior chest X-ray were performed in all the subjects at bedside. All the US machines was setted for transthoracic study. The ultrasound patterns considered were: pleural effusion, pleural line thickening, subpleural nodule and consolidation. The percentage of the different causes of dyspnea assessed using TUS and X-ray and compared to the definitive diagnosis was evaluated. There was a statistically significant difference in the percentage of pleural effusion and pulmonary consolidation assessed by US (100% and 93.4%), compared to X-ray (35% and 42.6%). Among the different causes of consolidation, we found a significant difference in the percentage of pneumonia detected by TUS (100%) and by X-ray (33.3%). Nevertheless, inflammatory subpleural consolidation was detected in 11/33 patients with pulmonary fibrosis and 9/30 patients with COPD exacerbation using TUS method, compared to none using X-ray. Our results demonstrate that TUS represents a useful complementary tool, in association with chest X-ray, in the differential diagnosis of acute dyspnea. Moreover, TUS has a higher sensitivity, compared to X-ray, in the detection of pleural effusion and pneumonia, as well as of subpleural consolidation in patients with pulmonary fibrosis and COPD exacerbation in the acute setting.

Use of risk scores in acute ischemic stroke patients to predict hemorrhage after thrombolysis

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Background: Intravenous thrombolysis improves functional outcome and reduces mortality in acute ischemic stroke. However, this treatment is burdened with a potential risk of serious complications as intracerebral hemorrhage.
Methods: 250 selected patients (SITS-MOST criterial) were treated with intravenous rTPA between 2004 and 2012. We aimed to see the applicability of three risk scores (SEDAN score, iScore, SITS risk score) to our patients to predict hemorrhagic risk after thrombolysis.
Results: These risk scores are easily usable in our case record and may help to predict poorer outcome and elevated risk of death. The risk scores are based on easily accessible baseline variables (age, sex, glucose level and systolic blood pressure on admission, weight, history of hypertension, congestive heart failure, atrial fibrillation, antiplatelet therapy, preadmission disability, cancer, renal dialysis) associated with NIHSS and CT scan at admission.
Conclusions: In view of elevated risk of neurologic deterioration and death associated with intracerebral hemorrhage in acute ischemic stroke patients treated with intravenous thrombolysis, the risk scores may help to identify patients at high as well as low risk of intracerebral hemorrhagic transformation after intravenous rtPA.

✪ Intracranial hemorrhages in acute ischemic stroke patients treated with intravenous thrombolysis

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Background: Nearly 196000 strokes occur per year in Italy and 80% of all strokes is ischemic in origin. Stroke is the leading cause of disability among adults. Thrombolytic treatment with intravenous tissue plasminogen activator (rTPA) is an effective treatment for acute ischemic stroke. The major complication of thrombolytic therapy is hemorrhage. Symptomatic intracranial hemorrhage occurs in 1.7 to 8.0% of treated patiens,
Methods: We report 250 consecutive selected patients (SITS-MOST criteria) treated with intravenous rt-PA at the standard dose of 0,9 mg per kilogram, with 10% given as a bolus and the remainder infused

over a 60 minute period. Neurologic examination with the use of the NIHSS and CT scan were performed on admission and at 24 hours. After the administration of rt-PA, the patients were admitted to a specialized stroke unit for monitoring and additional workup.
Results: In our case record the incidence of intracerebral hemorrhage is low in accordance with the current literature. A complete recovery at 3 months (mRS scale) after the ischemic stroke was present in 60% of the patients. Hemorrhagic transformations are associated with poorer outcome at 3 months (modified Rankin Scale 2-6).
Conclusions: Close selection of patiens is mandatory to reduce the hemorrhagic risk, in view of unfavourable outcome and elevated mortality.

Prevalence of diabetes in hospitalized medical patients treated with clomipramine

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Introduction: Diabetes Mellitus (DM) and depression are both widely diffused among adult population. We analyzed our clinical record data to evaluate an association between clomipramine treatment and glucose intolerance.
Methods: Analysis of medical records of all patients admitted to our Medical Division between January 2005 and December 2006 was performed to identify the prevalence of DM and depression.
Results: Of 1995 patients admitted to our Department 154 (7.7%) had DM and 525 (26.3%) had depression; 15 of those with DM were under treatment with clomipramine (9.7%).
DM prevalence was significantly higher in patients treated with clomipramine than in patients not treated [odds ratio 3.5, (1.9 to 6.4), p<0.0001]. Age and body mass index (BMI) were both significantly higher in DM subjects of both groups (p<0.001). Women treated with clomipramine were significantly more than men (male/female ratio=0.42, p<0.005 *versus* untreated).
Discussion: DM is a frequent condition in general population. In our reference population prevalence is about 4.9%. Depression is also very often present in hospitalized patients, particularly with chronic and disabling conditions.
In our study patients clomipramine treatment is strongly associated with DM independently by age and BMI. A clear, but not significant trend for female sex was noted in this group. In this retrospective review we could not establish whether clomipramine treatment had been started before the appearance of overt DM, thus a possible causal role needs to be investigated in a prospective way.

Tuberculous lymphadenitis worses the glycemic control of type 2 diabetic patient

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A 71-year-old Caucasian female presented with weight loss and worsening of glycemic control in type 2 diabetes mellitus (DM)(HbA1c 11%), treated with metformin and sulfonylurea. The physical examination revealed a swollen painless hard supraclavicular mass, in the left side of her neck, with a diameter of 5 cm. She reported having a small and soft mass in the same area since almost 40 years. No recent history of cough or fever. Neoplastic markers were negative. We performed neck ultrasound that revealed multiple lymphadenomegaly in supraclavicular area. Fine-needle aspiration (FNA) initially revealed epithelioid cell granulomas, histiocytes and some lymphocytes. Mantoux test was positive (>10 mm). Ziehl-Neelsen staining of the FNA was negative. The culture from the aspirate grew out Mycobacterium tuberculosis. The computed tomography excluded pulmonary involvement. A diagnosis of tuberculous lymphadenitis (scrofula) was made, and the patient was started on antituberculous therapy. To improve the glycemic control the sulfonylurea was suspended and insulin therapy was started in association with metformin. After six months HbA1c was 7.1%. Cervical lymphadenitis is the most common head and neck manifestation of mycobacterial infections. The incidence of mycobacterial cervical lymphadenitis has increased. It may be the manifestation of a systemic tuberculouis or a unique clinical entity localized to neck. It remains a diagnostic and therapeutic challenge because it mimics other pathologic processes. DM is a known predisposition factor for tuberculouis.

Insulin therapy in a case of Ehlers-Danlos syndrome type IV

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Ehlers-Danlos syndrome(EDS) type IV, the vascular type of EDS, is a rare inherited autosomal dominant connective tissue disorder, defined by characteristic facial features, translucent skin with highly visible subcutaneous vessels on the trunk and lower back, easy bruising, and severe arterial, digestive and uterine complications. The vascular complications may affect all anatomical areas, with a tendency toward arteries of large and medium diameter. In our knowledge this is the first report about subcutaneous insulin therapy in EDS. We report the case of 37 years caucasian woman with EDS type IV and newly diagnosed form of diabetes mellitus. The HbA1C at the onset was 14%, with persistent severe hyperglycemias. The patient refused to be admitted to hospital and to start insulin therapy. The cutaneous tissue in EDS is abnormally thin and fragile, and patients are prone to ecchymoses and haematomas. So the subcutaneous insulin absorption was unpredictable in our patient. Autoantibodies anti GAD and IA2 were negative. The basal and postprandial c-peptide was suggestive of good pancreatic secretory function. So we started repaglinide and metformin along with hypoglycemic diet. After 3 months, persisting severe hyperglycemias, we decided to start insulin lispro therapy at the principal meals. No hypoglycemias were observed. Despite of the slowly increasing of the insulin dose, we didn't assist to a satisfactory improvement of glycemic control. Then we introduced 50/50 premixed insulin at the breakfasts, assisting to a progressive normalization of glycemic values.

Usefulness of the Day-Hospital in the internistic management of patients with severe anorexia

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Introduction: The ASL 10 of Florence has a multidisciplinary outpatient service for eating disorders. The most severe cases (severe malnutrition, hypokalemia, hypothermia, rapid weight loss or poor compliance of the patient and/or family members) are admitted to the Day Hospital (DH) of the internal medicine unit of Serristori Hospital (Figline V.no) with the aim of correct metabolic imbalances and raise awareness of the disease to the patient and family. The authors report the clinical experience of the year 2012.
Results: 12 patients (11 F and 1 M) aged 21.5±7.5 years (range 16-44) were admitted to DH; 2 of them also needed hospitalization as inpatients (1 for marked bradycardia and 1 for particularly severe malnutrition). The BMI on admission was 16.4±1.7 (13.8 to 19.1). One patient abandoned the treatment after 7 days. The remaining patients were followed for 82±130 days with an average number of accesses to DH of 34 (7-125). All were treated with saline, 5% glucose and parenteral nutrition by peripheral venous infusion. One patient also received iron therapy and 3 infusion of KCl. All patients and families received psychological support. On discharge, the BMI was 17.0±1.6 and was increased in 7, unchanged in 2 and decreased in 2. The global clinical judgment showed improvement in 10 and unchanged in 1.
Comment: In the patients with severe anorexia, our experience shows the usefulness of a recovery period in a DH service to address in an incisive manner the state of malnutrition and psychological distress.

Ectasia venosa antrale gastrica (GAVE) e sclerosi sistemica progressiva (SSP)

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Donna di 71 anni: ipertesa, IRC lieve, pregresso IMA inferiore, FA in TAO, portatrice di PM, isteroannessiectomia, recente mastectomia de-

stra per K. Gennaio 2012: comparsa di anemia sideropenica con quadro endoscopico di GAVE. Sospesa TAO, sottoposta a legatura di tre cordoni ectasici, stabile al controllo a un mese. Gennaio 2013: anemia marcata (Hb 7.9 g/dL, MCV 85 fL) in recidiva endoscopica di GAVE. Eseguita un'unica seduta di trattamento con argon-plasma; stabile risultato al controllo successivo. TC addome: escluse cause associate a GAVE (ipertensione portale, anomalie dei vasi mesenterici, neoplasie). Rilievo di sclerodattilia e desaturazione in aria ambiente che hanno portato alla ricerca di possibile patologia autoimmune associata, come segnalato in letteratura[1]. ANA positivi (1:640) con pattern nucleolare. Capillaroscopia: iniziale pattern sclerodermico. TC torace HR: lieve fibrosi polmonare. DLCO: moderata riduzione del transfer alveolo-capillare.
Diagnosi: SSP iniziale con prevalente coinvolgimento gastrico.
Conclusioni: La GAVE può essere la prima manifestazione della SSP e varianti (CREST/REST). I pazienti che non presentano cause secondarie di GAVE dovrebbero essere indagati per la ricerca di SSP[2]. Segnalati 16 case-report simili in letteratura, 14 donne. Nella maggior parte dei casi la diagnosi di SSP è presente da tempo, in altri il quadro endoscopico anticipa la diagnosi di diversi anni[3]. La GAVE dovrebbe essere sempre sospettata in pazienti affetti da SSP con anemia sideropenica[4].

The assessment of nutritional risk: revision project of a hospital protocol of nutritional screening

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Background and Purpose of the study: Since 2003, in the Busto A. Hospital, the nutritional risk identification procedures are standardized and are integral part of the nursing chart. However, the presence of higher numbers of geriatric patients, has modified the target population, making the hospital's screening test often inadequate. The project intends to carry out a critical review of the hospital protocol aimed to identify the criticalities of its test using as comparison the Simplified Mini Nutritional Assessment (SF-MNA) and assessing the correlation between both tests scores with the biochemical indexes of malnutrition.
Materials and Methods: 100 patients (41 males and 58 females, mean age 80) afferent to the Medical Department aged more than 65 years have been enrolled. At the admission the nutritional risk has been assessed using both the hospital test and the SF-MNA and the biochemical indexes albumin and lymphocytes have been tested.
Results: While a correlation between the scores of the SF-MNA and the parameter albumin has been observed, on the contrary no significant correlation of the hospital test with nor of the two biochemical parameters selected for the study has been detected.
Conclusions: The study highlighted many instrumental and cultural criticalities that can lead to an underestimation of the true risk of malnutrition using the hospital protocol and have confirmed the necessity to perform a revision of the screening procedures in order to adapt them to the actual profile of the hospital population.

The surgical post-acute patient in a Medical Division. An organizational and nursing approach

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Background: The creation of post-acute areas tries to give an answer to an increased length of stay for clinical stabilization and rehabilitation of fragile elderly patients. The PAL (Piano Attuativo Locale) for 2010 activated an area for surgical post-acute patients (6 beds) inside the Medical Division of Gemona del Friuli Hospital.
Materials and Methods: This area of post-acute care is part of a ward organization that use a clinical care complexity model. It requires a case manager nurse (CM) as coordinator of multi-disciplinary planning and management of discharge. The team is also composed of: ward nurse, medical doctor, OSS, physiotherapist,"territorial nurse". Evaluation of the access request includes: clinical criteria (CIRS scale and SPMSQ); nursing care criteria (Barthel and Norton scale); need for rehabilitation. The post-acute target is clinical stabilization and functional recovery, with a therapeutic-nursing-rehabilitative plan shared with patient/caregiver.
Results: The study population was 77 patients (36 M, 41 F, mean age 74.8 years, mean length of stay 11 days). Main outcomes of nursing care: assessment of self-government degree (patients improved >90%), bedsores, type of discharge (77.9% discharged at home, 19.5% discharged in RSA).
Conclusions: The length of stay achieving the expected time (21 days) and the improvement of nursing outcomes are an effect of a multiprofessional integration. The particular care to surgical post-acute patients by medical division nurses has allowed us to acquire new skills as a part of a personal and professional growth.

Atypical trigger of asthma

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A 37-year-old nullipare, obese, mild-smoker, non-atopic women was admitted to the Pulmonology Unit complaining of worsening of chronic wheezing dispnoea. She reported an atypical onset of wheezing interpreted as asthma two years before, which became gradually persistent and hardly controlled by inhaled therapy, with occasional need of systemic steroid therapy. At admission, there were mild hypoxemia and neutrophilia without eosinophilia. Chest CT showed no abnormalities. Spirometry showed peripheral airway obstruction and bronchial reversibility to salbutamol; transfer of CO was at the lower limit. Skin reactivity to the major respiratory allergens was negative. Total IgE was increased. Parasitological examination of stools, serology for atypical germs and beta-glucan were negative. Lupus Anti Coagulant (LAC) positivity was highlighted. The perfusion lung scan showed "widespread and marked heterogeneity of perfusion bilaterally, with perfusion deficits with morphological vascular-like aspect in the lower lung fields". The d-dimer was normal. No US finding of deep venous thrombosis. This case contributes to show the complex cross talk between asthma, inflammation and procoagulability. Asthma related inflammation alters the balance between procoagulant and anticoagulant activities in the airways, being associated with a procoagulant environment. However, the presence of thrombophilic conditions might trigger an asthmatic status because of the release of factors that can promote bronchoconstriction, oedema and tissue remodeling during local coagulation and thrombosis.

Pulmonary thromboembolism in a young woman with pneumonia

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Introduction: Pulmonary embolism (EP) and pneumonia may co-exist and given overlapping clinical features there is considerable potential for confounding these diagnoses.
Case report: a 30 year old female was admitted for fever, right chest pain, productive cough and haemoptysis. Tabagism and oral contraceptives were reported. No family history of venous thromboembolic disease (VTE). On examination, she was febrile, normal blood pressure, ECG, pulse, respiratory rate and arterial blood gas. There were no clinical signs of a deep venous thrombosis (DVT). Chest x ray revealed right basal pulmonary opacity. Laboratory test showed neutrophilic leukocytosis, VES 105 mm/h, PCR 151 mg/dl. Culture and sputum cytology, PCR/biological BK research, Legionella and Pneumococcal urinary antigen, HIV, cancer biological markers, autoantibodies and hemocultures were negative. For the persistence of hemoptysis after antibiotic therapy, contrast-enhanced spiral CT was performed and revealed right pneumonia with bilateral EP. D-dimer was high and the thrombophilc screening showed heterozygosity for G20210A prothrombin mutation. Echocardiography and troponin I were normal. Venous ultrasonography showed left leg DVT. Low risk EP was diagnosed and after oral vitamin K antagonist a progressive improvement was observed.
Conclusions: In the presence of risk factors for VTE clinicians should have a low threshold for suspicion of EP in patients with acute respiratory symptoms, even if an alternative diagnosis is evident. Accurate diagnosis of EP is important as mortality is substantial without treatment.

A rare association fit for different diagnosis: hypereosinophilia and neuropathy

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Causes of hypereosinophilia include idiopathic hypereosinophilic syndrome (HES), allergic, parasitic disorders, solid and hematological malignancies, HIV infection and primary systemic vasculitides. Peripheral neuropathies are well-known complications of systemic vasculitides, mainly in Churg-Strauss syndrome (CSS) but CSS shares many clinical features with other hypereosinophilic syndromes. We report a case of peripheral neuropathy with severe hypereosinophilia as initial manifestation of CSS. The patient was a young adult male without asthma, neuropathy of bilateral median nerves, eosinophils >16000. In the CSS the ANCA are positive only in 30% and a delay in diagnosis may be critical because later stages carrie more serious complications. Therefore we emphasized the ways for reaching an early diagnosis to avoid late stage disease. We ruled out the fusion gene FIP1L1-PDGFRA, a clonally expanded T-cell population secerning IL-5 and any other secondary causes of hypereosinophilia.The certain diagnosis was reached with a nerve biopsy showing small vessel vasculitis. In rare cases peripheral neuropathies are the first symptoms of CSS like in this case where the marked eosinophilia without asthma but with nerve involvment could have suggested an organ damage mediated by eosinophils alone as in HES, a completely different disease. The patient promptly responded to steroid although immunosuppressants may be required in future. In CSS newer therapeutic options include the anti-IL5 antibody Mepolizumab and the B-cells depleting Rituximab.

Rischio di neuropatia autonomica e compenso metabolico nel diabete mellito tipo 1: il "valore aggiunto" dello screening precoce

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Scopo del nostro lavoro è stato valutare l'utilizzo di Neuropad nella diagnosi di neuropatia in soggetti con diabete mellito tipo 1 e di verificare la correlazione tra i risultati ottenuti con alcuni parametri relativi al compenso metabolico. Sono stati valutati 30 pazienti con DMT1 (15 donne, 15 uomini) di età media di 32,8±12 anni e durata media del diabete 12,8±8,5 anni, che non lamentavano disturbi riconducibili a neuropatia diabetica. La sintomatologia neuropatica è stata esclusa sottoponendo i pazienti al questionario strutturato sui sintomi della neuropatia diabetica (redatto secondo le indicazioni del gruppo di studio SID). La Neuropatia periferica è stata valutata utilizzando il Diabetic Neuropathy Index. Il DNI è stato valutato mediante una scala da 1 a 8.La neuropatia sudomotoria è stata valutata mediante NEUROPAD ed i risultati sono stati classificati in base al viraggio del colore dopo 10 minuti di applicazione. Tutti i dati sono stati inseriti in database creato con Excel 2007 e analizzati con il pacchetto software statistico R.. Neuropad nel campione in oggetto risulta associato in maniera statisticamente significativa con la durata di malattia e con il compenso metabolico. Neuropad ha permesso di diagnosticare un' iniziale neuropatia sudomotoria in oltre il 70% dei soggetti affetti da DMT1 studiati, dei quali nessuno presentava alterato DNI. Avere una metodica di screening rapido e non invasivo promuove una scrupolosa stratificazione del rischio atto ad evitare l'insorgenza complicanze a lungo termine migliorandone l'aspettativa di vita.

Modified Early Weaning Score as a tool for clinical severity assessment

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Background and Objective: Modified Early Weaning Score (MEWS) may serve as decision rules for the admission of medical patients. We investigated the ability of MEWS to predict a worse prognosis.
Materials and Methods: 317 pts (171 F, 146 M; mean age 79,9 ys) admitted to our ward consecutively from 9/26 to 12/31/2012, were enrolled in the study. They were stratified by MEWS at admission.
Results: Patients with MEWS 0 were 65 (30 F and 35 M; mean age 74,2 ys), pts with MEWS 1 were 73 (28 M and 45 F; 76,9 ys), pts with MEWS 2 were 42 (25 M and 17 F; 77.4 ys), pts with MEWS 3 were 43 (21 M and 22 F; 77.3 ys), pts with MEWS 4 were 39 (25 F and 14 M; 76.5 ys), pts with MEWS 5 were 23 (13 F and 10 M; 77,3 ys), pts with MEWS 6 were 17 (12 F and 5 M; 81,3 ys), pts with MEWS 7 were 7 (3 F and 4 M; 87,2 ys), pts with MEWS 8 were 4 (2 F and 2 M; 88,2 ys), pts with MEWS 9 were 4 (2 F and 2 M; 83,5 ys). From MEWS 0 to 9 in-hospital mortality increased from 3% to 75%. In contrast to other experiences where MEWS ≥4 was the cut-off for worse outcome, in our serie MEWS ≥3 was associated with a rate of in-hospital mortality >20%. We also found a higher proportion of patients at risk of deterioration (MEWS ≥3 43%; MEWS ≥4 29%) than in other studies.
Conclusions: Our data confirm that MEWS, calculated on admission, is a simple, highly useful tool to predict a worse in-hospital outcome. As it identifies a subset of patients at risk of deterioration, it may work as an instrument to assign patients to different levels of care, improve health care quality and rationalize health resources.

Ischaemic stroke and essential thrombocytemia: which is the appropriate treatment?

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Essential thrombocytemia (ET) is a myeloproliferative disorder JAK2 mutation associated with thrombosis as a major complication.
Case report: A 54 y.o. woman presented TnI elevation and mental confusion after a first time Triptan taking.She had no vascular risk factors except for hypercholesterolemia. Her past medical history was positive for ET with a platelet count of 500-600/mmc treated with Aspirin.She also had a migraine symptomatic for migrating paresthesias thus a Triptan was prescribed. At the first aid a TnI rise was detected but an ACS was excluded therefore PTCA wasn't performed.Brain CT was negative whereas MR showed findings compatible with acute, subacute and cronic vascular events.All the performed investigations for stroke etiology were negative, so embolic, atherogenic and malformative causes were ruled out. Thus, we ascribed all the cerebral ischaemic events to the patient's hematological disease worsened by the first time Triptan taking.Also the TnI elevation was ascribed to a Triptan-induced coronary vasoconstriction. Although the platelet count was not high, we decided to introduce a second antiplatelet agent and to ask for a hematological consult to evaluate the possibility of a cytoreductive treatment starting.
Conclusions: Hypercoagulability state in ET is related to many factors as alteration of coagulation inhibition or endothelial activation.Platelet count is not well correlated with vascular complication occurrence thus combination of antiplatelet and/or cytoreducytive treatement should be considered also in patient with low level of platelet count.

✪ Incidence and risk profile evaluation of intravenous contrast medium induced acute kidney injury in patients undergoing computed tomography in internal medicine wards: a method for risk stratification

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Background: Contrast medium-induced nephropathy is the 3rd cause of hospital acquired renal failure after dehydration and toxic drugs. Despite its importance, exact prevalence and risk profile are not defined yet. A risk score based on a multivariate analysis was developed and validated in multiple studies for intra-arterial contrast procedures while evidences lack for intravenous procedures. The aim of this study was to assess the risk of AKI after iv contrast enhanced CT, identifying risk factors and developing a risk score.
Methods: Data from 527 CT contrast enhanced scans of 455 pts were examined retrospectively. Clinical and procedural characteristics of all patients were included in multivariate logistic regression to identify in-

dependent predictors of AKI; the 6 identified variables were assigned a weighted integer based on odd ratio, the sum was the total risk score for each patient.
Results: Contrast induced acute kidney injury (CIAKI) occurred in 10% of contrast enhanced CT. Acute coronary syndromes, acute heart failure, CKD, acute anemia, malignancies and emergency CT regimen were significant at multivariate analysis and composed the score. AKI rate increased exponentially with increasing risk score, range 3.4% to 50.% for low [<1] and high [≥4] risk score, respectively.
Conclusions: Our study confirmed that AKI by iv contrast medium is a common disease among pts in Internal Medicine wards. We propose a ready-to-fill score to predict CIAKI risk. Validation study is still ongoing but the score promises to be a useful tool for both clinical and investigational purposes.

Lung ultrasound and pneumonia in elderly

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Background: In elderly patients pneumonia is associated with an adverse outcome, prolonged hospital stay and increased health costs. In this case we compared bed side lung ultrasound with chest radiography in the diagnosis and follow-up of pneumonia.
Case report: a 92-year-old woman was admitted to hospital because of cough and expectoration accompanied with general fatigue, fever and progressive dyspnea. The woman showed comorbidities: heart failure and cerebral vascular pathology. On admission she had systolic pressure<90 mmhg, respiratory rate >30 a/m, temperature 38 C, SaO2<90%. Laboratory data showed neutrophilic leukocytosis, increase of indices nonspecific inflammation. Chest radiography and bedside lung ultrasound were positive for pulmonary consolidation and right basal pleural effusion. We administered antibiotic agents for 10 days. After 7 days of oral therapy cough, expectoration and fever were resolved. X-ray and lung ultrasound were performed. Bedside lung ultrasound showed reduction of consolidation and resolution of right basal pleural effusion. Although the pneumonia has resolved with therapeutic success the old patient continue antibiotic agents at home for 5 days, because she is considered frail.
Conclusions: Lung US is a bedside, reliable, rapid, and noninvasive technique and appears to be a useful adjunct and probably superior to chest radiography in the follow-up of pneumonia in elderly.

Pulmonary fibrosis and lung ultrasound

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Background: The prevalence of interstitial lung disease (ILD) increases with age and contributes to morbidity and mortality in older patients.The idiopathic pulmonary fibrosis (IPF) usually occurs primarily in older adults, and it is the most common form characterized by a poor prognosis and lack of response to standard medical therapies, such as steroids and immunosuppressive drugs. The aim of this case is to assess the ability of bedside lung ultrasound (US) to confirm clinical suspicion of ILD and above all the possibility of its integration in common clinical practice.
Case report: An 81-year-old woman, ex-smoker, with heart failure, cerebrovascular disease and no suspicious case history was admitted to the hospital for progressive dyspnea.At the admission to the ward, oxygen saturation of 93% with high flow oxygen (8 L/min) at rest. Pulmonary examination findings showed remarkably decreased breath sounds and it was possible appreciated fine crackles bilaterally. Blood gas analysis revealed hypoxemic and ipocapnica respiratory failure. HRCT has depicted bilateral reticulation and subpleural nodules.The patient underwent a thoracic US that showed the presence of ring down and pulmonary nodules that correlated with peripheral HCT findings.
Conclusions: Despite the limitations of chest ultrasonography, US can be used as an adjunct method in the assessment of monitoring of lung disease evolution.

Prevalence of abdominal aortic aneurysm in Sicilian hospitalized elderly

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Objective: Screening for abdominal aortic aneurysm (AAA) resulted in a reduction in mortality from rupture. The aim of this study was to determine the prevalence of AAA in our elderly population.
Methods: A retrospective study was performed on all patients in the geriatric department who had an abdominal ultrasound (US).We used our geriatric ultrasound database. All patients in the database who had an abdominal echography from Genuary 2010 to December 2012 were enrolled. An AAA was defined as a maximum artery diameter larger than 30 mm.
Results: In 527 individuals, 289 women and 238 men with age of 80±8 years, US showed the presence of AAA in 25 patients, 19 (age 77 +/- 7,9 years) men and 6(age 87 +/-8,6 years) women, corresponding to a prevalence of 5%, 7,9% in men and 2% in women. The average aortic diameter was 39±10 mm, 72% under renal artery and 24% above renal artery and 56% with thrombosis. Based on the aortic diameter, 72% (79 average age) and 16%(average age 81,5) had an AAA of 3-4 cm and ≥5.0 cm diameter, respectively.
Conclusions: On the basis of trials, population screening for AAA in men age 65 to 74 years but not in older men appears to reduce deaths from AAA and abdominal ultrasound is a valid screening tool. In our elderly with average age of 80 year, the prevalence of AAA was 5%, resulted very high in males, occurred in women on average 10 years later than in men and only 0,7% had an AAA greater than 5 cm.

Diagnosis of *Helicobacter pilory* infection: comparison between invasive and non invasive tests

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Background: H. pylori infection can be diagnosed by means of invasive techniques (histology) and non-invasive techniques (serology, urea breath test, detection of stool antigen). Histology is considered the gold standard but non-invasive tests show a better compliance.
Aim: To compare the performance of rapid-urease test (RUT) and non-invasive tests as urea-breath test (UBT), Hp-stool antigen (HpSA), anti-Hp antibodies IgG IgM (anti-Hp Ab) in the diagnosis of infection status in patients never tested before by H. pylori infection, considering histology as gold-standard test.
Methods: A total of 115 dyspeptic patients, never treated for the infection, underwent to histological evaluation of 2 biopsies both in antrum and corpus (H&E), RUT in antrum, serum Ab anti-Hp, ^{13}C-UBT and HpSA. The positive or negative H. pylori status was established by histological evaluation of infection and pattern of gastritis.
Results: At histology a pattern of H, pylori positive gastritis was found in 62 (54%) patients while an absence of infection were assessed in 53 (56%) patients. Comparing the other test with histology, accuracy was of 100% for HpSA, 97% for serum anti-Hp Ab, 96% for UBT and 92% for RUT. At McNemar tests histology was more concordant with Hp-SA (OR:1; 95%CI:0.02-36.6, p=0.047).
Conclusions: The Hp-SA should be used for the screening of the infection in patients suitable of test-and-treat strategy.

High prevalence of hyperhomocysteinemia in TIA patients increases the relative risk of cerebrovascular accidents recurrence after three years of follow-up

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Background: Hyperhomocysteinemia is emerging as a risk factor for cerebrovascular accidents (CVA). The present study was performed to

correlate plasma homocysteine levels in patients with transient ischemic attack (TIA) with previous CVA and after three years of follow-up.
Methods: 150 consecutive cases of TIA were retrospectively and prospectively observed over a period of three years, determining the all risk factors and serum level of homocysteine. At dimission all abnormalities in risk factor were corrected except homocysteine according to the evidence based medicine of Spread guidelines. Odds ratio and relative risk of CVA in comparison to homocysteine levels were calculated using Fisher exact test.
Results: Hyperhomocysteinemia prevalence was 46.6%. Elevated concentrations of homocysteine were significantly higher in patients with a history of CVA (70% *vs* 11%, p<0.0001, OR: 18.407; 95% CI: 7.77-4357). After 3 years of follow-up, higher concentration of homocysteine correlated significantly with the recurrence of CVA (18% *vs* 5%, p=0.01, OR: 4.33; 95% CI: 1.34-13.99).
Conclusions: The present study confirms high hyperhomocysteinemia prevalence in TIA patients and its significative correlation with a history and with recurrence of CVA. These data confirmed the first evidence that hyperhomocysteinemia is implicated in the modulation of blood-brain barrier permeability and cerebral microvascular regulation through atherogenic and prothrombotic mechanisms.

Hyperhomocysteinemia is correlated with higher NIHSS score values and with incompletely recovery of neurological function in TIA patients

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Background: Cerebral transient ischemic attack (TIA) is a common manifestation in patients who have vascular risk factors. Hyperhomocysteinemia is considered a modifiable risk factor for stroke, possibly through an atherogenic and prothrombotic mechanism. Aim of this study was to asses the role of homocysteine in the prolongation of neurological manifestation in TIA patients.
Methods: 150 TIA patients were prospectively observed and their neurological damage was classified according to NIHSS classification. Homocysteine Serum level was evaluated in all patients. Relative risk of persistent neurological compromission was established in comparison to homocysteine levels using Fisher exact test and the mean variation of NIHSS of both the two group with T student test.
Results: 70 patients showed high level of homocysteine while 80 showed normal value. In hyperhomocysteinemia group, the 55.7% of patients had a persistent compromission in neurological function in comparison to the 18.7% of patients with normal values of homocysteine (p=0.003, OR: 0.36; 95% CI: 0.18-0.70). At entry, mean value NIHSS score in patients with hyperhomocysteinemia was 11.46±2.23 *vs* 6.05±0.88 significantly higher than that patients with normal homocysteine (t=17.255; p<0.0001). At dimission, patients with hyperhomocysteinemia had a NIHSS mean value of 7.1±0.2 *vs* 0.5±0.6 significantly higher than that patients with normal homocysteine.
Conclusions: Hyperhomocysteinemia influenced the neurological pattern at entry and seems to be a determinant to recovery of normal neurological functions.

Oropharyngeal dysphagia after stroke: incidence, diagnosis, and clinical predictors in patients admitted to a stroke unit

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Background: We analyzed acute ischemic stroke patients hospitalised in our unit to define incidence of dysphagia and a correlation with any clinical characteristics.
Methods: 160 consecutive acute ischemic stroke patients were enrolled. All patients were investigated with Dysphagia severity score, Deglutition scale, Penetration aspiration scale. Relative risk of development of dysphagia at entry in comparison to type of ictus, hemisphere involved and history of previous stroke was established using Fisher exact test and the mean variation of hospitalisation period with T student test.
Results: Dysphagia was clinically diagnosed in 84 of 160 patients (41%). Penetrations and aspirations were observed, respectively, in 70% and 26% of patients with dysphagia while three patients had a tongue incoodination or labial incompetence. Lower respiratory tract infections were observed in 5%. Dysphagia was not influenced by extension of stroke. Cortical stroke of non-dominant side was associated with dysphagia (p=0.05). Previous stroke resulted associated to dysphagia, at entry (p=0.04). Patients with dysphagia had significantly a prolonging hospitalisation in acute phase in comparison to non dysphagic stroke. Percutaneous endoscopic gastrostomy was used in 7 of 84 patients (8%). Death occurred in 7 patients (8%).
Conclusions: Dysphagia occurs in more than 50% of patients with stroke admitted to our unit. The grade of dysphagia correlates level of cognitive functioning. Large cortical strokes of non-dominant side are associated with dysphagia.

Predictors of survival after dysphagic stroke in acute phase and after one year of follow-up

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Background: Dysphagia is estimated to occur in up to 50% of the stroke population. Patients with severe dysphagia may receive feeding gastrostomy tubes (FGT) if non-invasive therapies prove ineffective in eliminating aspiration or sustaining adequate nutritional intake. Our aim was to quantify the influence of swallowing function requirement on survival after dysphagic stroke.
Methods: We identified consecutive 84 patients with dysphagic stroke. All patients or parents were investigated about your deglutition habit with dysphagia severity score, deglutition scale, penetration aspiration scale.
Results: 7 out of 64 stroke patients had severe dysphagic stroke with FGT insertion. At follow-up (59/84) patients were alive and resumed oral diets, 11 patients had restriction in oral diet and assumed semi-solid bolus, while 7 patients died for complication. During follow-up patients who have a transient dysphagia, showed no signs of aspiration and no sign of pulmonary infection in comparison to patients who have a prolonging dysphagia (1 *vs* 14 patients, OR:0.013; 95% CI: 0.0016-0.11). Patients with recovery of swallowing have a longer survival at one years of follow-up (3 *vs* 14 patients, OR: 0.04; 95% CI: 0.01-0.17, p<0.0001).
Conclusions: Severe dysphagia requiring FGT is common in patients with stroke. Patients who had a persistent dysphagia were more likely to have complication or death in follow-up compared to those who had a progressive recovery of swallowing.

Are myopericarditis and perimyocarditis benign myopericardial inflammatory syndromes? Results from a multicenter prospective cohort study

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Background: Myopericardial inflammatory syndromes include acute pericarditis (AP) (normal troponin and normal left ventricular function-LVF), myopericarditis (MP) (elevated troponin but normal LVF) and perimyocarditis (PM) (acute pericarditis with elevated troponin and abnormal LVF).
Aim of the study: To evaluate the clinical presentation and outcome of AP/MP/PM in a prospective multicenter study
Patients and Methods: 486 consecutive patients (85% idiopathic, 11% connective tissue disease or inflammatory bowel disease, 5% infective) (median age 39 ys, range 18-83 ys, 300/186 M/F) with AP (346 pts) or MP (114 pts) or PM (26 pts) were prospectively evaluated from Jan 2007 to Dec 2011. After a median follow-up of 36 months normalization of LV function was achieved in 90% of patients with MP/PM. No deaths were recorded, as well as evolution to heart failure or symptomatic LV dysfunction. 3 pts evolved in constrictive pericarditis in a few months (1 AP, 1 MP, 1 PM). Recurrences were more common

in AP (31.8%) than MP (10.5%) or PM (11.5%; p<0.001). Recurrence-free survival was similar in patients with MP and PM. Pericardial effusion at presentation (HR 2.2) and corticosteroid therapy (HR 6.7) were risk factors for recurrences. Troponin elevation was not associated with an increase of complications.
Conclusions: The outcome of myopericardial inflammatory syndromes is benign, a part from a very rare evolutions in constriction (<1%). Unlike acute coronary syndromes, troponin elevation is not a negative prognostic marker in this setting.

Olmesartan e sindrome da malassorbimento intestinale: primo caso clinico in Italia

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Premessa: Primo caso di malassorbimento intestinale causato da olmesartan segnalato in Italia.
Caso clinico: Uomo di 75 aa, razza caucasica; dal 2009 assume olmesartan 40 mg/die. Dal 2010 alvo diarroico, calo ponderale (~40 kg); numerosi ricoveri c/o altra struttura per malassorbimento intestinale: ipotizzato quadro di insufficienza pancreatica esocrina in Neoplasia intraduttale papillare mucinosa, fenotipo per celiachia. Escluse altre cause organiche. Dal 2011 in dieta per celiaci senza alcun beneficio. 11/2012 ricovero c/o nostro reparto per aggravamento del quadro.
Obiettività: BMI 18; stato anasarcatico. Segno Trousseau e Chvostek+. Esami: K^+ 2.1 mMol/lt (v.n.3.5-5); Ca^{++} 0.4 mMol/lt (v.n. 1.1-1.24), Mg 0.5 mEq/lt (v.n. 1.4-1.8), albuminemia 2.1 gr/dl (v.n. 3.5-5); Hb 11 gr/dl (v.n.13-18), deficit Vit.D. Ripetuta Egds-rettoscopia con biopsie random: atrofia dei villi, infiammazione della mucosa. **Decorso:** Disionia e ipoalbuminemia corrette con terapia ev. Sospesa terapia con olmesartan: successiva stabilizzazione del quadro idroelettrolitico e del peso corporeo. Alvo normalizzato. Ripreso normale regime dietetico. Follow-up a 2 mesi dalla dimissione: alvo stitico, incremento ponderale (~3,5 kg); esami: elettroliti nei limiti, albumina 3.1 gr/dl, Hb 12 gr/dl. Dieta libera ben tollerata; solo in trattamento antiipertensivo.
Conclusioni: Olmesartan può causare malassorbimento intestinale anche di grave entità. Casi analoghi di malassorbimento sono stati segnalati di recente solo negli Stati Uniti; al momento il nostro è l'unico caso descritto in Italia.

✪ Different response to plasma exchange in patients with normal or reduced ADAMTS13 activity

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Background: The goal of our study was to correlate the different response to plasma exchange (PEX) treatment in patients with normal or reduced ADAMTS13 activity and with the presence of anti-ADAMTS13 antibodies.
Design and Methods: We enrolled 13 adult patients presenting with de novo or relapsed acute TTP. ADAMTS13 activity and anti-ADAMTS13 antibodies were tested in all patients prior to starting PEX administration. All patients received daily PEX from admission and until a sustained platelet count of >150 x 109/L.
Results: ADAMTS13 activity was decreased in 6 of 13 patients and anti-ADAMTS13 antibodies were detected in 8 of 13 patients. In patients with antibodies against ADAMTS13 the median number of PEX treatments until remission were 6, while in patients without antibodies the median number of PEX were 11. Statistical analysis showed no correlation between anti-ADAMTS13 antibodies and number of PEX (P=0.3 by Fisher exact test). In patients with reduced ADAMTS13 activity the median number of PEX treatments until remission were 6, while in patients with normal ADAMTS13 activity the median number of PEX were 14. Statistical analysis showed correlation between ADAMTS13 activity and number of PEX (P=0.02 by Fisher exact test).
Conclusions: Patients with ADAMTS13 deficiency require less PEX treatments until remission as compared with patients with normal ADAMTS13 activity. Patients with ADAMTS13 deficiency respond better to PEX treatment; the presence of anti-ADAMTS13 antibodies showed no statistical correlation and is the same for the contemporaneous presence of anti-ADAMTS13 antibodies and ADAMTS13 deficiency.

"Dieciannidivitainpiù": results behind blood pressure

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Background and Objective: In 2007 the Italian Agency of Drugs funded a therapeutic education program to reduce blood pressure in hypertensives.
Materials and Methods: 3212 pts were randomly assigned to intervention I and control group C. I participated to 3 educational sessions at 2,4, 9 months after the recruitment.Sessions were set in a way that patients could easily talk about what they were learning, write reflectively about it, relate it to past experiences. C received oral information and were followed-up at 2,4,9 months after the recruitment. Analysis was performed using SPSS version 19.0
Results: We report only results related to patients enrolled in the Hypertensive Centre of CH, since the whole analysis is still in progress. The total number of pts was 291 randomly divided in I (184) and C (107); mean age 62.6±12.9; female 56%.We found an increase in the number of pts I at target (130/85 without diabetes, 125/80 with diabetes) compared to pts C after 1 year (p<0.008) and a statistically significant reduction of total cholesterol (p<0.05),of the plasmatic sodium (p<0.03) and an increase of HDL (p<0.01) in pts I even if these latter 2 results don't reach the statistical significance.
Conclusions: Our preliminary findings show that a patient-oriented approach is a powerful tool for reaching better blood pressure control and underlying the essential role of pts involvement in the management of their care. These results need to be confirmed by other study data analysis in progress.

Follow-up of patients admitted in Internal Medicine Unit: work in progress

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Background and Objective: Medication non-adherence contributes to hospitalization and mortality. Our objective is to determine whether an education intervention improve medication adherence and reduce re-hospitalization rate in Internal Medicine (IM).
Materials and Methods: We enrolled pts admitted in IM 2 Unit of Cardarelli Hospital;age,sex,education level, diagnosis, therapy were registered. Pts'adherence is assessed with the Beliefs about Medicines Questionnaire (BMQ). The results is included in the discharge letter to let general practitioner know. The follow-up intervention is administered by telephone every 3 months in a year. The telephone intervention focuses on perceived risk of disease, knowledge,medical or social support,pts' provider, adverse effects of therapy, weight, exercise,alcohol use. After 12 months pts are given the BMQ to evaluate adherencès improvement.
Results: We report preliminary results.We enrolled 110 pts (september-december 2012); the most common diseases are ictus, heart failure, chronic obstructive pulmonary disease, diabetes; mean age is 66±11,1 (F 56%). 35% has primary school, 31% secondary, 24 has undergraduate school, 10% has university degree. BMQ's first results show a correlation between educational level and medication adherence.
Conclusions: Preliminary results suggest that low functional health literacy is associated with high hospitalization and increased medicines non-adherence. Any initiatives attempting to address medicines non-adherence may remain ineffective if pts cannot read or understand instructions.

Serum cystatin C marker of cardiac damage in patients with arterial hypertension

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Introduction: Microalbuminuria (MA) is related to renal and cerebral damage.It's considered an early sign of cardiac damage in arterial hypertension(AH).Cystatin C (CC), proteasis inhibitor eliminated with

glomerular filtration, represents an excellent and sensible plasmatic marker of glomerular filtration, therefore can be considered a marker of cardiac damage in AH instead of MA.
Materials and Methods: 360 pts (162 females), no smokers, followed for 6 months, aged from 46-64,with two-year history of AH, without diabetes or cardiovascular diseases, with normal lipids. They underwent to laboratory tests (as the G.L. ESC/ESH 07), CC (done with nephelometric method BNAII n.v.0,53/0,95 mgr/l), and instrumental exams: supra-aortic truncus, renal arteries echo-Doppler, ECG, echocardiogram.
Results: In all pts MA, glicemia,creatinin clearance were normal.188 pts (102 F) have a medium increase of CC over1,1±0,2: 30 pts (18M and 12F) presented left ventricular hypertrophy with left ventricular mass>110gr/m^2 (F) and 125 g/m^2; 98 (76M, 22 F) presented an increase of medio-intimal tickening >0,9 mm (mean 1,2) and LVH. 60 pts (38M and 22 F) without organ damage. All pts have normal renal arteries echo Doppler examination
Conclusions: CC can be considered an early economic and sensible marker of cardiac damage in hypertensives. It's not influenced by age, sex, weight, muscular masses. Its increase should push to investigate and evaluate the state of the heart, brain and kidneys. We are evaluating the behaviour of CC in followed pts to verify its usefulness in heart damage.

Primary fibromyalgia in elderly people

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Primary fibromyalgia (PFM) is a frequently encountered disease in our clinical practice. Its incidence is much higher in elderly people than in general population (7 *vs.* 2%) beeing of particular interest for the Geriatrist. The disease is often misunderstood in our daily practice because, especially in geriatric patients, its presentation sintoms are hidden. The diagnosis is often difficult and most of the time it can be misinterpreted as the so-called Masked Depression creating, consequently, disorientation in clinicians. Clinicians must pay attention to specifically signs and should always look for the so called Tender Points (TP) even if in 2010 the ACR (American College of Rheumatology) proposed new diagnostic criteria where the tender points test was replaced by the widespread pain index [WPI, Widespread Pain Index] and the scale of severity of symptoms [SS symptoms severity]. We propose that the right therapeutic approach for this disease is in the combination of both non and pharmacological therapy; thermal therapy, indeed, can provide significant positive results, and deserves, therefore, to be rediscovered and more appreciated by clinicians, especially Internists.

✪ Transcatheter arterial chemoembolization in the treatment of hepatocellular carcinoma: results of ULSS7 Veneto experience

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Background: Transcatheter arterial chemoembolization (TACE) is the most widely used treatment for unresectable hepatocellular carcinoma (HCC).
Purpose of the study: To assess, in the "real world", the overall survival in patients treated with TACE, the feasibility and the safety of the treatment.
Materials and Methods: Between March 2004 and December 2012, 153 TACE were performed in 60 consecutive patients (M:F=41/19; mean age: 70 years) with uninodular or multinodular HCC (mean number of nodules: 2.6; mean total tumor size: 7 cm) and with preserved liver function. Transarterial therapy was performed alone or in combination with liver resection, local ablation or chemotherapy with sorafenib. Patients received TACE with cisplatin (2.5-50 mg) and lipiodol with or without gelatin sponge particles, or with drug eluting beads loaded with doxorubicin (20-150 mg). Transarterial embolization (TAE) was used too. Survival was calculated from the date of diagnosis of HCC. Feasibility was evaluated considering all cases of failure of the procedure for any reasons. Adverse events did not include mild post-chemoembolization syndrome and asymptomatic laboratory abnormalities.
Results: Survival rate at 1, 2 and 3 years were 79%, 39% and 25% respectively. TACE was feasible in 92% of cases. The rate of adverse events was 10%, including one case of death for acute pancreatitis.
Conclusions: In the "real world" TACE is effective and has mortality rates comparable to those of randomized trials; it is safe, but has not negligible rates of side effects.

Grasso epicardico e variazioni della funzione cognitiva in una popolazione di anziani

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Premesse e scopo dello studio: Dati contrastanti suggeriscono un ruolo del tessuto adiposo nell'influenzare la funzione cognitiva. In particolare l'obesità sembra rappresentare uno dei fattori di rischio per l'insorgenza di declino cognitivo e demenza nell'anziano. Il grasso epicardico (GE) è un forte predittore di adiposità viscerale con un ruolo attivo di secrezione di citochine pro-infiammatorie. Obiettivo dello studio è valutare in una popolazione di pazienti anziani la correlazione tra funzione cognitiva e spessore del GE.
Materiali e Metodi: Sono stati arruolati nello studio tutti i pazienti (>65 anni) afferenti all'ambulatorio per l'invecchiamento cerebrale del nostro Istituto con un'adeguata finestra acustica per l'esecuzione dell'esame ecocardiografico, assenza di terapia insulinica e con statine, assenza di patologie neoplastiche ed assenza di processi flogistici acuti. In tutti i pazienti è stato eseguito un ecocardiogramma mono-bidimensionale CW-PW color-doppler per la valutazione dello spessore del GE ed una valutazione dello stato cognitivo mediante Mini-Mental State Examination (MMSE).
Risultati: Su un totale di 72 pazienti (34M/38F, 72.7±7.0 anni) il 73.61% mostrava un MMSE<28 (spessore medio del GE 11.29±2.27 mm) mentre il 26.39% mostrava un MMSE≥28 (8.56±1.69 mm). L'analisi di associazione ha rivelato una correlazione inversa significativa tra MMSE e GE (r=-0,63, p <0,001).
Conclusioni: L'associazione tra deterioramento cognitivo e GE in pazienti anziani suggerisce che il GE possa avere un ruolo come fattore di rischio cardio-cerebro-metabolico.

A unusual case of Zierdt-Garavelli disease

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Introduction: It is known that Blastocystis Hominis (BH) infection may be associated to irritable bowel syndrome, inflammatory bowel disease (IBD), acute and/or chronic diarrhoea. Blastocystosis would be preceded by clinical diagnosis of IBD in more than 93% of the cases. This disease can be identified in symptomatic or asymptomatic bowel infection with stool test positive for blastocystis hominis sp. 1, 2 or 3.
Materials and Methods: A 77 years old man presented with persistent diarrhoea for at least 4 months associated to hypopotassemia. He was taking antiaggregant, IPP, bronchodilatator and cardiocinetic drugs. Loperamide, rifaximine and lactic ferments were ineffective. Routine exams were normal, except for a stool test positive for BH (Zierdt-Garavelli disease).
Results: We started cotrimoxazolo therapy. The patient referred alvus regularization in 3-4 days associated to normal electrolytes levels. After 6 months he had a clinical and instrumental diagnosis for IBD.
Conclusions: BH may lead to histamine, leukotriene and bradykinin liberalization with urticaria and angioedema. Its prevalent action is induced by an excess in IgA anti-Blastocystis bowel secretion associated to a serum proteases production. The frequent association with IBD suggests the need to demonstrate its presence, as it will change the therapeutic approach.

Incidence and risk factors for long term central venous catheter (CVC-LT) related thrombosis in oncological patients: a prospective survey

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Introduction: Incidence of and risk factors for long term central vein catheter-related thrombosis (CRT) in oncologic patients are discordant, due to differences in enrolled patients,type and method of device implantation and ambiguous CRT definition. The aim of survey is to detect incidence of and risk factor for CRT at 1 and 6 months.
Method: Patients who had undergone placement of port-a-cath from 1/3/11 to 1/3/12 were enrolled. Silicon, open-tip devices, with standardized diameter to vein size, were implanted performing a standard procedure (US-guided puncture of internal jugular vein according to Jernigan-Pittiruti method and EKG-guided tip position). US diagnosis of CRT, according to Baskin et al (Lancet 2009), was performed at 1 and 6 months after implantation. Anthropometric, clinical (metastatic disease, platelet N) and procedure (vein area, venipuncture N, side of insertion, previous CVC insertion) variables were analyzed among patients who presented or not CRT.
Results: 307 patients underwent CVC-LT implantation; 2/307 had CRT at 1-month (incidence=0.6%) and 2/240 (0.8%) at 6 months.CRTs only involved jugular veins and 3/4 completely solved after 1 month of anticoagulant therapy. Left side insertion (100% in DVT *vs* 19.3% in C-group) and vein area (39.1±1.7mm2 in DVT *vs* 116.1±59.5mm² in C-group) significantly differed between CRT positive and negative patients($p<0.004$ and <0.04 respectively).
Conclusions: Our CRT incidence was low and in just one case did not solve after anticoagulant-terapy.Vein area and left side of insertion resulted the strongest risk factors for CRT occurrence.

Is low weight molecular heparin prophylaxis useful for patients with long term central vein catheter-related sheaths?

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Introduction: The definitions of CRS without vein wall involvement and catheter-related thrombosis (CRT) with vein wall involvement, were recently introduced (Baskin et al Lancet 2009); but scarce or no data are available at the moment about the efficacy of heparin prophylaxis or anticoagulation in solving CRS and CRT.
Method: 307 patients (pts) who underwent placement of port-a-cath (1/3/11 to 1/3/12)were enrolled.Silicon,open-tip devices,with standardized diameter to vein size, were implanted performing a standard procedure (US-guided puncture of internal jugular vein according to Jernigan-Pittiruti method and EKG-guided tip position). US diagnosis of CRT, according to Baskin et al,was performed at 1and 6months after implantation. Anthropometric,clinical (metastatic disease, platelet count)and procedure (vein area, venipuncture N, side of insertion, previous CVC insertion) variables were analyzed among patients who presented or not CRT. US exam was performed at 1 and 6months after implantation. Statistically significant differences were evaluated among patients through a chi-square analysis($p<0.05$).
Results: At 1month,2 pts showed CRT limited to jugular vein that completely solved after 3-month of anticoagulation and 29 pts showed CRS (mean thickness 2.3mm, mean length 8.3mm) that showed no association with investigated variables. 13/29 started LMWH at prophylactic dosage. At the 6month control, 6/13 heparin treated patients and 7/16 not treated patients no longer showed CRS($p=0.72$).
Conclusions: LWMH anticoagulation was effective in solving CRT,but LWMH prophylaxis efficacy on CRS was not proved.

Alterazioni emodinamiche precoci delle arterie cerebrali in soggetti ipertesi asintomatici

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L'Ipertensione Arteriosa è un importante fattore di rischio per la malattia cerebro-vascolare.
Scopo del lavoro studiare con l'Ecografia Trans-Cranica Color-Doppler (TCCD) gli aspetti anatomici ed emodinamici dei vasi cerebrali di soggetti ipertesi.
Metodi: Arruolati un primo gruppo (HT Group) composto da 50 maschi ipertesi (età 60+/-10) comparato con gruppo matchato di controllo (N Group). I 2 gruppi sono stati sottoposti ad esami di laboratorio, ecg, ecocardio ecografia tsa. Esclusi dall'indagine i pazienti affetti da aritmie, diabete, cardiopatia ischemica ed ateromasia carotidea. I parametri analizzati mediante Eco trans-cranica (TCCD): Picco Velocità Sistolico, Picco Velocità Telediastolica, Velocità Media; Indice Resistenza (IR); Indice Pulsatilità (IP).
Risultati: Nel gruppo HT, 8 pazienti (16%) hanno mostrato alterazioni dell'indice di pulsatilità. Di questi, 3 (37%) presentavano, altresì, valori patologici dell'indice di resistenza. Nel gruppo N, 2 controlli hanno mostrato alterazioni dell'IP. Nel gruppo HT, l'Odd Ratio è risultato 4 volte >al gruppo controllo.
Conclusioni: L'Ipertensione Arteriosa comporta un maggior rischio di ictus. Si può ipotizzare che il continuo stress di parete possa determinare una precoce compromissione parietale ed emodinamica dei vasi intracranici, condizione predisponente allo stroke. La TCCD, in questo ambito, consente in modo non invasivo,,ed in prevenzione primaria, il monitoraggio di molteplici parametri che valutano vari aspetti della fisio-patologia cerebrale.

Fibrillazione atriale e pervietà della fossa ovale: rapporto causale oppure semplice coincidenza?

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Gli studi scientifici sulla presenza della PFO hanno consentito di evidenziare un sua prevalenza nel 20-25% degli europei.
Obiettivo: Studiare le caratteristiche ecocardiografiche e neuro-sonologiche di giovani pazienti (età <50 anni) giunti in P.S. per episodi parossistici di Fibrillazione Atriale (FAP).
Metodi: Sono stati arruolati 50 pazienti FAP+ (29 uomini età media 37,3 anni; 21 donne 35,8 anni) comparati con 40 controlli©. I partecipanti hanno effettuato Ecocardiogramma (TTE), EcoTrans-Cranica (TCCD), ed Eco cardio Trans-Esofageo (TEE). Diagnosi di PFO effettuata mediante test Dinamico (emulsione NaCl 8 cc+1 cc sangue+1 cc aria iniettata e.v.) per rilevare le caratteristiche dello shunt; il TEE per identificare aneurismi associati alla pervietà.
Results: 15 patienti FAP+ hanno mostrato la presenza di PFO (31.4% totale), rispetto al 14.2% dei controlli. Nei pazienti, la PFO più frequentemente (36% *vs* 20% gruppo C) si associava ad Aneurisma della Fossa Ovale (SIA) al TEE.
Conclusioni: La Pervietà del Forame Ovale, nei pazienti giovani con ricorrenza di episodi di Fibrillazione Atriale Parossistica, sembra presentare una prevalenza significativa rispetto a quanto osservato nei coetanei non affetti. La PFO, nei FAP+, si associa frequentemente alla presenza di aneurismi e di shunts emodinamicamente significativi. Non si può escludere che proprio la presenza di shunts destro-sinistri attraverso la Fossa Ovale, possa, in particolari condizioni emodinamiche, fungere da *triggers* innescando l'aritmia.Tale ipotesi necessita di ulteriori conferme.

La diagnosi quasi mancata di uno strano dolore toracico

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Premessa: La complessità offerta dal paziente con toracoalgia è giustificata dalle importanti dimensioni del problema, dal ruolo scorretto e spesso assunto di "non Diagnosi", dalle conseguenze spiacevoli che potrebbero derivare da un mancato orientamento.
Caso clinico: Donna di 48 anni. Da 2 settimane dolore toracico, atipico per angor, episodico, dorsale irradiato in avanti, esacerbato da movimenti e digito-pressione. Divenuto subcontinuo e intenso tanto da motivare il ricovero. L'esame obiettivo e le indagini eseguite suggeriscono la diagnosi di spondiloartrite.
Decorso: Persistenza di dolore toracico intenso, sempre a carattere intermittente, complicato da modifiche ECG inducenti, tra l'altro, studio emo-

dinamico(SCA da vasculite in corso di connettivite?), successivamente irradiato in sede lombare e associato In 14^ giornata a ritenzione urinaria e paresi arti inferiori. La RMN del rachide consente infine la diagnosi (Ascesso epidurale spinale-SEA)e il corretto approccio terapeutico.
Considerazioni: Si tratta di una grave e rara infezione piogena dello spazio epidurale, con focus di partenza spesso incerto, subdola, a progressione insidiosa con diversi possibili outcomes, condizionati anche dal frequente ritardo diagnostico. Differenti i momenti eziopatogenetici e predisponenti; la diagnosi è difficile e riconosce come gold standard la RM. La terapia è neurochirurgica e ovviamente antibiotica adeguata. La prognosi e gli esiti del SEA sono strettamente correlati alla precocità della diagnosi non semplice cui si perviene di solito alla comparsa dei sintomi neurologici.

✪ Demographic, clinical and biochemical characteristics of hepatocellular carcinoma in Southern Italy

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Introduction: In our geographical area, incidence and mortality rates for hepatocellular carcinoma (HCC) are increasing. In the last forty years, mortality rates raised from 5.7 to 15.8/10^5 inhabitants (+174%).
Aim: To analyze the prevalence of HCC in a consecutive series of patients admitted to a tertiary care center during twelve months.
Materials and Methods: A prospective study of all HCC patients admitted to our Liver Unit from 1/9/2011 until 30/8/2012 was conducted. In 30% of HCC, the diagnosis was biopsy proven while the remaining 70% was made according to the criteria given by the guidelines of European Association for Study of Liver (EASL).
Results: Admissions for HCC were 425 out of 1444 (29%). The total number of HCC patients was 293 (68% was admitted once; 21% twice, and 8% three times); 228 (78%) were male; median age 68 years (range 31-88). Etiology: 60% were HCV positive, 20% were HBV positive, 19% were alcohol-related, 5% were HCV/HBV positive. Main reasons for hospitalization: percutaneous ablation 32%; chemoembolization 18%; liver decompensation 25%. 84 patients (29%) were not treated. 7.5% received medical treatment, 5% underwent surgery and 4% (11 patients) received liver transplantation.
Conclusions: Almost one third of patients admitted for HCC were untreatable. The majority of patients received percutaneous ablation. A minority of patients were surgically treatable and only 4% of patients could be transplanted. HCC is confirmed the most important disease that we have to face in a Liver Unit in Southern Italy.

Un caso di idrosadenite suppurativa in un paziente adulto di sesso maschile trattato efficacemente con exeresi chirurgica aggressiva

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Premesse e scopo dello studio: L'idrosadenite suppurativa o malattia di Verneuil è una patologia infiammatoria cronica delle ghiandole sudoripare apocrine, caratterizzata da ascessi ricorrenti con successiva rottura e fistolizzazione, che colpisce più frequentemente le regioni ascellari, inguinali e anogenitali. L'idrosadenite colpisce circa l'1% della popolazione, è più frequente nelle donne, nei fumatori e nei pazienti obesi. Sebbene la patogenesi sia ancora largamente sconosciuta, un importante ruolo del sistema immunitario è stato dimostrato in diversi studi clinici. La malattia è causata principalmente da un ipercheratosi con occlusione primitiva dei follicoli piliferi e coinvolgimento secondario delle ghiandole apocrine. La complicanza più severa della malattia è una degenerazione neoplastica, soprattutto nelle forme più evolute e cronicizzate, con comparsa di carcinomi a cellule squamose.
Materiali e Metodi: Descriviamo il caso clinico di un paziente adulto di sesso maschile giunto a ricovero per la presenza di multipli ascessi glutei fistolizzati, insorti da diversi anni.
Risultati: Dopo consulenza specialistica chirurgica e dermatologica veniva posta diagnosi di malattia di Verneuil e il paziente veniva sottoposto pertanto a intervento chirurgico di escissione perineale e glutea, con buona risposta clinica.
Conclusioni: Il trattamento medico conservativo è utilizzato nelle forme cliniche di entità moderata, ma negli stadi avanzati di malattia si ricorre ad un ampia escissione chirurgica dei tessuti colpiti che permette di raggiungere una guarigione senza recidive, in particolare nelle forme perianali, a miglior prognosi.

Proposta di un nuovo metodo di utilizzo del diapason di Rydel-Seiffer nella diagnostica della polineuropatia diabetica

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Premesse e scopo dello studio: Un incremento della soglia della sensibilià vibratoria (VPT) è uno dei principali markers della polineuropatia diabetica (PNPD). Il diapason è, insieme al biotesiometro (BT), lo strumento di screening più usato per diagnosticarlo. Diversi sono i metodi con cui esso viene utilizzato. Quello cosiddetto di Rydell-Seiffer (R-S), pur essendo stato validato, non viene comunemente adoperato per lo screening della PNPD. Attualmente viene invece preferito il cosiddetto metodo temporizzato(MT). Scopo dello studio è stato testare un nuovo metodo da noi proposto(MN) e confrontarlo con MT, con R-S e con BT.
Materiali e Metodi: Lo studio ha coinvolto 103 pazienti diabetici (DMT1=25; DMT2=78) consecutivamente osservati. Tutti venivano sottoposti alla valutazione della VPT attraverso il BT e mediante il diapason utilizzato nei 3 differenti metodi suddescritti. In base al test di screening TCNSS modificato, i pazienti sono stati suddivisi in 3 gruppi: neuropatici (ND+, n=34), non neuropatici (ND-,n=27) e border-line (B-L, n=42)
Risultati: La sensibilità e la specificità nell'identificare i pazienti neuropatici(ND+) con i differenti metodi sono risultate rispettivamente: con BT: 74,2% e 81,4%(cut-off >29 Volt); con R-S: 76,4% e 88,8% (cut-off ≤5); con MT:84,8% e 51,9% (cut-off >6 sec.); con MN: 77,1% e 85,1%(cut-off≥5 sec.)
Conclusioni: Il diapason ha mostrato un potere diagnostico ottimo e sovrapponibile al BT, sia con R-S che con MN. Entrambi i metodi sono risultati significativamente superiori a MT (p=0,002 per RS *vs* MT e <0,001 per MN *vs* MT).

A rare metastasis of prostate cancer

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A 85 years old man is admitted in hospital for fatigue and dyspnea associated with weight loss and melena. In his medical history we find prostate cancer with bone metastases currently treated with hormone therapy and a previous episode of atrial fibrillation on anticoagulant therapy. The patient, very anemic, receives blood transfusions and he is subject to various imaging techniques without alterations. An EGDS shows a sessile polypoid formation on the rear wall of the gastric body, that is not removed in emergency because of the anticoagulant therapy in place. The colonoscopy shows sporadic sigmoid diverticular orifices. Considering patient's heart disease and the high risk of bleeding, an endoscopic polypectomy is performed after replacing of the oral anticoagulation therapy with low molecular weight heparin. Histological examination of the removed piece shows an adenocarcinoma infiltrating the gastric wall with morphological and immunohistochemical characteristics (CK7+, racemase+, PSA-, PSAP-, CDX-2-) compatibles with a metastasis of the prostate cancer. Prostate cancer usually metastasizes to the bones and local lymph nodes. Less frequently, metastases are localized in lung, liver, adrenal gland and skull base. The stomach is a very rare site of metastasis.

An unexpected thrombosis

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A 52 years old patient came to the emergency room for the onset of pain and swelling of the left buttock resulting from sportive trauma that took place a day before, but it was not responsive to use of NSAIDs. He suffered of atrial fibrillation for many years and he was receiving a treatment with oral anticoagulant therapy. The patient blood test showed marked thrombocytosis. Abdomen CT scan showed a massive stocked hematoma extended from left buttock to the biceps femoris muscle and the rear compartment with an active spreading of the contrast from a branch of the gluteal media artery. The CT scan also highlighted an ectatic aspect of the celiac trunk with partial thrombosis, extended to common hepatic artery which appeared dilated. Spleen appeared normal. The patient was then subjected to embolization of bleeding vessel and blood transfusions. Complete screening for coagulopathy resulted negative. So it was performed a CT-angiography that shows a partial dissection of the celiac trunk, of the first section of the hepatic artery and of the origin of the splenic artery. In the absence of indications for surgical intervention, the patient continued anticoagulant therapy with heparin, it was performed a control with CT- angiography after one month and it was performed ultrasound follow-up every six months.

Diarrhea and common variable immunodeficiency

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A 59 years old man was admitted for fever and watery diarrhea associated with fatigue and vomiting. The patient was suffering from common variable immunodeficiency and he had a medical history of recurrent respiratory infections on a framework of bronchiectasis. The blood tests showed normocytic normochromic anemia, elevated acute-phase reactants and severe electrolyte imbalances with hypoproteinemia and hypocholesterolemia. Stool test and blood cultures were negative. An empiric antibiotic therapy was started with improvement of symptoms. An EGDS showed multiple esophageal lesions from candida and mucosal alterations of the duodenal bulb, with histological diagnosis of reactive lymphoid hyperplasia. The abdomen CT scan showed a slight thickening with a low uptake of contrast at the level of sigmoid colon, descending colon and terminal ileum. So he was subjected to colonoscopy that shows a granulomatous ileal mucosa with multiple polypoid sessile reliefs. On suspicion of celiac disease he was performed genetic analysis, which resulted positive (DQ8 genotype). So a gluten-free diet was started, obtaining improvement of symptoms, disappearance of diarrhea and normalization of electrolyte values. Execution of ENA AGA and TTG antibodies is useless in patients with common variable immunodeficiency, because they certainly would be negative for antibody deficiency, therefore investigation of patient's genotype and duodenal histological pattern examination result fundamental.

Multiple associated disease

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A 75 years old woman was hospitalized many times for recurrent episodes of profuse bleeding from ileostomy, with consequent severe anemia with needing of a lot of blood transfusions. The woman was suffering from ulcerative colitis so ten years ago, she was subjected to a total colectomy with ileostomy packaging. Few years later a primary sclerosing cholangitis at the stage of cirrhosis complicated by portal hypertension was diagnosed. An EGDS has highlighted F1 esophageal varices at the level of the distal third of esophagus. Endoscopy of the ileostomy was performed on the first 15 cm of intestinal tract but it didn't detected any varicose vein. Videocapsule showed an isolated ileal erosions in the portions near to the ileostomy. So a CT-angiography was performed and showed evident collateral porto-systemic circulations and ectasia of blood vessels under the skin along the wall of the ileostomy. Beta-blocker therapy was set but it was quick interrupted for the relief of low blood pressure. Positioning of TIPS was avoided due to the presence of hepatic encephalopathy. The recurrent episodes of bleeding and the radiological findings were indication for the repackaging of the stoma, but the poor clinical picture of the patient prevented it. So therapy with subcutaneous somatostatin was set with permanent discontinuation of bleeding episodes.

All because of HIV

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A 73 year old man has been suffering from HIV infection and from many years he is receiving an antiretroviral therapy. In his medical history there is only a previous gastrectomy for gastric ulcer. The patient is admitted for an episode of hematemesis. He is immediately subjected to endoscopy that shows the presence of F2-F3 esophageal varices with an active jet bleeding that requires hemostasis. The man is confused and poorly oriented in time and in space. Blood tests show a macrocytic anemia, hyperbilirubinemia and hyperammonemia. Ultrasonography of the abdomen shows images of chronic sclerogenic liver disease and it also reveals an extensive thrombosis of the portal vein. The patient, who wasn't aware of his liver disease yet, is subjected to further investigations in order to define the etiology of liver cirrhosis, that remains unknown. Infectious diseases specialist suggests diagnosis of iatrogenic cirrhosis caused by the antiretroviral therapy.

✪ Impossible priest's (serum) conversion: rhabdomyolisis IFN-induced (overlap syndrome)

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Background: Muscular toxicity by IFN therapy could reveal an unknown systemic miopathy.
Methods: *A* 53 years old male, chronic B-hepatitis (HBsAg+HBeAg-) IFN-treated for two years, in 2012 was admitted in DH for progressive fatigue, diffuse muscular pain, peripheric oedema, fever; we excluded cardiac and renal failure. Biochemical data showed remarkable increase of serum CK (>1000UI/L) and myoglobin (4500ng/ml), AST and ALT (x 3); ANA, AMA, ASMA: neg, SSA/Ro: pos. Abdominal us: bright liver, enlarged spleen, normality of portal flow and kidney vascular index. Diagnosis was: Rhabdomyolisis. Treatment: ev hydration (2000ml/die); after a week we detected improvement of muscle damage tests.
Results: The patient presented persisting fatigue and worsening muscular hypotrophy during following months, with progressive disability in ordinary day living. Fibroscan test and a liver plus muscle-skin biopsies revealed ECA and dermatomiositis-overlap syndrome. A Cyclofosfamide 3.5 mg+prednisone100mg/die therapy for six months got clinical and biochemical improvement of patient, who resumed his own daily activity. Entecavir current treatment (0.5/die) restored normal hepatic serum tests.
Discussion: Drugs induced rhabdomyolisis (IFN) is not always the final diagnosis. A careful analysis of causes and symptoms, clinical and imaging review, plus histological data for persisting muscle damage, may reveal hidden or starting systemic autoimmune miopathy.

Imaging and liver: an endless history

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Objectives: Imaging is a well established technique in the liver diseases for diagnosis and therapeutic approach.
Methods: A 65 years old male with microcitemia was transplanted for liver cirrhosis in 1999 and treated with cyclosporine. After metallic prosthesis implant (2000) for laparocele, US reported multiple subcutaneous abscesses: the patient underwent surgical treatment. In 2007 the patient was admitted for acute hemorrhagic pancreatitis;

residual pseudo cyst (after pancreatectomy) was stable at US follow-up. In 2009 the patient was hospitalized for haemolytic crisis (jaundice, fever and anaemia, autoimmunity and US-TC negative). In 2012 hospital admission for pneumonia and pleural effusion (US detected); for abdominal pain, US and mdc TC was performed: intrahepatic abscess resolved after vancomycin plus piperacillin-tazobactam IV (US control). During follow-up, full portal thrombosis was observed; partially recanalized (CDUS) after EBPM and warfarin treatment. We observed a worsening CHILD score (B>C). We performed a new US-TC which detected liver disease by lack of perfusion, and development of ascites, diabetes and portosystemic encephalopathy.
Results: The clinical history of this patient was constantly supported by imaging (US-TC-CDUS). These techniques are useful for the control of transplanted liver, subcutaneous abscesses, pancreatic cysts, evolution of the thrombosis, portal abscess and finally liver disease by lack of perfusion.
Conclusions: Imaging is essential in follow-up of transplanted liver for detecting, as in this case, unexpected complications.

Location of venous thrombosis in patients with inherited thrombophilic abnormalities: a systematic review and a meta-analysis of the literature

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Background: Several studies have confirmed that factor V Leiden (FVL) and G20210A prothrombin mutation (PTM) are associated with an increased risk of venous thromboembolism (VTE). Recent evidence suggests that the presence of these thrombophilic abnormalities is associated with a different risk of developing deep vein thrombosis (DVT) or pulmonary embolism (PE). Whether the presence of these mutations influences the location of DVT, and in particular if it is associated with a different risk of involvement of the proximal veins remains uncertain.
Aim of the study: To evaluate the association between FVL and G20210A PTM and DVT location.
Methods: Medline and Embase databases were searched up to July 2012. Pooled odds Ratios (OR) and 95% confidence intervals (CIs) were calculated using a random-effects model. Statistical heterogeneity was evaluated through the use of I2 and the Cochran Q statistics.
Results: Twelve studies for a total of nearly 6000 patients were included. FVL was more common in patients presenting with proximal than in patients presenting with distal DVT (OR 1.33; 95% CI 1.07, 1.65). The prevalence of G20210A PTM was marginally significantly higher in patients with proximal DVT compared to patients with distal DVT (OR 1.43; 95% CI 1.00, 2.04). Heterogeneity among the studies was extremely low.
Conclusions: Our results suggest that patients with FVL and G20210A PTM are significantly more likely to present with proximal than distal DVT. Future research might focus on the possible mechanisms underlying these findings.

Prognostic significance of hypernatremia and hyponatremia among patients with spontaneous intracerebral hemorrhage

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Background: Spontaneous intracerebral hemorrhage (sICH) has a high mortality and disability rate A few studies have assessed the role of potential prognostic factors in these patients
Aims: To investigate the role of serum sodium levels in predicting the prognosis in sICH patients.
Methods: Consecutive patients with a diagnosis of acute sICH were eligible for inclusion. Baseline characteristics., Glasgow coma scale (GCS) score at admission, characteristics of sICH, necessity for surgical therapy, and clinical outcome at discharge were collected:
Results: 479 patients (mean age 71.8±13.0 years) were included; 31.5% had a GCS ≤8 at presentation. At the end of hospitalization 280 patients (58.5%) had a modified Rankin score (mRS) ≥4 and 139 patients (29.0%) died; Sodium levels measured in the hyper acute phase were similar in patients with different mRS.. At multivariate analysis, GCS ≤8, hemorrhage volume >30 mL, age, intraventricular hemorrhage, surgical therapy were significantly associated with a worse prognosis at discharge (p<0.05). Sodium level was re-evaluated in 404 patients. At multivariate analysis, hyponatriemia measured during hospitalization was marginally significant associated with a worse prognosis at discharge (OR1.80, 95% CI 0.99, 3.29) whereas hypernatremia was strongly associated with a worse prognosis (OR 12.1 95% CI 2.76, 53.4) and with a higher mortality at discharge. (OR 9.64, 95% CI 4.35, 21.30).
Discussion: In patients with sICH, hypernatremia during hospitalization was significantly associated with a poor outcome at discharge.

Pulmonary Embolism Severity Index accurately predicts long-term mortality rate in patients hospitalized for acute pulmonary embolism

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Background: The Pulmonary Embolism (PE) Severity Index (PESI) is a clinical prognostic rule that accurately classifies PE patients in five risk classes with increasing mortality. PESI score has been validated in studies with a relatively short-term follow-up and its accuracy in predicting long-term prognosis has never been established.
Methods: Consecutive patients admitted to the tertiary hospital of Varese (Italy) with an objectively diagnosed PE between January 2005 and December 2009 were included. Information on clinical presentation, diagnostic work-up, risk factors, treatment, and mortality during a 1-year follow-up was collected.
Results: 538 patients were enrolled in this study. Mean age was 70.6 (±SD 15.2), 44.4% of patients were male, and 27.9% had known cancer. One-year follow up was available for 96.1% of patients. Overall mortality rate was 23.2% at 3 months, 30.2% at 6 months and 37.1% at 12 months. The discriminatory power of the PESI score to predict long-term mortality, expressed as the area under the ROC curve, was 0.77 (95%CI 0.72-0.81) at 3 months, 0.77 (95%CI 0.73-0.81) at 6 months and 0.79 (95%CI 0.75-0.82) at 12 months.
Anticoagulant treatment beyond 3 months did not influence mortality outcome at 6 or 12 months. Simplified PESI had a similar overall accuracy compared to the original PESI at 3 and 6 months, but this was significantly lower at one year.
Conclusions: The results of this study suggest that PESI score may also be an accurate tool to define the 6-month and one-year mortality rates in PE patients.

Risk factors for suboptimal efficacy of 3-factor prothrombin complex concentrates in emergency reversal of anticoagulation with vitamin k antagonists in patients with major bleeding

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Background: Three-factor prothrombin complex concentrates (PCC) are commonly used for international normalized ratio (INR) reversal in patients treated with vitamin K antagonists (VKAs). However, there is little information regarding the optimal dosing strategy for achieving adequate INR reversal.
Aim of the study: to investigate potential risk factors for 3-factor PCC suboptimal efficacy in emergency reversal of anticoagulation.
Methods: Patients receiving VKAs with INR ≥2.0 and suffering from acute major bleeding were eligible. Stratified 35-50 IU kg(-1) PCC doses were infused based on initial INR. Patients may also be treated with intravenous vitamin K. INR was controlled within 30 min from the PCC infusion. Characteristics of patients who had an adequate (INR ≤1.5) and inadequate INR reversal were compared.

Results: 173 patients (mean age 77.46 years, range 34-97 years, 100 males) were included. Mean INR at the inclusion was 3.74 (range 2.01-12.80). After PCC administration mean INR was 1.51 (range 0.94-3.96); 163 (94.2%) had the INR <2.00 and 109 patients (63.0%) had the INR <1.5. Vitamin K was used in 147 patients. At multivariate analysis, baseline INR ≥3.74 (OR 3.78, 95% CI 1.71, 8.32) and the non-use of intravenous vitamin K (OR 2.98, 95% CI 1.22, 7.33) were significantly associated with a suboptimal INR reversal.
Conclusions: 3-factors PCC appears effective in correcting INR in patients treated with VKAs. Use of intravenous vitamin K increases the efficacy of PCCs Conversely in patients with a high INR 3-factors, PCC seems to have a suboptimal efficacy.

Role of ABO blood group and of thrombophilic abnormalities on the presence of residual vein obstruction after deep-vein thrombosis of the lower limbs

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Background: The presence of residual vein obstruction (RVO) has been associated with an increased risk of post-thrombotic syndrome in patients with a previous deep vein thrombosis (DVT) and there is some evidence suggesting an increased risk of DVT recurrence. Only few studies have assessed potential risk factors for RVO. In this study, we evaluated whether ABO blood group with or without associated thrombophilic abnormalities is associated with RVO after a standard course of anticoagulation for a first DVT.
Methods: Patients with a first DVT who underwent screening for thrombophilic abnormalities were eligible for this study. Information was collected on ABO blood group and on risk factors for DVT. Each patient underwent compression ultrasonography of lower limbs for the detection of RVO at least after 6 months of a standard course of anticoagulant treatment.
Results: A total of 268 patients (mean age 50.3 years, 120 women) were included. After 8.3±2.9 months of anticoagulant treatment, 126 (47.0%) patients had RVO. At multivariate analysis, active malignancy (Odds Ratios [OR] 5.54, 95% confidence interval [CI] 2.17, 14.13), non-O blood group (OR 3.71, 95% CI 1.61, 8.56), and femoral involvement (OR 3.35 95% CI 1.94, 5.78) were significantly associated with an increased RVO risk, whereas an unprovoked index event was only marginally significant (OR 1.81 95% CI 0.98, 3.36 p 0.06) and severe thrombophilia was not associated with RVO (OR 1.32 95% CI 0.56, 3.11).
Conclusions: After a standard course of anticoagulation for a first DVT, non-O blood group is predictor of RVO.

Cerebral venous thrombosis and myeloproliferative neoplasms: results from an international database of 706 patients with cerebral vein thrombosis and from 2,267 patients with myeloproliferative neoplasms

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Myeloproliferative neoplasms (MPNs) include polycythemia vera (PV), essential thrombocythemia (ET), and primary myelofibrosis (PMF), all having a high risk of vascular complications in particolar splanchnic vein thrombosis. Conversely, the strength of association between MPNs and cerebral vein thrombosis (CVT) remains to be established.
Aim of the study: To evaluate whether CVT can be the first manifestation of an underlying MPN and what is the risk of a CVT in patients with an established MPN.
Methods: We have assessed the frequency of MPNs in a large series of patients with CVT from and the occurrence of CVT in a large cohort of patients with MPNs. In Only objectively diagnosed disease were considered.
Results: Among 706 CVT (304 idiopathic, 402 secondary to at least one risk factor), MPN occurred in 27 patients (3.8%): before CVT in nine (1.3%), simultaneously in four (0.6%), and subsequently in 14 (2%). Among 2,267 MPNs (735 with PV, 964 patients with ET and 444 with PMF), nine CVT cases (0.4%) were documented, with higher frequency in PV (0.6%) than in ET (0.3%) and in PMF (0.2%). In 3 patients CVT diagnosis occurred before the MPN diagnosis, in 3 the two disease were diagnosed during the same hospitalization and 3 patients had a CVT after MPN diagnosis.
Conclusions: Considering the analyses of these databases jointly, the results obtained indicate that CVT is not strongly associated with MPNs and ultimately suggest that a thorough investigation looking for an underlying MPN is not mandatory in patients with CVT without overt myeloproliferative features.

Il fenomeno dei pazienti con intossicazioni acute nelle strutture di Medicina Interna

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Scopo dello studio: Stimare le variabili che influenzano l'appropriatezza del ricovero in medicina interna, la durata, la severità.
Materiali e Metodi: analisi retrospettiva su pazienti ricoverati dal 1 gennaio 2009 al 31 dicembre 2011. Analizzati: età, sesso, stagionalità, durata, destino del ricovero, tipo di intossicazione, terapia, comorbidità, severità clinica, tipo di assunzione.
Risultati: Arruolati 467 pazienti 8% dei ricoveri ospedalieri. M/F=1/1.28. L'età media era 41aa. Il 60% <45 aa, maschi (70%). Le cause: farmaci (343), alcool (99), droghe (57) gas (13). Per le femmine: farmaci (67%), sopra i 45 (56% benzodiazepine), e poi stabilizzanti dell'umore, antidepressivi in affette da depressione (76%) e disturbo bipolare (67%). Per i maschi alcool e droghe (70%), in una età più bassa (l'80% sotto i 45 aa) e con antipsicotici, in linea con le comorbidità psichiatriche: etilismo cronico (65%), tossicodipendenza (81%) e psicosi (58%). Altre patologie non psichiatriche sopra i 40 aa (66%): cardiovascolari, polmonari, neoplastiche ed infettive. I pazienti con severità clinica elevata (SI >1=57): degenza media >2 giorni (99%), trasferimento in UTI=6. Degenza fino a 1 giorno (64%) severità clinica bassa (SI 1=98%) solo terapia di supporto (80%), decontaminazione (50%) e specifica con antidoti (30%). Il 7% ha una degenza >3 giorni specie per ragioni sociali. Incidenza maggiore agosto e gennaio, minore marzo e aprile.
Conclusioni: Influenzano l'appropriatezza: età, tipo di comorbidità, severità clinica, poco il tipo di intossicazione, più i problemi sociali.

✪ IMPRESS 2 (International Multicentric PRospective Study on PREgnancy in Systemic Sclerosis). Prospective, case-control study of pregnancy in systemic sclerosis

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Background: Data on pregnancy in Systemic sclerosis (SSc) are limited. We recently published a large retrospective study: IMPRESS: Italian Multicentric study on PREgnancy in Systemic Sclerosis, partially supported by Italian patients associations, that studied 99 SSc women and found that preterm deliveries, IUGR and very-low-birthweight babies were significantly more frequent in SSc; corticosteroid use was associated with preterm deliveries, while folic acid was protective.
Aim of the study: To plan a new fully prospective study: IMPRESS 2 (International Multicentric PRospective Study on PREgnancy in Systemic Sclerosis).
Patients and Methods: Prospective, case-control study of 3 groups, enrolled at an International level: 1. 100 pregnant SSc patients, 2. 200 non-pregnant matched SSc women, 3. 200 healthy pregnant women. Their children will be studied at birth and at 1 and 3 years of age.
Expected results and Conclusions: IMPRESS 2 will answer to the following important questions. 1.are complications of SSc more frequent during pregnancy than in the non-pregnant state? 2. Which is the current incidence of renal crisis, cardiac involvement, and pulmonary hy-

pertension development in scleroderma women, both pregnant and non-pregnant? 3. Is folic acid use protective for prematurity? 4. Are some autoantibodies protective for prematurity? 5.Which is the impact of prematurity on children development? Which is their IQ at 3 years? These data will be extremely important for counseling fertile SSc women contemplating a pregnancy.

Trombosi portale e celiachia

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Introduzione: La trombosi portale è una rara causa di ipertensione portale. I principali responsabili della trombosi portale sono: cirrosi epatica, HCC, processi flogistici e neoplastici, disordini della coagulazione. Riportiamo un caso di trombosi portale di una giovane donna in terapia estro-progestinica con nuova diagnosi di celiachia.
Caso clinico: Donna di 45 anni, giunta alla ns osservazione per addominalgia. Della routine laboratoristica, si segnala esclusivamente lieve anemia sideropenica, già nota e trattata con terapia marziale, da noi ulteriormente approfondita con SOF e colonscopia, entrambi negativi. Gli es. strumentali (US, TC, RM, PET) evidenziavano una splenomegalia in assenza di lesioni focali e una trombosi spleno-portale completa, escludendo al contempo patologie epato-biliari, neoplasie addominali e vasculiti. Negativi gli esami per: deficit di proteine C, S ed antitrombina III, mutazioni fattori II e V, iperomocisteinemia, LAC, anti-cardiolipina, EPN. Riferito uso di estro-progestinici. Riferita inoltre saltuaria diarrea. I sintomi ci facevano sospettare una celiachia. TGA ed es. istologico della biopsia duodenale confermavano il sospetto. Instaurate dieta aglutinata per la celiachia e TAO per la trombosi spleno-portale.
Conclusioni: In letteratura sono riportati pochi casi di associazione tra trombosi portale e celiachia nei quali si ipotizza che la causa della trombofilia possa essere il malassorbimento intestinale. Nel ns caso, la terapia estro-progestinica e la celiachia, possono aver entrambe contribuito a causare la trombosi portale.

Multidrug-resistant nosocomial infections: an emerging problem. Prevalance study in a Continuity Care Hospital

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Background: There has been an increasing incidence of multi drug resistant organisms (MDROs) nosocomial infections in recent years. Currently the most important MDROs, on a global scale, are methicillin-resistant Staphilococcus aureus, vancomycin-resistant Enterococci, Enterobacteriaceae with plasmid-encoded extended-spectrum beta-lactamase; Pseudomonas aeruginosa and Acinetobacter baumannii. Current study identified the prevalence of MDROs, that are resistant more than two classes of antimicrobial agents, among Continuity Care Hospital from January 2011 to August 2012 and analysed risk factors for harbouring MDROs infections and patients outcome.
Patients and Methods: 291 patients, mean age 79,72±SD 11,05, were consecutively enrolled; total cultural samples were 3726.
Results: positive cultures were 851 (22,8%); 351 of them (41,2%) due to MDROs. The relative percentage was 18,8%, 15%, 14%, 11,9%, 6,8% for Klebsiella pneumoniae, Acinetobacter baumannii, Escherichia coli, Pseudomonas aeruginosa, Staphilococcus aureus respectively. 60,4% had central venous catheter, 62,1% artificial nutrition, 72% urinary catheter, 78,1% were hospitalized in the previous 6 months; 73,2% were malnourished. Provenience: 61,8%, 31,3%, 6,8% from hospital, house and nursing home respectively. Intra-hospital mortality and 28-day mortality were 26% and 12,3% respectively.
Conclusions: MDROs infections are a rising problem, high short-term mortality suggests that we must step up infections control measures, especially hand washing, malnutrition correction and restriction of not essential devices.

Progetto dimissioni protette, un esempio di integrazione fra ospedale e territorio

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Premesse e scopo dello studio: La riorganizzazione dei servizi socio-sanitari negli ultimi decenni scaturisce dalla necessità di garantire sostenibilità economica del welfare state a fronte del progressivo aumento di un'utenza portatrice di patologia cronica, e quindi con un elevato bisogno di cura, e che richiede peraltro risposte sanitarie e sociali integrate fra loro. Si rende sempre più necessario pianificare ed organizzare, la procedura delle dimissioni protette.
Materiali e Metodi.: Abbiamo avviato un progetto di Dimissioni Protette in collaborazione col Distretto territoriale, individuando il P.U.A., e definendo il percorso virtuoso per prenderci cura del malato nel passaggio ad altro setting assistenziale, coinvolgendo i care givers ed i MMG.
Risultati: Nei primi sei mesi di attività, sono stati reclutati 26 pazienti (6 pazienti, nei sei mesi precedenti l'avvio), di cui 23 inviati in A.D.I., 17 maschi e 9 femmine. Patologie prevalenti: cerebrovasculopatia, scompenso cardiaco, BPCO, cirrosi. In questo gruppo di pazienti, abbiamo ottenuto una riduzione dei ricoveri ripetuti, rispetto a pazienti con analoghe caratteristiche sociodemografiche e cliniche, che in precedenza non erano stati coinvolti in questo percorso. Abbiamo potuto constatare una efficiente collaborazione da parte dei MMG.
Conclusioni: Alla luce dei risultati, che verranno discussi in dettaglio, gli autori ritengono di grande efficacia l'applicazione della metodologia delle Dimissioni protette, e l'implementazione della continuità assistenziale. è in avvio l'applicazione della tecnologia informatica al percorso.

Hemorrhage and Internal Medicine: a large hospital based-study in non-surgical patients

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Background: Hemorrhage is a recurrent reason of admission to the hospital and a frequent complication during recovery. This topic has not ever been investigated in medical patients extensively. Aim of this study is to evaluate the size of bleeding in an internal medicine ward, exploring the association with concomitant therapies and principal medical conditions.
Materials and Methods: We used administrative database related to 2009-2011 admissions to the Gemelli hospital gathering the case sheets of all the patients discharged from a medical ward with a diagnosis of bleeding. Pediatric and gynecology wards were excluded. We also evaluated the principal hospital related activity indicators and all the possible risk associations.
Results: 17 medical wards were involved. The crude rate hospitalization was 3,1:1000 cases/yr with a recovery median duration of 16,8 days. A well documented hemorrhagic event was found in 517 patients, mostly intracranial (254), gastrointestinal (136) and respiratory (43) bleeding. Digestive bleeding (55,6%) was the main event during hospitalization. Anticoagulant and antiplatelet therapy were recorded in 72 and 107 patients respectively.
Conclusions: This study confirms hemorrhage as a frequent medical problem underlining the necessity of a diagnostic-therapeutic assessment to improve a specific medical assistance in this disorder. Moreover, in most cases the recovery due to hemorrhage in an internal medicine ward was improper influencing its duration. This study also highlights the role of antithrombotic therapy in the incidence of bleeding events.

