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A Journal of Hospital and Internal Medicine

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

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Roberto Nardi

XX Congresso Nazionale della Società Scientifica FADOI

Torino, 9-12 maggio 2015

Presidente: M. Campanini

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ABSTRACTS

Grave malassorbimento in enteropatia da olmesartan

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Premessa: Olmesartan è un antagonista recettoriale dell'angiotensina II che agisce mediante interazione reversibile con i recettori AT1 ed AT2. La celiachia è una malattia infiammatoria autoimmune caratterizzata da atrofia dei villi duodenali, malassorbimento e reversibilità delle lesioni e dei sintomi dopo dieta priva di glutine.
Caso clinico: Donna di 85 anni giunge per diarrea cronica (da circa 5 mesi) e severo malassorbimento con calo ponderale (15 kg), disionia ed adinamia da ipokaliemia.
Materiali e Metodi: Gli esami ed i dati istologici sulle biopsie a livello di mucosa gastrica (ivi compreso il rosso congo e la colorazione PAS) non orientavano verso una chiara eziologia. Dopo octreoscan (negativo) vista l'elevata cromogranina A si iniziava terapia con longastatina sc senza beneficio. Ulteriore peggioramento con IRA e segni di ipocalcemia.
Risultati: Si ipotizzava evento avverso da olmesartan (enteropatia) che trovava conforto in letteratura. Si effettuava campionamento bioptico che confermava severa atrofia dei villi con infiltrato linfocitario (non eseguito al primo esame gastroscopico vista l'assenza degli anti TGA). Dopo la sospensione del farmaco risoluzione del malassorbimento ed incremento ponderale.
Conclusioni: L'enteropatia da olmesartan sembra correlata ad un meccanismo di immunità cellulomediata ed ad un legame dell'angiotensina II circolante con i recettori AT 2 come conseguenza del blocco degli AT1 con effetto proapoptotico con atrofia dei villi ed incremento dei linfociti intestinali intraepiteliali in assenza di reazione infiammatoria.

Effects of treatment with teriparatide and quality of life in a group of elderly people suffering from severe osteoporosis

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Introduction and Objective of the study: Today in Italy live about 5 million people affected by osteoporosis. The aim of our work was to evaluate the effects of treatment with teriparatide and the quality of life on 81 elderly patients with severe osteoporosis.
Materials and Methods: The subjects enrolled in the study were examined with DXA of L1-L4 and femur districts, morphometric analysis (S.D.I.) on X-ray imaging of the thoraco-lumbar spine and questionnaires to evaluate the quality of life (QUALEFFO-41), all this at the beginning of treatment (t0) and at the end of the 24 months of therapy (t24). To compare the results recorded we used the Paired T test and the Wilcoxon matched-pairs signed rank test, after making the test of normality Kolmogorov-Smirnov.
Results: After 24 months of treatment, patients showed a significant recovery of bone mineral density in terms of t-score (L1-L4 $p<0.0001$, femoral neck $p<0.0001$; total femur $p=0.024$), z-score (L1-L4 $p<0.0001$, femoral neck $p<0.0001$, total femur $p<0.0001$) and BMD (L1-L4 $p=0.0304$; femoral neck $p<0.0001$; total femur $p=0.0575$) with a significant reduction in the incidence of both vertebral and peripheral fractures. It was also shown that this treatment is able to obtain an improvement on the subject of the quality of life in toto ($p<0.0001$).
Conclusions: The data obtained from our experience show that the drug has important effects on elderly patients affected by severe osteoporosis and subject to a high risk of fractures, also significantly improving their quality of life perceived.

Lofgren syndrome: an acute presentation of sarcoidosis

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A 49 years old men was admitted to our hospital for fever associated with hands, wrists and ankles joints arthralgia. On physical examination showed swelling and tenderness in ankle, tender red bumps over lower limbs. A complete blood count,plasma levels of creatinine,electrolytes,liver enzyme,tumor markers,serum ACE, chitotriosidasis, rheumatoid factor,anti-cyclic citrullinated peptide and antinuclear antibodies were within the normal range. A chest and abdomen TC scan revealed bilateral hilar lymphadenopathy and splenomegaly. A bronchoscopy with TBNA of the hilar lymphnodes was performed with sampling for bacterial culture and cytology resulting negative. A 18-FDG-PET showed hypermatabolic lesions on hilar lymphnodes. A lymphonode biopsy with histopatological exam demonstrated a non caseating granuloma. Symptoms subsided after administration of prednisolone. Lofgren's syndrome is an acute form of sarcoidosis characterized by erythema nodosum, polyarthralgia/polyarthritis and bilateral hilar lymphadenopathy. Sarcoidosis can be difficult to diagnose because signs and symptoms are aspecific and they can mimic those of other disorders, expecially lymphoproliferative disorders. Serum ACE levels as a diagnostic test is limited, in literature is reported higher sensitivity (88%) and specificity (92%) of chitotriosidase although in our case the results were not significant. Chest TC scan has high sensitivity, but low specificity. In conclusion an histopatological exam is essential to confirm the diagnosis and rule out other causes of hilar lymphadenopathy.

Treating infections in terminal dementia: is therapy for patients or for doctors?

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Introduction: End stage dementia (FAST 7), a focus of palliative care, is characterized by high morbidity and poor prognosis. Fever and infections lead to repeated admissions in hospital settings where patients often die, after antibiotic treatment with combination regimen. Some palliative care literature raises doubts on benefits of this treatment in terminal dementia.
Aim of the study: To investigate the approach and management issues of infections in FAST 7 dementia in acute medical settings.
Study design: Based on personal data (best oral communication at EAPC 2013 congress) on FAST 7 dementia patients admitted in acute medical ward for infections, deceased within 3 months (data on hospital mortality, re-admission frequency, therapeutical regimens). Thorough international evidence and literature review.
Results: Written document ("*multidisciplinary dialogue*") comparing points of view of doctors working in our hospital ward (*infectivologist, palliative care specialist, internal medical consultants*). From the analysis of therapeutical regimens, ethical issues, practical concerns and with special attention to bacterial resistance and end of life care, we try to suggest a proportionate approach to this condition in acute settings.
Conclusions: Dementia FAST 7 patients admitted for infections in acute wards are often treated similarly to non palliative subjects, probably misunderstanding their terminality. We want to raise the issue and implement strategies to optimize therapeutical approach and quality of life in advanced dementia, as it is becoming a worldwide phenomenon.

Multidisciplinary anemia clinic: a diagnostic and therapeutic path shared by hospital and health district

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Improving coordination of health care is a strategic point to allow a better management for the patient and to lower health costs. A more careful continuity in outpatient setting is mandatory to prevent emergency room visits and hospitalizations with related complications and elevated health costs. In this setting, the many medical specialities have fragmented healthcare pathways. Moreover, the number of patients with chronic diseases will increase in the coming decades. Multidisciplinary Meetings and Multidisciplinary Clinics respectively for in- and outpatients have been established to ensure coordination of

different specialists to develop diagnostic and therapeutic strategies. From February 1st 2014 we activated a Multidisciplinary Anemia Clinic in our Hospital Department, in which three specialist (internist, hematologist and immunohaematologist) evaluate simultaneously the patients to ensure continuity and coordination for outpatients with anemia and comorbidities. Furthermore, simplified second level diagnostic paths were created with other Operative Units to make diagnostic-therapeutic strategies easier. The patient is then re-evaluated and discharged with a detailed report after indicated therapy, including red blood cells blood transfusion. General practitioner can directly request a visit in case of emergency. At the present time we have managed moderate and severe anemia in the outpatient setting. From 1st February 2014 we performed 442 visits, 227 as first visit. Only 8 patients required hospitalization for diagnostic-therapeutic path (1,8%).