Venous thromboembolism in a large cohort of patients: a retrospective study

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Background: (VTE) is one of the major causes of morbidity and mor-

tality, especially in hospitalized population which has a 960-fold increased risk compared to general population. The aim of this retrospective study was to describe the natural history of VTE among patients hospitalized at our institution, exploring risk factors and particularly the atypical presentations.
Materials and Methods: We identified the cases of VTE occurred in our institution across a time frame of 3 years by a retrospective search in our administrative database. For this purpose ICD9-CM diagnostic codes in 1st or 2nd position were used. We evaluated the reliability of such a definition by comparison of a random sample of identified patients with their respective medical records.
Results: Among 142.049 discharges in 3 years, 690 cases of VTE were reported (4.86 per 1000 discharges). PE occurred in 310 patients and DVT alone in 380 patients (2.18 and 2.67 per 1000 respectively). Total incidence was slightly higher in males *vs.* females (5.62 *vs.* 4.26 per 1000); notably, this was confirmed also restricting the analysis to age groups between 15-49 years. More than a half of these patients were discharged from a medical ward.
Conclusions: A high proportion of VTE cases occurs in the medical wards, with relatively fewer cases in surgery wards. The human and economic burden of VTE remains high despite the availability of guidelines and prophylaxis measures. Moreover, this study confirms that patients should be routinely checked for VTE risk factors at hospital admission.

Wernicke syndrome associated with hyperemesis gravidarum

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Purpose: The authors describe a case on Wernicke Syndrome(WS) that is caused by Hyperemesis Gravidarum.
Methods: We experienced a 42-year-old female patient at 12 weeks of pregnancy who presented in our clinic because of severe pregnancy-related hyperemesis, diplopia, and decresed mentality. Neurologic exams showed a bilateral palsy of adbucens, vertical and horizontal nistagmus, a wrong perception of time and places and gait disturbance. A CT Scan and a MRI were normal, while the EEG showed a pathologic diffuse pattern.
Results: A diagnosis of WS was suspected and the patient was treated with Thiamine: over the course of some days her symptoms improved.
Conclusions: If a pregnant woman has syntoms of severe vomiting along with ocular findings, the diagnosis of WS should be suspected and should start appropriate treatment immediately.

A case of cerebral venous thombosis presented in an acute fashion and with a severe outcome

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Purpose: The Authors describe a case of Cerebral Venous Trombosis (CVT) and analyze the fundamental clinical aspects of this rare disease, its pathophysiology, aetiology, diagnosis and treatment.
Methods: We experienced a 39 year-old man who visit our Emergency Department because malaise, headache, nausea, and neurological signs.
Results: A brain CT scan without contrast showed a diffuse edema of the brain. The patient was admitted in our Medical Department with acute change in mental state and the rapid development of stupor and coma. A brain MRI was performed, with detection of a diffuse thrombosis on superior sagittal and trasverse sinus, bilateral ischemic lesions of the brain and a diffuse edema. He died a few hours later because of shock, respiratory arrest, signs of cerebral death and asystolia. Autopsy confermed a diffuse CVT with multiple cerebral infarctions and massive edema.
Conclusions: CVT is a rare but sometimes cathastrofic disease and its more severe form is a diffuse, acute encephalopathy with severe cerebral edema.

Una casistica di 32 pazienti con eteroplasia e ipercaptazione dei grandi vasi arteriosi ad un esame 18-F-FDG PET/TC

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Premessa: In letteratura è noto un sincronismo tra una lesione neoplastica e un' arterite dei grandi vasi ad eziologia paraneoplastica. La 18-F-FDG PET/TC è un esame utile nella valutazione di staging e restaging nei pazienti oncologici e negli ultimi anni è utilizzato sempre di più anche nella diagnosi delle vasculiti dei grandi vasi.
Oggetto: Con questo studio retrospettivo abbiamo valutato la tipologia di lesione eteroplasica più frequentemente associata ad una ipercaptazione dei grossi vasi arteriosi e una correlazione tra questo fenomeno e un trattamento chemioterapico.
Materiali e Metodi: Dal 2009 al 2012 sono stati selezionati 32 pazienti con una eteroplasia in fase di staging o restaging postchirurgico e/o chemioterapico e/o radioterapico con esame 18-F-FDG PET/TC e riscontro occasionale di ipercaptazione di uno o più distretti arteriosi. L'ipercaptazione è stata valutata con la metodica semi-quantitativa del SUV (Standardized Uptake Value).
Risultati e Conclusioni: Nella nostra casistica i più frequenti sono i tumori polmonari (13 pz) e del colon retto(6 pz), mieloma multiplo (2 pz), tumori del pancreas (2 pz), sarcomi delle parti molli (2 pz), linfomi (2 pz), tumori dell'utero (2 pz), melanoma (1 pz), mammella (1 pz), ovaio (1 pz). I valori di ipercaptazione sono più elevati nei pazienti trattati con una chemioterapia recente, in particolare nella paziente con ETP dell'utero trattata con cisplatino e taxano.Nei 32 pazienti i valori più elevati di SUV sono stati riscontrati a livello di tutto il decorso dell'aorta,delle carotidi comuni e delle arterie iliache comuni.

La ventilazione meccanica non invasiva in medicina interna: management ed outcome

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Premessa: La Ventilazione Meccanica Non Invasiva (NIV) offre l'opportunità di trattare pazienti critici con insufficienza respiratoria acuta/riacutizzata in area medica dedicata, altrimenti destinati alle UTIR. Tale metodica, finora appannaggio quasi esclusivo della Pneumologia, viene oggi adottata anche nelle UO di Medicina Interna con buoni risultati. Riportiamo qui la nostra esperienza.
Risultati: La ns UO in Area Critica è dotata di 4 posti di terapia semintensiva con monitoraggio cardio-respiratorio ed assistenza respiratoria con ventilatori Bilevel multifunzione (CPAP, PSV) per pazienti critici con insufficienza respiratoria acuta/riacutizzata (BPCO o insufficienza cardiaca). Nel periodo compreso tra gennaio 2011 - dicembre 2012 (24 mesi) abbiamo trattato 60 pazienti, 32 femmine e 28 maschi, età fra 32- 90 aa; tra questi, 54 erano affetti da insufficienza respiratoria riacutizzata in BPCO e trattati con Bilevel in PSV, 6 presentavano insufficienza respiratoria ipossiemica da EPA e trattati in modalità C-PAP. In totale, 51 pazienti (85%) hanno avuto remissione del quadro clinico e dei parametri emogasanalitici e, di questi, 28 (55%) sono stati dimessi con prescrizione di NIV ed OLT; in 9 casi (15%) vi è stato exitus.
Conclusioni: I risultati ottenuti dimostrano l'opportunità che le medicine interne si muniscano di apparecchi per NIV da impiegare in area dedicata per trattare i pazienti critici che possano giovarsi di tale metodica: è auspicabile infatti che ogni UO internistica possa adottarla, al fine di migliorarne l'outcome e ridurre la richiesta di posti in UTIR.

✪ Venous thromboembolism (VTE) in patients with acute infection and immobility: an analysis from the RIETE registry

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Background and Aims: Real-world evidence for the association among acute infection, immobility and VTE is limited, as well as detailed information on the role of specific types of infection. Aim of this-analysis was to evaluate clinical characteristics of VTE patients with acute infection leading to immobility.
Materials and Methods: RIETE is a worldwide registry of patients with deep vein thrombosis or pulmonary embolism (PE) confirmed by objective tests. All patients included in the RIETE registry at January 2013 (n=44,898) were considered for this analysis.
Results: Acute infection leading to immobility was reported in 889 patients (2%). Pneumonia was present in 23.1%, other respiratory infections in 29.1%, urinary tract infections in 10.7%, and sepsis in 5.2% of cases. Patients with respiratory infections/pneumonia had more frequently PE as initial presentation of VTE if compared with other infections (61.6% *vs* 41.9%, p <0.001). Significantly more patients with pneumonia had received thromboprophylaxis prior to VTE (51.7%, *vs* 30.5% in patients with other respiratory infections, p <0.001).
Conclusions: In our registry respiratory infections accounted for the majority of cases of VTE associated with infection and immobility, and they more frequently had PE at presentation. Of interest, patients with pneumonia had a high percentage of ineffective prophylaxis; future clinical trials might evaluate the opportunity of a more systematic and aggressive approach in these patients.

Sindrome mielodisplastica: presentazione atipica di un caso di AREB

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Premessa: Le Sindromi Mielodisplastiche (SMD) sono malattie ematologiche clonali caratterizzate da citopenie uni o plurilineari, accentuata apoptosi, frequente evoluzione leucemica. I sintomi iniziali sono generalmente riferibili ad una condizione di anemia. Le SMD prevalgono in età avanzata e possono essere primitive o secondarie, accompagnate da anomalie che ne definiscono il profilo di rischio (WPSS).
Descrizione del caso: Uomo di 57 anni, giunge alla nostra osservazione per ittero d.n.d.d. Indagini ematochimiche: GR 3.230.000, MCV 99, Hb 4 g/dl, Hct 32.1, GB 3.950, PLT 131.000, vit B12 389, folati 2.43, indice reticolocitario 0.5,eritropoietina 368,HbA2 2.2%, HbF 3.7%,bilirubina totale 5.96, bilirubina diretta 0.77, Coombs diretto ed indiretto negativi, agglutinine a freddo negative, resistenze osmotiche normali, G6PDH normale. Emocromo: rari elementi immaturi della serie eritroide, rarissimi blasti mieloidi.BOM: AREB- 1 con segni di emolisi intramidollare. Citofuorimetria negativa per EPN.
Diagnosi: Ittero emolitico in Sindrome Mielodisplastica tipo AREB 1 (WHO)
Conclusioni: L'aspetto insolito del caso descritto è il sintomo principale rappresentato da ittero a bilirubina indiretta con anemia, che inizialmente aveva orientato verso la diagnosi di anemia emolitica. In effetti, nonostante sia rara la presenza di ittero nelle SMD, essa viene descritta e motivata da EPN di accompagnamento, dalla presenza di Hb anomale o accentuata apoptosi per cause intercorrenti. SMD è rara, ma possibile causa di ittero emolitico.

La medicina difensiva: risultato di una indagine fra i medici bresciani

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Premesse: La medicina difensiva è un fenomeno a lungo sottovalutato in Italia. Con lo scopo di valutare le dimensioni del fenomeno e le variabili correlate l'Ordine dei Medici della Provincia Brescia ha condotto un indagine tra i 6.600 medici bresciani.
Metodi: Utilizzando il sito dell'ODM è stato proposto un questionario online al quale hanno risposto 995 medici (15% del totale; 57% maschi).
Risultati: Tra i responder il 47% ha un'età fra 51 e 64 anni, il 33% 35-50 anni, il 16% meno di 35 anni, il 4% più di 65. L'81% dei medici afferma di aver preso decisioni "difensive" negli ultimi 6 mesi. I "comportamenti clinici difensivi" più frequenti sono: prescrizione di esami strumentali (88%), visite specialistiche (82%), esami di laboratorio (81%), prescrizione di farmaci (50%). L'influenza negativa di esperienze di altri colleghi e il timore delle conseguenze psicologiche di un contenzioso risultano le principali ragioni dei comportamenti difensivi (27% e 24%). Oltre il 90% ritiene fondamentale il ruolo di tutela dell'ODM e delle specifiche associazioni e sindacati, così come un accordo molto ampio (80%) hanno le iniziative di informazione corretta al cittadino/paziente e di collaborazione con le associazioni dei pazienti.
Conclusioni: L'indagine evidenzia la diffusione del fenomeno "medicina difensiva" in una realtà geografica e socio culturale ben definita. Interventi di tutela istituzionali, rapporti più stretti con le associazioni dei pazienti e informazione corretta sono elementi essenziali per arginare un fenomeno dal rilevante impatto economico e clinico.

Un singolare caso di fratture vertebrali da fragilità

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Premesse: L'osteoporosi è una malattia dello scheletro che comporta un aumentato rischio di frattura. Prima di intraprendere qualsiasi strategia terapeutica è doveroso eseguire alcuni esami di laboratorio al fine di escludere cause secondarie di osteofragilità.
Materiale: Donna di 37 anni giunta in visita per rachialgie e recente riscontro radiografico di peggioramento delle note fratture da fragilità a livello dorso-lombare.Familiarità negativa per patologia osteo-scheletrica e odontopatie.Dieci anni fa colica renale e successivo intervento. Da otto anni rachialgie; già sei anni fa riscontro di fratture vertebrali lombari e dorsali e quadro sensitometrico compatibile con osteoporosi. A seguire terapia con risedronato e vitamina D. All'esame clinico sclere bianche, cifosi dorsale, BMI 22. Gli esami di primo livello hanno documentato una ipercalciuria (430 mg/24 ore) ed una fosfatasi alcalina totale di 22 U/L (v.n. 35-104);incuriositi da quest'ultimo dato siamo andati a ricercare tutti i dosaggi della fosfatasi alcalina eseguiti dalla paziente negli ultimi cinque anni alcuni dei quali anche in corso di documentate fratture vertebrali ed abbiamo riscontrato valori nettamente inferiori alla norma.
Risultati: Nel sospetto di ipofosfatasia dell'adulto è stato eseguito lo screening molecolare del gene ALPL che ha confermato la diagnosi.
Conclusioni: L'ipofosfatasia dell'adulto è una patologia rara ma il case report conferma l'importanza della visione globale del paziente fatta di una scrupolosa anamnesi, di un corretto esame obbiettivo e di esami di laboratorio mirati.

Diabetic patients in a palliative care setting: analogous outcome than non diabetics but more resources required

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Background and purpose of the study: Limited information is available regarding prevalence of diabetes and its absorption of resources in palliative care setting. Aim of the study: to analyze patients' features in three years activity in a Palliative Care Unit, focusing on the diabetic cohort.
Materials and Methods: We retrospectively analyzed data from 563 patients consecutively admitted to our Palliative Care Unit. As to the whole sample age, sex, Performance Status, main diagnosis, prognostic index, pain, duration of hospital stay, global survival, number of admissions were considered; moreover type of diabetes and average blood glucose in diabetics only were collected. Diabetic *vs* non diabetic group data were analyzed and differences in diabetics as to average blood glucose (controlled *vs* uncontrolled) were considered.
Results: 27% of patients were diabetics (n=157), 80% with cancer and 20% with other chronic disabling diseases. Between the 2 groups

no significant differences in terms of pain, Performance Status or survival emerged. The only significant differences were that diabetic patients had more hospitalization days and a greater propensity to re-admissions than non diabetics. As to days of survival patients with controlled *vs* uncontrolled diabetes did not differ.
Conclusions: Even if diabetics and non diabetics in Palliative Care have an analogous outcome, diabetic patients may require greater resources in terms of health care team work load.

Pleuropericarditis: report of two cases and review of current knowledge

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Introduction: Pericardial effusion is a common finding in clinical practice either as incidental finding or manifestation of a systemic or cardiac disease. The aim of this paper was to describe two similar cases of pericardial effusion and evaluate current knowledge on the management of the disease.
Materials and Methods: Two old men, TA 83 and FG 75 yrs, present with progressively worsening dyspnea and palpitations. No history of feverishness, malaise or chest discomfort in any of them. Both had: hypertension, dislipidemia and atrial fibrillation of unknown onset. T.A had a prostatic cancer and F.G a non Hodgkin lynfoma in remission state. Hemodynamic compromise, cardiomegaly, large pleuropericardial effusion were more common in patients with tuberculous or malignant pericardial disease than in patients with idiopathic pericarditis.
Results: Both pts had severe pleuropericardial effusion and a picture of clinical tamponade.
No finding of malignancies, tubercolous or bacterial effusion was done. TA had positivity of Ab IgM anti influenzae A, making diagnosis of viral pericarditis. FG was ANA positive without any sign of an immunologic process, so no diagnosis was made. For both, the pleuropericardiocentesis was curative.
Conclusions: The aetiology of pericardial effusions is varied (infectious, neoplastic, autoimmune, metabolic and drug-related), being tuberculosis the leading cause all over the world. The finding of pericardial effusion in patients with underlying malignancy not infrequently is due to alternative causes and not to direct neoplastic pericardial involvement.

Inadequate beta blockers titration in the treatment of heart failure: an underestimated high impact problem

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Background: Beta blockers are a cornerstone in the treatment of heart failure, increasing survival and reducing rehospitalization. The titration of the drug to the maximum tolerated dose is an essential element to achieve the expected outcomes. Current study evaluated a group of patients admitted to Continuity Care Hospital from January to July 2012 with diagnosis of heart failure and discharged on beta-blocker therapy. We evaluated the correct titration of the drug in the patients group, during 7 months follow-up.
Patients and Methods: 110 patients were consecutivelly enrolled, 65 men (59.1%), mean age 79.5, and 45 women (40.9%), mean age 76.7. All patients had beta-blocker therapy at discharge (bisoprolol 70.9%).
Results: 14% of patients increased by one step titration comparated with the starting dose, 4% increased twice the dose reaching the second step, but only 6% achieved the target dose or maximum tolerated dose. 76% stopped the therapy or remained with the starting dose. The percentages of correct titration were better if patients were visited at least once by a cardiologist during titration: 21% *vs* 10% for the increase of one step, 6% *vs* 4% for target dose.
Conclusions: Heart failure has a poor prognosis, yet drugs known to improve outcomes like beta blockers are sometimes either not prescribed or prescribed at sub-therapeutic doses. Titration of the beta blocker in the treatment of chronic heart failure remains one of the main problems of "continuity of care".

Intossicazione cronica da litio

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Uomo, 68 aa, affetto da D. M. tipo 2, ipertensione arteriosa, ipercolesterolemia, BPCO, disturbo bipolare. Primo accesso al P.S. per diarrea, episodio di confusione mentale e tremori, dimesso con diagnosi descrittiva e terapia sintomatica per la diarrea. Dopo 7 gg viene riaccompagnato al P.S. per comparsa di stato soporoso. Al P.S.: TC encefalo negativa per eventi acuti; esami ematici: ↑ indici funzionalità renale. Viene ricoverato presso la nostra U.O. con diagnosi di: verosimile accidente cerebrovascolare acuto. Al domicilio pratica terapia con ramipril, norvasc, metformina, carbolithium e quetiapina. Litiemia controllata ogni tre mesi riferita nel range terapeutico. All'ingresso l'obiettività evidenzia stato di torpore psichico, non deficit motori di lato, null'altro di rilevante; agli esami di laboratorio: ↑ di azotemia, creatininemia e FT4; all'ECG: BAV di 1° grado, anomalie della fase di recupero ventricolare. Nell'ipotesi di intossicazione da litio è stata effettuata litiemia che è risultata notevolmente aumentata (2,77 meq/l – v.n.: 0.60 – 1.15). Sospeso il carbolitio è stata instaurata terapia con ac. valproico e terapia idratante continua; a 48 h litiemia nella norma senza però miglioramento dello stato di vigilanza che invece è stato ottenuto dopo circa 10 gg. I Sali di litio rappresentano una terapia efficace nel disturbo bipolare ma hanno basso indice terapeutico. In un pz anziano con turbe dello stato di coscienza, anche in assenza di eventi scatenanti, ma in presenza di un trattamento cronico con litio, l'intossicazione cronica deve sempre essere esclusa.

La controversa diagnosi di encefalite

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Background: Viral encephalopathy is the most common form of acute focal encephalopathy. Cerebro spinal fluid (CSF) analysis helps in confirming the clinical diagnosis.
Clinical report. Here we describe a case report of a 62 years old caucasian male affected by ischemic cardiopathy, with an history of aorto-coronaric by-pass. The patient was admitted to emergency room of our hospital due to a sudden consciousness disturbance associated with a raise in cardiologic enzymes. During hospitalization he underwent a diagnostic coronarography with a stent placement. After surgery the patient presented a clinical decline, with confusional state and behavioural disturbances. The rest of neurological examination was unremarkable. No fever neither raise of inflammatory indexes was detected. MRI was contraindicated due to the presence of metallic by pass clips and recent stent placement. A CT scan, right after the coronarography, indicated a bilateral temporo-polar and insular hyperintensity, probably attributed to contrast medium artefact. Therefore another CT scan after 24 hours was performed indicating right temporal hypodensity.
Results. Patient was diagnosed with a cerebral ischemic event. Due to clinical worsening the patient has been transferred to a Neurological Unit where he underwent a lumbar puncture which indicated increased in cell count and proteins with an intratecal IgG synthesis. The PCR analysis for common viral agents was negative. Encephalitis was diagnosed.
Conclusions. Viral encephalitis needs to be always suspected in cases of uncertain consciousness disturbances. In those cases CSF analysis is mandatory in order to confirm the diagnosis.

Degenerazione cortico-basale: case report

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Premesse e scopo dello studio: La Degenerazione Corticobasale è una malattia degenerativa per la prima volta descritta da Rebeiz e col-

leghi nel 1968. Storicamente descritta principalmente come disordine del movimento caratterizzato da una Sindrome Parkinsoniana rigido-acinetica con caratteristiche motorie asimmetriche quali rigidità, distonia e mioclono. La Degenerazione Corticobasale si caratterizza inoltre per una serie di disturbi cognitivi quali aprassia, disfunzioni esecutive, e deficit del linguaggio con una relativa preservazione delle funzioni mnesiche. Ad oggi non esiste un trattamento per curare tale malattia.
Materiali e Metodi: Viene discusso il caso di una signora di 60 anni, giunta alla Nostra osservazione a seguito dell'insorgenza di disturbi neurologici inizialmente caratterizzati da distonia e mioclono, con progressivo aggravamento. Viene descritto l'iter diagnostico che ha coinvolto al fianco dell'internista, lo specialista neurologo, attraverso una serie di indagini strumentali e test clinici specialistici
Risultati: Abbiamo formulato la diagnosi di Sindrome Corticobasale. Nel caso in esame abbiamo potuto rilevare una parziale risposta ad L Dopa, mentre in letteratura, la maggior arte dei pazienti l'utilizzo di L Dopa e/o di dopaminoagonisti non sembrerebbe avere alcun beneficio.
Conclusioni: Verranno presentati ed appofonditi gli aspetti neuropsicologici e clinici che maggiormente caratterizzano tale malattia.

Un caso di iponatremia severa nell'anziano

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L'iponatremia rappresenta il disordine elettrolitico di più frequente riscontro nella pratica clinica; l'iponatremia è ritenuta fattore prognostico negativo. Paziente donna di 87 anni, ipertesa in terapia con Ramipril/HCTZ 5/12.5 mg e Promazina Cloridrato 10 mg, ricoverata per astenia muscolare, stato confusionale, vomito, recente episodio di caduta a terra con trauma cranico minore. Si evidenzia disidratazione, PAS 105 mm/Hg, riscontro di Sodio 115 meq/L, osmolarità plasmatica 260 mOsm; ADH normale; TC cerebrale: atrofia; viene sospesa terapia con Promazina e avviata infusione di soluzione ipertonica 3% con normalizzazione della natremia e miglioramento del quadro clinico, la paziente viene dimessa; dopo 10 gg si ripresenta analoga sintomatologia: Sodio 104 meq/L con ipoosmolarità; avviata soluzione ipertonica 3% e sospesa terapia con Idroclorotiazide; segue stabilizzazione del quadro clinico; natremia alla dimissione 134 meq/L. Nel follow up la paziente asintomatica e i controlli seriati confermano valori di natremia nella norma. Il caso clinico mostra come l'iponatremia severa possa causare nell' anziano quadri clinici rilevanti che necessitano frequente ospedalizzazione; la corretta individuazione dei fattori determinanti iponatremia comporta non poche difficoltà; occorre considerare in particolare che terapie farmacologiche di uso comune nella pratica clinica quotidiana e ritenute normalmente prive di effetti collaterali rilevanti, possono in realtà indurre non di rado quadri patologici severi.

Moderate-severe dysphagia: prevalence, lung complications, treatment and length of stay in an Internal Medicine Unit

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Introduction: Dysphagia (DPH) is a growing health concern in the elderly people which contributes to frailty process, pneumonia, malnutrition and mortality. Age related changes in swallowing physiology and age related diseases are predisposing factors.
Aim of the study: To analyze prevalence, lung complications, treatment and length of stay (LOS) in patients (pts) with moderate-severe DPH.
Methods: All pts admitted to our Centre between 1st April 2012 and 31st January 2013 with moderate-severe DPH at clinical bedside evaluation were included.
Results: 1618 pts have been admitted to our Unit of Internal Medicine from April 2012 to January 2013. 27 pts (20 ♂ and 7♀, median age 82 years) had moderate-severe DPH: prevalence 1,7%.
25 pts (92,6%) were affected by neurological diseases; of these 15 pts (55.6%) had dementia. 17 pts developed pneumonia (62,9%). 16 pts have been discharged with assisted oral feeding, 3 pts with enteral nutrition through feeding tubes, 8 pts with parenteral nutrition. 3 pts died (11.1%). Median LOS was 27.2 days (72-5) compared with 9.7 days for the Unit.
Conclusions: DPH is often identified in pts with neurological disturbances and in the elderly. Even if observed in only few hospitalized pts, moderate-severe DPH is associated with prolonged hospitalization and high financial costs. An early diagnosis is advised to perform focused interventions and to reduce complications and LOS. Feeding treatment choices are difficult and cause legal, ethical, and emotional problems: a multidisciplinary team is needed for best decision and optimal management

Because a DTP on COPD made from internal medicine

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Exacerbations are important clinical events in the history of COPD because it will degrade the quality of life of patients, lung function and have high economic and social costs. The arrival in hospital of patients with suspected exacerbation of COPD (AECOPD) poses diagnostic and decision-making about treatment (home or hospital) and the hospital ward more appropriate. This Diagnostic Therapeutic Protocol (DTP) on AECOPD is based on GOLD guidelines 2011, and by document Consensus Conference 2011 National Group FADOI, which also implements the ACP LG 2011, NICE 2010 and Canadian with the 2008 update. The highlights of the DTP are based on three questionnaires dichotomous: OSSI Score, DOOR Score and WHERE Score, that help the physician's decision making, structured as follows: i) Make a diagnosis by history, physical examination, laboratory and instrumental examinations and filling OSSI score; ii) Patient with AECOPD is administered DOOR Score, which determines whether to refer the pt at home (HOME) or hospitalize (HOSPITAL); iii) In the latter case, using the WHERE SCORE, we will be able to allocate the patient in the various care unit: internal medicine, or respiratory subintensive care unit or respiratory intensive care unit.

Chronic obstructive pulmonary disease exacerbation in the hospital: analysis of admissions from 2011 to 2012

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The Acute Exacerbation of COPD (AECOPD) is defined as an event characterized by worsening of respiratory symptoms that goes beyond the normal daily variation that lead to changes in treatment. We analyzed the Hospital Discharge Report of the years 2011 and 2012 to investigate where the patient with AECOPD were mainly hospitalized in order to better allocate resources and improve the management. The data show that the AECOPD represents about 0.5% of all admissions, in 2012 and the average length of stay was 11.95. The inpatients are predominantly male. There were no significant differences between the data of 2011 and those of 2012. The patient with AECOPD is hospitalized mainly in the Geriatrics Unit (75.6% in 2011 and 79.1% in 2012 of total admissions). The Unit of Medicine and Pneumology hospitalized patients younger. The average time of hospitalization are higher in Geriatrics Unit, because of complexity and frailty of elderly patients, compared to Medicine and Pneumology. Almost all admissions comes from First Aid Unit (urgent hospitalization), the adoption of a diagnostic and therapeutic protocol could optimize admissions, allocate the patient to the appropriate place of care and ensure the effectiveness and uniformity of treatment.

Indapamide-induced acute hypokaliemic rhabdomyolysis in a patient with primary hyperaldosteronism

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A 63-year-old man, with history of arterial hypertension, was admitted to our hospital for the onset of myalgia and progressive muscle weakness of all limbs for ten days. Three weeks before hospital admission

indapamide was added to his treatment regimen. Laboratory findings showed severe hypokalemia, extreme elevation of serum creatinine phosphokinase (CPK) levels, high transaminases, aldolase and serum and urinary myoglobin levels. Electromyography showed a myopathic pattern with main involvement of proximal muscles. Based on the above findings, the patient was diagnosed as having hypokalemic myopathy and rhabdomyolysis. Indapamide was immediately withdrawn and treatment with intravenous potassium supplementation and potassium canrenoate was started. Within five days serum potassium, CPK and myoglobin levels returned to normal with clinical resolution of muscle weakness and normalization of electromyographic findings. Suspecting a primary hyperaldosteronism an abdomen computed tomography was performed, revealing a bilateral adrenal nodular mass. The diagnosis was then confirmed by the finding of plasma renin concentration under lower normal range with a two-fold increase of plasma aldosterone concentration. Our case underlines the need for physicians to be aware of the risk of hypokalemia-induced rhabdomyolysis, especially in patients with primary hyperaldosteronism, and the importance of measuring serum electrolyte concentrations in case of diuretic therapy in hypertensive patients.

Central nervous system hemangiopericytoma with bone and lung metastasis

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Hemangiopericytomas (HPCs) are rare tumors which arise from pericytes around capillaries and postcapillary venules and can be located anywhere in both central nervous system (CNS) and extra-CNS sites. However, most HPCs are found in the musculoskeletal system and skin, while CNS ones are rare, and account for less than 1% of all CNS tumors. A 69-year-old woman, who had undergone surgical resection of a brain tumor diagnosed as meningioma 7 years previously, came to our attention for a suspected meningioma recurrence. A pulmonary nodular lesion in the left lower lobe was found on a pre-operative chest X-ray. A thoracic computed tomography showed pulmonary bilateral nodular masses and bone abnormalities of ribs and dorsal vertebrae, which were suggestive of metastatic malignant lesions on magnetic resonance. Positron emission tomography revealed areas of increased tracer uptake in these sites. A bone biopsy of dorsal vertebrae was performed with histopathological diagnosis of HPC. Then, the patient underwent surgical excision of the meningeal lesion, whose histological characteristics were indicative of HPC, so suggesting a recurrence of a previous misdiagnosed HPC with bone and lung metastasis. Indeed, HPCs can resemble meningiomas on imaging and even microscopically, leading to frequent misdiagnosis. However, unlike usual benign meningiomas, which rarely metastasize extracranially, meningeal HPC has a high rate of local recurrence and distant metastasis, which may occur several years after initial treatment.

La difficile diagnosi delle malattie granulomatose: un caso apparentemente semplice

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La Granulomatosi di Wegener (GW) è una vasculite sistemica ANCA-associata caratterizzata da flogosi granulomatosa necrotizzante dei vasi di piccolo e medio calibro che colpisce prevalentemente le vie aeree superiori ed inferiori ed il rene; le proteiformi manifestazioni di questa malattia rendono complessa la diagnosi differenziale con altre malattie granulomatose.
Caso clinico: A.G.B.A., 56 anni, peruviano in Italia da circa 9 anni. Giunge alla nostra attenzione per tosse non produttiva, odinofagia, lesioni linguali con placca biancastra, astenia, calo ponderale di 20 kg in circa 10 mesi, febbre intermittente fino a 39°C, pericardite acuta e riscontro di nodulo polmonare lingulare in stretto rapporto con la pleura toracica. L'esame TC-PET mostra captazione patologica del nodulo polmonare, presenza di linfonodi calcifici sottocarenali, aree di opacità a vetro smerigliato agli apici. La biopsia del nodulo polmonare evidenzia flogosi granulomatosa necrotizzante; il Quantiferon è positivo ma l'esame microscopico per Micobatteri e l'amplificazione genica per BK effettuati su BAL risultano negativi. Il quadro si complica inaspettatamente con insufficienza renale acuta rapidamente progressiva con sedimento urinario attivo ed elevato titolo ANCA anti-PR3: la biopsia renale mostra glomerulonefrite extracapillare. Da segnalare l'assenza di segni di rinosinusite alla TC, sebbene venga riscontrata una neoformazione bottonuta epiglottica. Nonostante l'iniziale sospetto di Tubercolosi, motivato anche dalla provenienza da area endemica, è infine stato possibile porre diagnosi di GW.

Una vasta lesione cutanea di non facile inquadramento

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La "T-cell large granular lymphocytes leukemia" (T-LGL) è una rara malattia linfoproliferativa che ha solitamente un decorso indolente, che spesso si associa a varie manifestazioni autoimmuni, tra le quali alcune citopenie, e può complicarsi con infezioni favorite dalla neutropenia.
Caso clinico: B.L., donna, 68 anni, affetta da piastrinopenia e anemia con componente emolitica autoimmune in trattamento con prednisone, eritropoietina ed emotrasfusioni, con associata epatosplenomegalia e portatrice di emorroidi esterne sanguinanti. Giunge alla nostra attenzione a causa di una vasta lesione gluteo-perineale con dermo-epidermite necrotizzante con sovrainfezione di Candida spp. ed E. coli, inizialmente inquadrata come Gangrena di Fournier. Il curettage chirurgico, seguito da medicazioni avanzate associate a terapia antibiotica, ha portato ad un progressivo e lento miglioramento della lesione. La rivalutazione eziologica della piastrinopenia e dell'anemia, tramite BOM ed Immunofenotipo su sangue periferico, ha evidenziato la presenza di un abnorme clone linfocitario T con coespressione di CD2, CD3, CD7, CD8, CD57, permettendo di porre diagnosi di T-LGL. Ciò ha consentito di ampliare il campo della diagnosi differenziale in merito all'eziologia della lesione perineale; infatti, nonostante l'interessamento cutaneo in corso di T-LGL sia solitamente rappresentato da infezioni, esso può essere dovuto a manifestazioni infiammatorie non infettive, come il pioderma gangrenoso e la vasculite cutanea con ulcere necrotiche, ed infine, seppur raramente, anche ad infiltrazione neoplastica.

Delirium in elderly patients hospitalized in internal medicine wards

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Background: To evaluate the impact of delirium in geriatric inpatients in internal medical wards and to identify predisposing factors for development of delirium, a prospective observational study was conducted.
Methods: The study included all patients aged 65 years and older, who were consecutively admitted to the internal medicine wards of two public hospitals in Florence, Italy. On admission twenty-nine baseline risk factors were examined, cognitive impairment was evaluated by Short Portable Mental Status Questionnaire (SPMSQ), and prevalent delirium cases were diagnosed by Confusion Assessment Method (CAM). Enrolled patients were evaluated daily with CAM in order to detect incident delirium cases.
Results: Among the included 560 patients, 19 (3%) had delirium on admission (prevalent) and 44 (8%) developed delirium during hospitalization (incident). Onset of delirium increased length of hospital stay ($p < 0.02$) and institutionalization ($p < 0.0001$). Multivariate analysis found that cognitive impairment on admission ($p < 0.0002$), diabetes, chronic kidney failure and male gender ($p < 0.05$) were significantly associated with incident delirium.
Conclusions: Results show that delirium impact is relevant to older patients hospitalized in internal medicine wards. The present study confirms the cognitive impairment as a risk factor for delirium. The cognitive evaluation proved to be an important instrument to improve identification of delirium high-risk patients. In this term our study could contribute to better target of preventive strategies.

Pancreatic injury consequent to abdominal trauma can be successfully and safely treated with endoscopic therapy

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Introduction: A pancreatic fistula is defined as a tract leading from the pancreatic duct to the body surface,to the pleural or abdominal cavity, or to a fluid collection that is well outside the pancreas.Usually occurring after pancreatic surgery, trauma, acute or chronic pancreatitis, or malignancies. The advancement in endoscopic techniques has led to a more safe and effective conservative treatment.
Clinical case: We present the clinical case of a 55 year old man came to our attention after major trauma with splenic rupture treated by splenectomy. During the postoperative period, a abdomen CT-scan showed the presence of a pancreatic fistula, confirmed by high amylase concentration in the drainage fluid.
The patient received medical treatment including naso-jejunal nutrition, somatostatina analogues and high dose of pump inhibitors without any benefit. Due to the persistence of fluid collection, the patient finally undergo ERCP. During this procedure a polymeric endoprosthesis is placed and pancreatic sphincterotomy is performed in order to obtain the obliteration of pathological pancreatic-peritoneal fistula and convert the high-pressure pancreatic duct system to a low pressure system with preferential flow through the stent.At 4 month there were no recurrences.
Conclusions: The endoscopic drainage of the pancreatic duct is able to induce fast healing of pancreatic fistulas refractory to conservative treatment, including total parenteral nutrition, administration of somatostatin or its analogs and the placement of a percutaneous drainage.

Carotid atherosclerosis is associated to higher troponin levels during NSTE-ACS

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Background and Aims: Acute coronary syndromes(ACS),in particular NSTEMI,are frequent among elderly patients admitted to internal and emergency medicine. Increased intima-media-thickness(IMT)and carotid stenosis have been associated to a more severe coronary artery disease in stable patients.Less is known of their value in ACS.On the contrary, Troponin I(TnI) levels have been related to infarct size and prognosis in this subset of patients.
Methods: We enrolled 192 consecutive patients admitted to our department with a definite diagnosis of NSTEMI. Each patient was investigated evaluating sex, age, risk factors, chronic renal failure, presence of atrial fibrillation and troponin levels. Carotid ultrasound was performed within 24 hours from the admission, evaluating IMT or carotid plaques. We performed a multivariate analysis to assess if IMT or carotid plaque could be associated to increased TnI levels at the admission, correcting for risk factors, chronic renal failure, age, sex and creatinin clearance.
Results: Increased IMT and the presence of a carotid plaque of any severity were independently related to increased TnI levels at admission. The presence of a pathological IMT or a carotid plaque were associated to a mean increase of TnI of 9.31 ng/ml ($p < 0.05$) in respect to patients with normal neck vessels.
Conclusions: Pathological IMT and carotid plaques are associated to higher TnI levels at the admission. This observation, if confirmed in larger studies, could be helpful to stratify NSTEMI patients with a more severe prognosis.

Semplicemente complesso

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Uomo, 80 aa, ricoverato per diarrea cronica, calo ponderale e riscontro TC di lesione epatica sospetta per eteroplasia. AP ipertensione arteriosa. All'obiettività scadute condizioni generali, rossore del volto, epatomegalia. Esami di laboratorio negativi per virus epatitici, markers neoplastici e coprocolture. In degenza andamento pressorio irregolare, episodi diarroici talvolta prorompenti, flushing. Al controllo TC total body conferma LOS epatica 11 cm giudicata di aspetto neoplastico primitivo, tuttavia inusuale per dimensioni e assenza di fibrosi nel restante parenchima; a livello della valvola ileo-ciecale formazione solida 3 cm di ndd, inoltre cardiomegalia sezioni dx, confermata ad ecocuore (IT 4+ PAPs 60 mmHg). Visto quadro clinico caratterizzato da flushing, diarrea e cuore destro, ipotizzata sindrome carcinoide. Dosata cromogranina A risultata >1000 UI/L. Alla biopsia endoscopica lesione ileociecale: EI e immunofenotipo compatibili con tumore neuroendocrino G1 (WHO/ENETS). I carcinoidi sono tumori del sistema neuroendocrino responsabili della sintesi di polipeptidi e amine, prevalentemente serotonina, che determinano segni e sintomi caratteristici delle sindromi carcinoidi. Un tumore carcinoide intestinale primitivo sostiene la sindrome in presenza di metastasi epatiche, poiché queste secernono i prodotti metabolici direttamente nella circolazione sistemica, saltando così la metabolizzazione epatica. La valutazione critica di una sintomatologia tipica in questo caso ha permesso fin dall'inizio di ipotizzare una patologia rara e avviare un percorso diagnostico terapeutico tempestivo e mirato.

Case report: an atypical case of Behçet syndrome

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Introduction: Behçet Syndrome (BS) is a sistemic vasculitis that affects arteries and veins of large, medium and small size, characterized by recurrent ocular and muco-cutaneous lesions. We are now discussing a clinical case whose diagnosis was not immediate, because of the onset with preminent thrombotic component and eye injuries less frequent described in BS.
Case report: A 27 years old man, coming from Azeirbagian, was admitted for the first time in our department in 2011, for a deep vein thrombosis (DVT) of left common femoral vein. He also presented genital aphthous ulcerations. Pathergy test was negative, but he espressed HLA B51 and has a history of recurrent oral aphthous ulceration (roughly 15-20 times in the last year). We discharged him with oral anticoagulat therapy and with a diagnosis of "Suspect BS". In 2012 the patient was admitted again for a recurrence of left femoral DVT, despite effective anticoagulant therapy, and for visual disturbance to the right eye due to retinic vasculitis, but no sign of uveitis was ever detected; he also presented erythema-nodosum lesions and acne-like lesions. We discharged the patient with BS diagnosis in therapy with a colchicine cycle and with steroids, azathioprine and ciclosporin because of ocular and vascular involvement. We also considered biologic drugs, but we excluded them because the patient's conditions of life are at risk for serious infections.
Conclusions: BS is still a clinical skill for the clinician, as this case demonstrated.

Case report: conseguenze della non aderenza alla terapia

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Le sindromi da malassorbimento possono costituire, se misconosciute, un complesso quadro sindromico potenzialmente fatale le cui cause devono, pertanto, essere prontamente identificate e trattate.
Case report: Nel 2012 un uomo di 43 anni sottoposto alcuni anni prima a diversione bilio-pancreatica, è stato ricoverato presso la nostra U.O.C. per il riscontro di stato anasarcatico, astenia, diarrea cronica e disturbi del visus. Il paziente riferiva di non aver più assunto la terapia vitaminica sostitutiva. Si evidenziava un grave stato carenziale caratterizzato da ipoalbuminemia, anemia, ipoK, ipoNa, ipoCa, ipoP con allungamento del QTc secondario. Dopo aver corretto la grave diselettrolitemia, sono state ricercate le cause del malassorbimento e si evidenziava una notevole distensione gassosa delle anse del tenue e del colon e la perdita delle austrature del tratto a monte e a valle del sigma. A livello oculare è stata evidenziata una grave cheratite e cheratizzazione della congiuntiva secondarie a carenza di Vit. A. Il pa-

ziente ha presentato nei giorni successivi un ascesso perianale con tramiti fistolosi cutanei trattato chirurgicamente e caratterizzato istologicamente da tessuto connettivo con flogosi cronica ed acuta a cellule giganti multinucleate. è stata intrapresa terapia orale con salicilati e supplementazione di vitamina A con progressivo miglioramento.
Conclusioni: La grave carenza di vitamine liposolubili che si osserva nei pazienti sottoposti ad intervento di diversione digiuno-ileale, se non corretta, sembra alla base della patogenesi della sindrome descritta.

✪ Ambulatory blood pressure monitored hypotensive episodes in elderly hypertensive subjects

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Introduction: The identification of hypotensive episodes is an indication of ambulatory blood pressure monitoring (ABPM). Aim of this study was to evaluate the prevalence of hypotensions in elderly hypertensive subjects (over 75 years) undergoing ABPM at our Institution.
Materials and Methods: 629 hypertensive subjects in pharmacological treatment over 75 years of age undergoing ABPM at our Institution from January 2001 To September 2012 were considered. Subjects were divided in two groups according to 24 hours monitored mean blood pressure above or below 130/80 mmHg (hypertensives/non-hypertensives). Hypotension was defined as the registration of systolic blood pressure values during daily activity periods below 100 mmHg. We also evaluated the following additional parameters: blood pressure variability, dipper/non-dipper status, pulse pressure, AASI and we also recorded in each subject the number of anti-hypertensive drugs used, smoking habits and the presence of diabetes mellitus.
Results: Hypotension prevalence was no statistically different in both groups, independence from blood pressure control, AASI evaluation and additional ABPM parameters evaluated. A higher blood pressure variability along with dipper status was present in hypertensive patients.
Conclusions: Hypotensive episodes are frequent in treated hypertensives regardless of blood pressure control. No correlation between hypotensive episodes and AASI are evident.
ABPM proved to be a useful tool in clinical follow-up of elderly hypertensives, to detect hypotensions that may be induced by pharmacologic treatment.

Management of antithrombotic prophylaxis in a multidisciplinary High Dependency Unit: our experience

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Background: Several trials and meta-analysis support the effectiveness of thromboprophylaxis in patients hospitalised for medical illness. We report our experience in a multidisciplinary High Dependency Unit (HDU) for acute patients including 4 departments (Internal Medicine 1 and 2, Pneumology and Neurology) located in the Hospital of Livorno.
Methods: We prospectively evaluated all consecutive patients admitted at our HDU between Decemeber 2012 and February 2013. A total of 200 patients, 106 men, mean age 76.04±13.08 years (range 36-97), were detected.
Results: At admission 184/200 (92%) patients were classified at high risk for venous thromboembolism according to Padua Predicting score (PPS score≥4) and antithrombotic prophylaxis was administered to 130/184 (71%); 16/184 (9%) didn't receive thromboprophylaxis because of major bleeding or high hemorrhagic risk, 38/184 (20%) received an oral anticoagulant therapy and/or EBPM at full anticoagulant doses. On 130 patients, 85 were treated with Enoxaparin, 23 with Nadroparin, 7 with Bemiparin, 6 with Fondaparinux, 9 with unfractioned heparin;12 of them (9%) received adjusted doses for renal failure.
Conclusions: We confirm the utility to adopt a thromboembolic score risk in this heterogeneous population. High number of prophylaxis can be explained by the concomitance of many predisposing factors (bed rest, age, obesity, prior thromboembolism, etc.) with those due to admission in hospital. Our study evidenced a considerable variability in the choice of antithrombotic prophylaxis with several off-label prescritions (23%).

Percorso assistenziale dell'insufficienza respiratoria

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Premessa: L'insufficienza respiratoria (IR) èpatologia sempre più frequente nei Reparti di Medicina Interna e necessita di una gestione assistenziale sempre più complessa ed impegnativa per le caratteristiche cliniche dei pazienti.
Obiettivi: È inderogabile una gestione integrata dall'accoglienza alla dimissione con il coinvolgimento del DEA,del Reparto di Medicina Interna e dei Medici del territorio per ottimizzare assistenza e spesa sanitaria con riduzione dei giorni di degenza ospedaliera e delle riammissioni.
Percorso assistenziale: Deve prevedere nel DEA la consapevolezza del problema con una attenzione particolare alla sintomatologia, alla diagnosi(EGA, ecografia toracica ecc.) ed alla stratificazione dei pazienti, in modo da effettuare una terapia d'urgenza adeguata con utilizzo precoce della NIV,se c'è l'indicazione; ma deve anche prevedere l'indirizzo del paziente in UTIG o UTIR per eventuale IOT o l'invio al Reparto di Medicina Interna, in cui èauspicabile essere attivata una unità di monitoraggio respiratorio.Il percorso deve poi concludersi con la riabilitazione respiratoria o la dimissione protetta con il coinvolgimento del Distretto socio-sanitario e del Medico di Medicina generale.
Conclusioni: per la sempre maggiore morbilità delle patologie che sono causa di IR (BPCO, Scompenso cardiaco, EPA ecc.), è auspicabile una maggiore consapevolezza ed attenzione alle problematiche terapeutiche della IR da parte di tutti gli operatori sanitari coinvolti nel percorso assistenziale ma anche di chi è responsabile della gestione ed organizzazione dei nostri ospedali

Sindrome eosinofila idiopatica e sindrome di Churg-Strauss

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Premessa: HES e CSS condividono molte caratteristiche cliniche ed in particolare ipereosinofilia con possibile infiltrazione e/o conseguente danno/disfunzione d'organo. DD puo 'risultare soprattutto difficile in assenza degli ANCA o del riscontro istologico di vasculite, come in due pazienti giunte di recente alla nostra osservazione.
Scopo: Evidenziare la necessità e l'importanza d iDD precoce tra HES e CSS per terapie adeguate.
Percorso diagnostico: Escludere le forme secondarie di ipereosinofilia e distinguere se la forma primitiva è clonale(evidenza citogenetica o midollare) o idiopatica e quindi eventualmente differenziarla dalla CSS. In accordo con la letteratura, l'eosinofilia è il parametro più costantemente alterato in caso di CSS e di HES mentre l'asma, i fugaci infiltrati polmonari, la poliposi nasale, l'impegno del SN periferico, insieme alla vasculite e/o presenza di ANCA, depongono per CSS.
Conclusioni: La diagnosi precoce è fondamentale per una corretta terapia. L'individuazione delle forme di HES con caratteristiche mieloproliferative,compresa la sindrome ipereosinofila,sottogruppo della forma idiopatica, permette una precoce terapia (es.imatinib) così come la diagnosi precoce di forme di CSS particolarmente gravi tramite il "Five Factor Score, permette una terapia più adeguata. Inoltre l'interesse per le forme di ipereosinofilia è giustificato dalla possibilità di utilizzo di farmaci innovativi come omalizumab che risulterebbe in grado di ridurre gli eosinofili circolanti e tissutali con la prevenzione del remodelling delle vie aeree e con notevole risparmio della terapia steroidea.

Efficacy of noninvasive mechanical ventilation in chronic obstructive pulmonary disease patients with acute exacerbations due to different causes

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Objective: To assess efficacy of NMV in improving arterial blood parameters (ABP) of COPD pts with severe (pH<7.25 Group A[GA]) and mild (pH³7.25, Group B [GB]) respiratory acidosis (RA) due to different causes and to compare in-hospital (H) outcome of pts with pneumonia (P)-related (r) RA and pts with non-P-r RA.
Design: Prospective cohort study (December 1, 2009-January 31, 2013).
Setting: Budrio Hospital Medicine Ward.
Patients: 360 COPD pts with AE, admitted to our Unit, 108 met predefined inclusion criteria (pH (H) £7.34, PCO_2>45 mmHg), pH, PCO_2 (C) and pO2/FiO2 (F) levels were assessed at admission (a), after 2-6 hours (h) (b), 24h (c), 48h (d) and at discharge (e).
Results: 48 pts (23 men, mean age: 85.5±9.5 yrs) had severe and 60 (30 men, mean age: 82.2±9.9 yrs) mild RA, improvement of ABP was obtained in 90/108 (83%) surviving (s-) pts; in GA and GB a progressive and significant (ps) increase of H levels (a *vs* b,c,d,e; b *vs* c,d,e; c *vs* d,e; d *vs* e) (p<0.05) as well as of F levels (a *vs* c,d,e; c *vs* d,e; d *vs* e) (p<0.05) was found. A ps decrease of C values was observed in GA and GB (a *vs* b,c,d,e; b *vs* c,d,e; c *vs* d,e; d *vs* e) (p<0.05); 18 (17%) pts (9 in GA, 9 in GB, p=NS) died during H stay (HS); 25 pts had P (12 in GA, 13 in GB), 6/25 pts with P died *versus* 12/83 pts without P (p=NS). HS was similar in s- *vs* not s-pts (17±11.2 *vs* 14.7±9.6 days; p=NS).
Conclusions: NMV is an effective treatment for pts with AE of COPD irrespective of causes and pH, even in non-ICU environment; NMV improved HS also in pts with more severe forms of RA and in pts with Pn-r RA.

Emolisi intravascolare meccanica...diagnosi da non trascurare

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Donna di 73 anni con anamnesi negativa per rischio cardiovascolare, in terapia con coumadin dal 1987 per intervento di sostituzione valvolare mitralica con protesi meccanica. FAP dal 1997. A dicembre 2012 effettua vaccino antinfluenzale con successiva comparsa di astenia e dispnea. Nei giorni seguenti comparsa di ittero ed urine ipercromiche per cui la paziente accede in pronto soccorso. Ecografia e TC con mdc negative per ostruzione biliare, lesioni focali, calcolosi o dilatazione delle vie biliari. Gli esami ematici mettono in evidenza una anemia emolitica: Hb 8,6 g/dL; LDH 2138 U/L; Bilirubina 6,80 mg/dL prevalentemente indiretta; Aptoglobina consumata <0,06 g/L; Ferritina 202 ng/mL. Il Test di Coombs risulta negativo, mentre lo striscio periferico conferma la presenza di una emolisi-intravascolare con 3 schistociti per campo. Dai risultati ottenuti, pertanto, le possibili cause fisiopatologiche consistono con maggiore probabilità nell'Emoglobinuria Parossistica Notturna o nell'Emolisi Meccanica: il test di Ham risulta negativo mentre l'EcoTT, confermato da quello TE, evidenziano un rigurgito paravalvolare moderato-grave sul contorno mitralico posteriore (PVL). Il PVL complica fino al 20% degli interventi di sostituzione valvolare. Richiede una correzione chirurgica se induce scompenso cardiaco o anemia emolitica refrattaria. L'intervento per via percutanea secondo recenti studi ha successo in oltre il 70% dei casi a fronte di una probabilità di eventi avversi maggiori a 30 giorni di circa l'8%. In circa il 30% dei pazienti trattati può residuare o addirittura peggiorare l'emolisi intravascolare.

Un caso di sarcoidosi polmonare associata a morbo di Graves e sindrome di Chiari di tipo I in una adolescente

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In pazienti con sarcoidosi sono stati riportati casi di associazione con altre malattie autoimmuni, comprese le tiroidee. Nel 1938 è stato descritto il primo caso di sarcoidosi della tiroide associata a tireotossicosi. Presentiamo il caso di una ragazza di 16 anni ricoverata per frequenti eventi pre-sincopali con elevati valori dell'enzima ACE (248 U/l con v.n.<52) nella quale è stata riscontrata tireotossicosi con FT3 24,26 pg/ml (v.n.<5.01), FT4 >7.77 ng/dl (v.n.<1.63) TSH soppresso, e anticorpi anti recettore del TSH 34,85 U/l (v.n. <1.75). La diagnosi di sarcoidosi è stata posta sulla base del rilievo di valori elevati di ACE e di una radiografia del torace che documentava slargamento del mediastino per adenopatia (sarcoidosi di I grado radiologica). La paziente aveva inoltre presentato un fugace esantema agli avambracci regredito con steroidi topici. A causa degli episodi pre-sincopali veniva sottoposta a RMN dell'encefalo che documentava la tonsilla cerebellare sinistra sporgente dal forame magno per 5.3 mm oltre la variabilità individuale configurando la diagnosi di sindrome di Chiari di tipo I. La paziente ha risposto positivamente al trattamento con metimazolo in breve tempo con ritorno ad una normale funzionalità tiroidea nell'arco di un mese e completa normalizzazione del TSH in 3 mesi. La paziente, che non ha mai presentato sintomatologia respiratoria, presentava scomparsa delle adenopatie mediastiniche all'Rx torace eseguito dopo tre mesi di terapia con metimazolo. A distanza di 8 mesi la paziente è asintomatica.

Un caso di tetano in paziente anziana affetta da melanoma cutaneo dell'arto inferiore sinistro localmente avanzato

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Il tetano ha un tasso mondiale di mortalità del 50%, massima nei pazienti anziani e nei tossicodipendenti. Presentiamo il caso di una donna di 72 anni affetta da melanoma della cute dell'arto inferiore sinistro, localmente avanzato e ulcerato che ha contratto il tetano probabilmente dalla esposizione delle ulcerazioni cutanee. Alla paziente, in buona salute sino al 2011, è stato diagnosticato un melanoma cutaneo alla gamba sinistra con positività del linfonodo sentinella nel mese di maggio 2011 e sottoposta a sei cicli chemioterapici a base di Dacarbazina (dicembre 2011-aprile 2012). Al domicilio la lesione cutanea estesamente ulcerata era stata trattata localmente con unguento a base di aloe ricavato da piante presenti nel giardino di casa. Dopo 10 giorni dalla comparsa graduale di trisma e contrattura della muscolatura del collo e degli arti la paziente, che ha sempre mantenuto una buona vigilanza, si recava in PS. La diagnosi di tetano è stata posta su dati clinici, gli accertamenti hanno escluso una meningite. Il rumore, l'esposizione alla luce e il tatto comportavano l'insorgenza di contratture, dolore della muscolatura striata. è stato attuato un trattamento con immunoglobuline antitetaniche intramuscolari (3000 unità il primo e secondo giorno), metronidazolo endovena (ev), benzodiazepine ev, terapia di supporto con liquidi, ossigeno, antidolorifici e antispastici. La paziente risultata non immune per il tetano, è stata sottoposta a vaccinazione antitetanica. La completa regressione della sintomatologia si è ottenuta in 4 settimane.

Progetto di integrazione ospedale/territorio

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Una sempre maggior percentuale di pazienti afferenti alle Strutture sanitarie per riscontro di bassi valori di emoglobina è rappresentata da soggetti non oncologici, non indagabili per età e condizioni generali, oppure con cause già note e non eliminabili di anemizzazione. Spesso accedono al DEA dove vengono dimessi dopo emotrasfusione e necessitano di trasporto con ambulanza. Senza sorveglianza adeguata avranno poi altri accessi al DEA per recidiva di anemia o per le complicanze da essa indotte. Abbiamo attuato il progetto di "trasfusioni al domicilio" come integrazione tra Internista, che inquadra preliminarmente a livello ambulatoriale e poi trasfonde a domicilio il paziente anemico, Trasfusionista, Medico di Medicina Generale ed Operatori ADI. I destinatari sono pazienti allettati con necessità di trasfusioni periodiche, di trasporto in ambulanza e residenti entro 25 Km da Vercelli. Circa 170 U di emazie concentrate sono state trasfuse dall'ottobre 2010 a oggi, con risparmio in termini di trasporto, accessi al DEA e ricoveri ordinari impropri, riduzione dei disagi del paziente e del caregiver, a fronte delle sole spese di viaggio del medico. Migliore sorveglianza del paziente con anemia cronica, minor ricorso alle trasfusioni urgenti grazie alla possibilità di programmazione e com-

pletamento delle prove di compatibilità. Non significativi eventi trasfusionali avversi registrati. Il progetto che ha permesso di conciliare controllo della spesa sanitaria e appropriatezza con le esigenze di pazienti anziani fragili è un esempio di integrazione ospedale/territorio.

Endocardite su elettrocatetere: una diagnosi difficile

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Introduzione: Il tasso di endocardite su PM varia dallo 0.5% al 12.6%; le infezioni locali si manifestano in media dopo 2,5 settimane dall'ultima procedura effettuata sulla tasca, quelle su catetere insorgono in media dopo 33 settimane e talvolta anche anni dopo, a seconda del germe implicato. Il più comune è lo St. aureus (72-95%).
Caso: Uomo, 75 anni, pregressa ulcera duodenale, CAD post-IMA con ridotta FE (40%), portatore di PM/ICD per episodi di TV. Ricoverato nella nostra SOD per febbri recidivanti, con diagnosi di ascesso polmonare da St. aureus trattato con terapia antibiotica fino a risoluzione, dimostrata con TC. Si ricovera per recidiva di febbre alla sospensione della terapia antibiotica. Non segni di localizzazione infettiva. Si prelevano 6 emocolture, tutte positive per St. aureus, e si imposta terapia antibiotica con pronta defervescenza. Si effettuano ecocardiogramma TT e TE, che non mostrano endocardite su valvola o su cateteri del PM; TC torace addome, negativa. Infine una PET, che mostra impregnazione lungo il decorso del catetere del PM nel tratto della parete toracica. Essendo di fronte all'ennesima recidiva di febbre, con sede di infezione dimostrata, viene posta indicazione all'espianto del PM effettuata sotto monitoraggio in Cardiologia.
Conclusioni: È necessario escludere qualsiasi altra sede di infezione prima della rimozione del dispositivo, che deve essere eseguita solo in presenza di una diagnosi di certezza per l'elevato rischio a cui espone il paziente. La PET si profila come valido strumento per la dimostrazione dell'infezione.

Aneurisma dell'arteria epatica trattato con embolizzazione percutanea

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L'arteria epatica è la seconda più frequente sede di aneurismi viscerali. La rottura di un aneurisma di tale arteria avviene nel 44-75% con una mortalità del 21% La loro diagnosi avviene in maniera occasionale mediante indagine di imaging eseguiti per altri motivi. Presentiamo un caso di aneurisma dell'arteria epatica trattato mediante embolizzazione percutanea e rilascio di 2 spirali in platino a distacco controllato: "2GDC360° 15X40mm". La diagnosi è stata effettuata mediante riscontro occasionale con esame ecografico e successivamente approfondita con indagine TC e angiografico che ha documentato la presenza di aneurisma sacciforme 40x15mm con colletto di circa 3 mm,localizzato in corrispondenza dell'arteria epatica sx ad origine anomala della mesenterica superiore. Il controllo finale dopo la procedura di embolizzazione ha documentato la completa esclusione dell'aneurisma epatico in assenza di endoleak. Si sono verificate due complicanze postprocedurali 1) la comparsa di un ematoma a ridosso dei vasi femorali di destra dovuto alla precoce stazione eretta assunta dalla paziente nell'immediatezza della fine della procedura (la pz si è alzata dal letto per fumare) che ha necessitato di emotrasfusione di GRC causa l'anemia secondaria 2) la comparsa di un TVP della vena femorale di dx che si è risolta con terapia con eparina dopo due mesi. La procedure di embolizzazione percutanea con l'uso di spirali in platino a rilascio controllato rappresenta a nostro avviso un valido approccio a tali patologie in casi selezionati.

La cardiologia torna a casa. Analisi dell'incidenza e della gestione dei ricoveri per patologie cardiovascolari in un reparto di Medicina Interna

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Introduzione: Negli ultimi 10 anni si è assistito ad un netto incremento di ricoveri per patologie cardiologiche nei reparti di Medicina Interna. Abbiamo cercato di spiegare il fenomeno e valutato,in un periodo limitato a 15 mesi, non solo l'incidenza dei ricoveri nei Reparti di Medicina del Nostro Ospedale,ma anche la gestione clinica del paziente cardiologico da parte del medico internista.
Discussione: Il trend in aumento si può spiegare con il profondo cambiamento dei reparti UTIC-cardiologia che accolgono sempre più pazienti da sottoporre a procedure interventistiche (rivascolarizzazioni, impianto di device) e con il passaggio dalle vecchie medicine generaliste ad una nuova organizzazione per intensità di cura che ha permesso di affrontare nei nostri reparti patologie cardiologiche con instabilità clinica e dall'alta complessità assistenziale. Nei 15 mesi di osservazione le medicine hanno avuto il primato dei DRG dimessi con diagnosi di scompenso cardiaco, edema polmonare acuto, embolia polmonare e non pochi sono stati i dimessi per aritmie e per angina.
Conclusioni: Riconoscere il ruolo insostituibile del cardiologo in procedure terapeutiche complesse cosi come un ruolo di primo piano all'internista nella prevenzione diagnosi e cura di molte patologie cardiovascolari. Siamo davanti ad una nuova figura del medico internista dalle competenza clinica di base multi-disciplinare e conoscenza di nuove tecniche diagnostiche (ecografia internistica ecodoppler vascolare, ecocardiografia) e terapeutiche (NIV ventilazione meccanica non invasiva a pressione positiva e CPAP).

Iponatriemia, miolisi e convulsioni in "atleta improvvisato" in un quadro di *Self induced water intoxication (SIWI)*

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Viene ricoverato un 19enne con stato confusionale, manifestazioni convulsive e miolisi, insorti dopo una seduta particolarmente intensa in palestra e dopo ingestione volontaria di circa 5 litri di acqua. Il ragazzo, che pratica regolare attività fisica e segue una dieta ipercalorica e iposodica, presenta grave iposodiemia e CPK elevato. Viene diagnosticata una intossicazione di acqua autoindotta (SIWI). La rapida correzione del disturbo elettrolitico porta alla remissione dei sintomi e alla ripresa dello stato di coscienza; il CPK si normalizza nel giro di 4 giorni. Il disturbo, conseguente ad eccessivo e rapido introito di liquidi, superiore alla capacità di eliminazione renale, determina ritenzione idrica e iponatremia acuta che può determinare edema cerebrale, delirium, convulsioni e il coma fino alla morte. Più frequente in atleti sottoposti a sforzi intensissimi, può insorgere anche in "atleti improvvisati", nei quali i meccanismi di termodispersione e controllo delle perdite minerali non sono ottimizzati. Il risconoscimento precoce di questa condizione evita complicanze potenzialmente fatali.

Useless hyperamylasemia

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Since he was 43 years old, a 64 years old patient has presented high values of pancreatic amylase, in the absence of painful symptoms. At the age of 53 years a chronic pancreatitis was diagnosed and the patient began pancreatic enzyme therapy. Over the years, the man has always been asymptomatic but with a constant oscillation of the values of amylase which have required a thorough investigation. Blood tests showed normal pancreatic and liver function without any signs of cholestasis and with negativity of tumor markers. Absence of fat soluble vitamin deficiency and a normal pancreatic elastase. There was no anatomic changes at the instrumental tests, abdomen CT with contrast showed that the morphology of pancreas was preserved, without parenchymal calcification or focal areas of altered density, without expansion of the main pancreatic duct or bile ducts inside and outside of the liver. Abdomen RM and ColangioRM were normal. Based on the general framework of the patient it is diagnosed the Gullòs syndrome. Amylase levels in the patient's family were evaluated and it results al-

terated in the son. The therapy with pancreatic enzymes is interrupted. The Gullòs syndrome (also known as benign pancreatic hyperenzymemia) is a condition characterized by an increase of serum pancreatic enzymes in the absence of pancreatic disease. It may be sporadic or familial, it is persistent but with both large swings and transient normalization. Its recognition is very important because it serves to reassure patients, to avoid frequent exams, absolutely useless hospitalizations and treatments.

Approccio nutrizionale personalizzato al malato anziano cronico in Medicina Interna

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Premesse e scopo dello studio: Le malattie croniche sono gravate da alta prevalenza di malnutrizione fino al 70% nelle malattie cerebrovascolari. La malnutrizione, soprattutto nell'anziano, ha molteplici fattori causali, peggiora la prognosi, ed aumenta il rischio di complicanze e morte. Abbiamo intrapreso un programma di miglioramento dell'approccio nutrizionale ai degenti presso la nostra U.O. di Medicina.
Materiale e Metodi. Abbiamo intrapreso, in collaborazione con il Servizio di dietologia del nostro P.O., un programma nutrizionale personalizzato rivolto ai malati cronici, in particolare affetti da: scompenso cardiaco, diabete, cirrosi, malattia respiratoria cronica, cerebrovasculopatia. Sono stati reclutati soggetti ricoverati di età >65 anni, e sottoposti ad un preliminare questionario. Sono stati valutati sotto il profilo nutrizionale con dati antropometrici, rilievi di laboratorio, ad integrazione del percorso diagnostico-terapeutico di ciascuno.
Risultati. Abbiamo rilevato alte percentuali di malnutrizione, ed errate convinzioni dietetiche. Un dato rilevante è stato la difficoltà, nei più anziani, nella preparazione delle pietanze e nel reperimento degli alimenti, evidenziando un grave disagio sociale.
Conclusioni. Verranno discussi ed approfonditi gli aspetti più innovativi e sostanziali di questo approccio, che nelle intenzioni degli autori, rappresenta un punto di partenza per una maggiore sensibilizzazione alla problematica nutrizionale del malato anziano cronico, specie se con disagio sociale.

Infezione da *Clostridium difficile* in un reparto di Medicina Interna

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Nel periodo dal 1-1-2010 al 30-6-2012, tra 4951 pazienti ricoverati nella nostra U.O.C. di Medicina Interna, 51 (16 M e 35 F, età media: 82.7 anni) hanno avuto diagnosi di colite da Clostridium difficile (1.03%). Il numero di infezioni per semestre è andato aumentando da 4 a 21 casi. In 42 casi (82.3%) l'infezione è stata acquisita in ospedale e in 9 casi in comunità. In particolare nel 2010 si sono registrate 12 infezioni, di cui 11 raggruppate in 3 focolai microepidemici. Nel 2011 si sono registrate 18 infezioni, di cui 15 raggruppate in 3 focolai microepidemici. Nel primo semestre del 2012 l'andamento ha assunto carattere endemico. Le infezioni nosocomiali sono state acquisite dopo un tempo medio di degenza di 10 giorni. I fattori di rischio più frequenti sono stati: recente terapia antibiotica (36 pz), uso di inibitori di pompa protonica (19 pz), nutrizione artificiale per via enterale ((7 pz). Le più frequenti manifestazioni cliniche sono state: diarrea (98%), alterazione della coscienza (52.9%), dolori addominali (45.1%) e ipotensione (45.1%). Gli schemi terapeutici più utilizzati sono stati: Metronidazolo e.v. (35 pz, letalità 34.2%), Metronidazolo e.v.+Vancomicina per os (9 pz, letalità 33%) e Metronidazolo per os (3 pz, letalità 66.6%). La terapia è durata in media 13.8 giorni. Il trattamento con solo Metronidazolo è stato il più utilizzato nel primo periodo di studio, mentre Metronidazolo+Vancomicina è stato il più utilizzato nell'ultimo periodo. La percentuale di guarigione è stata del 50.9%, con 35.3% di decessi correlati all'infezione e 11.7% di recidive.

Better late than never: if one of the diagnostic criteria appears later than expected

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Background and purpose of the study: A definite diagnosis of Felty Syndrome (FS) is incorrect if the classic triad (RA, splenomegaly, neutropenia with complicating infections) is incomplete. On the other hand, in case of strongly suspected and life-threatening FS, a disease modifying drug (DMARD) should be started without delay. The missing symptom may appear later on.
Materials and Methods: A 62 year old woman was admitted for FUO, arthralgia, weight loss and constitutional symptoms. She had a history of hypertension and chronic active HCV hepatitis with cryoglobulinemia, F1esophageal varices but normal liver function. Instrumental and laboratory tests ruled out a neoplastic disease. Remarkable neutropenia, mild anemia, increased PCR and Rheumatoid Factor were present; CT scan showed left basal pneumonia and enlarged spleen. BMO was negative. The clinical picture was suggestive of FS but the typical hands/feet deformities were lacking. Portal hypertension as an alternative diagnosis seemed to us unlikely in the absence of portal vein dilatation or ascites.
Results: The presence of active HCV RNA contraindicated the use of methotrexate, the DMARD of choice for FS. So, after pneumonia resolution, we promptly started hydroxycloroquine, which was well tolerated and effective.
Conclusions: When thenosynovitis in both hands appeared, nine months later, a definite diagnosis of FS was at last possible. The patient in the meantime, thanks to the early introduction of the DMARD, presented persistent clinical improvement with neutropenia regression and no fever or infection recurrence.

Eyelids drooping and blurred vision: did it affect the patient only or the Specialists as well?

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Background and purpose of the study: It's not easy to think of something quite out of the ordinary as the cause of an apparent commonplace disorder. The remote history together with the age of the patient, his risk factors and symptoms at presentation may be confusing and lead to an erroneous diagnosis with possible dramatic outcomes.
Materials and Methods: An 82 year old man was admitted in August 2012 because of an annoying eyelid drooping started two weeks before; the patient referred an early involvement of the other eyelid then "blurred" vision, which disappeared when closing one eye. He was taking ASA for a remote myocardial infarction; the neurologist and ophtalmologist diagnosis was brainstem stroke. At admission he showed bilateral ptosis and mild strabismus with diplopia; neurologic examination was otherwise negative. The next day he couldn't open his eyes. Carotid US, brain CT, MR and angioMR were negative. Even in the absence of a clear fatigability, the clinical features suggested an ocular myasthenia: repetitive stimulation EMG and anti ACH receptor antibodies were positive, pyridostigmine reversed, even though temporarily, the symptoms. No thymoma was found.
Results: We discharged the patient on steroids and pyridostigmine. After a few weeks he developed a sudden systemic involvement requiring plasma exchange, high dose steroids and azathyoprine.
Conclusions: Myastenia gravis is a rare disease in the old; the isolated ocular form is even rarer, but must be suspected in case of bilateral eye involvement as it may soon develop into a systemic, life-threatening one.

Pancreatic carcinosarcoma: case-report of a rare neoplasm

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Carcinosarcoma (CS) is a rare tumor with unclear histogenesis, mostly found in the uterus. CS is composed of malignant mixed epithelial and mesenchymal elements with distinct immunohistochemical and ultrastructural features. CS very rarely involves the pancreas (<10 cases reported in literature). Case report. A 66-year-old male was admitted because of abdominal pain and jaundice. Abdominal pain developed one month before admission while jaundice ten days before. Examination only revealed left upper quadrant tenderness. Laboratory data: alteration of liver function tests, bilirubin and serum amylase and lipase. Abdominal US: cystic mass located in the uncinate process

of pancreas. CT scan: hypo-dense mass consisting of a unilocular cystic lesion with an irregular, hyper-dense, intramural nodule; dilation of the common bile duct. Echo-endoscopy with FNAB: cystic lesion with negative cytology and undetectable CEA levels. The patient underwent pancreaticoduodenectomy in September 2012 (uneventful post-operative course). Pathology revealed an adenocarcinoma of the pancreatic head infiltrating the duodenal wall and the peri-pancreatic adipose tissue with widespread sarcomatous areas. Immunohistochemistry showed one component positive for cytokeratin (moderately-differentiated ductal adenocarcinoma) and another one positive for vimentin and actin (high-cellular sarcoma with pleiomorphic spindle cells); final staging: T2-M1-N1. Adjuvant chemotherapy with gemcitabine and cisplatin was planned; at the moment, the patient completed five cycles of treatment (six months of follow up).

Is hyperuricaemia an underestimated and undertreated condition? Results of a survey in an Internal Medicine ward

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Aim of the study: To assess, in patients hospitalized in Internal Medicine ward, the prevalence of hyperuriacemia (HU), its association with cardio-renal disease and related therapeutic attitude of physicians facing with this condition.
Material and Methods: We retrospectively analyzed the medical records of 627 patients consecutively admitted between July and December 2012; general characteristics as well as lab features, final diagnosis and previous and at discharge treatment were recorded.
Results: Of the total population considered (321 males and 306 females, mean age 62 years; range 15-98) HA was found in 256 patients (41%); 80% of them presented arterial hypertension, 50% diabetes, 40% ischemic heart disease, 35% dyslipidemia, 25% acute/chronic cerebrovascular disease, 25% chronic renal failure. Only 64 patients (25%) were aware of HU and 33 only (13%) were previously treated with anti-HA agents. At discharge, specific treatment was indicated in 64 patients (25%).
Conclusions: Our data shows that HA represents and underestimated and undertreated condition. The prevalence in hospitalized patients is relatively high as well as its association with cardiovascular disease, nephrologic, cerebrovascular and metabolic disorders. To fully address this topic, large-scale studies are needed; *i.e.*, opportunity for a national observational study involving the Centers enrolled into the FADOI- *First Course on Methodology of Clinical Research* could be strongly warranted.

The pseudokidney sign

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Introduction: Gastrointestinal cancer produce thickening of the wall that can be observed using sonography. On ultrasound examination these abnormal lesions may appear as a mass with reniform appearance (pseudokidney sign) with a central hyperechoic region surrounded by a hypoechoic region.
Clinical case: A 57-year-old man was admitted to our hospital because of recurrent nausea, vomiting, abdominal pain in the right upper quadrant and 7-kg weight loss during the past 3 months. An abdominal ultrasonographic examination showed a mass anterior to the portal vein, between the left liver lobe and the pancreas, resembling the kidney appearance, with a central hyperechoic area surrounded by a hypoechoic region. An esophagogastroduodenoscopy revealed a large stenosing mass in the antro-pyloric region that led to progressive gastric outlet obstruction. Endoscopic biopsy showed a poorly differentiated gastric adenocarcinoma with signet ring-cell component. A total gastrectomy was performed and postoperative course was uneventful. At 3-month follow-up he has remained free of symptoms.
Comments: The pseudokidney sign was first described in colonic carcinoma, and has also been described in many other entities such as in intussusception as well as in a variety of gastrointestinal diseases. The increasing use of sonography in the initial evaluation of patients with abdominal disease may allow the detection of unexpected tumor within the abdominal cavity.

Purple urine bag syndrome in a Medicine ward

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Background and Aim of the study: Purple urine-bag syndrome (PUBS) is a uncommonly phenomenon in which the contents of urine bags turn purple or blue following patient catheterization. The aim of this study was to investigate the prevalence and clinical significance of PUBS in our Medicine ward.
Methods: During the period of study there were 1160 hospitalized patients; 540 patients underwent urethral catheterization. We analyzed the age, functional status, duration of catheterization, number of daily medications, living location, feeding route, bowel habits, and the pattern of use of a urinary catheter. Urine samples were cultured from all the PUBS patients participating.
Results: 30 female (10%) who underwent urethral catheterization and 11 male (4,6%) have exhibited PUBS. A total of 60% of the PUBS-affected patients lived in nursing homes and 80% were constipated. 70% were catheterized using a plastic foley. The pH for 38 patients was>or=7. Escherichia coli and Proteus mirabilis were the common pathogens isolated from the urine samples.
Conclusions: PUBS was more likely associated with the female gender, alkaline urine, constipation, institutionalization, the use of a plastic urinary catheter. The clinical course is benign, and the urine typically clears with resolution of the bacteriuria and acidification of the urine.

✪ A case of Staphilococcal liver abscess in adalimumab-treated patient affected by Crohn's disease

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Case report: We report the case of a 37 year old patient with a 11-year history of Crohn's disease (CD) for which he underwent two intestinal resection before starting treatment with anti-TNF, about 6 years ago. Since three years he was on treatment with adalimumab, a fully human anti-TNF antibody, with a consequent clinical amelioration, although endoscopic persistence of ulcerative lesions in the terminal ileum. The patient was admitted to Internal Medicine Unit with fever and right hypocondrium pain, in absence of abnormalities in physical examination or laboratory tests. An abdominal ultrasound showed a 5 cm liver abscess located at the Vth segment, confirmed by a MRI exam. The patient was treated with wide spectrum antibiotics and underwent percutaneous CT-guided drainage, with a complete resolution of the abscess. The microbiological analysis showed the presence of St. Aureus.
Discussion: Liver abscess are a rare complication of CD. Most authors consider them to originate through a hematogenous route, due to increased permeability toward the portal system, in patients with increased mucosal permeability. Other predisposing factors are concomitant long term steroidal therapy, perianal or enteric fistulae, intra-abdominal abscesses, surgery or malnutrition. In patients with CD, anti-TNF-α treatment, especially for adalimumab, could decrease the serious adverse effects incidence, without an increased risk of malignancy or serious infection. To our knowledge, this is one of the first report in literature of liver abscess in patient treated with adalimumab.

Insufficienza renale cronica, diabete mellito tipo 2 e statine: un trio pericoloso

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V.F. ♂ di 73 aa, giunge al PS per oliguria e mialgie severe. APR: DM 2 complicato da nefropatia diabetica IV stadio evoluta in IRC moderato-severa. Il paziente assume ASA 100 mg/die e simvastatina 20 mg/die per pregresso IMA ed esegue terapia insulinica plurifrazionata. All'ingresso: IRA su IRC (CREAT 7,12 mg/dl, AZOT 224), squilibrio idroelettrolitico (K: 5,8 mmol/L, P: 6,6 mmol/l, Ca: 5,9 mmol/L), scompenso

glicemico (acidosi metabolica) ed incremento del CPK (2580 U/L). Il comportamento da tenere di fronte ad una rabdomiolisi è problematico poiché i livelli di CPK sono influenzati da numerosi fattori clinici (IMA, traumi muscolari, ipo-ipertermia, convulsioni, ipotiroidismo, alterazioni idroelettrolitiche etc). Alcuni farmaci possono potenziare gli effetti collaterali delle Statine sia con interazione farmacocinetica, per inibizione della via metabolica (ciclosporina, macrolidi, ketoconazolo, verapamil, diltiazem, amiodarone etc), che con meccanismo farmacodinamico per danno muscolare additivo (fibrati). Gli effetti collaterali delle statine sembrerebbero maggiori in alcune situazioni cliniche: età avanzata, defedazione, malattie multisistemiche (IRC specie secondaria a DM). Un aumento del CPK fino a 3 volte il limite superiore non richiede la sospensione della terapia. Sospesa la statina ed avviata idratazione (5L/die) e terapia con furosemide (80 mg/die ev), in quinta giornata miglioramento della funzionalità renale (Azot: 59 mg/dl, Creat: 2,4 mg/dl, K: 4,1 mEq/L, CPK: 181 mg/dl) con ripresa di valida diuresi spontanea.

Un raro caso di trombofilia arteriosa e venosa

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A.D. donna di 40 aa APR: due aborti. Da 15 giorni cervicalgia e sindrome vertiginosa con nistagmo negativo e soffio carotideo per cui eseguiva Ecodoppler TSA che evidenziava presenza di trombosi acuta della carotide dx all'origine. Al persistere del quadro clinico si ricovera per gli approfondimenti del caso. La TC encefalo evidenzia sfumata areola di ipodensità in sede insulare a destra come da recente insulto ischemico. L'angio-RMN encefalo e TSA non evidenziano invece lesioni ischemiche cerebrali (anche se clinicamente si è appalesata una emiparesi BC dx); veniva invece confermata la trombosi completa della carotide interna dx.Nell'ipotesi di uno status trombofilico e/o di una vasculite venivano eseguiti esami bioumorali e genetici: omocisteinemia, *dosaggio AT III, proteina C, proteina S,* fattore anticoagulante lupico, anticorpi anti-cardiolipina e anti-beta2-glicoproteina I, cofattore eparinico II, Lp(a), plasminogenoe PAI-1. Venivano riscontrati una mutazione eterozigote del fattore II (mutazione G20210A) che correla con aumentati livelli di protrombina in circolo e quindi a trombosi venosa con 4-5 volte il rischio rispetto alla popolazione normale ed uno stato omozigote 4G-4G (omozigote) del genotipo PAI-1 che correla con livelli di 3-5 volte dell'inibitore dell'attività del plasminogeno e quindi con una diminuita attività fibrinolitica. La paziente presentava quindi un aumentato rischio trombotico sia venoso che arterioso; dimessa con doppia terapia con anticoagulante e antiaggregante.

La vasculite come espressione di malattia neoplastica

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I.S. ♂ di 59 aa. APR: neoplasia del colon resecata 2 anni prima seguita da cicli CMT. Da un mese lesioni petecchiali agli arti inferiori trattata con betametasone 4 mg/die senza beneficio. Ricoverato per vasculite, ha eseguito ANA, ENA, ANCA, AMA, Crioglobulinemia e AbAntiDNA, Monotest, Toxotest, HBV, HCV, CMV, V-W, W-F, urinocoltura e coprocoltura: negativi. C3, C4, C1q: nella norma; striscio periferico: normale. Escluse forme primitive di vasculite si prendono in esame le forme secondarie. RCS: neoformazione a carico del retto-sigma (biopsia: adenoK infiltrante). Sebbene rara, è stata documentata vasculite cutanea dei piccoli vasi secondaria a neoplasia degli organi solidi. Ricercatori della Mayo Clinic hanno eseguito una ricerca retrospettiva sui casi di vasculite cutanea paraneoplastica. Analizzati i dati dei pazienti tra il 1996 e il 2009 con diagnosi di vasculite leucocitoclastica, il 59% era di sesso maschile e la vasculite si presentava prima della diagnosi di tumore nel 18% dei casi, contestualmente nel 18% e dopo la diagnosi nel 64%. La neoplasia più associata riguardava il polmone (24%). Altri casi riguardavano neoplasie della mammella (n=3), prostata (n=2), colon (n=2); rene (n=2), tiroide (n=1), vescica (n=1), colecisti (n=1), e peritoneo (n=1). Il paziente veniva trasferito in Chirurgia per re-intervento di emicolectomia seguita da CMT. In conclusione, una neoplasia degli organi solidi dovrebbe essere considerata come una causa di vasculite cutanea di origine sconosciuta.

Sorveglianza dell'infezione da *Clostridium difficile* nel Presidio di Savona - Cairo Montenotte: considerazioni su 5 anni di osservazione

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Premesse e scopo dello studio: Negli ultimi anni l'infezione da Clostridium difficile (CD) si è diffusa in tutti gli ambienti sanitari, con aumento di degenza, mortalità e costi. Dal 2008 nel Presidio Ospedaliero di Savona-Cairo Montenotte è in atto un protocollo per "la Sorveglianza, prevenzione, diagnosi e trattamento delle infezioni da CD"; è inoltre presente un'infermiera addetta al controllo delle infezioni (ICI).
Materiali e Metodi: La sorveglianza avviene con due modalità: segnalazione dal reparto di degenza (compilazione ed invio in Direzione di Presidio di scheda di predisposta) e contatto telefonico tra Microbiologia ed ICI. I dati vengono raccolti ed elaborati dalla Direzione.
Risultati: In 5 anni sono stati segnalati 571 casi di infezione, la maggior parte dei quali nei mesi da Gennaio a Giugno (60.5%) con un picco nei mesi di Marzo (15.7%); il trimestre estivo risulta quello con un minor numero di casi (18%). Nei restanti mesi (Ottobre-Dicembre) sono stati osservati 123 casi (21.5%). L'andamento stagionale è osservabile sia sulla totalità dei 5 anni sia su ogni singolo anno, con l'eccezione del 2012, dove si è registrato un ulteriore picco nel mese di Aprile,19% *vs* 15% a Marzo 2012.
Conclusioni: Nel nostro Presidio abbiamo registrato una stagionalità del CD con picchi significativi tra Aprile e Marzo. L'osservazione è correlabile verosimilmente con un maggior utilizzo di antibatterici nei mesi invernali antecedenti, coincidenti con la stagione influenzale e comunque meritevole di ulteriore approfondimento mediante integrazione con i dati di consumo antibiotico.

Saxagliptin e rischio cardiovascolare: nuove prospettive terapeutiche?

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Nei diabetici di tipo 2 il controllo pressorio è difficile. Il Saxagliptin è un I-DPP4 utilizzato in associazione con tutti gli ipoglicemizzanti. È noto quanto le ipoglicemie e l'incremento del ponderale siano importanti predittori di rialzi pressori. Uno dei vantaggi della terapia con gli I-DPP4 è la bassa incidenza d'ipoglicemie e un effetto neutro sul peso. Questi vantaggi sono utili anche sul sistema cardiovascolare, insieme all'effetto cardiovascolare degli I-DPP4 mediato dalla vasodilatazione endoteliale NO-dipendente. In questa ricerca valutiamo l'effetto pressorio del Saxagliptin nei diabetici di tipo 2.
Materiali e Metodi: Lo studio coinvolge 60 diabetici di tipo 2 studiati in modo retrospettivo. Tutti i parametri sono stati rilevati 12 mesi prima di iniziare la terapia con Saxagliptin (T-12), al momento di iniziarla (T0) e 12 mesi dopo (T+12). Durante l'osservazione la terapia antiipertensiva non variava.
Risultati: Abbiamo trovato un incremento delle pressioni sistolica, diastolica e media da T-12 a T0, mentre nel II periodo di osservazione sono tutte ridotte. Persino la pressione differenziale, noto predittore indipendente di malattia cardiovascolare, aumenta da T-12 a T0, e diminuisce da T0 a T+12. La spiegazione di questo effetto del Saxagliptin sulla pressione arteriosa potrebbe essere dovuto all'effetto stimolante la produzione di NO e inibitorio sui livelli di ONOO come dimostrato sperimentalmente a livello glomerulare e aortico nel ratto da Mason.
Conclusioni: L'efficacia del Saxagliptin sul controllo glicemico è nota, l'effetto additivo sulla pressione arteriosa, soprattutto sulla differenziale, è nuovo.

L'iperuricemia aumenta il rischio cardiovascolare nel diabetico di tipo 2?

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Alcuni AA correlano l'iperuricemia all'alterazione dei markers dell'infiammazione ipotizzando un link con l'aterosclerosi. Quinones ha evi-

denziato che l'iperinsulinemia può inibire l'uricosuria. In questo lavoro abbiamo verificato l'associazione tra iperuricemia e CHD in DM2T. Ipotizziamo che la maggiore morbilità CV sia scatenata dall'iperuricemia che incrementa la disfunzione endoteliale NO-dipendente.
Materiali e Metodi: Sono state esaminate retrospettivamente le cartelle cliniche di 2833 DM2T ricoverati nel nostro reparto di Diabetologia.
Risultati e Discussione: I risultati evidenziano come l'iperuricemia sia associata al rischio CV, infatti l'OR di 1.76 (IC:1.408-2.196, p<0.0001) correla l'iperuricemia ad un maggior rischio CV. Recentemente Khosla ha dimostrato come l'iperuricemia cr. determina una disfunzione endoteliale NO-dipendente, riduce la vasodilatazione endotelio-mediata, peggiora la funzione endoteliale con la proliferazione dei miociti e aumenta le resistenze vascolari periferiche. Infine non sono da sottovalutare l'attivazione di citochine pro-infiammatorie associate all'insulinoresistenza e l'inibizione dell'attività del recettore nucleare insulinosensibilizzante PPAR-γ.
Conclusioni: Nella nostra osservazione riteniamo che il target di uricemia delle raccomandazioni EULAR debba essere ribassato nei DM2T (<5.5mg/dl), valore cut-off per la presenza di CHD, avendo presente che l'OR e il rischio CV aumentano parallelamente all'incremento dell'uricemia.

Overexpression of CD7 on T lymphocytes and increased CD4:CD8 ratio in fine-needle lymph node aspirates in classical Hodgkin lymphoma

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Hodgkin Lymphoma (HL) diagnosis by fine-needle aspiration of lymphnodes is complicated by the paucity of tumor cells in a reactive inflammatory background. Flow cytometry (FC) has not played a significant role in HL diagnosis because of its failure to identify the rare R-S cells. Previous studies have demonstrated changes in T-regulatory cells in HL lymphnodes. We have analysed the CD4/CD8 ratio and the expression of CD7 on T cells in fine needle aspirates and in extranodal sites in patients with HL.
Methods: 48 lymph node fine-needle aspirates (8 involved by HL and **40** with reactive lymphadenopathy, LAD) were analysed by FC. The expression of CD7 on T cells was calculated by dividing the mean fluorescence intensity (MFI) of CD7 on T cells by the MFI of unstained cells (MFI ratio). Moreover 2 peripheral blood samples, 1 bone marrow aspirate and 1 pleural fluid from HL patients were also studied.
Results: The CD4/CD8 ratio, CD7MFI and MFI ratio are increased in HL as compared with LAD. Mean CD4/CD8 ratio in HL: 6 (range 3.5–31) *vs* 3 in LAD (1–10), Mean CD7 MFI in HL: 2343 (1752-12990) *vs* 1017 in LAD (546-1264), Mean MFI ratio in HL: 69 (13-84) *vs* 28 in LAD (1-66) (all p<0,05). Moreover, the analysis of extranodal sites in HL patients showed increased CD4/CD8 ratio (mean 13), of CD7 MFI (mean 2541) and of MFI ratio (mean 45).
Conclusions: As reported in several studies, significant differences are found in the accompanying inflammatory T cells of HL, as compared to LAD. An increased CD4/CD8 ratio, CD7 MFI and MFI ratio by FC in T cells from fine-needle aspirates and from extranodal sites can be a useful tool in the diagnosis of HL.