Terapia dietetico nutrizionale nell'insufficienza renale cronica: esperienze ambulatoriali

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Scopo: Il trattamento conservativo dell'insufficienza renale cronica (IRC) prevede un approccio farmacologico ed uno dietetico nutrizionale (singolarmente o insieme). La terapia dietetico nutrizionale (TDN) ha un ruolo nel prevenire e trattare sintomi e complicanze dell'IRC, procrastinare l'inizio della dialisi e prevenire la malnutrizione. Per tale motivo abbiamo utilizzato nel ns ambulatorio un approccio terapeutico integrato (farmaci e TDN) al fine di valutarne l'efficacia di cui sopra.
Materiali e Metodi: Sono stati valutati al tempo 0, tempo 1 (3 mesi) e tempo 2 (6 mesi) lo stato nutrizionale, gli indici di funzionalità renale, lo stato generale (compenso metabolico, emodinamico, stile di vita) di pazienti con IRC in vari stadi, cui abbiamo fornito uno schema dietetico con queste caratteristiche: ipoproteica 0,3-0,7 g/kg/die; ipofosforica 400-700 mg/die; normo(iper)calorica >35 kcal/kg/p.c. ed a contenuto controllato di sale.
Risultati: Nei pazienti valutati non si sono verificati casi di malnutrizione, il compenso metabolico dei pazienti diabetici e' migliorato, gli indici di funzionalità renale sono sensibilmente migliorati, si sono ridotte le ospedalizzazioni.
Conclusioni: L'utilizzo del TDN nei pazienti con IRC, in integrazione alla terapia farmacologica, permette di prevenire le complicanze, migliorare lo stato nutrizionale, ritardare l'inizio del trattamento dialitico e, quindi migliora la qualità della vita di questi pazienti.

An unusual ischemic stroke

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Introduction: The thrombosis of the dural sinus and/or cerebral veins (CVT) is an uncommon but potentially serious and lifethreatening cause of stroke that usually affects young people and sometimes is associated with cancer.
Case report: A 51 year old woman affected by metastatic liver and bone breast cancer was admitted for a state of coma GCS 6, hemiparesis and aphasia. The CT brain showed an ischemic thalamic infarction with a hemorrhagic component and impressive edema. The brain MRI showed deep parenchymal abnormalities, including bilateral thalamic infarction, hemorrhage, edema that extends to the midbrain and the bridge and absence of a flow void signal in the dural sinus. These alterations led to diagnose the CVT and the angioCT showed extension of the cerebral venous thrombosis down to the jugular vein. We practiced mannitol, dexamethasone, acetazolamide and initial anticoagulation with LMWH weight-based followed by vitamin K antagonists with improvement of the state of consciousness and reduction of edema at CT control. After a week the patient died of severe acute liver failure with digestive tract bleeding, despite the treatment with PCC, FPP and blood transfusions.
Conclusions: Limited data from RCT in combination with observational data on outcomes and bleeding complications of anticoagulation support a role for anticoagulation in treatment of CVT. Despite recent advances in the recognition of CVT, diagnosis and management can be difficult because of the difference of underlying risk factors and the absence of a uniform treatment approach.

A case of Melas syndrome

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Case report: A 42 year old woman, nulliparous, with familiarity for cerebrovascular disease not well defined (mother and sister), suffering from short stature, diabetes mellitus type 1, hearing loss and moderate intellectual deficit, comes to our attention for an epileptic event. At the visit the patient has frequent crying spells, a compromised language and a transient hemiplegia, which lasts several days. Additional features on neurologic examination includes ataxia, tremor, myoclonus, and dystonia. The EEG presents slow rhythms mixed activity base and MRI brain shows numerous deep lesions in the gray and white matter of the brain is not confined to vascular areas. During hospitalization practice ASA and LMWH therapy with clinical recovery. After discharge frequent accesses to Emergency Area for seizures.
Discussion: Based on the familiarity, the strokelike episodes, the high values of lactate in the blood and the framework MRI there was the suspected diagnosis of MELAS (mitochondrial encephalomyopathy with lactic acidosis and stroke-like episodes) Syndrome, maternally inherited genetic disorder caused by mutations in the DNA mitochondrial. The results of the muscle biopsy and the search for mutations are ongoing.
Conclusions: The Melas Syndrome is a disease with the poor prognosis due to frequent episodes of their occurrence in the long run can cause mental deterioration, loss of sight and hearing, and severe myopathy, which can potentially contribute to loss of autonomy.