✪ Paroxysmal nocturnal haemoglobinuria with JAK2 V617F+ myelofibrosis

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Paroxysmal Nocturnal Haemoglobinuria (PNH) is not associated with gene or point mutations other than PIG-A. On the contrary, JAK2 V617 mutation is found in various myeloproliferative diseases. Here we present a case of a 67-year-old male patient, who presented with leukocytosis (WBC 21.180/μL), macrocytic anaemia (Hb 8.3 g/dL; MCV 107.6fL) with high transfusion requirement, thrombocytopenia (PLT 30.000/μL), increased Lactate Dehydrogenase (LDH 1528 U/L), reduced Haptoglobin level (<10 mg/dL) and a Negative Direct Anti-Globulin test (DAT). Initial clinical data suggested a diagnosis of PMF, supported by a JAK2 V617 mutation. A bone marrow aspirate was performed, in which the incidental down-regulation of the leukocyte antigens CD14, CD16 and CD66b was noted by Flow Cytometric analysis. Analysis of peripheral blood disclosed a PNH condition with a large type III clone (85% of white cells). Erythrocytes showed a type III clone of 5% only, caused by recent haemolysis. The patient received Eculizumab, but transfusion requirement and haemolysis persisted unchanged, with no increase of the red cell type III clone. Eculizumab dosage was increased and the signs of haemolysis slightly improved (Hb 10.3 g/dL, LDH 727 U/L, no haemoglobinuria), however reticulocytes and haptoglobin levels did not increase, transfusion requirement persisted, DAT remained negative and peripheral CD34+ blast count raised from 18/μL to 125/μL. In this JAK2+ PMF patient a PNH status was probably present undetected from the beginning. The concomitant haematological malignancy may have caused a reduced and delayed response to Eculizumab at a standard dosage.

Multidimensional evaluation of elderly patients admitted to a Cardiology Department: role of Multidimensional Prognostic Index

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Background and Objectives: Transcatheter Aortic Valve Implantation and Mitraclip are addressed particularly to elderly patients, unsuitable for surgery. Prognostic evaluation of these patients plays a key role in the choice of appropriate treatment. Since in older subjects mortality results from a combination of biological, functional, psychological, and environmental factors, tools that identify patients with different life expectancies should be multidimensional. Thus Multidimensional Prognostic Index (MPI) was validated as a prognostic score in patients hospitalized in Geriatric Unit. We assessed whether MPI might improve the accuracy of the prognostic assumptions that influence clinical decisions in Cardiology Unit.
Methods: We drawn up MPI of 71 elderly patients hospitalized in the Cardiology Department from April to December 2012. Time spent to complete the test was registered and prognostic score based on clinical exam was compared to MPI risk.
Results: The mean age of our population was 83±3 years. Of this 71 patients 52% was assuming more than 6 drugs, 25% more than 10 drugs. Based on MPI score, 82% belonged to low risk, 15% to moderate, 3% to high risk. Clinical assessed prognostic score was worse than MPI score in only 3 patients. Time spent to complete MPI was 19±4 minutes.
Conclusions: Elderly patients hospitalized in Cardiology are treated with multiple drugs, but they are generally in a good status. MPI is a time consuming test that can be usefully reserved to more complex, critical patients for whom clinical assessment is unreliable or controversial.

Usefulness of a basal screening to diagnose cardiac involvement in asymptomatic patients with systemic rheumatic diseases

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Background and Objectives: systemic rheumatic diseases account for significant cardiovascular morbidity and mortality. Initial cardiac involvement is often asymptomatic and may begin soon after the onset of these diseases. Early identification of patients at high risk is essential and optimal control of risk factors is useful to limit relevant cardiovascular problems. We assessed whether a clinical and non invasive laboratory screening could rule out initial cardiac involvement in asymptomatic patients with systemic rheumatic diseases.
Methods: 85 consecutive patients affected by systemic rheumatic diseases and referred to Rheumatologic out-patients clinic were screened for the presence of cardiac involvement in the Cardiologic out-patients clinic. Simple and routinary tools, such as ECG, echocardiography and final visit, were used to exclude cardiac involvement.
Results: Of 85 patients enrolled (mean age: 56±15 years) 14% were found to be affected by hypertensive heart disease, 9% by valvular heart disease, 7% by pulmonary hypertension, 2% by ischemic heart disease and 1% by dilated cardiomyopathy.

Conclusions: Basal cardiologic screening in asymptomatic patients with systemic rheumatic disease is helpful to early diagnosis of heart diseases. Hypertensive heart disease is the most relevant because blood pressure is dramatically neglected. Ischemic cardiac disease probably cannot be fully diagnosed with basal screening. Cost and availability of tools should orient further diagnostic workup in patients in which this problem is clinically suspected.

Prolungata ospedalizzazione in una SIRS

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Paziente B.G. di a. 51 con precedenti anamnestici di piccolo male e di Linfoma non Hd. trattato 28 anni prima con splenectomia e Rt a cui conseguivano complicanze alla tiroide (ipofunzione ora in terapia sostitutiva) veniva ricoverata una sera di aprile per febbre da alcuni giorni in assenza di sintomi d'organo. Nelle ore successive si manifestava un quadro di shock settico con sofferenza pluri-organo a carico del rene con IRA e dell'app. resp. con insuff. respiratoria che imporrà la ventilazione artificiale in reparto rianimatorio. I primi accertamenti microbiologici non avevano dato esito positivo, ciononostante era stato intrapreso trattamento antibiotico ad ampio spettro. Nei 15 giorni successivi la paz. presentava ulteriore peggioramento del quadro clinico con comparsa di ipocinesia cardiaca e turbe del ritmo (FA). Nel contempo si apprendeva la positività per acinetobacter e successivamente per pseudomonas aeruginosa e per St. Aureo. Si prosegue trattamento in reparto rianimatorio e viene indi trasferita in reparto pneumol. e poi riabilitativo per una grave sindrome da immobilizzazione e per rieducazione respiratoria dopo rimozione della trachostomia, a seguire breve degenza in ORL prima di venire dimessa dopo 6 mesi di ospedalizzazione. Le condizioni attuali appaiono soddisfacenti nonostante la paventata ripresa della patologia linfomatosa non riconfermata in successivi controlli e la comparsa di un m di Dupuitren bilaterale.

Anemia immunoemolitica a risposta completa al rituximab

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Paziente Femm. di 50 a. presenta all'anamnesi prossima: astenia, ematuria, anemia macrocitica (Hb 7,1 g/dl), riferisce abuso di FANS. Gli accertamenti mostrano macrocitosi; granulazioni tossiche ed alcuni Corpi di Howell-Jolly; G6PDH normale. Ed inoltre modesta Insufficienza Renale verosimilmente cronica da abuso persistente di FANS, - Test di Coombs diretto Monospecifico positivo per Ab anti IgG;- Crioagglutininine positive. - Biopsia Osteomidollare con ipercellularità eritroide e minimi aggregati linfoidi B CD20+ e T di aspetto reattivo, senza verosimile presenza di NHL-low grade - TAC Toracoaddominale: Ipertrofia lobare polare superiore della milza; diverticolosi sigmoidea; - Pancolonscopia: note prediverticolari del sigma; - EGDS: gastrite cronica attiva negativa per HP. Il quadro immunoemolitico, è stato trattato con 6- Metilprednisolone, eritropoietina alfa 4000 UI trisettimanale.; visto lo scarso beneficio sono stati praticati, in sequenza: -Desametasone 40 mg/die+ gammaglobuline umane ed a seguire un ciclo di Ciclofosfamide ev associato a Vincristina indi Rituximab 375 mg/sqm con discreto incremento dell'Hb fino a 8,9 g/dl con reticolocitosi buona (6, 1 cell%). è stato prescritto Prednisone alla dose di 1 mg /kg /die a scalare, continuata Eritropoietina alfa. Quindi, in regime di DH, sono state praticate altre 3 dosi settimanali di Rituximan fino ad un totale di 4 somministrazioni. Ad oggi, 2 mesi dopo l'ultima somministrazione di Rituximab, la Paziente presenta Hb 13.3 g/dl, normalizzazione della creatinina. Si suggerisce astensione da FANS e controlli Ambulatoriali.

Panarterite nodosa ad esordio inatteso

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Giunge in P.S. una donna di anni 31 per febbricola serotina, calo ponderale,artralgie diffuse ma particolarmente localizzate alla caviglia sin. ed edema agli arti inferiori. La anamnesi remota segnala: tonsilliti ricorrenti e successiva tonsillectomia; Tiroidite di Hashimoto attualmente in fase spenta ipotiroidea,un episodio pregresso di edema e dolore alla mano destra, trattato con FANS. L'Es .obiet. mostra edema ed ematoma plantare al piede destro; livedo reticularis diffusa, non dermografismo. Gli accertamenti sierologici mostrano lieve incremento degli indici di flogosi (VES e PCR), anemia normocromica, piastrinosi, ipoalbuminemia, assenza di auto anticorpi e/o positività per antigeni/anticorpi epatitici. L'ecografia addominale e Ecocolordoppler arti inferiori negativa. La biopsia cutanea della livedo reticularis, ha dimostrato fibrosi del derma e infiltrato linfomonocitario fino all'ipoderma attorno ai vasi arteriosi con permeazione della parete e note di iperplasia endoteliale, compatibile con la diagnosi di Panarterite Nodosa. Peraltro le indagini angioTC dell'aorta e grossi vasi ed il. Il Fundus Oculi sono risultati nella norma. Alla luce della presenza di 4/10 criteri American College of Rheumatology positivi per Panarterite Nodosa, abbiamo iniziato terapia con Prednisone ed Acido Acetilsalicilico con anti H2. La Paziente ha mostrato immediato miglioramento clinico e degli indici di flogosi. Ci riproponiamo entro 1 anno la sospensione dello steroide ed il F.Up clinico.

Epatite autoimmune prima manifestazione non-Raynaud di *early systemic sclerosis*

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Caso Clinico: P.G. donna di 42 anni, all'età di 16 anni diagnosi di tiroidite cronica autoimmune Nel 2009 diagnosi di ernia iatale. Da due anni durante l'inverno le sue mani diventano fredde e le dita cambiano colore. Riferisce che prima diventano bianche, poi viola, poi rosse.Tale situazione si associa alla presenza di dolore. Da un mese puffy fingers, rare teleangiectasie al volto. Alla Capillaroscopia: Fenomeno di Raynaud secondario per la presenza di Scleroderma Pattern di tipo Active. Esami Ematochimici: Colinesterasi 9038 U/L; Bilirubina tot 0,51 mg,Fosfatasi Alcalina 504 U/L; SGOT 289 U/L, SGPT 336 U/L,GammaGT 442 U/L; gammaglobuline 25,8%; C3 1,29 g/l C4 0,12 g/l,Immunocomplessi circolanti 3 ng/ml;ANA 1:5120; A.Corpi Anti LKM: M2 Positivo, Fattore Reumatoide 82 Ui/ml; A.Corpi Antimitocondrio (AMA) positivo. All'agobiopsia epatica:epatite cronica attiva di grado moderato (APP 2 –AIL 1) con fibrosi portale e periportale ed iniziale formazione di setti (G2- S3). Al Fibroscan: quadro compatibile con fibrosi di grado F2 sec Metavir. La paz. è stata sottoposta a ecocolorDoppler Splenico: il SARI (Splenic Artery Resistivity Index) era 0,58 (VN 0,50) indice di aumentata resistività dell'arteria splenica anche senza evidenza di splenomegalia. è opportuno valutare il circolo splenico il più presto possibile nella progressione della malattia in quanto il SARI rappresenta la nuova finestra di studio della vasculopatia sclerodermica.

Capillaroscopic pattern in psoriatic arthritis

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Objiectives: To study the role of capillaroscopy in psoriatic arthritis (PsA).
Methods: We included in the study 44 patients with PsA, according to the CASPAR criteria, with involvement of the joints of the hands, mean age 46,4±13,8 years and mean disease duration of 6,6±1,4 years, and all clinical data were carefully analyzed. Nail fold capillaroscopy was performed using a Videocap 3.0 (DS Medica) with magnification 200x.Comparison of the capillaroscopic parameters was made with 50 age and sex matched healthy controls without history of Raynaud's Phenomenon (RP).
Results: In 31,8%(14/44) of the patients with PsA, RP was present. The mean capillary length in PsA patients (0,156±0,008 mm) was found to be significantly lower as compared with healthy controls (0,210±0,09 mm,$p<0,05$). The mean capillary density was significantly lower in PsA patients (8±1 capillaries/mm) as compared with healthy controls (10,2±0,06 /mm, $p<0,05$). In PsA patients, capillaries with specific morphology, tight terminal convolutions were found in 52,2% (23/44). This finding is analogous to the vascular morphology in the psoriatic plaque and to the type of vascular proliferation in the inflamed synovium.

Conclusions: In PsA patients a significantly lower mean capillary length and mean capillary density was found as compared with controls. Nail fold capillaroscopy revealed characteristic changes in PsA patients both with and without RP.

Sindrome metabolica e psoriasi

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La psoriasi e la sindrome metabolica sono strettamente correlati perché riconoscono un comune substrato di infiammazione cronica sistemica.
Scopo del lavoro: Calcolare la prevalenza della sindrome metabolica nei paz con psoriasi.
Materiali e Metodi: Abbiamo arruolato 50 paz osservati consecutivamente nel nostro DH e nei nostri ambulatori specialistici nel corso del 2012. Per la diagnosi di sindrome metabolica sono stati utilizzati i criteri della NCEP-ATP III del 2005. Di questi 50 paz 34 (20M-14F) erano affetti da artropatia psoriasica, 12 (8M-4F) da psoriasi volgare e quattro (2M-2F) da psoriasi eritrodermica. L'età media era di 54,4±0,8 anni, la glicemia media a digiuno 89 mg/dl, la trigliceridemia: 139 mg/dl, colesterolo HDL: 48 mg/dl, la circonferenza vita:102 cm, il BMI:28 kg/mq, 15 paz (30%) erano ipertesi. Risultati: la prevalenza della sindrome metabolica è stata del 24%, 12 (8M-4F) pazienti su 50. I paz con sindrome metabolica avevano un'età media di 56,6±03 anni, la glicemia media era di 112,34 mg/dl, la trigliceridemia 218 mg/dl, il colesterolo HDL 37,8 mg/dl, la circonferenza vita 105,45 cm, il BMI 29,32 kg/mq, 7 paz su 12 (58%) erano ipertesi.
Conclusioni: L'associazione tra sindrome metabolica e psoriasi è più pronunciata nei paz di sesso maschile, con età superiore ai 50 anni, con BMI>25, con malattia di grado moderato-grave (PASI >10), con malattia di lungo corso e con esordio della malattia in età giovanile.

Correlation of bone mineral densitometry by ultrasonography with severity of nailfold capillary microscopy in SSc patients

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Objective: To perform bone ultrasonography assessment in SSc Patients and to correlate with capillaroscopy findings.
Methods: BMD by bone ultrasonography of every patients, all digits capillaroscopy and clinical data were carefully analyzed in 44 consecutive SSc patients fulfilling Leroy and Medsger criteria.
Results: We include 44 post-menopausal consecutive women (average age 58,6 years) with an average duration of disease 8 years; 22 pts(50%) were diffuse SSc, 40% with digital ulcers, 18% smokers, 58% were treated with glucocorticoids and 9% suffered from fractures earlier.75% presented T-score <-1,00 (osteopenic) and 25% were osteoporotic. Nail fold capillaroscopic pattern was found Late in all osteoporotic patients (100%). In 33 osteopenic patients nail fold capillaroscopic pattern was found active in 20 pts (60,6%), Early in 10 pts (30,3%), Late in 3 pts (9,1%). Another association was found between both lower BMD, Late capillaroscopic pattern and modified Rodnan Skin Score >18. Our study point to a significant role of capillaroscopy in osteoporotic SSc pts and in evaluating the role of capillaroscopy in discriminating between osteoporotic and osteopenic SSc pts. We did not observe any association between bone fragility and age, duration of disease, smoking, glucocorticoid therapy or some other feature of disease.
Conclusions: Capillaroscopic study was indicative regarding the Clinical pathological context with a specifity 100% scleroderma pattern late in all osteoporotic pts. According to data we believe that evaluation of SSc pts with BMD searching for bone fragility is a priority.

Iponatriemia iatrogena: un caso clinico dalla diagnosi complessa e dal trattamento semplice

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Uomo di 84 anni, ricoverato per cefalea e iponatriemia severa (115 mEq/L). In APR panipopituitarismo post-chirurgico (2007 craniofaringiomectomia), ipertensione arteriosa, cardiopatia ischemica, IRC lieve. Nell'aprile 2012 ricovero in sospetta subocclusione intestinale e infarto splenico; decorso complicato da insufficienza multiorgano (MOF) ed episodio di FA. Il paziente giungeva in P.S. a 48 ore dalla dimissione dalla Med. Riabilitativa con diagnosi di "sindrome da allettamento in esiti di MOF e cefalea in stato depressivo reattivo", in terapia con cortone acetato, l-tiroxina, desmopressina, enalapril, amlodipina, amiodarone, fondaparinux e sertralina. All' E.O. paziente vigile, rallentato, collaborante con modesta succulenza declive, lamentava cefalea; durante la degenza comparsa di edemi declivi ingravescenti, marcata poliuria (3000 cc urine/die) e ipotensione. Veniva proseguita supplementazione parenterale ipertonica iniziata in PS, posta restrizione idrica e ridotto il dosaggio di desmopressina; seguivano lieve miglioramento clinico e normalizzazione transitoria e non sostenuta della natremia. Gli esami di laboratorio dimostravano osmolalità plasmatica ridotta, nella norma osmolalità urinaria, sodiuria, peso specifico urinario; venivano esclusi iposurrenalismo ed ipotiroidismo secondari. Nell'ipotesi di SIADH veniva eseguita TC total body risultata negativa per forma paraneoplastica e, nel sospetto genesi iatrogena, veniva sospesa la terapia con sertralina. Si assisteva a normalizzazione spontanea della natriemia, scomparsa della poliuria e risoluzione della cefalea.

Epatite autoimmune complicata da anemia emolitica autoimmune: il prologo di un LES?

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Presentiamo il caso clinico di una paziente di 52 anni arrivata al nostro reparto per ittero, astenia, disturbi dispeptici e febbre. Gli esami di laboratorio mostravano marcato rialzo degli indici di citolisi epatica, iperbilirubinemia mista, aumento degli indici di colestasi, ipergammaglobulinemia, positività di ANA (1:160) e lieve positività di ENA RNP-A. Durante la degenza ha sviluppato un'anemia emolitica con positività del Test di Coombs diretto e indiretto e riduzione dei livelli di aptoglobina. La diagnosi di epatite autoimmune è stata confermata istologicamente con la biopsia epatica che ha mostrato un'epatite cronica severamente attiva con discreto infiltrato prevalentemente linfocitario pericanalicolare biliare (Indice di Knodell 13, Staging sec. Ishak 4). Lo score semplificato per l'epatite autoimmune dell'International Autoimmune Hepatitis Group dava un punteggio di 8/8 rendendo certa la diagnosi. La paziente è stata trattata con prednisone e azatioprina con netto miglioramento degli indici di citolisi epatica e colestasi e risoluzione dell'anemia emolitica; attualmente è in follow-up. Il caso risulta interessante perché potrebbe essere il prologo di un futuro Lupus Eritematoso Sistemico (LES) (di cui è affetta la sorella della paziente) anche perché l'associazione di epatite autoimmune e anemia emolitica è raramente descritta in letteratura; risultano pubblicati pochissimi casi di epatite autoimmune in corso di LES, mentre l'epatite lupica ha un decorso molto più mite rispetto al quadro necroinfiammatorio epatico riscontrato nella nostra paziente.

Case report di epatite tossica

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Premessa: Un uomo di 35 anni si presenta in P.S. per pirosi epigastrica. La sera prima potus e assunzione di funghi di provenienza industriale.
Discussione: All'ingresso AST 1123, ALT 984, bil tot 2,94 (dir 0,87). Viene ricoverato per epatite ndd; obiettività clinica: nulla di rilievo. Gli esami ematochimici escludono cause virali. Neg HAV, HBV, HCV, EBV, CMV; negativi anche ENA, ANA, ASMA e LKM1. Eco addome: nulla al fegato, colecisti contratta, sclerotica. Si contatta il Centro Antiveleni di Milano, che esclude subito intossicazione da funghi. Resta possibile l'epatite tossica: il paz assumeva a domicilio Colest 500 mg 1 cp x 3 (contenente bereberis ristata e monascus purpureus) e omega 3. Secondo la scala CIOMS/RUCAM, score di probabilità per epatiti tossiche, nel nostro caso l'epatite tossica era molto probabile. Un'analisi della letteratura ha evidenziato alcune segnalazioni di epatite tossica da monascus purpureus. Successiva normalizzazione degli indici di citolisi.
Conclusione: In caso di epatiti di natura non precisabile bisogna ricor-

darsi che anche l'assunzione di molecole apparentemente innocue possono, per cause a volte solo individuali, avere conseguenze temibili.

Liraglutide is safe and effective in mild or moderate renal impairment: the Association of British Clinical Diabetologists (ABCD) Nationwide Liraglutide Audit

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We evaluated the safety and efficacy of liraglutide among patients with mild or moderate renal impairment. Data was obtained from a nationwide audit of liraglutide use in UK.Among 4129 patients, we excluded patients with follow-up <6 months, previously on exenatide, used liraglutide 1.8 mg (too few to analyse), or lacked baseline data to estimate creatinine clearance (CrCl) using the Cockcroft-Gault formula.Remaining 1081 patients were divided into CKD group 1 (normal, eCrCl>90 ml/min) (n=872), CKD group 2 (mild renal impairment, eCrCl 60-90 ml/min) (n=169) and CKD group 3 (moderate renal impairment, eCrCl 30-59 ml/min) (n=40). A1c and weight reduction for all three groups were significantly reduced from baseline; CKD group 1, -1.0% (0.1) and -3.6 kg (0.2), CKD group 2, -0.9% (0.1) and -3.3 kg (0.4), and group 3, -0.8% (0.2) and 2.5 kg (0.9).There were no influences of CKD group on A1c reduction (p=0.46) or weight reduction (p=0.95).Similarly, no effect of CKD group was seen on SBP reduction (-4 mmHg v -3 mmHg v -6 mmHg, p=0.74), rates of GI side effects (15.3% v 12.4% v 17.5%, CKD 2 v 1 OR [95%CI] 0.8 [0.5,1.2], p=0.26) or rates of reported hypoglycaemia (1.7% v 1.2% v 0%, CKD 2 v 1 OR 0.5 [0.1,2.2] (p=0.36). A small but significant reduction of Cr was observed with advancing CKD group (+1 µmol/L v -3 µmol/L v -7 µmol/L, p=0.02). 1 case of acute renal failure attributed to dehydration from prolonged vomiting was reported in CKD group 2.We conclude that liraglutide 1.2 mg is safe and effective in real life clinical practice among patients with mild or moderate renal impairment.

Floating thrombus of the aortic arch: a rare cause of multiple and recurrent peripheral arterial embolism

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A 68 years-old man was admitted to hospital for transient left hemiparesis. No history of diabetes, hypertension, dyslipidemia, cardiovascular disease was present. CT scan showed acute cerebral ischemia. A few hours later acute ischemia of the right upper limb developed due to brachial artery embolic obstruction, followed by recurrence of left hemiparesis. CT scan showed new-onset brain ischemia. Transthoracic echocardiogram ruled out cardiac emboli sources. Atrial fibrillation was not present nor detected in medical history. A CT angiography showed floating thrombus in the ascending portion of aortic arch and splenic infarction. Aortic dissection or aneurysm were excluded. Thrombophilic risk factors were absent. Heparin was started and upper limb embolectomy was performed. On third day a CT scan showed another cerebral ischemic lesion. The patient was referred to cardiothoracic surgery for surgical removal of the aortic thrombus. Reports of thrombi in the ascending aorta or aortic arch are scarce, even more without risk factors. This cause of embolism must be ruled out in cases of multiple ischemia of uncertain origin. Appropriate therapeutic strategy and its timing are controversial and should be tailored to each case. It is common opinion that thrombectomy with cardiopulmonary bypass should be delayed in patients with cerebral infarction, due to the risk of hemorrhagic transformation of cerebral lesions. Bare metal stent may be a less invasive choice. Uncertainty remains about the risk of thrombus fragmentation and arterial embolization due to prolonged anticoagulation.

Atypical skin manifestation of adult onset Still disease

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We report a case of Adult Onset Still Disease (AOSD) with unusual skin features. A 30 years old man was admitted to hospital for relapsing fever and severe arthralgias. Symptoms began with self-limiting sore throat, followed by spiking fever, with shivers, severe symmetric arthralgias (spine, shoulders, hips, elbows, knees and wrists) and salmon pink non pruritic maculo-papular rash on trunk and limbs. Fever responded to paracetamol. Most relevant finding on blood tests was severe hyperferritinemia, with C reactive protein and erythrocyte sedimentation rate only modestly increased; mild neutrophilia and slight increase in aspartate and alanine amitotransferase were found. Koebner phenomenon was present. Ultrasound showed modest splenomegaly. Imaging tests ruled out malignancies. Lymphoprolipherative disorders, as well as common or unusual infections and systemic rheumatic diseases were excluded. Diagnosis of Adult Onset Still Disease (AOSD) was formulated "by exclusion", based upon clustering of clinical features, according to Yamaguchi criteria. Steroid therapy was started, with prompt clinical response and normalization of ferritinemia, as expected in AOSD. The association of typical features is essential to diagnostic suspicion, while unusual findings may mislead or delay diagnosis. Our patient showed uncommon evolution in skin manifestations, with typical salmon-pink rash turning into a brownish spot-like unitchy eruption. Few reports of atypical skin manifestations in AOSD are described. The possibility of unusual skin manifestation in AOSD should be kept in mind.

L'ictus nella donna: quali peculiarità?

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Premesse e Scopo dello studio: Sono descritte in letteratura differenze tra i due sessi in termini di epidemiologia, tipo di presentazione clinica e prognosi della patologia cerebrovascolare acuta. Scopo dello studio è valutare tali differenze nella casistica della Stroke Unit Fondazione San Matteo nel biennio 2010-2011.
Materiali e Metodi: Sono stati inclusi 223 pazienti (112 uomini, 111 donne) con diagnosi di ictus ischemico o emorragico e TIA. È uno studio retrospettivo su dati inclusi nel registro SUN Lombardia relativi a fattori di rischio, fase acuta, ospedalizzazione, dimissione e follow up a tre mesi.
Risultati: Le donne risultano colpite da ictus più spesso ad esordio notturno e di maggior gravità, più anziane di 6 anni al momento dell'insorgenza, più disabili, più frequentemente ipertese e con decadimento cognitivo rispetto agli uomini. Giungono al DEA due ore dopo gli uomini. Le donne presentano alla dimissione maggiore disabilità. Non si sono rilevate significative differenze di sintomi focali e non focali all'esordio tra i due generi né nel numero di esami diagnostici effettuati.
Conclusioni: Nella nostra casistica, seppure di piccole dimensioni, si confermano le caratteristiche peculiari della patologia cerebrovascolare riportate in letteratura. La comprensione delle differenze tra i generi potrà contribuire ad attutire l'impatto del carico di malattia sulla popolazione femminile.

Polmoniti *ab ingestis*

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Ogni azione della nostra vita quotidiana, dalla più complessa alla più semplice, passa inosservata quando tutto funziona correttamente ma... cosa succede quando un piccolo e banale meccanismo viene alterato? Una delle risposte è la polmonite ab ingestis che sorge per un'alterazione della deglutizione. Le polmoniti da inalazione si presentano spesso associate ad altre patologie concomitanti e questo perché sono esse stesse causa di alterata funzione della deglutizione. Pertanto diviene fondamentale all'anamnesi identificare patologie neurologiche concomitanti come Sclerosi Multipla, Ictus cerebrale, Malattia di Parkinson per poterci indirizzare verso la corretta diagnosi e la corretta terapia nell'ottica di una maggiore attenzione verso le modalità di alimentazione,con la necessità di un sondino naso-gastrico ove richiesto. La polmonite ab ingestis presenta un'alta incidenza soprattutto nell'anziano, arrivando ad essere il 15% delle affezioni polmonari acute, con una incidenza del 18% per quelli ospiti

di case di riposo e 5% per quelli che vivono in famiglia. È quindi importante sapere se un paziente, giunto all'ospedale per polmonite, sia in grado o meno di deglutire correttamente; questo ci permette di spostare il nostro sospetto clinico verso una forma da inalazione e poter adottare il miglior trattamento verso una patologia che può avere anche esiti fatali.

Fattori di rischio cardiovascolari in donatori di sangue

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Un donatore di sangue è una persona in perfetta salute? Il rischio cardiovascolare è definito come il rischio assoluto di complicanze cardiovascolari ed è influenzato da 7 importanti fattori di rischio,ovvero l'ipertensione(≥160 sistolica o ≥95 diastolica), la dislipidemia(≥240 mg/dl), il diabete(≥126 mg/dl), il tabagismo(viene considerato fumatore chi fuma anche solo una sigaretta al giorno,settimana o mese), l'eccesso di peso(sovrappeso se BMI è 25,0-29,9 Kg/m² oppure obeso se BMI è≥30 Kg/m²) e stress e può essere valutato attraverso i criteri di Framingham o le carte del rischio del Progetto Cuore. Analizzando una coorte di donatori di sangue si è visto che alcuni di loro presentavano positività per tali fattori di rischio. Sarebbe così possibile,conoscendo la presenza di tali fattori di rischio,poter effettuare dei trattamenti preventivi cambiando innanzitutto lo stile di vita e adottando eventualmente terapie mediche.

Forkhead box O1 locus, fasting glucose and mortality risk in the elderly

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Premesse e Scopo dello studio: FoxO1 participate to the regulation of intracellular pathways including glucose metabolism, both suggested as mortality risk factors. Aim of this study was to investigate possible relationships between FOXO1 gene locus, glucose serum levels and mortality in hospitalized elderly.
Materiali e Metodi: We investigated the associations between three SNPs (rs2721069, rs4943794, rs7981045) spanning the FOXO1 locus, fasting glucose and the patient's mortality risk in 594 hospitalized older patients (>65 years), within four years of follow-up, using univariate Cox proportional hazards models.
Risultati: The ANCOVA analysis revealed significant associations of rs4943794 and rs2721069 with serum levels of fasting glucose. The gene score analysis considering paired SNPs rs2721069 and rs4943794 and fasting glucose levels resulted significant (p=0.048). Univariate Cox proportional hazards models showed associations with both fasting glucose level (HR=2.281, 95%CI:1.586-3.279, p<0.001) and mortality risk for rs2721069, under free (HR=1.434, 95%CI: 1.095-1.877, p=0.009) and dominant (HR=1.325, 95%CI: 1.021-1.721, p=0.034) genetic models. The patient's mortality risk would change of 1.46% if the fasting glucose level increases from the value that would be observed under the C/C genotype (106.79±42.05 mg/dl) to the value that would be observed under the C/T+T/T genotype (115.82±53.09 mg/dl).
Conclusioni: Fasting glucose level significantly mediated the effect of rs2721069 SNP on mortality risk, under dominant model of inheritance, within four years of follow-up.

Gestione olistica del paziente fragile in Medicina Interna: *primum non nocere*

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La valutazione della fragilità nel paziente internistico, sempre più geriatrico, non può prescindere da una visione olistica dello stesso, che consideri quindi la dimensione clinica, funzionale, cognitiva e la situazione socio-relazionale-ambientale. Donna di 88 aa, autosufficiente nelle ADL e IADL(vive sola)fino al giorno del ricovero. APR:ipertensione arteriosa; IMA nel 2000; episodio di TIA nel 2002; epatite cronica B; possibile Mild Cognitive Impairment(decadimento cognitivo). In terapia:Triniplas, Cytotec, Lopresor, Enapren, Sivastin, Ascriptin, Prevex, antidolorifico non meglio precisato. APP:giunge a ricovero per dolori retro sternali ed episodio pre-sincopale. In PS:riscontro di bradicardia e BAV di I grado. In Medicina esegue ECG dinamico secondo Holter che documenta: ritmo sinusale a frequenza cardiaca media di 84 bpm alternato da FAP (della durata di circa 2 ore) a frequenza cardiaca massima di 158 bpm. Viene ridotta la terapia antipertensiva. L'assistita non è più autosufficiente. Secondo la CHA2DS2-VASC(età, ipertensione, pregresso TIA ed IMA, sesso)la paziente dovrebbe essere scoagulata. Viene eseguita visita UVG, ed in seguito trasferita in RSA per permettere una riorganizzazione al rientro a domicilio. Se fosse stata rimandata a casa in TAO ci sarebbe stata una scarsa compliance e un notevole rischio di cadute. è veramente necessario ridurre la pressione arteriosa nei pazienti very old? Si sottolinea l'importanza dell'UVG pre-dimissione in pazienti fragili, alla presenza dell'assistente sociale, dell'infermiera del territorio, dei familiari e del geriatra.

Urosepsi da *Providencia stuartii* ESBL+. Approccio diagnostico

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Paziente maschio di 79aa, con pregressa neoplasia prostatica. Ospite presso struttura assistenziale (SA), allettato, con grave decadimento cognitivo e decubito sacrale, è portatore di catetere vescicale (CV) a dimora. In dicembre si presenta in PS per febbre e stato settico; presso SA pregressa terapia con Ceftriaxone e quindi con Teicoplanina, senza beneficio. All'ingresso PCR elevata con procalcitonina pari a 197.88 ng/ml, leucocitosi (34.520 /mmc a prevalenza neutrofila - 96%), esame urine con leucocituria e presenza di nitriti. Nel sospetto di urosepsi viene immediatamente reidratato e inizia terapia con Piperacillina/Tazobactam e Amikacina. Esegue urinocoltura ed emocolture, positive, in seconda e terza giornata, per *Providencia stuartii* produttrice di beta-lattamasi a spettro esteso (ESBL). Viene dimesso dopo progressivo e lento miglioramento. La diagnostica delle infezioni urinarie nel paziente con CV è spesso problematica (colonizzazione? infezione?). Nel nostro caso la procalcitonina per sé ha consentito di porre forte sospetto diagnostico di sepsi da Gram negativi. L'isolato rappresenta una causa non frequente di IVU; l'anamnesi di ricovero presso struttura assistenziale e il pregresso trattamento con Ceftriaxone rappresentavano un fattore di rischio per patogeni ESBL+. Solo la corretta combinazione di adeguata raccolta anamnestica, marcatori surrogati, esami microbiologici permette di controllare in modo adeguato quadri potenzialmente letali, quali le urosepsi in pazienti defedati con fattori di rischio multipli, anche se sostenute da patogeni inusuali.

La medicina nucleare fondamentale supporto nella diagnosi e follow-up delle sepsi a partenza da devices vascolari in pazienti inoperabili

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Le tecniche medico-nucleari (Scintigrafia con leucociti marcati e PET/TC(tomografia a emissione di positroni con 18F- fluordesossiglucosio - FDG)possono essere insostituibili, sia per la diagnosi sia per il follow-up di patologie infettive comprese quelle da devices in pazienti inoperabili. Uomo 77aa. APR: ipertensione arteriosa. Nel 2006 endoprotesi aortica (arco-tratto discendente)per aneurisma. TIA nel 2010. Nel dicembre SCA-NSTEMI trattato con PTCA/BMS su MO in gennaio completamento della rivascolarizzazione mediante PTCA/BMS su CDx media. Terapia: ASA, Clopidogrel, Statina, Domperidone, Doxazosin, Valsartan, Metoprololo. APP: per febbre, dolore dorsale, astenia, in gennaio viene ricoverato in Medicina. No leucocitosi, PCT negativa, PCR 21.330, esegue emocolture. Inizia Vancomicina+Levofloxacina. Le emocolture isolano *S. Lugdunensis* MS. Si modifica la terapia: Oxacillina+Rifampicina(8 sett). L'ECT transesofageo esclude vegetazioni

endocarditiche. Una FDG-PET/TC dimostra iperfissazione del tracciante in corrispondenza del tessuto circostante il tratto discendente della protesi vascolare aortica(SUVmax 17.6). Per l'alto rischio operatorio si opta per il solo trattamento antibiotico. Viene dimesso con: Levofloxacina+Rifampicina per via orale(8 sett). L'assistito è valutato settimanalmente, eseguendo emocromo e PCR. Dopo 16 settimane, vista la normalizzazione della PCR, ripete la PET/TC: SUVmax ridotto di 5 volte. Si interrompe così la terapia. Il trattamento antibiotico, guidato da tecniche medico nucleari, rappresenta una grande opportunità per molti pazienti inoperabili.

Pancreatite acuta necrotico-emorragica secondaria ad ipertrigliceridemia. Trattamento combinato con eparina ed insulina

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L'Ipertrigliceridemia è una rara ma documentata causa di pancreatite acuta. Valori di trigliceridi superiori a 2000 mg/dl devono essere considerati e trattati come un urgenza medica. I trigliceridi presenti nel plasma sono in parte esogeni trasportati nei chilomicroni, ed in parte endogeni trasportati nelle VLDL. Nei capillari dei muscoli e del tessuto adiposo le lipoproteine ricche in trigliceridi (chilomicroni e VLDL) sono idrolizzate dalla lipasi lipoproteina (LPL) ad acidi grassi liberi. Uomo di 49 aa. APR: ipertensione arteriosa. Artrite psoriasica. Sovrappeso. Professione casaro. APP: dolore addominale a sbarra con nausea e vomito. Presenta anche febbre. Gli ematochimici: sangue lipemico. No leucocitosi neutrofila, PLT 94.000, amilasi 1053.4, lipasi 3341.6, ALP 139.1, GOT 129.5, GPT 100.9, PCT 1.07, PCR 2.52, GGT 1790, Colesterolo 702, HDL 36.2, LDL 43.9, Trigliceridi 2444, ApoA1 92, ApoB 146, glicemia 125.9, bilirubina totale 2.4, bilirubina diretta 1.6. APACHE II score: 11. La TC addome all'ingresso depone per un quadro di pancreatite edematosa; ripetuta a 72h il quadro è di una PANE. Sottoposto a monitoraggio multiparametrico. Si intraprende trattamento antibiotico con Meropenem+Metronidazolo, idratazione aggressiva, analgesia, terapia insulinica (sia per il diabete sia perché attivatore della LPL) ed eparinica (rilascio in circolo di LPL dalle cellule endoteliali). Bypassata l'ipotesi di trattamento con plasmaferesi. La pancreatite si risolve progressivamente ed il paziente viene dimesso con la sola terapia insulinica. I trigliceridi si assestano su valori di 172.

Fluoroquinolones in the treatment of resistant exacerbations of COPD: preliminary results from the FADOI-FLOR study

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Background and Aim: Antibiotic therapy is a cornerstone of treatment of patients with acute exacerbations of COPD (Chronic Obstructive Pulmonary Disease), and fluoroquinolones are among the most frequently used drugs. Aim of this study was to evaluate the efficacy of two fluoroquinolones in patients with acute exacerbation of COPD unresponsive to other antibiotics and admitted to Internal Medicine Units.
Materials and Methods: A multicenter, randomized, controlled, single-blind, parallel-group comparison between levofloxacin (Group A) and prulifloxacin (Group B). Primary end-point was "therapeutic success" at the end of treatment cycle (day 10). A one-year follow-up was scheduled.
Results: Globally, 258 patients have been enrolled in the study (128 Group A, 130 Group B). A very similar proportion of patients in the two study groups had therapeutic success (93.0% *vs* 93.1% in Group A and B). A slightly higher percentage of patients treated with prulifloxacin achieved earlier therapeutic success (within day 7), namely 36.2% *vs* 32.0% (p=0.48). Among patients with therapeutic success who had 3-month follow-up, re-exacerbations occurred in 17.8% of patients treated with levofloxacin and 14.2% of those receiving prulifloxacin (p=0.44).
Conclusions: Fluoroquinolones are very effective in the treatment of exacerbations of COPD resistant to other antibiotics. Prulifloxacin, if compared with levofloxacin, showed a trend towards more rapid efficacy, and less short-term recurrences.
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Quando il rasoio di Occam non funziona: una paziente con due sintomi e due diverse diagnosi

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Premesse: La coesistenza di vomito e diplopia suggerisce una patologia neurologica. Presentiamo il caso di una paziente in cui i due sintomi sono risultato correlati a due diverse patologie.
Materiali e Metodi: Una donna di 82 anni giunge alla nostra attenzione per vomito ricorrente indipendente dai pasti e diplopia. In anamnesi: AR, epatopatia cronica HCV positiva, paralisi periferica del faciale, fibrillazione atriale parossistica, in doppia antiaggregazione. L'esame obiettivo mostra deficit dell'oculomozione per paralisi del VI nervo cranico sinistro e nessun altro reperto patologico.
Risultati: Gli esami di neuroimaging sono risultati negativi, così come la TAC total body e la EGDS. Un'attenta anamnesi ha rivelato improvvisa sospensione dello steroide assunto cronicamente per l'AR. Il dosaggio della cortisolemia basale ha confermato il sospetto di ipocorticosurrenalismo iatrogeno. Alti valori di fattore reumatoide, positività degli anticorpi antipeptidecitrullinato e lunga durata di malattia hanno invece suggerito la presenza di una vasculite reumatoide, rara manifestazione dell'AR (1-5%) che può coinvolgere la cute e i nervi periferici (40%) anche in forma di mononeuropatia. La paziente è stata trattata con metilprednisolone a basse dosi con scomparsa del vomito.
Conclusioni: La complessità del paziente internistico richiede l'applicazione quotidiana dell'enunciato di Occam *(l'ipotesi più semplice che spiega tutti i fenomeni osservati è quella che ha più probabilità di essere vera*), ma talvolta neppure questa basta per formulare la corretta diagnosi.

Fitz-Hugh-Curtis syndrome

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Background: Fitz-Hugh-Curtis syndrome (FHCS) is a liver inflammation associated with pelvic inflammatory disease (PID). Chlamydia trachomatis and Neisseria gonorrhoeae are thought to be primary causative agents of FHCS. This syndrome is commonly confused with other diseases of the hepatobiliary and gastrointestinal tract because it can mimic many other common disorders such as cholecystitis and pyelonephritis.
Methods: We report a case report about a 28-year-old woman presented right lower quadrant abdominal dull pain and diarrhea for 1 weeks. Vital signs were normal without fever. Physical examination revealed right lower quadrant abdominal pain and significant tenderness at the right upper quadrant. Laboratory studies revealed elevated C-reactive protein and neutropenia.
Results: Abdominal CT showed thickening of the gallbladder wall with minimum liquid pericholecystic and plenty of liquid in the pelvic peritonea. The vaginal swab was positive culture for chlamydial trachomatis organisms.
Conclusions: Location of pain as well as the course FHCS can simulate various diseases which is necessary in the differential diagnosis of abdominal pain thinking. Definitive diagnosis of FHCS is now possible for non-invasive techniques such as ultrasound, computed tomography, as well as techniques for the isolation of the germ responsible available in most centers.

COPD complicated with nephropathy IG A in elderly patient

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Background: IgA nephropathy is the most common primary chronic glomerulonephritis in the world and was first described by Berger et al. Histopathologically, IgA nephropathy is characterized by expansion of the glomerular mesangial matrix with mesangial cell proliferation. Deposits of IgA are also found in the glomerular mesangium in a variety of systemic diseases, including chronic liver disease, Crohn's disease, gastrointestinal adenocarcinoma, chronic bronchiectasis, idiopathic interstitial pneumonia, dermatitis herpetiformis, mycosis fungoides, leprosy, ankylosing spondylitis, relapsing polychondritis, and Sjögren's syndrome. The two most common presentations of IgA nephropathy are recurrent episodes of macroscopic hematuria during or immediately following an upper respiratory infection often accompanied by proteinuria or persistent asymptomatic microscopic hematuria. Nephrotic syndrome, however, is uncommon.
Methods: We report a case report about a 73-year-old man affected by chronic obstructive pulmonary disease presented with progressive renal failure and proteinuria>3.5 g/die.
Results: Renal biopsy revealed diffuse granular mesangial deposits of IgA, IgG and C3. The diagnosis of IgA nephropathy was made. The steroid therapy was started.

Granulomatosis of the lymph nodes in tubercolosis: a case with an unusual presentation

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Background: Hyponatremia is the most common type of electrolyte imbalance in hospitalized patients, mainly in the elderly. It is related to several diseases and conditions (1, 2). The causes of hyponatremia, often related to an inappropriate secretion of ADH, can be classified in: neoplasms, infectious diseases such as tuberculosis, aspergillosis, meningoencephalitis, drugs (SSRI, tricyclic antidepressants, carbamazepine, cyclophosphamide) (3).
Clinical case: We report the case of a patient with severe hyponatremia, which turned out to be due to tuberculosis with nodal granulomatosis. This was the case of a 66 year old woman, who came to the First Aid of our Hospital complaining of deep asthenia, the laboratory tests showed severe hyponatremia (Na 119 mmol/L). She also reported a significant weight loss during the last 3 months (10 Kg) and denied dyspnea and cough. Taking into account her age, weight loss and asthenia, firstly we considered hyponatremia as paraneoplastic. The CT, performed in order to find neoplasms, showed a lymphoadenomegaly both in the thorax and in the abdomen, suggestive of colliquative necrosis.
Discussion: When facing a severe hyponatremia in adult patients, we have to exclude the presence of neoplasms (small cell lung carcinoma, mesothelioma, tumors of the genitor-urinary tract, sarcoma, lymphoma). Then, if the clynical presentation and the exams did not reveal the presence of neoplasia, it is important to exclude infectious diseases such as tuberculosis.

"Serendipities" in rare diseases

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X- histiocytosis is a rare disease (incidence=<1/2000). Includes: eosinophilic granuloma, Hand- Schüller-Christian disease, Letterer-Siwe disease.Diabetes insipidus occurs in 5-10% of Hand-Schüller-Christian.
Case report: SP, male, 40 yrs, was admitted for polyuria and polydipsia (urine output>10l/24h). 4 years before a orthopanoramic showed left maxillary osteolysis. Biopsy: eosinophilic granuloma. TB bone scintigraphy: two additional skull localizations. Diagnosis: multiple sites eosinophilic granuloma, no teraphy. Phisycal examination: nothing. Chemistry: PRL48.4 ↑, ↓ ↓ 0.9 FSH, LH, testosterone 1.1 ↓,. Nothing at abdomen ECT. TC TB: multiple lytic areas in the skull, one of these very close to the pineal saddle. Dynamic brain MRI: multiple meningeal granulomas, the largest at the cranial base; small and uneven hypophysis, with a thickened stalk and a normal circulation. TB bone scintigraphy: scintillation foci in the skull, ribs, and on the right iliac wing. Iliac biopsy: no Langerhans' cells, as in mature granuloma. Nothing at the bone marrow. Teraphy: Desmopressin 0.178 mg x2 in a day.Follow-up: therapy benefits to 3 months.
Conclusions: Shifting from eosinophinophilic granuloma to Hand-Schüller-Christian disease with diabetes insipidus. Patient history plays still a central role in diagnosis. In rare diseases follow-up plays an essential role too.

Implementazione della Cartella Clinica Informatizzata in Medicina Interna: *cui prodest?*

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Introduzione: Nell'ottobre 2010 è stata progressivamente implementata la cartella clinica informatizzata (CCI) nell'UO di Medicina Interna (MI) dell'Ospedale di Rimini.
Metodi: Dopo 14 e 28 mesi, è stato proposto un questionario di valutazione a 49 operatori: 11 medici e 23 infermieri afferenti all'UO di MI e a 15 medici afferenti all'UO di MI per attività di guardia e che hanno implementato la CCI nella propria UO solo da 14 mesi. Il questionario prevedeva 16 "items" sui quali esprimere un giudizio in una scala da 1 (molto disaccordo) a 5 (molto d'accordo).
Risultati: Il giudizio sulla CCI è risultato globalmente positivo con un incremento, seppure non significativo, dopo 28 mesi rispetto a dopo 14 mesi (3,73 *vs* 3,32; p=0,08); il giudizio degli infermieri è stato significativamente migliore rispetto a quello dei medici (4,39 *vs* 3.12; p<0.001); CCI facilita la compilazione e la consultazione della cartella clinica, più a giudizio degli infermieri che dei medici (4,09 *vs* 3.16; p<0,01); gli infermieri ma non i medici riescono sostanzialmente a gestire i pazienti esclusivamente tramite CCI (4,17 *vs* 2,48; p<0,001); CCI consente risparmio di tempo agli infermieri ma non ai medici (3,57 *vs* 2,48; p<0,003); la necessità di mantenere la copia cartacea (4,11) è percepito come il principale limite della CCI.
Conclusioni: La CCI consente un significativo miglioramento nella gestione dell'attività quotidiana per il personale infermieristico ma non per i medici. L'implementazione della CCI in tutte le UUOO e l'eliminazione della copia cartacea rappresentano i fattori critici per ottimizzarne l'utilizzo.

The iceberg of multidrug-resistant bacterial infections in Internal Medicine has not completely emerged: it's time for reappraisal. Results of a case-control study in a High Care Internal Medicine Unit

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Background: Multidrug-resistant (MDR) bacterial infections are an emerging problem among critical patients (Pt).Moreover, we are now facing a spread of MDR infections outside ICUs from which most of the available data derive. The aim of this study is assessing incidence, clinical phenotypes, prognostic and therapeutic implications of infections by MDR Acinetobacter baumannii (Ab), Pseudomonas aeruginosa (Pa) and Klebsiella pneumoniae (Kp) in Pt admitted to high dependency unit (HDU) of an internal medicine department.
Methods: Case-control study, January 2010-August 2012, objectively confirmed MDR Ab, Pa and Kp infections.
Results: Infection incidence was 15% (64% Ab, 42% Pa, 22,7% Kp). 176 Pt were included:88 infected (cases) and 88 uninfected (controls). In Pt with MDR infections tracheostomy (47% *vs* 17% p<0,001), previous admission to ICU (61,4% *vs* 44,3%, p=0.03) and invasive ventilation (50% vs17% p<0,001) were significantly higher. Similarly previous treatment with carbapenems were higher, particularly in MDR Kp infected pt (OR 8,8, p<0,04). Although the mean hospital stay was longer (27,35±21,2 days *vs* 12,38, p<0,001) in MDR infected Pt. Gram negative MDR infections were markers of in-hospital death and/or clinical deterioration; in our study only MDR Ab infection was an independent predictor of mortality (OR 5,7, p<0,04).
Conclusions: Infections by gram negative MDR bacteria is spreading outside the ICU and it is becoming a relevant problem in internal medicine wards. They carry a high mortality risk and a substantial impact on health-care resources.

Severe ataxic syndrome related to hypomagnesaemia: the dark side of long-term proton-pump inhibitor therapy

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Introduction: Hypomagnesemia induced by proton-pump inhibitor (PPI) is a rare side-effect that has emerged in the era of overuse of such drugs. We present a case of severe symptomatic hypomagnesemia in patient on PPI therapy.
Clinical course: A 67 year old man presented to our department for vertigo, ataxia and tremors. He had history of type 2 diabetes mellitus, essential hypertension and myocardial infarction. Drug treatment included cardioaspirin, pantoprazole (40 mg/d, started two years ago), metformin, ramipril and atorvastatina. Blood tests showed severe hypomagnesemia (<0,7 mg/dl), hypokalemia (3 mEq/l) and hypocalcemia (4,9 mg/dl). Brain MRI, electroencephalogram and limbs electromyography excluded a central source of symptoms. The urinary magnesium (Mg) excretion was low suggesting a magnesium-deficient state not due to renal Mg loss. Clinical history and laboratory tests excluded malnutrition/malabsorption; chest-abominal CT scan and gastrointestinal endoscopy with biopsies were normal. We administered Mg, potassium and calcium iv obtaining serum electrolytes normalization and regression of symptoms. Two weeks later tremors reappeared and hypomagnesemia was again detected. We suspected selective malabsorption of Mg due to PPI therapy. Treatment with ranitidine instead of a PPI led to a prompt resolution of symptoms and a steady rise in serum Mg levels.
Conclusions: Hypomagnesemia has recently been recognized as a rare, but severe, complication of PPI use by decreasing gastric acidity. Withdrawal of PPI therapy results in resolution of this problem.

Un caso di ipertensione arteriosa secondaria?

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Caso clinico: Uomo di 45 anni, sovrappeso, giunge per crisi ipert. con cefalea e vertigine.
Anam. fam.: Famil. ++ per ipert. art. Anam. pat.: Ndp. Anam. fis.: Vino ai pasti, 3 caffè die. Recente cefalea, episodica p.a.oltre i limiti mai trattata. Es. obb.: BMI 29 Kg/m2 Pa 180/105 Fc 84/m Soffio sist. espulsivo. T2 ++, fegato ++. Es. diagnostici: Tiroide e lipidi n.d.p., microalb. ass. ECG ndp. Ecocard: IVsx conc. (145b g/m2), dilat. atrio sx (42 mm). MAP 24 H Media 24 h 152/97 mmHg (diurna 158/102 mmHg, notturna 130/76 mmHg) Aldosterone/renina plasmatica (ARR=195/0.3=650 oltre i limiti; sosp. iperald. primario) Eco+Tac add.: nodulo iperdenso 12 mm surrene sx.Il test con carico salino e.v. risulta neg. per adenoma secernente (<50 pg/ml), si conferma diagnosi di ipert. art. essenziale+incidentaloma surrenalico.
Diagnosi: Ipert. art. essenziale associata a danno d'organo (IVsx).
Decisioni terapeutiche: Calo ponderale+valsartan/idroclorot. 160/12.5+canrenone 50 mg.
Considerazioni finali: Gli ipertesi pluritrattati hanno livelli di aldosterone più elevati. L' aggiunta di un antialdost. come terapia di quarta linea nell'ipert. resistente riduce la pressione per effetto di contrasto dell'escape dell'aldosterone, che può addirittura annullare i benefici della altre terapie antipertensive. Il sovrappeso>l'aldosterone, stimolato dalle adipochine prodotte dal grasso viscerale. L'antiladosteronico si propone come arma efficace nell'ipert. di difficile controllo e offre il vantaggio fisiopat. di una azione diretta favorevole sul danno d'organo.

Focus on the benefit of regular physical exercise in patients with resistant hypertension

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Purpose: Resistant Hypertension (RH) needs for alternative strategies. We compared the studies on physical exercise in patients with Hypertension, to determine if there is evidence of an appropriate risk-benefit ratio to support it.
Methods: A literature search was conducted on studies published from Sept 2000 to Oct 2012 selected for their scientific relevance.
Results: The studies reviewed showed that the exercise leads to relevant cardiovascular benefits and reduction of BP in Hypertension. Regular physical exercise has significantly reduced systolic and diastolic BP averaging approximately 5-11 and 3-8 mm Hg and increased physical performance. The exercise-induced reduction of BP is mediated by improved endothelial function. Women may reduce BP more than men, and middle-aged people more than young or older people. Low to moderate intensity training appears to be as beneficial as higher. African-American, Asian and Pacific Island patients reduce BP more than Caucasian patients, and this is related to genetic variations.
Conclusions: Physical exercise is able to decrease BP also in patients with low responsiveness to medical treatment, moreover improve plasma lipid profiles and insulin sensitivity and may result in regression of the left ventricular pathological hypertrophy. Some evidence indicates that the reduction of BP with exercise training is also related to genetic variations of the races. Regular physical exercise is broadly recommended by current European and American Hypertension Guidelines, and should be included in the therapeutic approach to Resistant Hypertension.

Encefalite da CMV in adulto immunocompetente

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Uomo di 70 aa, obeso, con storia di ipertensione arteriosa in trattamento con sartano. Giunge alla nostra osservazione per una sintomatologia, insorta da circa 10 gg, caratterizzata da febbre (max 38.8°C), brividi, astenia e mialgia; ha praticato a domicilio terapia con levofloxacina e paracetamolo con scarso beneficio. All'ingresso, nulla di rilevante all'obiettività clinica, PAO: 120/80 mmHg, FC: 108 bpm, TC: 38,8°C, SO2: 98% in aa.. Pz vigile collaborante orientato. Gli esami bioumorali mostravano incremento di: VES, PCR, fibrinogeno, TGO/P, ALP, ed all'emocromo: linfomonocitosi relativa. Nulla all'rx torace e all'eco addome. Le sierodiagnosi per batteri e virus noti hanno mostrato IgM positivite (6 AU/mL v.n.: <1) per CMV con IgG negative (4.5AU/mL v.n: <6). Negative, sono risultate anche, le restanti sierologie compreso il test per l'HIV. In terza giornata comparsa di cefalea, torpore psichico, scosse tonico cloniche emisoma sn, Babinski positivo a sinistra e rigor nucalis, per cui è stata eseguita TC encefalo basale risultata negativa, e nell'ipotesi di encefalite virale è stata effettuata rachicentesi che ha evidenziato un liquor limpido con pleiocitosi (600cell/μL) prevalentemente PMN, ed ipoglicorrachia (60mg/dl). Il pz veniva trasferito presso U.O di Malattie Infettive dove veniva confermata la diagnosi con CMV- DNA mediante PCR su liquor e praticata terapia con ganciclovir con guarigione del pz. L'encefalite da infezione acuta da CMV è una patologia di raro riscontro nel paziente adulto immunocompetente.

A 51 year old woman with intermittent remittent fever, metrorrhagia, headache and eye ptosis

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A 51-year-old Italian woman, nubile, IUD user, was admitted with a 2-months-old history of intermittent-remittent fever and metrorrhagia. One week before the admission, the IUD had been removed and vaginal plug and endometrial biopsies were carried. During the following days after the admission she developed migraine, left otalgy, photophobia and abdominal pain. Significant features: sleepiness, left eye ptosis, body temperature: 38,6°C, suprapubic pain, no signs of meningeal irritation. WBC: 13, 200 (83% neutrophils), blood culture: negative, IFN-γ: negative, HIV negative. MRI: small cortical-subcortical hyperintense lesions in bilaterally frontal lobes. Abdominal-thoracic CT scan: negative, only myoendometrial thickness and obturator lymphadenopathies were observed. Cerebrospinal fluid (CSF) examination: low chloride and glucose levels. Bacteriological examination of cerebrospinal fluid and cervical mucus plug: positive for TB. Histological examination: positive for tuberculous granulomas. Bacteriological examination of urine: negative.
Discussion: In this case report MTB developed ab initio with extrapul-

monary lesions, in the absence of immunodeficiency and of other risk factors. It is possible to hypothesize that the unusual uterine infection spread through contamination by blood in the meninges due to the gynecological intervention. The rapid change in the epidemiology of MTB in the Western World and its proteiform nature, sometimes even unusual, can make it insidious. These aspects should sensitize the clinicians to a multidisciplinary approach.

Un caso di Behçet in paziente non iscritto al SSN

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Premesse e Scopo dello studio: Gli ambulatori dedicati agli Stranieri Temporaneamente Presenti in Italia, non iscritti al SSN, hanno lo scopo di garantire e monitorare lo stato di salute di questa popolazione e offrire un percorso diagnostico-terapeutico, come dimostrato dal seguente caso.
Materiali e Metodi: Uomo del 1975. Giunge all'ambulatorio nel 2003 con diagnosi di Sindrome della cava superiore. Alla TC torace: sospetta trombosi della vena cava superiore e del tronco venoso branchio-cefalico sinistro. Si osservano ulcere al cavo orale e genitali, per cui si ipotizza M. di Behcet. Il pz sospende sua sponte tp con acecumarolo. Nel 2007 ricovero in reparto medico per dispnea ed edema a mantellina. Obiettivamente visibili circoli venosi superficiali collaterali, turgore giugulare. Riscontro di positività ad alto titolo degli Ab anticardiolipina, mutazione C677 eterozigote del gene MTHFR. Alla cavografia: a dx occlusione alla confluenza della anonima con la cava; a sx occlusione della anonima a valle della confluenza tra succlavia e giugulare e flusso invertito nella cava inf. Alla TCtorace la vena cava superiore è retratta, chiusa per un tratto di almeno 4 cm in esiti; Inizia terapia con colchicina per lesioni aftose e TAO. Nel 2009 si associa terapia corticosteroidea.
Risultati: Persiste stabilità del quadro emodinamico, con miglioramento della sintomatologia, per cui non si ritiene opportuno l'intervento di rivascolarizzazione.
Conclusioni: Pz seguito dall'ambulatorio STP per gestione della patologia e delle sue esacerbazioni (artralgie, follicoliti, vasculite, aftosi).

Ruolo diagnostico-terapeutico dell'Ambulatorio Stranieri Temporaneamente Presenti

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Premessa: L'attività dell'Ambulatorio Stranieri Temporaneamente Presenti è finalizzata alla cura di pazienti stranieri non iscritti al SSN presenti sul territorio italiano. Per costoro l'ambulatorio ricopre le mansioni espletate sul territorio dal MMG risultando utile strumento per garantire la salute di questa popolazione. Il caso clinico preso in esame è esempio significativo del ruolo di tale struttura.
Materiali e Metodi: M., donna Argentina nata nel 1959. Dal 2008 ha dolore addominale, diarrea cronica, vomito, calo ponderale. Esegue in altro PS ematochimici, con riscontro di lieve leucopenia, rialzo modico di transaminasi e amilasi. In EcoAddome si rileva calcolosi della colecisti, a cui viene attribuito il quadro. Afferisce all'ambulatorio STP nel 2009, per stranguria con piressia 39°C. Riferisce persistenza della sintomatologia gastroenterica, per cui si prescrivono esami per funzionalità renale ed epatica, emocromo, quadro anticorpale, visita gastroenterologica, colonscopia, terapia sintomatica. Gli esami risultano nella norma, eccetto TSH 8U/ml, GGT51, VES41, microematuria. Inizia terapia antibiotica con ciprofloxacina per isolamento di Salmonella. Al controllo successivo riferisce eruzione cutanea tipo follicolite, dermatite periorale. Si consigliata Escitalopram per deflessione dell'umore.
Risultati: Dicembre 2010: al controllo dell'emocromo, si riscontra marcata leucopenia. Si pone il sospetto di HIV confermato dal ricovero presso l'UO di M. Infettive. Diagnosi di dimissione: HIV in terapia antiretrovirale, Linfoma T cellulare, Anemia emolitica autoimmune.

A case of inflammatory ascites

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Background: Ascites appears mainly as sign of portal hypertension in patient with liver cirrhosis, or can be caused secondly by congestive heart failure, malignancy or tuberculosis. In some case ascites can pose difficult diagnostic challenge for clinicians and in some patients, despite hard and extensive work up, the origin of the process remain unknown.
Case report: In the unusual case here reported, a 52 –years-old man developed a new onset of severe ascites in a few weeks, without known liver disease or congestive hearth failure. We performed laboratory analysis, endoscopic and imaging investigations, including abdominal computed tomography (CT) scan with contrast and 18F-fluorodeoxyglucose-positron emission tomography (FDG-PET). Peritoneal fluid analysis and diagnostic laparoscopy with multiple diagnostic specimens were unremarkable. The histopathological examination of biopsy showed only a minimal aspects of diffuse chronic inflammation.
Conclusions: The literature on ascites and its management have been reviewed. The final hypothesis is that it was an inflammatory ascites. We decided to treat the patient empirically with steroid therapy (methylprednisolone 32 mg per day). Over a period of 6 weeks his ascites resolved and at 2 months he was in remission on low dose methylprednisolone.

Myasthenia gravis and Crohn's disease

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Background: The association between inflammatory bowel diseases and myasthenia gravis (MG) has been reported in a few cases. We describe a male patient with a previous diagnosis of ulcerative colitis (UC) that undergoes surgery for a proctocolectomy in 1982.
Methods: At January 1983 diagnosis of pouchitis (P) and a stenosis (S) at 5 cm from the anus. He arrives to our observation in 2008 when he was 62 years old. Endoscopy showed severe P with 2 ulcerated S. The small bowel series demonstrated 3 stenotic sections. The re-evaluation of the case directed the diagnosis to Crohn's disease (CD). In the same period he presented diplopia and bilateral ptosis. The mediastinal CT was normal the acetylcholine receptor antibody and repetitive nerve stimulation were negative with a positive prostigmin test.
Results: The treatment of MG with anti-cholinesterases was stopped for side effects instead steroids therapy hasn't had any benefit. In September 2009 we started therapy with adalimumab (AD) (40mg/weekly) and switched to azathioprine after 2 years. Two years have elapsed and up to date MG didn't show any benefit instead CD showed a marked improvement.
Conclusions: While it's more demonstrated the relationship between UC and MG isn't the same for CD. Some studies showed the high rate formation of lymphoid follicles in the thymus in UC patients but no significant changes in CD. The review of literature revealed only one case of CD remission after thymectomy in a patient with MG. In our patient the non-response of MG to medical therapy in case of worsening we will consider thymectomy.

Ulcerative colitis and sarcoidosis: two diseases with indipendent course

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Background: An association between inflammatory bowel disease (IBD) and sarcoidosis (S) has been described in a few reports. When this occurs the course of both diseases (D) and their severity are independent. We report the case of a woman with ulcerative colitis (UC) and S.
Methods: In 1999 a 56-year-old woman was diagnosed UC and

treated with oral steroids and 5-aminosalicylate (5-ASA). Afterwards oral 5-ASA was used for maintenance therapy. In 2004 she developed chest pain breath shortness and cough. Chest x-ray CT-scan and bronchial biopsy with evidence of a noncaseating epithelioid granuloma allowed us to make a diagnosis of S and we started prednisone (P) therapy.
Results: In the next 5 years S course was characterized by 2 relapses. In 2009 she had a moderate-severe attack of UC after which we started therapy with azathioprine subsequently stopped for liver toxicity. Subsequently we started 6-mercaptopurine (6-MP) and P therapy that has been reported to 1 mg/kg was tapered after 3 months. Four years have elapsed and up to date S and UC are well controlled by 6-MP and the patient has had no recurrence of both D.
Conclusions: S is a granulomatous D that share many features with CD and much less with UC. Generally pulmonary involvement in IBD patients is rare and only sporadic cases of S associated with UC have been reported with a different severity, activity and course of both D. In our case the two D followed an independent course for about 5 years after that the necessity to stop steroids and the introduction of an immunosuppressive therapy brought together their course.

"Mandatory" internistic consultant in Emergency Department before any hospitalization in Internal Medicine Department

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Background and Scope: A main portion of admissions in Internal Medicine Departments (IMD) is decided by the Emergency Department (ED) without internistic consulting, in contrast to what happens for others specialties. This exposes the IMD to high risk of inappropriate admissions. The authors agreed with the ED to do compulsory internistic consultings before hospitalization in IMD, with the aim to assess how this new practice will prevent inappropriate admissions.
Materials and Methods: We analyzed retrospectively the internistic consultings in ED during 2012. In addition we also analyzed age of pt, clinical reasons of the consulting, any further diagnostic investigations carried out and the outcome.
Results: In comparison to the total number of patients managed in ED (33 887) have been subjected to internistic consulting 1190 (3.3%), with the following outcome: 25% admitted to IMD; 45.8% discharged from the ED after the consulting; 21.5% admitted to another hospital department; 5.2% transferred to another hospital, because intended to specialties not present on location; 2.3% enrolled in a planned study in DH in IMD. In comparison to data relative to the previous period it is shown a reduction in the hospitalizations number in Medicine and at the same time an increased appropriateness and average weight of the same admissions.
Conclusions: The "mandatory" internistic consultant in ED, while increasing the workload of the internists (71% of all internistic hospital consultings), allows a better diagnostic classification and a more appropriate selection of the care level needed.

Infections of CID, an emerging disease

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Introduction: In the last 2 decades, the incidence of cardiac implantable device (CID) infections has increased continuously, and the number of cases wèll meet in ours Internal Medicine Departments will increase as well. The major challenge for this disease is the rapid development of bacterial biofilms on the device and the common presence of comorbidities in these patients.
Case report: A 77-year old male, GA, presented with fever. His medical history included COPD and ischemic heart disease; he had a pacemaker since 3 months. An x-ray examination revealed multiple pneumonia (left basal and right apical) and he was treated with ciprofloxacin and amocillin-clavulanic. The patient improved and fever disappeared, only to reappear after 7 days. Blood cultures were performed, that showed methicillin-resistant St. Aureus. A transesophageal echocardiography failed to evidence cardiac valve involvement; a diagnosis of CID infection was made and patient was treated with high-dose iv daptomycin (700mg/die), accordingly to recent literature suggestion. The fever rapidly and definitely disappeared, the patient improved and acute phase response resolved. After 4 weeks therapy, the CID was substituted and the patient is well at a 7 month follow-up.
Conclusions: It is important to remember that pulmonary lesions (as other sites infections) are often present in these patients, due to bacterial dissemination, and that high dose daptomycin (>6mg/kg) could be a good therapeutical option for the high penetration coefficient within bacterial biofilms and the good tolerability of this drug.

A cervical and dorsal pain resistant to treatment

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Case report: A patient of 58 years old comes in the Emergency Room for pain located to the cervical and dorsal rachis. The pain has been appearing for about eight weeks, it is resistant to the therapy and accented during the night. The patient is a smoker and he reports a recent bladder infection. To the entry the vital signs are normal. The chest radiography shows an accentuation of the vascular plot; while the laboratory tests document hypokalemia (2,8 mMol/L), ipoalbuminemia (3 g/dL), anaemia (Hb=9,2 g/dL) and thrombocytopenia (95.000/mmc) with a light renal insufficiency. An arterial specimen is performed for BGA, that underlines a metabolic acidosis (pH=7,31) with normal anion gap, while urine pH is 5,3. NaHCO3 and KCl in NaCl 0,9% are administered him and for the management of the pain we prescribe tramadol to the need. Later around 36 hours of treatment substantial variations of the plasmatic pH were not observed, while urinary pH salt to 6.5. We hypothesize the presence of a Renal Tubular Acidosis (RTA) and particularly a RTA type 2. Proximal RTA may occur as a primary and isolated entity or be accompanied by other proximal tubular defects (Fanconi syndrome). It may also have a hereditary origin, be secondary to administration of drugs and toxins, or be associated with a number of varied diseases. In our case, the presence of monoclonal protein in the serum and urine, lytic lesions on X-ray together with an increased number of plasma cells in the bone marrow (>10%) directed toward the diagnosis of Multiple Myeloma.

The therapeutic management of hypocalcemia in the hospitalized patient

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Introduction: Hypocalcemia is frequently encountered in patients who are hospitalized, but the presentations of patients with hypocalcemia vary widely, from asymptomatic to life-threatening situations. Our study analyzes how much the prescription of Calcium Gluconate IV is appropriate in the therapeutic management of the hypocalcemia in the hospitalized patient.
Materials and Methods: In the period November 2011 - May 2012, on 6128 patients admitted in Urgencies Medicine and in a Department of Medicine of the "Antonio Cardarelli" Hospital, the hypocalcemia to the entry was present in the 19,1% of the cases (F: 834, M: 336. age: 48-93 ys). In 92% of these patients albumin was decreased (range: 1,9-3,4 g/dL); the pH to the entry was point out only in the 69% of the cases. The hypocalcemia-related symptoms were recorded in 112 patients (F:79, M:33), but in 64 of these there was also an hypomagnesemia.
Results: The hypocalcemia related symptoms are expression of a decrement of the serum ionized calcium (true hypocalcemia). Yet, in the 86,2% of the cases, Calcium Gluconate iv has been prescribed without considering the albumin levels, the pH values or the concomitant electrolytic disorders.
Conclusions: The treatment of hypocalcemia depends on the cause, the severity, the presence of symptoms, and how rapidly the hypocalcemia developed. Nevertheless Calcium Gluconate iv is often the first therapeutic approach in the management of the disorder, independently from the real decrement of the serum ionized calcium.

Helicobacter pilory and thrombocytosis

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Background and Purpose of the study: In this study we tried to evaluate a new role of Helicobacter Pilory in the differential diagnosis of idiopathic thrombocytosis;
currently its screening is already well established in autoimmune thrombocytopenia, however there are not currently reports regarding the thrombocytosis by HP.
Materials and Methods: We studied from 2008 to 2010 25 patients, which were examined for gastric disorders and blood test by our outpatient internal medicine and hematology, during of which there was a detection of thrombocytosis. All the patients were studied with the HP breath test, which resulted positive. After one month the first control gave these results: platelet count ranged 500,000 to 700,000 mmm3. All the patients presented high ferritin, VES, PCR,no anemia. The other values (ANA, ENA, B12, Folate, TIBC, were normal: ana ena, ra, test dose b12 and folate TIBC. aptoglobin direct, indirect coombs test and periferic blood smearThe cytogenetics study as JK2, bcr / abl were negative and ultrasound investigations showed no hepatosplenomegaly, as well as the study of the x chromosome for clonality in women.
Results: Our sample consisted of 25 patients (17 women and 8 men), the median was 43 years(16 aa-73aa) all patients have eradicated the HP with triple antibiotic therapy and were subjected to serial gastroscopy as guidelines.; 3 months after the therapy, the platelets have fallen to a lesser range, *i.e.* 140,000-250.000.
Conclusions: In our retrospective study we wanted to underline the role of HP in the genesis of secondary thrombocytosis,

✪ Genetic variability of GST enzymes in respiratory allergic diseases

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Background: Respiratory allergies are complex diseases characterized by strong gene-environment interactions. Several genes are involved in allergic phenotypes. Among these genes, Glutathione S-transferases are involved in detoxification and protection against xenobiotics and endogenous compounds. Alterations in GST genes may change the ability of the airway to deal with toxic substances and increase the risk of respiratory diseases. The aim of this study is to verify the role of GST gene polymorphisms in development of respiratory allergies.
Materials and Methods: 104 patients with respiratory allergies and 198 controls were recruited. DNA analysis was performed to investigate the GSTA1, GSTM1, GSTO2, GSTP1 and GSTT1 gene polymorphisms.
Results: The distributions of the GSTA1*-69C/T and GSTT1 positive/null genotypes differed significantly between allergic patients and healthy controls ($p < 0.01$). Conversely, the distribution of the GSTM1 positive/null, GSTO2*N142D and GSTP1*I105V genotypes was nearly equal between the control group and allergic patients.
Conclusions: Confronting these results with those obtained in our previous studies on GST genes and asthma development, we hypothesized that GSTA1 polymorphism is a common risk factor both for asthma and allergic respiratory diseases. Otherwise, the association between GSTT1 and allergic phenotype seem to be a new insight. Our data clarified some issues in interaction between detoxification systems and respiratory allergy development, improving the understanding of the role of GST genes in atopic phenotypes.

Legionella pneumophila pneumonia complicated with idropneumothorax and portal thrombosis

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Background: L. pneumophila is the etiological agent of 0,5-10% of CAP admitted to Hospital.

Case report: We report a case of a young man, who was discharged from Emergency Department with antibiotic therapy (amoxicillin/clavulanate 1 g tid) for basal right pneumonia. Six days later he was again conducted to ED, because of altered mental status and admitted to our Clinic. He presented with fever, dyspnea with arterial pO2 49 mmHg. Blood tests showed hyponatremia, hypokalemia and leucocitosis. Chest X-ray showed bilateral interstitial infiltrates. IV levofloxacine 750 mg od was started. Samples were collected for M. pneumoniae and C. pneumoniae serology and for L. pneumophila urine antigen test. The day after admission, we received laboratory evidence of positivity of Legionella urine Ag. Notwithstanding targeted antibiotic therapy, the patient presented dyspnea and oxygen desaturation. We repeated chest X-ray, which showed spontaneous idropneumothorax, which needed percutaneous drainage. After drainage, the patient underwent rapid clinical improvement. He also underwent a CT chest scan, which incidentally showed a portal vein thrombosis, in absence of liver cirrhosis. The patient was treated with enoxaparine. Thoracic drainage was removed and the patient was discharged after 23 days of hospitalization.
Discussion: We underline the need of etiological diagnosis in hospitalized patients with pneumonia. As previously reported, legionellosis is burdened with major complications, forcing the physician to be especially careful in patient management.

ICD (implantable cardioverter defibrillator) endocarditis caused by *Klebsiella pneumoniae* complicated with liver abscess and septic pulmonary embolism

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Background: Rivero et al reported the first case of K. pnemoniae liver abscess associated with endocarditis.
Case report: A 63-years-old man was admitted to our Clinic with a 7-day history of fever notwithstanding antibiotic therapy (amoxicillin/clavulanate). He was diabetic; he was implanted with ICD DDD for VF episode. Blood count showed WBC 11.000/mm^3 and PLT 135.000/mm^3 with CRP 13 mg/dL; chest X-ray showed right infiltrates. IV Ceftriaxone was started. Defervescence was rapid, but CRP was 12 mg/dL after 6 days. He underwent TTE, which incidentally showed a liver hypoechoic lesion. Thorax/abdomen CT scan was performed revealing bilateral nodules in the lungs with cavitations and a large abscess in the left lobe of the liver. K. pneumoniae ESBL- was isolated at blood cultures; IV levofloxacin and imipenem/cilastatin were started. TEE was done, showing ICD endocarditis and PFO. Antibiotic therapy was maintained; liver abscess was treated with percutaneous drainage. After 30 days of antimicrobial therapy, ICD was removed in a reference Centre (Spedali Civili, Brescia) and reimplanted. At discharge, blood tests were within range; the patient was asymptomatic. Radiological follow up showed improvement of lung and hepatic lesions.
Discussion: To our knowledge, this is the second reported case of K. pneumoniae with multiple septic emboli and infective endocarditis. The initial event was probably ICD endocarditis with septic metastatic events. Endocarditis should always be suspected in presence of fever after cardiac device insertion, in particular if risk factors are present.

Una strana cefalea

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Paziente ricoverata il 16.8.11 per febbre e cefalea. Alla anamnesi FA parossistica e recente focolaio broncopneumonico in intestiziopatia polmonare da amiodatrone. Non deficit neurologici focali né segni meningei; crepitii alle basi polmonari più accentuati a sinistra. TC cranio negativa; alla radiografia del torace esiti del recente focolaio. Inizia terapia con Levofloxacina con defervescenza in terza giornata, poi Meropenem/cilastatina sulla base dell'urinocoltura positiva per Klebsiella. Il 27.8.11 emocolture positive per stafilococco capitis. Esegue

eco-cardiogramma trans-esofageo che mostra una formazione iperecogena in atrio destro. Si inserisce in terapia Clindamicina. Per il persistere di cefalea si esegue RMN encefalo che mostra aree compatibili con accessi o granulomi multipli. Si effettua rachicentesi (liquor limpido, glicorrachia ridotta, proteinorrachia e cellularità aumentate) e si aggiunge Linezolid. Negativi sul liquor l'esame colturale per germi comuni, la PCR e il microscopico diretto per BK. Negativo il quantiferon. La RMN di controllo evidenzia una nuova lesione in sede frontale interessante anche la leptomeninge. Alla rachicentesi riduzione della proteinorrachia e della cellularità. PCR per Lysteria negativa. La paziente, sebbene apiretica e asintomatica per cefalea, presenta instabilità posturale, calo ponderale, anemia e leucopenia. In data 12.10.2011, la coltura su liquor risulta positiva per BK. Si esegue TC total body e il quadro tomografico polmonare risulta compatibile con tubercolosi miliare: si intraprende terapia specifica.con beneficio.

Census of Ligurian Internal Medicine Wards

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Background and Objective: In Italy, Internal Medicine (IM) wards are widespread. Their mission is the care of complex, poly-pathologic pts, very numerous today. Anyway, the role of IM is not fully understood by pts and administrators. FADOI Liguria promoted a survey on wards' size, staffing, activities, competencies, and productivity in 2011.
Materials and Methods: A 28-item questionnaire was sent by email to all the chief of Ligurian (not academic) IM wards.
Results: 83.3% of chiefs answered. Number of beds is largely variable (24-70). IM staff size is quite adequate to standard defined by current law, only 26.6% has a doctor: patients ratio superior to 1:6.4. Anyway, pts with different care needs are admitted to IM today and 4 wards developed a progressive care organization. Mean length of stay is 10 d, mean DRG weight is 1.09. The difference between revenues and costs is always positive. Several outpatients clinics are included in the investigated wards, (up to 15). Physicians working in the interviewed wards have many competencies (US, NIV, biopsies, rachicentesis, etc), but they are not homogeneously distributed among wards and physicians. About technologies, the same trend is observed.
Conclusions: IM wards, as a concentration of competencies, are likely to rationalize health-related costs. To offer to administrators and pts a precise identity of IM, standardization of competencies, activities and technologies is desirable. Even if most of the investigated wards have a "legal" doctor:pts ratio, overworking is common in modern IM, suggesting a need for standard revision.

✪ Recurrent venous thromboembolism in cancer patients, which predictors? Findings from the worldwide RIETE registry

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Background and Aims: A better understanding of factors that may influence the risk of VTE recurrence
in cancer patients is needed, to possibly offer a tailored treatment of VTE in these patients. Aim of this analysis was to evaluate predictors of recurrent VTE within 3 months from an index event, in cancer patients enrolled in the worldwide RIETE Registry.
Materials & Methods: All cancer patients included in RIETE at January 2013 (n= 9280) were considered. The association between occurrence of recurrent VTE and a number of factors was evaluated by means of multivariable logistic regression analysis.
Results: Three-month recurrent VTE occurred in 3.8% of patients (fatal: 2.3%). Advanced disease was the strongest predictor of recurrent VTE (Odds Ratio 2.09, 95% confidence interval 1.73-2.52). Lung and pancreatic cancer were significantly associated with increased risk (OR 1.49, 1.18-1.88, and 1.52, 1.04-2,22), while patients with breast or colorectal cancer had lower recurrence rates (OR 0.50, 0.35-0.72, and 0.68, 0.50-0,91). Patients with reduced mobility had more frequent VTE recurrence (OR 1.50, 1.22-1.85), as it was in case of pulmonary embolism as index VTE (*vs* isolated deep vein thrombosis, OR 1.72, 1.45-2.08), increased creatinine levels (OR 1.48, 1.20-1.83) and previous recent major bleeding (OR 1.75, 1.16-2.85).
Conclusions: Some items we assessed as strongly related to increased risk (tumor stage, some types of cancer, pulmonary embolism at presentation, reduced mobility) could be considered for risk stratification for secondary prophylaxis in daily practice.

Un caso di pneumomediastino spontaneo

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Un giovane ragazzo di 16 anni giunge in PS per la comparsa di dolore in regione precordiale, continuo, irradiato al collo. All'RX torace urgente si evidenzia la presenza di enfisema sottocutaneo in sede sopraclaveare bilaterale esteso al collo in assenza di pneumotorace. Tale riscontro veniva confermato dalla TAC torace. Il pneumomediastino spontaneo viene definito dalla presenza di aria libera a livello mediastinico confermata alla radiografia del torace in assenza di procedure chirurgiche, traumi del torace o ventilazione meccanica che possano averlo indotto. L'incidenza varia dallo 0.001% al 0.01 negli adulti (lievemente superiore nei bambini affetti da asma), nella maggior parte dei casi si tratta di pazienti giovani (18-25 anni) e maschi (73%) e non vi sono relazioni con il fumo di sigaretta. Il dolore toracico e la dispnea sono i sintomi prevalenti, meno frequenti tosse, rinolalia, dolore al collo, disfonia. Dal punto di vista obiettivo il segno clinico prevalente è rappresentato dall'enfisema sottocutaneo (62%). La diagnosi differenziale include il pneumotorace, la pericardite, l'embolia polmonare e l'infarto miocardico ma soprattutto è necessario escludere la sindrome di Boerhaave (rottura spontanea dell'esofago) che può comportare complicanze più gravi. La risoluzione avviene spontaneamente con scomparsa dei sintomi in circa 2-3 giorni e normalizzazione della radiografia del torace dopo circa una settimana. Solitamente è necessaria solo terapia sintomatica con analgesici; ossigeno ed antibioticoterapia solo in una piccola percentuale di pazienti.

Sepsi in paziente affetta da sindrome di Rendu-Osler-Weber

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Una donna di 71 anni veniva ricoverata presso il nostro Reparto per sepsi associata a dolore a livello del rachide dorso-lombare. In anamnesi risultava affetta da Sindrome di Rendu-Osler-Weber sintomatica per epistassi ricorrenti con frequenti tamponamenti nasali (l'ultimo circa 7 giorni prima del ricovero). Alle emocolture seriate veniva isolato Staphylococcus Aureus (MSSA). Lo stesso batterio veniva isolato anche nel tampone nasale della paziente. Nel dubbio di spondilodiscite secondaria veniva eseguita RMN del rachide lombo-sacrale che confermava la presenza di vasto empiema epidurale per cui la terapia antibiotica è stata protratta per circa 8 settimane. I pazienti affetti da S. di Rendu-Osler-Weber presentano un'aumentata incidenza di infezioni sia cerebrali (maggiore incidenza nei portatori di fistole arterovenose) che extra-cerebrali (osteomieliti, artriti settiche, spondilodisciti). Il patogeno identificato nella maggior parte delle infezioni extra-cerebrali è Staphylococcus Aureus: la mucosa nasale può rappresentare una porta d'ingresso tanto più che il tamponamento nasale in corso di epistassi comporta un notevole traumatismo della mucosa nasale e la presenza di tamponi nasali può di per se favorire

la proliferazione dei germi. Nei pazienti affetti da tale patologia è stato proposto l'utilizzo di mupirocina locale in profilassi per prevenire le setticemie stafilococciche.

Integrated bedside cardio-pulmonary ultrasound evaluation in acute respiratory failure

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Thoracic bedside ultrasound has acquired increasing evidence for the management of acute respiratory failure (ARF). In some clinical settings (acute cardiogenic pulmonary edema ACPE and pneumonia) the diagnostic sensitivity was higher than chest Xray, similar to CT. Several algorithms have been proposed for using thoracic bedside ultrasound in a "integrated" way with symptoms and clinical signs in critically ill Pts with ARF: these provide at the same time a ultasound assessment of the hemodynamic status. We report 2 cases of Pts with hypoxemic ARF in which the chest Xray was normal, clinical signs were misleading and laboratory tests inconclusive. Ultrasound has allowed us to make the correct diagnosis and set therapy: we perform thoracic scan, inferior vena cava scan and 4 chambers heart scan. One Pt had ACPE (multiple comet-tail artifact in the lungs+low Caval Index+dilated-hypokinetic left ventricle), therapy was CPAP diuretics nitrates. The second Pt had bilateral pneumonia (lung consolidations+high Caval Index+normal heart), therapy was CPAP and volume expansion. In hypovolemic Pts a positive pressure within the chest may produce adverse hemodynamic effects (reduction in venous return and cardiac output) worsening peripheral perfusion, so volume expansion is needed. In presence of heart failure a positive pressure to the airway results in increased cardiac output due to the reduction of left ventricular afterload (reduction of transmural pressure) and the reduction of ventricular preload that is not, in this situation, a side effect of ventilation but a goal of therapy.

Bedside ultrasound evaluation of caval index in acute cardiogenic pulmonary edema

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Bedside ultrasound evaluation of inferior vena cava (IVC) collapsibility during inspiration (Caval Index CI=exp.diameter-insp.diam./exp.diam.) has been used to evaluate volume status (related to right atrial pressure RAP): high collapsibility is expression of volume depletion/fluid responsiveness (septic Pts) and decreased collapsibility has been correlated with the cardiogenic nature of acute dyspnea. Regarding the cut off value to consider likely cardiogenic an acute dyspnea literature is not unanimous: for CI<30% diagnostic sensitivity is low but specificity is high, for CI<50% sensitivity increases but specificity is reduced. We report 3 cases of Pts with a clinical radiological and biohumoral diagnosis of acute cardiogenic pulmonary edema (according to international guidelines) in which ultrasound evaluation of CI showed a high collapsibility (>60%). Possible explanations of high CI in these Pts may be: 1-acute decompensation of the left ventricle (normal RAP): hypertensive heart disease (impaired diastolic function), acute increase of pulmonary capillary wedge pressure, normal hemodynamic of the right heart. 2-volume depletion: reduction of nutrition. 3-high inspiratory efforts with abrupt reductions in intrathoracic pressure, reduction in central venous pressure during inspiration, increased venous return, inspiratory collapse of extrathoracic veins. In conclusion, evaluation of CI is not always useful in differential diagnosis of acute dyspnea. In presence of high values a cardiogenic dyspnea due to heart failure cannot be excluded but low values support this diagnosis

Iatrogenic hypotension but lifesaving

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Introduction: Aortic dissection is a relatively rare vascular disease burdened by a high mortality rate if it isn't treated with emergency surgery in suitable centers. The clinic is very varied and this slows down, sometimes fatally, the timing of diagnosis and early surgical approach that's the only way of salvation.
Case report: At 00:44, male, 77 years old, arrives in the ER for epigastralgia, in full wellbeing after dinner, associated with icy sweating, accidentally ingestion of double dose of antihypertensive therapy. History: hypertension, duodenal ulcer, sin carotid stenosis. At the time of the visit the patient reports regression of the symptoms, but has arterial hypotension both supine that orthostatism (BP 90/40 mmHg), ECG HR 56 bpm. RX thorax, abdomen ultrasound, routine blood tests and myocardial citonecrosi report values in the normality; at the Echocardiogram ectasis of the aortic root (42 mm) and of the ascending aorta (44 mm) with mild to moderate aortic insufficiency. Despite the misleading arterial hypotension of probable iatrogenic origin, in the diagnostic doubt of vascular disease, it has been practiced a TC thorax-abdomen with mdc that detects dissection of the ascending aorta to the iliac bifurcation. At 04:52 the patient is transferred to the cardiac surgery unit for aortic dissection surgery Stanford type A with a good clinical outcome.
Conclusions: This case report demonstrates how accurate medical history and differential diagnosis can reveal severe vascular diseases even in the presence of confounders as an iatrogenic hypotension.

Importance of urgent activation of multidisciplinary in intensity of care

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Introduction: The world scientific literature gives great importance to the multidisciplinary approach to determine the correct diagnosis in patients who require a high degree of intensity of care.
Case report: Male, 52 years old, arrives at he emergency department for fever with shivering, headache and vomiting. History: vasculitis in immunosuppressive treatment, thrombophilia, chronic liver disease, IRC, double mitro-aortic valve replacement, previous septic shock. Physical examination: stupor, nape rigidity, hypotensive (PA 90/60 mmHg), 90% SO2. ECG: ST-segment elevation in inferior leads. Blood tests: creatinine (4.39 mg/dL), blood urea nitrogen (1.38 g/dL), PCR (36 mg/dL), neutrophilic leukocytosis (16.400), procalcitonin (17.03 ng/mlL), CK-MB (6.49 microg/L), Troponin T (215 pg/ml), Myoglobin (313 microg/L), blood cultures positive for Staphylococcus aureus. TC scan: framework of large edematous exudate. A lumbar puncture, which is negative, has been performed due to suspicion of meningoencephalitis. He is admitted to the Intensive Care Unit where the multidisciplinary intervention of the Internist, Infectivologist and Cardiologist, chooses not to perform coronary angiography, diagnose bacterial endocarditis staphylococcal methicillin-sensitive in prosthetic valve complicated by cerebral septic emboli.
Conclusions: This case report demonstrates that in early stages high risk patients, in an intensive care setting, the multidisciplinarity must be activated in order to perform diagnostic tests to the safeguard of the patient live.