A case of severe hypocalcemia

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Case report: January 14, 2015 was hospitalized in our hospital a 57 year woman, that came to our PS for tetanic crisis happened after vomiting and diarrhea and detection of severe hypocalcemia (4.5 mg /dl). In history: high blood pressure, dry mouth, urinary incontinence and osteoarthrosis. Recent episode of edema of the tongue and finding of hypocalcemia untreated by the GP. He practiced infusion therapy with calcium gluconate with clinical well-being. In biochemical examinations evidence of low values of parathormone (4.8 pg/ml) and vitamin D (9 ng/ml), high values of phosphorus and normal of magnesium. In order to exclude an autoimmune polyglandular syndrome was performed determination of HbA1c, C-peptide, cortisol, cortisoluria/24 hours and gastric parietal cell antibodies with normal values. Discharged with indication for a treatment with calcium and vitamin D orally she is in follow-up: normal values of serum calcium and total well-being.
Discussion: The deficit of secretion or action of parathyroid hormone causes a condition characterized by hypoparathyroidism, hypocalcemia, hyperphosphatemia and symptoms related neuromuscular hyperexcitability. Rare is the production of antibodies that cause an acquired hypoparathyroidism, isolated or associated, in Autoimmune polyglandular syndrome, with other autoimmune diseases (Addison's disease, atrophic gastritis and type 1 diabetes).
Conclusions: The clinical case lays for hypoparathyroidism acquired that, given the presence of xerostomia, may be autoimmune (ongoing dosage autoantibodies against NAPL5).

✪ Echocardiography in heart failure: data from the SMIT study

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Background: Near 35% total CVD mortality in women is due to HF, biological variability in response to risk factors may account for the differences in epidemiology, clinical characteristics and treatment response compared with their counterparts. We analyzed the HF differences by gender in the SMIT study, a survey of HF patients admitted in IM wards in Tuscany.
Methods: Student t test for paired data with P<0,05 was applied.
Results: 770 patients (M=341 F=429) were analysed (M 80,8±8,8 *vs* F 83.4±8,1 yrs, p<0,05), 404 F and 304 M were over 70 yrs (P<0,05). At the admission 361 F and 284 M were in NYHA Class 3-4 (ns). The Hypertension (H) was the F prevalent HF etiology of women. The prevalence and number of comorbidities was similar (M 366 *vs* F 426, ns). Notably no difference was found in hypertension, previous cerebrovascular events. Men had marginally more diabetes, COPD and AOP, women more cognitive defects. No difference was registered in renal failure or anaemia. 244 F and 179 M had atrial fibrillation (P<0,05). LVEF>50% in women was 51,2%, in men 32,6% (P<0,05). No difference was registered in HF therapy (diuretic, ACEI, ARBS, Beta Blockers, Digoxin), but Anti-Aldosterone agents was marginally more prescribed in men. In hospital mortality was M=22 and F=24 (ns).
Conclusions: Our data confirm that F have more preserved systolic function HF, hypertension is the prevalent etiology, show less diabetes, COPD but more dementia and no difference in HF therapy and in hospital mortality. These HF flattened differences by gender may be due to the advanced age of our population.

Cardiovascular risk factors in the retinal artery occlusion

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Background and Purpose of the study: Retinal artery occlusion (RAO) is a visual disabling ocular vascular occlusive disorder with a sudden visual loss. The aim of the study is to identify the systemic and ophthalmic risk factors associated with RAO. Were also collected and analyzed data for the treatments carried out and the eyes (visual acuity) and systemic (cardiovascular events) outcomes.
Materials and Methods: We collected data of 80 patients with RAO. 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: smoking (77,5%), hypertension (67,5%), dyslipidemia (55%), obesity (20%) and diabetes (13,8%). Hyperhomocysteinemia (15%), Lp(a) (16,9%), hyperfibrinogenemia (27,8%) and antiphospholipid antibodies (8,8%) were the most thrombophilic factors. Heterozygosis mutation of the factor V (1,3%) and factor II (3,8%) were the less frequent. The follow-up at 12 months showed that visual acuity average (1.51 LogMar) did not change statistically significant compared to baseline (1.56 LogMar), regardless of the treatment carried out. Finaly, 2 patients died from cardiovascular events.
Conclusions: RAO is associated with the classic CV risk factors. The therapies are poorly effective. An assessment of the cardiovascular risk profile is critical to implement strategies for prevention of cardiovascular events.

Cardiovascular abnormalities in the retinal artery occlusion

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Background and Purpose of the study: Retinal artery occlusion (RAO) is a blinding event and is characterized by the sudden obstruction of the arterial blood flow. RAO includes: central retinal artery occlusion (CRAO), branch retinal artery occlusion (BRAO) and cilioretinal artery occlusion (CLRAO). The aim of the study is to identify cardiovascular abnormalities associated with RAO.
Materials and Methods: We collected data of 80 patients with RAO. All patients were evaluated in internal medicine and ophthalmology, and both laboratory and instrumental investigations were performed. Initially they also had carotid Doppler, echocardiography and brain TC.
Results: In RAO the prevalence of ischemic heart disease were 12,5%. Atherosclerotic lesions of internal carotid artery (ICA) was found in 54 of 80 patients (67.5%), in 57.5% of BRAO or CLRAO and in 87.5% of CRAO. ICA stenosis ≥70% was present in 5% of BRAO or CLRAO and in 15% of CRAO. Calcified plaques were more frequently (57.1% in BRAO or CLRAO and 65.7% in CRAO). 17 patients (28.8%) had ischemic lesions of the brain. The 76.5% of patients with CRAO and 72.2% of patients with BRAO or CLRAO had mitral valve lesions, aortic or both. We also found in 10 of 80 patients (12.5%) the presence of patent foramen ovale (PFO).
Conclusions: In RAO the prevalence of various cardiovascular diseases was higher. Embolism is the most common cause. Plaque in the ICA is usually the source of embolism and less commonly the aortic and/or mitral valve. Plaques in the ICA are generally more important than the degree of stenosis in the artery.

Recidiva di porpora trombotica trombocitopenica in paziente allergico al plasma fresco congelato: impiego clinico di plasma industriale in aferesi terapeutica

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Premessa: La recidiva di porpora trombotica trombocitopenica (TTP) è una rara malattia caratterizzata da anemia emolitica microangiopatia, piastrinopenia da consumo. La malattia è dovuto ad una carenza di una specifica metalloproteina, ADAMTS 13, la quale è deputata al clivaggio dei multimeri del fattore di von Willebrand in monomeri. Il plasma exchange (PEX) è il trattamento di elezione.
Caso clinico: A dicembre 2014 giungeva alla nostra osservazione donna di 62 anni alla sesta recidiva di TTP. All'ingresso la paziente lamentava epigastralgia. Gli esami ematochimici evidenziavano: piastrine 9000x10^{3}u/l, Hb 7 g/dl, LDH 1506 U/L, bilirubina indiretta 2,7 mg/dl. La diagnosi di TTP veniva posta nel 2006 con successivo riscontro di anticorpi anti ADAMTS 13. Nel 2010, alla terza recidiva, la paziente manifestava reazione allergica al plasma fresco congelato (PFC) e rituximab che ha reso necessario proseguire la PEX con utilizzo di plasmasafe. Per cui anche in questa circostanza si praticava terapia corticosteroidea, supporto trasfusionale con emazie concentrate e 23 sedute di PEX con utilizzo di plasmasafe raggiungendo nuovamente la remissione della malattia. Dopo un mese dalla recidiva veniva dosato ADAMTS 13 (85%).
Conclusioni: Le indicazione all'uso clinico di plasmasafe sono identiche a quelle del PFC. Tuttavia il trattamento industriale permette di neutralizzare anticorpi e di diluire antigeni/allergeni responsabili delle reazioni immunologiche che sono alla base delle manifestazioni allergiche.