Efficacia della denervazione renale transcatetere nell'ipertensione resistente. Risultati osservati in 14 pazienti

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Introduction: HTN-2 study showed that transcatheter renal sympathetic denervation with radio-frequency (TREND) is able to obtain a significant decrease in blood pressure in a resistant hypertensive population.
Methods: We enrolled 15 patients for TREND, mean age of 66 years, 11 men and 4 women, in chronic treatment with 5 anti-hypertensive drugs, one of which was a diuretic, among them 2 have severe organ damage, 9 diabetes. Were considered candidate to the procedure the

patients with blood pressure on the 24 hours greater than 140/90 mm/Hg during two ABPM.
Results: Before the procedure the mean systolic value on 24 hours in all 15 patients, was 167 mmHg the mean diastolic value was 87 mmHg, the mean creatinine was 1 mg/dl. After 1 month in all 15 patients the systolic pressure on 26 hours decreased by 15 mmHg and the diastolic by 9 mmHg fron baseline. After 6 month in 7 patients the systolic pressure on 26 hours decreased by 15 mmHg and the diastolic by 12 mmHg fron baseline; the therapy was unmodified the creatinine value remained unmodified. After 12 month in 3 patients the systolic pressure on 26 hours decreased by 17 mmHg and the diastolic by 5 mmHg fron baseline a drug was removed from the therapy the creatinine value remained unmodified.
Conclusions: In our series of 15 patients in follow up from 1 to 12 months the TREND was well tolerated and resulted in a significant decrease of blood pressure and allowed us to date a slight reduction of the therapy. The decrease in both nightime and daytime blood pressure was equivalent.

Ictus cardioembolico da inusuale neoplasia intracardiaca. Descrizione di un caso

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Un uomo di 76 anni giunge alla nostra osservazione per ischemia cerebrale determinate emiparesi sinistra. Nell'anamnesi risulta cardiopatia ipertensiva, pregressa neoplasia laringea trattata con laringectomia 5 anni prima; mg. All'ingresso si rileva NIHSS=8. Ritmo sinusale. TC: area ipodensa centro semiovale di sinistra (omolato. ECD TSA: a Dx ateroma ICA prossimale con stenosi (348 cm/sec.); A Sin. ateroma CC con stenosi ed estensione all'ICA che risulta occlusa. Diagnosi ictus ischemico a patogenesi aterosclerotica a carico dei grossi vasi. Terapia: ASA 300. Rx torace (routine): immagine 6 x 4 cm paramediastinica dx che alla TC risulta polilobata e infiltrante il pericardio in adiacenza dell'atrio SIN e si estende nel lume atriale sin (AS) per cm 5 x 3. Ecocardio TE conferma massa endocavitaria con aspetti di tipo cistico e porzione inferiore mobile, che aggetta all'interno della mitrale in diastole senza comportare stenosi funzionale. Cardio RM conferma il reperto di neoplasia a crescita endocavitaria. La neoplasia si accresce all'interno di vena polmonare fino nell'AS ove si estende nella cavità fino ad impegnare l'ostio mitralico. Terapia con ASA+EBPM a dose terapeutica (Ictus cardioembolico) che non impedisce l'evoluzione clinica con nuovo ravvicinato episodio di emiparesi (controlaterale) e dopo pochi giorni decesso per arresto cardiorespiratorio improvviso. Si riporta la iconografia Ecografica e RM della inusuale lesione intracardiaca e si discute la della patogenesi dell'ictus cardioembolico e della classificazione A-S-C-O.

Sensi, cervello o cuore?

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Uomo di 63 anni, in terapia con duloxetina per sindrome depressiva, effettua visita neurologica per polineuropatia prevalentemente motoria all'EMG. Da qualche mese calo ponderale, iporessia, astenia, artralgie. All'esame obiettivo riscontro di ipotrofia dei muscoli interossei delle mani, ROT presenti, accenno a Hoffmann bilaterale, ipostenia prossimale arti superiori e tibiale anteriore bilaterale. Quadro di non univoca interpretazione con indicazione ad ulteriori approfondimenti. Dieci giorni più tardi accesso in DEA per disorientamento spazio-temporale, febbricola. Ricovero per evidenza alla Rx Torace di addensamento polmonare; sospetta sindrome paraneoplastica. Paziente inqiueto, disidratato, obiettività toraco-addominale normale, non linfoadenopatie. Agli esami ematochimici leucociti 3130/ul; emoglobina 9.1 g/dl; MCV 72 fl; piastrine 137000/ul; VES 91 mm/h; PCR 5.2 mg/dl; ferritina 565 ng/ml; componente monocolonale 0.6 g/dl IgGlambda; beta 2 microglobulina 6.5 mg/l; ANA, ENA negativi, debole positività per cANCA. Due emocolture positive per Staphylococcus Hominis. Alla TC Total-Body mdc cardiomegalia, sofferenza ischemica cerebrale. Durante il ricovero comparsa di intenso turgore delle giugulari e dispnea da sforzo per cui è stato richiesto un ecocardiogramma transtoracico che ha evidenziato un'endocardite valvolare aortica e mitralica condizionanti insufficienza bivalvolare severa (quadro confermato all'ecocardiogramma transesofageo). Il paziente è stato sottoposto ad intervento di sostituzione valvolare aortica e mitralica con bioprotesi.

Paget's disease of bone: not only bone

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Introduction and Purpose: The migratory flows, the globalization, the availability of more sophisticated surveys and the ever more pressing request for health have changed the prevalence and the clinic of Paget's disease of bone. Aim of the present work is to evaluate the epidemiologic and clinical changes of the disease and to consider the prevalence of non-skeletal manifestations.
Materials and Methods: 28 patients from the Rheumatology Centre have been evaluated, considering their history, the clinical examination and an accurate analysis of the clinical folders. After obtaining the informed consent, blood samples were taken to check genetic mutations of Sequestosome1 Gene.
Outcome: The analysis of the data showed a particular relevance concerning both the ischemic cardiovascular involvement, observed in almost all the cases (93%), and the prevalence of malignancy, noticed in almost the 50% of the cases. Genetic analysis is not yet available.
Conclusions: The skeletal phenotype of Paget's disease of bone is changing. The high prevalence of cardiovascular and neoplastic disease is really interesting and more studies are needed to confirm this data and also to explore a possible relation between underlying genetic mutations and the severity of the disease.

Health education school project in the teen-agers: ESCAR study

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Introduction: Cardiovascular disease is the leading cause of mortality and morbidity in Italy. Therefore plays an important role the early detection of risk factors and lifestyle education and correction since school age.
The aim of the study: The Health Education School Project is open to the whole family (Education School Cardiovascular ARezzo - ESCAR Study) and designed to assess the level of knowledge of children and parents toward the risk factors in order to correct them with health education intervention during the 5 years of school.
Materials and Methods: Enrolled, between October and November 2012, the first classes of the Lyceum "Piero della Francesca" of Arezzo: to more than 300 young people and 600 parents were given questionnaires, were measured the blood pressure (BP) and waist circumference and were performed health education lectures.
Results: Enrolled 209 young people (78 M, 131 F, average age 14.3 years) with BMI>25%, with average BP of 108/68 mmHg. 70% does not consume fruits and vegetables; 45% eat red meat>3/week and 49% fish <2/sett; 45% sweets and sugary drinks>4-5 days/week. 75% spend>2 hours on PC or TV/ day; 43% does not exercise; 24% drink alcohol and 14% of boys smoke, while among non-smokers, 70% have parents or friends who smoke. At last, 40% were breast-fed for a period <6 months, and 20% were born with a weight <2.5 kg.
Conclusions: The data show that the health of the young people considered in the study reflects an unhealthy lifestyle and that the risk factors start since adolescence affecting the risk of obesity, cardiovascular disease and behavioral disorders.

Health education school project in teen-agers parents: ESCAR study

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Introduction: Cardiovascular illnesses are the first cause of mortality and morbility in Italy.
Therefore the early detection of risk factors and the education and correction of lifestyle since school age and especially in a family context, plays an important role.
Aim of the study: The Health Education School Project is open to the whole family (Education School Cardiovascular Arezzo – ESCAR) and designed to assess the level of knowledge of children and their parents toward the risk factors in order to correct them with health education intervention during the 5 years of school.
Methods: Enrolled, between Oct - Nov 2012, the parents of the young people of the first classes of the Lyceum: nearly 600 parents received questionnaires, got the BP and waist circumference measured and received health education lectures.
Results: Enrolled 347 parents, average age 45 +/- 5 years, with>2 risk factors (40% M and 31% F); familiarity in 58% with 10% hypertensive, 9% hypercholesterolemic and 5% diabetic; 30% smokers; with BMI 25%>in 51% M and 34% F. 50% does not consume fruit and vegetables; 83% eat red meat>3/week and 51% fish <2/week; 56% sweets and sugary drinks>4-5 days/week. 15% spend 4 hours at>PC-TV/day; 70% does not exercise; 60% M and 30% F suffers from sleep apnea and the 34% consume alcoholic beverages.
Conclusions: The data analysis showed that the risk factors and improper lifestyle are very common in an adult population of ages <50 years. All this induce this cohort to the occurence of adverse prognostic events, but above all are a bad example to their children.

Nutraceuticals use in the hypercholesterolemia treatment in patients at low cardiovascular risk

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Introduction: High cholesterol (COL) is a prevalent risk factor in the Italian population and normalize COL is essential in order to implement an effective prevention of cardiovascular disease regardless of the level of risk. In subjects at low risk the reduction of COL levels determines a significant reduction of Cardiovascular Risk (CR) itself and the treatment is important if we consider the evolution of the long-term risk. ESC/EAS guidelines suggest the use of nutraceuticals and functional foods in addition to the necessary changes in lifestyle.
The aim of the study: Evaluate the change in total COL, LDL, Triglycerides (TG) and HDL in those hypertensive patients who did not require the use of statins and who followed a diet program.
Materials and Methods: We have created two groups of hypercholesterolemic patients, on which we have performed a lipid blood study: group A (54 M, 48 F, average age 52 +/- 2.8 years; COL 230 +/- 24, TG 130 +/- 30, HDL 40 +/- 5, LDL 130 +/- 10) we administered ARMOLIPID PLUS 1 tab/day for 3 months, group B, same age, same sex as group A, with comparable blood lipid values, which followed a diet program.
Results: In group A, there was a 24% reduction of COL, 20% of TG, 23% in LDL and a 9% increase in HDL. In group B, instead, we had a 15% reduction of COL, 12% of TG, 10% in LDL and a 4% increase in HDL.
Conclusions: Nutraceuticals can be an effective approach to restore the levels of COL in subjects at low cardiovascular risk and can fullfill the gap between the effectiveness of diet and drug treatment.

Rare disease or lack of knowledge? A case report of anti SRP myopathy

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Background: Lack of scientific knowledge and quality information on rare diseases often results in delayed diagnosis. Hospitalist can favorite access to correct diagnosis, treatment and care.
Case report: A 54 year old Italian female presented with a one month history of progressively worsening proximal arm and leg weakness, dysphagia and mialgia. She had a subclinical hypothyroidism.Data showed elevated CK at 7100 IU/L and elevated troponin T hr and myoglobin. Electomyography was consistent with an irritable myopathy. Muscle biopsy showed a necrotizing myopathy with no primary inflammation. Heart MRI was negative. Laboratory confirmed the presence of anti-SRP antibodies with ANA 1:320.The patient was treated with high doses of intravenous steroid (metilprednisolon 1000 mg for 3 days) and corticosteroid (prednisone 1 mg pro kg) plus IVIg (0.4 mg/kg for 5 days). After two weeks, the patient had still generalized weakness. She was treated with B cell depletion therapy (two doses rituximab 1 g, second doses after two weeks). Three months later, her CK returned to normal as the muscle strength. The prednisone was tapered off, CD19 and CD 20 counts remain actualy suppressed, with weekly methotrexate as mantenaince.
Conclusions: Common symptoms like weakness, can hide underlying rare diseases leading to misdiagnosis and delayed treatment.The differential diagnosis of a myositis includes a variety of disorders. A good integration between senior hospitalist, experienced histopathologist, laboratory team allow successful diagnosis and tailored life-saving therapy.

When a straightforward anamnesis can be misleading

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Background and Aim: Vertigo,syncope and convulsion in a young man can make an apparently simple diagnosis wrong.
Material and Methods: A 32 years old African student was admitted to our Department for syncope, foregone by chest pain and episodes of vertigo and convulsion the morning before.He reported a childhood diagnosis of epilepsy;no active therapy.
Results: At physical examination the arterial pulses were very diminished,so that we suspected thoracic aorta dissection.The chest CT showed thickening of the aortic wall form the arch to the desending tract, involvement of the carotid and subclavian arteries and lobar right pulmonary artery occlusion.The ESR and the serum CRP were moderately elevated,whereas a PET scan did not show an increased uptake of the fluorodeoxyglucose. A diagnosis of Takayasu arteritis was made,based on the presence of three of the American College of Rheumatology criteria.The pharmacological therapy was based on glucocorticoids but a revascularization procedure for the irreversible arterial stenosis was necessary.Vertigo,syncope and convulsions were then symptoms related to carotid and vertebral arteries involvement rather than epilepsy.
Conclusions: Takayasu arteritis is an uncommom chronic vasculitis of unknown origin with a women prevalence.Sysetmic symptoms are present in the early phase while vascular ones are most evident late. The differential diagnosis is difficult in the early phase in which systemic symptoms are prevalent,but we must search for vasculitis signs,when vascular symptoms are present.

✪ Capillary leak syndrome and rhabdomyolisis

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Background and Aim: Rhabdomyolisis is an uncommon syndrome, whose severity spans from asymptomatic cases to life-threatening ones. It is characterized by muscle necrosis and the release of its constituents into the circulation.
Materials and Methods: A 60 years old mild hypercholesterolemic man was admitted to our Department for anasarcatic state and severe muscle pain. The laboratory findings showed markedly elevated creatine Kinase, myoglobin and transaminase levels, hypoalbuminemia and hyponatremia. Atorvastatin was immediately stopped but clinical picture was complicated by hypotension and acute respiratory failure.Kidney function was always kept normal,but a ventilatory and pressure support was necessary. After stabilization,a 25 lt furosemide induced output was recorded.
Results: To our knowledge no similar cases are reported in the literature. Its peculiarity is the huge amount of fluid retention in the absence

of heart dysfunction,kidney injury,liver disease or potomania.A muscle biopsy and electromyography ruled out myopathy.
Conclusions: Having excluded all the organic causes of the anasartic state we can hypothesize a "capillary leak syndrome", a rare condition characterized by increased capillary permability with consequent marked edema, hypovolemia, hypotension and hypoalbuminemia, which can be often associated with rhabdomyolisis.

An unexpected turn in an apparently ordinary case of pancreatitis

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Clinical case: PG, 55 year-old male, alcoholic, diabetic, is admitted due to intestinal occlusion; he was discharged ten days earlier with a diagnosis of Pancreatitis from alcohol abuse. US and CT scan of the abdomen show biliary sludge, acute-sub acute pancreatitis with extended collection of fluid inside and around the gland and in the retroperitoneal space; the small bowel is inflated as in paralytic ileus. The patient improves with total parenteral nutrition, antibiotics, gastric acid pump inhibitors, analgesics, antithrombotic prophylaxis and is discharged after eleven days of hospitalization. A follow up magnetic resonance cholangiopancreatography (MRCP) performed ten days later confirms biliary sludge, rules out biliary or pancreatic duct occlusion and shows multiple cysts of the head and tail of the pancreas. The suspect of Intraductal Papillary Mucinous Neoplasm of the Pancreas (IPMN) is raised and an ERCP is recommended. Eventually the patient, in good clinical condition, is addressed to the surgeon for further evaluation.
Discussion and Conclusions: IPMN, first described in the early 80s, is a rare cause of pancreatitis but is still important due to its malignant potential. The here described clinical case suggests that in younger patients with pancreatitis MRCP should be performed even in the presence of other obvious triggering causes

Sindrome Fanconi acquisita

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Spesso ciò che desideriamo da un farmaco lo otteniamo ad un prezzo talvolta molto alto e l'effetto collaterale che si manifesta può essere anche di gran lunga peggiore rispetto alla malattia per la quale viene assunto. Come il caso del signor L.D. Il paziente, nel 1992, sviluppa un'epatopatia cronica HBV correlata e inizia a seguire un trattamento con antivirale con Tenofovir. Con gli anni inoltre sviluppa un deficit importante di vitamina D con elevato valore di PTH che lo renderanno soggetto di numerose fratture patologiche. Sarà curato per questo difetto con terapia sostitutiva con vitamina D. Durante il ricovero nella nostra SOD, per episodio di dispnea e comparsa di dolore toracico a riposo irradiato al giugulo, agli accertamenti viene rilevata glicosuria, acidosi tubulare renale e osteoporomalacia. La sintomatologia ha permesso la diagnosi di Sindrome di Fanconi acquisita da danno prossimale indotto da Tenofovir. Un medico deve sempre ricordare la parola "pharmakos": si farmaco ma anche veleno!

Misleading high concentrations of procalcitonin in adult onset Still's disease

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Introduction: Procalcitonin (PCT) is a reliable diagnostic and prognostic marker in bacterial and fungal infections. Therefore it is considered a useful tool in the differential diagnosis of fever. We report a patient with elevated PCT levels in the setting of a severe systemic disease and high fever that eventually proved to be an Adult Onset Still's Disease (AOSD).
Case report: A 44 year-old female patient was admitted to the hospital for sore throat, pleuritic pain and fever spiking to 40°C and not responsive to antibiotics. Neutrophils were 15.000 mm^3, CRP 33 mg%, ESR 72 mm/hr and PCT 53 ng/mL(upper normal limit 0.5). After two days the patient was transferred to ICU for respiratory distress; fever persisted despite broad spectrum antibiotic therapy. Clinical features and very high ferritin levels (36.000 ng/mL) suggested AOSD. Antibiotics were stopped and high doses of steroids were administered with a rapid clinical improvement as well as a marked decrease of PCT and ferritin.
Conclusions: In systemic autoimmune diseases PCT may be useful to differentiate fever due to acute flares of the disease from overlying infection. In our case of AOSD PCT concentrations were markedly increased with no evidence of infection, as reported in a few other cases in Literature. Considering that at onset AOSD frequently presents as FUO, PTC may be misleading in FUO and serum ferritin measurement is also advice.

Ketoprofen photodermatosis

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Background and Aim of the study: The aim of the following review is that of stimulating and highlighting the importance of pharmacovigilance, examining all the data about ketaprofen (a well known NSAD) photodermatosis cases reported in literature, especially those occurred in patients under topical therapy that have been revealed to be adverse reactions.
Materials and Methods: Analysed data concern studies carried out from 1991 to 2011 among different European countries, in particular at the Swedish University of Lund, Katholieke University of Leuven in Belgium, and in France. All the data arrived through the Italian national pharmacovigilance network.
Results: Evidences show that the basic mechanisms of ketoprofen phototoxicity are not clearly known. A necessary but not sufficient condition for the adverse reaction to be revealed is ketoprofen irradiation via UVA rays.
Conclusions: The results highlight a consistent quantity of appearances during summer with maximum peaks between June and August and this supports the correlation between UVA rays and the degradability of the molecule; the products of photoreduction (free radicals), are responsible for all the events that lead to ketoprofen acute dermatitis. Surely these empiric studies encourage to delve into the pharmacologic and toxicologic functions of the NSAD in subject, but not only of this specific one, with a final intent of guarantee the patient's health.

Il ruolo del cardo mariano nell'intossicazione da amanita phalloide

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Premesse e Scopo dello studio: È sempre più consolidato l'interesse verso i rimedi naturali. Il fitocomplesso silimarina trova applicazione in diverse patologie epatiche tra le quali ricorderemo l' intossicazione da amanita phalloide. In quest'ultimo caso i risultati positivi sono stati tali da poter essere individuato come antidoto anche se non ancora inserito nell'elenco nazionale degli antidoti CEE90 / C 329103 del 1990/03/12.
Materiale e Metodi: La ricerca è stata condotta su diversi studi clinici messi on line su PubMed.
Risultati: Dalla revisione è venuto fuori che in realtà è la silibina, presente per il 50-70%, ad essere la protagonista indiscussa del fitocomplesso silimarina. Il meccanismo di azione principale è riconducibile soprattutto alla sua capacità di aumentare la sintesi delle proteine epatiche e di inibire quella dei mediatori infiammatori e dei radicali liberi, è in grado di stimolare la produzione di nuove cellule epatiche con velocità maggiore di quella alla quale le cellule esistenti possono essere distrutte dalla falloidina, probabilmente perché è in grado di stimolare la sintesi proteica. Ha un effetto di stabilizzazione sulla membrana delle cellule del fegato, dovuta in buona parte alla sua azione inibitoria sulla lipoperossidazione. Inibisce fortemente

l'assorbimento di amatossine negli epatociti mediante inibizione competitiva del sistema trasportatore (OATP1B3).
Conclusioni: Gli studi incoraggiano una ricerca più attenta su questa sostanza naturale che ha già trovato valida applicazione in alcuni casi clinici come quelli da amanita phalloide.

Un caso di sclerodermia esordito come artrite sieronegativa

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Background: GMF è un ragazzo di 20 aa Senegalese. Ad agosto accede in PS per artrite simmetrica alle mani ed è posto il sospetto di artrite sieronegativa. A settembre GMF si ricovera altrove e viene dimesso con "poliartralgie da probabile artrite sieronegativa, anemia microcitica e gastroduodenite iperemico-edematosa" Successivamente comincia metotrexate (MTX), al termine del quale ricompaiono le poliartralgie associate a febbre per cui si ricovera nella stessa Medicina. Presenta ulcere su mani (polpastrelli), piedi, gomiti, spalla dx e borsite al gomito sin con sovrainfezione da S. aureus. All'ecocardio quadro di ipertensione polmonare (IP). La genesi infettiva delle ulcere è esclusa dall'infettivologo che pensa ad una sovrainfezione batterica in corso di MTX e consiglia biopsia (Bx) cutanea e PFR.
Epilogo: A gennaio viene da noi contattato ma è già in OBI per rettorragia. Esegue Bx cutanea sul tronco e PFR/DLCO che evidenziano sindrome restrittiva importante. L'ecocardio conferma l'IP; l'HRCT toracica è nei limiti. GMF riferisce fenomeno di Raynaud nei mesi precedenti le poliartralgie e disfagia per i liquidi. Un pasto baritato risulta nei limiti. Inizia terapia con iloprost con beneficio. La Bx cutanea è compatibile con sclerodermia.
Conclusioni: La sclerodermia nella razza nera è caratterizzata dalla maggior incidenza della forma diffusa. L'esordio con poliatrite non è infrequente. In questo caso vi era coinvolgimento polmonare (asintomatico) e forse gastrointestinale (rettorragia da colite ischemica e gastroduodenite) complicato da anemia da flogosi cronica/malassorbimento.

Sindrome uremico-emolitica in corso di dissenteria

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Background: ME ha 26 aa ed è rientrata da un giorno da un breve viaggio a Zanzibar. Giunge c/o la Medicina di Pontedera per diarrea e rettorragia. Gli esami ematochimici sono nei limiti; la PCR è 3.7 mg/dl. Presenta febbricola.
Esami diagnostici: La TC documenta notevole ispessimento parietale del cieco e del colon ascendente, con aspetto pseudopluristratificato e notevole versamento endoperitoneale. Esame parassitologico delle feci, coprocolture e la ricerca della tossina di E. coli O157:H7 e del C.difficile sono negative.
Decorso Clinico: Diarrea e febbre scompaiono e la PCR si riduce sotto terapia antibiotica con metronidazolo e ciprofloxacina, quest'ultimo sospeso per vomito continuo. In IV giornata vi è comparsa improvvisa di grave piastrinopenia. Il giorno seguente si assiste ad anemizzazione (Hb da 13 a 8,5 g/dl); ulteriore calo delle piastrine, LDH >2000 U/l, aptoglobina indosabile, creatinina 3,5 mg/dl e Coombs negativo. Non disponendo della plasmaferesi, trasferiamo immediatamente ME c/o le M. Infettive di Livorno. Qui ME è sempre stata apiretica, ha presentato solo inizialmente vomito, mai diarrea. È stata praticata solo terapia reidratante e trasfusionale (emazie concentrate). Dopo ripetute plasmaferesi, presenta normalizzazione di PLT, LDH e creatinina. Permane anemia.
Conclusioni: Si tratta di un caso di sindrome uremico-emolitica, nota sequela di alcune forme di dissenteria, caratteristica dei bambini/anziani. I primi risultati delle analisi eseguite c/o l'ISS su feci indicano un'infezione da E.coli produttore di verocitotossina con presenza di geni vtx2 e eae.

Hyponatremia in cirrhosis: prevalence at the admission in an internal medicine department and impact on in-hospital outcome and resource use

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Background and Aim: Hyponatremia is a common condition that frequently complicates management of patients hospitalized for cirrhosis. It correlates with the stage of disease and the occurrence of complications and is a predictor of increased hospital resource use. We evaluated the impact of hyponatremia on outcome and resource utilization in cirrhotics after admission in our institution.
Patients and Methods: Thirty-five cirrhotic patients (25 M, 10 F, mean age 62,5) were admitted in our Internal Medicine Unit in 2012. Etiological and biochemical characteristics, predisposing factors, Child-Pugh and MELD score were analyzed as well as the incidence of complications, mortality, length of stay and rate of readmission at 30 days.
Results: Etiology of cirrhosis was HCV (45.7%), alcohol (25,7%), HBV (11,8%) and miscellanea (17,8%). Hyponatremia was found in 19 patients (54,3%). It was severe (≤130 mEq/l) in 5 and mild (<135 mEq/l) in 10. Severe hyponatremia correlated with higher MELD score, encephalopathy, renal failure and overuse of diuretics at home. We also observed a trend toward a higher percentage of readmission at 30 days and mortality.
Conclusions: Our small series confirms the role of hyponatremia as a predictor of complications and resource use in the hospital. Hyponatremia is often associated with an overuse of diuretics at home and is a possible target on which to guide interventions to reduce hospital expenditure, through the integration of hospital and primary care in a path of long-term management for patients with advanced liver disease.

Gestione e trattamento in UOC di Medicina-lungodegenza di pazienti, anche tracheostomizzati ed in ventilazione meccanica continua, con gravi infezioni respiratorie da *Acinetobacter baumanii*

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Nel 2011 sono state diagnosticate infezioni respiratorie gravi da Acinetobacter Baumanii in pz ricoverati o trasferiti presso la UOC di Medicina-lungodegenza post-acuti. Scopo di questo studio è la raccolta di dati in merito e la migliore definizione dei casi. 120 pz, ricoverati per polmonite/broncopolmonite,interstiziopatia polmonare e BPCO riacutizzata complicata da insufficienza respiratoria acuta ipossiemica,sono stati sottoposti a FBS e lavaggi bronco-alveolari;in 12 casi è risultata essere responsabile di grave infezione respiratoria la positività ad ACBA. I pz avevano le seguenti caratteristiche: Età >80 anni (11/12); provenienza da UTIR(8/12); Tracheostomia (8/12 di cui 5/12 in ventilazione meccanica continua); O2 terapia al flusso utile >24%(10/12);BPCO riacutizzata (12/12); broncopolmonite (6/12 con un caso di polmonite interstiziale e 5 con addensamenti multipli e bilaterali all'Rx Torace); febbre con caratteristiche differenti (12/12); pluripatologie fortemente invalidanti (11/12); infezioni polimicrobiche batteriche (11/12 in un caso, associazione con polmonite da CMV). Trattasi di problema emergente nelle UOC di Medicina in particolare, ma non esclusivamente, nelle sezione dedicate alla Lungo degenza post acuti,ove vengono sempre più spesso accolti pazienti che provengono dalle UTIR e UOC di Pneumologia,con tracheostomia e spesso in ventilazione meccanica H24. La terapia, intrapresa x 7-10 giorni, sebbene abbia migliorato il decorso della malattia e condotto a guarigione clinica, non ha comunque eradicato il microrganismo.

Prevenzione delle cadute nel reparto di medicina interna: utilità dell'integrazione sanitaria

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Introduzione e Scopo dello studio: Le cadute in ambito ospedaliero rappresentano una problematica di rilievo per pazienti, sanitari ed azienda ospedaliera. Trattandosi di eventi potenzialmente prevedibili,

costituiscono oggetto di monitoraggio e studio, finalizzati all'attuazione di un intervento assistenziale primario volto ad identificare le categorie di pazienti a rischio, suscettibili di misure di prevenzione. Lo studio condotto si è proposto di verificare la validità della scala di Conley nel prevenire il rischio di caduta nei pazienti ospedalizzati e nel pianificare l'attuazione di protocolli mirati di tipo preventivo.
Materiali e Metodi: Lo studio è stato condotto dal gennaio 2011 al dicembre 2012 presso l'UO Medicina Interna Cervesi di Cattolica. Il personale infermieristico del reparto si è occupato di sottoporre alla valutazione del rischio di cadute (scala di Conley) tutti i pazieti al momento del ricovero. Sulla scorta del punteggio del questionario, sono stati attuati strumenti di intervento preventivo mirato (farmaci somministarti in orari diversficati con la supervisione medica, letti ad altezza regolabile, presenza di personale ausiliario nelle ore notturne).
Risultati: Dai dati raccolti è emerso che nel secondo anno di attuazione dello strumento di misura per la prevenzione delle cadute, si è verificata una riduzione del 23% delle stesse (da 30 eventi a 22).
Conclusioni: Un attenta valuazione del rischio di cadute ed una stretta colaborazione di tutti gli operatori sanitari ci ha consentito di assistere ad una riduzione delle cadute.

Repeated infections due to incipient haematological disease

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We described a case of a 75 years man. He had a history of past cerebral ischemic episode,and an acute heart failure and shoulder protesis. The first admission in our ward was on 10/2012, with a sintomatic bradiaritmia for persistent AF. We diagnosed a monoclonal gammopathy IgAk and a mild macrocitic anemia with folic deficiency. 1 month later he reentered in hospital with fever. Radiologic examination,were negatives. There was a EColi in urine and blood culture. Laboratory tests showed also stable mild anemia,high ESR and PCR with FOB. Because of a high CHA2DS2-VASC risk, we suggest to continue TAO,also because colonscopy was negative. On 1/2013 he came back at our attention for fever,anorexia,v omiting. He had severe pancytopenia (WBC 2500; HB 7,9; Plt 13000)with high INR requiring stop of TAO. Radiologic studies showed a left pneumonia, responding to wide spectrum antibiotic therapy (meropenem, teicoplanin, amikacin). Pancytopenia was not due to vitamin deficit; autoimmune antibodies, CMVDNA and antiparvovirus antibodies were negatives, as epatitis markers(with previous HBV-infection). Blood and urine cultures were negatives. Direct and indirect antiglobulin test were negatives;coagulation test showed persistent alteration. There isn't schistocytes in the peripheral blood smear, but we observe a cell with megakarioblastic habitus. Bone marrow aspiration was dry and bone biopsy showed myelodisplasia with severe fibrosis and blast excess,there were some Megakaryocblast suggesting a possible evolution in M7-AML. For comorbidities (cardiologic, vascular) patient was candidate only to demetilating agents

✪ Prognostic significance of lactate clearance during non invasive mechanical ventilation in patients with pneumonia inducing acute respiratory failure

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Background and Objectives: Pneumonia inducing acute respiratory failure is increasingly treated with non-invasive mechanical ventilation(NIV). Predictors of NIV failure are needed in order to optimize treatment. In this study we sought to evaluate clinical and laboratory parameters in predicting NIV failure.
Materials and Methods: We retrospectively analyzed medical records of consecutive patients with pneumonia and ARF treated with NIV (2010-2012). The population was divided in two groups according to NIMV failure or success. NIV failure was defined by in-hospital death or endo-tracheal intubation (ETI). Clinical and laboratory variables were compared in the two groups according to the outcome. Multivariate analysis and a ROC analysis were performed as appropriate.
Results: We evaluated 103 patients (mean age:75.4 years; males: 46). Mean pH, p_aO_2, and p_aCO_2 and HCO_3^- values were 7.31, 54.83mmHg, 60.5mmHg and 27mEq/L, respectively. Mean NIMV duration was 4.12 days. Pneumonia subgroups were: CAP=49; HCAP=40; immunocompromised pneumonia=15. More than 90% of patients had 2 or more comorbidities. 37 Patients had an unfavorable outcome, of these 26 died and 11 required ETI. At multivariate analysis variables independently associated with unfavorable outcome were higher basal lactate values and a lower 24h-lactate-clearance. ROC analysis showed that 24h-lactate-clearance≤35% was the most accurate variable in predicting NIV failure (AUC=0.77; p<0.001; I.C. 95%; accuracy 72,6%).
Conclusions: 24h-lactate-clearance is a useful and early predictor of NIV failure in patients with pneumonia inducing ARF. These data should be validated in a prospective series.

An intrusive cyst

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A 77 year old woman is sent to Emergency Department by her physician because of the appearance of jaundice and dark-colored urine emission. Shès complained itch, tenderness in the epigastrium and right hypochondrium and dyspepsia for twenty days. Nausea and vomiting, little responsive to treatment with metoclopramide, have recently appeared. The patient was afebrile, alert and oriented. Her skin is jaundiced. The abdomen is treatable, sore and tender in the right hypochondrium and epigastrium. Murphy's sign is positive. Blumberg's sign is negative. he blood tests reveal: total bilirubin 4.09 and direct bilirubin 2.83 mg/dL, AST 113 U/L, ALT 127 U/L, GGT 540 U/L, ALP 673 U/L, ESR 36 mm/h, HBV and HCV tests were negative. Ultrasound abdomen showed normal gallbladder without gallstones, no important abnormalities of pancreas, absence of ascites. Multiple big cysts (the largest was 12 cm in diameter) have been highlighted in both lobes of the liver with intra-hepatic bile ducts dilated, likely due to extrinsic compression of the common bile duct by one of these formations. These findings were later confirmed by an abdominal CT with contrast medium. So is diagnosed with polycystic liver dysplasia. The patient underwent percutaneous US- guided alcoholization of the liver lesion, with subsequent improvement in symptoms and normalization in cholestasis and hepatic indices.

Sometimes it starts with a diarrhea

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A 17 year old boy showed up to the Emergency Department with diarrhea for 15 days (he had 5 loose stools per day, without blood or mucus) associated with vomiting, cramping abdominal pain localized lower abdomen, hyporexia and weight loss. His medical history was unremarkable. He had not traveled abroad recently and he reported his close contacts and tablemates were healthy. He was afebrile, alert and oriented, abdomen was manageable, slightly sore and tender, peristalsis valid. Blood tests revealed: 10,800 WBC, ESR 38 mm/h, fibrinogen 514 mg/dL, CRP 46 mg/L. An ultrasound and abdominal CT contrast-enhanced showed marked distension of the colon with air-fluid levels, a pseudo-invaginated ileal loop with edematous imbibition, presence of multiple lymphadenopathies in the mesentery and along the ileo-cholic vessels, splenomegaly. Rehydration and empiric antibiotic therapy were started. The stool test was negative for common pathogens, serological tests for HAV, HEV, HBV, HCV, EBV, CMV, Widal's reaction for typhus and paratyphus and Wright's reaction for Brucella were negative. A peripheral blood smear showing cells of varying size with different core engraved compatible with viral infection. So test for HIV 1-2 infection were performed and it result positive, this result was confirmed with western blot. This case highlights an atypical clinical presentation of primary HIV infection in a young patient.

Bowel sub-obstruction with acute renal failure: a single cause?

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We reported a 70-years-old man who presented with abdominal bloating and pain and lower-limb edema. He had a history of prostate cancer during the previous year underwent prostatectomy and thereafter as a result of infiltration of cancer's resection margins and because of the appearance of metastatic bone disease he underwent chemotherapy with GnRH analogues and radiation therapy on bone metastases. On examination he had pitting edema up to the knees, meteoric abdomen, painful and tender in the right lower quadrant, peristalsis valid, Blumberg's sign negative. The examination was otherwise unremarkable. Laboratory findings were: creatinine 2.35 mg/dL, K^+ 5.7 mEq/L, urea 0.69 g/L, 52.5% albumin. A plain abdominal radiograph showed some small air-fluid level of little significance. An echocardiogram demonstrated good global function of left heart with mild diastolic dysfunction. We administered rehydration and analgesic therapy, mild laxatives, kayexilate. He defecated during the first day. A renal ultrasound detected bilateral 2nd degree hydroureteronephrosis. Then an abdominal CT scan and MRI described the presence of solid tissue enveloping inferior vena cava, infrarenal aorta to the common iliac vessels, upper part of the ureters and an intestinal loop. These findings were consistent with the diagnosis of retroperitoneal fibrosis likely due to therapy with GnRH analogues. In order to restore renal function he also underwent placement of ureteral stents.

Not always what it seems, it really is

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A 69 years-old-woman who complained of the onset of acute dyspnoea associated to productive cough with purulent sputum came to our attention. She was a smoker, hypertensive and she had COPD for many years with frequent exacerbations, pulmonary fibrosis resulting from silicosis employment. The episode was thus interpreted as a COPD exacerbation and the patient was started on treatment. Two days later, the patient presented a new episode of severe dyspnoea. On examination SpO2 was 96%, BP 100/60 mmHg,HR 55 bpm, heart sounds were good and rhythmic, lungs were tympanic to percussion, vesicular sounds were reduced and there were added sounds (wheezes and rhonchi) to auscultation. The ECG showed negative T waves from V2 to V4, diphasic T wave in V6 and there was a rise in the indices of myocardial cytolysis (TnI 3.42 ug /L) and NT-proBNP (3916 pg/mL). Echocardiogram showed hypokinesia of the interventricular septum and lateral and anterior distal wall. The patient then underwent coronary angiography, which demonstrated the absence of critical coronary stenosis. These findings were consistent with Tako-Tsubo cardiomyopathy (TCM). During the following days she has improved, the values of TnI was progressively reduced (0.07 ug /L four days later) and a subsequent echocardiogram showed regression of segmental wall motion abnormalities and a good global systolic function.

Conclusions: TCM is not still diagnosed promptly because clinically indistinguishable from an acute coronary syndrome, especially in a patient with cardiovascular risk factors and with many comorbidities.

Exercise-induced pulmonary hypertension in systemic sclerosis: an unavoidable transitional stage towards resting pulmonary hypertension?

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Purpose: Patients with systemic sclerosis (SSc) are at risk of developing pulmonary hypertension (PH). The assessment of PH with Exercise Doppler echocardiography (EDE) in patients with normal or borderline elevated pulmonary artery systolic pressure (PASP) values on resting transthoracic echocardiography (TTE) study, is considered of uncertain appropriateness (5 out of 9) in latest 2011 ACCF/AHA Guidelines, due to limited evidence base. The aim of the study was to evaluate whether the development of PH during physical exercise could be a haemodynamic predictor of the onset of PH at rest.

Methods: Ninety-six SSc patients underwent EDE. A cut-off value of Pulmonary Arterial Systolic Pressure (PASP) at rest >40 mmHg and PASP at peak stress ≥50 mmHg were considered as significant increases. In 76 patients EDE was repeated after a mean time of 21±15 months.

Results: At EDE, 36(50%) patients showed a PASP at peak stress <50 mmHg (Group 1), and the remaining 50% showed a PASP at peak stress ≥50 mmHg (Group 2). The two groups were similar for age (Group 1: 57±13 *vs* Group 2; 61±13 years, p=.08) and gender (95% *vs* 90% females, p=.29), but were already different for resting PASP values (27±5 *vs* 32±8 mmHg, p<.001). At the follow-up TTE, all patients who developed a resting increased PASP (>40 mmHg) belonged to Group 2.

Conclusions: Exercise-induced increase in PASP occurs in one-half of SSc patients with normal resting PASP. A normal pulmonary haemodynamic response during exercise excludes the development of resting PH in the following 2 years, although the reverse is not necessarily true.

The Investigation on Colchicine in Acute Pericarditis (ICAP). A clinical trial to treat acute pericarditis and prevent its recurrences by colchicine

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Background: Colchicine is effective for the treatment of recurrent pericarditis, but data are lacking for the first attack of acute pericarditis and the prevention of its recurrences.

Methods and Results: Eligible adult patients with acute pericarditis were randomly assigned to placebo or colchicine (0.5 mg twice daily for 3 months for patients >70kg or 0.5 mg once daily if ≤70kg) in addition to conventional therapy with aspirin or ibuprofen in a multicenter, double-blind, placebo-controlled trial. The primary study outcome was incessant/recurrent pericarditis within 18 months. Secondary outcomes were symptoms persistence at 72 hours, remission within 1 week, number of recurrences, time to first recurrence, disease-related hospitalization, cardiac tamponade and constrictive pericarditis. Of the 240 randomly assigned participants, 65 patients (27.1%) reached the primary outcome: incessant/recurrent pericarditis within 18 months was 16.7% in the colchicine group and 37.5% in the placebo group (relative risk reduction 0.56 95% CI 0.30-0.72; NNT 4). Colchicine reduced symptoms persistence at 72 hours (respectively, 19.2% *vs.* 40.0%; p=0.001), number of recurrences, hospitalizations (respectively, 5.0% *vs.* 14.2%; p=0.016), and improved the remission rate at 1 week (respectively, 85.0% *vs.* 58.3%; p<0.001). Overall adverse effects and withdrawal rates were similar in the study groups. No serious adverse effects were observed.

Conclusions: Colchicine is efficacious and safe for treatment of acute pericarditis and for primary prevention of incessant and recurrent pericarditis.

The PA.STA project: how a pizza dinner can change doctors' and patients' habits

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Premesse e Scopo dello studio: Diabetic patients (pts) glucose self-monitoring is a milestone in the self-management of the disease. However, this therapeutic tool is often misused and blood glucose self-determination is abused without reasonable construct. Clinicians should focus their attention on patient's ability to adjust insulin dosages in relation to both blood glucose premeal values and the type of meal eaten. Therefore, the educational work performed by the health care team of reference appears to be essential for the patient.

Materiali e Metodi: In order to evaluate our educational "abilities", we participated to the PA.STA (PAsto STAndard) project promoted by AMD Campania. We selected 12 pts (referring to our ambulatories, wards) who were invited for a dinner (Pizza Margherita and water to drink). Our goal was to assess their ability to adjust insulin therapy to this specific occasion.
Risultati: Type 1 diabetic pts (5/12) were more familiar in modifying insulin therapy according to the meal; the older the disease, the better pts' compliance: those with longer disease, who had undergone Day Hospital and hence a deeper educational work, were meticulous and more precise. Some pts had an objective difficulty to practice insulin therapy (even if well trained) in a public place
Conclusioni: We performed a kind of internal AUDIT which led us deepen and prolongate our educational time with pts. We now provide them specific informations on insulin therapy in conditions of "routine anomaly" such as a not at home meal.

Clinical audit and diabetic patients hospital discharge: the DDIMA project in our ward

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Premesse e Scopo dello studio: Economic crisis and the use of new technologies should drive us to seek "quality" in our medical performances. In FADOI (specifically those who participated at the Clinical Governance Master) we started an AUDIT called DDIMA (Diabetes Discharge Audit Internal Medicine), involving several Italian Internal Medicine wards aiming at focusing the Italian hospital reality at discharge of diabetic patients (pts). Hospital discharge in those pts is particularly important, especially if they use insulin therapy for the first time.
Materiali e Metodi: We performed (December 2012-January 2013) a systematic review of all our consecutively discharged pts records. We enrolled 61 diabetic pts, mean age 68 years (18 F, 43 M).
Risultati: Our data showed: mean duration of diabetes 9 years, 60% didn't have good glucose control. 57% used oral hypoglycemic agents (SU, MET, glinides), 33% followed insulin regimen, 8% hypo oral and insulin association, only 10% were treated with gliptins and incretins. 74% of our pts had a personal diet at discharge, while 36% had dietitian nutrition counseling; 44% of them were sent to the territorial ambulatories, 26% were followed by our in-hospital diabetes ambulatory. 70% of our pts had HbA1c values mentioned in the discharge sheet;75% received instructions for glycemic control and 65% instructions to treat at home hypoglycemia. Only 20% of our discharged patients on insulin therapy (40%) had instructions on insulin treatment and devices.
Conclusioni: These data show the importance of the audit as a tool to improve our clinical performances.

✪ Clinical management benefits of early access to diabetes care units

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Premesse e Scopo dello studio: Time of diagnosis is crucial for Type 2 Diabetes Mellitus (T2DM) in terms of disease severity and chronic complications, as initial glycated hemoglobin (HbA1c) predicts 5-year cardiovascular mortality. Italian health care system relies upon 650 diabetes care units (DCùs) interfacing with a large number of general practitioners (GP) and may thus reach the complications' prevention goal easily with a more comprehensive multifactorial approach. Our aim was to assess whether the interval between diagnosis and referral to DCU might influence the course of the disease in terms of HbA1c, associated cardiovascular risk factors, drug use and chronic complications.
Materiali e Metodi: Electronic records of 313 T2DM elderly patients (74.6±4.9) followed by their GPs until referred to our DCU were retrospectively analyzed for the above mentioned parameters and divided into an early referral (ER) (diagnosed <12 months before, n=111) and a late referral (LR) group (diagnosed >12 months before, n=202).
Risultati: Less than 35% of T2DM patients referred to our DCU within 12 month of the diagnosis, the rest referred almost 5 years after diagnosis. LR patients had worse HbA1c levels (10.8 *vs* 7.7%, p<0.01), used more drugs and had twofold complication rates than ER counterpart.
Conclusioni: Disease burden was much higher in LR than in ER pts for both health status and costs. A more efficient organization in T2DM management is necessary including a strong interaction between T2DM pts, GP's and diabetes specialists, all pursuing a sustained pt empowerment policy.

Efficacia della liraglutide in diabetica tipo 2 cronicamente scompensata

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Background: La liraglutide, un incretinomimetico analogo del GLP-1 a prolungata durata di azione che ne consente una monosomministrazione quotidiana, riduce i livelli di HbA1C sia in monoterapia sia se associata agli A.O. Si caratterizza per il potenziamento dell'effetto incretinico, la inibizione della secrezione di glucagone, il rallentamento dello svuotamento gastrico e regolazione dell'appetito e la inibizione dell'apoptosi con attivazione della rigenerazione beta cellulare.
Caso clinico: Donna di anni 55, seguita dal nostro CAD dal 2005 per DMT2, obesità ed ipercolesterolemia con note di scarsa compliance, in terapia con con Glimepiride 4 mg e Metformina 3000 mg e scarso beneficio oltre ad ASA 100 mg ed atorvastatina 20 mg. A dicembre 2010, glicata di 9.6%, peso 89 kg (BMI 33), per cui si associava liraglutide 1.2 mg die sc. Al controllo dopo 4 mesi la pz. pesava 83 kg (BMI di 30.5), glicemia a digiuno 74 mg/dl ed una glicata pari a 6.1%, nausea riferita transitoria ma alcuni episodi ipoglicemici per cui veniva ridotta la glimepiride a 2 mg die. Ai successivi controlli ha sempre mostrato un ottimale compenso con glicata attestatasi sui 6.5% e BMI di 31, il C peptide era di 2.2 ng/ml, nessuna alterazione di lipasi e calcitonina.
Discussione: Nonostante i diversi anni di pessimo compenso, la aggiunta di liraglutide ha comportato un persistente miglioramento del compenso e del peso. In diabetici obesi anche se pluritrattati e scompensati la aggiunta di un incretinomimetico può rappresentare una valida e perdurante alternativa terapeutica.

✪ Autoimmune insulin syndrome: a rare case of hyperinsulinemic hypoglicemia in Western countries

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Introduction: In differential diagnosis of hypoglicemia the insulin autoimmune syndrome (IAS-*Hirata disease*) is a rare condition, uncommon in Western countries otherwise in Asian people. IAS is characterized by postprandial hypoglycemia, extremely high levels of insulin and anti-insulin antibodies. It is necessary to rule out other forms of insulin-induced hypoglycemia than abnormalities of the pancreatic islets and iatrogenic causes. "Primary" IAS is typical in Japan whereas in non-Asian patients it is often associated with rheumatologic disease (SLE or RA), hematologic disease (MGUS, Myeloma) or triggered by exposure to some medications. We described a case of an Italian white woman (78 ys) with two episodes of neuroglycopenic symptoms occurring in the postprandial state. Blood glucose levels during the attacks was <50 mg/dl. Biochemical evaluation showed elevated high serum levels of total insulin >1000 (2.6-250 mU/L), C-peptide 3.21 (0,37-1.47 nmoli/L) and AIA >20 (positive >2.4 U/mL). The insulin concentration was spuriously elevated as a result of binding of the insulin to autoAb as displayed after PEG centrifugation (943 mU/L). Fasting test was found negative for hypoglicemia whereas oral glucose tolerance test was stopped at third hour owing to symptomatic hypoglicemia (40 mg/dl). We rule out the presence of paraneoplastic syndrome as well as secondary forms. The diagnosis of a rare case of isolated IAS was formulated and the patient treated by low carbohydrate meals, prednisone and acarbose with resolution of the syntoms and reduction of biochemical abnormalities.

Progetto MOMIC (MOvimento MIgliora Cura). Progetto di mobilizzazione assistita in pazienti fragili ricoverati in Medicina Interna

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Premesse: L'aumento di pz fragili in Medicina Interna determina: i) Disabilità acquisita o peggioramento della preesistente. ii) Aumento di patologie da allettamento prolungato. iii) Allungamento della degenza media. iv) Attivazione ricovero in strutture a bassa intensità di cura. v) Conseguente aumento di spesa per singolo DRG trattato.
Scopo del progetto: Verificare fattibilità ed efficacia di un programma di mobilizzazione assistita.
Materiali e Metodi: Valutazione Multidimensionale per identificare Fragilità. Scale utilizzate: Barthel Index <= 60,Tinetti, MMSE>=24 (escluso grave deficit cognitivo), Valutazione Internista-Fisioterapista. Spazio temporale (06/2011-08/2012). 1 fisioterapista e 1 volontario per 6 gg settimana 4 ore/die. pz valutati 240 (2 su 10 pz ricoverati in qualche modo coinvolti nel progetto). pz arruolati 171.
Risultati: 171 arruolati Degenza media 22,4gg (>di media di U.O.) Durata media trattamento: 9,5gg. Incremento Barthel: 7-24 punti. Relazione fra Barthel e durata MOMIC: <3gg di trattamento nessun effetto, >=5gg Barthel aumenta. Incremento Scala Tinetti fra 3,8 e 5,9 punti. Relazione tra Tinetti e durata MOMIC: <3 gg nessun effetto, >7 gg aumenta punteggio Tinetti.
Conclusioni: i) Efficacia di MOMIC garantita da una durata minima di trattamento di 5-7gg. ii) Un deterioramento cognitivo moderato non preclude MOMIC.iii) MOMIC migliora il Performance-Status. iv) Se tempestivamente iniziato MOMIC riduce ricorso a ricoveri in posti a bassa intensità di cura con potenziale beneficio economico finale. v) Valore formativo educazionale di MOMIC su operatori, parenti e care-giver.

Identifying predictors of response to liraglutide in type 2 diabetes using recursive partitioning analysis

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Randomized clinical trials provide unbiased databases for comparative effectiveness analyses to see which patients respond best to available interventions. We evaluated patient-level data pooled from 7 phase 3 clinical trials with liraglutide to examine responder subgroups, as defined by those achieving a composite endpoint of A1C <7%, no weight gain and no hypoglycemia (episodes requiring assistance or self-treated with PG <56 mg/dL) over 26 weeks. Overall 34% of individuals on liraglutide 1.8 mgachieved the prespecified composite endpoint: the highest response rate among compared therapies. Candidate predictor variables included baseline age, sex, ethnicity, BMI, A1C, beta-cell function, FPG, insulin resistance, previous treatments, and diabetes duration. Using recursive partitioning to create classification trees, baseline A1C was the most significant predictor, with a probability of achieving the composite outcome of 46% with baseline A1C <8.5% as opposed to 19% if baseline A1C ≥8.5% (p<0.0001). Subsequent splits (with p-values <0.05) produced a subgroup within patients with a baseline A1C <8.5% that was identified by previous treatment with diet or monotherapy, female sex, and diabetes duration <4.9 years increasing probability of success to 74%. Six homogeneous subgroups were identified with different probabilities of achieving the composite outcome. In summary, recursive partitioning identified individual characteristics and subgroups of patients predicting the response to therapy. Such analyses may guide clinicians in individualizing treatment approaches.

Insulin degludec allows for flexible daily dosing in type 1 diabetes, providing equal glycaemic control

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Introduction: Current long-acting insulin analogs require administration at the same time daily to ensure stable glycemic control, particularly in patients with type 1 diabetes (T1DM).
Aim of the study and Methods: To investigate the efficacy and safety of IDeg in patients with T1DM, administered once daily (OD), at varying daily injection times. 26+26-week, randomised, multinational, open-label, treat-to-target, noninferiority trial in patients with T1DM (n=493), comparing OD IDeg (with evening meal) or insulin glargine (IGlar) at same time each day to a flexible IDeg regimen (IDeg Flex), all with mealtime insulin aspart (IAsp).
Results: At Week 52: IDeg FF and IGlar reduced baseline (Week 26) HbA1c by 0.13 and 0.21%−points, respectively, (ETD [IDegFF−IGlar]: 0.07% [−0.05; 0.19], FAS), with no significant. Mean FPG decreased from baseline (Week 26) with IDeg FF (−1.73 mmol/L) and IGlar (−0.61 mmol/L); greater reduction was seen with IDeg FF (ETD [IDegFF−IGlar]: −1.07 mmol/L [−1.82; −0.32], p=0.005). Although episodes were few, the severe hypoglycaemia rate was numerically lower in the FAS, and significantly lower (by 53%; [p=0.033]) in the ETS with IDeg FF at Week 52. Nocturnal confirmed hypoglycaemia rates were significantly lower with IDeg FF in the FAS (by 25% [p=0.026]) and in the ETS (by 27% [p=0.035]) at Week 52.
Conclusions: This study demonstrates that IDeg can be administered flexibly at any time of day, with similar glycaemic control and less nocturnal hypoglycaemia than IGlar dosed OD at the same time each day in patients with T1DM.

A case of persistent hiccup after laparoscopic cholecystectomy

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A 79-year-old man, with history of recent laparoscopic cholecystectomy 4 months before, came to our attention for the onset of hiccup, dysphonia and dysphagia for one month. Physical examination was normal. Blood tests revealed normocytic hypocromic hyposideremic anemia with positivity of faecal occult blood test, increase of Neuron Specific Enolase (NSE), cromogranin A and beta2-microglobulin. Non-invasive imaging studies revealed a nodular lesion in the right hepatic lobe close to the diaphragm with transdiaphragmatic infiltration, contrastographic enhancement of the diaphragm, arterial vascularisation and increased tracer uptake on positron emission tomography, so supporting the hypothesis of a malignant lesion. Given the difficulty of performing a biopsy of the lesion through a percutaneous transthoracic approach, the patient underwent surgery via a left thoraco-abdominal approach. Histological analysis of surgical specimen showed biliar gallstones surrounded exudative phlogosis with foreign body giant cells, resulting from gallbladder rupture and gallstones spillage as a complication of the previous surgical intervention. The inflammatory reaction secondary to the presence of retained gallstones can simulate proliferative lesions, giving false positive results on imaging studies. This case highlights the importance of considering such rare but possible complication accompanying gallbladder surgery in patients with history of laparoscopic cholecistectomy.

Sepsi severa e shock settico: realtà di un reparto di Medicina Interna

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Nel corso del 2012 in U.O. di Medicina Interna del nostro Ospedale abbiamo osservato 67 casi con diagnosi di sepsi severa e shock settico (SCCM/ESICM/ACCP/ATS/SIS International Sepsis Definitions Conference). L'età media dei pazienti è stata di 77 anni (range 47-

100). 37 pazienti di sesso femminile e 30 pazienti di sesso maschile. La diagnosi di shock settico è stata attribuita a 18 pazienti e la diagnosi di sepsi severa a 49 pazienti. Tra i pazienti con diagnosi di sepsi severa, 26 pazienti presentavano un'unica disfunzione d'organo, 16 pazienti presentavano 2 disfunzioni d'organo, 7 pazienti presentavano un numero di 3 o più disfunzioni d'organo. L'organo coinvolto come partenza del processo infettivo è stato identificato nell'apparato urinario in 28 casi, respiratorio in 15 casi, colecisti in 4 casi, tessuti molli in 6 casi, catetere venoso centrale in 3 casi, protesi vascolari in 3 casi, prostata in 1 caso. In 7 casi la primitiva sede di infezione è rimasta indeterminata. Per quanto riguarda i dati dei campioni di emocolture possiamo riferire che nel 74% dei casi abbiamo identificato il germe implicato come infezione singola o polimicrobica, tra cui i più rappresentati sono stati: Escherichia coli in 23 campioni, di cui 9 campioni rappresentati da ceppi ESBL produttori; Staphylococcus aureus in 4 campioni (1 ceppo MRSA); 7 campioni positivi per altri Staphylococchi; Klebsiella pneumoniae in 4 campioni (1 ceppo produttore di KPC). Segnaliamo inoltre 3 campioni positivizzati per Candida spp (2 Candida krusei e 1 candida albicans).

✪ Comparison between thrombotic and haemorragic risk assessment models in a medical ward

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Background and Objective: VTE is a risk for medical acute hospitalized patients. Different assessment models are now available, the ideal one has not been identified. We investigated the use of the Ginevra Score (G.S.)+the list of heparin contraindications (cohort A) and the use of the Padua Score (P.S.)+the hemorrhagic score from the IMPROVE registry (cohort B) in a medical ward.
Materials and Methods: From 1/1/12 to 6/30/12, 1146 pts admitted to our ward and stratified by method A and from 7/1/12 to 12/31/12, 1054 pts stratified by method B were enrolled.
Results: In the cohort A (575 F and 571 M, mean age 83 ys) 1026 pts were included in the analysis: 54.5% received EBPM prophylaxis, 12% warfarin and 4% mobilization/hydration. Pharmacological prophylaxis was appropriate (G.S.>3) in 95% of cases, inappropriate (overtreatment, o-t) in 5%; 29.5% did not receive any prophylaxis: 65% appropriately (G.S.<3), 35% inappropriately (undertreatment, u-t); mainly because of the presence of anemia. In the cohort B (537 F and 517 M, mean age 77,6 ys), 955 were included in the analysis: 55% received EBPM prophylaxis, 10% warfarin and 6.2% mobilization/hydration. Pharmacological prophylaxis was appropriate (P.S.>4) in 92,7% of pts, inappropriate in 7.3% (o-t); 29% did not receive any prophylaxis, 86,2% appropriately (P.S.<4), 13,8% inappropriately (u-t).
Conclusions: Thanks to a numerical estimation of hemorrhagic risk, method B significantly reduced undertreatment in pts with high thrombotic risk, 13,8% *vs* 35% (P<0.0001). Overtreatment was slightly increased (7.3% *vs* 5%, p 0.0491).

Pulmonary thromboembolism secondary to myeloproliferative syndrome

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Introduction: Pulmonary embolism is a potentially fatal cardiovascular emergency. Includes mild and serious illness that diagnosis and treatment must be timely. In most cases it is due to deep venous thrombosis. More rarely in myeloproliferative syndromes.
Case report: 39 year old man was admitted to the Internal Medicine from Salerno to progressively worsening dyspnea, cyanosis and edema of the lower limbs. History of drug abuse, chronic HCV-related hepatitis, has already been treated with IFN. Vital signs were as follows: PA: 160/80 mmHg, HR: 90/min, SO2 94% in AA, PO2: 63 mmHg, PCO2: 31 mmHg, pH: 7.4.The laboratory data showed Hb:19.4 g /dl, HCT: 57%, RB: 7.890.000/mmc, WB: 14.640/mmc, D-dimers: 565 g/l, hyperuricemia:10 mg /dl.The ECG showed sinus tachycardia with right ventricular overload and T wave inversion in the anterolateral. The echocardiogram showed dilatation of the right cavities, with paradoxical movement of the septum and increased pulmonary pressure (35 mmHg), with FE 35%. The pulmonary CT angiography showed distal perfusion deficit bilaterally. The Doppler ultrasound exclude a pheripheral venous thrombosis. The data suggested as the etiology could be associated with polycythemia. Therapy was started with bleedings (500 ml of blood), cardioaspirina, low molecular weight heparin, nitroderivatives, diuretic, uricosuric and after 3 days, the symptoms decreased, the D-dimers is normalized, the HCT was 50.8% with improvement of PO2 and PCO2.
Conclusions: a case report emphasizes that pulmonary embolism can also be secondary to myeloproliferative syndrome.

A case of Hanuman syndrome

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Deep sternal wound infection (DSWIs), or Hanuman Syndrome, is a severe although uncommon complication of cardiac surgery; the incidence of DSWI due to Candida Albicans is 0,4% but in this cases the mortality rate is extremely high (56%). We present the case of a 61-year old woman wit Candida DSWI after cardiac surgery. She presented to our hospital for septic shock; she had an history of diabetes type II, obesity and chronic heart failure. A diagnosis of endocarditis by S.Aureus was made and empiric therapy was started. Ten days after she underwent mitral valve substitution; the hospital staying was complicated by dehiscence of the wound. Cultures have been drawn from the sternotomy site and they were positive for K.Pneumoniae and Candida Albicans; C.Albicans positivity was considered as a contamination and antibiotic therapy antibiotic for K.Pneumoniae was started (tigecycline+colimicina). This treatment was ineffective and surgical debridement of the wound; in the following weeks the patient was treated with continous drainage, vacuum assisted closure (VAC) and then negative pressure wound therapy (NPWT). Caspofungin was added to the therapy; because of no response after 40 days, caspofungine was switched to fluconazole. In the following weeks the clinical course rapidly deteriorated, the patient was admitted to ICU and mechanical ventilation was started. After improvement of clinical conditions, the patient was reammitted to our ward and the antibiotic treatment with Tigeciclina, Gentamicina, Fluconazolo was continued for two weeks untill emoculture were negative.

Valutazione degli indici prognostici nello scompenso cardiaco acuto decompensato

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Premesse e Scopo dello studio: Studiare pazienti (ora 80) con scompenso cardiaco acuto ricoverati da luglio2012a marzo2013,valutando come end-point primario numero di riospedalizzazioni e di decessi. Stratificare la gravità dei pz con biomarkers laboratoristici-strumentali e individuare degli indici prognostici in grado di fornire informazioni sul rischio di riospedalizzazione del singolo pz per decidere il percorso assistenziale post-dimissione, secondo le sue comorbidità.
Materiali e Metodi: BNP, fx renale, elettroliti, fx epatica, PCR all'ingresso e alla dimissione, trop I a T0,dopo 6,12,18 ore,esami di routine, ecocardiogramma entro 48h.
Risultati parziali: 4pz riospedalizzati: BNP dim 806±150 con P>0.06 rispetto all'ing; PCR dim 3.5±0.9; HB dim 10.6±1.3 e Hct dim 31.±3.1; creat dim 1.2±0.6; Na dim 142.2±7.3; FE 55.5.2 pz deceduti: BNP dec 728±322; PCR dim 1±0.7; HB dim 13.4±0.8 e Hct dim 41.3±2.1; creat dim 0.7±0.4; Na dim 119±12.7; FE 49.3.16 pz con sindrome cardiorenale: BNP dim 550±705; HB dim 10.4±1.1, P>0.001 rispetto al resto della popolazione e Hct dim 31±3.1; creat dim 1.2±0.6; Na dim 142.2±7.3; FE 55.5.
Conclusioni: Pz ricoverati sono anziani con numerose comorbidità. Il BNP non è sempre disponibile ed è inficiato da IRC e obesità; nella stratificazione deve essere affiancato da biomarkers come Hb ,Hct, creat, Na, PCR, albumina, ma ancora non è possibile creare uno score multiparametrico efficace. Alla dimissione BNP utile per predirre rischio di riospedalizzazione, Hb e Na utili come indici di mortalità.

"Treat to target". Ci sono vantaggi nella terapia dell'artrite reumatoide?

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Scopo dello studio: Valutare l'efficacia dello schema terapeutico "treat to target", ed il numero di effetti collateral nella terapia dell'artrite reumatoide in un periodo di osservazione di 12 mesi consecutivi.
Materiali e Metodi: 30 pazienti affetti da Artrite Reumatoide secondi i criteri EULAR/ACR: 8 donne e 12 uomini, età media 47 anni, trattati secondo i criteri "treat to target" (Gruppo 1). Il Gruppo 2 era composto da 22 pazienti storici:14 donne e 8 uomini, età media 42 anni, trattati secondo criteri di remissione "clinici".
Risultati: Nel Gruppo 1, 12 hanno raggiunto una remissione della malattia, 16 presentavano una ridotta attività di malattia e 2 presentavano una attività di malattia moderata. Nel Gruppo 2, 4 hanno raggiunto una remissione della malattia, 11 presentavano una ridotta attività di malattia e 7 presentavano una attività di malattia moderata. Non abbiamo trovato differenze significative nel numero di DMARDs usati nei due gruppi, ma si nell'uso del Methotrexate (28 pazienti trattati nel gruppo 1 e 15 nel gruppo 2) e nella dose media (13,1 *vs* 9,3 mg/sett). Nessun paziente ha dovuto interrompere la terapia per effetti collaterali. Nel gruppo 1 è stato riscontrato un aumento di GOT/GPT in 4 pazienti che non ha richiesto una variazione del dosaggio di MTX. è stato riscontrato un aumento della nausea nel gruppo 1 (11/30) confrontato con il gruppo 2 (4/22).
Conclusioni: La terapia secondo i criteri "treat to target" ci consente di raggiungere la remissione o una bassa attività di malattia in un maggior numero di pazienti, senza un maggior numero di effetti collaterali.

Effetto della terapia con menakinone in donne osteopeniche: studio preliminare

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Scopo dello studio: Nell'osteopenia vi è una densità minerale al di sotto dei valori di normalità. Numerosi studi suggeriscono il ruolo della vitamina K2 (MenaQ7 o Menakinone), come stimolante del metabolismo osseo attraverso l'attivazione dell'osteocalcina. Questo studio vuole valutare con esami ematici l'effetto sull'attività osteoblastica del MenaQ7.
Materiali e Metodi: Lo studio è stato condotto su 43 donne in età compresa fra 50 e 75 anni, in menopausa da almeno 6 mesi e con T- score compreso tra -1 e -2,5. Un gruppo di 23 donne (campione 1) è stato trattato con una capsula/die di MenaQ7. Il gruppo di controllo (campione 2) è costituito da 20 donne che non abbiano assunto terapie di cura per l'osteopenia con effetto diretto sulla stimolazione dell'osteoblasta ma soltanto Calcio e Vitamina D. È stata effettuata una MOC DEXA e esami ematici del metabolismo osseo e dei tradizionali parametri di funzionalità epatica, renale e della coagulazione al tempo 0 e dopo 6 mesi di terapia.
Risultati: Non non sono state rilevate alterazioni dell'emocromo, della funzionalità, epatica, renale e coagulativa. I livelli sierici di Ca e P non hanno mostrato cambiamenti significativi. Di notevole interesse è risultato l'aumento dei livelli ematici della Fostatasi Alcalina (ALP) nelle donne trattate (87%) rispetto al gruppo di controllo (30%).
Conclusioni: Il trattamento non farmacologico rappresentato dal Menakione, può essere la risposta per la terapia del paziente osteopenico. Sarebbe opportuno uno studio prospettico in doppio cieco con un maggior numero di casi per confermare i nostri risultati.

Role of hydro-ozono in the treatment of diabetic foot

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The OMS has estimated 360 million of diabetics in 2011; about 15%, are subject to the foot ulcer which requires major medical treatment. The vascular disease is essentially a microangiopathy. We have carried out a study to verify the antibacterial effect of ozone and if it could be applied in disinfection of diabetic foot ulcers. Ozone when added to water reacts by forming some types of reactive oxygen species (ROS) which have disinfectant activity.
Aim of the study: Valutation of the effect on the bacterial charge present in the water following up the imput of ozone in a foot bath; his was performed by using an ozonized whirlpool (Ozonomatic System-OS). It works by using oxygen in the air and converting into very safe levels of ozono by special lamps (Corona effect). A mixed cultivation ground (E.Coli, S. Aureus, P. Aeruginosa, S. Faecalis and L. Pneumofila) has been added to 20 l of water (T 37°C). After shaking, two samples has been withdrawal of 10 ml and 5 ml of wather ("T0") and have been incubated in slabs with cultivation ground appropriated for every five bacterial part. At the and of the cycle of emission of ozone in the water (20"), time "T1", have been repeated with the same methods as T0. Conclusions: ozonized whirlpool system offer an effective diminution of the microbial charge after the 20"; reduce the bacterial charge, disinfect the diabetic foot ulcer. The ozonated foot bath was found effective in diabetic foot care in all its stages.

Significance of patent foramen ovale in patients with GOLD stage II chronic obstructive pulmonary embolism

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Background: Patent Foramen Ovale (PFO) is a common finding in adults and his prevalence seems higher in COPD patients. PFO is associated with right to left shunting but its importance in the aetiology of hypoxia in mild COPD remains uncertain. We compared the characteristics of GOLD stage II patients with or without PFO and assessed its impact on oxygen level at rest and on exercise performance.
Materials and Methods: In 22 GOLD II COPD patients we measured lung function, arterial oxygen tension at rest and exercise performance, and used contrast transcranial Doppler ultrasonography (TCD) to assess the presence of a PFO. Subjects (n=20) underwent TCD measurements during incremental cycle ergometry with respiratory pressures measured using oesophageal balloon catheter (n=13).
Results: 12 subjects (54%) had a PFO. Patients with a PFO were more hypoxic; mean(SD) PaO_2 76 (8) mmHg *vs* 88 (6) mmHg ($p<0.01$), but exercise tolerance did not differ between groups. A strong relationship was observed between the oesophageal pressure swing ($P_{SwingOes}$) and the magnitude of shunt ($r=0.7$; $p<0.001$).
Conclusions: PFO is common in GOLD stage II COPD patients and was associated with a reduced PaO_2, but presence of a PFO does not influence exercise performance.

Un'infame furbetta

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Giovane donna di 40 aa. Pregresso intervento per ernia discale, abuso di FANS e di stupefacenti (mai dichiarato), terapia discontinua con antidepressivi. Riscontro di HCV positività, avviata terapia antivirale con risposta virologica sostenuta. A luglio IVG. Ad Agosto è giunta in DEA per febbre e rallentamento ideomotorio peggioramento delle condizioni generali; agli esami ematochimici sepsi complicata da CID, all'Rx torace lesioni nodulari bilaterali. La TC cerebrale ed addome sono risultate negative;alla TC torace lesioni escavate al polmone. La broncoscopia è risultata negativa per cellule neoplastiche. L'emocoltura è risultata positiva per stafilococco aureo con verosimile ascessualizzazione polmonare; a seguire ecocardiografia con riscontro di vegetazione endocarditica della tricuspide ed insufficienza valvolare. In sede antecubitale del braccio destro riscontro di zona ascessualizzata, attribuita dalla pz all'esito delle infusioni praticate durante il ricovero per IVG con dubbi del personale sanitario. Per il persistere di severa iperpiressia, nonostante la terapia antibiotica ad ampio spettro, è

stata sottoposta ad intervento cardiochirurgico di sostituzione valvolare.Ha poi eseguito riabilitazione con beneficio. 3 mesi dopo accesso al DEA per overdose da stupefacenti.

Gestione del paziente diabetico in ospedale

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30 diabetici ricoverati per malattie acute (60%M-40%F). Età media 73 anni (M 71-F 75): 7% normopeso; 63% sovrappeso; 30% obesi. Circ vita normale nel 20%, border-line 40%,elevata 40%. 57% in terapia domiciliare con ipo orali; 43% insulina. HbA1c al ricovero <6,5% nel 17%; 6,5-7 nel 37%; 7-8 nel 13%; >8 nel 33%. Durante il ricovero 26/30 hanno iniziato analogo basale;24/30 anche analogo rapido (basal-bolus); 2/30 metformina+analogo basale; 4 hanno mantenuto ipo orale (2 Met; 2 SU). Nessun pz ha necessitato di terapia infusionale con insulina. Durante la degenza non si sono registrati episodi di ipoglicemia maggiore; 6 episodi di glicemia minore di cui uno diurno e 5 notturni. Alla dimissione 15/30 pz avevano glicemia <140 mg/dl; 10/30 glicemia tra 140 e 180 mg/dl e solo 5/30 una glicemia>180 mg/dl. Degenza media diabetici 11,2 giorni *vs* 6,1 gg di tutti i ricoverati; diabetici con HbA1c 6-8% gg 9,9; HbA1c >8 gg 14,5. I diabetici rappresentano una quota significativa dei ricoveri. Sono anziani, con importanti comorbidità, principalmente cardiocircolatorie, in sovrappeso o obesi. L'obesità viscerale è presente in un terzo dei M e nella metà delle F. Il ricovero modifica la terapia; gli ipo orali sono sospesi in maniera quasi sistematica. l'insulina è il trattamento di scelta; in tutti viene praticato l'analogo basale; in 24/30 viene aggiunto l'analogo rapido, solitamente secondo lo schema basal-bolus. Il controllo glicemico, insufficiente al momento del ricovero in 17/30, migliora durante la degenza. Alla dimissione solo 5 /30 conservano glicemie insoddisfacenti.

✪ Underuse of vitamin K antagonists prior and after acute stroke in patients with atrial fibrillation. Findings from Tuscan FADOI Stroke Registry

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Background and Aim: Despite VKAs are considered the first choice treatment to prevent cardioembolic stroke in patients with AF, literature shows their underuse in this context. Since than italian data about VKAs use prior and after acute stroke lack, the aim of this study was to focus on this topic.
Materials and Methods: Data were retrieved from Tuscan FADOI Stroke Registry, an online data bank aimed to report on characteristics of stroke patients consecutively admitted in Internal Medicine wards in 2010. In this period 819 patients with mean age 76.5±12.3 years were enrolled. Data on etiology were available from 715 patients (88.1%), 87% ischemic and 13% hemorrhagic strokes.
Results: AF was present in 238/715 patients (33%), 165 having a known AF before hospitalization (89% ischemic stroke, 11% hemorrhagic stroke), whereas 73 patients received a new diagnosis of AF. 76,7% of patients with known AF had a CHADS2≥2, but only 28,3% were on VKAs before hospitalization. 78.8% of patients treated with VKAs had INR ≤2.0. 11 patients on 17 with known AF and hemorrhagic stroke were on VKAs and INR was ≤3.0 in 69,75% of them. Combined endpoint mortality or severe disability in patients with ischemic stroke associated to AF was present in 47%. At hospital discharge, VKAs were prescribed in 25.9% of alive ischemic AF-related stroke patients, while no patient with hemorrhagic stroke and AF was discharged on VKAs.
Conclusions: VKAs are dramatically underused in patients with AF, even in higher risk patients. Efforts to improve anticoagulation in this stroke subtype are warranted.

Three-factor factors prothrombin complex concentrate for urgent reversal in vitamin K antagonists related intracranial bleedings: a single centre report

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Background and Aim: PCCs are now considered the first choice treatment for urgent VKA reversal in VKA-related major bleedings. The aim of our study was to report on our experience with 3 factors PCC in VKA-related intracranial bleedings.
Materials and Methods: 38 patients (19 females) with age 80,1±8,0 years suffering for acute intracranial bleedings (29 spontaneous, 9 traumatic) and treated with PCC, vitamin K and VKA withdrawal were analyzed.
Results: Mean INR at hospital admission was 3,15 (median 3,05), 79% of patients having INR≤3.5. Median dose of PCC infused was 1500 UI, while median dose of vitamin K was 10 mg. Mean Glasgow Coma Scale score at hospital admission was 11,5, median 14. Median time for VKA reversal was 7,5 hours. 10,5% of patients underwent to neurosurgical evacuation. Overall mortality was 52,6%. Despite median time for urgent reversal was lower in patients with GCS <8 (5,5 hours) and median PCC dose higher (2000 UI), mortality in this group was 100% although 37,5% underwent neurosurgical evacuation, whereas median time for urgent reversal was 10 hours in patients with GCS >12 with mortality of 18,1%. Two patients (5,2%) developed deep vein thrombosis, after 7 and 30 days respectively. Both patients had not received VTE pharmacological prophylaxis.
Conclusions: 3 factors PCC is effective and relative safe for urgent VKA reversal but severe neurological deterioration at presentation burdens on outcome.

Pharmacological prophylaxis of venous thromboembolism in patients with spontaneous intracerebral hemorrhage

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Background and Aim: VTE pharmacological prophylaxis is now suggested in sICH after evidence of bleeding cessation, therefore the aim of our study was to analyze 30-days symptomatic VTE and hematoma enlargement rates in patients with sICH receiving it.
Materials and Methods: Data records of 66 patients surviving after 72 hours from sICH onset were retrieved and analyzed. 26 patients (39,3%) undergone to pharmacological prophylaxis were compared with 40 untreated patients.
Results: Documented symptomatic VTE occurred in 3 untreated patients after 7, 10 and 25 days respectively (2 patients suffered for PE-DVT, 1 patient for isolated DVT), rate of symptomatic VTE being 7.5% in untreated patients. However one patient not undergone to pharmacological prophylaxis suddenly died probably for acute PE (possible rate 10%). Two of these three patients were immobilized, the third was early mobilized. The patients suffering for PE were treated with caval filter placement and low dose LMWHs and were alive at 3-months follow-up, whereas the patient affected by DVT alone was treated with full dose LMWHs and suddenly died after three weeks from discharge for unknown cause. Median of starting pharmacological prophylaxis was 5 days. Any patient undergone to LMWH showed secondary hematoma enlargement or symptomatic VTE episodes. 30 days-mortality were lower in treated compared to untreated patients (15,3% *vs* 20%).
Conclusions: LMWHs started after demonstration of bleeding cessation seem safe, while avoiding prophylaxis is associated with high rate of symptomatic VTE.

Characteristics and management of patients with acute pulmonary embolism (PE) in Internal Medicine wards: preliminary findings from TUSCAN-PE study on behalf of TUSCAN-PE Group

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Background and Aim: The aim of the present study was to report on characteristics and management of PE patients admitted in internal medicine wards.
Materials and Methods: TUSCAN-PE study is a multicenter, observational, retrospective, cohort study aimed to analyze data of PE patients admitted in internal medicine wards of Tuscany. Each centre was invited to submit anonymously data of at least ten patients consecutively admitted for PE in 2012.
Results: 412 patients (60% F), with age 76,05±12,23 years, were enrolled at February 2013. 86.3% of patients was recovered from Emergency Department and 66,6% of patients presented with diagnosis of PE. 30,1% of PE diagnoses was made by internists. 16.2% of PE was incidental. Overall mortality was 10,4%, 6,6% PE-related. Main risk factors enclosed recent respiratory tract infections (52,1%), immobility (41,5%), hospital admissions within the last three months (31,4% of which 23,2% in medical settings) and cancer (29,8%). 16% of patients had a shock index ≥1 and 84.9% modified PESI score ≥1. In 85,2% of patients, diagnosis was performed by CT scan, 64,4% of patients had DVT (10,7% bilateral), 50,2% presented echocardiographic right heart dysfunction. Antithrombotic treatment was started in internal medicine wards in 60,2% of patients. 9,2% of patients underwent to thrombolysis, whereas LMWH or fondaparinux were performed in 35,6% and 38,1%, respectively. Vitamin K antagonists were prescribed in 52,1% of patients at hospital discharge.
Conclusions: TUSCAN-PE study contributes to knowledge of real life management of acute PE in internal medicine.

Is there a chance of maintaining remission of patients affected by rheumatic polymyalgia by the use of modified release prednisone?

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Background: Polymyalgia rheumatica (PR) represents an inflammatory syndrome characterized by elevated levels of ESR and CRP and clinically by intense pain. Symptoms may appear suddenly or can emerge gradually over long periods but always tend to last for long times.
Objective: Side effects due to high doses of prednisone are frequently observed in patients affected by PR the lower efficacious dose of steroids is the best to administer in order to avoid side effects. We evaluated the efficacy of a therapy based on the use of 10mg daily of modified release prednisone (MRP) (Lodotra®, Mundipharma) in patients affected by PR who previously reached symptoms remission in order to lower the dose of steroids adiministered.
Materials and Methods: Five patients, affected by PR, who achieved remission by the use of high doses of oral steroids, were administered with MRP, 10mg daily, in substitution of previous oral steroids therapy,for a period of 6 months and received a visit and a laboratory testing every 2 months.
Results: All patients reached a 6 months followup. All patients maintained a complete clinical and laboratory response to the therapy with MRP at 6 months. None of patients developed any side effects due to therapy. None of patients had a rebound of symptoms. No adverse events due to the substitution of previous therapy was registered.
Conclusions: The use of MRP in substitution of higher doses of oral steroids seems to be efficacious and safe in patients affected by PR who reached remission.

Iatrogenic disease in the elderly: an emblematic case

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A 72 years male, hypertensive, was admitted to hospital because of fatigue and intense back pain refractory to treatment carried out during the last 2 months. The drug history revealed continued taking, at first, of etoricoxib, celecoxib, ketoprofen, diclofenac and prednisone for low back pain and subsequently, to the onset of severe abdominal pain, hyoscine N-butylbromide and papaverine hydrochloride/ belladonna. Objectively, the patient was pale, asthenic, depressed and forced decubitus, PA 100/60 mmHg and 90 pulse. The routine blood tests showed a severe iron deficiency, microcytic anemia (Hb 5.7 g/dl) that induced transfusions of 3 unit of red blood cells. Chest X-ray and ECG were normal. In the second day appeared black stools, so it was planning EGDS that showed "multiple gastric ulcers, voluminous gastric ulcer to be defined histologically, hyperemic gastropathy."Then it was carried out a CT scan which showed the presence of different lumbar disc herniations. During the hospitalization, the patient was treated with protonic pump inhibitors, oxycodone and amitriptyline. On the seventh day, the patient reported improvement in symtoms, he could autonomously to achieve and maintain the upright and he began to take small steps. Inappropriate prescribing, lack of supervision, polytherapy, drug interactions and self-medication are some of the causes of iatrogenic disease that have led, in this patient, to a dangerous escalation threat to itself life.

Observational prevalence study on pain in hospitalized geriatric patients

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The pain is a real disease with great impact on the activities of daily life of affected patients. The loss of functional independence and skills is also a matter involving the welfare of families and health care institutions. The aim of our study was to identify the prevalence of pain symptoms in a population of hospitalized patients, in the departments of internal medicine and geriatrics. We studied 80 patients (40 M and 40 F, mean age 81.08 yrs, St.Dev. 7.67aa), hospitalized for any reason, recruited consecutively, in the departments of Internal Medicine and Geriatrics. All patients underwent a pain assessment scale by the Numeric Rate Scale (NRS), independence in Basic and Instrumental Activities of Daily Living (ADL and IADL), depressive symptoms with Geriatric Depression Scale (GDS), it was also evaluated comorbidity and the number of drugs taken at home. The data show a prevalence of pain symptoms of 52.5%, summerized in: 17% somatic, 15% visceral, 12% neuropathic and 20% bone. Major represented diseases were hypertension (60%), diabetes (35%), osteoporosis (25%), ischemic heart disease (20%). The average number of drugs taken at home was 5.7. We report the average number of 3 loss functions in ADL e 4 in IADL; it confirms the impact of pain on activity of daily living. The systematic identification of symptoms with validated scale or questionnaire, early and appropriate treatments may lead to reduced demands for health services with a saving of resources, to improve quality of life of the elderly and to mantain residual indipendence and authonomy.

A case of Steakhouse syndrome

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A male of 88 years was admitted for dysphagia. From the history we learned that the patient is suffering from permanent AF in OAT and type 2 diabetes mellitus. Objectively, appeared emaciated and suffering, PA 130/70 mmHg, pulse 80 bpm arhythmic. Reports that for about 3 days has dysphagia and two episodes of post-prandial vomiting that led him to not eat for 3 days. Lung and abdominal objectivity was normal, neurological examination negative, absence of cognitive deficits and/or diseases or psychiatric symptoms. Family members did not report accidental ingestion of foreign bodies and the patient presented lucid and cooperative. RX thorax and abdomen was normal. ENT examination showed no disease of nasopharynx and oropharynx, the larynx was normal. The haematological routine was normal. It was decided to perform a esophagus gastro duodenoscopy whose report cites: "The esophagus presents a voluminous food bolus impacted at the level of the esophago-gastric junction and the above is fragmented with metal loop and pushed into the gastric cavity." After the endoscopy the patient resumed feeding by mouth and was discharged. Esophagus' obstruction by food bolus is defined Steakhouse Syndrome. It is usually associated with pathologies that restrict the esophagus, in the presence of Schatzkìs rings or

esophagus' tumors. It is rarely associated with disorders movement of the esophagus. In this case it was found only the presence of a small hiatal hernia from slipping.

Associazione tra il polimorfismo C825T del gene *GNB3* con adiposità e pressione arteriosa in soggetti ipertesi della popolazione generale

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Premesse e Scopo dello studio: In studi clinici la mutazione 825T del gene GNB3 predispone ad obesità ed ipertensione. è stata valutata l'associazione tra pressione arteriosa (PA) clinica, monitorata nelle 24h e distribuzione del tessuto adiposo corporeo con suddetto polimorfismo in ipertesi della popolazione generale del Risk Of Vascular damage: Impact of Genetics in Old people (ROVIGO) study.
Materiali e Metodi: In 285 soggetti (47.8% maschi) d'età ≥65 anni, la PA clinica è stata misurata con sfigmomanometro a mercurio mentre quella monitorata con apparecchio Takeda TM-2430. Con plicometro è stato misurato lo spessore (in mm) della plica cutanea tricipitale, bicipitale, sottoscapolare e sopraiiliaica. I dati sono stati analizzati come genotipo TT *vs.* non-TT (CT+CC) e le variabili continue confrontate attraverso i genotipi con l'analisi della varianza.
Risultati: La PA clinica non era diversa tra i genotipi, mentre la PA sistolica diurna monitorata era maggiore solo nelle donne TT *vs.* non-TT (144.8±10.5 *vs.* 139.1±15.1, p<0.05). I valori delle pliche non erano diversi tra i sessi, mentre gli spessori della plica tricipitale (31.2±18.5 *vs.* 22.0±12.3), bicipitale (29.7±19.0 *vs.* 17.9±12.1, p<0.02), sottoscapolare (31.4±17.4 *vs.* 22.3±11.9, p<0.05) e soprailiaca (31.7±16.8 *vs.* 22.6±13.4) erano maggiori solo nelle donne TT *vs.* non-TT.
Conclusioni: A livello di popolazione generale vi è un'associazione tra PA, adiposità e polimorfismo C825T del gene GNB3 solo nelle donne. Gli uomini hanno un eccesso d'adiposità simile alle donne ma indipendentemente da tale genotipo.

In soggetti ipertesi della popolazione generale il polimorfismo Gly460Tpr del gene dell'adducina-alfa predice il danno renale sub-clinico indipendentemente dai valori di pressione arteriosa

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Premesse e Scopo dello studio: In studi clinici la mutazione Gly460Tpr del gene dell'adducina-alfa si associa ad ipertensione sodio-sensibile nell'uomo, mentre tale polimorfismo si associa a disfunzione renale cronica (CKD) in modelli animali. è stata valutata l'associazione tra pressione arteriosa (PA) clinica sfigmomanometrica e quella monitorata nelle 24h e CKD sub-clinica in ipertesi della popolazione generale del Risk Of Vascular damage: Impact of Genetics in Old people (ROVIGO) study.
Materiali e Metodi: In 285 soggetti (47.8% maschi) d'età ≥65 anni il filtrato glomerulare è stato stimato (eGFR) con la formula di Cockcroft-Gault; un eGFR <60 ml/min identificava la CKD. I dati sono stati analizzati come genotipo TT (TT+TG) *vs.* GG; le variabili continue confrontate tra i genotipi con l'analisi della varianza; gli odds ratio (OR) e gli intervalli di confidenza al 95% (CI95%) per la CKD sono stati calcolati con l'analisi di regressione logistica multivariata.
Risultati: La PA clinica e monitorata non erano diverse tra i genotipi. L'eGFR aumentava significativamente nei genotipi, 64.7±14.0, 66.1±15.3 e 73.3±17.1, rispettivamente nei maschi TT, TG e GG (p<0.05) ma non nelle femmine. La prevalenza di CKD era maggiore nei maschi TT *vs.* i GG (25.3% *vs.* 19.7%, p<0.05). Indipendentemente da età, PA e BMI i maschi con l'allele T avevano un OR di CKD di 2.24 (CI95% 1.02-3.4) maggiore rispetto ai GG.
Conclusioni: Nei maschi della popolazione generale sembra esservi un'associazione tra polimorfismo Gly460Tpr del gene dell'adducina-alfa e CKD indipendentemente dai valori di PA.

Emorragie maggiori da anticoagulanti orali. Analisi di una casistica confrontata con gli score di rischio emorragico: "HAS-BLED"; "ATRIA"; "HEMORR2AGES"

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Premesse e Scopo dello studio: A causa di E.M. l' 1-2%/anno dei pazienti (pz.) in terapia con ACO per fibrillazione atriale viene ospedalizzato e lo 0.25%/anno decede (studio ISCOAT). Allo scopo di individuare i pz. più esposti al R.E., abbiamo saggiato e confrontato su una nostra casistica l' efficacia degli score: HAS-BLED, ATRIA, HEMORR2AGES.
Materiali e Metodi: In modo retrospettivo, abbiamo raccolto i dati anagrafici e clinici dei pz. ricoverati nel 2012 per E.M. nella nostra UOC. Abbiamo calcolato il punteggio di R.E. per ogni pz. secondo i tre score e confrontato la loro capacità di determinare il R.E..
Risultati: 33 erano i pz., il 2.5% della popolazione in ACO; l' 85% con Fibrillazione Atriale. N. 15 le emorragie digestive, n. 11 quelle cerebrali (n. 6 operati), n. 7 gli ematomi toraco-addominali. Sette i deceduti (il 0.54% della popolazione in TAO), di età media di a. 88: n. 3 per emorragia cerebrale, n. 3 per emorragia digestiva e n. 1 per ematoma toraco-addominale. Secondo lo score HAS-BLED ad alto R.E. è risultato il 60.6% dei pz., il 69.6% secondo ATRIA e il 48.5% secondo HEMORR2AGES. Solo in 15 pz. (45.4%) i tre score concordavano per alto R.E. Dei n. 7 decessi il rischio era elevato in n. 5 casi con ATRIA e in n. 4 con gli altri due.
Conclusioni: Non tutti i pz. con E.M. avevano elevati punteggi. Gli score ATRIA e HAS-BLED mostravano punteggi elevati nella maggior parte dei nostri pz., dimostrando rilevante capacità (specie ATRIA) di individuare il R.E.. Lo score ATRIA è semplice ed apprezzabile per il rilevante ruolo attribuito all' insufficienza renale e all' età molto avanzata (>75 a.), parametri assai "critici".

Prevalence and therapy with pegylated interferon alfa, ribavirin and rituximab in hepatits C virus related lymphoproliferative disorders: a multicenter study

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Introduction: Hepatitis C virus determines chronic liver disease, but is implicated also in several lymphoproliferative disorders (LPD).The aim of this study was to assess prevalence, clinical and therapy aspects of LPD in HCV+.
Material and Methods: 460 patients HCV+ were investigated from 1995 to 2011.The natural hystory and the follow-up of the HCV+ LPD was recorded. 56 patients with Mixed Cryoglobulinemia (MC) were treated with Peginterferon alfa (PEG-IFN) 2b 1,5 mg/Kg/week plus Ribavirin (RBV)1000-1200 mg/daily for 48 weeks in genotype 1-4 and for 24 weeks for genotypes 2–3. 8 patients were treated with Rituximab 375 mcg/m^2 weekly for 4 weeks for relapsing or refractary disease.
Results: At the diagnosis the mean age was 57±12 years, 60% were women. The LPD was found in 33% of patients: MC in 29% of cases (88% type II /12% type III), these cases showed purpura of the lower extremities and arthralgias, peripheral neuropathy was in 11%. NHL was found in 5% of cases. During the follow-up 4 cases developed HCC. In PEG-IFN group, a complete clinical and virological response was obtained in 36% of cases with genotype 1-4 and in 64% of cases with genotype 2-3. In Rituximab arm, seven patients presented haematological response, but obtained elevated aminotransferases and elevated viral load.
Conclusion: LPD should be systematically searched in the patients with HCV infection. Peginterferon plus ribavirin represent a very good option for HCV associated MC. Rituximab appears a safe, well tolerated and effective treatment.

Efficacy and safety of pegylated interferon plus ribavirin and second-line rituximab therapy in hepatitis C virus-related non Hodgkin lymphomas: a long-term study

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Introduction: HCV is also implicated in lymphoproliferative disorders, there are a few studies on the treatment with Peg-IFN in HCV-related NHL.
Aim: Evaluating efficacy and safety of Peg-IFN plus ribavirin (RBV) and Rituximab (RTX) in HCV-related NHL.
Matherials and Methods: 18 patients with HCV-related NHL were included in study. 8 patients (Group A) received 3MU of IFN alfa 2b 3 time a week for 48 weeks plus RBV 1000-1200 mg/daily. 10 patients (Group B) received Peg-IFN alfa 2b 1,5 mcg/Kg/week plus RBV 1000-1200 mg/daily for 48 weeks. 16 lymphoplasmacitoid lymphomas, 2 splenic lymphoma. HCV genotype: 1b (61%), genotype 2a/2c in the others. 11 cases had chronic hepatitis.
Results: At the end of treatment 3 complete haematological response, 3 non-responders and 2 partial responders in the Group A, 6 complete response, 2 non-responders and 2 partial responders were observed in Group B. Patients with complete haematological response displayed clearance of HCV-RNA. At end follow-up, 2 patients showed SVR in Group A and 5 in the group B. Three and 4 patients with genotype 1 and 2, respectively, showed SVR. 2 cases in Group A and 2 cases in Group B relapsed within 18 months. 3 relapsed patients were treated with RTX 375 mcg/m^2 weekly for 4 week: we observed complete haematological response, but viral load and aminotrasferase levels increased.
Conclusions: We confirm efficacy and safety of antiviral treatment in the HCV-NHL. The hematological response was related to clearance of HCV-RNA and maintained for more than 3 years. RTX could be considered as the second-line therapy.

✪ Clinical manifestation and therapy in 245 patients with mixed cryoglobulinemia: a single center experience

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Introduction: Mixed cryoglobulinemia (MC) is a lymphoproliferative disorder defined as circulating cryoprecipitable immune complexes generating vasculitis of small vessels. MC is linked to hepatitis C virus infection. Multiple organs are involved: skin, liver, kidney, peripheral nerves. We describe clinical features and therapy of patients with MC.
Material and Methods: 245 patients with MC, were recruited between 1992 a 2011. Clinic-serological assessment, immunosoppressive and apheretic therapy have been evaluated.
Results: At diagnosis mean age was 54 ±12 year (range 21-81), 60% women, 40% men. The follow-up lasted 98±54 months. Etiology was HCV (95%), HBV-DNA positive (3%) and essential (2%). HCV genotype 1b was in 57%, genotipe 2-3 in 43% of cases. MC type II was in 87%, type III in 13% of cases. Clinical manifestations were: purpura (78%), arthralgias (70%), peripheral neuropathy (11%). Chronic hepatitis (62%), cirrhosis (22%), Glomerulonephritys (7%) and NHL (11%) were associated. 86 MC were treated with Interferon+Ribavirin, clinical and virological response was observed in 36% in genotype 1b, in 64% in genotype 2-3. Rituximab were administrated in 8 MC, with neuropathy and nephropaty improvement. 9 patients were treated with apheresis followed by steroids or cyclofosfamide infusion with improvement of vasculitis and neuropathy.
Conclusions:
Antiviral treatment should be considered as first-line therapeutic option in HCV related MC. Rituximab should be considered in severe cases such as glomerulonephritis or peripheral neuropathy.

✪ Predictors of in-hospital mortality in patients with vitamin K antagonist-related intracranial haemorrhage: the ICH-Cuneo study

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Background: Patients with vitamin K antagonist (VKA)-related intracerebral haemorrhage have a poor prognosis. Conversely, both natural history and main prognostic risk factors of VKA-related intracranial haemorrhage (ICH) occurring in other sites are not well-defined.
Aim: To investigate predictors of in-hospital mortality in patients with VKA-related ICH.
Methods: The ICH-Cuneo is a retrospective study. Consecutive patients with an ICH occurring during treatment with VKA, defined by an international normalized ratio (INR) >1.5, admitted to Cuneo hospital from 2005 to 2010, were included.
Results: Seventy-five patients were included. Mean age was 77.7 (±5.8) years, 32 (42.6%) were female. Median time to correct INR (defined as INR <1.5) was 29 (interquartile range [IR], 17-48) hours Bleeding site was intracerebral in 34 (45.3%) patients and subdural in 37 (49.3%). Fresh frozen plasma or recombinant activated factor VII were administered in 54 (72%) and 51 (68%) patients, respectively. Median hospital stay was 12.5 (IR, 6-21) days. Twenty-five (33.3%) patients died during hospital stay. At the multivariate Cox regression analysis, independent predictors of in-hospital death for ICH were: age >80 years (hazard ratio 4.4, 95% confidence interval 1.6-12.0), GCS <8 (12.0, 4.1-34.8), recent onset of symptoms (4.2, 1.6-11.3), and surgical treatment (0.1, 0.02-0.8).
Conclusions: Our data suggest that both age, GCS, and recent symptoms onset are independently associated with in-hospital mortality. Surgical treatment may reduce mortality, in particular for patients with a subdural haematoma.

The use of low molecular weight heparin in a Sicilian teaching hospital

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LMWH are replacing unfractionated heparin (UFH) for therapeutic anticoagulation owing to their more predictable pharmacokinetics and ease of use. Especially in Sicily, their prescription volume is steadily increasing in general practice, but little is known about their use in the hospital setting. We investigated LMWH use at the Policlinico Universitario P. Giaccone of Palermo by examining the records of drug dispensation to the wards in the years 2010-2012. From 2010 to 2012 the use of LMWH at Policlinico of Palermo remained stable with a mean of 71 DDD/100 bed days (range 69-73) of drugs dispensed. Enoxaparin, nadroparin and reviparin were the most prescribed molecules, accounting each one for a third of the prescriptions in 2012. Moreover, a minimal increase in the prescription of fondaparinux (Fx) and a decrease in that of UFH were noted, being the mean prescription rates in 2010-2012 7.2 and 25 DDD/100 bed days, respectively. In 2012, the costs were 28.832, 16.980 and 36.369 € for LMWH, Fx and UFH, respectively. As expected, the highest values of drug prescription were registered in orthopaedic surgery, general surgery, cardiology and intensive care units; high rates of prescription were noted also in geriatrics, plastic and obesity surgery, neurology and neurosurgery wards. Overall, in comparison with other Italian institutions, LMWH use at Policlinico of Palermo appears to be only slightly high. The variability of drug prescription among different wards requires further study to ascertain the prescriptive appropriateness and the adherence to existing guidelines.

History of a patient with diplopia beyond a problem of double vision

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Background: Internuclear ophthalmoplegia (INO) is characterized by a weak adduction of one eye and an abduction nystagmus of the controlateral eye most commonly due to multiple sclerosis and cerebrovascular disease.
Case presentation: A 52 year-old man was admitted to our division 3 days after the onset of diplopia with periorbital swelling. In the last week he had taken paracetamol and antibiotics for flu-like symptoms too. His past history included hepatitis C treated with interferon and one previous hospitalization for pneumonia. At the admission the neurological examination revealed a bilateral INO. The brain MRI showed a millimetric frontal area of gliosis though the cerebrospinal fluid analysis excluded albuminocytological dissociation and an infective meningitis. The patient received an antibiotic therapy for a maxillary sinusitis revealed by the CT scan and was discharged after a clinical improvement with a planned follow-up.
Results: After 4 days he was hospitalized again for a bilateral facial weakness. In the hypothesis of a myasthenia gravis or a multiple cranial neuropathy variant of Guillain –Barrè syndrome he was treated with intravenous immunoglobulin showing a progressive improvement. An EMG and the absence of Ig anti-AchR excluded a post-synaptic disorder of the neuromuscular junction; we performed a new cerebrospinal fluid analysis that was not pathological.
Conclusions: The Guillain-Barrè syndrome is a heterogeneous entity with several forms. It is still discussed the role of IVIg in the Miller Fisher variant because many patients recover spontaneously.

Tromboembolia polmonare massiva: case report in paziente ultraottantenne

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Caso clinico. Donna di 88 anni si ricoverava per dispnea intensa associata a dolore addominale. La paziente con sindrome comiziale e gonartrosi con importante deficit nella deambulazione, assumeva Fenitoina/Metilfenobarbital e Ac. Acetilsalicilico. Gli esami evincevano: leucocitosi neutrofila, creatinina 1.8 mg%, Na 131 mEq/L, K 6 mEq/L, LDH 659 U/L, Troponina T 0.064 ng/ml. Rx diretta addome presenza di piccoli livelli idroaerei, eco addome negativa, ECG BBdx. La paziente appariva sofferente ed agitata, tachipnoica, pallida, PA 90/60 mmHg, toni cardiaci concitati a f.c. 105 b/pm, addome intrattabile, torace murmure vescicolare non valutabile per mancanza di collaborazione. EGA in O_2: acidosi metabolica (PH 7.21- PCO2 mmHg 27- PO2 78- HCO3-10.8 mmol/L- BE(B) -15.5 mmol/L-Lattati 12.4 mmol/L), si infondeva bicarbonato di NA e plasma expander. Ecocardiografia aumento diametro sezioni destre, insufficienza tricuspidalica severa, PAPS 60 mmHg. La TAC T.B. con mdc documentava presenza di Tromboembolia polmonare bilaterale, veniva intrapresa scoagulazione con Eparina ev, trattamento interrotto dopo 8 ore per incoagulabilità dell'APTT, l'esito era il decesso della paziente a circa 10 ore dal ricovero. Conclusione. La decisione di sottoporre ad un trattamento aggressivo un paziente molto anziano, non è mai facile, va sempre contestualizzata, in questo caso la grave instabilità emodinamica, l'ineludibilità del quadro strumentale, la volontà dei familiari di tentare quanto possibile hanno motivato l'approccio terapeutico scelto.

Diagnostic role of head-up tilt test and carotid sinus massage in patients with cough syncope

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Background: Coughing is a rare cause of syncope. Patients presenting with cough syncope are regularly referred for a head-up tilt test (HUTT), but an exhaustive description of HUTT results in these patients has not been described. The aim of this study was to describe the HUTT and carotid sinus massage (CSM) responses in a large cohort of patients with cough syncope and propose a new HUTT protocol.
Methods: A total of 5133 HUTT, were retrospectively analysed to identify patients with cough syncope. HUTT was performed using the Italian protocol with GTN provocation, followed by CSM. Patients were made to cough on at least 3 separate occasions in an attempt to reproduce typical clinical symptoms on HUTT.
Results: A total of 34 patients (29 Male, age 51±14 years) were identified. Coughing during HUTT reproduced typical prodromal symptoms of syncope in 19 (56%) patients and complete loss of consciousness in 2 (5.8%) patients, with a systolic BP reduction of 45±25 mmHg, with an increase in heart rate of 12±8bpm. The HUTT result was positive in 15 (45%) patients with the majority of positive HUTT responses being vasodepressor (73% of positive HUTT) and no instances of cardioinhibition. When combined with coughing during the test, HUTT was positive in 27 (79%) patients. CSM was negative in all patients.
Conclusions: Syncope during coughing is a result of hypotension, rather than bradycardia. Patients with cough syncope should have a modified HUTT with at least 3 attempts at coughing during head up tilt to reproduce clinical response, and to improve sensitivity of HUTT.

An unexpected pathological diagnosis: IgG4-related disease

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IgG4-related disease is a newly recognized fibroinflammatory condition characterized by tumefactive lesion, lymphoplasmocytic infiltrate rich in IgG4-positive plasmacells, fibrosis and often elevated serum IgG4 concentration. The disease was recognized as a systemic condition only in the 2003. A wide range of previously recognized disorders are now part of IgG-4related disease like Mikulicz s., Riedel thyroiditis, mediastinal/retroperitoneal fibrosis. The imaging features are generally nonspecific and do not permit reliable distinction between IgG4 related disease, solid cancer or lymphoma, it's closest histopathological mimicker. We describe a patient with pleural effusion and thickening of the pleural suggesting neoplasm, who died because of acute heart failure. At autopsy we found an extensive fibrosis of the pleural, pericardium, mediastinum with tissue specimens showing a diffuse plasma-cell infiltrate. The ratio of IgG4 to IgG was higher than 50% compelling evidence of IgG4-related disease. Clonality studies ruled out lymphoprolipherative disease. We describe this case because of his uncommon diagnosis: IgG4-related disease usually presents subacutely, most patients are not severelly ill, fever and PCR elevation are unusual; the disease is often identified unexpectedly in pathological specimens. When vital organs are involved aggressive treatment is needed with steroid or Rituximab. Few data exist on global incidence and prevalence of IgG4-related disease; a lack of knowledge of the disease has probably led to underestimate its prevalence.

Recent hospital admission in medical settings as risk factor for acute pulmonary embolism: preliminary findings from TUSCAN-PE Study on behalf of TUSCAN-PE Group

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Backgroaund and Aim: Whether recent hospital admission in medical settings is a real risk factor for acute PE remains unclear. The aim of our study was to focus on this concern.
Materials and Methods: TUSCAN-PE study is a multicenter, observational, retrospective, cohort study aimed to analyze data of PE patients admitted in internal medicine wards of Tuscany. Each centre was invited to submit anonymously data of at least ten patients consecutively admitted for PE in 2012.
Results: Between 412 patients enrolled in the study, 23,2% had been recovered within the last three months in medical settings (15,7% in the last month). Mortality in patients recently recovered was higher when compared with patients not recovered (11,4% *vs* 9,2%). Before admission for PE, pharmacological prophylaxis was performed in 44% of patients recovered in medical settings in the last three months (61,4% in patients admitted in the last month) compared to 24,9%

of patients not recently recovered. Patients recently recovered were older (77,8 *vs* 75,6 years), more frequently immobilized (58% *vs* 33%), previously suffering for VTE (20,8% *vs* 15,2%), affected for recent sepsis and/or respiratory tract infections (40,6% *vs* 30,8% and 76% *vs* 64,1% respectively), but not suffering for cancer (30,2% *vs* 29,4%). Moreover DVT were discovered more frequently in recently recovered patients (75,30% *vs* 61,30%) both unilateral (54% *vs* 47,2%) and bilateral (21,3% *vs* 14,1%).
Conclusions: Recent hospital admission in medical settings seems to be a real risk factors for developing PE and strategies aimed to prevent it are warranted.

Since Hippocrates's times... an uncommon cause of abdominal pain

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Abdominal pain is an important and common symptom in patients who arrive to our Department. Several Causes (abdominal and non abdominal) could cause it. A 57 year old man was admitted to our Depatment with abdominal pain every 2-3days in the last 2-3 months),constipation and episodes of diarrhea. Past History: was negative. Obb. Exam showed a pain in right and left upper abdominal quadrant. Lab exams: Hb 8.7, with normal parameter of liver and kidney function. Values of haemoglobin were normal one year before the admission. Abdominal Eco,TC and gastro intestinal endoscopies showed no organic alterations. At a more accurate anamnesis the patient informed us that in the last 4-5 months he had been practising a new hobby:aeromodeling. He had used spray painting, liquid detergent, solvents, toxic chemical products containing lead. At that point we checked lead level: in blood (736ug/l), in urine 3264 ug/g; U-protoporphyrine 1363 ug/24h, very high values. Our diagnostic was acute lead poisoning. The patient underwent a chelation therapy ($CaNa_2EDTA$) that led to a progressive return to normal peripheral blood counts; the symptoms disappeared without any manifestation in the follow up. Lead poisoning is one of the best known professional diseases. We present this clinical case: to highlight an uncommon, non professional lead poisoning risk in people that practise a hobby like areomodeling; to confirm the importance of an accurate anamnesis in our daily approach to patients.

Fulminant necrotizing fasciitis: when everything is not enough

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Background: Necrotizing fasciitis (NF) is a life-threatening soft-tissue infection primarily involving the superficial fascia with secondary necrosis of the subcutaneous tissues. Diagnosis of necrotizing fasciitis can be difficult and requires a high degree of suspicion. The frequency of necrotizing fasciitis has been on the rise because of an increase in immunocompromised patients.
Case report: A 60 year old woman was admitted with mild fever, pain and swelling of the right arm. Three fingers of the hand had a blue-grey color lesions, with regular temperature. In the past history type 2 diabetes and five years before heart transplant on immunosuppression regime. In order to exclude a rare NF we performed the Risk Indicator for Necrotizing Fasciitis (CRP, wbc, haemoglobin, sodium, creatinine and glucose) score was 4; also CPK and GOT were normal. Magnetic resonance with gadolinium showed a mild swelling of the right arm. No evidence of soft tissue infections or gas. Anyway we treated the patient with aggressive antimicrobial therapy (piperacillin-tazobactam plus vancomycin plus Clindamycin). Patient died 36 hours after MR. Autopsy showed necrotizing fasciitis of the right arm. Blood cultures will be negative.
Conclusions: The most effective approach for necrotizing fasciitis is early diagnosis and referral for aggressive surgical treatment. A team approach is the best method of treating this complicated disorder.

Complessità diagnostica e terapeutica di un caso di ipertransaminasemia

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Maschio del 1953.1996: transaminasi 3 volte i v.n. HBsAg+, HbeAg-, HBV-DNA neg., HCV-Ab -HIV-., eco epatica nella norma. APR neg, no alcol. Biopsia epatica: epatite grado lieve, fibrosi lieve. Nessuna terapia. 2010: GOT 75 U/l, GPT 145 U/L, HBsAg+, HBeAg -, HCV-Ab- HBV-DNA 3870 U/l; normali restanti parametri analitici. Ripete biopsia epatica: fibrosi periportale e setti porto-portali. Score di Knodell: 11/3. Inizia Entecavir. Dopo 2 mesi: HBV-DNA- ma GOT 318, GPT 368. Continua terapia, dopo 2 mesi, GOT 101, GPT 230. Gennaio 2011: HBV-DNA -, GOT 98, GPT 111. fosf alc. 193 (v.n. <258),GGT 126 (v.n. <50), ferritina 1170 ng/ml, % sat. transferrina 56%. Studio genetico: no emocromatosi. No coinfezione virus Delta: HDV-RNA -. Luglio 2012: per persistenza di GOT 173, GPT 350, senza colestasi, dosaggio di Ac. anti muscolo liscio: 1/640 (IF), anti actina, LKM, ANA, AMA neg, Gamma glob. 2.2 gr/dl. HLA DR3-DR4 -. Revisione biopsia: no infiltrato linfo-plasmacellulare. Score epatite autoimmune (ECA): punteggio 10, compatibile con diagnosi probabile. Novembre 2012, nell'ipotesi di associazione ECA/epatite cronica B, inizia prednisone e continua entecavir. Gennaio 2013: GOT 115, GPT 155, Gamma glob. 0.33gr/dl. HBV-DNA.
Conclusioni: Rimangono non chiare l'ipertransaminasemia e la progressione dell'epatopatia. Poco giustificata la sola genesi virale, per persistente assenza di replicazione indotta da terapia, incerta genesi autoimmune per score di probabilità ma refrattarietà al prednisone. Il paziente viene mantenuto in stretto follow-up con la sola terapia con Entecavir.

A case of Creutzfeldt-Jakob observed by a general practitioner

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Background: Creutzfeldt-Jakob disease (CJd) is a cause of progressive dementia and death.
Methods: A 82-years-old man referred to General Practitioner by a onset of confusion, agitation and memory impairment. He had a GCS 14 and a MMS score of 23/30. Clinical examination, blood tests and chest X-ray were normal. Clinical picture was suspected for Alzheimer's disease but the sudden onset of S/T disorientation, aphasia, visual disturbances, myoclonus and a progressive worsening of cognitive impairment led to the hospitalization. Decreased level of alertness and increasing drowsiness reached to the coma with EEG abnormalities. The patient died three months after the onset of symptoms and we decided for autopsy.
Results: The histology of brain showed spongiform degeneration, neuronal loss, proliferation and activation of the glial cells. Western blot's was positive for prion protein. The electrophoresis and the glycosylation pattern of the proteins suggested a CJd.
Discussion: The main symptoms of the CJd were progressive dementia, myoclonic jerks, visual disturbances, pyramidal and extrapyramidal signs. In the advanced stages of CJd are often observed EEG modification as periodic triphasic complex spike-waves at 1-2 cycles/s and signs of atrophy, symmetrical changes in signal intensity at the level of putamen and caudate nucleus in T2-weighted images at MRI.
Conclusions: The neurological clinical examination is the more important aid to make a diagnosis of suspected CJd; however only histopathological and immuno-histochemical examinations are able to confirm this disease.

Danno cardiovascolare da fumo: grasso epicardico-mediato?

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Background: il Grasso Epicardio (GE) sembra avere un ruolo di primo piano direttamente svolto sulle arterie coronariche, caratterizzato da trasmissione sia paracrina che vasocrina di sostanze favorenti l'insorgenza e l'evoluzione della malattia aterosclerosi coronarica. Poiché recenti evidenze sperimentali indicano che alcuni abitudini di vita influenzano la quantità di GE, abbiamo voluto calcolare il comportamento del GE in pazienti con sindrome metabolica in relazione all'abitudine tabagica.

pagepress

Materiali e Metodi: Abbiamo studiato una popolazione di 54 pazienti (31 M e 23 F) di età compresa tra 45 e 75 anni affetti da sindrome metabolica in prevenzione primaria. I pazienti hanno effettuato una TC senza mdc, un approccio non invasivo per la valutazione del GE.
Risultati: si è evidenziata una correlazione statisticamente significativa nei due sessi (p 0.03 utilizzando test non parametrico di Kruskal-Wallis). Nei pazienti fumatori si evidenziava una media di EAT di 133 cc mentre nel gruppo di non-fumatori la media era 103 cc. L'ipotesi potrebbe essere spiegata mediante effetto antiestrogeno da parte del fumo oltre ad un incremento della quota di depositi dei TG nella massa grassa.
Conclusioni: Questi risultati, non presenti nella letteratura internazionale, hanno confermato che il fumo di sigaretta modifica in maniera sensibile la quantità di GE nei pazienti fumatori, a parità di altri fattori di rischio; è quindi possibile ipotizzare come il fumo agisca in maniera negativa, sul rischio cardiovascolare, anche attraverso un altro meccanismo che è quello del GE.

A unusual septic shock in emergency room

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Background: The high success rate observed by antibiotic therapy in most bacterial diseases contrasts with the substantial error rate in the treatment of bone infections. This discrepancy can be partially explained with a variety of specific problems relating to the diagnosis and treatment of this type of infection.
Objectives: To report a rare case of a septic shock caused by osteomyelitis-mastoid post ear-infection.
Case report: The reported case is a septic shock with haemoculture positive for Staphylococcus epidermidis in a woman 53 years old, who arrived in our emergency department with diffuse abdominal pain, fever, and fatigue. During night, the patient went into shock that was diagnosed as a septic one. After a careful analysis of her medical history, we request a brain CT in which it was possible to appreciate the erosion of the left petrous. We start then an EGDT therapy together with empiric antibiotic that the quickly improvement of her clinical symptoms.
Conclusions: In this case report we have reported an unusual septic shock case with atypical symptoms caused by osteomyelitis-mastoid. Only a detailed anamnesis allowed us to perform a proper diagnosis. Besides, it was confirmed that an early diagnoses, EGDT, and the execution of blood cultures even before the hospitalization, are life-saving treatment in patients with severe sepsis and septic shock.

Reduction of fear and acute toxicity from chemotherapy with a telephone call after the first cycle: a pilot study of oncology nursing

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Outpatient chemotherapy shifts the management of side effects from health-care providers to patient and his family. Moreover, chemotherapy toxicity recording is usually performed when patients have recovered from previous cycle side effects and could have forgotten their incidence and/or seriousness. Our purpose was to determine whether a systematic telephone call after the first cycle of chemotherapy helps patients to better describe toxicity, prevent possible complication of toxicity and verify the ability to overcome side effects. A brief questionnaire was recorded investigating possible side effects and use of drugs as needed. At the following visit a satisfactory survey was carried out. From October 2010 to July 2012 one hundred seventy calls were done. Only in 23% of cases it was necessary the intervention of the oncologist to clarify self-care measures for side-effects or for patients identified as frail or very anxious. The telephone call was very convenient in reducing acute toxicity of chemotherapy and for psychological support. Patients and families reported a high rate of satisfaction and resulted more confident with their oncologist and nurse and with the treatment plan, after the call. A systematic telephone call the day after the first cycle of chemotherapy is an easy, feasible and not expensive way to reduce side-effects and anxiety for treatment as it provides at least, an appreciated psychological support.

A strange hepatic granuloma

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Clinical case: 30 year old Nigerian man, from Libya refugee in Italy for a year.
Medical History: Malaria in childhood, potus, smoking, not taking medication. He suffered from abdominal pain, constitutional symptoms, fever, hepato-splenomegaly. The initial diagnostic workup was directed towards infectious disease, without identification of the causative agent. Microbiological tests of blood and urine, serology for CMV, HBV, HCV, EBV, M. Lyme disease, ehrlichiosis, Toxoplasmosis, TPHA and Felix Weil negative as well as the search for faecal parasites and Plasmodium, the bone marrow examination was also. The presence of granulomas in the liver and lymph node enlargement and the high value of ACE lead to diagnosis of extrapulmonary sarcoidosis. With steroid therapy was determined rapid clinical improvement with disappearance of fever and resolution of symptoms. Expected the report of the lymph node biopsy with PCR for BK and culture tests for mycobacteria with preliminary investigations negative; the patient was discharged. A week later he comes back to the hospital for fever and chest pain. After the positive result of urine culture test for BK, he was transferred to the Clinic of Infectious Diseases.
Conclusions: TB is a difficult disease to diagnose because of the difficulty of cultivating the BK (up to 12 weeks in culture enriched). In our case the clinical, serology and histology were confounders in directing the diagnosis towards the sarcoid disease.

Proposta di un percorso di gestione delle RAF nei pazienti degenti o afferenti al DEA o agli ambulatori. Costituzione di un registro e segnalazione all'AIFA. Descrizione di un caso di RAF a mezzo di contrasto, ASA e clopidogrel

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Premesse e scopo dello studio: Le RAF, reazione avverse a farmaci, sono presenti dal 15 al 30% nei pazienti ricoverati. Il dato è sottostimato a causa di segnalazioni irregolari e sporadiche,che non riescono a riferire con esattezza l'entità del problema. Descrizione di un caso di RAF da mezzo di contrasto, ASA e clopidogrel e creazione di un percorso intraospedaliero di presa in carico delle RAF, costruzione di un Registro e segnalazione all'Aifa.
Materiali e Metodi: DL, anni 73, grave lesione eczematosa generalizzata insorta dopo coronarografia e peggiorata in corso di terapia con ASA e clopidogrel. Sospensione di ASA con miglioramento clinico, recidiva della sintomatologia cutanea con la riassunzione di ASA (test di arresto-ripresa positivo). Successivo utilizzo del solo clopidogrel con ulteriore peggioramento clinico
Risulltati: Dopo sostituzione di clopidogrel e asa con ticagrelor risoluzione della sintomatologia, in assenza di terapia sintomatica. Avvio delle procedure di approvazione del percorso intraospedaliero di presa in carico delle RAF, gestione clinica, diagnostica e costituzione del registro e segnalazione all'AIFA.
Conclusioni: La gestione del caso di RAF da antiaggreganti,ha permesso di sperimentare un percorso diagnostico efficace e di proporre un percorso di gestione internistica di fenomeni come le RAF osservate in pazienti afferenti alle strutture Ospedaliere mediche chirurgiche e Ambulatoriali di ogni specialità, che riconosce nelle competenze dello specialista di Medicina Interna coadiuvato, dall'Allergologo, il coordinatore specifico e competente.

A retrospective study on the prevalence of ventricular non-compaction in a Medicine ward

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Background and Aim of the study: Ventricular non-compaction (VNC) is a disorder characterized by prominent trabecular meshwork and deep recesses. Yet, no data are available in the literature about the prevalence and clinical significance of VNC in patients hospitalized in departments of Medicine. The aim of this study was to investigate the prevalence and clinical significance of VNC in in-hospital internal medicine patients.
Methods: Between August 2006 and December 2012, we retrospectively were evaluated all admitted patients in our Medicine ward who were sent for echocardiography. We then analyzed sex, age, ecg, echocardiographic and clinical features.
Results: VNC was found in 15 of 1584 patients (0.9%); 6 male and 9 female; The median age was 74 years (range 56–89). 11 patients were admitted for acute heart failure, 2 for paroxysmal atrial fibrillation and 2 for cardio-embolic stroke. Significant was that the early diagnosis of VNC had been missed in 4 of the patients followed by cardiologists.
Conclusions: The clinical features of VNC are extremely variable. Whereas arrhythmias and thrombo-embolic events were rare, heart failure was frequently found. Since is a disease not as rare as commonly believed, physicians should be familiar with the diagnostic pattern of VNC in order to prevent any delay in diagnosis.

Acute intermittent porphyria

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Introduction: Acute intermittent porphyria (AIP) is a hereditary disorder resulting from a partial deficiency of the heme biosynthetic pathway. Since biochemical measurements of patients and their healthy relatives overlap, the diagnosis of AIP may remain undetermined at the symptom-free phase. During an acute attack, which includes various neurovisceral symptoms, measurement of urinary porphobilinogen is a method of choice to confirm diagnosis.
Clinical case: A 75-year-old woman with recent urinary infection presented with recurrent acute abdominal pain, vomiting, weakness and confusion. She also had orthostatic hypotension and bradycardia. Her medical and family history was unremarkable and she taking no medication. Physical examination showed no abnormalities except for moderate quadriparesis and abnormal behaviour with hallucinations. When a urinary catheter was placed, dark and reddish urine was drained and urinalysis showed no hematuria or pyuria. A diagnosis of AIP was confirmed by increased urinary excretion of porphobilinogen. She was treated with hematin and an adequate calorie intake and symptoms resolved in 2 days.
Comments: AIC is a rare autosomal dominant metabolic disorder of the heme synthesis due to deficiency of porphobilinogen deaminase enzyme; it show low penetrance and thus might not appear in every generation. Clinical manifestations vary and consist of abdominal pain, peripheral neuropathy, and mental disturbances and a high index of clinical suspicion is important to avoid delayed diagnosis. Drugs, alcohol, fasting, stress and infection are the most common precipitants of the acute attack.

Un caso di aortite ascendente non infettiva. Implicazioni terapeutiche

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Un maschio di 65 anni, forte fumatore, con pregresso IMA in anamnesi, si presenta per dispnea da sforzi lievi. Una radiografia del torace evidenzia una dubbia massa nel lobo superiore destro. La TC Torace-Addome con mdc mostra invece una dilatazione dell'aorta ascendente (56 mm) con ispessimento della parete ma retroperitoneo nella norma, oltre a numerose placche aterosclerotiche. La 18F FGD PET mostra iperfissazione lungo l'aorta ascendente, ed in minor misura a livello delle arterie iliache. Nessuna attività a livello polmonare. Il paziente è completamente asintomatico, e l'esame obiettivo, gli indici di flogosi, la sierologia autoimmune e le IgG4 sono completamente negativi. Questo è un caso di aortite non infettiva dell'aorta ascendente, che tipicamente si presenta in pazienti forte fumatori, in assenza di alterazioni degli indici di flogosi. Esiste un problema del tipo di trattamento, in quanto la terapia medica con steroide è inficiato dalla mancanza di validi indici per monitorare l'andamento della malattia, oltre alla nota tossicità da farmaci. Inoltre tale trattamento non si è dimostrato in grado di evitare il successivo ricorso alla chirurgia sostitutiva. D'altrocanto, il trattamento cardiochirurgico è necessario quando il diametro dell'aneurisma supera i 50 mm visto il rischio annuo di rottura del 5%, ma, anche se eseguito in elezione, è associato ad una significativa morbilità e mortalità. Invece, l'intervento più efficace rimane la sospensione del fumo di sigaretta, raramente eseguito dai pazienti.

Anemia emolitica non autoimmune? No, ipotiroidismo!

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Caso clinico: S.A., 28 anni, viene inviata dal MMG per sospetta anemia emolitica in soggetto con dispnea. Anamnesi silente. EOG negativo, non epatosplenomegalia, non linfoadenomegalia. Gli ematochimici: Hb 9 g/dl, MCV 94; ret 5,8%; Ferritina, B12, Folati, C_4, proteinuria, nella norma; Aptoglobina <5 mg/dl; LDH 766 (<280); Coomb's dir/ind. Neg; ANA +–- omogeneo; C_3 84 (>90); Creatinina 1,18 (<1,10); Bil ind 1,8. Ecocardiogramma: "versamento circonferenziale di circa 300 ml, modesto collasso atrio destro". HIV, PNH, Resistenze osmotiche, LAK, immunofenotipo: normali. TSH 155 Ab anti perossidasi >1300. Valutazione ematologica:...possibile emolisi microangiopatica da patologia autoimmune...sindrome da anticorpi antifosfolipidi ev. in presenza di un quadro di lupus o altra connettivite..valutare attentamente la tiroide...TC (addome) è negativa, ma va valutata la eventualità di cavernoma o patologia neoplastica.
Conclusioni: La terapia sostitutiva con L-tiroxina ed il successivo supporto di B12, Folati e Ferro permettono la risoluzione dell'anemia, con normalizzazione del TSH degli indici di.....emolisi e la scomparsa del versamento pericardico.
Commento: Il riscontro di anemia macrocitica d'incerta natura deve fare ipotizzare uno stato d'ipotiroidismo; in particolare alla presenza di normali valori di B12 e folati.
Revisione della letteratura: Effettuata revisione in PubMed dal 1950 su Key Words: Anemia, Hypothyroidism, B12. Valutati 500 articoli di cui 64 con abstract visionabile.

Bendamustine and rituximab in pretreated patients with lymphoproliferative disorders: a promising curative option

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Bendamustine is an alkylating agent approved in Italy for follicular cell lymphoma (FCL) and chronic lymphocytic leukemia (CLL). Recent (Cheson et al, 2010) recommendations standardized the use of this drug, alone and with anti-CD20 antibody. We concentrated on Bendamustine plus Rituximab treatment in pretreated lymphoproliferative disorders. Eleven male pts (median age 71 y, range 62-77) received Bendamustine and Rituximab courses. Five (46%) had CLL/small lymphocyte lymphoma while six (54%) had FCL, of which three evolved to more aggressive forms (2 MCL and 1 DLBCL). While disease stage was always advanced, a broad range was observed in number of copathologies (one to six), previous hematological treatments (one to five), time to Bendamustine treatment (16 to 108 m). Bendamustine dose was standard in three cases (27%), 70mg/mq in five cases (46%), 50mg/mq in three cases (27%); rituximab dose was standard, number of cycles ranged from one to six. Tumor response was achieved in 5 cases (46%), stable disease in 2 (18%); disease progressed in 2 (18%); response is yet to be evaluated in 2 pts (18%). Neutropenia occurred in 6 cases (55%), anemia in one (9%), thrombocytopenia in four (36%); non-haematologic complications in seven (64%), one serious. Median survival was 67 months (range 5-112); three pts died (27%), two due to tumor progression, one due to sepsis. Our experience supports Bendamustine association in pretreated CLL and FCL, with acceptable toxicity. Careful baseline evaluation of the patient's fitness may guarantee completion of therapy and its curative potential.

Antiviral prophylaxis against HBV reactivation in immunochemotherapy for lymphoproliferative disorders: questions remained unanswered in real-life experience

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Lamivudine prophilaxis is an effective strategy against HBV reactivation in patients undergoing immunochemotherapy for lymphoproliferative disorders. Yet, it is uncertain whether patients with past HBV infection require routine antiviral prophylaxis during chemotherapy, and how long preemptive lamivudine should be administered in order to prevent a delayed HBV reactivation. Eighteen HBV core-antibody (HBcAb) positive pts (13 M, 5 F; median age 68y, range 46-81) received immunotherapy±chemotherapy for a lymphoproliferative disorder at our institution. Of those, only two were surface-antigen (HBsAg) positive; no increase in HBV-DNA or transaminase level was detected before treatment. Antiviral prophilaxis with lamivudine was established in 17/18 pts (94%), its median duration was 18.5 m. Rituximab plus chemotherapy was administered in 16/18 pts, Mabcampath in 2/18 pts. Two pts (11%, both treated with 6 R-CVP courses for a small lymphocite lymphoma, both HBsAg negative at baseline) developed hepatitis due to HBV reactivation: one while on immunochemotherapy with no antiviral prophilaxis, the other six months after last CT course and still on lamividine prophilaxis. Both pts were treated, with entecavir and tenofovir respectively, achieving full recovery. Median OS was 22 mm (range 2-140), while median time-to-next-treatment was 20.5 mm (range 7-36). Five pts died, none for HBV reactivation. Our experience supports lamivudine as an effective and safe prophilaxis in HBcAb positive cases undergoing immunotherapy; still, further evidence on its duration is warranted.

Etmoidite: una rara causa di diplopia

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La diplopia è un disturbo visivo caratterizzato dallo sdoppiamento dell'immagine; può essere causata da traumi, sclerosi multipla, malattie vascolari, diabete mellito, neoplasie cerebrali. Un paziente di 74 anni di sesso maschile giungeva alla nostra osservazione per la comparsa da circa 10 giorni di dolore in sede retroorbitaria sinistra a cui si associava ptosi palpebrale e successivamente diplopia. Evidenza all'esame obiettivo di strabismo convergente all'occhio sinistro in assenza di altri deficit neurologici focali. La Tc dell'encefalo escludeva la presenza di lesioni ischemiche e neoplasie. Alla Rm veniva rilevata flogosi dell'etmoide sinistro, alterazione di segnale endoorbitaria che coinvolgeva i muscoli retto mediale ed inferiore e aspetto iperintenso del tessuto adiposo retrobulbare. Iniziata terapia antibiotica con ceftriaxone 4 gr/die e levofloxacina 500 mg con progressivo miglioramento clinico e strumentale (alla RM di controllo enhancement della mucosa dell'etmoide e dei seni mascellari in assenza di alterazioni a carico delle orbite). L'etmoidite è un processo flogistico, acuto o cronico, dei seni etmoidali che si manifesta comunemente con dolore acuto in sede mascellare e frontale, secrezione nasale purulenta (etmoidite anteriore); cefalea occipitale, del vertice e secrezione purulenta rino-faringea (etmoidite posteriore). Le etmoiditi talvolta possono dare gravi complicazioni orbitarie (cellulite orbitaria che si manifesta con dolore oculare, esoftalmo e diplopia) ed endocraniche (meningite e encefalite).

The Renal-Nerve ablation in patients with resistant hypertension: a single center experience

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The resistant hypertension is a blood pressure (BP) above goal in spite of the use of three antihypertensive drugs in adequate doses from different classes including a diuretic. The catheter-based radiofrequency renal denervation (RDN) is a new approach to achieve sustained BP reduction in patients with resistant hypertension. We report the results of our single center experience, in patients representative of common clinical practice.

Methods: After exclusion of secondary forms of hypertension, we performed RDN in n° 8 patients with resistant hypertension (6 males and two females), age 56.1 years (35-75) and a BMI of 31.2 (24.1-36.7). The data were obtained at baseline before intervention and a median 10 months follow-up (3-24).

Results: The median value of systolic and diastolic clinic BP decreased from 161 mmHg (range 152-104) and 102 mmHg (84-127) at baseline to 144 mmHg (122-169) and 85 mmHg (62-102) (p=0.008) at follow-up, respectively. By ABPM, the median systolic and diastolic BP values decreased from 160 mmHg (range 141-190) and 93 mmHg (82-125) to 131 mmHg (118-167) and 82 mmHg (70-108) (p=0.008) at follow-up, respectively. The left ventricular mass decreased from a median of 194 g/mq (range 122-330) at baseline to 140 g/mq (98-230) (p=0.046) at follow-up. The number of medications changed from 5 (range 2-8) to 4 (0-7) at follow-up. No significant periprocedural complications or adverse events during follow-up were noted. P<.05 – Wilcoxon Signed Ranks test

Conclusions: RDN is an effective and safe treatment for patients with resistant hypertension.

E148Q mutation: a molecular diagnosis of real FMF

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Familial mediterranean fever (FMF) is a periodic fever syndrome which may cause development of renal amyloidosis. It is an uncommon cause of fever in our population. The gene responsible for FMF, MEFV/pyrin-marenostrin, is located on chromosome 16 and was identified only in 1997. Since then several other mutations have been identified including the E148Q mutation. It has been suggested that the E148Q is the mildest mutation and some reports have questioned association with the disease. In this report we stress the phenotipic features and the classic clinical history of a patient with heterozigous form of E148Q mutation.This patient has been evaluated with multiple diagnostic tests for unexplained fever and strong acute phase response during several years: he has been submitted to lymph node biopsy, bone marrow biopsy, splenectomy to rule out a lymphoma, a liver biopsy, a broncoscopy with broncoalveolar lavage, several blood coltures and PET/TAC T.B. Ultimately a molecular diagnosis of FMF has been established with E148Q mutation in heterozigous form. With colchicine recurrent episodes of fever arthralgia and mialgia disappeared. In litterature we have found a discrepancy of opinions about the E148Q mutation: some consider it not sufficient for developing clinical disease in homozigosity other report amyloidosis in patients who are heterozigous. As we observed an high frequency of symptoms in our patient, our view is that symptomatic patients with E148Q mutation require colchicine treatment.

Shock settico da Stafilococco resistente alla meticillina

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Nell'agosto 2012 è giunta alla nostra osservazione una donna di 83 anni, con obesità severa e storia clinica di diabete mellito di tipo 2, ictus ischemico non disabilitante, pregresso impianto di pacemaker. Da una settimana presentava facile affaticabilità, edemi agli arti inferiori, torpore. All'ingresso in Ospedale il quadro emogasanalitico era suggestivo di insufficienza respiratoria ipossiemico-ipercapnica (pH 7,39 - pCO2 53 mmHg - pO2 57 mmHg - $HCO3^-$ 32,1 mmol/L), la funzione renale era normale (Creatinina 1,2 mg/dl). In seconda giornata è comparsa febbre, ed in terza si è manifestato uno stato di Shock, con deterioramento della funzione renale e rabdomiolisi (Creatinina 4,9 mg/dl, CK 1345 U/L). Abbiamo intrapreso terapia con fluidi e.v. ad alte dosi, Dopamina in infusione (5 mcg/Kg/min) e trattamento antibiotico con Levofloxacina e Piperacillina/tazobactam. Nei giorni seguenti abbiamo osservato una Procalcitonina a livelli superiori alla norma (4,65 ng/ml), una emocoltura positiva per *Staphylococcus capitis* resistente alla Meticillina e somministrato terapia mirata con Tei-

coplanina, assistendo a sfebbramento per lisi e miglioramento del quadro clinico e di laboratorio: Creatinina 2,2 mg/dl, CK 282 U/L. La paziente è stata quindi trasferita presso un Reparto di Lungodegenza.

Sepsi severa ricorrente

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Nel febbraio 2012 una giovane di 29 anni è giunta dal proprio domicilio in Pronto Soccorso per torpore, ipotermia severa (29°C) e ipotensione. L'anamnesi era connotata da idrocefalo diagnosticato nella prima infanzia, serie di interventi di derivazione liquorale, epilessia, paresi spastica agli arti superiori, oligofrenia. Più recentemente la paziente era stata sottoposta ad intervento per occlusione intestinale, con colostomia. In prima giornata di ricovero si sono manifestati dispnea di forte intensità (SaO2 78%) e ipotensione severa; la radiografia del torace ha messo in evidenza addensamenti parenchimali multipli, gli esami di laboratorio hanno rivelato leuco-piastrinopenia (GB 2.500 - PLT 55.000) e compromissione dei parametri emocoagulativi (PTT 64 sec - D-dimero 4,35 mg/L). Abbiamo praticato terapia con O2, Soluzione fisiologica 1000 ml/ora, e provveduto al trasferimento in Rianimazione. Al rientro abbiamo osservato febbre e somministrato terapia con Meropenem e Linezolid, con successo. Dopo due mesi la paziente è ritornata in Ospedale per torpore e ipotermia; in Medicina d'urgenza è stata praticata necrosectomia di una ulcerazione in regione glutea, e trasfusione di emazie concentrate a motivo di anemia severa. Nel nostro Reparto abbiamo riscontrato emocolture positive per *Acinetobacter baumannii* e per *Staphylococcus warneri* resistente alla Meticillina e produttore di beta lattamasi. Dietro guida dell'antibiogramma abbiamo somministrato *Colistina* e *Daptomicina*, ottenendo graduale miglioramento del quadro clinico, fino alla dimissione.

Sepsi da *Acinetobacter baumannii*

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Nel luglio 2012 dalla Medicina d'urgenza è giunta alla nostra osservazione una donna di 59 anni; proveniva da Struttura riabilitativa a motivo di febbre comparsa da dieci giorni. Da quattro anni era esordita una Sindrome Parkinsoniana rapidamente evolutiva e refrattaria alla terapia convenzionale, ed era stata posta diagnosi di "Atrofia multisistemica". Contemporaneamente si era manifestato un LNH a basso grado, curato con CT e RT, attualmente in remissione. All'esame obiettivo la paziente presentava afasia globale, tetraparesi, tracheostomia per paralisi bilaterale delle corde vocali (2009), disfagia. La coltura di essudato da cannula tracheale positiva per *Acinetobacter baumannii* sensibile alla sola Colistina ci ha determinato nella somministrazione di questo antibiotico. Dopo due settimane, avendo osservato mancata risposta, abbiamo deciso di modificare la terapia, somministrando Meropenem, Piperacillina/tazobactam, Levofloxacina, e Voriconazolo. Dopo ulteriori due settimane la febbre continuava ad improntare il quadro clinico. Una seconda coltura da cannula risultava nuovamente positiva per *A. baumannii* sensibile alla sola Colistina, mentre la coltura da catetere vescicale era positiva per un ceppo di *Klebsiella pneumoniae* produttore di carbapenemasi e di beta lattamasi a spettro esteso (ESBL). Si è infine manifestato Shock settico refrattario, fino all'exitus.

Sepsi fulminante da *Escherichia coli*

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Nel settembre 2012 è giunta nel nostro Reparto una donna di 84 anni, fumatrice, in condizioni generali molto scadute. Da tre giorni presentava febbre, tosse, e dispnea ingravescente. In anamnesi ipertensione arteriosa in trattamento farmacologico, ed un episodio di ischemia cerebrale transitoria. In Pronto Soccorso t 38,6°C, Sa O2 78%, e terapia con Paracetamolo e.v. Gli esami di laboratorio rivelavano leucocitosi neutrofila (GB 14.100, n 91%), piastrinopenia (PLT 31.000) e compromissione dei parametri emocoagulativi (PT 51,7%). L'ECG mostrava segni di sovraccarico atriale destro, BBD ed EAS. La radiografia del torace era suggestiva di broncopolmonite a focolai multipli. Abbiamo praticato un prelievo per emocoltura, e somministrato terapia con Levofloxacina e.v., O2 ad alto flusso, cristalloidi e.v., ma nell'arco delle successive due ore abbiamo dovuto constatare l'exitus. Post-mortem è pervenuto il risultato dell'emocoltura, positiva per *Escherichia coli*.

Shock settico refrattario da *Escherichia coli*

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Nel novembre 2012 è giunta nel Dipartimento di Emergenza una donna di 73 anni, a motivo di torpore, disartria, ipotensione grave. Da tre giorni si era manifestato un dolore al fianco sinistro, ed a domicilio era stata somministrata terapia con FANS. In Pronto Soccorso nel sospetto di ictus era stata eseguita una TC encefalo, con esito negativo. L'introduzione del catetere vescicale consentiva di apprezzare urine francamente piuriche, ed una ecografia metteva in evidenza idronefrosi di III° grado a carico del rene sinistro. Gli esami di laboratorio rivelavano ipoglicemia (27 mg/dl), piastrinopenia (PLT 24.000), compromissione dei parametri emocoagulativi (PT-INR 3,29, PTT 74 sec., D-dimero 33,80 mg/L), deterioramento della funzione renale (creatinina 2,8 mg/dl), iperbilirubinemia (bilirubina totale 9,14 mg/dl), iposiemia, acidosi metabolica scompensata, lattacidemia (pO2 54 mmHg, pH 7,08, lattati >15 mmol/L). Nel nostro Reparto abbiamo praticato un prelievo per Emocoltura, e somministrato Meropenem 1 gr e.v., cristalloidi e.v. ad alte dosi, e Dopamina in infusione. Persistendo P.A <70 mmHg abbiamo trasferito la paziente presso il Centro di Rianimazione, dove è stata proseguita terapia con Amine vasopressorie. Il giorno seguente con il coinvolgimento dei colleghi urologi è stata eseguita una nefrostomia percutanea. Ciò nonostante nell'arco delle ore successive è sopraggiunto l'exitus. Post-mortem è pervenuto il risultato della emocoltura eseguita prima dell'inizio della terapia antibiotica, positiva per *Escherichia coli*.

Tetanus: suggestions for an unusual management

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Background: Tetanus is an acute, often fatal, disease caused by an exotoxin produced by Clostridium tetani. Not jet extinct: in Italy actually we observe about 70 cases a year(the highest in Europe). In United States current mortality is 13.2%.The main causes of death are: nosocomial or aspiration pneumonia, devices infections and sepsis.
Analysis: We have revisited our cases of tetanus from 2002 to 2012 to assess the performance of intermediate care in this disease management. We had 14 patients admitted to Emergency Medicine (EM) in Ancona hospital: 3 male(21.4%) and 11 woman (78.6%), with mean age 72,5 (Range 39-90).Twelve of them (85.7%) had a nasogastric tube for enteral nutrition; all had usual therapy with muscle relaxers, sedatives, antibiotic, wound treatment as needed, passive immunization, specific vaccination, and bedrest with a nonstimulating environment. Four of them required admission in ICU (28.5%). Mean Albet score for MU and ICU pz was 2,1 and 2,7 respectively and mean SAPS2 score was 25,8 and 35,8 respectively. Severe inactions was observed in 30% MU pz vs 75% ICU pz. Expected mortality for Albet wash 49,4% and 71,3% whereas for SAPS2 was 8,2% and 18,5% respectively; real mortality was 0% in MU and 50% in ICU. The mean hospital stay was 20.6 d for patients in EM and 70.7 d if needed ICU.
Conclusions: Our data show that it is possible treatment of patients with tetanus in subintensive medical ward, with reduction of infections, hospital stay and probably a better prognosis. Clearly that management require careful monitoring and selection of patients.

La ventilazione meccanica non invasiva in medicina interna: esperienza di un'area critica

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La ventilazione meccanica non invasiva (NIVM) è una metodica ormai consolidata nel trattamento dell'insufficienza respiratoria. Obiettivo dello studio era valutare la fattibilità ed i risultati dell'applicazione della NIVM in un reparto di Medicina Interna. Nell'ottobre 2008 è stata creata, all'interno della SC di Medicina, un'Area Critica con 4 letti monitorizzati, dotata di 2 ventilatori, con infermiera dedicata h24, gestita dagli internisti ma aperta a tutto il Dipartimento Medico. Nel periodo 2008-2012 sono stati ventilati 209 pazienti (185 NIV Bilevel e 24 CPAP);di questi il 53% (111 pz) proveniva dal DEA, il 9% dalle UTI, il 38% (79 pz) dai reparti del Dip.Medico. Più del 90% dei pz ventilati con NIV aveva una diagnosi di BPCO riacutizzata; i pz trattati con CPAP erano polmoniti (12 pz), EPA (8) e TEP(4). La maggioranza dei pz (80%= 168 pz) è poi stata trasferita in reparto: il 70% in medicina e il 30% in pneumologia. Per 31 pz si è reso necessario ricovero in UTI (tutti entro le 72 h). La mortalità è risultata del 5.2% (11 decessi). La durata media della NIVM è stata di 72 h. La degenza media è stata di 6.5 giorni. La NIVM può essere praticata con buoni risultati in termini di efficienza ed efficacia, dopo adeguata formazione medico-infermieristica, in un'Area Critica della Medicina Interna. Nella nostra esperienza i dati più significativi risultano l'alto n° di pz dei reparti di Area Medica con indicazione a NIVM, la significativa riduzione dei ricoveri in UTI e la crescita professionale legata alla gestione multidisciplinare (nel ns caso con i colleghi pneumologi)

Case report: a complex case of heart failure

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It is reported a case of multifactorial heart failure. 69 years old woman, smoker, hypertensive, multinodular goiter, rheumatoid arthritis and previous pericarditis. Her treatment was discountinous and she did not perform checks for years. Admitted to hospital for severe dyspnea, peripheral edema, weight loss and hiporexia, she presented the framework of congestive heart failure, atrial fibrillation (AF) and signs of left ventricular disfunction. Alcohol dependance was later discovered. She was treated with high-dose diuretics, beta-blocker, digital plus verapamil, thiamazole and steroids plus hydroxychloroquine; warfarin was also started. Her conditions improved but AF and moderate pleural effusion persisted. At home she returned to fever, unresponsive to antibiotic therapy. At readmission it should be noted massive pleural effusion on the right, restoring of sinus rythm; modest peripheral edema, fever up to 38°. After microbial cultures we removed three times transudate pleural fluid and then she started again high dose steroidal and antibiotic therapy with resolution of fever. Echocardiography showed moderate to severe pulmonary hypertension and normal systolic function of ventricles. After optimising medical therapy, she remained in good control and sinus rhythm; well-controlled the thyroidal function and autoimmune disease. The case is interesting for the multifactorial genesis: thyrotoxicosis, autoimmune disease, damage from alcohol, hypertensive heart disease, pulmonary hypertension, etc. that stimulated discussion for complex diagnosis and therapy

Progetto isorisorse di area medica per intensità di cure (AMIC) in U.O. di Medicina

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L'organizzazione di un'UO per intensità di cure consente di differenziare le necessità assistenziali dei pazienti ricoverati. Il progetto di AMIC in sperimentazione in Medicina a Saronno nasce dalla necessità di riqualificare 14 letti di area medica (ex Pneumologia) in conformità con gli obiettivi della Dirigenza Aziendale. Peculiari sono l'applicazione del concetto di intensità di cure ad un numero limitato di letti e la disposizione in "verticale" (3 piani del Padiglione di Oncologia, Medicina e Neurologia). La scelta è orientata all'utilizzo delle dotazioni strutturali e delle risorse umane già disponibili. Sono stati disposti 4 letti di alta intensità assistenziale -di cui 2 monitorati- e 2 di media intensità presso la Neurologia-Stroke Unit, dotata di personale infermieristico adeguato; 2 letti di media intensità in Medicina e 6 letti di bassa intensità presso l'Oncologia, dove erano disponibili spazi utilizzabili per posti letto dedicati. La riorganizzazione dell'equipe medica ha consentito di trattare patologie multidisciplinari. I Medici assegnati sono 3 e si integrano con i colleghi della Medicina. Le equipe infermieristiche sono cogestite con le UO di Oncologia e Neurologia con modalità concordate. I pazienti accedono alle sezioni ad alta e media intensità dal Pronto Soccorso o da altre UO ospedaliere secondo criteri codificati; nella sezione a bassa intensità accedono soggetti stabili per trasferimento interno. Il progetto ha consentito di migliorare la gestione dei pazienti internistici instabili e di favorire la collaborazione con le unità di terapia intensiva.

Case report: unusual presentation of a pheochromocytoma

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Pheochromocytoma is an endocrine adrenal gland tumor that results in catecholamine release and severe multi-organ involvement. The typical presentation is with the triad of headache, palpitations, and diaphoresis. However, cardiac symptoms are also present most commonly with high blood pressure due to high levels of serum catecholamines. Other cardiovascular manifestations are less frequently observed in pheochromocytomas. We report a 52 year-old female who presented with retrosternal pain and EKG showed signs of recent anterior myocardial infarction. Emergency coronary artery angiography showed normal blood flow without signs of vascular obstruction. The detection of paroxysmal hypertension raised the suspicion of a pheochromocytoma that was indeed confirmed by detection of left adrenal gland mass by abdominal ultrasonography and computed tomography and by elevated levels of plasma and urine catecholamines. Left adrenalectomy was performed without complications and pathological examination revealed a 4.5x3.6 cm pheochromocytoma. Following surgery, antihypertensive medications were discontinued and blood pressure returned within normal ranges. At the present time, the patient is asymptomatic, has normal catecholamine levels and EKG signs of ischemia resolved completely. Pheochromocytoma is a great disease imitator thus making its diagnosis highly challenging. As a result, it remains undiagnosed in several patients presenting with atypical symptoms and sings. Therefore, recognition of pheochromocytoma requires an high index of suspicion.

Thyroid nodules with follicular lesion of undetermined significance: experience from a single hospital network

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Fine-needle cytology (FNC) plays an important role in differentiating benign thyroid nodules from malignant nodules. Cytological analysis is facilitated by the 'Thy' classification. However, management of patients with follicular lesion of undetermined significance (Thy 3) remains problematic. Approximately 10-30% of cases are reported to be malignant and their management is still controversial. The aim of this study was to investigate the outcome of 37 patients undergoing surgery following detection of Thy 3 lesion on FNC. Medical records of 123 (10%) patients with Thy 3 lesion were retrospectively reviewed from 1181 patients who underwent FNC during 2009-2012 period at a single hospital network (ASL Napoli 1 Centro). Follow-up history was available for 37 patients. Following thyroidectomy, thyroid carcinomas were detected in 16/37 (43.2%) Thy 3 lesions. Moreover, Thy 3 lesions were more frequently associated to malignancy in older (age>45 years-old) and female patients. In summary, data from our study show that a cytological Thy 3 lesion is frequently associated to malignancy and female gender and advanced age are risk factors for cancer transformation. In conclusion, we suggest careful monitoring and follow-up

of patients with Thy 3 lesions and multidisciplinary approach to establish correct patient-specific management of thyroid nodules.

Adrenal incidentaloma in Internal Medicine: an audit about the management

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Audit is a Clinical Governance tool performed by a structured peer review process aiming at improving clinicians' behaviors in daily clinical practice. Adrenal masses are frequently detected unexpectedly during an imaging study. Through a research in the radiological archives, we examined all abdominal CT scans performed in year 2012 (n= 1375) in 8 Internal Medicine Operative Units of 8 Italian hospitals. We chose those reporting adrenal incidentaloma (AI). Furthermore, we examined the medical records of these patients in order to evaluate both patients' phenotype and their clinical features, as well as the real incidence of AI and its subsequent management. The distribution of our pathologic findings shows a significative incidence of adrenal incidentaloma in Italian patients (n= 69). Although AI is accounted as a rare disease, its clinical and economic burden are significant. Several questions still remain open. Furthermore, there is a growing body of evidence suggesting a high morbidity of AI, including the associated global cardiovascular risks, which, to a large extent, lead to death. These findings could be corroborated by larger studies. In conclusion, we will prosecute our Audit setting- as Clinical Guidelines state- the standards, the objectives for improvement and the implementation of behavioral changes in order to significantly affect the diagnostic-therapeutic management of AI in Internal Medicine patients.

A proposito di sindrome post-ospedaliera

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Un editoriale ha posto l'attenzione sulla scarsa attenzione verso gli eventi che possono insorgere dopo una malattia acuta, nella fase transitoria di maggior vulnerabilità che segue la dimissione ospedaliera ('sindrome post-ospedaliera'). Alcuni registri stimano le riospedalizzazioni a 30 giorni pari a quasi un quinto dei dimessi. Ciò deriva da una serie di problemi, che - almeno in apparenza - paiono scarsamente correlati con l'evento responsabile del primo ricovero: i disturbi del sonno; i problemi di nutrizione che favoriscono infezioni, allettamento e ulcere da decubito; il dolore e le terapie che causano scadimento psichico e dell'umore e condizionamento immunitario; l'allettamento e il decondizionamento (rilevanti nell'anziano) che intaccando resistenza, coordinazione, forza e risposte posturali facilitano cadute e tromboembolismo venoso. Anche se non sempre consapevoli di questa accresciuta vulnerabilità e distratti dalla necessità contingente di contenere la spesa sanitaria, i clinici avvertono la necessità crescente di allargare la visione a questi aspetti e alle possibili contromisure. Proponiamo uno studio retrospettivo che fotografa i casi di riospedalizzazione in pazienti dimessi da una Medicina Interna, con l'intento di metterne in luce la peculiare fragilità e di focalizzare l'attenzione verso la sindrome post-ospedaliera, facendo il punto delle contromisure proprie alla nostra prassi clinica, tra cui un 'ambulatorio del postricovero' volto a monitorare i pazienti più fragili nei 7 giorni post-dimissioni ed eseguire insieme ulteriori esami o terapie.

Acidosi renali e non

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Alle malattie dell'apparato urinario si possono abbinare turbe acido-base gravi, spesso difficili da interpretare. Nell'insufficienza renale acuta/cronica l'assetto acido-base si altera a seconda delle modalità del danno, ma a volte si osserva una combinazione di disordini la cui comprensione impone di ragionare a partire dall'evento clinico dominante (vomito, diarrea, disidratazione...) piuttosto che dall'insufficienza renale in sé. Ma l'assetto acido-base può variare anche in assenza di insufficienza renale, per impegno diverso, funzionale o patologico, del tratto urinario: per uso di diuretici (insufficienza pre-renale transitoria), in combinazione o meno con altri farmaci potenzialmente nefrotossici (ASA, antibiotici) o passibili di squilibri idrosalini (SSRI, antagonisti RAAs); per acidosi da tubulopatie ereditarie o acquisite, spesso insospettate nell'anziano; per affezioni chirurgiche o stati post-chirurgici, quali le fistole urinario-digestive, le stomie urinarie e le ricostruzioni dopo cistectomia radicale, in pazienti spesso polipatologici in cui è arduo precisare l'origine del disordine acido-base. Presentiamo 2 casi clinici di acidosi metabolica con deplezione idrosalina. Nel primo l'acidosi è insorta acutamente in un diabetico con IRC da monorene chirurgico, dopo cistectomia radicale e confezionamento di uretero-ileocutaneo stomia, in assenza di un danno (da calcoli o idronefrosi) al rene residuo. Nel secondo l'acidosi è insorta dopo una gastroenterite protratta in una donna sottoposta anni prima a cistectomia e ricostruzione ortotopica di vescica.

An unusual presentation of Addison's disease

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Case report: A 30 year old man was hospitalized for a few months history of syncopal episodes, hypotension, vomiting, 5 kg weight loss. At the admission he was pyretic (39.3°C), blood pressure was 75/50 mmHg, heart rate was 110/minute, he was eupnoic. Blood tests showed mild leukocytosis, increased CRP and creatinine, hyponatremia, hyperkalemia. Chest X-ray was negative. He was treated with iv saline and acetaminophen. The following day he had fever (38.5°C), so blood and urine samples were taken for cultural examinations. Empirical antibiotic therapy was started. An ultrasound examination of the abdomen showed thickening and hypervascularity of the last ileal loop and early and intense impregnation with slow wash out after contrast administration. The radiologist suggested Crohn's disease so colonscopy was performed with macroscopically and microscopically normal results. Routine blood tests confirmed persistent hyponatremia, the patient was hypotensive, so a sample for cortisol was taken and it was strongly suggestive of adrenal insufficiency. A low dose ACTH test was performed and it demonstrated inadequate cortisol response. A very high simultaneous plasma ACTH concentration was diagnostic for primary adrenal insufficiency. Treatement was started with iv hydrocortisone with rapid improvement and subsequently with oral cortisone acetate and fludrocortisone. Conclusions: this is a case of Addison's disease presenting with predominantly gastrointestinal symptoms that are common in Addison's disease. Because of their nonspecific nature, the correct diagnosis may be delayed.

Haemorragic risk assessment in medical acute patients

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Background and Objective: VTE is a serious risk in medical patients hospitalized for acute diseases. Thrombo-prophylaxis reduces VTE events in high risk patients, but it can increase hemorrhages. ACCP 2012 suggests to evaluate hemorrhagic risk in medical patients, candidates to thromboprophylaxis, by the hemorrhagic score derived from IMPROVE Registry. The present study investigated the prevalence of the hemorrhagic risk factors in a population of patients admitted to a medical ward for acute diseases.
Materials and Methods: 450 pts (213 M and 237 F; mean age 77,02 ys) were evaluated by the IMPROVE Registry hemorrhagic score, on admission.
Results: 441 pts were included in the analysis (9 pts were excluded for incomplete evaluation): only 42 pts (9.5%) had a high hemorrhagic risk (Score ≥7). The most common risk factors were male gender, age >85

years and moderate renal failure (47%, 33,5% and 21.5%, respectively). The least frequent were admission to ICU, rheumatologic diseases (0.9%), gastro-duodenal bleeding (1.5%), thrombocytopenia (2.2%).
Conclusions: Medical patients did not show a high hemorrhagic risk profile, according to IMPROVE Registry hemorrhagic score. Despite of old age, medical patients can be safely thromboprophylaxed, if necessary.

Fondaparinux for treatment of acute pulmonary embolism in real clinical practice: findings from TUSCAN-PE Study on behalf of TUSCAN-PE Group

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Background and Aim: Fondaparinux is a recognized treatment for haemodinamically stable acute PE, but literature lacks on PE patients treated with this option in real parctice. Therefore the aim of our study was to report on this treatment.
Materials and Methods: TUSCAN-PE study is a multicenter, observational, retrospective, cohort study aimed to analyze data of PE patients admitted in internal medicine wards of Tuscany. Each centre was invited to submit anonymously data of at least ten patients consecutively admitted for PE in 2012. 412 patients were enrolled at February 2013.
Results: 157 patients, (98 F/59 M), with age 75,5±12, 1 years (range 25-97), were acutely treated with fondaparinux, 64,3% starting therapy in Internal Medicine ward. Mortality was 8,9% (4,45% PE-related), while total bleedings were 2,54% (1,2/% major bleedings). 89,6% of patients had creatinine <1.5 mg/dL. 33,7% of patients suffered for active cancer. 3,1% of patients were considered at high risk for early mortality according to ESC criteria (effective mortality resulting 40% and all PE-related). In ESC intermediate and low risk patients treated with fondaparinux PE-related mortality was 3,3%. Hospital stay was 10,1±7,2 days. 45% of alive patients were discharged with vitamin K antagonists, 44% with fondaparinux (48,3% being cancer patients).
Conclusions: Fondaparinux is an effective and safe treatment for acute PE. Our findings support results of phase III randomized clinical trial MATISSE-PE and demonstrate that physicians frequently choose it in cancer patients.

Una strana epidemia familiare di ictus

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G.I. ♂ 73 aa e A.M. ♀ 69 aa, marito (APR: IA, pregresso TIA e IFG in terapia con Valsartan 80 mg/die, ASA 100 mg/die, simvastatina 20 mg/die e omeprazolo 20 mg/die) e moglie (APR: negativa), ricoverati per agitazione psicomotoria, disorientamento temporo-spaziale ed ipertonia plastica diffusa, FC: 110 bpm, tachipnea (30 atti/min), IA (180/100 mmHg). In entrambi TC Encefalo nella norma. La coincidenza della sintomatologia senza eventi ischemici/emorragici acuti, induce a ricercare cause diverse, quali ingestione volontaria di farmaci e/o sostanze tossiche. Al mattino il figlio riferiva a cena assunzione di bietole. Si ipotizzava un'intossicazione da mandragola (Solanacea simile a bietole e borragine) che contiene alcaloidi altamente tossici che determinano una sindrome centrale con confusione mentale, vertigini, nausea, diarrea. In mancanza di rapido intervento può determinare coma e morte. La gastrolusi (indicata entro un'ora), in assenza di anamnesi completa per l'assenza di familiari non è stata praticata, mentre si eseguiva somministrazione dell'unico antidoto specifico, la fisostigmina,che attraversa la barriera ematoencefalica e antagonizza gli effetti centrali e periferici (tachicardia e blocco delle secrezioni) delle sostanze anticolinergiche e il cui uso va associato alle manovre di supporto delle funzioni vitali. La dose d'attacco negli adulti è di 2 mg iniettati endovena lentamente, ripetuti se necessario per via della breve emivita (20-60 min). La rapida risoluzione clinica in entrambi conferma la diagnosi formulata.

L'altra faccia della radioterapia: danni a distanza in paziente con pregresso seminoma testicolare

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Background: I danni cronici da RT, mediati da una cascata infiammatoria (flogosi, edema, fibrosi), possono comparire dopo molti anni dal trattamento. Tipici a livello addominale: ulcera peptica, malassorbimento, epatiti attiniche, emorragie, insufficienza pancreatica e fibrosi a carico del sistema circolatorio, VB e canale digerente con possibili ostruzioni.
Caso Clinico: Uomo 56 anni, 15 aa fa seminoma trattato con chirurgia e CH-RT (mtx linfonodali). Follow up negativo. Un anno fa ricovero presso la nostra SOD per melena in ulcera duodenale, colecistite litiasica e dimagrimento. Alla TC, fegato nella norma, pancreas disomogeneo e indissociabile dallo stomaco a livello della coda per presenza di tumefazione, dilatazione delle VB, pregressa trombosi della porta con annessi circoli collaterali, splenomegalia e ascite lieve (essudato con citologico neg). All'ERCP, ecoendoscopia e colangio-RM diagnosi di pancreatite cronica (no potus). Agli esami ematici pancitopenia(BOM neg),markers neoplastici, sierologia, IgG4 neg. Durante il ricovero aumento del liquido ascitico (aspetto lattescente, chimico-fisico invariato). All'Angio-TC, ulteriore dilazione delle VB e dei circoli collaterali causati verosimilmente dalla riabitazione dei vasi del tripode celiaco ostruiti all'origine dalla tumefazione pancreatica (dimensioni invariate nei mesi). Ulteriore nuovo reperto, presenza di cirrosi al Fibroscan. Dimesso con Creon e Lasix, il paziente è stabile in attesa di colecistectomia e laparotomia esplorativa.
Conclusioni: Sebbene non sia escludibile un'ETP, l'ipotesi più probabile rimane il danno da RT.

Isolated spontaneous renal artery dissection: report of three cases and review of literature

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Background: Isolated spontaneous renal artery dissection (SRAD) is a rare cause of abdominal pain and uncertain clinical course. Management may be endovascular repair, surgical revascularisation or conservative treatment, yet no official consensus has been established. We report the management of three cases of SRAD, emphasizing the beneficial role of conservative medical treatment.
Materials and Methods: We observed three cases of SRAD, one of this bilateral, in young male patients who presented with acute abdominal pain and hypertension. Magnetic resonance angiography showed renal artery dissection without aortic dissection, with renal infarction. Selective renal angiography confirmed the diagnosis. They were treated conservatively with anticoagulation for 6 months, with resolution of the dissections on imaging at follow-up.
Results: Patients require follow-up to monitor for hypertension, renal infarction, deterioration of renal function, arterial rupture and resolution of dissection. Medical treatment with anticoagulation and ARB was efficacious in all patients, who showed mild and transient increase in serum creatinine with controlled blood pressure.
Conclusions: Clinical symptoms of SRAD are non-specific, making it a diagnostic challenge. We highlight the importance of considering SRAD as a cause of abdominal pain in young men with de novo hypertension and normal first level investigations. Conservative therapy is safe and effective when the renal artery is patent and blood pressure is controlled.

Anterior uveitis as an early manifestation of a rare variant of primary central nervous system lymphoma

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Background: Central nervous system lymphoma (CNSL) constitute less than 1% of primary brain tumors, with non-specific onset symptoms, and can present a diagnostic challenge. Currently, there is no consensus regarding what presurgical evaluation is warranted or how to proceed when lesions are not surgically accessible.
Clinical case: We observed a 57 years old immunocompetent man with coma due to a rapid deterioration of the neurological status, started with mental confusion.He reported by some months monolateral anterior uveitis refractory to medical therapy.He had performed a brain TC with demonstration of multiple brain lesions:after immunological evaluation, a diagnosis of Neuro-Bechet's Disease was done and steroid treatment was started without clear clinical benefit. Due to progressive worsening of neurological synptoms a brain MRI was repeated, showing increase of enhancing lesions. Brain biopsy revealed a small lymphocytic infiltrate.The morphology and the flow cytometric findings were consistent with involvement by a high grade T-cell lymphoma.He was unsuccessfully treated with high-dose desametazone and methotrexate.
Conclusions: A persistent uveitis that becomes resistant to steroid therapy should suggest a localization of intraocular CNSL. Standard treatment has not yet been defined for the lack of adequate randomized studies.Surgical intervention should be reserved for tissue diagnosis because surgical removal does not seem to influence the outcome. First-line chemotherapy containing high-dose methotrexate followed by radiotherapy is indicated as 3 level of evidence.

Acute pulmonary embolism related to deep vein thrombosis in unusual districts: two case reports and literature review

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Cases report: A 68 years old man presented with acute sub-massive pulmonary embolism (PE). He had a clinical history of polycystic liver disease. Abdominal ultrasound and MRI showed Budd-Chiari syndrome developed as a result of disruption of liver vascular bed due to the presence of numerous giants cysts. This patient improved satisfactorily with anticoagulant treatment. A 46 years old woman admitted to our hospital with persistent right migraine and vomiting. About two weeks before admission appeared right neck pain radiated to the upper limb ipsilateral treated without benefit of NSAIDs and steroids. Cervical MRI showed herniated disc C6-C7 right postero-lateral partially recessed in the dural sac. Brain TC and MRI showed thrombosis of jugular right vein and transverse-sigmoid sinus. During the hospital stay, she developed symptoms of PE objectively confirmed on CT scan. In both cases a thorough investigation of thrombophilia resulted normal.
Discussion: Venous thrombosis in unusual sites are rare and heterogenous manifestations of venous thromboembolism. Therapy is based on clinical common sense and results from case series. Scarce evidence is available for EBM guided therapy for these atypical DVT. Treatment should focus on correcting the underlying disease and relieving venous congestion of the involved organ while preserving organ functionality. Optimal duration of treatment is still a matter of debate.

Pneumocystis pneumonia in an Internal Medicine ward: examination of a case series

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Background: Pneumocystis Jirovecii pneumonia (PCP) is a life-threatening opportunistic infection.Guidelines are available for treatment of human immunodeficiency virus (HIV)-related PCP,yet few data are available for non-HIV patients (pts) particularly in the field of non invasive mechanical ventilation (NIMV).
Methods: Retrospective analysis (last 2 years) of consecutive pts admitted for PCP inducing acute respiratory failure treated with NIMV. Outcome was the composite of in-hospital mortality or worsening requiring endotracheal intubation (ET).
Results: Ten pts were reviewed (mean age 61±12 years; M:F=5:5; mean stay 19±13 days; mean NIMV treatment 10.5±6.9 days); 8 (80%) of these had hematologic malignancy, while 2 (20%) were HIV infected. Overall in-hospital mortality was 50% (only 1 pt had ET and later died). Bacterial and fungal superinfection was found in 40% and 20%, respectively. Low load CMV DNA was detected in 40%.Variables significantly different ($p<0.05$) between survivors and non-survivors were: PCP-specific treatment delay since admission (1.0±2.2 *vs* 5.6±6.2days); hyperglycemia (188 *vs* 104 mg/dL); admission lactate (2.5±0.5 *vs* 1.5±0.7 mmol/L); lactate clearance at 24 hs (65% *vs* 20%). There were no differences in CURB 65 scores between groups.
Conclusions: PCP is associated with high in-hospital mortality. High clinical suspicion and early specific treatment, even before diagnostic confirmation, is crucial to improve survival. Predictors of death included hyperglycemia, basal lactate and 24 hs lactate clearance. CURB 65 score was not useful for risk stratification.

Rare organ complication in systemic disease: occurrence of severe acute pancreatitis in systemic lupus erythematosus

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Acute pancreatitis (AP) is a rare but life-threatening complication of Systemic Lupus Erythematosus (SLE). Recent reports indicated an overall prevalence ranging from 0.5 to 2% in SLE series with a mortality of 37%; more than 50% of patients present with a necrotizing, severe form of AP. SLE patients with AP showed a high SLEDAI score and a multi-organ systems involvement.
Case report: A 33-years-old woman was admitted because of abdominal pain and ileus. Diagnosis of SLE was made 10 years before; low-dose steroids and cloroquine were administered during the last year with good clinical and lab control. At admission, upper quadrant tenderness, tachycardia, arterial hypotension and hypoxemia were present. Amylase and lipase serum levels were elevated together with leucocytosis and signs of mild renal insufficiency. CT-scan: pancreatic necrosis (50% of the glandular parenchyma), peri-pancreatic fluid collections, bilateral pleural effusion. Abdominal MRI: normal gallbladder, biliary tract and pancreatico-choledocal junction. The patient was transferred in ICU and treated with adequate volume supplementation, parenteral nutrition, antibiotics, gabexate mesilate and a short course (five days) of high-dose i.v. steroids. Within the next ten days the patient ameliorated with slow and progressive decrease of lab parameters. CT-scan showed a reduction of the peri-pancreatic fluid collections and of the amount of pancreatic necrosis. The patient was discharged 4 weeks upon admission without complaints. The aetiology of AP episode was considered as an organ complication of SLE.

Megaloblastic anemia and leflunomide

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Cutaneous and/or articular psoriasis may be associated with megaloblastic anemia (MA) due to multiple factors such as vitamin B12 and/or folate deficiency and to side effects of drugs, primarily methotrexate.
Case report: A 54-years-old with a ten years history previous of MA successfully treated with folate and vitamins was considered because of severe anemia (R.B.C.: 2.210.000, Hgb 7.7g/dl, MCV 113) with critic dizzy syndrome. Three months before observation, psoriasic arthritis developed and she took steroids and leflunomide. Extensive lab and imaging work up (including EGDS, colonoscopy, CT-scan) was negative. Severe MA was confirmed and the patient underwent blood transfusion and bone FNAB (negative). Discontinuation of leflunomide and indication to the treatment with sulfasalazine 2 gr for day+vitamin B12 and folate lead to a progressive correction of MA.
Conclusions: During psoriasis, it is possible to observe a deficiency of folate due to their increased utilization by the epithelial cells with an increased turnover, but, in general, this deficiency is mild and it does not cause clinical relevant MA. In the present case, the onset of psoriasis doesn't worsen the anemia (well controlled by existing supplementation of vitamin); the cornerstone of this clinical case likely was the introduction of leflunomide for the arthritis treatment. The possibility of this side effect of leflunomide, although rare (only one case reported in literature), is to be kept in mind when in patients with a previous history of MA, although well controlled by supplementation therapy.

Informatized chemotherapy prescription: a quality improvement

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Background: Medical prescription is a critical step, with the highest rate of therapy errors, but it is also the best moment to prevent, before any harm is done to the patient. Many incidents occur as result of poor oral or written communications, that are subject to misinterpretation. Introduction of computerized prescription, as well as cancer drugs manufacturing systems, has limited the probability of incidents.
Materials and Methods: From December 2012 in our Oncology Unit started the use of computerized chemotherapy prescription with a software named Cytosifo®. All the specialists, oncologists and clinical pharmacologists, have been adequately trained to use such technological advances.
Results: Chemotherapy protocols have been reviewed and updated on the basis of literature evidence and medical experience. Support therapies have been included in all the protocols defining type, dose, mode and duration of administration. Then we built a drug timeline which describes exactly every protocol, starting from premedication, to correct order of drug administration, time of injection and prosecution at home.
Conclusions: The introduction of chemotherapy computerized protocols represents for our Hospital an important improve in anticancer agent therapy reducing the risk of prescribing/ordering errors. We consider it an intermediate step in a wider project that aims to the complete informatization of the drug path, in order to improve the quality of the informative flow, starting from prescription, through preparation, to administration.

CRBS hospital policy: a surveillance multidisciplinary schedule

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Background: Central venous catheters (CVCs) are essential components for the care of chronically and/or critically ill patients, in particular in dialysis population. Their use is associated with serious catheter-related bloodstream infections (CRBSIs), which increase morbidity, mortality and healthcare costs. However CRBSIs are preventable when evidence based guidelines are followed for the insertion and maintenance of CVCs.
Methods: In our hospital from October 2011 to July 2012 a multidisciplinary task force (oncologists, nephrologist, pharmacist, microbiologist and specialized nurses) examined literature reviews and in particular the Center of Disease Control recommendations, comparing hospital policy with evidence-based recommendations. A ''CVC surveillance schedulè' was designed, with a check list, for the standardization of the process to ensure that all elements and actions were addressed and to improve practices (aseptic technique, symptoms of CRBSI, hand washing, etc.).
Results: Since December 2012 the procedure was applied for all CVCs inserted in patients in Oncology, Dialysis and Medicine Units.
Conclusions: Our goal is 1) to determine the objective parameter of CRBSI in our units (ie CRBSI/1000 CVC days) 2) to compare our observations with the results of other units and other hospitals 3) checking whether an intervention, involving staff education, can increase the awareness and ameliorate practices, decreasing the CRBSI rates. Finally a CVC surveillance schedule becomes for our units an integrant element of the clinical documentation and a parameter of quality.

Revisione casistica di pazienti trattati con eparina a basso peso molecolare per trombosi retiniche artero-venose

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Premesse e Scopo dello studio: Le occlusioni vascolari retiniche sono frequenti disturbi, che determinano deterioramento della funzione visiva. Il fundus oculi permette di differenziare le due forme (arteriosa e venosa). Le occlusioni arteriose retiniche presentano prognosi peggiore; attualmente non esiste trattamento sistemico efficace, alcuni studi hanno testato l'efficacia della enoxaparina.
Materiali e Metodi: Al fine di valutare l'efficacia di enoxaparina nel trattamento delle occlusioni vascolari retiniche abbiamo preso in considerazione 86 pazienti; 10 presentavano occlusione arteriosa centrale retinica; 20 occlusione arteriosa di branca retinica; 32 occlusione venosa centrale retinica; 24 occlusione venosa di branca retinica. 51 pazienti hanno assunto enoxaparina; invece 34 terapia antiaggregante (popolazione di controllo); 1 ha continuato ad assumere warfarin.
Risultati: Fra i 51 pazienti che hanno ricevuto Enoxaparina 30 sono migliorati(58,8%), 18 sono rimasti stazionari(35,3%), 3 sono peggiorati(5,9%). Fra i 34 pazienti che hanno assunto terapia antiaggregante 9 sono migliorati (26,5%), 18 sono rimasti stazionari (52,9%), 7 sono peggiorati (20,6%). 1 paziente ha continuato ad assumere warfarin ed è migliorato.
Conclusioni: Nei pazienti affetti da occlusione arteriosa centrale retinica la Enoxaparina raramente aiuta il recupero visivo, la prognosi è influenzata dalla tempestività del trattamento (entro 24 ore). La Enoxaparina migliora la prognosi nei casi di occlusione arteriosa di branca retinica e occlusione venosa retinica.

ASA hypersensitivity with asthma and polyposis in treated patients for primary prevention of ischemic cardiovascular disorders

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Background: Aspirin (ASA) is recommended for who have already survived myocardial infarction (MI) or stroke, or have had a transient ischemic episode (TIA). Whereas daily low doses of ASA causes less serious adverse reaction such as bleeding than higher doses, ASA treatment could be harmful. In this study we evaluated the risk of adverse reaction to ASA in treated patients for ischemic cardiovascular disorders.
Methods: 83 patients with MI or TIA with or without asthma and nasal polyposis (NP) were recruited before to treat with ASA. Extension of NPs was evaluated by endoscopic examination/paranasal CT. A 2-day, single-blind placebo-controlled oral aspirin provocation test (APT) was used for ASA hypersensitivity.
Results: The 64% of patients were men with 63 mean age. In 13/83 patients (10%) APT was positive with 3 (23%) had no history of NPs. Of the positive APTs, 3 had only rhinitis and 10 had classic responses. APT was negative in 60 patients (74%) although 6 (7%) had a history of ASA hypersensitivity. ASA hypersensitivity history and prolonged duration of NPs were associated with positive APT ($p<0.05$). Presence of asthma was associated with age, female gender, NP duration, and ASA hypersensitivity history ($p<0.05$).
Conclusions: In ischemic disorder patients, ASA hypersensitivity is quite associated with asthma and NP. Care should be taken to prevent accidental ASA adverse reactions in patients with asthma and/or NP who have to receive ASA treatment for primary prevention of ischemic cardiovascular disorders, in terms of chronic management and future risks of disease.

Phosphenes and visual hallucinations due to ivabradine: a case report study and a review of the literature

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Introduction and Aim of the study: Phosphenes are very common side effects of Ivabradine, a specific inhibitor of the I_f current in the sinoatrial node. We describe a case of phosphenes associated with visual hallucinations due to I.
Methods: A 75 years old men, with stable coronary artery disease, chronic renal failure, diabetes mellitus, cholelithiasis and benign pro-

static hyperplasia was admitted to our Clinic. He was on treatment with: clopidogrel, aspirin, ramipril, losartan, carvedilol, isosorbide mononitrate, transdermal nitroglycerin, amlodipine, furosemide, metformin, glibenclamid, ranolazine, ursodesossicolic acid, doxazosin, and ivabradine (I), which was started 1 month before the admission. The clinical exam showed only mild signs of heart failure. He reported phosphenes and visual, not terrifying, hallucinations started 5 days before and only occurring on sundowning and night. A head CT scan was negative; arterial blood gas showed only P_AO_2 54 mmHg. We were able to exclude fluid and electrolyte disturbances, infections, drug or alcohol toxicity or withdrawal, metabolic disorders, shock and acute heart failure. I was stopped and both phosphenes and visual hallucinations persistently disappeared in about 24 hours. The other drugs were continued.
Conclusions: This is the first described case of visual hallucinations due to I. In fact, no hallucinations occurrence has been reported in the registration file and only in a randomised clinical trial a 4% incidence of nervous system disorders, without further specifications, has beeen described.

La clinica ha sempre ragione

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G.C. maschio di 55 anni, forte fumatore, esposto all'asbesto dal 72 al 79 come addetto ad impianti industriali, presenta in anamnesi patologica focolai broncopneumonici nell'infanzia, vari episodi di BPCO riacutizzata con declino funzionale dal 2005, diabete mellito tipo II, epatosteatosi, adenopatie mediastiniche (negative alla PET ed alla biopsia transbronchiale del 2006), stenosi del canale midollare in spondilolistesi. Nel corso del 2012 ha presentato 6 episodi di riacutizzazione bronchiale con accessi di tosse e conseguenti crisi dispnoiche. Si segnala scarsa risposta alla terapia steroidea. Alle prove di funzionalità respiratoria evidenza di ostruzione lieve-moderata ed iperinflazione alveolare. A settembre riscontro tomografico di rinforzo interstiziale e delle scissure molto lieve ma comparsa di evidenti rantoli "a velcro" bibasali polmonari. Nonostante un reperto radiologico modesto, vista la presentazione clinica e nel sospetto di una pneumopatia infiltrativa diffusa evolutiva, si è deciso di sottoporre il pz a biopsia polmonare chirurgica. All'esame istologico riscontro di asbestosi. Non è stata aggiunta alcuna terapia specifica alla triplice inalatoria (tiotropio, fluticasone, formoterolo) ma si mantiene il pz in follow-up.

Strani noduli polmonari a risoluzione spontanea

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S. C., ♂ di 64 anni, del tutto asitomatico, con riscontro radiografico occasionale di lesioni polmonari nodulari bilaterali. Alla TC torace sono stati rilevati 2 noduli nel lobo inferiore sinistro, uno nel lobo medio e uno nell'inferiore destro. La broncocopia è risultata negativa, ed ugualmente negativi gli esami microbiologico e citologico su broncolavaggio. La PET whole body era positiva in corrispondenza delle suddette lesioni polmonari. è stata quindi eseguita biopsia chirurgica risultata indicativa di polmonite interstiziale linfocitaria. Non è stata impostata alcuna terapia ma è stato eseguito follow up. Al controllo tomografico dopo 70 gg: riduzione dimensionale (dimezzamento) delle lesioni polmonari a sinistra. Visto il persistere dell'assenza di sintomi, la possibilità di regressione spontanea delle lesioni e la lunga durata di una eventuale terapia, si è concordato con il paziente di effettuare un altro controllo tomografico a breve, prima di decidere di intraprendere la terapia stessa.

Neoformazione simil-laringea in trachea

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A.C., ♂ di 69 anni, fumatore, presentava in anamnesi patologica remota ipertensione arteriosa e pregressa fibrillazione atriale parossistica. è stato ricoverato per deperimento organico, disfonia e riacutizzazione di BPCO. Alla TC total body riscontro di nodulo polmonare sinistro (2x1 cm), linfoadenopatie mediastiniche e 2 metastasi encefaliche asintomatiche. Alla broncoscopia: importante ostruzione tracheale al 3° medio da parte di neoformazione dall'aspetto simile alla laringe: è stata quindi effettuata agobiopsia transbronchiale, risultata poi positiva per carcinoma Non Altrimenti Specificato. Dopo miglioramento del broncospasmo mediante terapia medica, la lesione tracheale è stata trattata mediante laserterapia poi è stata posizionata un'endoprotesi, al fine di migliorare la qualità della vita residua del paziente.

Un inconsueto approccio terapeutico

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S. I, ♂ di 58 aa, fumatore, presentava in anamnesi patologica remota BPCO (stadio II, secondo GOLD) ed ipertensione arteriosa. Al controllo dopo ricovero in altro Ospedale per polmonite, riscontro di neoformazione polmonare ilare sinistra. Ricoverato nel nostro Reparto, è stata confermata neoformazione broncogena ostruente il bronco lobare superiore sinistro: all'esame istologico evidenza di carcinoma Non Altrimenti Specificato. La PET total body è risultata indicativa di lesione parenchimale polmonare neoplastica senza coinvolgimento linfonodale o di altri organi. Alla RMN encefalo tuttavia sono state rilevate una metastasi (diam. 36 mm) parietale posteriore cortico-sottocorticale inoltre una metastasi di dimensioni inferiori in sede corticale medialmente all'atrio del ventricolo laterale sinistro. Vista l'età relativamente giovane e le discrete condizioni generali, si è proceduto all'asportazione della più voluminosa metastasi encefalica: all'esame istologico evidenza di carcinoma indifferenziato. Sono stati programmati 3 cicli di chemioterapia e la successiva rivalutazione del Radioterapista e del Chirurgo toracico.