Un caso di infezione protesica da *Staphylococcus aureus* meticillino-resistente in paziente orto-geriatrico

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Introduzione: Le infezioni protesiche o dei mezzi di sintesi rappresentano gravi complicanze degli interventi per frattura di femore. Il Sistema Nazionale di Sorveglianza delle infezioni del sito chirurgico (SNSISC) riporta un'incidenza di infezione di 1,5% in chirurgia ortopedica.
Caso clinico: Un uomo di 85 aa è stato sottoposto a intervento di riduzione e sintesi di frattura del femore destro; era affetto da BPCO, poliposi del colon e pregresso impianto di endoprotesi vascolare per rottura di aneurisma dell'aorta sottorenale; tale intervento era stato complicato da probabile fistola entero-arteriosa. Nella fase post-operatoria presentava episodio febbrile per cui eseguiva urinocoltura e iniziava terapia antibiotica empirica con sulfametossazolo; lamentava inoltre intenso dolore alla coscia destra per cui eseguiva ecografia che documentava la presenza di versamento articolare; la ferita chirurgica era in ordine. Nei giorni successivi si ripetevano episodi di febbre per cui il paziente eseguiva varie emocolture [risultate positive per *Staphylococcus aureus* meticillino-resistente (MRSA)] e la terapia antibiotica era proseguita con teicoplanina e rifampicina. Si eseguiva quindi TAC-PET che mostrava area di ipermetabolismo (con SUV max=5,2) a livello aorto-bisiliaco attribuita a infezione della protesi; la terapia antibiotica era quindi proseguita con daptomicina.
Conclusioni: Il SNSISC riporta un'incidenza di infezione <1% dopo intervento sull'aorta e impianto di protesi; nel contesto di complicanze

infettive rare l'uso della TAC-PET può favorire la diagnosi e fornire misura della risposta terapeutica.

Orto-geriatria: un'attività multi-disciplinare e multi-professionale

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Introduzione: Il termine OrtoGeriatria può indicare lo studio di pazienti in età geriatrica che necessitino di cure ortopediche. L'acquisizione di tale concetto da parte delle Strutture Sanitarie ha visto lo sviluppo di diverse modalità organizzative mirate prevalentemente alla gestione di pazienti ultra 75enni con frattura di femore.
Descrizione: Nel nostro Ospedale è stato definito un programma di collaborazione tra il reparto di Ortopedia e di Degenza Post Acuzie (DPA) che regola il trasferimento dei pazienti ortogeriatrici dall'uno all'altro. Nel corso dell'anno 2014 sono stati ricoverati in DPA 134 pazienti trasferiti dall'Ortopedia: 106 di questi erano ultra 75enni; 49 avevano subito la frattura del femore destro, 53 quella del femore sinistro; 57 sono stati sottoposti a intervento di riduzione e sintesi della frattura, 34 a impianto di protesi d'anca; 15 a impianto di protesi in elezione; 9 avevano un'infezione protesica o periprotesica (6,7%).
Conclusioni: La gestione del paziente ortogeriatrico costituisce un esempio di attività multi-disciplinare richiedendo il coinvolgimento di vari specialisti: geriatra, ortopedico e fisiatra per definizione; spesso anche di infettivologo, radiologo, microbiologo. E' anche attività tipicamente multi-professionale che vede in gioco medici, infermieri, fisioterapisti, assistenti sociali e famigliari/caregivers. Compito del medico *internista*, in tale contesto, è quello di team leader chiamato a coordinare gli interventi di tali specialisti e di tutte le figure professionali coinvolte nella cura del paziente.