✪ "You are in the mood..."

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A 59 yrs old man was admitted in the emergency ward many times during the last two years for pre-syncope (p-s) episodes; cardiovascular tests were negative. A depressive mood developed and a drug treatment was prescribed by his practitioner. He came to our attention for a new p-s episode associated with hyposodiemia, fatigue, bradycardia, hypotension and a worsening of the mood. A study of his thyroid function was started revealing a secondary hypothyroidism (low TSH,FT_3, FT_4). In the same time we applied our internal guidelines for the management of hyposodiemia that, after ruling out iatrogenic causes, include the measure of the ACTH levels too that resulted to be under the lower limit of the normal range. A complete functional and morphologic study of the pituitary gland was than performed. Plasma levels of LH, FSH, cortisol and testosterone resulted under the lower limit of the normal range. The MRI showed a bulky lesion consistent with a pituitary macroadenoma. A substitutive therapy was started, with a clear improvement of patient's mood, strength and social life; thereafter he underwent surgical removal of the mass resulted to be a non-secretory adenoma. Hypopituitarism is characterized by diminished or absent secretion of one or more pituitary hormones. The development of signs and symptoms is often slow and insidious. Although the clinical symptoms of this disorder are usually unspecific, it can cause life-threatening events and lead to increased mortality. The use of clear and shared guidelines may enable to recognize relative rare life-threatening diseases.

An unusual diagnosis for an acute abdominal pain

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Case report: A 35-year-old man was referred to our clinic with fever, nausea, diarrhea and abdominal pain. We also found trombocytopenia and macrocytic anemia with signs of intestinal malabsorption. Imaging studies showed polyserositis and hepatosplenomegaly. Immuno- and infectious-serological tests were negative as well as microbiological cultures. The clinical course was complicated by respiratory failure and dulling of the sensorium, abdominal pain, flushing of the skin and diffuse arthralgias. Blood tests showed hypercalcemia related to bone lytic lesions and worsening thrombocytopenia. Elevated levels of tryptase (6.250ng/ml) were recorded (upper limit 11 ng/ml). Bone marrow biopsy confirmed the suspicion of Aggressive Systemic Mastocytosis (ASM). The patient had dialysis for hypercalcemia and underwent a cycle of chemotherapy, but he died for malignancy multiorgan failure after 40 days. The autopsy confirmed multi-organ involvement coming from bowel and ASM diagnosis.
Comments: Systemic mastocytosis (SM) is a heterogeneous disease characterized by clonal proliferation of abnormal mast cell that collect in one or more extracutaneous organs (bone marrow, liver, spleen, lymph nodes, or gastrointestinal tract with or without cutaneous lesions). World Health Organization defined six Subtypes of systemic mastocytosis according the sites of mast cell infiltrates, clinical presentation and related prognosis. ASM subtype have poor prognosis and is often undiagnosed at the time of diagnosis. An high clinical suspicion and tryptase test may accelerate the diagnosis.

Indagine conoscitiva sull'igiene delle mani nelle unità operative di Medicina

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L'igiene delle mani è la misura più efficace per prevenire le infezioni correlate all'assistenza, che non è tradotta nel reale comportamento degli operatori sanitari. L'adesione alle procedure raccomandate varia tra reparti, tra categorie professionali e secondo le condizioni di lavoro e si può migliorare facendo riconoscere il giusto valore attribuito dall'EBM e introducendo la frizione alcolica. L'indagine conoscitiva sui comportamenti degli operatori sanitari in merito al lavaggio delle mani svolto presso l'U.O. di Medicina dell'Ospedale Fatebenefratelli e la Medicina d'urgenza dell'A.O. Cardarelli di Napoli si propone di verificare il grado di conoscenza del personale sulla pratica di igiene delle mani. Il campione analizzato è costituito da 60 di cui 6 medici, 7 unità del personale ausiliario, e 47 infermieri. Il 95% del campione ha risposto correttamente alle domande più specifiche ma il 60% non ha risposto sulla frizione alcolica. Ben il 96% della medicina d'urgenza ha risposto che indossa i guanti puliti per qualsiasi attività, senza praticare igiene delle mani; ciò può essere dovuto alla complessità del contesto organizzativo. L'indagine ha dimostrato una buona conoscenza sulle fonti delle infezioni ma minor sulla buona pratica. Per stimolare la percezione dell'importanza del lavaggio delle mani come good-pratice nella prevenzione delle infezioni, in particolare sulla frizione alcolica e sull'utilizzo dei dispositivi di protezione, è necessario che ogni ospedale promuova un clima di sicurezza attraverso introduzione di procedure, formazione e monitoraggio continuo.

Hard to swallow: an incidental bronchography

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A 64 years old man was repeatedly admitted for acute hypoxemic respiratory failure. Past history was remarkable for alcoholism, smoking, and head and neck cancer remote surgery, with no recurrence at follow up. He was dysphagic to liquids but able to swallow solid food without coughing. A high resolution chest tomography showed emphysema and bronchiectasis with overlapping reticular and alveolar patterns. He was treated with multiple courses of antibiotics for fever and purulent sputum, was steroid dependent and needed non invasive ventilation due to worsening respiratory failure. Transient improvement was experienced. A barium videofluorography showed clear evidence of inhalation with opacification of tracheal walls and bronchial tree. Severe pancytopenia, agranulocytosis, and rectal bleeding developed during treatment with trimethoprim-sulfamethoxazole. The patient died a few days later.

Myxed cryoglobulinemia treated with rituximab

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Introduction: Mixed cryoglobulinemia (MC) is characterized by: purpura, weakness, arthralgias, and complications, such as chronic HCV-related hepatitis, peripheral neuropathy, glomerulonephritis membranoproliferative, diffuse vasculitis, and neoplastic diseases. Therapy considers three factors: HCV infection, the presence of autoimmune disorders and cancer. Therapy with pegylated interferon-alpha (PEG-INF), may be associated with significant immune-mediated complications, such as sensorimotor polyneuropathy and a rheumatoid-like arthritis. Rituximab (RTX), a monoclonal antibody against the CD20 antigen of B lymphocytes, represents the therapy in patients with clinical manifestations refractory to standard treatments.
Case report: Woman 63 years, with MC HCV-related, bearer of sensory-motor neuropathy, purpura and polyarthralgias, treated with NSAIDs, low-dose CS and PEG-IFN for about a year, then stopped for the appearance of pancytopenia and persistence of neuropathy. Laboratory tests showed: positive anti-HCV, cryoglobulins and FR, while were normal blood chemistry and instrumental. Therapy with rituximab, under the "off label", at a dose of 375 mg/m² weekly for four weeks led to an immediate improvement in joint symptoms, peripheral neuropathy with loss of the motor component and purpura and the reduction of the title of the FR.
Conclusions: Rituximab is effective in patients with cryoglobulinemic vasculitis severe and/or refractory. The combination of RTX and antiviral therapy has been evaluated in several studies demonstrating the superiority compared to monotherapy.

Experience of a cohort of patients with rheumatoid artrhitis treated with biologic drugs

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Materials and Methods: We included in this study 67 patients (55 women and 12 men) with RA, non-responders to DMARDs, admitted, from 2010 to 2012, at the D.H. of Rheumatology, Internal Medicine University of Salerno, treated with: etanercept (23 pz.), tocilizumab (17 pz.), certolizumab (10 pz.), adalimumab (8 pz.), abatacept (7 pz.) and golimumab (2 pz.). Was evaluated for the distribution line biologic therapy, the median duration of therapy, the rate and causes of drop out.
Results: Etanercept has been the most widely prescribed drug in the first line at a dose of 1 ampoule subcutaneously every 7 days; Tolicizumab was administered intravenously, in relation to the body weight of the patients, from a minimum of 400 mg IV to about 1000 mg, every 30 days. Certolizumab was administered at a dose of 200 mg sc every 14 days, Abatacept at a dose of 750 mg iv and Golimumab at a dose of 50 mg.s. every 30 days. Finally, Adalimumab was administered at a dose of 1 vial every 14 days.
Conclusions: All drugs have shown a satisfactory profile of tolerability and efficacy, both when used in first line and in advanced lines of therapy.

Case report of erythematosus systemic lupus resistant to various DMARDS treated with rituximab under the "off label"

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Introduction: Systemic lupus erythematosus (SLE) is a chronic inflammatory disease of connective tissue, with an autoimmune pathogenesis and etiology unknown. The therapy is performed with anti-inflammatory, immunosuppressive and organic, such as rituximab, antibody directed against the CD20 antigen on the surface of B lymphocytes, involved in the pathogenesis of the disease.
Case report: 28 year old woman, with a history of LES started at age 23 and is characterized by: kidney involvement, vasculitis, anemia and thrombocytopenia. She has been practicing therapy with hydroxych-

loroquine, azathioprine, mycophenolate mofetil, stopped for ineffectiveness and cyclophosphamide, suspended for intolerance. Hospitalized at the U.O.C. of Internal Medicine of the A.O.U. of Salerno in october 2012. Laboratory tests, the entrance showed: increased inflammatory markers, ANA 1:1280 (speckled pattern), anti Ro/SSA +, anti-ds DNA 153 IU/mL, 24 h proteinuria=420 mg/dl, GB=3.200/mmc. Was undertaken with rituximab 1000 mg iv at time 0 and after two weeks, under the "off label", after the favorable opinion of ethics committee.
Results: Two months after the first cycle was observed the improvement of the clinical picture. Inflammatory indices and those of renal function were normal: proteinuria/24 h=120, ANA=1:160, anti-ENA negative, anti-ds DNA=50 IU / mL.
Conclusions: The case report has demonstrated the efficacy of rituximab in the management of the disease does not meet the classic DMARDs.

A clinical case of cystic tumor of the pancreas

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Introduction: The cystic tumors of the pancreas are rare. They are divided into serous and mucinous cystic tumors. The mucinous tumors may undergo malignant transformation. These differ in mucinous cystadenomas and intraductal papillary-mucinous tumors. When malignant transformation occurs, it is called intraductal papillary carcinomas or mucinous cystoadenocarcinomas(IPMN).
Case report: Male, 75 years old, hospitalized in Department of Internal Medicine, University of Salerno, for persistent epigastric pain. Laboratory tests showed increased amylase (661U/l) and lipasemia (319 U/l), while the other laboratory tests and tumor markers were normal. Abdominal ultrasonography showed a diffuse inhomogeneous pancreatic liquid with a layer of 20 mm thick, in the back seat pancreatic. The TC abdomen showed the presence of focal alteration of approximately 2 cm to isthmus of the pancreas. The subsequent Cholangio-RM showed a alteration of the uncinate process of the pancreas for the presence of multiple cysts pluriconcamerate maximum size of 1 cm. This finding was suggestive of IPMN. The patient underwent pancreaticoduodenectomy and the subsequent histological examination of the intraoperative biopsy confirmed the diagnosis.
Conclusions: The cystic tumor of the pancreas should not be confused with pancreatic pseudocysts. These patients present, onset, pancreatitis caused by thick mucus that clogs the pancreatic ducts. The TAC and, above all, the RM are procedures that allow a diagnosis of safety.

Renal dysfunction predicts cardiovascular deaths and hospitalizations in patients with atrial fibrillation. The ATA-AF Study

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Purpose: We evaluated whether patient characteristics and risk factors, including $CHADS_2$ score and chronic kidney disease, are able to identify patients with AF at risk for cardiovascular (CV) deaths and hospitalizations.
Methods and Results: We evaluated, in a subgroup of 5681 patients (age 76±11 years; 51.8% males) enrolled in the ATA-AF study, the estimated glomerular filtration rate (e-GFR) using the CKD-EPI equation. Patient characteristics, antithrombotic treatments and clinical events were collected from clinical databases and the subjects were stratified by e-GFR in 2 groups, ≥ or <60 ml/min/1.73m^2. Patients with lower e-GFR were older, with a higher prevalence of hypertension, diabetes, and comorbidity, which affected a greater value of $CHADS_2$ (2.6±1.3 *vs* 1.9±1.3; p=0.0001). During the 1-year follow-up, available for 1097 patients, we observed 210 incident CV events, 56 deaths and 154 hospitalizations. The Kaplan Meier curves for incident composite clinical events in the two e-GFR groups were significantly different (log-rank p=0.0006), confirming the negative impact of renal dysfunction. After adjustment for known cardiovascular risk factors and other confounders, e-GFR (HR=0.988 per 1 ml/min/1.73m^2 increase, 95%CI=0.979-0.997), thyroid disease (HR=1.642, 95%CI=1.053-2.561), prior ICD (HR=1.783, 95% CI=1.002-3.172) and falls (HR=2.288, 95% CI=1.141-4.588) remained independent predictors of CV events.
Conclusions: In conclusion, for the first time, renal dysfunction was significantly and inversely predictive of CV hospitalizations and deaths in patients with AF.

Chirurgia *vs* ERCP+chirurgia nel trattamento dell'ittero ostruttivo da neoplasia della testa del pancreas

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Una donna di 65 anni viene ricoverata per ittero colestatico, in assenza di dolore e febbre. Agli esami ematici si riscontra iperbilirubinemia (picco 24 mg/dL, prevalentemente diretta) e modesto aumento delle transaminasi. L'ecografia e la TC addominale mostrano la presenza di dilatazione delle VBI e del coledoco con ostruzione da tessuto solido di dubbia pertinenza (ETP pancreatico o colangiocarcinoma) e dubbi "gettoni solidi" mesenterici. Ca 19-9 >3000. Da una valutazione multidisciplinare emerge l'indicazione ad intervento chirurgico radicale preceduto da ERCP e posizionamento di stent biliare, al fine di ridurre i valori di bilirubina e ottimizzare la coagulazione, oltre ad eseguire brushing per tentare di ottenere una diagnosi citologica pre-operatoria. La ERCP si complica con una pancreatite acuta, confermata all'esame TC, che mostra estesa necrosi peripancreatica, con rialzo delle amilasi (3000 U/L), comparsa di IRA anurica e successivo quadro di insufficienza multiorgano. La paziente, trasferita in unità di terapia intensiva, va incontro rapidamente al decesso. Recenti studi hanno mostrato che, in pazienti con ittero ostruttivo da neoplasia della testa del pancreas resecabile (con valori di bilirubina compresi tra 4 e 14 mg/dL) l'intervento chirurgico precoce (entro 7 giorni) si associa ad un minor rischio di complicanze (37%), rispetto all'esecuzione dello stesso intervento (eseguito entro 5 settimane) preceduto da ERCP precoce (74%). Non vi era invece differenza nella mortalità a 120 giorni tra i due gruppi.

Spondilodiscite ed ulcere intestinali multiple: un caso di tubercolosi miliare

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Le forme extrapolmonari di TBC in Italia hanno un'incidenza di 2 casi ogni 100.000 abitanti. Donna di 76 anni viene ricoverata nella nostra SOD per febbre remittente da circa un mese associata a dolore al rachide dorso-lombare da sei mesi. Calo ponderale di 10 Kg e linfopenia (200/ml). Dalla documentazione precedente risulta un sospetto di spondilodiscite D12-L1 alla RMN eseguita 3 mesi prima, una recente ago-biopsia vertebrale con colturale negativo, TC torace-addome ed EGDS negativi. Per l'aggravarsi del quadro clinico, si esegue nuova RMN del rachide che conferma la presenza di spondilodiscite D12-L1 con dubbio ascesso epidurale anteriore. Viene esclusa l'indicazione ad un intervento neurochirurgico. Nella ricerca di possibili porte d'ingresso si eseguono ecocardiogramma TE ed emoculture, entrambi negativi. La colonscopia rileva ulcere multiple del colon, con flogosi aspecifica all'esame istologico ed esclusione di eziopatogenesi ischemica all'eco-doppler. Nell'ipotesi di eziologia tubercolare, si ripete TC torace che mostra un quadro ad "albero in fiore", compatibile con TBC miliare. Si inizia quindi terapia antitubercolare, dopo esecuzione biopsia vertebrale. La diagnosi è confermata dall'esame colturale su escreato positivo per M.tubercolosis TOTI-S. La paziente mostra miglioramento clinico e scomparsa della linfopenia con la terapia anti-TBC. Forme extrapolmonari di TBC si associano alla malattia miliare in più del 20% dei casi (contro il 2% delle forme solo polmonari) nei soggetti immunocompetenti. L'interessamento intestinale a tipo IBD è descritto, seppur raro.

Functional variants of GSTM1, GSTT1 and GSTP1 genes and bronchial asthma: a meta-analysis of genetic association studies

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Background: Oxidative stress is one of the main risk factors for asthma development. Glutathione S-transferases play an important role in antioxidant defenses and may influence asthma susceptibility. In particular GSTM1, GSTT1 and GSTP1 functional gene polymorphisms have been analyzed in several genetic association studies, with conflicting outcomes. Two previous meta-analyses have attempted to clarify the associations between GST genes and asthma showing contrasting results. Our aim was to perform a meta-analysis that included independent genetic association studies on GSTM1, GSTP1, and GSTT1, evaluating also the effect of potential confounding variables (*i.e.* ethnicity, population age, and urbanization).
Material and Methods: Systematic review and meta-analysis of the effects of GST genes on asthma were conducted. The meta-analyses were performed using a fixed or, where appropriate, random effects model.
Results: Our results suggest that no significant associations with asthma susceptibility were observed for GST gene polymorphisms. High between-study heterogeneity was identified in all the general analyses. The stratification analysis seems to explain the heterogeneity only in few cases.
Conclusions: This picture is probably due to the interactive process of genetics and environment that characterizes disease pathogenesis. Further studies on interactions of GST genes with the potential oxidative stress sources and with other antioxidant genes are needed to explain the role of GST enzymes in asthma.

Insulin degludec has similar pharmacokinetic properties in subjects with renal impairment and subjects with normal renal function

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Introduction: Insulin degludec (IDeg) is a new-generation basal insulin forming soluble multi-hexamers upon s.c. injection, resulting in a flat and stable ultra-long action profile.
Aim of the Study and methods: This open-label, parallel-group trial investigated the pharmacokinetic (PK) properties of IDeg in subjects with different grades of renal impairment and subjects with normal renal function (NRF) following single doses of 0.4 U/kg IDeg. In addition, the influence of hemodialysis on clearance of IDeg was investigated in endstage renal disease (ESRD) subjects by administration of two single doses of IDeg, one before and one just after hemodialysis.
Results: A total of 30 subjects (mean age: 65.6 yrs; mean BMI: 28.4 kg/m2) were allocated to one of five renal function groups (n=6 per group): NRF, mild, moderate, severe renal impairment, or ESRD. PK profiles of IDeg were similar for subjects with normal and impaired renal function. Renal impairment had no statistically significant effect on total exposure (AUC0–120h,SD), maximum concentration (Cmax,SD) or apparent clearance (CL/FSD). PK profiles of IDeg for subjects with ESRD were similar irrespective of whether subjects received hemodialysis or not. Hemodialysis did not affect CL/FSD, and no unaltered IDeg was detected in dialysate samples collected during dialysis from subjects with ESRD.
Conclusions: the PK properties of IDeg are preserved in subjects with renal impairment; renal impairment did not result in differences in the PK properties of IDeg compared to subjects with NRF. Hemodialysis did not affect the clearance of IDeg.

Optimal duration of maintenance treatment with azathioprine in patients with inflammatory bowel disease

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Background and Aim: Azathioprine (AZA) is frequently used in inflammatory bowel disease (IBD) for inducing and maintaining remission. This study aimed at comparing the incidence of disease recurrence after withdrawal of AZA in two groups of IBD patients treated for a different length of time.
Materials and Methods: Consecutive IBD outpatients referred in our Institution, between 1999-2004, were reviewed and patients treated with AZA were included in the study.
Results: Seventy-nine IBD patients, 56 affected by Crohn' disease (CD) and 23 by ulcerative colitis (UC), treated for more than 6 months with AZA were analyzed. Patients were divided into two groups: group A (50 patients) treated with AZA for less than 48 months (range 6-47 mo.) and group B (29 patients) treated for 48 months or more (range 48-157 mo.). Both groups had a similar follow-up duration after withdrawal of AZA (group A mean 22.43±20 SD mo., group B mean 24.9±21.3 SD months). The incidence of disease recurrence was higher in group A (29 patients, 59%) than group B (9 patients, 31.03%) (p=0.0347). Group B showed a mean time to onset of relapse significantly shorter than group A (3.85±2.1 *vs* 14.96±11:07 mo, p<0.001) and 6 patients (66.6%) needed use of steroids during AZA treatment *versus* 7 patients (24.14%) of group A (p=0.0401).
Conclusions: The risk of disease recurrence in IBD patients treated with AZA for more than four years is significantly reduced. In this patients the need for corticosteroids during maintenance therapy seems to be a negative predictive factor for an early timing of relapses.

Oral beclomethasone dipropionate *versus* 5-aminosalycilic acid enema in active ulcerative colitis patients: lower efficacy but better compliance

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Background and Aim: Treatment of patients with mild-moderate active ulcerative colitis (UC) is based on combination of oral and topical sulfasalazine or 5-aminosalycilic acid (5-ASA), or use of oral and topical glucocorticosteroids, but prolonged use of steroids is limitated by the risk of side effects. A new glucocorticosteroids, with the same efficacy as traditional ones, but with more favourable safety profile was developed. Aim of this study has been to define the efficacy and safety of oral beclomethasone dipropionate (BDP) compared to 5-ASA enema in left-sided active UC.
Materials and Methods: In an eight-week, investigator blind comparative study, patients with left-sided mild-moderately active UC were randomized to receive oral 5-ASA (2.4 g/day) plus oral BDP (10 mg/day) or 5-ASA enema (4 g/day). Efficacy was evaluated by the Disease Activity Index (DAI). Safety was evaluated by monitoring adverse events, haematochemical parameters and adrenal function.
Results: Sixty-two outpatients were enrolled and randomly treated with BDP (n= 30) or 5-ASA enema (n= 32). Complete remission was achieved in 42.9% of BDP patients *vs* 63.6% of 5-ASA, a difference not statistically significant. Reduction of mean plasma cortisol was observed in BDP group. Mild signs of hypothalamic-pituitary-adrenal axis suppression were observed in four patients of BDP group.
Conclusions: Oral BDP gave an overall treatment result in patients with left-sided active UC with few signs of systemic side-effects, so it can be considered, a useful therapeutic regimen in patients non compliant to 5-ASA enema.

Small bowel involvement in Crohn's disease: a prospective study comparing WCE and MRE

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Background and Aim: Wireless capsule endoscopy (WCE) and Magnetic resonance enteroclysis (MRE) are techniques used for the evaluation of small bowel lesions, especially for Crohn's disease (CD). Aim

was to evaluate the efficacy and safety of WCE in comparison to MRE in patients with diagnosed or suspected CD.
Materials and Methods: Sixteen consecutive patients (8 M, 8 F, median age: 46.2 years, range: 18-75) (14 with established diagnosis of CD and 2 suspected) were studied. All underwent a preliminary study with small bowel follow through (SBFT). In case of significant bowel stricture (<12 mm) WCE was not performed.
Results: None of the patients was receiving non-steroidal anti- inflammatory drugs. MRE was performed in all patients except 1 (claustrophobic reaction) and detected inflammatory lesions (reduction bowel lumen, disruption of the fold pattern or increased contrast uptake) in 11 cases (15/16, 73%). WCE was performed in 10 patients (5 were excluded for significant bowel strictures and 1 was unable to swallow the capsule.) and detected significant lesions (erythema, aphtas, ulcers, fissures or mucosal hemorrhages) in 9 cases (90%). Nine patients have been evaluated with both examinations: WCE detected inflammatory lesions of the small bowel in 8 cases (90%), while MRE in 6 cases (67%). Among the 3 patients negative for lesions of the small bowel at MRE, 1 resulted negative also at WCE, while the other 2 showed significant lesions of terminal ileum at WCE.
Conclusions: WCE and MRE appear in the present study as complementary methods for diagnosing small bowel CD.

To be or not to be....the Hamlet drama!

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Introduction: Cotard's syndrome, first described by Jules Cotard as le *délire de negation* represents a very rare mental disorder in which people hold a delusional belief that they are dead either figuratively or literally, do not exist, are putrefying or have lost their blood or internal organs. The central symptom in Cotard's syndrome is the delusion of negation.
Clinical case: A 38-year-old male patient was admitted to our Dept due to onset of delusion of negation. At history episode of encephalitis one month before, alcohol abuser, smoker. He appeared suffering, tachycardic and polypnoic anxious, deeply conscious to be dead, with hopelessness, low energy, decreased appetite, somnolence. Normal BP and cardiac evaluation with sinusal tachycardia at EKG. Normal laboratory data, BMR and chest-radiography. Therapy on im olanzapine and oral bupropion SR was started with improvement in symptoms within one month. At the discharge he denied nihilistic or paranoid delusions and hallucinations and expressed hopefulness about his future and a desire to participate in psychiatric follow-up care.
Discussion: The underlying cause of Cotard's syndrome appears to be a misfiring in the fusiform face areas and in the amygdale of the brain, which recognise faces and add emotions. Viewing ones own face without emotion can lead to a lack of association between their reflections or projected self and their own sense of self, leading to a belief that one doesn't exist. Treatment consists in oral administration of antidepressants and antipsychotics and in some cases of electroconvulsive therapy.

Sometimes the bluefish can be dangerous!

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Introduction: Scombroid syndrome (SS) is a foodborne illness due to eating decayed fish. It is most commonly reported with bluefish as sardines, bonito and anchovies, tuna, mackerel when inadequately refrigerated after being caught. The toxic agent implicated is histamine. Symptoms are represented by skin flushing, blanching erythema, tachycardia, headache, oral burning, wheezing and bronchospams in asthmatic patients, nausea, abdominal cramps, diarrhoea, hypotension or hypertension which occur within 10-30 min-2 hours of ingesting the fish.
Case report: A 32 year-old woman with history of allergy and asthma, was admitted to our Dept for severe skin flushing, palpitations headache, oral burning, tongue swelling, abdominal pain, diarrhoea, deep hypotension onset two hours after she was eating sardines. She presented tachycardic and suffering with skin erythema, severe wheezing, swelling of her tongue. Normal T and BP and increased BR. Laboratory data: leukocytosis, increase of CRP, ESR, LDH. Gas analysis: moderate hypoxia. Normal chest radiography. Hypothesizing a severe case of scombroid syndrome worsened by her asthmatic habitus, we promptly administered oxygen, iv fluids and steroids, oral antihistamines with rapid improvement of our patient's clinical conditions.
Discussion: The physio-pathogenesis of the SS is related to the presence in many types of fish of histidine converted, via histidine decarboxylase enzyme by enteric bacteria *M. morganii*, to histamine which produces the symptoms. Therapy is represented by administration of oxygen, fluids, oral antihistamines.

A daily licorice drink...so gorgeous...until the rhabdomyolysis!

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Introduction: Licorice extracts and its principle component, glycyrrhizin, have extensive use in foods, tobacco products, traditional and herbal medicine. Licorice is also found in some soft drinks and in some herbal teas. It has also been used as a medicinal agent in ancient Egypt and China. Medicinal uses have included cough suppression, gastric ulcer treatment, treatment of early Addison disease, treatment of liver disease, and as a laxative.
Case Report: A 52 year-old woman with history of allergic rhinitis, was admitted to our Dept for severe asthenia and important generalized muscle weakness although she referred no any particular trigger. However, when we kept further her word history, we learned that she was drinking daily licorice herbal tea after the lunch since six months. She presented very suffering with deep muscle weakness. Normal T and BP and HR BR EKG. Laboratory data: slight leukocytosis, rise of urea and creatinine, important increase of AST, ALT, LDH,CPK and serum myoglobin, hypokalemia. Normal chest radiography and BMR. We hypothesized a severe case of licorice-induced rhabdomyolysis and promptly administered iv fluids and implementation of iv potassium with gradual improvement of our patient's clinical conditions.
Discussion: The physio-pathogenesis of licorice-induced rhabdomyolysis is related to the presence of glycyrrhizic acid which inhibiting 11 -hydroxysteroid dehydrogenase and inducing excess mineralocorticoid production, with consequent hypokalemia, causes a muscle weakness until the possible paralysis and death due to ventricular fibrillation.

A too often misdiagnosed cause of relapsing vomiting: the Wilkiès syndrome!

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Introduction: Wilkiès syndrome is a .....a foodborne illness due to eating decayed fish. It is most commonly reported with bluefish as sardines, bonito and anchovies, tuna, mackerel when inadequately refrigerated after being caught. The toxic agent implicated is histamine. Symptoms are represented by skin flushing, blanching erythema, tachycardia, headache, oral burning, wheezing and bronchospams in asthmatic patients, nausea, abdominal cramps, diarrhoea, hypotension or hypertension which occur within 10-30 min-2 hours of ingesting the fish.
Case report: A 32 year-old woman with history of allergy and asthma, was admitted to our Dept for severe skin flushing, palpitations headache, oral burning, tongue swelling, abdominal pain, diarrhoea, deep hypotension onset two hours after she had eating sardines. She presented tachycardic and suffering with skin erythema, severe wheezing, swelling of her tongue. Normal T and BP and increased BR. Laboratory data: leukocytosis, increase of CRP, ESR, LDH. Gas analysis: moderate hypoxia. Normal chest radiography. Hypothizing a severe

case of scombroid syndrome worsened by her asthmatic habitus, we promptly administered oxygen, iv fluids and steroids, oral antihistamines with rapid improvement of our patient's clinical conditions.
Discussion: The physio-pathogenesis of the SS is related to the presence in many types of fish of histidine converted, via histidine decarboxylase enzyme by enteric bacteria *M. morganii,* to histamine which produces the symptoms of SS. Therapy is represented by administration of oxygen, fluids, oral antihistamines.

✪ Lymphangioleiomyomatosis: a melody in name... but a fatal disease!

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Introduction: Lymphangioleiomyomatosis (LAM), is a very rare disease of unknown origin affecting almost exclusively women of childbearing age, characterised by hamartomatous proliferation of smooth muscle (LAM cells) in the lungs, mediastinum and abdomen. The main manifestations of the disease are pulmonary and due to abnormal cell proliferation in the lungs around airways, blood vessels and lymphatics causing cystic change, lung haemorrhage, chylous effusion. Clinically it presents with increasing chest pain, dyspnoea, hemoptysis, chylothorax and pneumothorax.
Case report: A 42-year-old female patient was admitted to our Dept for acute dyspnoea, cough and chest pain. The patient appeared very dyspnoic with coherent hypophonesis in left basal pulmonary area. Normal BP, EKG, HR, T. Gas analysis: decrease of pO2. Chest-X-ray: important left pleural effusion. Thoracentesis: chyle. Laboratory data: moderate anaemia; increase of LDH and ACE; decrease of total proteins and Calcium. HRCT scan: dilated thoracic duct and few thin-walled cysts in mid and lower lungs. Abdomen-CT scan: ovarian polycystosis. Suspecting LAM, we submitted our patient to thoracic duct correction, total pleurectomy and lymphadenectomy (histology confirmed the diagnosis!) and therapy on oral progesterone.
Discussion. LAM is a devastating disease, with very bad prognosis. Recently the research has helped to define the genetic and immunohistochemical characteristics of LAM cells, but nowadays, the treatment remains only symptomatic on surgery, hormones, oxygen, pulmonary transplantation with possible relapses.

Shock Index, modified Pulmonary Embolism Severity Index and European Society of Cardiology criteria for prognostic stratification of acute pulmonary embolism: preliminary findings from TUSCAN-PE Study on behalf of TUSCAN-PE Group

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Background and Aim: Prognostic stratification represents a key point for the optimal management of acute pulmonary embolism (PE). Shock index (SI), Pulmonary Embolism Severity Index (PESI), and European Society of Cardiology (ESC) risk criteria incorporating clinical, laboratory and echocardiographic (echoc) parameters are validated tools for early PE risk stratification. However, it is unclear whether they are used in real practice.
Materials and Methods: TUSCAN-PE study is a multicenter, observational, retrospective, cohort study aimed to analyze data from PE pts admitted in Internal Medicine wards of Tuscany. Each participating center provided data of at least ten pts consecutively hospitalized for PE in 2012.
Results: 412 pts were enrolled. 100% of pts had SI and PESI measured. Echoc, troponins and natriuretic peptides were available only in 27.4% of pts. Hence, ESC criteria were applicable in 64.5% of pts. In-hospital mortality was 10.4%. 15.7% of pts had SI≥1 with a mortality rate of 29.2% (20%PE-related) compared to 6.9% (3.7%PE-related) of those pts with SI<1. PESI score was 0 in 12.1% of pts with mortality a rate of 0%. Mortality rate for PESI1-2 was 9% and PESI≥3 22.9%. According to ESC criteria 10.5% of pts were at high (mortality 28.5%), 66% at intermediate risk (mortality 8.5%) and 23.5% at low risk (mortality 6.3%, PE-related 3.1%).
Conclusions: SI and PESI, based on clinical and historical data are simple and reliable tools for prognostic stratification of PE. Otherwise, ESC criteria incorporating instrumental and laboratory parameters should be implemented.

✪ Prevention and management of potential risks in Internal Medicine: a theoretical and practical training course proposed by FADOI Lazio Risk Management Commission

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Introduction: The results of a survey of FADOI Lazio Risk Management (RM) Commission highlighted lack of knowledge in Internal Medicine Departments and a training on the job was considered an appropriate response.
Methodology: 1. Identification of training needs together with FADOI Foundation 2. Pilot training course in S. Eugenio Hospital Medicine I Department (UOC I Med) 3. Consensus meeting among RM Commission experts, Internal Medicine and Training Department Directors to implement the course 4. Involvement of nursing leaders and creation of joint working group 5. Definition of course program consisting of 2 days sessions with RM introduction, brainstorming on UOC I Med main problems, workshop in small groups on selected critical issues 6. Development of shared procedures on major critical problems.
Results: The course has been accredited with 28.3 ECM credits. All UOC I Med personnel attended (32 participants). Lack of knowledge on RM was confirmed (pre-test: 45% of correct answers out of 45 questions) Percentage of improvement between pre-and post-test was 89%. 4 procedures were carried out on: 1.Therapeutic data single sheet 2. Integrated Medical Record 3. Emergency Management 4. Communication. The perceived quality was high (66%). Identified training needs: Evidence Based Medicine (30%) and Clinical Care Pathways (15%).
Conclusions: The course is an example of RM application looking at continuous quality improvement. Next course will extend the training to all Hospital Departments to implement the RM recommendations of Ministry of Health and Lazio Region.

Assessment of nutritional status and outcome of hospitalization in Internal Medicine patients: design of the FADOI-NUT-INT study

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Background: It has been reported that around 50% of patients hospitalized in Internal Medicine (IM) Units suffer from malnutrition (hypo- or hyper-), and this is considered related to higher morbidity and mortality, as well as increased healthcare costs. However, few data exist on this topic, and neither a characterization of malnutrition nor specific evidence on the effects of over-nutrition are available.
Aims of study: 1. to provide a global assessment of nutritional status of patients hospitalized in IM by considering dietary habits, anthropometric data and physical activity; 2. to stratify patients according to their nutritional status and to correlate it with in-hospital outcome and length of hospital stay, as *proxy* of healthcare costs.
Materials and Methods: We will perform a pilot study evaluating 200 consecutive patients hospitalized for any cause in 3 IM centers. At the time of admission to hospital or as soon as possible each patient will

be evaluated by means of body mass index, MUST (Malnutrition Universal Screening Tool), calories daily intake, duration of physical activity (minutes per week). General characteristics of the patients (*i.e.* chronic or acute diseases) and outcomes related to hospitalization (diagnostic examinations, possible complications, length of hospital stay) will be collected as well.
Conclusions: Our project will hopefully provide useful information to better characterize the issue of malnutrition in patients hospitalized in IM, and to allow the design of larger studies to further evaluate its epidemiologic, clinical and economic impact.

Running to health: sport and medicine a winning combination. "StraFADOI Lazio 2012": how to apply the guidelines to promote a better lifestyle

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Introduction: The guidelines have underlined for years that a healthy lifestyle can prevent and control chronic disease, but little is addressed to citizens offering physical activity as the best means of preserving their health and reducing the consequences of chronic diseases.
Methodology: The Commission for Health Education of the FADOI Lazio, the 12th Rome town council, Formia center for elderly people, Policlinico Umberto I of Rome and FIALS, on 24th November 2012, organized "Strafadoi, running to health, Sports and Medicine a winning combination" for the prevention of chronic diseases. The event, organized in a green area, consisted of a competitive racetrack of 5 km, a 2km walk and "health points" for quick check-up of blood pressure (BP), postural defects and risk factors for chronic diseases using medical examination and questionnaires.
Results: 50 people have been screened for lifestyle (M 35, F 15), mean age 55.5. All reported physical activity at least 3 times a week. The Body Mass Index (BMI) was between 21 and 23. All subjects had undergone a medical examination in the previous year, more than 80% during the last 3 months; 14% was taking medications (antihypertensive, lipid-lowering, oral hypoglycemic agents). Risk factors: 27% alcohol and 6% smoking. The mean BP was 126/80 with a single hypertensive peak (171/118).
Conclusions: Physical activity and healthy lifestyle certainly select patients with reduced risk factors, normal BMI and regular BP. Scientific society should support more and more events of health promotion in accordance with the guidelines on prevention rather than on treatment.

Family planning: the unfinished agenda in developing countries. The Gambian case study

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Introduction: Promotion of family planning (FP) in countries with high birth rates has the potential to reduce poverty and avert 32% of all maternal deaths and 10% of childhood deaths, contributing to women's empowerment. In Gambia, West Africa, childhood rate is 93/1000 live births and maternal mortality ratio is 556/100.000, therefore the cross-cutting contribution to the achievement of Millennium Development Goal on mother's health makes greater investment in FP.
Methodology: To better focus FP needs in Gambia a survey was carried out by Work in Progress Onlus on January 2013 in Kartong, together with women local associations. A 28 closed questions were asked to 31 muslim women in rural area.
Results: Women mean age: 29 years, 32% did not complete primary school. Fertility rate: 3,2 children, 10% pregnant. Mean age of first pregnancy 18 years. Inverse relationship between education and number of children. Lack of knowledge about effects on maternal health of repeated pregnancies (58,8%) and low use of contraceptive methods (20%), mainly pills and injectables, even if the 81% would wait before a new pregnancy. 60% of interviewed women don't want to use contraceptive methods, 30% thinking them not reversible.
Conclusions: A major weakness of FP programs in Africa is that the desired family sizes remain high and many year of concerted effort are needed to achieve an effect on fertility. Although short-term benefits of increased family-planning practice on maternal and child health would be realized, the big pay-off in terms of poverty reduction will take longer to unfold.

A case of ischemic cerebellar stroke related to a fluctuating aortic arch thrombosis during exacerbation of inflammatory bowel disease

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Background: Thromboembolic events occur more frequently in IBD (Inflammatory Bowel Disease) patients (up to 8%) than in controls (up to 2%), with arterial thrombosis being much more uncommon than venous thrombosis. The degree and the extent of inflammatory intestinal disease are thought to promote a prothrombotic state through proinflammatory cytokines, However, the cause of thrombophilia in IBD patients is likely multifactorial.
Case report: A 61 year-old man, already on infliximab 5 mg/kg every 8 weeks for colon Crohn's disease, was admitted for an exacerbation complicated by an asymptomatic perforation. He reported a JACK2 positive Polycythemia Vera and a previous ischemic stroke. We prescribed parenteral nutrition, antibiotic and steroid treatment, discontinued ASA and started Enoxaparin 40 mg/day for the high bleeding risk. After 20 days of ASA withdrawal the patient presented dizziness followed by confusional state: AngioTC-scan revealed an ischemic cerebellar stroke associated to a fluctuating aortic arch thrombosis (FAAT). We reintroduced ASA and after clinical stabilization initiated Enoxaparin 60 mg bid with complete thrombus resolution in three weeks. Thrombophylic screening revealed a decrease in protein S and C, corrected by i.v. Vit K. At present, the patient is well and on infliximab 5 mg/Kg every 4 weeks and ASA. The case represents the first Stroke related to FAAT described in IBD. The disease activity, ASA discontinuation, jack 2 mutation, immobilization and nutrient deficit have likely contributed to the pathogenesis of this rare ischemic event.

Relationship between lower urinary tract symptoms, benign prostatic hyperplasia and quality of life in elderly men

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Among elderly men, Benign Prostatic Hyperplasia (BPH) is the main cause of Lower Urinary Tract Symptoms (LUTS). The International Prostate Symptom Score (IPSS) is the most used instrument to evaluate LUTS in male pts.
Objective: To evaluate the impact of LUTS on the Quality of Life (QoL) in a group of elderly men.
Methods: A total of 98 unselected, consecutive pts >65 years were included in our study between March - September 2012. Elderly men were classified according to IPSS: Group I (moderate severe symptoms) and Group II (absence/mild symptoms). All participants completed the Hospital Anxiety and depression scale, the questionnaires WHOQoL-Bref and WHOQoL –Old.
Results: We found 42 pts(42,8%) in Group 1 with scores 8-35 (moderate-severe symptoms) and 56pts (57,2%) in Group II with scores 0-7 (absence-mild symptoms), mean ages were 71,98± 4,69 (Group 1) *vs* 74,12±4,52 (Group II) p=0,524, mean IPSS were 15,38±3,8 *vs* 4,64±2,26 p<0,001. The mean scores from each WHOQoL-Bref revealed differences between the scores of: physical health (p=0,007), psychological aspects (p=0,001), social relationship (p<0,005), and environment (p<0,005). The mean scores from each WHOQoL-Old revealed differences between the scores of: autonomy (p=0,003), activities (p=0,001), social participation (p<0,005). Old score p<0,005. Despite not statistically significant, a trend to increase in anxiety and depression scores was observed in Group I. Our study signals that older men are particularly sensitive to the impact of LUTS on their QoL, because all domains of QoL analyzed by WHOQoL-Bref and WHOQoL-

Old had significantly lower scores among moderate to severe-symptomatic pts.

Relationship between nail fold capillary microscopy and splenic artery resistivity index (SARI) in SSc patients

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Scleroderma vascular pathology serves as a paradigm for both structural vascular changes and endothelial dysfunction.
Background: Parameters of Doppler ultrasound are reckoned to be new bio-markers of the liver-spleen circulatory axis.
Objectives: To correlate SARI with capillaroscopy findings.
Methods: SARI by Doppler ultrasound of every patients, all digits capillaroscopy and clinical data were carefully analyzed in thirty (21 Limited, 9 Diffuse SSc) consecutive SSc patients fulfilling Leroy and Medsger criteria, 27 F- 3M with a mean age 56 years and mean disease duration of 6 years and 30 age and sex matched healthy subjects have been included.
Results: Nailfold capillaroscopic pattern was found Late in all nine diffuse SSc patients. In 15 limited SSc patients nailfold capillaroscopic pattern was found active, early in 6 pts. SARI showed a mean value 0,59±0,02 in diffuse SSc patients *vs* 0,55±0,06 in limited SSc patients ($p<0,040$) and 0,50±0,01 in healthy subjects ($p<0,001$).In diffuse SSc patients SARI clearly showed a mean value significantly higher than that limited SSc patients and control and all the patients did not demonstrate splenomegaly as well as liver fibrosis or any other form of liver damage. By capillaroscopy our study showed a good correlation between SARI and vascular deletion score: higher value of SARI correlated lower grades of vascular deletion score.
Conclusions: These data indicate an enhanced resistivity of spleenic artery in SSc patients and SARI provides another window on systemic vasculopathy.

Nails abnormalities correlate with severity of nailfold capillary microscopy in SSc patients

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Objectives: To analyze periungual tissue involvement and nail modifications in SSc pts, in addition we evaluated the possible correlations with capillaroscopic pattern and risk factor for digital ulcers.
Methods: Thirty pts (21 Limited, 9 Diffuse SSc) were enrolled 27 F-3M with a mean age 56 years and mean disease duration of 6 years and 30 age and sex matched healthy subjects have been included. We explored associations of disease subset, antibody profile, organ involvement, season, Raynaud's phenomenon duration, time interval after onset of Raynaud's phenomenon with development of DU, modified Rodnan score, treatment and we describe potential risk factors for DU. Periungual tissue involvement and nail plates modifications (form, surface and color alterations) have been described.
Results: Comparing to healthy subjects, SSc nail changes were characterized by cuticle (9.1 SSc *vs* 2.1 Healthy $p<0,001$),and nail fold abnormalities (teleangiectasias, ulcerations, paronychia 3.1 *vs* 0.03 $p<0,001$) without nail plates modifications. SSc nail changes seem to be independent of Raynaud's phenomenon duration but are correlated to cutaneous fibrosis intensity. Patients with digital ulcer are characterized by an increased frequency of peringual tissue abnormalities (cuticles,nailfold and hyponichium alterations $p<0,05$).Pulmonary fibrosis and pulmonary arterial hypertension are correlated to the modification of the nail plate form (hippocratism) and nail fold $p<0,005$).
Conclusions: SSc related nail changes are characterized by important periungual tissues changes, worsening with modified rodnan score and digital ischaemia

✪ Management of septic patients in internal medicine department

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Aim of the study: Our aim is to analize septic features from patients hospitalized in our Internal Medicine Department from September 2011 to January 2013. There are no studies in literature which consider this kind of patients but only patients from ER or ICU.
Materials and Methods: All patients had sepsis, severe sepsis or septic shock. The following features were considered: age, sex, diagnosis on admission, kind of sepsis, sepsis origin (communitarian or nosocomial), sources, coltures, etiology, antibiotic therapy, comorbidities, death and lenght of stay.
Results: On a total of 112 patients, 36% had sepsis, 41% severe sepsis and 23% septic shock. We focused on patients with severe sepsis: 63% were men and 37% women. Mean age was 67,1 yrs. 70% of infections were communitarian. Urinary (48%) followed by sistemic infections (39%) were the most frequent sources. Gram negative infections were more common (31 positive coltures) and E.coli was the most represented of them (12), while on gram positive (20 positive coltures) enterococci (8) were. Chinolonics were the most administred antibiotics followed by beta-lactam. Most frequent comorbidities were cardiovascular (47 patients) followed by kidney and metabolic diseases. 8% of these patients died. Mean lenght of stay was 9,14 days.
Conclusions: In the last years because of early management and new therapeutic approaches, medical patients can be often septic patients. In our every day life lots of septic patients come to our Department: we managed above all patients with severe sepsis. None of them needed an ICU admission.

Malattie cardiovascolari nella città di Messina: quadriennio 2004-2007

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Ictus cerebrale e infarto miocardico sono le malattie cardiovascolari predominanti negli ultimi secoli a causa dell'allungamento della vita media e delle modificazioni dello stile di vita e sono tra le principali cause di morte al mondo nonostante il miglioramento delle cure e l'affinamento delle tecniche preventive. Nel nostro studio abbiamo analizzato i dati del quadriennio 2004-2007 nelle tre principali aziende ospedaliere della città di Messina (Policlinico, Piemonte, Papardo) ottenute attraverso le Schede di Dimissione Ospedaliera. Abbiamo valutato il numero totale di pazienti con diagnosi principale di ictus cerebri e cardiopatia ischemica, considerando le variabili, sesso, età e l'associazione con i principali fattori di rischio (diabete e/o ipertensione). Il numero totale di ricoveri è stato 4938: 2192 per cardiopatia ischemica; 2746 per ictus, con una media di 1234 ricoveri annui. Dallo studio è emersa la correlazione positiva tra fasce di età più avanzate e aumento dei ricoveri per malattie cardiovascolari. Si è evidenziato come per i maschi il numero di eventi aumenta progressivamente fino ai 7o – 79 anni e diminuisce dopo gli 80 anni, mentre per le donne raggiunge il picco dopo gli 80 anni. Per studiare i fattori di rischio sono state prese in considerazione le diagnosi secondarie delle SDO analizzate e i pazienti sono stati stratificati in base alla presenza di ipertensione arteriosa e/o diabete mellito. L'ipertensione è maggiormente correlata a rischio ictale, il diabete a cardiopatia ischemica, solo il 6.5% dei pazienti presentava entrambe le patologie.

The Hageman mystery

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Introduction: Factor XII deficiency (FXII D) is a rare disorder (1 per million) which being autosomal recessive, affects men and women equally. FXII is a step of the coagulative pathway, but people with its deficiency usually do not experience bleeding and never require treatment. FXII D is often diagnosed incidentally as a result of unexplained prolongation of activated partial thromboplastin time (aPTT).
Case report: A 57-year-old woman was referred for generalized seizures and contusive costal trauma. She was oligophrenic and epileptic from childhood, but she has had no crisis from the age of 15. A brain CT-scan showed an heterogeneous mass (30 x 22 mm) projecting in the right ventricle and some punctiform hyperdense bilateral subependymal spots. Interesting was a marked aPTT prolongation (253 s, ratio 9.24), normalized on mixing test, indicating

a clotting deficiency. The patient had no known history of bleeding (she had a back lipoma removed) and haemostasis had never been tested before. She was kept on clinical and neuroradiological follow-up for a suspected haemorrhage of the large brain mass, but subsequent MRI highlighted an intraventricular tumor associated with subependymal tuberous sclerosis, without any signs of bleeding. The coagulation tests showed an almost complete absence of FXII (0.6%).
Conclusion: In case of marked aPTT prolongation without an haemorrhagic history, you should always suspect a congenital or acquired FXII D. Even in case of the most severe deficit there is never an increased bleeding risk but rather a prothrombotic state.

A not uncommon heparin side effect

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Introduction: Rectus sheath hematoma (RSH) is a cause of acute abdominal pain due to an inferior epigastric artery tear. It complicates anticoagulant therapy, especially heparin injections: it occurs in 5% of patients with prophylactic doses and in 10% with therapeutic ones.
Case report: An obese 72-year-old woman was admitted for abdominal pain and urinary retention; on examination she presented right lower abdominal tenderness. Chronically anticoagulated for atrial fibrillation, she had been shifted to Enoxaparin in therapeutic doses (8000 U bid) for a colonoscopic exam. Abdominal x-ray and ultrasound were negative; haemoglobin level decreased from 12 to 9 g/dl in a few days; CT-scan showed a right lower abdominal mass (15 x 8 cm) extended to the obturatory region (5 x 6 cm), displacing the bladder. RSH occurred spontaneously, it required blood transfusions, but this outcome was favourable. The patient is still taking heparin, but with different sites of injections (deltoid, quadriceps) and especially with lower doses (4000 U daily)!
Conclusion. RSH should be suspected in patients with an acute abdominal pain who are on heparin injections, particularly if at therapeutic doses. Predisposing factors are age, female sex, surgery, pregnancy, renal insufficiency, coughing, concomitant antiplatelet drugs and poor injection technique. The diagnosis may be difficult since only 50% of patients have a visible hematoma at presentation. Elderly patients should be therefore monitored and the site of injection should be frequently changed (the deltoid region is considered to be safer).

Una nuova scheda di valutazione del patrimonio venoso superficiale periferico e algoritmo per la scelta del catetere venoso adeguato

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Introduzione: Che il paziente disponga di un catetere venoso idoneo è indispensabile per l'attività lavorativa di medici infermieri e per la qualità assistenziale percepita dal paziente stesso.
Metodi: In un corso accredito ECM abbiamo ideato una scheda che prevede: *valutazione del patrimonio venoso superficiale* che può risultare buono, sufficiente, insufficiente; *algoritmo decisionale* del catetere venoso adatto, tenendo conto di: punteggio ottenuto nella 1ª parte, durata e tipo di terapia, luogo di somministrazione; *valutazione delle complicanze* in caso di utilizzo di agocannula.
Risultati: Il confronto tra i dati attuali e lo storico mostra un miglioramento nella tempistica d'intervento per la scelta del catetere venoso opportuno e una migliore motivazione della richiesta un CVC.
Conclusioni: in letteratura non vi è alcuna scala validata che valuti il patrimonio venoso; la nostra permette di individuare e oggettivare il pz *fragile* sotto tale punto di vista. In questo modo è stato possibile identificare il catetere ottimale per la somministrazione dei farmaci prescritti ricorrendo in modo precoce ad accessi venosi centrali (CVC-BT/PICC) ponderati in base al progetto assistenziale/terapeutico del paziente. Sarà possibile inoltre eseguire un'analisi costo beneficio dall'introduzione della scala nella routine quotidiana di reparto. In base ad un questionario la scheda è risultata gradita al personale.

Pharmacogenomics of arterial hypertension among human populations

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Background: Arterial hypertension is main risk factor for many disorders, and drug therapy is the major tool for reducing hypertension risks. Patients showed inter-ethnic differences in response to anti-hypertensive drugs, but their genetic predisposition is poorly understood. Translational data may be obtained from the ethnic investigation of hypertension pharmacogenomics. Our aim was to analyze inter-ethnic pharmacogenetic differences of arterial hypertension, in order to predict the optimal antihypertensive treatment for each human group.
Materials and Methods: Analyzing the current literature, 66 genes related to the response of anti-hypertensive medications were identified. The databases of HGDP and 1,000 Genomes Project have been explored, to investigate the most differentiate pharmacogenes among human populations. Different approaches were used to analyze the ethnic differences in pharmacogenes and bioinformatic tools were used to identify the functional impact of the analyzed variants.
Results: HGDP analysis highlighted that 30 pharmacogenes had at least one SNP significantly differentiated among human populations. 1,000 Genomes analyses revealed that ethnicity strongly affects the enzymatic activity of some genes associated with anti-hypertensive drug response. Finally, we analyzed the functional ethnic differences in the metabolic pathway of each drug class, observing a significant diversity among human populations.
Conclusions: This study provided a survey of anti-hypertensive pharmacogenetic knowledges, suggesting potential rules to therapeutic decision-making.

Short-term prognosis of intracranial haemorrhage in patients on oral anticoagulant and antiplatelet drug: the VAIP study

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Background: Intracranial haemorrhage (ICH) is the most serious complication of oral vitamin K antagonists (VKAs) and antiplatelet drugs (ADs). Only few data are available on natural history of antithrombotic drug-related ICH.
Aims: To investigate predictors of short-term prognosis of antithrombotic drug-related ICH.
Methods: The VAIP is a retrospective study. Consecutive patients with an ICH occurring during antithrombotic treatment, admitted to Cuneo hospital, were included. As a control group, we randomly patients with ICH without antithrombotic drugs.
Results: Overall, 451 patients were included: 75 on VKA, 96 on AD, and 280 as a control group. Patients on VKA were at higher risk of death during hospital stay (33 *vs* 22%;P<0.05). Patients on AD had a worst GCS and a modified Rankin scale (mRS) at discharged. At the multivariate analysis, independent predictors of in-hospital death were: age >80 years (hazard ratio [HR] 2.3, 95% confidence interval [CI] 1.5-3.5), GCS <8 (7.8, 5.0-12.1), treatment with VKAs (2.0, 1.2-3.4), and treatment with antiplatelet drug (1.8, 1.05-3.0). Surgical treatment was an independent predictor of survival (0.5, 0.3-0.96). Independent predictors of the combined outcome in-hospital mortality and disability (mRS 4 to 6) were: age >80 years (HR 2.1, 95% CI 1.6-2.8), GCS <8 (3.0, 2.2-4.0), and treatment with antiplatelet drug (1.5, 1.1-2.1). Surgical treatment was an independent predictor of good outcome (0.7, 0.5-0.97).
Conclusions: Both VKAs and antiplatelet drugs therapy seems to be independent predictors of poor short-term prognosis in patients with ICH.

Superficial vein thrombosis and venous thromboembolism: results of a large multicenter study

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Background: Recent studies have suggested a not uncommon coexistence of deep vein thrombosis (DVT) and pulmonary embolism (PE) in patients presenting with superficial vein thrombosis (SVT). Furthermore, these patients have a not negligible rate of recurrence of venous thromboembolic events.
Aim of the study: to evaluate potential risk factors for DVT or PE coexistence and for VTE recurrence in patients presenting with acute SVT.
Methods: a multicenter, retrospective cohort study including patients with an objectively diagnosed SVT of lower limb was conducted.
Results: 497 patients (mean age 56.3±17.9 years, 63.9% women) were included; 17.7% of patients had a personal history of DVT/PE and 36.9% had a previous SVT. SVT was unprovoked in 43.7% of patients, varicose veins and cancer were present in 32.1% and in 10.9% of patients. Concomitant DVT/PE was found in 16% of patients at SVT diagnosis. At multivariate analysis, cancer (OR 4.5, 95% CI 2.14,9.41) and sapheno-femoral junction involvement (OR 9.6, 95% CI 4.76, 19.48) were significantly associated with DVT/PE coexistence, whereas unprovoked SVT (OR 1.83, 95% CI 1.23, 2.72) and varicose veins presence (OR 1.81, 95% CI 1.21, 2.72) were significantly associated with SVT recurrence.
Conclusions: DVT and PE are not uncommon and should be excluded in patients presenting with a SVT especially in cancer patients and in patients with sapheno-femoral junction involvement. Patient with varicose veins and patients with an unprovoked SVT seems to have an increased risk of recurrence.

A volte ritornano...

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P.C.E., donna, 40 anni, giungeva alla nostra osservazione per la comparsa di ecchimosi spontanee agli arti inferiori e ai glutei, associate a lesioni purpuriche non pruriginose e non palpabili di circa 1-2 mm in sede perifollicolare, edemi improntabili fino al ginocchio, intensa astenia, ridotta tolleranza allo sforzo. Gli esami ematochimici evidenziavano anemia severa (Hb=4.9 g/dl) con necessità di emotrasfusioni ripetute. La paziente appariva reticente e apatica; dal colloquio emergeva mancanza di partecipazione emotiva, affettività ristretta e inadeguatezza nel rapporto con gli altri. I familiari riferivano tendenza all'isolamento sociale, condotta alimentare inappropriata con dieta non bilanciata e numerose restrizioni non chiaramente motivate. L'anamnesi e il quadro clinico e bioumorale apparivano altamente sospetti per patologia carenziale. I sintomi e segni precedentemente elencati sono risultati correlabili a grave oligo-a-vitaminosi C secondaria a ridotto apporto alimentare. L'intervento terapeutico sostitutivo con acido ascorbico unitamente all'implementazione di una dieta equilibrata ha condotto a rapido miglioramento clinico con scomparsa delle lesioni cutanee e degli edemi declivi e riduzione delle alterazioni comportamentali. Manifestazioni sistemiche di tale entità sono più spesso rinvenibili in contesti socio economici distanti dalle condizioni dei paesi sviluppati. Tuttavia ipotesi diagnostiche anche insolite nelle nostre realtà, come lo scorbuto, non devono essere trascurate in presenza di comportamenti alimentari profondamente scorretti.

High neutrophils and low CD34+ cell count are associated with increased risk of venous thromboembolism

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Among subjects with metabolic syndrome (MetS) the risk of venous thromboembolism (VTE) is increased. Aim: to study the relationship between MetS, levels of circulating progenitor/immune cells and the risk of VTE.
Methods: We studied 240 patients with previous VTE and 240 age and sex comparable controls without history of VTE. Flow cytometry was used to quantify circulating CD34+ cells.
Results: VTE patients showed higher BMI, waist circumference, triglycerides, blood glucose, hs-CRP and lower HDL-C levels than controls. The prevalence of MetS was significantly higher in VTE (38,3%) than in controls (21,3%) with an adjusted odd ratio for VTE of 1,96. The CD34+ cell count was lower among patients with unprovoked VTE compared to both provoked VTE (p=0.004) and controls (p=0.003). No differences were seen in term of CD34+ cells between provoked VTE and controls. VTE had higher circulating neutrophils (p<0.0001) compared to controls independently from VTE type. Subjects were grouped according to presence/absence of MetS (MetS+ or MetS-) and the level (high/low) of both CD34+ cells and neutrophils. Very high adjusted odd ratios for VTE were observed among neutrophils_high/Met+ (OR 4.54, p<0.0001) and CD34+_low/MetS+ (OR 5.11, p<0.0001) subjects as compared to the neutrophils_low/MetS- and CD34+_high/MetS- groups respectively.
Conclusions: Low CD34+ blood cell count and high circulating neutrophils interplay with MetS in raising the risk for VTE. These findings open a new scenario on the potential involvement of immunity and progenitor cell recruitment in the pathogenesis of VTE.

Lipoproteins and unstable carotid plaque: LDL cholesterol again only a supporting actor

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Objective: We investigate the potential association between LDL remnants and LDL density with the prevalence of inflammatory cells in the plaque of patients with severe carotid artery stenosis.
Methods: We studied 45 patients undergoing carotid endarterectomy. Plaque specimens were analyzed for cellular composition by immunocytochemistry using monoclonal antibodies. Lipoprotein subclasses were separated by gradient ultracentrifugation.
Results: We found no correlations between LDL cholesterol, HDL cholesterol and plasma triglyceride levels with cellular plaque content. On the other hand macrophage content was significant related to cholesterol in the dense LDL subclasses (r=0.30, p<0.01) and in the triglyceride-rich lipoprotein remnants (r=0.46, p<0.01). HDL subclasses were not correlated with plaque cellular composition. In a mirror manner, SMC were inverse related to cholesterol in the dense LDL subclasses (r=-0.32, p<0.01) and, even if not significant, in the triglyceride-rich lipoprotein remnants (r=-0.18, n.s. p=0.14). After endarterectomy IMT was not related to lipoprotein subclasses.
Conclusions: We provide evidence that lipoprotein subclasses, in particular dense LDL and lipoprotein remnants, significantly affects the carotid plaque cellular composition, in particular macrophages. Thereby a pharmacological approach that not only reduce LDL levels but is effective on changing LDL quality and triglyceride-rich lipoprotein remnants is desirable to stabilize carotid atherosclerotic plaque.

Stop the lancet! An uncommon case of colon neoplasm

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Introduction: we describe a case of a 51-year old female, who was hospitalized for the diagnostic characterization of three small pulmonary lesions and a colonic neoplasm detected by chest CT and double-contrast barium enema, respectively. They were performed at her local hospital two weeks before admission because of appearance of fatigue and stool modification in the last 2 months.
Her medical history included the removal of a breast nodule of non-malignant nature, and allergic asthma treated with long-acting beta-agonists. Chest and abdominal examination were negative.
Clinical course: Laboratory tests only showed a slight increase of Ca-125. Abdominal ultrasound was negative.
A new chest CT confirmed the presence of three subcentimeter pulmonary nodules suggestive for malignant lesions, and showed multiple mediastinal lymph nodes. Colonscopy confirmed a 5 cm

ulcerated colonic polyp, close to ileocecal valve. Multiple pseudopolyps were also found in the transverse and left colon. Colon cancer with pulmonary metastases was suspected and, due to the high risk of intestinal occlusion, total colectomy was proposed. However, histological analyses of colon polyp biopsy revealed a mantle cell lymphoma and the patient was referred to hematologist.
Conclusions: Mantle cell lymphoma comprises 7% of adult non-Hodgkin's lymphoma. Most patients present with advanced stage disease. While approximately 75% of patient initially present with lymph adenopathy, extranodal disease is the primary presentation in the remaining 25% and usually involves the gut, chest and pleura.

A case of postoperative FUO

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Introducton: We described a case of a 72-year old male admitted to our Unit due to a 3-week history of fever,which started fifteen days after aortic valve replacement surgery. The patient also complained of mild scapulohumeral pain. Clinical post-operative course was regular,as well as the surgical wound did not show signs of infection. Chest and abdominal examination were negative,including exploration of the lymph node sites.
Clinical course: Laboratory tests showed a modest increase of neutrophil count and a 6x elevation of C-reactive protein. Blood cultures were positive for Staphylococcus Aureus. Chest X-ray and abdominal ultrasound were negative. Transthoracic and transoesophageal echocardioraphy did not show signs of endocarditis. During hospitalization, a local swelling and erytema appeared in a small portion of the surgical wound;a skin culture was performed was positive for St. Aureus. Since a sternal osteomyelitis was suspected a chest CT scan was performed and showed the presence of osteomyelitis lesion. Treatment whith teicoplanin and rifampin was started.
Conclusions: Osteomyelitis can occur because of hematogenous seeding or contiguous spread of infection from adjacent soft tissue and joints, or direct inoculation of infection by trauma or surgery such as in this case. Osteomyelitis tipically presents with gradual onset of symptoms over several days, characterized by dull pain at the involved site. Finding of osteomyelitis on plain radiography should prompt bone biopsy for culture to guide therapy, unless blood cultures are positive for a likely pathogen.

Il duro mestiere di Sherlock Holmes: una complessa sindrome neurologica

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Introduzione: Questo è il caso di un paziente di 53 anni, fumatore di 10 sigarette/die, di professione restauratore. Giunge alla nostra attenzione per comparsa da alcuni giorni di dolore trafittivo all'arto superiore di sinistra, continuo, non preceduto da traumi o sforzi e scarsamente responsivo alla terapia con FANS. Il quadro si era complicato un episodio sincopale con verosimile perdita sfinteriale.
Decorso clinico: Il paziente veniva sottoposto a TC encefalo ed ECG che escludevano eventi cardiaci o cerebrali emorragici. L'obiettività toraco-addominale risultava negativa mentre si segnalava la presenza di miosi e ptosi palpebrale sinistra e di ipoestesia nel territorio C8-D1. Esclusa la genesi epilettica e attribuita la sincope ad un'emorragia digestiva da FANS manifestatasi il pomeriggio stesso con una scarica di melena, ci siamo concentrati sull'inquadramento della sindrome di Horner. Nonostante l'assenza di linfoadenomegalie sovraclaveari rilevabili, abbiamo effettuato una TC torace per escludere neoplasie polmonari. L'Eco-Doppler TSA non ha mostrato segni di dissezione carotidea.è stata quindi effettuata una RMN del rachide cervicale che ha messo in evidenza una importante patologia erniaria a carico di C8-D1 verosimilmente responsabile del sintomo. Il paziente è stato trattato con steroidi e riposo con graduale riduzione del quadro. Non sono state poste indicazioni chirurgiche.
Conclusioni: La sindrom di Horner riconosce diverse cause e la corretta raccolta dell'anamnesi associata all'esecuzione routinaria dell'esame obiettivo sono necessarie per guidare il percorso diagnostico.

A complicated history of chronic heart failure: from a long QT syndrome to ventricular assist devices

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Background: A 60 year old man went to the ED with dyspnoea and palpitation; ECG documented atrial fibrillation (AF) with ventricular rate of 134 bpm. The clinical history was positive for HT, NIDDM, CKD, ischemic dilated cardiomyopathy, NSTEMI treated with CABG and PTCA/drug-eluting stents. The first episode of AF occurred 2 years before with spontaneous cardioversion; low dose of sotalol (40 mg bd) were started because of bradycardia.
Methods: At day 1 sotalol was increased to 40 mg x 3/die and low K^+ were corrected with i.v. infusion. Pharmacological amiodaron cardioversion was obtained on day 2, but a cardiac arrest occurred on day 3. The patient was assisted according to ACLS with restoration of sinus rhythm after 30 min. Any neurological damages were found.
Results: Iatrogenic long QT syndrome was thought to be the cause of the cardiac arrest, according to the ECG findings, the low K^+ levels and the combined use of amiodaron and sotalol. The patient was then treated with methoprolol and ICD-PM implantation. 2 year later, because of refractory CHF and heart-kidney transplantation was contraindicated a VAD, that propel blood from the left ventricle into the aorta, was implanted. The patient died of internal bleeding 30 days after.
Conclusions: This case makes us reflect on the opportunity of a rate *vs* rhythm control approach and on pharmacological strategies in patients with a history of bradycardia. It is important to study if mechanical assistance may be more effective and better tolerated when used in early stages of heart failure also to avoid iatrogenic damage by drugs.

Un raro caso di sanguinamento gastrointestinale oscuro

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Premesse e Scopo del lavoro: Nei pazienti complessi e gravati da più patologie, rimane indispensabile la integrazione con appropriatezza di tutte le informazioni ed i presidi diagnostico-terapeutici. Ancor più nelle patologie meno frequenti o localizzate in organi di difficile valutazione. La diagnosi di tumori dell'intestino tenue è resa difficoltosa dai limiti delle metodiche tradizionali per lo studio del piccolo intestino. Ancora più difficile formularne la diagnosi nei casi complessi in cui i sanguinamenti soprattutto se occulti, rimangono oscuri perché mascherati da patologie associate.
Caso Clinico: Artigiano di 48 anni con esordio drammatico per emorragia da farmaci di ulcera del duodeno. La storia clinica e l'accurata anamnesi consentirono in breve lasso di tempo di diagnosticare ed asportare (EMR in corso di colonscopia) un carcinoma in situ del colon destro. Ad una successiva anemizzazione da perdita, e dopo ulteriori EGDScopia e RCScopia che esclusero lesioni emorragiche, si procedette allo studio dell'intestino tenue che, iniziato con indagini rXcontrastografiche e completato con VCE, consentì di formulare diagnosi di adenocarcinoma del digiuno successivamente asportato.
Conclusioni: Le patologie dell'intestino tenue, in particolare nei pazienti affetti da sanguinamento gastrointestinale di origine oscura, pur se rare devono sempre essere tenute in giusta considerazione. L'affinarsi delle metodiche,in particolare il corretto uso della VCE, e l'uso appropriato delle stesse consentono una corretta gestione del paziente, pur complesso.

Collaborazione tra medici e infermieri: una tematica emergente e un ambito non ancora definito. Rilevazione del fenomeno nelle strutture di medicina interna della Regione Liguria

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Introduzione: L'interazione tra medico ed infermiere, evolutasi negli anni, è passata da modalità gerarchiche, alla cooperazione indipendente e responsabile, nel rispetto dei reciproci ruoli professionali. Nella realtà il

rapporto non appare ancora modificato del tutto, a causa anche di ambiti e confini indefiniti dei reciproci terreni professionali. Il lavoro in team è strategia vincente nella gestione dei bisogni di salute. La comunicazione carente e distorta tra gli operatori può minare la cooperazione interprofessionale e favorire il verificarsi di eventi avversi. La presenza dell'infermiere laureato ha ulteriormente trasformato lo scenario lavorativo.
Obiettivo dello studio: Rilevare attraverso la somministrazione di due questionari validati il grado di collaborazione tra le due figure.
Materiali e Metodi: Sono stati somministrati 300 questionari anonimi, a infermieri e medici delle Medicine Interne della Regione Liguria, ciascuno contente due scale di valutazione. La *Jefferson Scale* elaborata negli USA, comprende 4 categorie tra cui la condivisione di alcuni aspetti della formazione medica ed infermieristica, il prendersi cura ed il curare, l'autonomia degli infermieri e l'autorità dei medici e la *Nurse-Physician Collaboration Scale* elaborata in Giappone, è suddivisa in 3 categorie tra cui la condivisione delle informazioni clinico-assistenziali, il processo decisionale e la cooperazione tra infermiere e medico.
Risultati: I risultati saranno utili per proporre iniziative culturali e formative congiunte, atte a migliorare la cooperazione tra il medico e l'infermiere.

Jockey's diarrhea

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A man 23 years old was hospitalized for cramping abdominal pain in the right iliac fossa, associated with fever, vomiting and diarrhea. The blood tests showed monocytosis, increase of inflammatory markers. Tests for HCV, HBV, HAV, HEV, HIV, EBV, CMV were negative. Abdominal ultrasound and subsequent CT scan contrast-enhanced revealed a diffuse thickening of the walls of colon from the caecum to the right colon flexure, associated with thickening of the surrounding loose tissue and numerous small lymphadenopathy. It was set an antibiotic therapy with metronidazole, ciprofloxacin and therapy with mesalazine, obtaining an improvement of the clinical picture. Colonoscopy examination was negative. After few days stool test became positive for Campylobacter Jejuni infection. At this point a specific antibiotic therapy was set with complete disappearing of symptoms. Campylobacter jejuni Infection is a food poisoning that clinically shows diarrhea and abdominal cramps, it more rarely shows febrile convulsions and meningitis. The reservoir of infection is represented by bovines, ovines, birds and contaminated water. In this case the patient has contracted the infection by equines during his jockey job.

Sono i farmaci a rischio o è solo malasanità?

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Donna di 91 aa, Kg 47, vive sola autonoma, in buona salute. Circa 17 gg prima comparsa di edemi agli arti inferiori bilateralmente senza febbre o lesioni cutanee. Il Curante prescrive seduta stante arixtra 7,5 mg 1 fl die. Dopo alcuni giorni di terapia senza beneficio comparsa di vasto ematoma spontaneo al braccio destro. Il Chirurgo aspira l'ematoma con ago ed esegue emocromo con riscontro di anemia (Hb 8,4 gr/dl); all'rx omero: non fratture. Viene sottoposta a emotrasfusioni e dimessa dall'ambulatorio con arixtra 7,5 mg 1 fl sc die. Dopo pochi giorni la paziente si reca al dea per astenia, ipotensione, incremento del volume del braccio destro con dolore e mano destra fredda. Al DEA riscontro di anemia severa (Hb 6,3 gr/dl), leucocitosi neutrofila e insufficienza renale (creat 2,26mg/dl). Obiettivamente: il braccio destro è di dimensioni nettamente aumentate, violaceo per vasto ematoma esteso dalla spalla/torace fino alla mano, con le dita della mano ipotermiche, estremamente dolente, l'ecocolordoppler degli arti inferiori però non evidenzia segni di trombosi in atto o pregressa. Le condizioni generali sono gravissime, è sottoposta a emotrasfusioni, terapia antibiotica ad ampio spettro, idratazione, diuretici in infusione, antidolorifici e valutazione chirurgica per fasciotomia che viene eseguita dopo poche ore con modesto miglioramento locale. Le condizioni peggiorano ulteriormente con comparsa di segni settici (febbre fino a 40°, leucocitosi neutrofila e peggioramento dell'insufficienza renale acuta) e a breve la paziente decede in MOF.

Recurrent abdominal pain and eosinophilia: a case of appendicitis by *Enterobius vermicularis*

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Enterobius vermicularis is one of the most common nematodes and it is responsible for a widespread parasitic infection after ingestion of eggs via contaminated hands or food. Following the ingestion of infective eggs, the larvae hatch in the small intestine then the adults settle predominantly in the colon, particularly the caecum and the terminal ileum. The infection is usually asymptomatic, but infestation may also present with perianal itching, ileocolitis, urinary tract infection, mesenteric abscesses, salpingitis and appendicitis. We present the case of a 23 year-old, white, nulligravid female admitteded to our hospital for 1 year history of chronic intermittent pelvic pain, particularly on the right side. She had no remarkable medical anamnesis. The pain was not associated with her menses. Laboratory investigation showed a white cell count of 11800/mm3 with 11% eosinophils. Transvaginal sonograph revealed no evidence of gynecologic pathology but free intraperitoneal fluid was present. Abdominal ultrasound showed dilated appendix with thickened wall. Surgeons performed an explorative laparoscopy and found an acute appendicitis. An appendectomy was performed. Pathology reported a specimen measuring 6 cm long with a diameter of 0.9 cm. The lumen contained parasites with features compatible with E. vermicularis. The diagnosis was acute catarrhal appendicitis with parasitic infestation. The patient was treated with mebendazole 100 mg orally, with a second dose 14 days later. Postoperative follow-up at 2 weeks and at 4 months revealed complete resolution of her pain.

About "spendig review": an emblematic case report

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Introduction: Often the correct interpretation of few laboratory tests avoids expensive instrumental tests
Clinical Case: P.V., female, 44, non-smoker. Five months before, because of atypical chest pain: *chest X-ray (CXR):* fibrotic basal stria; *thoracic CT*: pleural effusion; *ECG*: limits; *Echocardiogram:* mild pericardial effusion. 15 days before hospitalization, due to the recurrence of symptoms: *CXR:* left basal pleural effusion; *Spirometry:* limits; *DLCO:* slight reduction. Shès then hospitalized for swoon and mild dyspnea. *Blood tests*: PTT: 67s; aPTTr: 2.31; fibrinogen and INR: limits; *A/B balance:* PH 7.5, PCO2 30, PO2 82, SBC 25; (A-aDO2 30.5). Hypothesis: *Pulmunay embolism (PE) in LAC syndrome. Echocardiogram:* limits; *Lung Scintigraphy:* suggestive for pulmonary microembolism; *Thrombophilia tests:* DRVVTr 1.87; LAC Positive, aPC Resist: 0.46; ACL IgG: 453; Anti-IgG-beta1GPI: 790; *ANA:* 5120. Final diagnosis: *Pulmonary microembolism in a patient with thrombophilic syndrome (LAC and factor V Leyden positivity) in SLE.*
Discussion: LAC syndrome, often secondary to autoimmune diseases (as SLE), is characterized by arterial and venous thrombosis and abortions. Laboratory: LAC positivity or elevated ACA or anti-beta2-GP1. It should be suspected when therès an unexplained increase in aPTT with symptoms of VTE. Chest pain, swoon, respiratory alkalosis and increase of A-aDO2 of our patient are suggestive of PE.
Conclusions: The prudent request and interpretation of laboratory tests improves the effectiveness of medical intervention avoiding dangerous delays and overspending.

A ...too acid woman

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Background: Sometimes a simple and inexpensive diagnostic test can help to quickly diagnose very insidious diseases.
Case report: S.A, female, 72, non smoker, is hospitalized because of weakness. History: hypertension, carotid atherosclerosis, previous bladder cancer (surgery 20 years earlier). After consultation with a Neurologist because of rapidly progressive tetra-hyposthenia, just 15

days before she practiced *Cranium CT* and *MRI*: normal. *Laboratory tests*: K 2.6; Cl: 126; *A/B balance*: pH 7.16; pCO2: 23; pO2: 91, HCO3-: 8,2. Subjected to rehydration and reintegration of bicarbonate and potassium, the patient is discharged on the sixth day from hospitalization. Diagnosis: Severe hyperchloremic metabolic acidosis, in patient with ureter-sigmoido-stomy (USS).
Discussion: The patient had undergone to ablation of bladder, and to USS. Hyperchloremic metabolic acidosis is a frequent complication of USS, because of the exchange Cl-/HCO3- at intestinal level and should always be considered in the evaluation of patients operated on for bladder cancer. In USS it occurs hypokalemia despite acidosis. Progressive asthenia is a consequence of hypokaliemia and A/B imbalance
Conclusions: This case emphasizes the importance of an inexpensive diagnostic test, such as A/B balance, not only, as frequently happens, in case of dyspnea, but whenever we can hypothesize an alteration of the delicate acid-base, fluid and electrolyte equilibrium, on the basis of a prudent clinical-anamnestic global assessment of the patient, avoiding often considerable expenditure of time and economic resources.

A case of toxic shock syndrome with fulminant myocarditis

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Case report: A 45-y.o.-woman was admitted to emergency room in shock condition following vomiting and diarrhea, two hours after eating a defrozen pizza. Clinical parameters highlighted a Sistemic Inflammatory Response Syndrome. Echocardiography showed severe ventricular dysfunction with marked echogenic wall thickness. She rapidly developed a coma condition and was admitted in Intensive Care Unit. Mechanical ventilation, haemodinamic support and empiric antibiotic therapy were performed. Later palmar erythema and conjunctival hyperemia appeared. Microbiological cultures and tests for leptospirosis and measles were negative. Clinical conditions gradually improved, and she was transferred to Internal Medicine Unit. A diagnosis of non-mestrual toxic shock syndrome (TTS) with fulminant myocarditis was assessed. The patient was discharged ten days later. One month-eco-cardiographic control was normal.
Discussion: TSS is a rare, life-threatening systemic illness resulting from toxins produced by staphylococcus aureus bacteria. It often occurs in women using internal tampons but can also affect men and children. Pathogenesis is cytokine mediated, as result of T cell activation by exotoxins acting as superantingens. Diagnosis is clinical and based on major and minor criteria since no specific tests are available. This case is unusual for atypical pathogenesis since Staphilococcus infection was transmitted by food. Moreover main clinical manifestations of TSS in this patient were related to acute heart failure with eco-cardiographic findings of myocarditis that is rarely reported in TSS.

An hospital training project for the adoption of insulin pens and for the prevention of needlestick injuries in the AO Monaldi, AORN dei Colli, Napoli

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Premesse e Scopo dello studio: When diabetic patients (pts) are hospitalized, usually insulin therapy is often performed with traditional insulin syringes other than preempted pens used at home.This is due to the hypothetical risks of infections in pts (use of a single pen for multiple pts) and clinicians' errors (not changing the needle for each pt). Nurses' leading causes of risks are both insulin therapy (needle recapping after use) and the finger prick procedure during glucose examinations.
Materiali e Metodi: We developed a pilot project in Monaldi Hospital aiming both at promoting the use of new devices and providing adequate training in the personnell; we also decided to perform, according to our hospital General Management, some cost-effectiveness analyses (CEA) of devices. We identified 4 pilot departments (Medicine, two Cardiologies, Thoracic Surgery) which will adopt for 2 months, after adequate training and under the strict surveillance of diabetes staff, the both free of charge safety needles by Novo Nordisk and finger prick security needles by the BD firm.
Conclusioni: Nursing staff experience and diabetes knowledge will be assessed before the beginning of the study on a questionnaire basis. At the end of our 2-months period we will make a report in accordance with the nursing general Management and the pharmaceutical firms taking into account our results, their costs and the possibilities of adopting a "continuity of care" with the territorial structures and GPs in order to give pts the better therapeutic options they need.

✪ Inverting clichés on the progressive care model in Hospital and on the role of "the doctor in charge of care" (medical tutor): results from an inter-disciplinary comparison in Tuscany

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Background and Aim of the study: Hospitals organized according to different levels of care and the "medical tutor" have been associated with: cost reduction, weakening of heads of hospital specialties, clinician's isolation. Internal medicine (high co-morbidity and complexity case-mix, high volumes, emergencies, high workload, large teams) is strongly interested in orienting change in a different way.
Material and Methods: Focus groups involving 30 specialists working in two hospitals, Pistoia (Tuscany Local Health Authority n. 3) and Prato (Tuscany Local Health Authority n. 4). In 2013 these specialists will be moving to new hospitals organized according to different levels of intensity of care.
Results: There can be different typologies of "medical tutor" (single doctor, small teams,, small teams with a prevalent tutor) depending on the case-mix and the doctor's competence. The common trait distinguishing all these typologies is the willingness to invest in team-work, standards, communication, and interdisciplinary and interprofessional integration. The role of the head of hospital specialties therefore becomes increasingly significant for managing human resources.
Conclusions: The "medical tutor" characterizes the hospital organized according to different levels of care. He/she aims to achieve continuity of care, highlights the importance of team-working and communication standards, promotes a change in the role of the head of hospital specialties. This is the change that Internal Medicine has to promote for patients' and professionals' benefit.

Is the Pulmonary Embolism Severity Index suitable for hospitalized cancer patients with acute pulmonary embolism?

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Background: The Pulmonary Embolism (PE) Severity Index (PESI) and the Simplified PESI (sPESI) accurately classified the general PE population in low or high risk of mortality. However the prevalence of cancer did not exceed 25%. We aimed to evaluate the performance of PESI and sPESI in oncological patients with PE.
Methods: Consecutive patients with PE admitted to Varese hospital (Italy) from 2005 to 2009 were included. Data on symptoms, laboratory, treatment and mortality was collected. This sub-analysis examined the 150 oncological patients extracted from the entire population.
Results: Mean age was 69.6 (±11.6) years; 56% were male. Most common primary sites of cancer were lung (25.2%), colorectal (13.3%) and bladder (8.4%). Active cancer was present in 121 patients, of whom 47 had metastatic disease. Mortality rate was 20.7% (95%CI 15.0-27.8%) at 1 month. The high risk category was overestimated (96.7% for PESI and 100% for sPESI). As a result PESI showed high sensitivity (100%) but very low specificity (4.2%). The accuracy of PESI and sPESI in cancer patients was lower than in general PE population (area under the ROC curve 0.66 and 0.69 respectively, p for comparison=ns). In patients with active cancer, leucocytosis (p=0.020) and severe renal failure (p=0.043) emerged as independent risk factors for mortality.
Conclusions: The results of our analysis suggest that PESI and sPESI lose their discriminatory ability when applied to a pure oncological

population. Laboratory parameters should be merged together with clinical variables in the creation of a new prediction rule.

Systemic capillary leak syndrome or Clarkson's disease associated with virus influenza B infection in adult italian woman

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Background and Aim of the study: SCLS is a rare and severe disorder of unknown etiology, described by Clarkson in 1960. This condition mimics septic shock and is characterized by recurrent episodes of hypovolemic shock, due to leakage of the plasma into tissue which is reflected by accompanying hypoalbuminemia, hemoconcentration and edema. We report a similar case to add to those described in the literature, far less than 150 cases.
Case report: A 59 years old woman was admitted to our Hospital with circulatory shock in December 2012. Four days before admission she experienced weakness, myalgia, fever, vomiting and abdominal pain. Laboratory analyses revealed extreme hemoconcentration (Hb 23 g/dl, Hct 63.8%), hypoalbuminemia, serum creatinine 1.72 mg/dl, normal levels of ESR, PCR and procalcitonin; biclonal paraprotein IgG k e λ. and metabolic lactic acidosis; ECG and chest x-ray were normal. The nasal swab was positive for Influenza Virus B, colture collected before the antibiotic therapy were all negative. The patient rapidly developed hypovolemic shock and she was admitted to the Intensive Care Unit where she was treated with inotropic agents, iv fluids and steroid. On the fourth day, patient developed generalized edema and massive pleural effusion treated with diuretics therapy. The patient's status rapidly improved.
Conclusions: SCLS may be difficult to recognize a diagnose upon initial presentation but clinicians should consider the diagnosis in patients with hypotension, unexplained edema, hemoconcentration and hypoalbuminemia in absence of secondary causes of shock.

The hemophagocytic syndrome: a valuable diagnostic tool in internal medicine

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Case report: A 65 years man came to our observation for ultrasound finding of splenic focal lesions. He had fever and fatigue unresponsive to symptomatic therapies for 3 weeks; the medical history was positive only for essential hypertension, he hadn't done any travel recently. Bioumoral evaluation showed pancytopenia and transaminases, ferritin and C reactive protein increased. Suspecting lymphoproliferative disease, the patient was subjected to CT that confirmed the focal splenic lesions, bone marrow biopsy that pointed out hypercellularity without cancers and splenic biopsy with histological evidence of necrosis and lympho-histiocytic inflammation. Given the complexity of the case (during the stay we observed a progressive aggravation) we recurred to scientific literature: our case fulfilled the diagnostic criteria for Hemophagocytic Syndrome. Excluded the lymphoproliferative and neoplastic, we detected the rheumatology and in particular infectious etiology: antibody positivity was found to Leismania then confirmed by molecular test. After diagnosis of Visceral Leishmaniasis, the patient was treated with Amphotericin B and discharged after five days in good conditions.
Take home message: Hemophagocytic syndrome is an histiocytic proliferation disorder characterized by evidence of benign histologic hemophagocytosis in bone marrow, spleen, liver and lymph nodes. Two variants are known: one hereditarian and the other one secondary to several conditions such as infections, immunodeficiency, tumours, lymphoproliferative disorders, autoimmune and rheumatic diseases.

When my patient is not covered in the recommendations... use the common sense!

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Backround: Bleeding is the major complication of anticoagulant therapy and the criteria for defining the severity varied considerably.
Case report: An 86 year-old patient presented laryngoscopic evidence of supraglottic laryngeal hematoma with minor active bleeding but airway perviety; she was hemodynamically stable, normal oxygen saturation, she didn't report dyspnea or pain on swallowing. She was under anticoagulant oral therapy for recurrent pulmonary thromboembolism; the medical history was positive also for aortic valve replacement with biological prothesis and hypertensive cardiomyopathy. The bioumoral evaluation revealed INR 14.4, hemoglobin 11.2 g/dl stable compared to the previous control. Due to the critical site of haemorrhage and the possibility of emergency endotracheal intubation, we decided to treat the patient with aggressive protocol for coagulation acquired defect correction (Vit K 10 mg and prothrombin complex 50UI/kg iv) and we suspended warfarin. Afterwards, the patient showed resolution of laringeal ematoma and was discharged after five days in good conditions with indication for anticoagulant therapy with LMWH and revaluation later time.
Conclusions: This case does not fulfilled the criteria for major bleeding reported in the FCSA 2012 recommendations: nevertheless we believe that for the critical site bleeding with extremely high INR levels the case might be consider a major bleeding. In the management, the clinical and possible complications evaluation have been highly valuable tools for decision whereas the recomendations were partial or missing.

Epatocarcinoma in epatosteatosi

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Premesse e Scopo dello studio: Nell'80% dei casi l'epatocarcinoma si sviluppa su cirrosi epatica e i principali fattori di rischio sono: infezione cronica da HBV e HCV, e abuso etilico
Materiali e Metodi: Uomo di 63 aa, affetto da BPCO, DM tipo2, cardiopatia ipertensiva, diverticolosi colica ed epatosteatosi. Anamnestica polipectomia endoscopica d'adenomi displasici del colon e K vescicale sottoposto a TURV. In corso di follow-up riscontro ecografico di neoformazione del VII segmento epatico di 7 cm. All'ECO con mdc ipotesi diagnostica di HCC. Negativi i markers HBV e HCV. Normale funzione epatica. Lieve aumento d'alfa1FP. Fibroscan non indicativo di cirrosi. Biopsia epatica diagnostica per HCC. Il paziente sottoposto a TC total body e PET/TC con 18FDG con riscontro di lesioni satelliti epatiche, diffusione linfonodale e micronoduli polmonari
Risultati: Dopo discussione collegiale il paziente veniva sottoposto a radioembolizzazione trans-arteriosa con yttrium90 preceduto da angiografia epatica e scintigrafia con MAA-tc99 con esclusione d'anomalie vascolari e shunt epato-polmonari
Conclusioni: Numerose sono le possibili soluzioni terapeutiche, pertanto è necessaria una gestione multidisciplinare e una precisa stadiazione dell'HCC; l'algoritmo validato è il Barcelona system (stadio tumorale, funzionalità epatica secondo classificazione di Child-Pugh e Performance Status). La TARE necessita di grandi trials che ne dimostrino efficacia e sicurezza; i dati finora disponibili sono indicativi di migliorare la sopravvivenza con buona tollerabilità in HCC di stadio intermedio-avanzato.

Analisi dei bisogni degli operatori sanitari in una U.O. di Medicina Interna

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Premesse e Scopo dello studio: Gli operatori sanitari sono chiamati ad assistere malati spesso fragili, polipatologici, con complessità clinica ed assistenziale. Obiettivi dello studio: 1) Rilevare la percezione circa il clima esterno (reparto). 2) individuare eventuali indicatori di stress o di rischio burnout. 3) conoscere i bisogni degli operatori, migliorare le competenze comunicativo-relazionali.
Materiali e Metodi: Abbiamo elaborato, e somministrato in forma anonima, un questionario centrato sull'analisi dei bisogni, costituito da domande a risposta chiusa ed a scelta multipla e aperta.La seconda fase prevedeva l'elaborazione dei dati e la discussione degli stessi in un incontro di gruppo. La terza fase prevede una pianifica-

zione di percorsi formativi, incentrati sul miglioramento della qualità di cura del paziente ospedalizzato. Abbiamo coinvolto 6 medici, 15 Infermieri, 6 O.S.A.
Risultati: Il progetto è stato accolto positivamente dal personale non medico, mentre i medici, in particolare i più anziani, hanno manifestato scetticismo, perplessità, resistenza alla partecipazione.
Conclusioni: Il benessere psichico, la motivazione e la soddisfazione lavorativa dell'operatore sanitario incidono notevolmente sulla qualità delle cure fornite al paziente, prendersi cura dell'altro, non può prescindere dal prendersi cura di sé. E ciò è possibile attraverso l'aggiornamento continuo della pratica, ma anche attraverso le verifiche circa le motivazioni alla professione e un'adeguata formazione psicologica.

La rappresentazione mentale di malattia dell'anziano ricoverato in Medicina

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Premesse e Scopo dello studio: L'obiettivo generale della ricerca è quello di individuare le caratteristiche cognitivo-comportamentali, emotivo-motivazionali, relazionali e di come esse intervengano nella comunicazione e nell'istaurarsi della relazione medico-paziente.
Materiali e Metodi: Abbiamo arruolato consecutivamente 100 pazienti, 50 maschi e 50 femmine, di età>65 anni, ricoverati presso la nostra U.O., affetti da cerebrovascolopatia cronica, scompenso cardiaco, broncopatia cronica ostruttiva,cirrosi,diabete con complicanze. Abbiamo intervistato i pazienti, dopo aver instaurato un rapporto di fiducia medico-paziente, avviando il lavoro di ristrutturazione cognitivo-comportamentale dei gap individuati attraverso colloqui clinici con lo psicologo effettuati durante la degenza. Alle dimissioni, il paziente veniva inviato ad uno psicologo-psicoterapeuta del territorio.Gli strumenti utilizzati sono stati: Colloquio clinico psicologico; Questionari IBQ di Pilowsky; CBA 2.0.
Risultati: La depressione sovente risulta essere presente nei pazienti cronici ospedalizzati.
Conclusioni: La depressione è significativamente correlata alla credenza di malattia rappresentata dal paziente. È nostra intenzione proseguire questa rilevazione proponendo questo metodo ad altre U.O. di Medicina della nostra area geografica, convinti di poter fornire uno strumento di miglioramento dell'assistenza all'ospedalizzato, con ripercussioni anche nella fase post-dimissione

✪ Association between ABCG2 and ABCB1 genes and warfarin stability

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Background: The management of warfarin therapy is complex and even in specialized centers only about 60% of INR values are within the therapeutic range, with a consequent increased risk of developing thrombotic or haemorrhagic complications. Among several variables that are associated with stability to the response to warfarin, it is possible that gene polymorphisms, such as those of CYP2C9, of P-glycoprotein and of VKORC1, could interfere with warfarin stability.
Objectives: The aim of this study was to assess if genetic polymorphisms are associated with warfarin stability.
Methods: Patients on chronic warfarin therapy with unstable INR values and sex and age matched patients with stable INR values were enrolled in this study. All patients underwent blood testing and were screened for the presence of the Single-nucleotide polymorphisms (SNPs): VKORC1, CYP2C9, CYP3A5, ABCB1 and ABCG2.
Results: We enrolled 33 patients with unstable INR values and 33 patients with stable INR values. We found that subject with ABCG2 A/A genotype variants were more common in patients with unstable INR compared to patients with stable INR (odds ratio of 5.71, 95% confidence interval 1.43-22.78). No significant association was found between CYP3A5, CYP2C9, VKORC1 SNPs and their genotype combinations and warfarin stability.
Conclusions: Our study suggests that ABCG2 genotype is associated with unstable warfarin therapy.

Fatal immune reconstruction inflammatory syndrome after rituximab treatment

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The Immune Reconstruction Inflammatory Syndrome (IRIS) has been recently recognized as a pathologic entity defined by a restoration of host immunity in a previously immunosuppressed patient that becomes dysregulated and overly robust, resulting in host damage and sometimes death. IRIS was first characterized in patients with HIV infection who were receiving antiretroviral therapy, solid-organ transplant recipients after reduction of anti-reject therapy and in neutropenic patients. Very recently, IRIS was also described in patients with chronic inflammatory diseases treated with TNF- α inhibitors.
Case report: A 36 years-old woman was observed because of oliguria and peripheral oedema. Her history revealed a previous (19 years before) diagnosis of HCV-related cryoglobulinemia. In 2005, occurrence of nephrotic syndrome, arterial hypertension and cutaneous vasculitis. Treatment with steroids, ribavirin and interferon with partial response. Afterwards, various attempts with cyclosporine and azathioprine. At admission, severe proteinuria, anemia and renal insufficiency; high-dose steroid pulse therapy was introduced without response. Rituximab was administered (100 mg, i.v.) with a progressive improvement of laboratory parameters and clinical features. Three months later the patient presented with fever, dyspnoea and anemia. Interstitial involvement of lung parenchyma was demonstrated. Treatment with antibiotics, antifungal molecules, high-doses steroids and plasmapheresis were ineffective and the patient died in Intensive Care because of cardiorespiratory insufficiency.

Celiac disease: case report of a 82-years-old patient presenting with "classical" clinical picture (but the age does not count anymore?)

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Celiac disease (CD) has been traditionally recognised in children and young adults even if, in recent years, detection in the elderly population has increased. Diagnosis in elderly can be challenging because of the subtle clinical features, low index of suspicion for CD in elderly people and, conversely, high index of malignancy. Extra-intestinal symptoms such as anemia, osteoporosis and neurologic damage are prominent in over-sixty patients and the classical gastrointestinal symptoms (diarrhoea, flatulence, weight loss and fatigue) are exceptionally rare in over-80 years-old patients.
Case report: A 82-year-old woman was observed because of 10-months history of watery diarrhoea (on daily base, 6-10 attacks per day, sometimes with residual foods, without mucous or blood, and not related with food ingestion). Other signs: abdominal dull pain, flatulence, weight loss (13 Kg), fatigue, anemia. During one previous hospital admission, diagnosis of "endocrine" diarrhoea was postulated without any biochemical and imaging supporting this hypothesis; treatment with octreotide was performed without any efficacy. At admission, the patient underwent extensive lab and imaging work-up including autoimmunity and stool cultures, upper and lower endoscopy, total body CT-scan, videocapsule short bowel endoscopy. Diagnosis of CD was supported by macroscopic (duodenum and ileum) and microscopic (duodenum) features, TGA and EMA positivity. Duodenoscopy after 4 months of gluten-free diet showed recovery of the previous villar atrophy (disappearance of symptoms and partial weight recovery).

Immunohistochemical and clinicopathological features of neuroendocrine breast carcinomas: mono-institutional preliminary data of a six-year survey

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Introduction: Neuroendocrine breast carcinomas (NEBC) are uncommon with an incidence <1% of all neuroendocrine tumors and <0.1%

of all breast cancers. The presence of an intraductal component and the immunostaining for ER/PgR can be helpful criteria to confirm the breast as the origin site of a neuroendocrine carcinoma.
Patients and Methods: We revised the Pathology Department's database of our hospital to retrieve available data about all primary NEBC diagnosed from January 2006 to December 2011. Of 39 cases of NEBC identified, we had clinical information on therapy and response for 28 patients (median age was 63 years, range 36-81 years); 19 patients had local disease, 8 patients advanced disease and one patient stage IV disease. Surgery was performed as primary treatment in all patients. Most NEBC were ER/PgR positive and HER-2 negative. The Ki67 labeling index was not reported in 16 samples. All patients had >50% of tumor cells expressing ≥1 neuroendocrine marker. Radiotherapy on residual breast was performed in 23 patients, chemotherapy in 19 and hormonal therapy in 21 cases; 4 patients died and the remaining 24 are currently disease-free and alive.
Conclusions: The therapeutic strategies of NEBC do not differ from those usually considered in other breast cancer subtypes. The possible correlation between NEBC subtypes and prognostic factors is the subject of an ongoing study at our Institution. The limited follow-up times in some of our patients do not yet allow us to have definite results on clinical outcome and treatment response.

B.M.I. e transtiretina: una correlazione diretta di due markers surrogati della malnutrizione dell'anziano

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La transtiretina (TTR) è una proteina sintetizzata dal fegato che ha la funzione di trasporto di tiroxina e retinolo. Oltre a trasportare gli ormoni tiroidei in circolo, la proteina, sintetizzata anche dal plesso corioideo, veicola gli stessi ormoni all'interno del liquido cefalorachidiano. La TTR ha una breve emivita (2-4 giorni) che la rende ideale come marker dello stato di nutrizione. Poiché la sua sintesi non dipende da una eventuale patologia del fegato e poiché non risente dell'influenza di stati flogistici acuti, come altri markers, si configura come marker surrogato ideale per la valutazione dello stato nutritivo del soggetto nella settimana che precede l'osservazione medica. Dai dati preliminari di un'indagine sullo stato nutrizionale dell'anziano condotto su 56 ospiti di una Residenza Protetta che aveva come oggetto lo studio di più markers surrogati, in relazione al grado di autonomia per una corretta alimentazione, è stata rilevata una correlazione diretta tra B.M.I. e transtiretina ($p<0,05$). La correlazione è stata rilevata in entrambi i sessi e sia su soggetti autonomi ad alimentarsi che su soggetti non autonomi che richiedevano il supporto assistenziale di un Operatore Socio Sanitario durante il pasto. I valori rilevati erano diversi nei due gruppi in esame. Nei 27 ospiti autonomo per l'alimentazione il valore medio del B.M.I era 29,48 (D.S. 5,24) mentre nei 24 non autonomi era 22,26 (D.S.5,49). I valori di transtiretina erano rispettivamente nei due gruppi, 19,62mg/dl (D.S.5,36) e16,69mg/dl (D.S.5,21).

✪ A probabilistic approach to the diagnosis of deep venous thrombosis in hospitalized patients

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Study objectives: Although clinical diagnosis of deep vein thrombosis (DVT) has been regarded as equivocal, the use of symptoms scores may increase the probability of instrumental confirmation. We propose a new and simple score based on a retrospective analysis of our inpatients.
Methods: 154 patients of 1,650 consecutively admitted in our department underwent compression ultrasound (CUS) evaluation for suspected DVT. Odds ratios were calculated for all relevant variables (age, risk factors, physical examination, alternative diagnosis, D-dimer). A new score, named HOOD (History, Objective, Other diagnosis, and Dimer), was then developed.
Results: A DVT was confirmed in 96 (62.3%) of 154 patients. The presence of 2 or more risk factors (OR 3.15), 1 or more signs of DVT (OR 6.2), and D-dimer value greater than cutoff (OR 4.2) were all strong predictors of CUS results. A HOOD score of 1 or less was not associated with thrombosis, whereas a score of 2 or more was highly predictive of DVT (OR 6.41; sensitivity 0.96, specificity 0.52; positive and negative predictive value 0.75 and 0.88, respectively).
Conclusions: DVT can be predicted by a simple clinical score. Currently, the clinical suspicion of DVT is made by gestalt or by use of scores that divide cases into 3 groups of risk (ie, low, intermediate, and high risk). However, the generation of "intermediate" group risk is of little, if any, value because the need of objective confirmation cannot be avoided. We propose a clinical method that segregates patients into 2 clearly distinct groups of risk, in 1 of which initial treatment could be probably safely omitted.

Atypical disseminated skeletal tuberculosis mimicking metastasis on CT

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Case report: An Ethiopian 25-year-old man visited our hospital for emission of purulent material by cutaneous fistula in the left clavicular region. He did not have any significant past medical history, including human immunodeficiency virus or hepatitis B and C virus infection. Blood tests were not indicative of pathological changes.
Materials and Methods: Chest radiograph showed not homogeneous osteolytic area at the distal third of the left clavicle, with disruption of cortical profiles. Osteolytic lesion with cortical irregularity of the arc and the seventh left coast and of the sixth and seventh right coast compatible with secondary lesions.
CT total body showed increased axillary lymph nodes on the left.
Fluid collection in the context of small right buttock, paravertebral region and subcutaneous plane of same side with an appreciable level of the iliac bone cortical disruption with periosteal reaction. The finding could be compatible with a sarcoma. The patient underwent a CT-guided biopsy of iliac bone.
Results: The bone specimen showed chronic granulomatous inflammation with caseous necrosis and multinucleated giant cells consistent with mycobacterial infection. Microbiologic study revealed a tuberculous infection.
Conclusions: Skeletal tuberculosis (TB) accounts for approximately 10-20% of all cases of TB infection. Multifocal skeletal TB, a rare manifestation defined as the involvement of two or more bones or joints in a TB infection, accounts for approximately 5% of all cases of skeletal TB and its diagnosis is often delayed due to its rarity and vague symptoms.

Trombosi portale e celiachia

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Introduzione: La trombosi portale è causa di ipertensione portale (IP) con prevalenza 1%. Cause sono disordini mieloproliferativi, coagulopatie, cirrosi epatica e epatocarcinoma. Per il suo sviluppo è necessaria la concomitanza di vari fattori.
Caso clinico: Una donna di 45 anni giungeva alla nostra osservazione per riscontro occasionale TC addome di trombosi spleno-portale. Agli esami di laboratorio: funzionalità epatica normale, assenti deficit di proteine C, S, antitrombina III, mutazioni genetiche protrombotiche, iperomocisteinemia, patologie autoimmuni e emoglobinuria parossistica notturna. US, TC, colangio-RM e PET escludevano patologie epatiche, biliari, neoplastiche e vasculiti, evidenziando marcata splenomegalia senza lesioni focali, correlabile ad IP presinusoidale. In anamnesi: uso di estro-progestinici. Agli ematochimici: lieve anemia sideropenica, da anni presente e trattata con ferro, da noi approfondita con ricerca del sangue occulto e con colonscopia (negative). I frequenti episodi di dolore addominale e diarrea riferiti, con l'anemia sideropenica, ci inducevano a sospettare la celiachia, confermata da anticorpi anti-transglutaminasi e biopsia duodenale. Impostavamo dieta aglutinata con completa risoluzione dei sintomi. Per la trombosi impostavamo terapia anticoagulante orale. Dalla revisione in letteratura di associazioni celiachia-trombosi portale, emerge come causa della trombofilia il malassorbimento intestinale. Ipotizziamo che la terapia estroprogestinica ed il malassorbimento intestinale abbiano determinato uno stato ipercoagulativo responsabile della trombosi.

Ruolo della biopsia epatica eco-guidata nelle lesioni focali epatiche secondarie

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Nel follow-up dei pazienti oncologici CEUS, TC, RM e PET sono indicate ed impiegate per detection e caratterizzazione delle lesioni focali epatiche. Nelle metastasi epatiche tuttavia non consentono di distinguere i secondarismi di tumore primitivo da quelli di una eventuale nuova neoplasia. Considerando che le seconde neoplasie sono presenti e descritte in letteratura in una percentuale non trascurabile, specie nei pazienti pluritrattati per la prima neoplasia, la biopsia epatica ecoguidata consente la diagnosi istologica differenziale. Riportiamo due casi di pazienti, già sottoposti a trattamento chirurgico e radio-chemioterapico per eteroplasia laringea, con successivo riscontro di lesioni epatiche secondarie. Pur ipotizzando la presenza di secondarismi da tumore primitivo della laringe, ne abbiamo effettuato la biopsia ecoguidata; gli istologici mostravano un diverso istotipo, richiedente una differente terapia.
Caso clinico: Due maschi di 66 e 53 anni in follow-up per carcinoma squamoso della laringe, presentavano, dopo rispettivamente di 2 e 5 anni dalla diagnosi e dai trattamenti chirurgici e radio-chemioterapici, lesioni epatiche secondariealle TC stadiazione. Considerando che tali reperti si presentavano dopo anni e che esiste una percentuale non trascurabile di seconde neoplasie dopo radioterapia (8%), eseguivamo biopsia eco-guidata delle lesioni epatiche. Gli istologici evidenziavano lesioni ripetitive non da tumore primitivo della laringe bensì da seconde nuove neoplasie, rispettivamente adenocarcinoma del colon e microcitoma polmonare. Le nuove diagnosi comportavano nuove specifiche scelte terapeutiche.

Actinomyces meyeri and *Lactobacillus acidophilus*, a rare cause of... unilateral pleural effusion

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Introduction: Unilateral pleural effusion is a condition which requires a systematic approach to investigation and adequate treatment.
Case report: A 84-year old man was admitted with 30 days long lasting fever, right thoracic pain and lately dyspnea at rest. Six months before he had been treated with ERCP for choledocholithiasis. Physical examination showed right pleural effusion. Chest x-ray demonstrated right pneumonia and ipsilateral pleural effusion. Laboratory tests confirmed an inflammatory process (wbc. was 13.0 x 10^9/L; PCR was 128 mg/dl); liver and renal function was normal. According to Light's criteria, pleural fluid was an exudate. On the hypothesis of parapneumonic effusion, we started with an empiric antibiotics therapy (cephalosporins plus macrolides) without clinical and laboratory improvement. On the seventh day chest CT scan confirmed pleural effusion and an infiltrative mass of the right lung and in more caudal scans revealed an "unexpected" and bulky (Ø 8.0 cm.) liver abscess. The drainage of the abscess, associated with chest tube and a change of antibiotic therapy (piperacillin/tazobactam plus medronidazole) resulted in 6 weeks complete resolution. The microbiological examinations of the pleural fluid were negative. Conversely from hepatic abscess two rare pathogenic agents were found: the anaerobic saprophyte Actinomices meyeri and the Lactobacillus acidophilus.
Conclusions: Liver abscess has a high incidence of accompanying pleural effusion. Abdominal CT scanning is the method of choice to establish this diagnosis

Effective percutaneous renal denervation in the treatment of severe hypertension in emergency context

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A 36-year old african man was referred to our department because hypertensive urgency. Hypertension was diagnosed two years ago, along with organ damage (serum creatinine of 1.5 mg/dl, eGFR 57 ml/min, third-degree rethinopathy, left ventricular hypertrophy, multiple silent infarcts on MRI). The patient was not taking any anti-hypertensive drugs, which he spontaneously discontinued, probably because socio-cultural difficulties in long-term compliance. At admission, blood pressure (BP) was 260/160 mmHg and creatinine was 2.0 mg/dl with eGFR of 49 ml/min. By antihypertensive therapy with urapidil and labetalol iv, BP was 225/125 mmHg. Subsequently, by oral therapy with 6 oral drugs (nevibolol, amlodipine, ramipril, doxazosin, furosemide and spironolactone) plus trans-dermic clonidine, the clinic BP was 203/129 mmHg. At 24-h ambulatory blood pressure monitoring (ABPM), the mean 24-hour BP values were 186/116 mmHg. Left ventricular mass, assessed by transthoracic echocardiography, was 330 g/m^2. Secondary causes of hypertension were excluded. After evaluation of renal artery anatomy by doppler ultrasound, the patient underwent percutaneous catheter-based renal denervation (RDN). At three months of follow-up, office BP was 160/92 mmHg; at ABPM, the mean 24-h BP was 142/88 mmHg. Serum creatinine falled to 1.3 mg/dL. Also, the left ventricular mass falled to 230 g/m^2. The renal denervation is a safe and effective treatment of resistant hypertension. We demonstrated that RDN is effective in difficult-to-treat severe hypertension, even in the context of hypertensive urgency.

Un raro caso di malattia di Kikuchi con importante coinvolgimento sistemico e localizzazione cutanea

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La malattia di Kikuchi è una rara linfoadenite istiocitica necrotizzante tipica dei popoli asiatici. è più colpito il sesso femminile nell'età tra i 15 ed i 45 anni. Sintomi: malessere, febbre, blande artralgie e linfoadenomegalie dolenti ascellari, laterocervicali e sovraclaveari. Durata della malattia: 2-4 mesi;la guarigione è talvolta spontanea. La terapia prevede FANS nelle forme lievi e steroidi nei casi più severi. Sono rari i casi di malattia generalizzata e più rari quelli di malattia cutanea. Diagnosi differenziale con linfomi, sarcoidosi, AIDS e altre rare malattie ematologiche. In questo caso una giovane donna (22 aa) pakistana riferiva da 2 mesi febbre (>38°C) non responsiva agli antipiretici ed agli antibiotici, calo ponderale, tosse produttiva e vomito. L'esame fisico mostrava linfoadenomegalie sovracentimetriche laterocervicali, sovraclaveari, ascellari bilaterali. Le immagini radiografiche e PET rivelavano linfoadenomegalie superficiali e profonde multi-distrettuali (sopra e sottodiaframmatiche); il laboratorio documentava anemia, marcato incremento degli indici di flogosi ed escludeva patologie infettive e/o autoimmuni; l'istologia del linfonodo laterocervicale: malattia di Kikuchi. Dopo terapia steroidea si assisteva alla regressione delle linfoadenomegalie e degli indici di flogosi; a 2 mesi dal termine della cura la paziente presentava alcune tumefazioni sottocutanee sovracentimetriche, calde al tatto, sovrastate da cute integra, dolenti. La PET documentava aumentato metabolismo e l'istologia confermava kikuchi cutaneo.

Una pubalgia rischiosa

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A 62-year-old man was admitted with history of remittent fever, moderate back pain with erythema and oedema of the left inguinal area and thigh in the last 2 year. His medical history was remarkable for aortic stenosis without surgical indication and previous transurethral resection of the prostate. He also underwent a open mesh repair of left inguinal hernia two years ago. Laboratory investigation showed significant increase of PCR, leucocytosis neutrophils while blood coltures were negative. Echocardiography confirmed aortic stenosis and excluded infective endocarditis. During his hospitalization a PET-CT identified areas of increase glucose uptake al L4-L5 vertebral disk and at the left inguinal region. A NMR showed spondylodiscitis at the same level of the spinal column (L4-L5). The NMR of the thigh showed infiammatory phenomenons of soft tissue of the left inguinal region and thigh and inguinal lymphadenopathy. Empirical antibiotic therapy with levoxacin and doxycicline was prescribed and continued for six months. Three weeks after admission in the our ward, the man underwent a surgical procedure of removing inguinal mesh. Microscopical test, performed on removed prosthesis, resulted negative. After the treatment with antibiotic therapy the patient's symptoms markedly improved and he didn't complain any more fever and all the biochemical test were normalized and also a PET-CT didn't showed any uptake after the end of antibiotic therapy.

Complessità internistica in paziente con disturbo alimentare in area anoressica

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Premesse e Obiettivi: La comorbidità fra Disturbi del Comportamento Alimentare (DCA) e patologie internistiche può aumentare la complessità di un quadro clinico. Il DSM-IV identifica fra i criteri diagnostici dell'Anoressia Nervosa (AN): disturbo dell'immagine corporea, sottopeso e amenorrea. Sottopeso e amenorrea possono presentarsi anche in numerose patologie internistiche. Riportiamo il caso di C., donna di 46 anni, inviata dal P.S. al Centro DCA per grave stato chachettico di recente insorgenza.
Metodi e Risultati. È stato proposto un inquadramento multidisciplinare. Eseguiti esami ematochimici, anticorpi antitransglutaminasi, EGDS con biopsia digiunale, colonscopia, ricerca del sangue occulto fecale e somministrati test per valutare comportamenti alimentari, disagio corporeo e tono dell'umore. La paziente era già in trattamento con Leflunomide 20 mg/die. è emerso un quadro internistico complesso: celiachia, artrite reumatoide e neoplasia intestinale che, associate alla farmacoterapia assunta, potevano giustificare dimagramento e inappetenza. Presente un disturbo in area AN caratterizzato da amenorrea, marcata dispercezione corporea, eccessivo ideale di magrezza e comportamenti alimentari selettivi e restrittivi rinforzati da sintomi fisici.
Conclusioni. In linea con la letteratura si evidenzia come alcune patologie internistiche possano costituire fattori di rischio per lo sviluppo e il mantenimento di un DCA. L'approfondita diagnosi differenziale ha consentito di far emergere la complessità del quadro clinico e di instaurare un corretto approccio multidisciplinare.

Haematological changes in eating disorders

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Introduction: Haematological changes are often observed in Anorexia Nervosa (AN): leukopenia ranges from 29 to 36%, anemia from 21 to 39%, and thrombocytopenia from 5 to 11%. Differently from AN the haematological changes in Eating Disorders Not Otherwise Specified (EDNOS) and in Bulimia Nervosa (BN) have been poorly studied.
Objectives: To compare the prevalence of haematological changes in AN, BN, and EDNOS.
Materials and Methods: Retrospective analyses of 206 patients affected by eating disorders (EDs) (AN=63, BN=78, EDNOS=65), 96% females, aged 15-56 years.
Results: Mild anemia (9≤Hb g/dL<11.5 for females, 11≤Hb<13 for males) did not differ significantly among diagnoses (AN=17.5%, BN=14.1%, EDNOS=18.5%). Relevant anemia (Hb<9, <11 for males) was more prevalent in AN (7.9%) than BN (1.3%) and EDNOS (1.5%), but not significantly. Leukopenia differed among diagnoses (p<0.001): mild leukopenia (3≤WBC x 10^3/mL <4) was observed in 20.6% of AN, 5.1% of BN, and 12.3% of EDNOS. A more severe leukopenia (WBC<3 x 10^3/mL) was observed only in AN (12.7%). Piastrinopenia was quite rare in all diagnoses.
Conclusions: These findings suggest that blood parameters should be evaluated in all ED cases. Furthermore, ED diagnosis should be considered by General Practitioners or Internal Medicine Physicians in the differential diagnosis of an unclear anemia or leukopenia, and the previous nutritional history, disordered eating behaviours and alimentary patterns should be carefully investigated.

L'ospedale organizzato per intensità di cure: l'esperienza della AO di Lodi

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L'Azienda Ospedaliera di Lodi ha optato, fin dal 2010, per l'istituzione di una USS nell'ambito del Presidio Ospedaliero di Lodi, nel contesto del Dipartimento di Medicina, improntata ad una efficiente gestione e pianificazione clinico-assistenziale dei ricoveri internistici provenienti dal Pronto Soccorso. Tale Unità, definita area di "Rapida Accoglienza Medica" (RAM) ha come caratteristica la pronta gestione del paziente proveniente dal PS, con un rapido iter diagnostico che porti nell'arco di 72 ore ad una puntuale e quanto più precisa possibile definizione del caso clinico, che passerà per la eventuale prosecuzione dell'iter diagnostico terapeutico alle USC specialistiche piuttosto che alla dimissione, laddove il processo diagnostico terapeutico sia da ritenersi concluso. I presupposti erano anche che si potesse giungere anche ad una riduzione dei tempi di degenza media nell'ambito del Dipartimento di Medicina e contestualmente all'abbattimento dei ricoveri "in appoggio" extradipartimentali che risultavano essere uno dei problemi salienti di molte Aziende Ospedaliere. Dall'inizio di questa esperienza i risultati sono più che soddisfacenti. Lo stretto rapporto tra la USS RAM con il DEA ed in particolare con il PS ha portato ad una maggiore appropriatezza dei ricoveri ospedalieri in urgenza, ad una riduzione dei tempi di degenza media in ambito di Dipartimento Medico e ad una importante riduzione (>50%) del ricorso ai ricoveri "in appoggio" al di fuori delle UUOO di reale pertinenza clinica.

Malattia di Fahr primitiva sporadica come causa di episodi transitori recidivanti di perdita di coscienza

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Male, 43 years, hospitalized for recurrent and critical brain's episodes with transient loss of consciousness, with a history of behavioral disorders, chronic alcoholism and cirrhosis of the liver HCV+. Showed clear signs of cognitive impairment and alterations of affective-humoral tone and moderate hepatomegaly. Laboratory tests were consistent with chronic liver disease and alcohol abuse: transaminases 3-5 times the norm with increased AST/ALT, GGT increase, liver's functions reduction and macrocytosis. The CPK was very high (8-10 times normal). Performed abdominal echography, chest X-ray, ECG, heart echography, EEG, Tilt test, CT scan. In particular, the EEG, Tilt testing and cardiac evaluation were normal, and the CT scan performed without contrast showed calcifications in core internal capsule bilaterally. Fahr's syndrome also known as BSPDC (bilateral striatal-pallido-dentate calcinosis) is a rare condition that may be primary or secondary to metabolic disorders of Ca++/P++. The primitive form can be autosomal dominant, familial or sporadic. The normality of PTH and of the balance of Ca++/P++, and the absence of genetic alterations (gene locus long arm of chromosome 14), the bilateral calcinosis of basal ganglia, critical and recurrent brain's incidents and cognitive-behavioral disorders led to the diagnosis of SPORADIC EARLY FAHR'S DISEASE. This clinical case suggests to always perform a CT scan in the diagnostic workup of recurrent transient loss of consciousness.

Chest pain: the heart, first of all!

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Introduction: In evaluating chest pain, we have to never neglect the most likely diagnosis.
Case report: I.E, male, 41, smoker (over 45 p/y), former addict. In the last two months has uselessly practiced antibiotics and steroids for chest pain, diagnosed as "bronchitis" by his doctor. As he complains of chest tightness with recurrent pain in the arms, we suspect angina pectoris, and we deepen anamnesis that reveals family history of myocardial infarction (a brother at 45). *CXR, ECG* and *echocardiography*: normal. *Total cholesterol* 221 (LDL 161, HDL 37); *stress test*: "Test can not be assessed for failure to achieve sub-maximal heart rate, but positive for symptoms". *Coronarography*: critical stenosis (90%) to the right coronary artery (dominant).
Discussion: Chest pain should never be underestimated. We must always consider the overall cardiovascular (CV) risk, and therefore blood cholesterol, smoking and CV events in family, all represented in our patient.
Conclusions: History is the main time of clinical evaluation to formulate diagnostic hypothesis. The shrewd assessment of symptoms must define the circumstances in which they arise, in order to reconstruct the true clinical picture. Our patient is more likely to suffer from heart than from lung disease. In fact, smoking, the primary cause of COPD,

is an independent risk factor for CV disease, too. Chest pain occurring in a recurrent way and with typical radiation, should make us think of heart disease, which is the first pathological condition to be excluded; elevated CV risk should further suggest cardiac disease.

Ciuffini-Pancoast syndrome

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Introduction: Patients often evaluated only in part, are left without proper diagnosis, leading to reduced life expectancy and increased cost.
Case report: D.D, male, 71, smoker (more than 40 p/y). For 2 years he have suffered from right brachialgia, for which he underwent drug and physiotherapy, on expert advice, unsuccessfully. Since the patient had right ptosis, enophthalmos and miosis, assuming Ciuffini-Pancoast syndrome, we performed *CXR*: apical parenchimal thickening on the right side; then *Chest-CT*: solid mass in soft edges on the right apex; and then *bone scintigraphy*: artrosis. Finally he underwent *bronchoscopy:* poorly differentiated squamous cell carcinoma.
Discussion: Bernard-Horner syndrome, present in our patient, is due to damage to cervical sympathetic nervous system, resulting in a prevalence of parasympathetic. From the side of the lesion can be noted: eyelid ptosis, enophthalmos and miosis.
An example is Ciuffini-Pancoast syndrome: a tumor of the lung apex compresses the plexus (in this case there is also arm pain). It is very important suspecting this syndrome in front of cronic brachial pain, resistant to treatment, and therefore we have to look for other typical signs, especially in the presence of story of smoking, first risk factor for lung cancer.
Conclusions: Clinical history, adequate attention to the risk factor "smoking" and aware clinical examination are essential for making diagnosis in the presence of generic symptoms such as chronic pain. The holistic management of the patient is essential to achieve this goal.

Lung cancer: an atypical presentation

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Introduction: Sometimes lung cancer does not cause typical symptoms for a long time.
Case report: C.C, female, 66, smoker (40 p/y), came to our attention because of dysphonia from 6 months. She had already practiced *ENT visit*: paresis of the left vocal cord, and then steroid and mucolytics without success. *Chest examination*: signs of pleural effusion, then confirmed by *CXR*. *Thoracic CT*: left lesion invading the mediastinum and atelectasis of the lobar bronchi; abundant pleural effusion. *Thoracentesis*: exudative fluid. *Bronchoscopy with biopsy* in the left main bronchus: small cell lung cancer (SCLC).
Discussion: 15-20% of pleural effusions has cancer etiology, especially if exudative and in a smoker. SCLC is a lung cancer that originates from neuroendocrine cells of large bronchi, has high early malignancy and metastatic capacity. Represents 20-25% of all lung cancers. Cigarette smoking is the main risk factor.
Conclusions: The symptoms of lung cancer may be missing for a long time. Dyspnea, cough and hemoptysis may not be present, as in the case described. It is necessary, therefore, investigate very carefully cigarette smoking because it can lead to exact diagnosis, avoiding delays. The sudden dysphonia in a smoker suggests a laryngeal pathology but, in the presence of pleural effusion and paresis of vocal cord, we have to imagine a disease which, invading the mediastinum, may damage laryngeal nerve. Careful physical examination, therefore, is essential in the formulation of diagnostic hypothesis and in the indication of the next instrumental tests.

The strange case of primary care groups of the local health authority Milan 1 - District 4 and the hospital authority "Ospedale Civile di Legnano": integrated care and effectiveness results

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Study's objective: Discontinuity of care and lack of integration between the contribution of hospital specialists and General Practitioners (GPs) may worsen population mortality and morbidity. A vast body of research provides evidence of increasing effectiveness and efficiency in case of Primary Care associative models' implementation. The project of Primary Care Groups (PCGs) between the Local Health Authority (LHA) Milan 1 and the Hospital Authority (HA) of Legnano, represents a best practice for chronic diseases. After identifying this model's key success factors, the study intends to assess performance in terms of process and effectiveness indicators.
Methods: The studied population was 30,240 patients, divided in three PCGs. Data were taken from the LHA Dataset and the Hàs discharge records. The PCGs' performance, compared with that of District 4 and the LHA, were assessed in terms of hospitalisation rate (process indicator) and mortality rate (effectiveness) for major chronic diseases.
Results: Although the hospitalisation rate reveals a better performance for District 4 (p value <0.01), the PCGs showed a better performance in terms of mortality rate (p value <0.01), followed by the LHA and District 4, over a three year period (2008-2010).
Conclusions: The analysis of the two dimensions together, necessary in order to have an overview of the major trends of the system, helps to generate effectiveness data that is difficult to find in literature, particularly in the Italian context.

Influence of exenatide therapy on diabetes management in type 2 diabetes subjects ketosis prone at the onset

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Introduction: New forms of diabetes are emerging, like type 2 diabetes ketosis prone.
Materials and Methods: We studied 23 type 2 subjects at acute onset (ketosis/DKA) aged (M±DS) 47,4±7,7 (M/W 10/13) and BMI at first evaluation 32,4±3,2. After 6 month from the onset all were on metformin therapy. Exenatide therapy was added to metformin in 13 of them (A) and sulphonylureas in the rest (10) of subjects (B). All subjects underwent a C-peptide stimulation test and GAD 65 Ab determination. The end-point was the number of patients on insulin therapy at 12 months in both groups.
Results: (A *vs* B respectively) At 12 months initial BMI (32,9±4,18 *vs* 32±2,16) and final BMI (32,3±4,36,2 *vs* 31,3±2,12; basal HbA1c (10.43±1,84 *vs* 10,1±1,07) and final reduction (-2.140±0.59 *vs* -2,0±0,33); initial waist circumference (107,9±15,0 *vs* 108.5±10,0) and final measure (-5.460±1.021 *vs* -4.41±0.99); mean stimulated C-peptide levels (1,59±0,50 *vs* 1,58 ±0,3) were not statistically significant in both treatment groups. Absence/presence of GAD 65 Ab was not predictive of insulin therapy in both groups at 12 months (Fisher's exact test NS). In group A (exenatide) insulin therapy was significantly less frequent than group B (RR 0,32 IC 95% 0.11-0.96 P=0.03).
Conclusions: in both groups HbA1c and waist circumference reduction after 12 months of therapy were observed. Exenatide therapy role was indipendent from GAD 65 and C-peptide levels Eexenatide therapy could demontrate, if it maintains the insulin-free period, a positive influence on residual beta cell function.

Isolated superior mesenteric artery dissection

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Isolated superior mesenteric artery dissection is a rare condition, predominantly observed in men with the greatest incidence over the age of forty. The contrast-enhanced multi-detector computed tomography is considered essential for diagnosis, therapeutic management and follow-up. Therapeutic approach ranges from conservative medical

treatment to surgery or endovascular stent placement, but there are, to date, no approved guidelines. Here we report the case of a 68-years-old man, which was admitted to our Emergency Department just for mild abdominal pain, which, later, proved to have acute superior mesenteric artery dissection.

Case report - Riscontro ecocardiografico di pneumopericardio

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Un'insegnante di 47 anni è giunta presso il nostro reparto per insorgenza, da sette giorni, di astenia e anoressia e, da due giorni, di dolore precordiale trafittivo e febbre. L'ECG metteva in evidenza ridotti voltaggi diffusi dei complessi QRS e l'ecocardiogramma confermava la diagnosi di pericardite acuta con versamento pericardico e segni iniziali di tamponamento. Una volta sottoposta a pericardiocentesi con drenaggio di circa 800 ml di liquido e posizionamento di tubo di drenaggio, ha effettuato terapia con corticosteroidi e colchicina, associata a copertura antibiotica, profilassi eparinica e gastroprotezione. In seguito alla rimozione del drenaggio dopo sette giorni, nonostante il quadro di risoluzione ecocardiografico, persisteva astenia. In un successivo controllo ecocardiografico, a sei giorni dalla rimozione del drenaggio, veniva rilevata in sede pericardica un'immagine lineare di circa 3 cm, costituita da spot iperecogeni a coda di cometa, priva di rapporti con le strutture circostanti. Agli esami radiografico e tomografico del torace si osservava un quadro di pneumopericardio associato a modesto versamento pericardico. La paziente ha proseguito la terapia in corso, con miglioramento della sintomatologia e risoluzione del quadro ecocardiografico fino alla dimissione a domicilio. Ai successivi controlli ambulatoriali è stato confermato il decorso favorevole della malattia ed è stata progressivamente ridotta la terapia corticosteroidea fino alla sospensione.

Paracentesi ambulatoriale: la nostra esperienza

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Premessa e Scopo dello studio: La paracentesi è una procedura attraverso cui viene prelevato liquido ascitico dall'addome. Può essere eseguita a scopo diagnostico (esplorativa) e/o terapeutico (evacuativa).La paracentesi esplorativa è indicata quando sia necessaria la diagnosi di natura dell'ascite. La paracentesi evacuativa è indicata nell'ascite refrattaria ai diuretici o per forme tensive. Le complicanze minori (ematoma parete addominale) e maggiori (emoperitoneo, perforazione intestinale) sono rare (<1/1000 casi).
Materiali e Metodi: Da Gennaio a Ottobre 2012 sono state eseguite nell'ambulatorio di Medicina 60 paracentesi, di cui 4 esplorative e 56 evacuative. Il profilo emocoagulativo era compatibile con la procedura. In tutti i casi è stato acquisito consenso informato. Non si sono mai verificate complicanze maggiori e/o minori.
Risultati: Il 55% delle cirrosi era etilica, il 25% HCV correlate, il 15% cariogene ed il 5% epatocarcinomi. Le esplorative hanno permesso di diagnosticare 4 carcinomatosi peritoneale da adenocarcinoma ovarico e pancreatico,da carcinoma indifferenziato del colon. Nella metà dei casi la riespansione plasmatica è stata effettuata con plasma expander (poligelina 175 ml/litro drenato). Nell'altra metà infusa albumina umana (8 gr/litro drenato) solo per evacuazioni>5 litri.
Conclusioni: Le paracentesi ambulatoriali hanno permesso di ridurre il numero di ricoveri per scompenso ascitico; di velocizzare la diagnosi di natura dell'ascite e di creare una corsia preferenziale per la gestione dei pazienti provenienti dal Territorio o dal Pronto Soccorso.

Meningite asettica

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Introduzione: La meningite asettica (virale) è caratterizzata dalla presenza di segni meningei e assenza di crescita microbica in coltura. Si osserva a tutte le età, ma è più comune nei bambini. Gli enterovirus (coxsakie, echovirus) sono responsabili dell'80% dei casi seguiti dagli herpesvirus. A differenza delle forme batteriche,ove si osserva un rapido deterioramento della coscienza, queste forme spesso sono autolimitanti.
Materiali e Metodi: Il picco è in estate-autunno. I soggetti più a rischio sono di livello socio-economico modesto che vivono in agglomerati urbani. La trasmissione è oro-fecale, attraverso contaminazione delle dita, di oggetti o di cibo. Le prime vie aeree e i rapporti sessuali oro-anali possono essere raramente fonte d'infezione. I siti primari sono il tessuto epiteliale e linfatico faringeo e intestinale con tendenza alla neuroinvasività. La replicazione avviene nei neuroni motori della sostanza grigia midollare e le caratteristiche placche sono dovute sia alla lisi virale, sia alla flogosi.
Risultati: Spesso si associano manifestazioni vescicolose muco-cutanee (nella malattia mano-piedi-bocca), herpangina e rash maculo papulare diffuso. La diagnosi consiste nell'esame del liquor mediante PCR, più sensibile rispetto alle colture. Sebbene nelle forme virali ci sia pleiocitosi mononucleare, inizialmente può esserci neutrofilia.
Conclusioni: L'unica fonte d'infezione è l'uomo;nessun antivirale è attualmente disponibile e il trattamento è conservativo. L'utilizzo di Ig ev può essere utile negli immunodepressi, propensi a manifestare forme più severe.

Pancitopenia da levetiracetam, farmaco anti-epilettico

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Premesse e Scopo dello studio: Maschio di 70 anni, diabetico, operato per glioblastoma multiforme, radio e chemiotrattato. In terapia con insulina, cortisonici e levetiracetam. Ricoverato per riscontro occasionale di pancitopenia.
Materiali e Metodi: Gli esami strumentali, sierologici e colturali risultarono nella norma, tranne l'emocromo (G.B.300/mm^3, N 0/mm^3, Hb 8 mg/dl, piastrine 24.000/mm^3). Il paziente fu isolato e sottoposto a terapia antibiotica, antimicotica ed antivirale a largo spettro. Furono somministrati emotrasfusioni e fattori di crescita. Per il persistere della pancitopenia, fu sospese la terapia con levetiracetam.
Risultati: Dopo la sospensione si osservò progressiva normalizzazione dell'emocromo (G.B.3600/mm^3 N 1600/mm^3, Hb 11 mg/dl, piastrine 100.000/mm^3).
Conclusioni: Il levetiracetam ha una buona tollerabilità (specie sotto il profilo cognitivo) ed è particolarmente vantaggioso in pazienti che necessitano di un trattamento integrato (chirurgia, chemioterapia, radioterapia). In una recente revisione sistematica sull'agranulocitosi indotta da farmaci non chemioterapici il 6% delle reazioni avverse (ADR) erano state ritenute certe, il resto probabile o possibile. Il tempo tra l'inizio della agranulocitosi e la normalizzazione dei neutrofili era di circa 14 giorni. La maggior parte dei farmaci per i quali è stata stimata una relazione definita o probabile non è stata oggetto di valutazione negli studi epidemiologici. Nel caso del leviracetam esperienze post marketing hanno mostrato pancitopenia con soppressione midollare, identificata in alcuni casi.

✪ Varianti funzionali nei geni del citocromo P450 (CYP) e risposta terapeutica al trattamento con escitalopram

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Premesse e Scopo dello studio: L'escitalpram è un antidepressivo comunemente usato nella pratica clinica. L'escitalopram è somministrato come molecola attiva e viene disattivato dagli enzimi citocromo P450 (CYP) 3A4, 2D6, e 2C19. Scopo di questo studio è l'identificazione di varianti in questi geni associate a una risposta/non-risposta (R/NR) al trattamento con escitalopram in pazienti anziani ospedalizzati con depressione.
Materiali e Metodi: 46 pazienti anziani consecutivi con diagnosi di depressione ad insorgenza tardiva sono stati arruolati presso l'U.O.C. di Geriatria del nostro istituto. L'identificazione del fenotipo R/NR è stata eseguita somministrando la scala di valutazione per la depressione HamD-21. L'analisi dei polimorfismi clinicamente rilevanti nei

geni CYP3SA4 e CYP2D6 è stata eseguita tramite analisi high-throughput con l'impiego di kit predisposti su piattaforma Infinity (Autogenomics).
Risultati: Su totale di 46 pazienti, 13 mostravano un fenotipo R e 33 un fenotipo NR. In tutti i pazienti non sono state identificate varianti nel gene CYP3A4. Contrariamente sono state identificate diverse varianti nel gene CYP2D6, che però non hanno mostrato una distribuzione significativamente differente tra R e NR.
Conclusioni: Questi risultati preliminari mostrano un ruolo minore dei geni CYP3A4 e 2D6 nel determinare la R/NR altrattamento con escitalopram. L'ulteriore analisi delle varianti nel CYP2C19 in un campione più grande di pazienti selezionati potrebbe essere utile nel chiarire il ruolo di queste varianti genetiche come fattori di rischio della R/NR al trattamento con escitalopram.

Liraglutide+Metformin in type 2 diabetes: clinical benefits associated with switch or use early in the disease process

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Aim: Metformin(Met) is generally considered the most appropriate firstline pharmacotherapy for type 2 diabetes(T2D). When Met becomes insufficient, however, there is no general consensus on how to intensify treatment.This post-hoc analysis compared clinical benefits achieved by adding liraglutide in patients previously receiving Met only(Met-addon) *vs.* substituting liraglutide for sulfonylurea(SU) in patients previously receiving Met+SU(SU-switch).
Materials and Methods: Data were obtained from a large clinical trial (n=988) in which patients receiving Met alone or Met+SU had their therapy changed to Met+liraglutide 1.8 mg.Baseline age (mean [SD]: 58 [9.3] *vs.* 56 [9.8], respectively) and A1C were similar, while duration of diabetes was significantly longer in the SU switch patients(9.0 [6.2] *vs.* 6.5 [5.4]; p<0.0001).
Results: Among patients who completed 12 weeks of treatment, the SU-switch group lost more weight, likely due to the termination of SU treatment, and patients in the Met-add-on group had a greater reduction in A1C. These data are consistent with greater clinical efficacy of liraglutide among patients with less advanced T2D, with ~70% of the Met-addon group reaching a target A1C of 7%. The further reduction in mean A1c among the SU-switch patients, with ~45% reaching the glycemic goal, suggests benefits of liraglutide *vs.* SU.
Conclusions: These findings support the conclusions that the glycemic response to liraglutide varies across the spectrum of diabetes progression, and that changing from SU to liraglutide can bring additional benefits to some patients.

Un insolito caso di angina

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Le cause di dolore toracico sono numerose e per la corretta diagnosi è necessaria un'accurata valutazione clinico-strumentale. Riportiamo il caso di una 67enne, con anamnesi familiare positiva per IMA, affetta da diabete mellito, ipertensione arteriosa ed iperlipemia. Da sei mesi lamentava tosse stizzosa ed episodi di costrizione toracica, a volte da sforzo, della durata di 5-10 minuti. Per dolore toracico, oppressione al giugulo e sudorazione algida veniva condotta al pronto soccorso. All'ingresso dolorabilità alla palpazione in epigastrio, WBC 11000 (eos. 7%), Ddimero 101, troponina I 1, alterazioni aspecifiche della fase di ripolarizzazione con segni di sovraccarico. La terapia con nitrati faceva regredire la sintomatologia. Dopo sei ore ricomparsa del sintomo con reperti ECG e di laboratorio invariati. All'ecocardio ipertrofia concentrica del ventricolo di sinistra senza alterazioni della cinesi. Per tre giorni rimaneva asintomatica e quindi veniva inviata in Medicina. Qui presentava oppressione toracica irradiata al giugulo, dispnea, sudorazione algida e vomito. La terapia con nitrati permetteva parziale regressione della terapia. Dopo 10 minuti nuovo episodio con espulsione, dalla bocca, di un'Ascaris lumbricoides di 33 cm di lunghezza e 1 cm di diametro. La sintomatologia, causa del ricovero, si risolveva definitivamente. Nell'infestazione da Ascaris lumbricoides il dolore toracico può essere presente nel caso di coinvolgimento polmonare e deve essere tenuta in considerazione nella sua diagnostica differenziale.

Epidemiology of candidemias among county hospitals of "Area vasta Udinese"

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Background and Aim: Candidaemia is an emerging problem among patients hospitalized in Internal Medicine Departments (IMD): Candida species are the fourth more frequent agent of sepsis, the cause of around 1/4 of sepsis, prolong hospital stay and are associated with a mortality rate of 20-49%. We performed a retrospective study to assess the epidemiology of candidaemias among all 5 county hospitals of "Area vasta Udinese" (North-est Italy,catchment area 300.000 habitants).
Materials and Methods: All candidaemias of years 2010-2012 diagnosed in the IMD were recorded and analyzed.
Results: 60 patients had a diagnosis of candidaemia.Candida Albicans was the most frequent species (36-60.0%), followed by Parapsilosis (12-20%), Tropicalis (6-10%), Glabrata (5-8.3%) and Krusei (1-1.7%), with no differencies between hospitals, apart Tolmezzo where Parapsilosis accounted for 43% of cases. No cases were registered in Gemona hospital. Three Albicans and 1 Glabrata were resistant to Azoles; 1 Tropicalis was resistant to Flucytosine; 1 Glabrata and 1 Krusei to Azoles apart Voriconazole.All samples were sensitive to Amphotericin and, when tested, no resistance to Caspofungin was found. In 14 cases (23.3%) a bacterial co-infection was found.Crude mortality was 44.2%.
Conclusions: Candida Albicans is still the more frequent species. No resistance to Amphotericin and Caspofungin was found and only 6 cases (10%) were resistant to Fluconazole. Knowledge of candida local epidemiology represents the first and important step to plan the best strategy of prophylaxis and therapy.

Fondaparinux for the prevention of venous thromboembolism in elderly acutely ill medical patients with renal impairment: a retrospective single center cohort study

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Background and Aim: Among elderly acutely ill medical patients (pts) renal impairment is very frequent and is associated with an increased risk of venous thromboembolism (VTE) and bleeding. Nevertheless when hospitalyzed this kind of pts very often needs thromboprophylaxis. We performed a single center retrospective cohort study to assess safety and efficacy of fondaparinux in elderly acutely ill medical pts with renal impairment.
Patients and Methods: All pts older than 60 years admitted for an acute medical disease, bedridden for at least 4 days and with a creatinine clereance (CrCl) <50 mL/min, were treated with fondaparinux. Symptomatic VTE and bleeding events were documented during treatment and 90 days follow-up.
Results: 125 pts were treated (34.4% males, median age 83 years) for a median of 9.0 days. Forty-one patients received fondaparinux 1.5 mg daily, 84 (67.2%) received the 2.5 mg daily dose (unappropriately high according to drug lable). During treatment no major bleedings nor VTE occurred; only 2 episodes (1.6%) of minor bleeding

were recorded. Safety and efficacy of both doses of fondaparinux were similar.Twenty-six pts (20.8%) died; no cause of death was related to fondaparinux. No risk factors were associated with bleeding at univariate analysis.
Conclusions: in elderly acutely ill hospitalized medical pts with renal impairment, thromboprophylaxis with fondaparinux at both 2.5 and 1.5 mg daily doses is safe and effective in preventing VTE without increasing bleeding risk.

The surgical post-acute patient in a medical division. A clinical approach

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Abstract: The post-acute patient is a patient that, after hospitalization for an acute event, needs to remain in the hospital, with less intensity of care. The PAL (Piano Attuativo Locale) for 2010 activated an area for surgical post-acute patients (6 beds) inside the Medical Division of Gemona del Friuli Hospital.
Materials and Methods: Admission criteria: patients with acute disease (clinically stable) or exacerbation of chronic disease that need some therapeutic changes or functional recovery; patient with mild functional impairment who need a multiprofessional care. Exclusion criteria: stay less than 48 h, the possibility of new surgical intervention, need of intensive support, persistent coma. We examined patients admitted from 01/01/11 to 31/12/12.
Results: Population 77 patients (36 M, 41 F), mean age 74.8 years (44-98), mean length of stay 11 days. Origin: surgical wards of other hospitals 53%, internal transfers (surgical department, emergency area) 47%. Outcome: patients improved 91%, dropped 1.2% (1), unchanged 7.7% (6). Type of discharge: 77.9% discharged at home, 19.5% discharged in RSA, 2.6% transferred to other wards. The prevailing DRG concern ischemic and valvular heart disease (from Cardiac Surgery ward), obstructive urological disease and abdominal neoplasms.
Conclusions: Data collected showed that the average length of stay has met the expected time (21 days), patients obtained good functional recovery during hospitalization, most of the patients discharged at home, no death among hospitalization and low prevalence of complications.

Un caso di pseudoflebite in artrite reumatoide. L'importanza dell'imaging ecografico

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Maschio di anni 73. Anamnesi: cardiopatia ischemica, diabete mellito tipo II in terapia insulinica, artrite reumatoide da 10 anni (terapia leflunomide+prednisone 10 mg/die). Nel gennaio u.s. comparsa di astenia e spossatezza accompagnate da edema alle gambe (a sinistra dopo alcuni giorni comparsa di eritema e dolore) e impaccio funzionale alle ginocchia. Giunge in PS e gli esami rilevano VES 75 mm/h, PCR 3.1 g/dl, BNP 308 pg/ml; ecoDoppler arti inferiori non TVP. Il paziente viene ricoverato con diagnosi di scompenso cardiaco, insufficienza respiratoria ed erisipela. In reparto si esegue ecografia articolare reumatologica delle ginocchia che evidenzia bilateralmente distensione del recesso subquadricipitale per versamento anecogeno, e presenza di grossolane cisti di Baker in entrambi i lati che comprimono il fascio vascolo nervoso al poplite. A sinistra evidente rottura della cisti con fuoriuscita di liquido sinoviale che imbibisce il sottocute. Si procede ad artrocentesi delle ginocchia, e centesi delle cisti (il liquido sinoviale si presenta macroscopicamente limpido, citrino e depolimerizzato: infiammatorio). Prescritta calza elastica di II grado e fasciatura all'ossido di zinco. In pochi giorni si è assistito alla rapida risoluzione dell'edema del sottocute e dell'eritema.
Conclusioni: L'astenia e gli edemi declivi non era correlati a scompenso cardiaco ma sicuramente, come accertato ecograficamente, ad un flare dell'artrite reumatoide, con sinovite delle ginocchia, esacerbata dalla rottura della cisti di Baker a sinistra (in diagnosi differenziale con una TVP).

Un caso di gotta acuta in una giovane donna: diagnosi e follow-up ecografico

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Donna di anni 19. In anamnesi familiare madre con calcolosi uratica. Anamnesi personale negativa. Nel gennaio u.s. comparsa improvvisa di dolore e tumefazione alla I MTF del piede destro. L'articolazione appare rossa, calda e iperalgica ("dolore solo a sfiorare le lenzuola"). Il quadro è poco responsivo alla terapia con FANS (ibuprofene 600 mg x 3/die). Alla visita del 16 gennaio l'articolazione è ancora flogistica e la sintomatologia invariata. L'ecografia articolare reumatologica (Ecografo Aloka Pro-Sound α5 – sonda lineare multifrequenza 7.5-13 MHz) evidenzia distensione della capsula articolare (I MTF) per versamento anecogeno con puntiformi iperecogenicità in sospensione, ipertrofia di membrana, e powerDoppler positivo. Il profilo cartilagineo della testa metatarsale rivela un doppio contorno come si osserva nei casi di artrite gottosa, per la deposizione di cristalli di acido urico sul profilo cartilagineo. È stata allora prescritta terapia con colchicina (1 mg x 2/die) e indometacina (25 mg x 3/die), con rapida risoluzione del quadro. Al controllo, a distanza di una settimana, si è registrata una completa remissione dei sintomi. Il piede appare non tumefatto e non dolente. L'ecografia evidenzia una notevole riduzione del versamento (ipertrofia di membra e PowerDoppler negativi) ed un'iniziale dissolvimento del doppio contorno.
Conclusioni: L'ecografia articolare ha permesso di porre una diagnosi di certezza in un quadro clinico di difficile interpretazione (attacco acuto in giovane donna) guidandoci nella diagnosi, nella terapia e nel follow-up.

Activity and tolerability of oxycodone/naloxone in the treatment of moderate-severe cancer pain in patients with metastatic disease: prospective monocentric phase II trial

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Introduction: Opioids are considered drug of choice in the management of moderate-severe cancer pain. ESMO guidelines indicate oxycodon/naloxone as possible first line treatment in this setting.
Materials and Methods: We evaluated 58 patients with metastatic malignancies, receiving oral or i.v. chemotherapy. Primary tumor: breast 36.2%, gastroenteric 24.1%, lung/head and neck 15.5%, liver/pancreas/biliary tree 8.6%, other 15.5%; 22.4% had single disease location, 77.6% multiple; median age 62.5; females 55.2%. Baseline analgesic therapy: 31% none, 41.4% NSAIDs, 27.6% weak opioids+NSAIDs. Baseline NRS: 5.2±1.7. Patients received oxycodone/naloxone PR at a median starting dose of 7.5/3.75 mg/day; NRS and constipation were evaluated at 2,3,6,9 weeks, as well as variations in laxatives use.
Results: Oxycodone/naloxone PR determined a median reduction of NRS from 5.2 to 2.2 with a median dose increase from 7.5 to 17.1 mg/day. A statistically significant difference ($p<0.002$) was found among opiods pretreated patients group and the naïve/NSAIDs group, regarding the initial (10 *vs* 6.5) and final dosage (22.5 *vs* 15). Grade 3 constipation incidence was reduced during the therapy; on the opposite an increased percentage of pts with G0 constipation (48.3% *vs* 58.6%) was observed. No modification of laxative use took place in 75.8% of patients.
Conclusions: Although chemotherapy may contribute to symptoms modification, oxycodone/naloxone PR is effective and well tolerated in both pretreated and naïve patients, regardless disease location and use of oral chemotherapy.

Low T3 syndrome as a prognostic factor in emergency medicine

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Low T3 syndrome (euthyroidal sick syndrome: ESS) reflects alterations in thyroid function tests in sistemic illness during neuroendocrine re-

sponse to stress. This syndrome commonly includes a low serum T3, normal T4, high reverse T3, TSH unsuitably low. These alterations may represent adaptive changes to conserve energy by reducing metabolic activity. Thyroid function abnormalities can occur within hours of acute illness: as the severity of the ESS increases, both serum T3 and T4 levels drop and gradually normalize as the patient recovers: the lowest T3 and T4 values are associated with a poor prognosis and T4 falls in proportion to severity of illness. In such cases thyroid replacement therapy can be considered. Changes occur at all levels of the hypothalamic-pituitary-thyroid axis, also at plasmatic and intracellular levels. In order to evaluate prevalence of ESS in Emergency Med Dept, we measured thyroid hormones in patients admitted in the Sub-Intensive Care Unit in a two months period (sept-oct 2012). In 81 pts ESS was diagnosed with an overall prevalence of 27.7%. 51 pts had low levels of fT3; 20 had high levels of fT4, TSH was always depressed (in 15 cases below lower limit). Mean hospitalizations were 5.7 days (1.2 days higher than average). ESS is a common finding in patients in Intensive care Units. Low T3 syndrome might be directly implicated in the poor prognosis of patients and it is a strong prognostic factor. Our results confirm prevalence reported in literature review. Thus, evaluation of thyroid function parameters in systemic illness and stress is mandatory.

Quando l'addome è la tomba del medico

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Si ricovera presso nostra U.O. di Cardiologia (AREA CRITICA) donna di 60 anni, obesa, ipertesa, giunta in PS per astenia e sudorazioni, apiretica, dopo sindrome similinfluenzale. Per tachicardia sinusale, lieve ipotensione,ipossiemia con ipocapnia a EGA, aumento D-Dimeri (26 vv la norma) si sospetta in PS embolia polmonare. Rinviata ANGIOTAC per IRA. RXTORACE nei limiti, ecocolordoppler venoso arti inf. Negativo, sezioni cardiache dx nei limiti. Terapia eparinica ev. Nelle ore successive: grave ipotensione, segni di ARDS, oliguria, grave leucocitosi neutrofila, alti indici di flogosi, addome trattabile, alvo chiuso a feci e gas. TAC toracoaddominale con mdc seguita da emodialisi: trombosi arteria splenica con esteso infarto splenico. Operata d'emergenza, rilievo anche di necrosi 20 cm colon da infarto intestinale. Pz attualmente in TAO, eseguirà pannello trombofilico. L' obesità predispone agli eventi trombotici di molteplici distretti. L'infarto intestinale pone difficoltà nella diagnosi differenziale, più raro della tromboembolia polmonare ma più subdolo da trattare e devastante per i risvolti settici.

Lo screening della funzione tiroidea non è utile nella diagnosi differenziale dell'ipertensione arteriosa

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L'ipertiroidismo è una nota causa di incremento pressorio e può essere causa di ipertensione arteriosa secondaria. Nell'ambito della valutazione dell'ipertensione arteriosa, lo studio della funzione tiroidea, tramite il dosaggio del TSH, fT3 ed fT4, viene spesso eseguito per il depistaggio delle eventuali forme secondarie di ipertensione arteriosa. Scopo del nostro studio è stato quello di valutare, in 1046 consecutivi pazienti ipertesi, di età media di 66±23.5 anni), l'eventuale secondarietà dell'ipertensione arteriosa. I pazienti sono stati sottoposti a visita medica ed ad esami strumentali ed ematochimici per definire la possibile secondarietà ed il loro stato di malattia. Dei 1046 consecutivi pazienti nessuno ha mostrato alterazioni della funzione tiroidea. Il nostro studio dimostra che, nell'ambito della ricerca delle cause secondarie di ipertensione arteriosa, lo screening della funzione tiroidea può essere considerato non utile.

Transthoracic ultrasound with elastography: which adjunctive information in the differential diagnosis of pneumonitis *vs.* lung cancer? Preliminary report

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Background: Transthoracic Ultrasound (TUS) pattern of lung consolidation allows an imaging definition according to four major criteria. TUS guided Fine Needle Aspiration Biopsy (FNAB) is a rapid and affordable method of diagnosing lung cancer. It allows safe and easy access to subpleural masses. A total of 70% of pleural surface is accessible by TUS. US Elastography is a novel approach useful to estimate the stiffness/elasticity of tissues. It is already a valuable tool for the definition of nodules (thyroid, breast, prostate cancer). The aim of our study was to assess if TUS Elastography of concurrent FNAB-proven lung cancer could allow a better definition of consolidations due to cancer *vs.* pneumonitis.
Methods: TUS with Elastography and FNAB after chest x-ray and CT-scan were performed in 91 patients (m 67, f 24; years 62,84±7,51). Tissue stiffness of the subpleural masses was scored from 1 (greatest elasticity) to 5 (no elasticity) using a convex 2-8 mHz probe and a MyLab-Twice-ElaXto ESAOTE equipment.
Results: Only two TUS patterns are observed in pneumonitis: hypoechoic-regular (19/34 patients; 16/25 among cancer patients) and mixed with Broncho-aerogram (15/34; 9/25 among cancer patients); the total of lung cancer patients (n= 67) have no distinctive pattern. A significant (P<0.0001) greater elasticity of pneumonitis (2,35±0,48) is observed *vs.* cancer (4,19±0,55),; the dimension of the latter are smaller.
Conclusions: TUS Elastography could be of help in the non-invasive differential diagnosis of lung consolidation due to pneumonitis *vs.* cancer.

A rare case of non Hodgkin lymphoma of prostate and bone marrow, demonstrated with molecular biology. Primary or secondary lymphoma?

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Introduction: Prostate cancer is the most common cancer in man and adenocarcinoma is the most common histological type. Malignant Lymphoma involving the prostate is rare, whether presenting as primary extranodal lymphoma or as secondary spread from other sites. Prostatic lymphoma comprises 0.1% of all prostate neoplasms and represents 0.2-0.8% of extra nodal lymphoma. We report a rare case of primary lymphoma of prostate gland in a 74 old man, who had simultaneous presence of the same lymphoma clone in the prostate and in bone marrow, as demonstrated by molecular biology essays.
Case report: A 74 year old caucasian man presented to urologist with prostatic hypertrophy. His past medical history included ulcerative colitis, HCV-positivity, aortic valve stenosis, monoclonal gammopathy of undetermined significance, left eye maculopathy. Transuretral resection of prostate was performed and histological examination was consistent with low-grade Non-Hodgkin Lymphoma (NHL) CD20+, CD23-, CD5-, CyclinD1-. Bone marrow biopsy showed 15% of infiltration. Both the biopsy specimens had monoclonal IgH gene rearrangement. The patient was treated with 6 courses of immunochemotherapy R-CVP, obtaining complete remission of lymphoma.
Conclusions: Primary or secondary lymphoma of prostate usually presents with lower urinary symptoms, such as hematuria, obstruction or with incidental findings during routine or post mortem histology. To our knowledge only one case series reported primary NHL of the prostate presenting the same clone in the bone marrow, with no other localizations of lymphoma.

Eltrombopag in the treatment of severe aplastic anemia

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Introduction: Severe aplastic anemia (SAA) is a rare disease caused by destruction of pluripotent stem cells in bone marrow. It is character-

ized by immune-mediated bone marrow hypoplasia and pancitopenia, therefore it can be treated effectively with immunosuppressive therapy or allogenic transplantation. One third of disease forms are refractory to immunosuppression, with persistent, severe cytopenia and a profound insufficiency in hematopoietic stem cells and progenitor cells. Thrombopoietin mimetic drugs in association with immunosuppressive therapy may increase hematopoietic stem cells and progenitors.
Case presentation: A 62-year-old caucasian man with an uneventful medical history was admitted to the hospital because of sudden back pain, stiffness of the spine and paraparesis. Routine laboratory tests showed pancitopenia with severe thrombocytopenia. Magnetic resonance imaging of the spine showed D1-D8 extradural hematoma. Decompressive laminectomy was performed and a bone marrow biopsy confirmed aplastic anemia. Oral prednison was administered with no effect on platelet count. The patient (pt) was not eligible to peripheral stem cells transplantation. Oral cyclosporine A (CSPA) and horse antilymphocyte serum were administered and leukocytes gradually reached normal values, but platelet count did not increase. Five months later eltrombopag was initiated and platelet count recovered; after a two-month treatment platelets were over $50*10^9$/L.
Conclusions: Treatment with eltrombopag and CSPA was associated with multilineage clinical responses in a pt with refractory SAA.

Paraneoplastic stiff-person syndrome due to cholangiocarcinoma: the first case report

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A 45-year-old man was admitted because of painful muscle spasms and weakness. He had been well until 7 months before admission when stiffness and cramping developed in both legs, associated with pain in the back. On examination, he was anscious and in pain. Motor testing of the legs was limited because of pain and spasms induced by movement and stimulation. There was extreme rigidity of the flexor and extensor muscles bilaterally, with normal reflexes. Gait was hobbled, and the patient could only take stiff, rigid steps with a walker. Clinical presentation was consistent with Stiff-person syndrome (SPS), a rare autoimmune neurological disorder. SPS may be associated with several autoimmune diseases. Paraneoplastic SPS accounts for approximately 5% of all cases. Malignancy are more often breast cancer and small cell lung cancer. Laboratory analysis revealed mild liver functional test impairment and hypercalcemia (11 mg/dL). Total body Computerized Tomography showed hepatic mass (85x80x65 mm), abdominal lymphadenomegalies, several nodules in lungs and diffuse osteolytic lesions. Liver biopsy was perfomed and revealed cholangiocarcinoma. He was diagnosed with SPS due to cholangiocarcinoma, as never described before in medical literature. Treatment was initiated with oral diazepam and valproic acid. He gradually improved in functional status and diminished pain until normal gait in few days. Chemotherapy was soon started.

Uno strano caso di embolia polmonare e versamento pericardico

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Giungeva alla nostra osservazione una paziente di 52 anni per dispnea, oliguria ed edemi declivi. In anamnesi: episodi ripetuti di TEP in trattamento anticoagulante. La paziente era stata trasferita dal reparto di cardiologia dove era stata sottoposta a pericardiocentesi per versamento pericardico emorragico con segni di tamponamento cardiaco. L'esame bioptico sul pericardio aveva mostrato segni di flogosi cronica riacutizzata in assenza di cellule neoplastiche. L'angio-TAC torace evidenziava estesa trombosi dell'arteria polmonare destra fino alla sua origine e multiple aree consolidative triangoliformi a base pleurica. Il doppler arti inferiori era negativo per TVP. Il trattamento anticoagulante orale veniva sospeso proseguendo EBPM. Al controllo TAC la formazione trombotica destra appariva invariata con progressione a livello dell'arteria polmonare sinistra e persisteva massivo versamento pericardico con compressione dell'atrio destro ed impronta sulla parete libera del ventricolo sinistro. Nel sospetto di una genesi oncologica della lesione vascolare toracica, la paziente veniva sottoposta a PET con riscontro di lesioni ad elevata attività metabolica in sede polmonare destra e pericardica. Nell'attesa di eseguire accertamenti bioptici mirati, si assisteva ad un rapido peggioramento emodinamico che portava all'improvviso arresto cardiocircolatorio. All'esame autoptico la strana embolia polmonare risultava essere un sarcoma indifferenziato ad alto grado del mediastino anteriore, diffusamente infiltrante il sacco pericardico, i grossi vasi cardiaci alla loro origini e gli atri.

Pulmonary thromboembolism in patient with heterozygous genotype for genetic variant of Prothrombin G20210A and MTHFR C677T. Previous thrombophlebitis of the right leg

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Mrs. S. F. 38 years old. Anamnesis: Cigarette smoker. Previous thrombophlebitis of the right leg. Hospitalized because of epigastric pain radiated to the chest, associated with moderate dyspnea. Physical examination: Negative, except for obesity. Laboratory exams: WBC 16000 mcL, D-dimer 1665 ng/mL (normale range 0.00-280 ng/mL), heart enzymes levels and *routine haematochemical* tests were normal. Instrumental examinations: ECG, venous Doppler exam and echocardiogram were in normal range. Chest X-ray: accentuated hilar vasculature. CTA: incomplete lack of opacization at the inferior lobar branch of left pulmonary artery most likely due to thromboembolic phenomena. Thrombophilic polymorphism test showed a heterozygous genotype for genetic variant of Prothrombin G20210A and MTHFR C677T. Treatment: Enoxaparin 8000 IU bid and warfarin (5 mg+2.5 mg) improved overall symptomatology on the third day without symptoms left on the 5th day.

Lithium intoxication. Major depressive disorder. Diabetes mellitus type 2. Multi-infarct encephalopathy. Non-toxic multinodular goiter. Monoclonal gammopathy

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Mrs. C.M. 62 years old. Remote pathological anamnesis: Affected by depression since she was 45, diabetes mellitus, non-toxic multinodular goiter. Close pathological anamnesis: Confusional state. Asthenia. Vomiting episode. Home therapy: Carbolithium 300 mg tid. Physical examination: Pale and dehydrated skin. Regular rate and rhythm. Breath sounds were clear bilaterally without rales, rhonchi or wheezing. Normal peripheral pulses. Soft, nontender and nondistended abdomen. The patient was alert but not oriented. Laboratory Exams: RBC 4250000 mcL, WBC 9260 mcL (N 85%, L 11.6%, M 2.6%, E 0.1%), Hb 13 g/dl, glycemia 110 mg/dl, creatinine 2.85 mg/dl, azotemia 149 mg/dl lithiemia 2.10 mmol/L (normal values: 0.10 – 1.20), D-dimer 799 ng/ml. ECG: Sinus rhythm, heart rate 75 bpm. PQ≤0.20 ms. Abdomen and thyroid ultrasound: A little hyperechoic spot within the gallbladder. Dishomogeneous thyroid echostructure with some nodular areas. Chest X-ray: Obliteration of the left lung base. Ectatic aortic arch. CT-evaluated cerebral atrophy. During hospitalization the interruption of the lithium-based drug led to the normalization of lithiemia.

Analisi epidemiologica delle patologie riscontrate al primo accesso in un ambulatorio di Reumatologia nel corso del 2012

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Premesse e Scopo dello studio: Abbiamo condotto un'analisi sui pa-

zienti che nel 2012 hanno effettuato un accesso presso l'Ambulatorio di Riabilitazione Reumatologica del Servizio di Medicina Fisica e Riabilitazione dell'A.O.U. "Federico II" di Napoli, al fine di indagare sulle patologie che più frequentemente richiedono una consulenza ambulatoriale reumatologica.
Materiali e Metodi: Nel periodo considerato abbiamo registrato 123 pazienti, 100 femmine e 23 maschi; l'età media dei pazienti è di 54,67±13,8 anni, con una massima di 85 e minima di 19. Per ciascun accesso è stato valutato solo il motivo della prima visita.
Risultati: Abbiamo riscontrato, in ordine di frequenza: osteoartrosi polidistrettuale in 33 pazienti; sindrome fibromialgica in 27; radiculopatie in 23; discopatia degenerativa in 17; osteoporosi in 17; osteopenia in 16; periartrite scapolo-omerale in 15; artrite reumatoide in 13; osteoartrosi localizzata in 11; oligoartrite in 9; spondiloartrite sieronegativa in 7; artropatia psoriasica in 6; connettivite indifferenziata in 6; polimialgia reumatica in 5; vasculiti in 5; artrite reattiva in 4; tenosinoviti in 4; sindrome di Sjögren in 3; spondilite anchilosante in 2; sindrome da anticorpi anti-fosfolipidi in 2; artropatia gottosa in 2; artrite enteropatica in 1; lupus eritematoso sistemico in 1; malattia reumatica in 1; condrocalcinosi in 1; neuroma di Morton in 1.
Conclusioni: Le patologie più frequenti sono quelle su base degenerativa e quelle da riduzione della massa ossea, assieme alla sindrome fibromialgica.

The thyrotoxic hypokalemic periodic paralisys with rhabdomyolysis in a young Caucasian male

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The thyrotoxic hypokalemic periodic paralysis (PPT) is well described in Asian populations, rare yet its counterpart in the West.We report the case of a Caucasian male, 26 years old, hospitalized for paralysis and muscle pain in the lower limbs with evident of hypokalemia (2, 6mEq/l), iperCPK (1326UI/l) and thyrotoxicosis (TSH <0.01;FT3: 8.7) for Graves' disease, inconsistent treated in 8 years.Previously the patient reported frequent episodes of profound fatigue on awakening, especially after hearty evening meal. Established therapy for hypokalemia, a rapid resolution of subjective symptoms and normalization of CPK were observed within in a few days. The Methimazole reported to normal thyroid function within two weeks. There are rare reports in the literature of rhabdomyolysis associated with hyperthyroidism but not in hypokalemic paralysis. The PPT can be associated with any form of hyperthyroidism but prevails in autoimmune forms;It is sporadic and of unknown pathogenesis. It is believed that single nucleotide polymorphisms (SNP) of the genes CACNA1S (1q32) and GABRA3 (Xq28) are associated with susceptibility to PPT.The hypokalemia is due to the passage extra / intracellular K secondary to the activaction of the Na/K-Atpase, controlled by thyroid hormones.The recent discovery of KCNJ18 gene encoding for the channels of the K opens new horizons to clarify the pathogenesis of hypokalemia. For rhabdomyolysis associated with hyperthyroidism was instead assumed the depletion of substrates and muscular energy deposits by thyrotoxicosis.

Relationships between baseline clinic characteristics and albuminuria in patients with chronic heart failure

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Purpose: To examine the relationships between baseline clinic characteristics and urinary albumin excretion in consecutive patients hospitalized for heart failure.
Methods and Results: Urinary albumin creatinine ratio (UACR) was available in 91 of 202 (45%) patients enrolled in the study. Of these, 51 (56%) had normal albumin excretion, 30 (33%) microalbuminuria, and 10 (11%) macroalbuminuria. Compared with patients with normoalbuminuria, those with microalbuminuria had a greater prevalence of diabetes (47 *vs.* 25%, P=0.005) and a lower estimated glomerular filtration rate (60.5 *vs.* 68.1 mL/min/1.73 m2, P=0.01). Patients with macroalbuminuria had additional differences from those with a normal UACR, including younger age (61 *vs.* 67 years, P=0.02), higher glycated haemoglobin (HbA1c; 7.8 *vs.* 6.1%, P <0.001), and different echocardiographic findings. Of the non-diabetic patients, 27% had microalbuminuria and 8% had macroalbuminuria. Independent predictors of UACR in these patients included N-terminal pro B-type natriuretic peptide (NT-proBNP), HbA1c, and left ventricular diastolic dimension. Increased UACR was not associated with markers of inflammation or of renin angiotensin aldosterone system activation and was not reduced by inhibitors of angiotensin-converting enzyme or angiotensin receptor blockers.
Conclusions: Increased UACR is common in patients with heart failure. UACR is independently associated with HbA1c and NT-proBNP, even in non-diabetic patients.

N-terminal pro-B-type natriuretic peptide predicts cardiovascular events in a primary prevention cohort

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Purpose: To test whether N-terminal pro-B-type natriuretic peptide (NT-proBNP) improves the prediction of cardiovascular disease (CVD) in a primary prevention cohort.
Methods and Results: In a cohort of 1198 middle-aged overweight men with dyslipidemia, we related the baseline NT-proBNP to the risk of CVD over 6 years during which 168 experienced CVD events. Taking into account the competing risk of non-CVD death, NT-proBNP was associated with an increased risk of all CVD [HR: 1.16 (95% CI: 1.10–1.22) per standard deviation increase in log NT-proBNP] after adjustment for classical and clinical cardiovascular risk factors plus C-reactive protein (CRP). NT-proBNP was more strongly related to the risk of fatal [HR: 1.33 (95% CI: 1.18–1.51)] than non-fatal CVD [HR: 1.16 (95% CI: 1.11–1.23)] (P= 0.022). The addition of NT-proBNP to traditional risk factors improved the C-index (+0.012; P <0.001). The continuous net reclassification index improved with the addition of NT-proBNP by 19.7% (95% CI: 13.5–25.98%) compared with 9.7% (95% CI: 4.1–15.5%) with the addition of CRP. NT-proBNP correctly reclassified 14.8% of events, whereas CRP correctly reclassified 3.3% of events. Results were similar in the 1030 men without evidence of angina, nitrate prescription, minor ECG abnormalities, or cerebrovascular disease.
Conclusions: NT-proBNP predicts CVD events in men without clinical evidence of CVD and appears related more strongly to the risk for fatal events. NT-proBNP also provides moderate risk discrimination, in excess of that provided by the measurement of CRP

Relationship between brain natriuretic peptide and microalbuminuria in patients with cardiac failure

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Purpose: To evaluate the changes in the plasma levels of N-terminal probrain natriuretic pepide (NT-proBNP) and microalbuminuria (MA) in patients with cardiac insufficiency and the correlations between them.
Methods: Two hundred and ninety-one patients with heart failure were divided into different groups according to different stages of heart failure. Plasma levels of NT-proBNP were measured by enzyme immunomicrosome test. Plasma levels of MA were determined by immunoturbidimetry. At the same time, the ejection fraction of the left ventricle and ventricular diastolic diameter were measured by Doppler echocardiography in all patients. The correlation of NT-proBNP and MA was evaluated at different stages of heart failure.
Results: The plasma levels of NT-proBNP and MA increased with the severity of heart failure. There was a strong correlation between NT-proBNP and MA (r=0.785, p <0.001).
Conclusions: Both NT-proBNP and MA levels were closely associated with the severity of heart failure.

✪ Left ventricular diastolic function is associated with renal function in patients with essential hypertension

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Purpose: To investigate the association of left ventricle diastolic func-

tion (LVDF) and N-terminal pro-brain natriuretic peptide (NT-proBNP) with renal function in essential hypertension.
Methods: LVDF was estimated based on the ratio of early diastolic velocity (E) from transmitral flow to early diastolic velocity (E) of tissue Doppler at mitral annulus; NT-proBNP was measured in 414 hypertensive patients (mean age 57±13 years). The subjects were classified into 3 groups: E/E ≤10 group (n=96), 10<E/E ≤15 group (n=218) and E/E >15 group (n=100). Renal function was estimated by glomerular filtration rate (GFR) with ^{99m}Tc-DTPA. GFR from 30 to 59 ml/min/1.73 m^2 was defined as Stage 3 chronic kidney disease (CKD). GFR was also estimated using the modified MDRD equation. Albuminuria was defined by urinary albumin/creatinine ratio (UACR).
Results: GFR was lower and UACR was higher in E/E >15 group than in 10<E/E ≤15 group or E/E ≤10 group (p<0.0001). GFR was significantly negative and UACR was positive correlated with E/E and NT-proBNP (p<0.0001). In multivariate stepwise linear analysis, GFR had significant correlation with age (p=0.001), gender (p=0.002), E/E (p=0.02), NT-proBNP (p=0.001) and UACR (p=0.01). Multivariate logistic regression analysis, adjusted for potential confounding factors, showed that patients in E/E >15 group were more likely to have Stage 3 CKD compared with those in E/E ≤10 group with an adjusted odds ratio of 8.21 (p=0.003).
Conclusions: LVDF, as assessed by E/E and NT-proBNP, is associated with renal function in hypertensive patients.

Confrontation between NT-proBNP and albuminuria in predicting cardiac events in diabetic patients

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Purpose: Patients with diabetes have 2-4 times increased risk of cardiovascular disease than the general population. We aimed to compare the predictive values of N-terminal pro-brain natriuretic peptide (NTproBNP) and albuminuria for cardiac events in diabetic patients.
Methods: In this prospective observational study we enrolled 536 patients with diabetes mellitus. NTproBNP and albuminuria – defined as a urinary albumin/creatinine ratio >30 mg/g – were measured at baseline. Patients were followed during a mean observation period of 23.5 months. A total of 51 patients reached the defined endpoint (unplanned hospitalization due to a cardiac event or death).
Results: The mean duration of diabetes was 14.8 years and the mean HbA1c was 7.9. At baseline, 24.8% of the patients presented with albuminuria and 37.5% had plasma NTproBNP values >125 pg/ml. Multiple Cox regression analysis (including age, gender, duration of diabetes, HbA1c, albuminuria and NTproBNP) revealed that NTproBNP (HR 2.314; 95% CI 1.914–2.798, p<0.001) was a better predictor than albuminuria (HR 1.544; 95% CI 1.007–2.368, p<0.047) or age (HR 1.030; 95% CI 1.008–1.053, p<0.007). Calculating different Cox-models with (A) albuminuria, (B) NTproBNP, or (C) both in the model revealed that the C-index was best if NTproBNP was entered in the model (C-index for A 0.735, for B 0.809, and for C 0.786). Kaplan–Meier analysis demonstrated that albuminuria does not add substantial information if NTproBNP is entered into the model.
Conclusions: In our study, NTproBNP was superior to albuminuria in predicting cardiac events.

A singular case of coma

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Purpose: To describe the clinical case of a 45 year old woman, hospitalized for coma and hypovolemic shock, with atrial fibrillation and signs of heart failure. In history: rheumatic disease, mitral valve replacement, persistent rhythm disorders; useless antiarrhythmic therapy, trans catheter ablation, Maze operation. Diagnosis of hyperaldosteronism, normotension. Lately fever, vomiting, therapy with furosemide, mannitol, paracetamol, antibiotics and glucose.
Methods: We performed echocardiographic examination, with evidence of dilated right ventricle with normal contractility and left ventricle at the upper limits, with mildly reduced systolic function. Among the laboratory data, we found evidence of metabolic and respiratory alkalosis with hypokalemia and hyponatremia. Suddenly appeared "torsades de pointes" and ventricular fibrillation. We performed DC-Shock at 360 joules, cardiopulmonary resuscitation, administration of adrenaline, lidocaine, successfully. We corrected sodium slowly with hypertonic saline. At the same time, we administered potassium chloride in infusion. After pharmacological wash out, we found evidence of mild hypokalemia by urinary losses.
Results: Our diagnosis was "Bartter syndrome". We received histological confirmation. The therapy at discharge was: potassium, spironolactone, enalapril, ranitidine, with benefit.
Conclusions: Our data emphasize the usefulness of a critical attitude in patient assessment, to identify potentially serious conditions.

Diagnosis and timing of a new hospitalization in the first 30 days after discharge in patients with hyperglycemia and correlation with the management of patients upon discharge from the hospital: our experience

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Purpose: To evaluate the diabetic patients management at the moment of the discharge from the hospital and improve the prognosis of patients with hyperglycemia.
Methods: We performed a retrospective study. We analyzed 2100 consecutive admissions of patients with hyperglycemia. We focused on the and communication with patients and doctors in the territory and on the time of re-hospitalization and the reason therefore.
Results: We noted that 2/3 of the total recurrent hospitalizations occurred in the first 2 weeks. The interesting thing is that the causes were different from those that led to the first admission. This trend was more pronounced for acute myocardial infarction (AMI), for which only 1 of 10 patients were hospitalized for a new AMI within 30 days. Less common instead for heart failure and pneumonia, for which a third of patients readmitted was hospitalized for the same reason. What is surprising is that more than half were admitted for diagnosis-related. This was clearly visible in the different groups of patients hospitalized with infection, VTE, metabolic disorders and kidney problems. Practically in diagnosis for readmissions were all possible medical causes.
Conclusions: What we should do for patients is to try to reduce the overall risk generalized. We should promote the education of the population to better control of diabetes, refer the patient to a diabetes center for an initial framework, program the subsequent tests, prescribe treatment and diet; encourage maximum participation in the project by all general practitioners and diabetes centers in the area.

Prognostic value of echocardiography and troponin T in the evaluation of patients with unstable pulmonary embolism: our experience

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Purpose: To evaluate the role of echocardiogram (EC) and troponin T (trT) in the risk stratification of patients with unstable pulmonary embolism (PE). EC and trT were associated with a clinical index (CI), ECG, chest X-ray, blood gases (BG), D-dimer (Dd), natriuretic peptide (pro-BNP), in order to compare sensitivity, specificity, positive and negative predictive value.
Methods: The 275 consecutive patients with suspected unstable PE were subjected to EC with criteria of right ventricular (RV) dysfunction, such as RV dilatation and hypokinesis, reduction of respiratory variations of the inferior vena cava, visualization of thrombi. In addition, they underwent clinical evaluation using a multiparametric CI, supplemented by: ECG; chest X-ray; BG; Dd; trT; pro-BNP. Predictive value of mortality and clinical deterioration of the examinated parameters was calculated by multivariate analysis. We evaluated sensitivity, specificity, positive and negative predictive value, and 2 for differences between proportions. Diagnosis of PE was confirmed by CT angiography.
Results: Patients with positive EC showed a statistically greater number of PE. The index of severity of PE we adopted, in its entirety, showed a sensitivity of 98%, specificity of 96%, positive predictive value of mortality rate of 99% and predictive value of clinical deterioration 96%.
Conclusions: Statistical analysis showed high sensitivity and speci-

ficity of EC, trT and all parameters we adopted, taken together. Risk stratification in acute phase allowed us to identify patients requiring more aggressive treatment.

Icteric variant of Stauffer's syndrome as initial manifestation of colon cancer

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Introduction: Stauffer's syndrome is a rare paraneoplastic manifestation characterized by non-metastatic hepatic dysfunction. First described in association with renal cell carcinoma, it may rarely occur with other malignancies. A reversible icteric variant has been reported.
Case report: A 64 year-old-man presented with pruritus, jaundice, abdominal pain and significant weight loss. He did not report changes in bowel habits. Laboratory workout revealed leukocytosis, mild hypochromic and microcytic anemia, positive fecal occult blood test, direct hyperbilirubinemia, elevation of ALT, AST, ALP, ESR and prolongation of PT. Abdomen ultrasound documented the presence of hepatosplenomegaly, without evidence of focal lesions, dilatation and/or obstruction of the biliary system. The genitourinary tract was normal. Markers for viral hepatitis (A, B, C), EBV and CMV were negative, as well as toxicology screens and antimitochondrial antibodies. Alcoholic hepatitis was excluded. The colonoscopy revealed an ascending colon mass, with malignant features at histological examination. A full-body CT scan ruled out metastatic disease. After surgical removal of the tumor, the patient reported a gradual resolution of symptoms with normalization of liver function.
Conclusions: The finding of clinical and laboratory abnormalities suggestive for intrahepatic cholestasis and their reversibility after tumor removal supported the diagnosis. The underlying pathophysiology is not fully understood, and may be related to an interleukin-6 overexpression by the primary tumor.

✪ Liver Fibrosis (L/F) index as predictor of malignancy in patients with focal liver lesions: preliminary results with Real-time Tissue Elastography (RTE)

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Introduction: Liver Fibrosis Index (L/F Index), as assessed with Real-time Tissue Elastography (RTE), has proved to be effective in patients with chronic hepatitis C, showing a stepwise increase with increasing histological severity of fibrosis (P=0.0102). Although different studies have demonstrated high sensitivity and specificity in the prediction of malignant thyroid nodules no data are currently available with regard to focal liver lesions.
Methods: 11 patients with 5 biopsy-proven malignant lesions (metastasis, n=2; HCC, n=2; and cholangiocarcinoma, n=1) and 6 biopsy-proven benign nodules (hemangioma n=4; FNH, n=2) underwent RTE. L/F index was assessed by two trained examiners. Inclusion criteria were: age 18-65 years, no past or current liver disease (*e.g.* hepatitis, steatosis), single liver lesion. Patients with multiple lesions were excluded.
Results: Among benign lesions, L/F index was 1.03, 2, 1.4 and 0.9 for the four hemangiomas, 1.3 and 1 for the two FNH lesions, and, among malignant lesions, 4 and 3.8 for the two metastases, 2.45 and 2.9 for the two HCC and 3.7 for the cholangiocarcinoma. Mean L/F index was significantly higher in malignant hepatic lesions than in benign lesions (3.2875 *vs* 1.2717, p=0.0005, t test for unpaired samples).
Conclusions: Patients with malignant focal liver lesion exhibit significantly higher L/F index, as assessed by real-time Tissue Elastography (RTE), suggesting that RTE may be a useful tool to predict the presence of malignant hepatic tissue. Further studies are needed to validate this method.

Contrast-enhanced ultrasound (CEUS) revealing a fistulizing portal vein aneurysm

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Introduction: A portal vein aneurysm can be defined as a saccular or fusiform dilatation of the portal venous system. The prevalence has been estimated around 0.6 per 1,000. Usually asymptomatic, portal aneurisms may rarely present with complications such as thrombosis, portal hypertension or rupture.
Case report: A fusiform dilatation of the portal vein has incidentally been found at conventional ultrasound in a 64 year-old-man, who presented with dyspepsia. As assessed with a distance-measuring tool, the maximum size measured cm 2.2 x 1.5 in longitudinal and transverse axes, respectively. Doppler ultrasound revealed a turbulent flow with "Korean flag" appearance and high mean velocity. Contrast-enhanced ultrasound (CEUS) showed early (<10 sec) and persistent (>100 sec) enhancement in the arterial and portal phases, respectively, and slow washout in the late phase. The presence of an arteriovenous fistula was evident at the early phase. A fistulizing portal vein aneurysm was diagnosed. After confirmation with magnetic resonance angiography (MRA), the patient underwent operation.
Discussion: Portal vein aneurysms are extremely rare, but should be suspected in the case of focal dilatation of the portal venous system. At CEUS, the finding of an abnormal early enhancement (<10 sec, arterial phase) of the portal vein has raised the suspicion of a fistula between the portal venous system and a branch of the hepatic artery. The diagnosis of fistula was confirmed by demonstrating its filling with ultrasound contrast agent.

GERD in the elderly: an endoscopic experience

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Introduction: Gastro-Esophageal Reflux Disease (GERD) is very common, frequently under-diagnosed, gastrointestinal disease in elderly, unusually more severe than young patients frameworks. Here we conducted a study of our endoscopic series in order to assess prevalence and clinical characteristics of GERD in the elderly.
Materials and Methods: We retrospectively studied patients underwent esophagogastroduodenoscopy (EGD), with symptoms referred to the upper gastrointestinal tract (heartburn, chest pain, dysphagia, regurgitation, and dyspepsia), and/or anemia of unknown origin.
Results: 3663 patients with GERD-related symptoms underwent EGD, 2594 aged <65 years old (GROUP A) and 1069 aged≥65 years old (GROUP B). GROUP B patients showed more frequently severe esophagitis (6% *vs.* 11%), hiatal hernia (45% *vs.* 74%), duodenal ulcer (4% *vs.* 20%), dysphagia (2% *vs.* 6%), dyspepsia (7% *vs.* 14%) and anemia (1% *vs.* 6%) compared to GROUP A, while in this last one regurgitation (33% *vs.* 24%) and chest pain (16% *vs.* 11%) were more frequent compared. Heartburn had a frequency similar between groups (39% *vs.* 40%). Valuing effectiveness of acute therapy and long-term treatment, proton-pump inhibitors showed the highest rates of healing and symptoms remission, without differences between elderly and younger patients.
Discussion: our results underlined the importance of this disease in elderly patients, at high risk because of comorbidities and polypharmacy. After EGD, severe esophagitis was found more frequently as well as the association with other diseases, such as hiatal hernia or duodenal ulcer.

The role of echocardiography in first line assessment of dyspnea

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Early echocardiography approach is fundamental in leading diagnosis and treatment of acute dyspnea. A 92 years hold woman suffering from Alzheimer's disease was admitted to the Emergency

Room for acute breathlessness occurred during the meal. She was find to be normotensive, with a new atrial fibrillation on ECG, a mildly elevated troponin (1,03 ng/ml) and low saturation levels. Haemogasanalysis showed mild hypossiemia and normocapnia. Laboratory tests evidenced neutrophilic leukocytosis and chest rays evidenced a shaded lung opacity suspected for ab-ingestis pneumonia. The picture revealed its underlying complexity when echocardiographic study evidenced an associated pulmonary embolism characterized by intra-atrial thrombosis, right sections enlargement with regional wall motion abnormalities sparing the right ventricular apex (Mc Connel's sign), mild tricuspid regurgitation and systolic pulmonary artery pressure of 50 mmHg. Continuous intravenous heparin was suddenly started while performing lower limb ultrasonography which confirmed the diagnosis of pulmonary embolism because of the presence of both common and superficial femoral thrombosis. Despite early diagnosis and treatment, unfortunately the patient died during another flare of dyspnea due to post-meal vomit thus confirming the precedent suspicion of a double genesys dispnea and the importance of a comprehensive evaluation of critical patients.

Prevalenza degli accessi in Pronto Soccorso per reazione avversa a farmaco di natura immunoallergica: studio retrospettivo del triennio 2010-12

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Nel triennio 2010-2012 presso il Pronto Soccorso di Rho l'attività di monitoraggio (farmamonito) della farmacovigilanza ha raccolto 216 segnalazioni di accessi per reazione avversa a farmaco nei pazienti adulti: il 74,5% di tali reazioni erano di natura immuno-allergica; le classi di farmaci maggiormente responsabili di queste ultime sono risultate essere: antibiotici (47,2%), e tra questi, i beta-lattamici sono risultati implicati nel 81,6% dei casi, FANS (34,8%), altri farmaci (mezzi di contrasto radiografici, ferro, ACE-inibitori, anticonvulsivanti, ecc.) 18%. I sintomi riguardavano la cute (orticarie generalizzate, rash maculo papulari, ecc.) nell'84,5% dei casi, l'apparato respiratorio (es. attacco acuto d'asma) nel 9,9% dei casi, oppure erano reazioni generalizzate (anafilattiche) nell'5,6% dei casi. Solo una ridotta percentuale (19%) di tali pazienti ha successivamente eseguito idoneo follow-up in ambito specifico allergologico. CONCLUSIONI: - le reazioni avverse a farmaco di natura immunoallergica rappresentano una considerevole quota del totale delle reazioni avverse a farmaco e sono spesso caratterizzate da particolare gravità, richiedendo talora successiva ospedalizzazione (6,2% dei casi nella nostra casistica) o osservazione breve intensiva in PS (19,3% dei casi nella medesima casistica). Si sottolinea l'importanza del monitoraggio di tali reazioni e della segnalazione dei Pazienti al servizio di Allergologia per successivo follow-up specifico, promuovendo una adeguata sensibilizzazione del personale operante in regime di urgenza.

An unusual case of cyanosis

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Case report: 72 years old female with arterial hypertension and type 2 diabetes. In April 2012 she was diagnosed with dilated cardiomyopathy with severe left ventricular dysfunction (EF 30%) and normal coronary arteries. She was treated with ICD and biventricular PM and the EF increased to 47%. On December 3rd, the patient was admitted to ER for dyspnoea and fatigue and was hospitalized in HDU with the diagnosis of hypoxic respiratory failure. The CT angiography of the pulmonary circulation was negative for thrombo-embolism; the transthoracic echocardiogram showed a preserved left ventricular function (EF 50%) and an atrial septal aneurysm without apparent trans-atrial flow. She underwent to cycles of C-PAP and a week thereafter was transferred to our medical ward, where she again experienced sudden episodes of severe desaturation and cyanosis, poorly affected by the administration of oxygen. We did not find signs of acute heart failure or acute diseases of the lungs. So we decided to perform a trans-esophageal echocardiogram that revealed a septal aneurysm with a moderate-severe left-right shunt. One month after the correction of the atrial septal defect (performed at the Interventional Cardiology Unit of Careggi-FI) the patient was asymptomatic with a satisfactory hemodynamic compensation.
Comment: In the case report we describe the occurrence of cyanosis in a hypertensive patient with dilated cardiomyopathy. The etiology, initially unclear, was identified in an atrial septal defect of probable iatrogenic origin, due to a recent PM-ICD implantation.

Improving management of community-acquired pneumonia in a teaching hospital: a clinical audit project

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Background and Aim: In-hospital management of CAP patients is affected by high variability leading to both clinical and economical poor outcomes. Scientific literature provides high quality evidence-based documents which can be used to implement quality improving planes based on a clinical audit methodology. A clinical audit cycle has been created in order to: improve relevant clinical outcomes of CAP patients admitted to Clinica Medica ward; minimize hospital stay-related adverse events; reduce improper use of organizational resources, length-of-stay and overall costs; train medical and nursing staff.
Study design: Bidirectional pre-post study: 1. usual practice data retrospective review; 2. implementation of recommendation and training; 3. prospective post implementation data collection and analysis. Inclusion criteria: patients admitted with CAP diagnosed according to IDSA 2001 criteria from April 2011 to April 2013. Exclusion criteria: cancer chemotherapy or immunosuppressive treatment, age ≤18, HIV or A/H1N1 influenza, transplant recipients. Referral guideline: IDSA/ATS Guidelines 2007. Quality indicators: 8 process and outcome indicators were defined and monitored. Implementation tools: training-retraining, use of ad hoc pocket reminders, posters. A dedicated website (www.polmonitiancona.net76.net) was built too.
Results: Analysis of all data will be performed next april (end of observation period) and results will be presented. The relative low number of cases (~40/y) and the particular setting of this study (teaching hospital) are the main obstacles to results generalizability.

Il labirinto diagnostico in un paziente con metastasi della pleura da adenocarcinoma ad origine sconosciuta

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Introduzione: Le neoplasie maligne a sede primitiva ignota sono al 7-8° posto per frequenza e al 4° posto per mortalità da tumore. L'adenocarcinoma è la forma istologica più frequente (70%). La sopravvivenza media è di 8 mesi. I maschi di età>60 anni sono la popolazione più colpita.
Caso clinico: Uomo 71 anni, non fumatore, normopeso, nodulo prostatico da 5 anni in follow-up. Inviato in DEA dal curante per tosse persistente non produttiva, con rilievo all'RX torace di massivo versamento pleurico sinistro e riscontro all'ecografia transrettale di aumento delle dimensioni del nodulo prostatico con infiltrazione delle vescichette seminali. Ricoverato nel nostro reparto, gli esami ematici mostravano PSA nei limiti della norma ed NSE elevato. È stato posizionato pig tail toracico ed è stata eseguita citologia sul liquido pleurico, con riscontro di cellule di adenocarcinoma TTf-1 e PSA negative. L'esame PET ha mostrato captazione del nodulo prostatico e di multiple linfonodi mediastinici. Il nodulo prostatico è stato biopsiato e refertato come iperplasia nodulare benigna. Non avendo identificato il tumore primitivo, il paziente è stato sottoposto a chemioterapia ad ampio spettro per adenocarcinoma.
Conclusioni: La chemioterapia per adenocarcinoma ad origine sconosciuta verte sull'uso di composti del platino eventualmente in associazione a taxani. In alternativa si propone una terapia di supporto. È sconsigliato eseguire un secondo ciclo di terapia in caso di non risposta ai farmaci di prima linea.

Dalla lombalgia alla difficile diagnosi di adenocarcinoma gastrico

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Caso clinico: Uomo, 61 anni, ex fumatore e obeso, giunge al nostro reparto per dimagrimento (circa 20 Kg) e severa lombalgia da alcuni mesi. Agli esami ematici Hb 8 g/dL e PLT 40/mm^3 con segni di CID. Sottoposto a TC torace-addome con MdC con rilievo di: "alterazioni strutturali di tipo osteoaddensante, associate a lesioni osteolitiche a carico dei femori e di numerose vertebre dorsali e lombari" captanti ad un successivo esame PET. Inoltre abbiamo eseguito EGDS con riscontro di*"erosione antrale"* biopsiata e a colonscopia negativa. In assenza dell'origine e della tipizzazione istologica delle lesioni metastatiche abbiamo eseguito un agoaspirato midollare ed eseguita una citologia risultata positività per adenocarcinoma, la cui origine è stata diagnosticata dopo la risposta istologica positiva della biopsia antrale. Per le gravi condizioni generali,dopo controindicazione alla chemioterapia, il paziente è stato trattato con emotrasfusioni e terapia di supporto, ed è deceduto un mese dopo il ricovero.
Conclusioni: L'anemia mieloftisica in corso di carcinoma gastrico è un evento raro; le metastasi da carcinoma gastrico sono più frequentemente dirette a fegato,linfonodi e polmone. La condizione di pancitopenia risultante va in diagnosi differenziale con patologie primitive del midollo osseo oltre che con metastasi da altri tumori primitivi.

Un inconsueto caso di osteomielite sternale

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Caso clinico: Maschio di 65 anni affetto da cardiopatia ischemica-ipocinetica fibrillante, diabete mellito, BPCO. Nel 2011 ascesso dentario con fistola cutanea sottomandibolare. Nel Ottobre 2012 ricovero in Medicina per febbre e dolore toracico-sternale, emocolture positive per S. aureo, accertamenti cardiologici e TAC torace e sterno negativi; trattato con antibiotici ev e antinfiammatori con risoluzione del dolore e remissione della febbre. Dopo 5 giorni dalla dimissione ripresa di violento dolore sternale accentuato dal respiro e i movimenti toracici e tumefazione cutanea. In PS RX torace e sterno negativi; il reumatologo confermava quadro compatibile con S. di Tietze; eseguiva scintigrafia ossea con accumulo all'articolazione condrosternale del manubrio sternale in assenza di traumi e/o lesioni della cute, quindi ricoverato in Malattie Infettive, trattato con oxacillina+ rifampicina ev in base all'antibiogramma delle emocolture eseguite precedententemente in Medicina con miglioramento dell'obiettività clinica locale, riduzione della tumefazione e dei segni flogistici locali e degli indici di flogosi. Apiretico e in buone condizioni generali. Effettuata poi ortopantomografia e bonifica dentaria con negativizzazione degli indici di flogosi.
Conclusioni: Descrizione di un raro e inatteso caso di osteomielite sternale da S. aureo a verosimile partenza da ascesso dentario pregresso.

Poliangioite microscopica: malattia rara o misconosciuta?

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Caso clinico: donna di 84 anni affetta da diabete mellito tipo II da 20 anni,inizialmente in trattamento da alcuni anni con insulina; iniziale retinopatia, ipertensione arteriosa con cardiopatia secondaria, IRC lieve, dislipidemia. Giunge nel nostro reparto per scompenso cardiaco prevalentemente destro. Agli esami riscontro di creatinina 4.41 mg/dL, nettamente peggiorata rispetto all'ultimo controllo, azotemia 238 mg/dL, grave ipoalbuminemia (2,2g/dL) proteinuria significativa (2700mg/24h) e cr/cl 4 ml/min. Iniziato trattamento diuretico ev a dosi elevate non si è verificata adeguata risposta clinica mentre si è avuto un peggioramento della funzionalità renale. è stata sottoposta a trattamento emodialitico e riguardo la genesi dell'insufficienza renale la positività per mpo-ANCA a titolo elevato (110.4 UR/mL) e sedimento nefritico depone per interessamento renale in corso di vasculite ANCA-associata, tipo poliangioite microscopica. In considerazione dell'età e dei dati di laboratorio non si è ritenuto necessario procedere alla biopsia renale finalizzata unicamente al trattamento immunosoppressivo che la paziente non avrebbe potuto sopportare. Si è optato per un trattamento della vasculite con corticosteroide associato a trattamento dialitico cronico.
Conclusioni: Tra ottobre e novembre 2012 questo è il secondo caso di poliangioite microscopica con interessamento renale che è giunto alla nostra osservazione. è veramente una patologia così rara o è misconosciuta perché si sovrappone ad altre patologie più comuni come nefropatia diabetica e/o ipertensiva ?

Treatment of diabetes mellitus in the real world

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Background and Objectives: It has been shown that a level of HbA1c ≤7% (53 mmol/ml) is indicative of an effective treatment of diabetes mellitus (DM). It has been hypothesized that a general practitioner (GP) and a diabetes centre (DC) which collaborate structurally would improve the care of diabetics. This study has two aims:1) to evaluate the quality of treatments of DM in real world; 2) to know who has the responsability to treat DM in real world.
Materials and Methods: We enrolled 44 diabetic patients in drug treatment, consecutively hospitalized in two internal medicine wards; patients admitted to hospital for uncontrolled diabetes or hypoglycemia have not been taken into account. We recorded these data for each one: age, sex, HbA1c and glycaemia, diabetes treatment taken at home, who prescribed that treatment, if GP and DC had a structured collaboration on management of therapy.
Results: We examined 44 patients, 25 females, 19 males; mean age 78 years; a CD prescribed a therapy for 27 patients, a GP did so for 12 of them, a different practitioner for 5 of them. HbA1c≤7% was detected in 26 patients (59%). A GP and a DC had a structured collaboration in 11 cases (25%). In these ones, levels of HBA1c≤7% were detected in a percentage higher than in others (73% *vs.* 53%).
Conclusions: Our findings suggest that a less than optimal care of DM is rather frequent among the diabetic population. It seems that a structured collaboration between GP and DC would improve metabolic control. Further surveys are needed to evaluate the benefits from this strict collaboration.

Utilizzo dell'ecografia delle anse intestinali nella diagnosi e nel follow-up dei pazienti con RCU

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Uomo di 40 aa con anamnesi patologica remota non significativa salvo oculo-rinite allergica. Ricoverato presso la nostra Divisione per diarrea muco-ematica e iperpiressia da 10 gg. All'ingresso: diffusa dolorabilità alla palpazione dell'addome, innalzamento degli indici di flogosi, insufficienza renale prerenale ed ipoalbuminemia. Nel sospetto di malattia infiammatoria intestinale ha eseguito colonscopia con riscontro di severa flogosi della mucosa e facilità al sanguinamento, stenosi infiammatoria a livello del sigma che ha condizionato impossibilità a proseguire l'esame. Per valutare, in breve tempo e senza rischi, la possibile estensione di IBD, ha eseguito ecografia delle anse intestinali che ha mostrato ispessimento diffuso della parete di tutto il colon, con mesenterite ed adenopatie satelliti. I reperti sono stati confermati dall'esecuzione di una scintigrafia con leucociti marcati ("quadro suggestivo di pancolite estesa dal cieco al colon discendente, senza coinvolgimento del piccolo intestino"). L'esame istologico ha confermato la diagnosi di colite ulcerosa. Dopo 5 mesi di trattamento specifico il pz ha presentato completa risoluzione dei sintomi. All'ecografia di controllo riscontro di completa normalizzazione dei reperti descritti in precedenza (quadro confermato anche endoscopicamente). Il caso è stato scelto per sottolineare come l'ecografia delle anse intestinali, eseguita da operatore esperto, rappresenti un valido ausilio nella diagnosi, nella valutazione dell'estensione e nel follow-up dei pazienti con colite ulcerosa.

A case of autoimmune hepatitis after immunostimulatory agent. Case report and brief literature review

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Introduction: The monoclonal antibodies are used to target malignant cells for elimination via antibody-dependent cytotoxicity mechanisms or apoptosis, including the anti-erb2 receptor antibody trastuzumab. The major identified toxicities is associated with immunostimulation, cell and tissue injury, cytokine release/storm, tumor lysis, vascular leak and autoimmunity.
Case report: A 58 year old woman presented severe alteration of liver tests (ALT 1118 U/l, AST 515U/L, ALP 118 U/l, γGT 132 U/l).
Anamnesis showed: family history of autoimmune thyroiditis, breast cancer (invasive ductal carcinoma, G3), who underwented conservative surgery and irradiation (sentinel lymph node negative), chemotherapy (8 months ago: adriamycin and cyclophosphamide), and, 4 months ago, therapy with trastuzumab. Tests showed: mild neutropenia, inflammatory syndromes, ANA, speckled, 1/160, mild ferritin elevation; systemic and organospecific autoimmunity, hepatotropic viruses, immunoglobulins, hypergammaglobulinemia negatives. Eco abdomen also was negative. We performed hepatic biopsy positive for acute lobular iniury. The diagnostic hypotheses were: drug-induced or autoimmune hepatitis. We concluded for autoimmune hepatitis; score Hishikawa was 12, ANA speckled and HLADR were positive, transaminases decreased with introduction of medium doses steroid and increased for steroid tapering.
Discussion: The use of immunostimulatory agents may cause disorders of autoimmunity, as in our case. A sensible search of literature showed only 2 case reports of hepatotoxicity for trastuzumab, both female, and 9 FDA reports of autoimmune hepatitis in course of theraphy, always women.

✪ Catheter-related urinary tract infection: an audit in an internal medicine unit

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Background: Nosocomial infections have a high impact on health care costs, nevertheless control systems is still mixed. Urinary infections represent 30% -35% of health care-associated infections. They can result in sepsis, prolonged hospitalization, additional hospital costs, and mortality.
Objectives: To optimize the procedures of urinary catheter (CV) insertion, to optimize the appropriate use of antibiotics and of urine culture in catheterized patients in an Internal Medicin Unit.
Methods: The medical and nursing group selected 7 recommendations to minimize urinary catheter use, to appropriate use of antibiotics and urine cultures from recent international and regional practice guidelines.We reviewed data from all hospitalized and catheterized patients in previous six months (May-October 2012).
Results: We obtained 90 patients. We performed a daily control of appropriate CV use in 76% of cases. In 50% of cases we replaced CV before starting antibiotic. In 94% there is evidence that patients were catheterized according to protocol shared. In presence of signs of infection, we performed urine culture and we removed CV, if present for>7 days, in 50% of cases. For systemic symptoms we performed blood cultures always. In presence of local symptoms, the duration of therapy was 5-7 days, instead, for systemic infection, 10-14 days. There was no evidence of screening for bladder cancer.
Conclusions: We identified some areas of improvement: the daily control of appropriate CV use; the CV removal and the execution of urine culture before starting antibiotic therapy, finally the screening on long carriers of CV.

An intervention to promote interprofessional collaboration between doctors and nurses

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Background: Continuous external changes promote internal reorganization in Internal Medicine, to reduce the error (mostly a GAP). In our Department during 2012 we implemented two changes: the elettronic medical record and the daily interprofessional briefing.
Objectives: To assess the impact of an intervention of interprofessional collaboration (medical and nursing elettronic records and interprofessional briefing) on the improvement of health care processes and on outcomes of care processes.
Methods: We performed a sensitive search of systematic reviews. We analyzed the differences in terms of length of stay, mortality, hospital readmissions within a month, adverse events in the 5 months prior to the intervention and in the 5 months of implementation (January-May 2012: 503 admissions *vs*. June-October 2012: 426). We will give a questionnaire to patients and operators
Main results: From the literature search we got two systematic reviews, both without significant differences about the outcomes. In our study we did not observe significant differences in length of stay (days 8:37 T1, T2 8:44 g), mortality (4.9% T1, T2 4.4%), hospital readmissions (4.9% T1, T2 5.1%), but a trend reduction of near misses (3 *vs* 1).
Conclusions: In literature interprofessional collaboration is associated with moderate benefits about processes of care, in our experience only with a reduction in near misses, without significant changes in care processes. However there are some bias: a high staff turnover, an initial resistance to change, a characteristics of the population and a short period of observation.

Proposta di un modello di cartella clinica integrata per il miglioramento della qualità in medicina interna

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Premesse e Scopo dello studio: Il processo terapeutico è diviso in 4 fasi suscettibili ad errore: prescrizione, trascrizione, somministrazione, assunzione. La Scheda Terapeutica Unica (STU) separata dalla cartella ed onnicomprensiva di tutta la terapia, annulla gli errori trascrittivi, ma può aumentarli nella 2a e 3a fase a causa della sua complessità compilativa ed interpretativa.
Materiali e Metodi: Sono stati valutati 6 modelli di STU utilizzando i seguenti indicatori di struttura: tracciabilità: % n°pagine/n°tabelle+((n°pagine - 1) x n°tabelle)); chiarezza: % di dati adeguati rispetto a 12 standard; specificazione: % di tabelle specifiche per modalità di somministrazione su 12 totali; praticità: % di presenza di 5 parametri strutturali; di dettaglio: % di di simboli compilativi su 16 totali; complessità: % dettaglio/ tracciabilità+praticità.
Risultati: Il valore di complessità è risultato compreso tra 41 e 73. Sono state realizzate delle schede di terapia con complessità 12 riducendo al minimo tabelle e simboli ed inserendole nel contesto di un modello originale di cartella clinica integrata medico/infermieristica.
Conclusioni: Una cartella clinica integrata medico/infermieristica con pagine di terapia di minore complessità, maggiore usabilità e minore difficoltà di gestione rispetto alle STU, può permettere di ridurre il rischio di errore terapeutico. Favorisce inoltre la collaborazione multiprofessionale e la visione globale del paziente a vantaggio della qualità dell'assistenza. Può infine facilitare il passaggio alla cartella clinica elettronica.

Efficacy of tolvaptan in the treatment of a patient with the idiophatic syndrome of inappropriate antidiuretic hormone secretion (SIADH)

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Background and Purpose of the study: SIADH, represents the most common complication of a wide variety of clinical disorders and drug therapies. The hyponatremia is usually caused by a increased plasma concentrations of ADH and it is possible to distinguish four characteristics abnormality in osmoregulation. The diagnosis of SIADH is possible only after excluding other causes of hyponatremia euvolemic. Fundamental diagnostic criteria are represented the demonstration of hyponatremia with high concentrations sodium phosphate in urine in a euvolemic patient.TOLVAPTAN: Indication: Treatment of adult patients with hyponatremia secondary a syndrome of inappropriate secretion of antidiuretic hormone (SIADH).Tolvaptan was recently marketed to treat of patients with hyponatremia secondary to SIADH. Dosage: 15

mg once/day, upgradable to 60 mg/die; the therapy should be initiated in hospital. Effectiveness of tolvaptan was evaluated mainly in two RCTS, SALT-1 studies and SALT-2.
Materials and Methods: Clinical case: 56 year old patient suffering from COPD, no drug therapy, pathological history remote and next negative, diagnosis of SIADH with severe symptomatic hyponatremia (disorientation, confusion, dizziness).
Results: The patient was treated with tolvaptan 15 mg 1/2 cpr die; sodium values are constantly maintained in a range of 132-138 mEq/L; no side effects reported.
Conclusions: Treatment with tolvaptan proved to be safe and effective; In addition to the suspension of the drug has highlighted a severe and sudden hyponatremia; at this moment the patient is continued treatment with the drug and is constantly monitored.

A difficult case of disseminated intravascular coagulation in a patient with chronic myelomonocytic leukemia

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Background and Purpose of the study: Disseminated intravascular coagulation (DIC) is an acquired coagulation disorder that may occur in a wide variety of clinical conditions. Suspicion of DIC should lead to a differential diagnosis that includes primary fibrinolysis and other bleeding diatheses such as thrombocytopenias of diverse etiology. Confirmation of the diagnosis of DIC should always prompt a search for an underlying medical disorder, including sepsis, severe trauma, solid and hematological malignancies, obstetrical complications, and vascular disorders. The diagnosis of disseminated intravascular coagulation (DIC) should encompass both clinical and laboratory information. In patients with DIC and bleeding or at high risk of bleeding and a platelet count of <50 x 10(9)/l transfusion of platelets should be considered. In bleeding patients with DIC and prolonged prothrombin time (PT) and activated partial thromboplastin time (aPTT), administration of fresh frozen plasma (FFP) may be useful.
Materials and Methods: We reported a clinical case of a DIC in a patient with chronic myelomonocytic leukemia; at the entrance to the ward hemoglobin 3.4 g/dL, platelets 9000; INR 2.77; discharge hemoglobin 10.1 g/dL, platelets 97,000, INR 1.7.
Results: We transfused 20 units of packed red blood cells, three of fresh frozen plasma and two of platelets.
Conclusions: Tpatient is alive and is constantly monitorated in coagulation parameters and blood counts.

Ultrasonography as simple and non-invasive method for the early diagnosis of HCC

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Background and Purpose of the study: Hepatocellular carcinoma (HCC) is a primary malignancy of the liver. It is now the third leading cause of cancer deaths worldwide, with over 500,000 people affected. Hepatitis and excessive alcohol are the leading causes of HCC. (Hepatitis B or hepatitis C, 20%) or with cirrhosis (about 80%). HCC may present with right upper quadrant pain, weight loss, jaundice, bloating from ascites, and signs of decompensated liver disease.Diagnosis usually rests upon use of serum AFP, radiologic imaging, and biopsyAlpha-fetoprotein is often elevated in HCC and levels above 500 ug/dl (nl 10-20) are usually diagnostic. However, AFP lacks sensitivity (concentrations are nl in up to 40% of small HCCs) and may be elevated by other causes. U/S, CT, and MRI are used for detection and diagnosis. Core biopsy is obtained under U/S or CT guidance when diagnosis by imaging is uncertain; confers risk of spread to chest wall (~2% in one study).
Materials and Methods: Ultrasound: typically used (with AFP) as a screen for HCC in patients with cirrhosis because of its availability, low cost, and lack of ionizing radiation.
Results: In our study, we observed 17 patients with hcc, 2 hbv-related, 7 HCV related, 6 related to alcoholic cirrhosis, primary biliary cirrhosis in 1 and 1 being defined.
Conclusions: Ultrasound is a simple, non-invasive, inexpensive, reliable in the early detection of HCC, especially in patients with liver cirrhosis.

Prendersi cura di chi si prende cura: la continuità assistenziale dell'ictus attraverso un progetto di supporto psicologico ai *caregiver*

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Premesse e Scopo dello studio: È noto che pazienti con ictus cerebri e *caregiver* sviluppano sintomi ansioso-depressivi che possono compromettere il recupero funzionale del paziente. Scopo dello studio è identificare i sintomi ansioso-depressivi del paziente e del suo *caregiver* limitandone l'impatto tramite supporto psicologico al *caregiver.*
Materiali e Metodi: In 86 pazienti, seguiti per un anno, la depressione reattiva è stata misurata con la *Post-Stroke Depression Rating Scale* (PSDRS); nello stesso periodo, nei rispettivi *caregiver* sono stati usati la scheda ADR (Ansia-Depressione in Riabilitazione) ed il questionario *Caregiver Needs Assessment* per i bisogni assistenziali percepiti.
Risultati: Depressione *post-stroke* è presente nel 13.96% dei pazienti (15.8% delle donne e 12.5% degli uomini) indipendentemente dall'entità della disabilità. Il punteggio medio della PSDRS dei pazienti depressi è 10 (10,8 nelle donne e 9,5 negli uomini). Sintomi ansioso-depressivi nel *caregiver* sono presenti nel 74.4%, intensi nel 40%. Il caregiver del paziente con ictus è donna nel 70% dei casi, spesso coniuge (64% moglie e 36% marito) e in età lavorativa.
Conclusioni: Sintomi ansioso-depressivi nel paziente con ictus e nel suo *caregiver* sono frequenti e intensi nella fase acuta di malattia, soprattutto per pazienti e *caregiver* di sesso femminile, indipendentemente dalla gravità del deficit neurologico. Un supporto psicologico precoce può contribuire alla riduzione della sintomatologia ansioso-depressiva del paziente e soprattutto del *caregiver*, contribuendo all'*outcome* finale.

Linfoadenite cronica HHV6B correlata in paziente immuncompetente

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Donna di 68 anni, asintomatica, con adenomegalie ascellari di 2.5 cm; all'agoaspirato assenza di atipie. Eseguiva una ecografia che evidenziava sette adenomegalie ascellari, ad ecostruttura sovvertita di 10-22 mm, una TAC total body positiva per adenomegalie sovraclaveari e ascellari dx. La BOM mostrava una linfocitosi e plasmocitosi, aggregati linfocitari con immunofenotipo misto T e B, catene kappa e lambda in rapporto 2:1. Tipizzazione linfocitaria su SM, TC/PET e sierologia virale negative; indici di flogosi erano elevati. Veniva sottoposta ad una linfoadenectomia ascellare con riscontro di linfadenite cronica, iperplasia follicolare florida con aspetti di trasformazione progressiva di alcuni centri germinativi e positività per HHV6 tipo B nella componente dendritica di alcuni follicoli ed in sparse cellule linfoidi. Per la rarità della diagnosi, veniva valutata dai Colleghi dell'Ematologia del COM dove con PCR e la ricerca sul preparato istologico di centri germinativi in trasformazione progressiva (almeno 6) si confermava la presenza di HHV6 variante B. La condizione è apparentemente benigna, causata da HHV6 variante B, verosimilmente per riattivazione locale del virus che spesso è causa di adenomegalie recidivanti. Non è indicato alcun trattamento ma follow-up clinico, laboratoristico, radiologico periodico ed istologico quest'ultimo nel caso in cui le adenomegalie dovessero ingrandirsi o dovessero ripresentarsi. Sono riportati casi di Linfoma di Hodgkin, Linfoma non Hodgkin (linfoma angioimmunoblastico) HHV6 variante B correlati.

Anemia emolitica microangiopatica verosimilmente iatrogena

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Uomo di 62 anni, sottoposto ad intervento di emicolectomia destro per neoplasia con metastasi epatiche. L'istologia definiva la stadiazione in pT3pN2pM1. Iniziava chemioterapia con protocollo FolfOx 4 in previsione di metastasectomia epatica. Praticava dodici cicli con scomparsa delle metastasi. A distanza di otto mesi ricompariva una localizzazione epatica trattata chirurgicamente e riprendeva terapia con capecitabina per os per otto cicli ottenendo una remissione completa.

A distanza di un anno dal termine delle cure si riscontravano tre lesioni epatiche che diventavano sette ad una ecografia intraoperatoria comportando multiple resezioni wedge. Mutazione K-RAS assente; intraprendeva terapia con CPT-11, Cetuximab e Capecitabina che, dopo il primo ciclo, veniva sospesa per tossicità gastrointestinale severa. Alla ristadiazione con ecografia con mezzo di contrasto epatospecifico vi era una lesione epatica ma compariva una raccolta gastrica che drenata risultava positiva per metastasi. In accordo con il paziente si riprendeva terapia con capecitabina e cetuximab a scopo palliativo. Dopo il primo ciclo il paziente era dispnoico, astenico con edemi declivi, riferiva episodi di macroematuria, all'emocromo vi era una anemia severa non responsiva alle trasfusioni. Le condizioni cliniche peggioravano dal punto di vista respiratorio, comparivano petecchie; si evidenziava una iperbilirubinemia, una piastrinopenia con LDH elevate e coagulazione nella norma. Quadro suggestivo per anemia emolitica microangiopatica verosimilmente iatrogena. Eseguiva plasmaferesi con exitus.

Insulin degludec has similar pharmacokinetic properties in subjects with hepatic impairment when compared to subjects with normal hepatic function

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Introduction: Insulin degludec (IDeg) is a new-generation basal insulin that forms soluble multi-hexamers upon subcutaneous injection, resulting in a flat and stable ultra-long action profile.
Aim of the study and Methods: This open-label, parallel-group study investigated the pharmacokinetic (PK) properties of IDeg in subjects with different grades of hepatic impairment and in subjects with normal hepatic function following single-dose administration of 0.4 U/kg IDeg.
Results: A total of 24 subjects (mean age: 47.4 yrs; females/males: 16/8; mean BMI: 26.0 kg/m2) were allocated to one of four hepatic function groups (N=6 per group): mild, moderate, severe hepatic impairment, or normal hepatic function. In the severe hepatic impairment group, three subjects had diabetes. Blood samples for PK analysis were collected before and up to 120 hours after IDeg administration. The mean PK profiles of IDeg were similar for subjects with normal and impaired hepatic function. In addition, hepatic impairment had no statistically significant effect on total exposure (AUCIDeg,0–120h,SD), maximum concentration (Cmax,IDeg,SD) or apparent clearance (CL/FIDeg,SD). A test of monotonous trend between AUCIDeg,0–120h,SD and grade of hepatic impairment was not significant (p-value: 0.63). IDeg was safe and well tolerated.
Conclusions: The ultra-long PK properties of IDeg are preserved in subjects with hepatic impairment; there were no differences in the PK properties of IDeg between subjects with normal hepatic function and those with different grades of hepatic impairment.

A case of late onset of sarcoidosis in a patient with gastric MALT non-Hodgkin lymphoma

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Background: The relationship between malignancy and sarcoidosis is a controversial matter. In last two years, physicians tried to categorize the cancer-associated-granulomatous disorders, utilizing the term Sarcoid-Lymphoma-Syndrome (SLS). From a pathogenetic point of view, in all cancer-associated- granulomatous disorders observed sarcoidosis is invariably accompanied by significant alterations in the immune system, hyper stimulation and increased mitogenesis of B and T lymphocytes: these can predispose the subject to the development of lymphoid malignancies.
Case report: We describe the case of a 83-year old man with anamnesis of gastric mucosa-associated lymphoma (MALT) Helicobacter pylori (Hp)-positive, who developed sarcoidosis ten years after the first diagnosis, with a peculiar psoriasis-like cutaneous localizations and hepatic lesions) made the diagnostic work-up very difficult.
Conclusions: Our patient presented peculiar characteristics with respect to the previously described patterns of association between sarcoidosis and malignancy: the unusual clinical presentation of a NHL, never treated with chemotherapy, that preceded sarcoidosis, the long interval between the two diagnoses, the particular type of NHL that has been described in this association in less than ten patients and the peculiar presentation of sarcoidosis with hepatic and cutaneous manifestations (psoriasis-like sarcoidosis pattern). All the above mentioned findings made the differential diagnosis between a lymphoma relapse and a *de novo* sarcoidosis extremely challenging.

The importance of risk factors analysis for prophylaxis of chemotherapy-associated thrombosis in cancer outpatients

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Background: Venous thromboembolism (VTE), is a negative predictor of survival in advanced cancer pts. International guidelines don't recommend routine prophlaxis except in pts high risk of VTE. Many clinical risk factors for cancer associated-VTE have been evaluated in a 5 parameter-based (BMI, PLT and WBC counts, Hb value and tumor site) scoring system, the Khorana score, utilized to indicate a prophylactic approach. We applied this score in outpts beginning chemotherapy (CT) and an implementation based on 6 factors analysis (sex, age, CVC, CT-agents, antiangiogenetic drugs, ESAs) to evaluate their impact in pts assignment into risk groups.
Methods: We studied advanced cancer pts in our Department (August 2011-December 2012), (breast, NSCLC, colorectal, pancreatic/gastric, urogenital, LNH, Hodgkin's disease, HD, and MM), receiving a first or second line CT, dividing them into risk groups (score 0= low; 1-2=intermediate; 3-4-5=high) considering both the Khorana score and its implementation.
Results: We analyzed 169 pts (103F/66M, range 35-80 yrs), 38 breast, 32 colorectal, 31 LNH, HD and MM, 27 urogenital, 22 NSCLC and 19 pancreatic/gastric. With the Khorana score 49 pts were assigned to the low, 87 pts to the intermediate (57 with score=1, 28 with score=2), 16 pts (9.4%) to the high risk group (9 with score=3, 4 with score=4, 3 with score=5). When we considered 11 parameters 37 pts (21.8%) were assigned to the high risk group.
Conclusions: A more comprehensive quantification of VTE risk is mandatory for a correct decision making of an antithrombotic-prophylaxis.

Relation between renal function and state of congestion in outpatients with heart failure and chronic kidney disease

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Background: Renal dysfunction (RD) and venous congestion are common in patients with heart failure (HF). In this retrospective study, we evaluate the correlation between multiple metrics of renal function and volume status.
Methods: 103 outpatients (55 males, mean age 74 yrs) with HF and an estimated glomerular filtration rate (eGFR) <60 ml/min/1.73² were evaluated. 47% carried a diagnosis of systolic HF. All patients underwent bioelectrical impedance vector analysis, ultrasonographic evaluation of IVC indices (diameters and collapsibility), calculation of eGFR with Cockcroft Gault formula.
Results: Indices of cardio-renal dysfunction were associated with volume overload. We found a significant inverse correlation between blood urea nitrogen (BUN)/creatinine ratio and IVC indexes ($p<0.003$) and volume overload score ($p<0.03$). BUN was significantly correlated with bioelectrical resistance ($p<0.02$), IVC maximum diameter ($p<0.04$) and volume overload score ($p<0.03$). eGFR was inversely correlated with IVC diameters ($p<0.02$). Multivariate analysis confirmed eGFR and BUN/creatinine ratio as strong predictors of dilated IVC and eGFR as the unique independent predictor of collapse index.

Conclusions: These results provide evidence that parameters of renal function are inversely related to volume overload as defined by IVC diameters and bioelectrical impedance. Moreover, the finding that BUN, as well as eGFR, are related to volume overload highlights the fact that RD serves more as a biomarker of cardiac decompensation than fluid depletion in outpatients with chronic HF.

Analysis of the problems of conversion internal medicine, in post-acute long-term care in the territory of North Sardinia (ASL Sassari)

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Introduction and Objective: In 2012, Sassari ASL has converted 108 Internal Medicine beds of Sassari to increase the number of post acute care beds in the province of 337,000 inhabitants, instituting 62 beds Long-term care. We intend to evaluate operations and issues.
Materials and Methods: We compare the data obtained from the last five years SDO for Internal Medicine with the analysis of the results obtained in 2012 from the Long-term care.
Results: From 2006 to 2011 were hospitalized annually, in the 68 beds Division of Medicine, an average of 2200 patients. With the same medical and nursing staff structure the Long-term care have admitted 676 older 80aa average age, 61% from Geriatria, 21% from Internal Medicine, 9% from Gastroenterology, and 9% from other acute care. The type of hospitalization was for 27% of CNS diseases, 27% cardio-respiratory failure, 21% cancer, 18% surgical complications. The Multidimensional Assessment (VMD) has recorded an overall high rates of malnutrition, risk and / or presence decubitus sores, self-sufficiency greatly reduced. In 65% of cases it was possible to return home (including ADI 6%), in 16% admission or return to the RSA; deaths in 19%, mainly because of neoplastic disease or senile cachexia.
Conclusions: Compared to what historically found in Internal Medicine, there are 676 admissions whit decreasing the congestion of acute care. Considering the average length of hospitalization for acute and post-acute standard, compared to the historical data, the conversion has promoted a clear overall increase of assistance activity.

Use of artificial nutrition in a Tuscan ASL. Appropriateness of prescription and interruption

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Background: Malnutrition is a condition frequently associated with many acute and chronic diseases. The prevalence is 50% in the hospitalized patients; it contributes to increase hospital mortality and morbidity. It's related to the combination of various components such as fasting, impaired absorption of food, metabolic response to diseases; it can improve the quality of life of the patient and the prognosis, however, should be done only when appropriate. Current observational retrospective study evaluated a group of patients receiving artificial nutrition among different settings of Empoli Hospital in October-November 2012.
Patients and Method: 101 patients with artificial nutrition (NA), mean age 79,13±SD11,75, were consecutively enrolled; 93 with enteral nutrition by nasogatric tube or percutaneous endoscopic gastrostomy, 8 with parenteral nutrition.
Results: The clinical conditions that have requested the start of NA was most frequently dysphagia (89%), anorexia (3%) and cachexia (2%). The most common underlying disease was stroke (ischemic 19.2%, hemorrhagic 4.0%) followed by Alzheimer's disease (18.2%). 18%.were cancer patients, 70% of these were still feeding before death.The comparison of laboratory parameters before start NA and 15 days after,, showed that only lymphocytes (p=0.0079) and potassium (p=0.04) have significantly increased.
Conclusions: The treatment of malnutrition appears appropriate in our hospital for indication and the route of administration, however, in cancer patients seems to be continued for too long before the death.

Malaria trasmitted by *Plasmodium falciparum*: a rare case of acute lung injury (ALI)

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Background: Malaria is an infectious disease caused by Plasmodium protozoa species, trasmitted by female Anopheles mosquito vector. Pulmonary involvement is a rare, but potentially fatal event of malaria disease. We report a case of with Malaria by Plasmodium Falciparum (PF) and ALI.
Case report: A 48 year-old woman was admitted in our Internal Medicine Unit with recurrent fever from about 10 days. Twenty days before she had returned from a long trip in Africa and she didn't make any antimalaric prophilaxis. On clinical examination she was hypotensive (90/40 mmHg) with good gas exchange (SpO2 99% in room air). Laboratoristic examination showed hepatic dysfunction, coagulopathy (INR 2.1) and thrombocythopenia (90000 x 10^&/L). A blood smear revealed the presence of PF with elevated parassitemia (PF >5%) and treatment with artesunate and chinin was started.
During the third day of hospitalization, patient developed a severe acute respiratory faiulre needing elevated oxigen flows (PaO2/FiO2 220mmHg). Chest X-ray showed bilateral opacities and pleurical effusion. Non-Invasive Ventilation (NIV) and negative fluid balance were started with progressive clinical improvement. After 10 days, the patient was clinically stable and she was transferred to Infectious Disease department, to keep on antimalaric treatment.
Conclusions: ALI is a possible complication of malaria and sometimes may arise after several days from antimalarial treatment start. A supportive treatment associated to antimalarial target therapy are important to reduce the mortality that in these patients may reach 70%.

Prevalence of in hospital delirium and its prognostic implication in elderly patients with community acquired pneumonia

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Background: Community acquired pneumonia (CAP) is an important cause of hospital admission and death in elderly patients. Delirium is a common, although underestimated, condition in elderly patients hospitalized with CAP. We sought to evaluate the prognostic impact of delirium on unfavourable in-hospital outcome of elderly patients with CAP patients.
Materials and Methods: This study was conducted on patients aged more than 65 years, hospitalized for CAP from January 2011 to June 2012 in two Internal Medicine departments. The Confusion Assessment Method (CAM) was used for delirium evaluation. Adverse outcome was considered in-hospital mortality and/or Intensive Care Unit (ICU) transfer.
Results: 452 elderly patients with CAP were prospectively enrolled. Of these 228 patients were males (50.4%), mean age was 81.9 years (range 65-99 years). Fifty-five patients had an adverse outcome (33 death, 17 required ICU transfer and 5 died after ICU transfer). Delirium was present in 120 patients (26.6%) and 21 of these patients (38%) had an adverse outcome. Univariate and multivariate analysis were performed and delirium resulted an important predictor factor of adverse outcome (Univariate: O.R. 6.1; 1.6-23.6 95% CI; p 0.008. Multivariate: O.R. 4.5; 1.4-14.3 95%CI; p 0.001).
Conclusions:. Delirium during in hospital stay is a strong independent predictor of clinical deterioration and death in elderly patients with CAP. According to literature, is important to pay high attention on this clinical condition that represents a predictor of adverse outcome in several clinical conditions.

✪ Liver abscess secondary to diverticulitis

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Liver Abscess (LA) is a rare complication of diverticulitis. We report two

cases of LA secondary to paucisymptomatic diverticulitis; one case with portal thrombosis secondary to pylephlebitis. A 61-year-old man with fever,dull right upper abdominal pain lasting one month.For the duration of fever with increased inflammatory tests the patient underwent FDG-PET scan which revealed focal uptake in the liver, in abdominal lymph nodes and sigma wall.US revealed inhomogeneous small liver nodules that CT scan confirmed as being LA and detected thrombosis of portal branches and diverticulosis of sigma. For the small dimensions of LAonly broad spectrum antibiotic was prescribed with LMWH. Clinical condition promptly improved as biochemistry. Antibiotic therapy was stopped after 6 weeks, LMWH after 4 months. No hypercoagulability state, JAK2 mutation absent. A 44-year-old man with fever and chills,light tenderness in right upper abdominal region,increased inflammatory tests.Blood culture positive for Strept. Intermedius. At US a liver hyperechoic nodule with anechoic central areas that CT scan confirmed as being LA (11 cm) and revealed a diverticulosis of sigma, confirmed by coloscopy. A therapy based on catheter drainage in conjunction with antibiotics was chosen.Even if LA complicating diverticulitis is reported to be rare we describe two cases occurred in 1 year in our unit of Internal Medicine. Any LA of unknown origin must lead to a search for unknown septic pathology,a sigmoid source sometimes paucisymptomatic or hidden must be looked for.

A case of necrotizing vasculitis in patient with mixed cryoglobulinemia

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A 51-year-old man with a history of chronic hepatitis C virus infection and peripheral atherosclerotic arterial disease was referred to our Internal Medicine inpatient unit because of the onset of ulcers in the lower limbs. Clinical examination revealed deep ulcers of the anteromedial surface of the lower limbs with tissue necrosis. Contrast enhanced CT-scan excluded significant arterial stenosis. Blood tests showed microcitic anemia (Hb 8.6 g/dl; MCV 76.7 fl), neutrophilic leukocytosis (12.29 × 10^9/l) and impaired renal function with albuminuria. Cryoglobulins were present, with a cryocrit of 14% (polyclonal IgG and IgM) and hypocomplementaemia. Hepatitis C viral load was 334.402 UI/ml. Other immunological tests were negative. Renal bipsy showed a membranoproliferative glomerulonephritis. Skin ulcer biopsy was diagnostic for leukocytoclastic vasculitis. Based on clinical, laboratory and histological findings, a diagnosis of Cryoglobulinemia Syndrome was made. Microbiological cultures of ulcers showed pseudomonas aeruginosa and gram-positive cocci infection. Intravenous colimicin, amoxicillin/clavulanate and meropen were started without any improvement of the ulcers. The consultant hepatologist recommended to start treatment with interferon plus ribavirin after healing of skin ulcers and rheumatologist discouraged the treatment with prednisolone, cyclophosphamide and/or rituximab because of anemia and infection. Despite daily dressings of ulcers, iloprost infusion, and multiple plasmapheresis sessions, it was not possible to reach a significant clinical benefit.

A case of Guillain-Barré syndrome in patient with osteogenesis imperfecta

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A 63-year-old woman with a history of hypertension, osteogenesis imperfecta, hives and autoimmune hypothyroidism, was admitted to our Internal Medicine unit because of the persistence of headache associated with interscapular pain and weakness in the lower limbs for about five days. Clinical examination revealed paresis, paresthesia and hyporeflexia of the lower limbs, without fasciculation. She was alert, conscious and afebrile with normal higher cognitive functions. Routine laboratory test results were unremarkable. In the suspicion of a vertebral collapse, the patient underwent spine X-ray (normal) and brain CT-scan that was negative for hemorrhage and expansive processes. MRI of brain and spine definitively excluded spinal cord compression or expansive processes. Clinical history collection revealed that the patient had fever with upper respiratory symptoms, treated with ciprofloxacin. The clinical history raised the suspicion of an acute inflammatory demyelinating polyneuropathy. A lumbar puncture showed albumino-cytological dissociation with high protein concentration and normal cell count. An electromyography with nerve conduction study showed peripheral nerve damage with reduced nerve conduction velocities in the lower limbs. A diagnosis of Guillain-Barré syndrome was made. Plasma exchange treatment was started with improvement of neurological deficit. Patient was discharged in good clinical conditions to start a rehabilitation program.

Is there a relation between protein-losing gastroenteropathy and thrombophilia?

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Introduction: Physicians try to correlate different clinical signs. Is it possible with protein-losing gastroenteropathie and thrombophilia?
Clinical Case: 64 years old man admitted for anasarca without cirrhosis, congestive heart failure or nephrotic syndrome, but with hypoalbuminemia, hypogammaglobulinemia, B12 and iron deficiency. There was a good response to albumin, but the patient has had thromboembolic events, even in unusual locations, for which was started warfarin. After multiple and repeated intestinal biopsies we founded presence of lymphatic vessels dilatation, compatible with intestinal lymphangiectasia. The autoantibodies profiles were repeated and ENA screen with Ro/SSA anti-cardiolipin, anti b2 glycoprotein (low title IgM) were present associated with a C protein and antitrombina III deficency and an increased VIII C factor. All these factors contributed to determine a thrombophilic status. For an "inexplicable" osteomyelitis, the patient was treated with levofloxacin with short reduction of INR and another thrombotic event.
Conclusions: The intestinal lymphangiectasia is a disorder with dilated intestinal lecteals causing loss of lymph into the lumen of the small intestine and resultant hypoproteinemia, hypogammaglobulinemia, hypoalbuminemia and lymphopenia. This desease can be a primary or secondary to malignancies, occult infection or inflammatory disorders. Trombophilia is not usually included in this condition. In our patient is possible that trombophilia was secondary to autoimmune disorders with intestinal lymphangiectasia.

Sindrome di Miller-Fischer

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Premessa e Scopi dello studio: La sindrome di Miller-Fischer (SMF) è una rara variante della sindrome di Guillam.-Barrè. Clinicamente è caratterizzata da atassia, areflessia, oftalmoplegia. è stata definita come entità autonoma nel 1956. Spesso autolimitantesi, può giovarsi di terapia immunomodulante. Gli autori descrivono un caso.
Case report: Un giovane maschio, di 21 anni, ricoverato a seguito di insorgenza di progressiva letargia, ipostenia, iporeflessia, ptosi palpebrale, preceduti, circa 7 giorni prima, da un episodio simil-influenzale, febbrile. Non rigor nucalis. Non febbre al ricovero. TAC negativa. La sintomatologia ha assunto carattere ingravescente nel giro di circa 48 dal ricovero in Medicina. Per il sospetto clinico di SMF, il paziente veniva sottoposto a RMN e puntura lombare con evidenza di liquor limpido, e ricerca di anticorpo specifico Anti GQ1b IgG., risultata positiva. Veniva confermato il sospetto in ambiente neurologico, e veniva intrapresa la terapia con immunoglobuline e.v. e successiva plasmaferesi. Dopo circa 4 giorni dal ricovero in Neurologia, è stato necessario sottoporre il paziente a ventilazione meccanica. Si è assistito poi a progressivo miglioramento. Attualmente il paziente si trova in Riabilitazione.
Conclusioni: La descrizione del caso di malattia neurologica autoimmune acuta, permette di rivedere il percorso diagnostico e le possibilità terapeutiche di queste forme patologiche insidiose e rare. Il caso ha permesso di confermare l'importanza della collaborazione fra specialisti di diverse UU.OO.

Eosinophilic enterocolitis by anisakiasis infestation

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Woman, 55 years old. She did not have any disease in the past. Two pregnancies without complications menopause at 50 years. No allergy in the past history No drugs normal life style No past surgery. She complainted central abdominal pain, abdominal distention, diarrhea, itch. The physical examination reveals cutaneous urticarial at arms and legs. Abdominal echography reveals distenti on of ileal and colon and modest ascites. Biochemistry: eosinophils 2000/mmc Total IgE 2100 IU7ml. Coproculture negative for bacteria parasites worms. Fecal examination: positive for blood. Colonscopy erythematous mucosa with mucous exudate. Histologic examination of colon biopsy: eosinophicic infiltration of submucosa. Ana, ena, p-anca, c-anca negative. The patient begins steroid empirical therapy (prednisone 25 mg/die) with progressive. Improvement and reduction of eosinophilia The allergen investigation demonstrate elevation of Total and Anisakis-specific IgE. The patient was treated with abendazole (400 md /die) for 5 days and steroid was tapered. She is asintomatic and well after 2 monthes.

ARDS from pneumocystis carinii in patient with B cell lymphoma and AIHA treated with rituximab

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We reported a case of a women 60 years old affected by acquired angioedema syndrome with auto antibodies vho presented AIHA coombs positive and bone marrow infiltration by B lymphocites monoclonal CD 20 positive compatible with B Cell Lymphoma. The patient was treated with predisone (75 mg /die for 15 days without significant results) and then with rituximab (600 mg weekly for 4 weeks). At the end of rituximab treatment the patient was in good remission from AJHA and continued prednisone 10 mg /die. After 10 days from the end of rituximab therapy she presented fever, dyspnea, polipnea, Ipossiemia, normocapnia and infiltration interstitial alveolar of both lungs at rx-tac. She was admitted at ICU with assistited ventilation and began therapy with eusaprim e.v. The bronchoalveolar lavage fluid demonstrated presence of Pneumocystis jiroveci. This case reveal the possibility that rituximab treatment associated with steroid without chemotherapy. Can cause opportunistic infection.

Pulmonary embolism in patients with cancer: preliminary findings from TUSCAN-PE Study on behalf of TUSCAN-PE Group

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Background and Aim: Since than acute PE represents one of the leading cause of mortality and morbidity in cancer patients, we aimed to analyze the burden of cancer on patients with PE admitted in internal medicine wards.
Materials and Methods: TUSCAN-PE study is a multicenter, observational, retrospective, cohort study aimed to analyze data of PE patients admitted in internal medicine wards of Tuscany. Each centre was invited to submit anonymously data of at least ten patients consecutively admitted for PE in 2012.
Results: Between 412 patients enrolled in the study, 29,8% were affected by active cancer. Patients with cancer were younger (73,1vs77,3 years), more frequently males (55,3%vs33,6%) and with incidental diagnosis (29,2%vs10%) compared with non cancer patients. Overall mortality was 14,6% in cancer patients (9,6% in non cancer), but only 4,8% was PE-related. Clots in cancer patients were less frequently proximal (42,5% *vs* 51,2%) but more frequently bilateral (51% *vs* 32,5%) at CT scan. Prevalence of proximal DVT was higher in cancer patients (50,5% *vs* 41,8%). Thrombolysis was performed in 3,2% of cancer patients and 11,4% in non cancer. 82,9% of cancer patients *vs* 69,8% in non cancer received LMWH or fondaparinux. 22,3% of cancer patients was discharged with oral anticoagulants *vs* 63,7% of non cancer. Two major bleedings (one fatal) and four minor bleedings occurred in cancer patients (five and two in non cancer patients respectively).
Conclusions: TUSCAN-PE study contributes to knowledge of characteristics and real life management of acute PE in cancer patients.

La qualità in pronto soccorso: proposta di indicatori di performance. È sanabile il gap tra servizio erogato e disservizio percepito?

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Misurare la qualità in sanità è cosa estremamente complessa per le variabili presenti soprattutto nell'area critica, e per il divario esistente tra risorse impiegate e qualità percepita dall'utente, generalmente scarsa, che è causa spesso di contenziosi e richieste di risarcimento. Qui riportiamo i nostri obiettivi per migliorare e gli indicatori utilizzati per il monitoraggio e le aree di performance relative. congruità tra triage/dimissione, evitare nei limiti del possibile inutili attese a pazienti con problematiche non "urgenti" e diagnosi tempestive a pazienti critici. Area di performance: struttura. Indicatore: n. accessi per codice, n. ricoverati per codice; indic. clinico/assistenziale: indice di congruità triage/dimissione riduzione dei tempi tra triage e 1° valutazione. Perform: efficienza. Ind: tempi di attesa media in ps per codice prima della visita riduzione dei tempi di permanenza in ps. Perform: appropriatezza. Ind: tempo di degenza media in ps per codice miglioramento della percezione dell'adeguatezza del servizio fornito all'utenza. Perf: customer, efficienza. Ind: n. abbandoni prima della visita, durante gli accertamenti, prima della conclusione diminuzione dei reclami, delle richieste di risarcimento. Perf: customer. Ind: n.di reclami, n. di richieste di risarcimento migliore soddisfazione da parte del personale (stop al burn-out) diminuzione del turn-over del personale, costruzione del senso di appartenenza. Ind: n. giornate di malattia per operatore, n. richieste di cambio reparto, n. contenziosi azienda/personale.

Proposta di indicatori di performance in reparto internistico: cruscotto gestionale

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La *best-practice* internazionale richiede la misura ed il monitoraggio delle performance con indicatori costruiti secondo il metodo internazionale DELPHI per renderli diffusibili e confrontabili. A fronte di trend disattesi, vengono attuate azioni correttive per gli "eventi sentinella" secondo Joint-Commition-International con la ricerca della *Root Cause Analisys* (evidenziare la radice di errore). L'analisi proattiva del rischio HFMECA (healthcare-failure-mode-critical-effect-analysis) attiva azioni di contenimento espletando un ruolo di monitoraggio e misurazioni costanti della performance ed indicatori chiave per costruire un cruscotto gestionale. Struttura pazienti: Età, sesso, diagnosi. Efficienza Organizzativa: Tasso di occupazione letti; Ricavi; Liste d'attesa. Appropriatezza/efficacia cure: Degenza media; Rientri per la medesima diagnosi entro 30 gg; Pz ventilati; Pz trasferiti. Stake Holder: Burnout personale; Reclami; Customer pazienti/parenti. Rischio Clinico: Legionella rete idrica; Cadute; Errori farmaci e gas; Eventi Sentinella; Infezioni ospedaliere. Outcome: Feedback delle famiglie.

Encefalopatia posteriore reversibile indotta da gemcitabina, o Posterior Reversible Encephalopathy Syndrome (PRES): sindrome reversibile?

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La gemcitabina, noto chemioterapico può dare la rara sindrome detta Posterior Reversible Encephalopathy Syndrome (PRES) che presenta quadro neurologico gravissimo ma reversibile alla sospensione del farmaco. Descriviamo il caso di una donna di 56 anni, mastectomizzata per carcinoma duttale infiltrante mammella sinistra pluricentrico, metastasi linfonodali ascellari 12/17, pT2N3M0. Trattata con taxolo per 4 cicli, con radioterapia sulla parete toracica e sulla regione claveare sinistra, poi per 2 anni con tamoxifene e 3 con inibitore delle aromatasi. Per il riscontro alla PET di lesioni ipercaptanti ai somi D2, D3, D4, D5, D11, sacro, bacino e sterno veniva trattata con acido zolendronico ed inserita in un protocollo di ricerca che prevedeva gemcitabina 1000 mg/mq (dose totale 1750 mg giorno 1 e giorno 8) in regime di ricovero presso l'Oncologia Humanitas Rozzano. Dopo il primo ciclo comparsa di scotomi, calo del visus, crisi motoria parziale destra, ipostenia grave agli arti inferiori. Eseguiva Tc encefalo che mostrava unicamente modesto edema occipitale bilaterale. Il quadro evolveva con cecità totale ed ipostenia grave ai 4 arti, ROT vivaci, RCP scorretto, sensibilità conservata. Esclusa con rachicentesi meningite né diffusione meningea della malattia, la Tc encefalo e la RMN encefalo mostravano vaste aree edemigene al lobi occipitali, parietali posteriori, cerebellare destra. Tale quadro gravemente invalidante non regrediva completamente lasciando la paziente tetraparetica, ma con recupero del visus.

Sindrome di Munchausen: è stimabile la reale prevalenza?

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La sindrome di Munchausen, classificata nel DSM-IV disturbo dell'asse I, presenta produzione o simulazione intenzionale di sintomi e segni fisici o psichici, con il desiderio del paziente di assumere il ruolo di malato, in assenza di incentivi esterni nel determinismo di tale situazione. Descriviamo il caso di un uomo di 41 anni, ricoverato nel nostro reparto interni stico per riacutizzazione di BPCO dopo valutazione dello specialista pneumologo e del medico di pronto soccorso. Mai fumatore, mai bevitore, 4 figli, 2 divorzi, una relazione attuale con una compagna di 20 anni incinta. Lavora come rappresentante, legge molto, utilizza costantemente il PC anche durante la degenza. Allega esami di laboratorio, radiografie, elettrocardiogrammi almeno mensili, i ricoveri (18) di cui 6 nell'ultimo anno. Tra le principali diagnosi tutte non confermate dal ricovero e dagli esami strumentali ricordiamo: epilessia con crisi di tipo marcia Jacksoniana, ictus cerebellare, colite ulcerosa, pericardite, sinusite etmoidale, leucemia mieloide, narcolessia, sindrome da canale vertebrale ristretto, degenerazione della testa del femore, miosite. La spirometria completamente normale, eseguita durante la degenza smentiva la presenza di sindrome ostruttiva. I sintomi e segni, raccontati in modo dettagliato e con linguaggio appropriato e sono regrediti già nella prima giornata di degenza. La diagnosi si è resa possibile solo dopo la presa visione dell'ingente documentazione clinica fornita (circa 3 kg). La valutazione psichiatrica era risultata in almeno 4 occasioni normale.

La gestione innovativa delle unità operative con l'inserimento di figure di supporto OTAA (Operatore Tecnico Addetto all'Assistenza)

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Scopo dello studio è stato valutare in 3 differenti situazioni problematiche comuni in relazione a carenza di personale, risolte con l'inserimento di figure di supporto. I contributi sono stati forniti da dirigenti, coordinatori e infermieri dei 3 reparti, con l'intento di fornire un quadro sintetico ma adeguato ad illustrare le caratteristiche umane ed organizzative delle varie realtà. Le specifiche problematiche incontrate sono state affrontate con la modalità di problem solving utilizzata nel modello generale di sperimentazione a cui partecipavano. Le 3 unità operative afferivano agli ospedali di Padova, Belluno e dell'Alta Padovana, si è poi considerato anche il parere delle U.L.L.S. di appartenenza. L'innovazione riguarda l'inserimento di personale OTAA, per mansioni di supporto agli infermieri. La sperimentazione protratta dal 07/05/2011 al 07/07/2012, ma visto il successo, le modificazioni sono state mantenute anche successivamente. La migliore distribuzione del lavoro mirava a valorizzare la professionalità di ciascuno con maggior collaborazione nell'assistenza ai degenti. Tra le funzioni attribuite alle OTAA si riporta: assistenza di base, accoglimento e trasporto del paziente, rifacimento di letti non occupati, aerosol-terapia, rilevazione della temperatura corporea e della pressione arteriosa con supervisone infermieristica, posizionamento dei presidi antidecubito, esecuzione di semplici medicazioni, aiuto nell'assunzione di terapia orale con supervisione infermieristica, aiuto nell'assunzione di terapia orale autogestita da pazienti autonomi.

Differenti livelli di intensità di cura. Confronto fra attività di U.O. di medicina d'urgenza *vs* medicina interna

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Introduzione: Il Modified Early Warning Score (MEWS) permette di stratificare i pz secondo severità clinica. Presentiamo dati relativi a pz ricoverati nel 2012 nelle U.O. di Med.d'Urgenza (MUR) e le 2 Med.Interne (MI) della nostra A.O

Materiali e Metodi: Sono stati registrati tutti i pz ricoverati dal PS. è stato calcolato il MEWS all'arrivo in PS e suddivisa la casistica in 3 gruppi:1=pz non critici (0-2);2=pz severi (3-5);3=pz critici (>5).Sono stati registrati i gg di degenza e la mortalità

Risultati: 2235 pz (1695 in MI,540 in MUR;età media 75±17 *vs* 73±17 anni) suddivisi secondo la gravità: in MI:gr. 1:80%;gr. 2:17%;gr. 3:3%; in MUR:gr. 1:55%;gr. 2:32%;gr.3: 13%. Degenza media in MI 10.5 gg;in MUR 7.7 gg. Mortalità dell'11.7% in MI e dell'8.9% in MUR. Escludendo i pz deceduti per neoplasia, l'analisi della mortalità mostra una% maggiore aumentando la criticità (4.8% *vs* 16.6% *vs* 25.4%;X^2=108;p<0.0001) però con diversa distribuzione in MI (5.5% *vs* 19.2% *vs* 34.0%) *vs* MUR (2.1% *vs* 12.3% *vs* 18.0%)(per gr.1:X^2=5.1;p<0.025)

Conclusioni: Il MEWS si conferma strumento di stratificazione di gravità ben correlato con la mortalità. I pz in MUR seppur più gravi hanno degenza media e mortalità (complessivamente e per gr. di gravità) inferiori rispetto a MI. Motivi organizzativi del PS e sovraffollamento sono in parte responsabili della inappropriata distribuzione di pz critici in MI e pz non critici in MUR. è necessaria una migliore distribuzione dei pz applicando criteri di stratificazione adeguati (MEWS) per ottenere un più efficace trattamento secondo intensità di cura diversificate.

Liver cirrhosis and venous thromboembolism: a new complication

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The LC has always been regarded as disease characterized by deficiency of coagulation therefore at increased risk of bleeding events, of which the most common is bleeding from ruptured of esophageal varices. Really, in recent years this concept has been put to critical review because in LC there is a deficiency of procoagulant factors but also, simultaneously, a deficiency of anticoagulant factors. This imbalance exposes the cirrhotic patient to an increased risk of episodes of VT, as well as peripheral and pulmonary thromboembolism, presented in the portal vein thrombosis (PVT), the paradigmatic example. The cirrhotic is therefore a patient who has, at the same time, an increased risk of bleeding and also thromboembolism. In the light of these new evidence must be evaluated as a treatment best suited, in particular for the treatment of PVT, which provides for the use of low molecular weight heparins and, moreover, the eventual therapy with the novel oral anticoagulants such as dabigatran, rivaroxaban and apixaban. It

opens thus a new chapter and we open ourselves to a new culture in considering the multitude of cirrhotic patients and their treatment, evaluating the cost/benefit relationship between bleeding and VT.

Phineas Gage is back!

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Introduction: Frontal meningiomas may present only with psychological symptoms resembling depression, anxiety states, hypomania, and schizophrenia. We present a case of a 55-years-old man who developed a frontal lobe syndrome caused by a giant frontal meningioma that was mistaken for depression and bipolar disorder.
Clinical case: A previously healthy 55-year-old man was admitted because of vomiting and confusion. He had been well until one month earlier when he began to express strange and unusual thoughts; his wife noted that his behaviour had changed, becoming gradually distracted with euphoric and disinhibited behavior. On funduscopic examination, the right optic disk was swollen; neurological and further clinical examination were unremarkable. A brain magnetic resonance imaging (MRI) unexpectedly showed a 7,5 x 7,4 cm frontal mass, suggestive of a giant meningioma; the patient underwent a right frontal craniotomy and uneventful resection of the meningioma. After 10 months follow-up, a brain MRI showed no recurrence of the tumor and all psychiatric symptoms had resolved.
Comments: The best-known report of frontal lobe dysfunction is that of Phineas Gage that became famous for personality change after brain injury. Frontal meningiomas may present only with psychiatric symptoms resembling depression, anxiety states, bipolar disorder and schizophrenia. The diagnosis often is delayed because of the insidious nature of the symptoms.

A new doppler pattern of hepatic veins to identify cirrhosis severity

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Background: The changes in the Doppler waveform of the hepatic veins (HVs) are an important tool in identifying the progression of severity in liver cirrhosis. The waveform of HVs are classified into three patterns: HV type O, a normal waveform; HV type 1, lower oscillations without the reversed phase; and HV type 2, completely flat waveform. The purpose of this study was therefore to assess whether the new HV type 3 waveform correlates with the severity of cirrhosis and whether there is correlation with Child-Pugh classification.
Methods: We evaluated prospectively 64 patients with cirrhosis of different etiology with Child-Pugh grade C compared with 40 cirrhotic patients with Child-Pugh grade B and 52 cirrhotic patients with Child-Pugh grade A.
Results: In about 64 patients the HV type 3 flow was significantly higher in patients with severe cirrhosis (Child-Pugh C15) compared with less severe cirrhosis.
Conclusions: Upon appropriate request, our new Doppler pattern on the hepatic veins in liver cirrhosis may be useful in predicting the severity of disease when correlated with Child-Pugh score.

✪ Accuracy of nurse-performed CUS for deep vein thrombosis diagnosis

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Background: Compression ultrasonography (CUS) has established as the diagnostic procedure of choice for the investigation of patients with suspected deep venous thrombosis (DVT); the aim of this study was to determine the accuracy of nurse-performed CUS for proximal lower extremity DVT.
Methods: We prospectively evaluated consecutive outpatients referred to a Vascular Medicine Laboratory for suspected DVT in a single-center study conducted between January 2011 and December 2012; all patients underwent complete bilateral lower limb CUS, exploring both the superficial and deep venous systems by senior nurses trained in CUS; results were blindly compared with CUS performed by expert ultrasonography physicians. Data were collected and stored in a database for purposes of quality assessment. Sensitivity, specificity, and predictive values were calculated.
Results: 964 nurse-performed CUS scans were included in the study. the DVT prevalence rate was of 15%. Nurse-performed CUS demonstrated sensitivity of 84.4% (95% CI 72.1-92.2) and specificity of 98.4% (CI 94.9-99.6), a positive predictive value of 94.2% (CI 83.1-98.5) and a negative predictive value of 95.3% (91.0-97.7). Correlation with the physician was good (r=0.82).
Conclusions: This preliminary report demonstrates that nurse-performed CUS achieved similar accuracy to physician-performed CUS. This approach could resolve some shortage problems in geographical areas or in times of economical constraints, where the availability of a trained physician is limited. Prospective studies with greater patient numbers would be valuable.

Linfocitopenia CD4 quale segno iniziale di connettivite asintomatica

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Premesse e Scopo dello studio: Eziopatogenesi di una linfopenia CD4, caso clinico.
Descrizione: Donna 60enne asintomatica sviluppa linfopenia isolata con esami di routine per il resto normali. In 1 anno i linfociti totali scendono da 1080 a 447/ L; CD4 di 204 la espongono a effettivo rischio di infezioni opportunistiche. Obiettività normale. Assenti infezioni virali, protozoarie, batteriche e micobatteriche. Normali folati, vitB12, TSH, LDH, VES, PCR, IGG, IGA, IGM; presenza di antinucleo-ANA 1:320 e anti SSa/Ro. Compaiono evanescenti artralgie a grosse e piccole articolazioni. La diagnosi di Lupus Eritematoso Sistemico (LES) è plausibile per linfopenia, artralgie, ANA, SSa/Ro. In prednisone 0.5 mg/Kg scompaiono le pousé artralgiche: i linfociti risalgono a 630(+31.25%) i CD4 a 346/ L(+69,60%).
Discussione: La linfopenia(£1500), descritta nel 75% dei LES, predice attività e gravità di malattia, infezioni e danno; se £1000 conferisce elevato rischio di arteriosclerosi accelerata. Si associa a sierologia anti SSA/Ro e anti DNAds. Dati sui CD4 sono sporadici ma unanimi nel segnalare forte correlazione inversa con attività di malattia, infezioni ricorrenti e opportunistiche; valori <500/ L si riscontrano nel 56% dei LES. Il profilo funzionale dei subset cellulari (CD4+CD25+high) è esplorato per il possibile ruolo patofisiologico nell'alterata attività regolatoria.
Conclusioni: Un difetto apparentemente idiopatico di CD4 obbliga ad esplorare l'autoimmunità dato che il LES può avere un esordio paucisintomatico; il numero fornisce elementi prognostici significativi.

A clinical case of neurally-mediated situational syncope

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Background: Among symptoms that may cause a neurally mediated situational syncope it's to take into consideration cough; sometimes cough can have a specific cause, therefore syncope may reveal a disease that is not directly involved in the mechanism of its occurrence.
Case report: 66 years old man with bouts of dry cough associated with syncopal episodes. History: hypertension, dyslipidemia. Physical examination, blood tests, ECG, chest x-ray, chest CT, neck CT and TSA eco: not significant alterations. Sputum culture test: salivary contamination. Streptococcus pneumoniae urinary antigen: negative. Increased IgM and IgG anti Bordetella pertussis.
Therapy: initially levofloxacin 500 mg uid and then clarithromycin 500 mg bid; codeine.
Clinical course: always afebrile; slow resolution of bouts of cough; a single syncopal episode after a nocturnal bout of cough. His wife and sister in law too presented bouts of cough, not associated with syncope: performed IgM and IgG anti Bordetella pertussis, both positive.
Conclusions: 1) Neurally mediated situational syncope secondary to bouts of cough caused by Bordetella pertussis infection (Whooping cough). 2) The clinical case is also interesting because it has been found a typical childhood disease in three adults, one of them with syncopal events.

Pseudo-IMA NSTEMI, in corso di terapia con inibitori delle tirosin-chinasi per Ca renale metastatizzato

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Donna, 51 anni. Nefroureterectomia destra allargata per Ca renale a cellule chiare. Alla stadiazione: nodulo polmonare sinistro, ipercaptante alla PET. Resezione atipica lobo inferiore sinistro, localizzazione secondaria. Inizia terapia con sunitinib, previo ecocardiogramma (normale funzione contrattile, minimo scollamento pericardico, non emodinamico), ECG (RS, alterazioni aspecifiche della ripolarizzazione), visita cardiologica. Dopo 3 cicli di sunitinib (50mg/die) riscontro di lieve ipotiroidismo. A 15gg dall'inizio del 4°ciclo, riscontrato marcato ipertiroidismo: iniziato tiamazolo. Ricovero attuale: vomito e scariche diarroiche da 5gg, con epigastralgie. ECG: "alterazioni della fase terminale di tipo ischemico in sede inferiore e antero-laterale". Troponina tempo 0 e dopo 6 ore: negative. Asintomatica per angor, messa in terapia per sospetto IMA-NSTEMI. Ecocardiogramma: morfologia cardiaca nella norma, invariata rispetto al precedente. Successivi controlli della troponina persistentemente negativi. Sospeso sunitinib, nel sospetto di effetto iatrogeno cardiologico. ECG sempre invariati, restano le alterazioni della fase terminale. Nella norma gli elettroliti, idratata e sottoposta a terapia antidiarroica, risoluzione dei sintomi gastroenterici. Sempre asintomatica. Alla dimissione, diagnosi di "Alterazioni della fase terminale di origine non ischemica, su probabile base iatrogena, in paziente in terapia con sunitinib". Dopo 15gg all'ECG di controllo: "Ritmo sinusale regolare normofrequente. Completa regressione delle alterazioni della fase terminale".

A case report of idiopathic systemic capillary leak syndrome (Clarkson's disease): even if you recognize it, you can miss it

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Introduction: Systemic capillary leak syndrome (SCLS) is a rare disorder with episodes of severe hypotension, hypoalbuminemia and hemoconcentration. During attacks endothelial hyperpermeability results in leakage of plasma proteins into the interstitial space. Attacks vary in severity and may be fatal.
Case presentation: In August 2012 a 49-year-old man was admitted for fever, hypotension, generalized edema, pleuropericardial effusion and oliguria occurring after a flu-like syndrome. Laboratory data showed an increase in hematocrit (65%), leucocytes (24.590 micro/L), creatinine (2.5 mg/dL), CPK (10.000 U/L), and a decrease in albumin (17 g/L) without proteinuria. IgG/lambda monoclonal gammopathy was detected (1.3 g/L). Initial therapy was based on steroids, albumin and plasma expanders. Because of high haematocrit phlebotomy was also performed. The patient had complete clinical remission and a diagnosis of SCLS was finally made. He received prophylactic therapy with verapamil and theophylline that was stopped for intolerance (hypotension and tachycardia). In December 2012 he had a crisis rapidly managed in Internal Medicine ward with high molecular-weight plasma expanders (hydroxyethyl starch). He felt well until February 2013 when he had a new crisis, 2 days after a physical effort, and admitted to the Intensive Care Unit. He died 15 hours later for severe hypovolemic shock and multiorgan failure despite resuscitation treatments.
Conclusions: Studies on SCLS are limited for the rarity of the disease and its unpredictable course. Its treatment is largely empirical and optimal management of severe attacks is still lacking.

Ultrasound analysis of the effect of airways obstruction on diaphragm relaxation pattern. Preliminary data of the ECOSPIR study

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Aim: Diaphragm motion can be analysed with ultrasound using M-mode in anterior subcostal approach. During a forced expiration the diaphragm line shows an initial drop off followed by a plateau in maximum expiration. Maximum expiratory diaphragmatic excursion (EDEMax) and forced expiratory diaphragmatic excursion in the first second (FEDE1) can be measured and considered as phisiopathological analogues of vital capacity (VC) and FEV1. As the ratio FEV1/VC% is used in spirometry as a marker of obstruction, the aim of our study was to measure the ratio FEDE1/EDEMax% (M-mode Index of Obstruction [MIO]) in normal subjects and patients with airway obstruction.
Materials and Methods: The study involved 4 operators in 2 centers. Outpatients underwent spirometry followed by ultrasound analysis of diaphragm during a maximal forced expiration in semi supine position using M-mode. FEDE1 and EDEMax were recorded and MIO calculated.
Results: 124 patients were examined, 61 normal and 63 obstructed. MIO values: in normal group 72.84 to 100, mean 87.08±6.64, median 87.21; in obstructed group 33.33 to 91.30, mean 67.09±12.49, median 70.48. MIO values of the two groups showed a significant difference ($p<0.0001$), suggesting that could detect airway obstruction. MIO can be interpreted as a speed index of diaphragmatic relaxation that seems to be slower in obstructed patients.
Conclusions: Ultrasound analysis of diaphragmatic motion could potentially identify an obstructive pattern, being a potential add-on screening technique for detecting obstructive diseases such as COPD and asthma.

A new challenge for the Internist: trascranial ultrasound

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Transcranial color-coded ultrasonography (TCCD) is a relatively new tecnique for investigating intracranial circulation. The aim of this study was to check the feasibility of TCCD in our daily clinical practice. We established the success rates of TCCD in visualizing the basal cerebral arteries in 82 subjects (40 men) aged 34-88 corresponding to 164 cerebral hemispheres. Intracranial scanning was carried out through a temporal window of a 2,5 MHz probe. In each subject we tried to detect, on either side: mesencephalon, proximal (M1) and distal (M2) segment of the middle cerebral artery, anterior cerebral artery (ACA), proximal (P1) and distal (P2) segment of the posterior cerebral artery. Mesencephalon was visualized in 130 hemispheres (79,2%). M1 was detected in 125 hemispheres (76,2%) while M2 was detected in 123 (75%). P1 was visualized in 68% of the hemispheres and P2 in 74%. The anterior cerebral artery was identified in 107 hemispheres (65,2%). In 45 patients (55%) we found an excellent temporal acoustic window which permitted to insonate bilaterally midbrain and all the major intracranial arteries. This percentage was slightly superior in men than in women (60% *vs* 50%, respectively). On the contrary, only 9 subjects, 5 men and 4 women (11% of the sample) showed bilaterally an impenetrable temporal window. The results of our experience in transcranial ultrasonography are very encouraging in spite of our scarce skill in this field. We think that TCCD may be a very usefull tool for all doctors (internists among them) who treat patients with cerebrovascular diseases.

Serum osteoprotegerin and lipids, but not blood pressure levels affect subclinical atherosclerosis in well controlled hypertensives

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Objective: To evaluate the structural and functional characteristics of the arterial wall in a cohort of 40 grade I/II hypertensives with well controlled blood pressure (BP) levels.
Methods: Mean carotid intima-media thickness (mean-IMT) and maximum IMT (M-MAX) were evaluated by ultrasound of carotid artery (common, bulb, internal) bilaterally. Endothelial function was evaluated

by flow mediated dilation (FMD) of the brachial artery. Along with traditional risk factors, we focused on the impact of serum hs-CRP, TNF-α, IL-6, and osteoprotegerin (OPG). Office BP was taken three times by the same doctor at the time of the study.
Results: Demographic data: age 50±10 years, BP 129±11/79±7 mmHg, LDL-cholesterol 126±35 mg/dl, triglycerides 96±40 mg/dl, HDL-C 54±13 mg/dl. The average IMT was within the normal range (mean-IMT 0.68±0.13, M-MAX 0.81±0.14 mm) whereas FMD was impaired (5.9±2.0%). At multivariate analyses, M-MAX, a parameter of advanced pro-atherogenic remodelling, was related to age, hs-CRP, and OPG in particular, whereas mean-IMT was related to age, hs-PCR and only marginally to BP values. LDL-C (p=0.014) was the only factor related to FMD.
Conclusions: In our hypertensives with well controlled BP, the pro-atherogenic remodelling (IMT) is mainly dependent upon age, inflammatory cytokines, and only minimally to BP levels. The functional impairment of the arterial wall (FMD) are related to levels LDL-C. Under these conditions, when the impact of BP is minimized, the role of inflammatory cytokines and lipids on structural/functional remodelling becomes predominant.

Prevalence and type of extraintestinal manifestations in a large series of Italian inflammatory bowel disease patients

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Background and Aim: Ulcerative colitis (UC) and Crohn's disease (CD) may be associated with extraintestinal manifestations (EIMs). Aim of this retrospective study has been to investigate the prevalence, type and time of onset of EIMs in a large series of Italian IBD patients.
Material and Methods: 811 IBD patients regularly followed-up were studied. Mann-Whitney test and Fischer Exact test were used.
Results: These 811 IBD patients (437 M, 374 F) were 595 UC (73.4%) and 216 CD (26.6%). EIMs were observed in 329 (40.6%) patients, 210 UC (35.3%) and 119 CD (55.1%) (p<0.0001). 37 EIMs were observed before the diagnosis of IBD (11.2%), 229 EIMs after diagnosis (69.6%) and 63 (19.2%) were present at the time of diagnosis. The EIMs found were: 240 musculoskeletal (29.6%); 47 mucocutaneous (5.8%); 26 ocular (3.2%); 6 hepatobiliary (0.8%) and 10 endocrinological (1.2%). Musculoskeletal manifestations were found in 71 CD and in 169 UC (p<0.0001). In particular, arthritis Type 1 were found in 41 CD (19%) and in 61 UC (10.2%) (p=0.0012) and arthritis Type 2 in 25 CD (11.6%) and in 100 UC (16.8%) (p=0.0012). Mucocutaneous manifestations were observed in 26 CD patients and in 21 UC patients (p=0.0049). Ocular manifestations were observed in 16 CD (7.4%) and in 10 UC (1.7%), (p=0.0093). Hepatobiliary manifestations were found in 2 CD (0.9%) and in 4 UC (0.7%) (p=1.0) and endocrinological in 3 CD (1.4%) and in 7 UC (1.2%), (p=1.0).
Conclusions: EIMs were significantly more frequent in CD than in UC, in particular mucocutaneous, arthritis Type 1 and uveitis.

A rare case of gastrointestinal bleeding due to celiax axis stenosis with subsequent hypertrophied pancreaticoduodenal arcades

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Background: Dunbar syndrome occurs when the median arcuate ligament of the diaphragm causes extrinsic compression of the celiac trunk. Severe stenosis will result in poststenotic dilatation, and in some cases, the celiac axis will be fed by the superior mesenteric artery via the pancreaticoduodenal arcade.
Case report: A 73-year-old man presented with melena and anaemia (Hb 9,3 g/dl). Urgent gastroscopy revealed the presence of a wide adherent clot localized in the anterior wall of the duodenal bulb, involving the superior genu that appeared substenotic. Sclerotherapy with adrenaline (1:10.000 dilution, 10 ml) through the clot, was performed. The day after, the patient presented a new episode of melena with a reduction in his hemoglobin level (7,1 g/dl), requiring hemotransfusions. Angiography was perfomed with micro catheter, which revealed celiac axis stenosis and signs of active bleeding from hypertrophied posterior pancreaticoduodenal artery. Embolization was performed by the insertion of pushable coils (3mm x 2.5mm, VortX-18, Boston Scientific, Cork, Ireland) combined with spongy haemostat (Gelita Tampon, B|Braun, Aesculap AG, Am Aesculap-Platz, 78532 Tuttlingen, Germany). An abdominal computed tomography confirmed the angiographic findings and the absence of bleeding. A subsequent gastroscopy, performed 4 days after, showed a wide ulcer with initial signs of cicatrisation. The patient recovered well and was discharged 1 week later.
Conclusions: We report a case of a Dunbar syndrome in which transcatheter arterial embolitazion has permetted the appropriate treatment.

Amanita Pantherina toxicity

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Background: Hallucinogenic fungi have been used in divinatory or religious contexts. Today the use to enhance emotions, to disconnect from reality. There are 2 groups. 1. Mushrooms containing ibotenic acid muscimol like A. muscaria, A. pantherina. 2. Mushrooms containing psilocybin.
Case presentation: A 28 year old man was admitted to our ER. due to confusion, irritability.Occured after ingestion of mushrooms collected by himself. On admission, he had lacerated scalp wound in the occipital region after head trauma. The biochemical and hematological parameters were normal. A Brain CT scan was negative to injury. His girlfriend arrived in ER. with mushrooms, they were like mushrooms in (Figures 2) and with the help of the mycologist the diagnosis was confirmed *Amanita Pantherina Toxicity*.
Discussion: The pantherina contain ibotenic acid muscimol. Ibotenic acid resembles glutamic acid and is an agonist at central glutamic acid receptors; its decarboxylated derivative, muscimol,is an agonist (GABA) receptors. *The ingestion of these mushroom group produce ethanol-like intoxication and jerking movements, hallucinations may be accompanied by dysarthria, ataxia, muscle cramps and may persist for 8 hours. Symptoms typically occur within 90 minutes of ingestion*. In ER. benzodiazepines used for sedation, to treat hallucinations, and seizures. Gastric lavage and activated charcoal used within 1 hour of ingestion.

Erythema nodosum

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Background: Erythema nodosom is specific form of panniculitis. The process is a cutaneous reaction. That may be associated with a wide variety of disorders. Diagnosis is by clinical evaluation, look for underlying cause, reserve skin biopsy for difficult diagnostic cases. Treament depends on the cause.
Case presentation: A 45-year-old woman with a 4-days history of arthralgia and painful erythematous nodules on the lower extremities. One week before she had fever and sore throat resolved with three days of treatment with antibiotics. On admission she had erythematous nodules on the lower extremities(Fig. A,B).Laboratory investigations reveal HBsAg, HCV, TB-Gold, ANA, ANCA-C, ACE, Tumor Markers,ASO titer and urinalysis were negative.ESR,CRP were high,and pharyngeal culture was positive for Streptococcus Group G. A 49-year-old woman with a 5-days history of generalized painful erythematous nodules on the lower extremities,one week before the onset of symptoms, she had dysuria for a few day followed by fever and low back pain, treated with (amoxicillin and clavulanic acid) without results.Also in this case we performed the same Laboratory investigations like in the case n.1: WBC. was slightly increased, the ESR. was very high, and the urine culture was positive for Escherichia coli resistant to (amoxicillin and clavulanic acid.).
Conclusions: In our patients the diagnosis was confirmed by clinical evaluation,Laboratory Tests..They were treated with (NSAIDs),antibiotics and erythematous nodules were regressed in few weeks.

Enteropathy-type T-cell Lymphoma

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Introduction: The majority of gastrointestinal lymphomas arise in the stomach are diffuse large cell lymphoma or MALT lymphoma of B-cell origin.Lymphomas occurring in the intestine are rare and a limited fraction of them show the T-cell phenotype with clinical manifestations similar to celiac disease.This subtype of peripheral T-cell lymphoma is now one of the entities of primary gastrointestinal lymphoma and classified as 'enteropathy-type T-cell lymphomàby the WHO Classification.

Case report: A 37-year-old man *was admitted to our department with a few months history of abdominal pain,diarrhea,and unexplained weight loss.* On admission ha had superficial skin lesions. Laboratory parameters indicative for hypoalbuminemia, anemia, and increased (LDH). Gastrooscopy with biopsies showed only chronic inflammation and congestion of the mucosa. Colonoscopy and ileoscopy with biopsies showed diffuse infiltration of T cells lymphoma,immunohistochemical staining analysis reveal neoplastic cells positive for CD3. Both bone marrow biopsy and skin showed infiltrating T cells lymphoma (CD3 positive). Total Body CT showed only retroperitoneal lymphadenopathy.

Discussion: EATL is extremely rare, does not always occur with enteropathy, Several studies described relations between the celiac disease unresponsive to gluten withdrawal from the diet,chronic infiltration of T lymphocytes in the intestinal epithelium and clonal evolution of T-cell lymphoma. Our patient was negative for celiac disease and the diagnosis EATL was confirmed by ileoscpy with biopsy and CHOP chemotherapy was started.

✪ A case that reminds us that rare diseases can coexist

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Background: A 51-years-old woman referred to our emergency department for a sudden onset of abdominal pain with vomit and gastrointestinal bleeding. She reported a clinical history of hypertension and hysterectomy for benign uterine neoplasm. The clinical examination showed café au lait spots, inguinal and axillary bilateral freckling and widespread cutaneous, subcutaneous and plexiform neurofibromas. The clinical picture suggested the occasional diagnosis of type 1 neurofibromatosis (NF1).

Methods: An abdominal CT scan revealed a pelvic neoplasm which was removed by surgery. The histology showed a pT4 high-grade gastrointestinal stromal (GIST) tumor, positive for c-kit, without mutation of the 9 and 11 exon. The 18Fdg PET-TC revealed diffused metastatic lesions of GIST and spinal neurofibromas.

Results: Therapy with Imatinib, considering metastatic lesions (GIST) c-kit positive, was started. Recent studies suggest the efficacy of high dose Imatinib also in NF1. The therapy with Imatinib reduced the size of neurofibromas improving the cancer pain control.

Conclusion A small number of GIST tumors without characteristic genetic mutations are associated with NF1. In our case clinical diagnosis of NF1 is unequivocal in all but the youngest children, the delayed diagnosis of NF1 made impossible the diagnosis and early treatment of GIST related tumor.

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Proceedings
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Article with organization as author
Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. Hypertension 2002;40:679-86.

Books
Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. Medical microbiology. 4th ed. St. Louis, MO: Mosby; 2002.

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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