Calreticulin mutation: another piece in the myeloproliferative neoplasms puzzle

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A 25-years-old man was admitted to emergency room because of development of left ankle pain. The pain began two days earlier, after sport activity, with a progressive worsening and functional impairment of left leg. He had no history of accidents. The patient had been in health until one year before admission, when routinary laboratory test showed a mild thrombocytosis. He was examined by an hematologist. The JAK2 mutation resulted negative. He begun a follow up and the platelets count resulted stable. A pelvis x-rays excluded bone fractures but a pelvis computed tomography (CT) revealed hyperdense area next to left greater trochanter (size 45x15x65 mm), suggestive for hematoma. Laboratory tests showed leukocytosis, resolved before discharge, and persistent thrombocytosis. Levels of most common coagulation factors involved in bleeding disorder (Factor VIII, Factor IX and von Willebrand Factor) revealed no abnormalities. Research of calreticulin (CALR) mutations resulted positive. Patient reported spontaneous left ankle pain improvement and he began progressive mobilization. Approximately 50 to 60% of patients with essential thrombocythemia carry a mutation in JAK2, and an additional 5 to 10% have activating mutations in thrombopoietin receptor gene (MPL). Recent studies showed that CALR gene, which encodes calreticulin, is mutated in most patients (approximately 70%) with essential thrombocythemia, who do not have JAK2 or MPL alterations. CALR mutations have an important role in the pathogenesis of these disorders. Clinical course of these patients is more indolent.

A not-so-obscure cause of headache

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A 73-years-old woman with hypertension and type 2 diabetes was admitted to emergency room because of onset of fever. A chest radiograph showed a parenchymal consolidation of left lung. The patient had been in her usual state of health until two months earlier, when fronto-temporal headache and left otalgia developed, accompanied by progressive weakness. She was referred to an otolaryngologist and a diagnosis of neuralgia was considered so she began pregabalin and paracetamol therapy, without resolution of symptoms. Laboratory tests showed neutrophilic leukocytosis, mild normocytic anemia, normal PT and aPTT tests, negative Procalcitonin and an increase of ESR, C-reactive protein, alfa2globulin and fibrinogen. A thorax, abdomen,brain and sinuses CT scan was performed and it revealed no abnormalities. Because of persistence of fever, severe fronto-temporal headache and increase of inflammatory markers, despite antibiotic therapy, giant-cell (GCA) Horton's temporal arteritis was suspected. 3 of 5 criteria of American College of Rheumatology for the diagnosis of GCA were present and the diagnosis was made. Recent studies showed that color duplex ultrasound of temporal arteries has high specificity (around 90%) in the GCA diagnosis and it is useful for ruling out a diagnosis in low risk patients. In our patient color duplex ultrasound showed hypoechoic thickening of both temporal arteries, suggestive for perivascular edema and confirmed the diagnosis. Therefore, steroid treatment was initiated, after which patient reported fast improvement of symptoms.

An atypical presentation of pulmonary embolism in a young man: a case report

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A 33 year-old patient, man, referred for fever, pleuritic pain since three days and since two weeks exertional dyspnea; Anamnestic data revealed the absence of risk factors for TEP. At medical examination: low-grade fever; rhythmic breaks free. PA 140/80mmHg. SaO 98% in AA. Homans and Bauer signs were negative, and there was a slight increase of the circumference of the left thigh. Wells score calculated revealed a value of 3.0. Blood tests showed the increased D-dimers value (3400 ng/ml), CRP, fibrinogen. EGA respiratory revealed alkalosis. The ECG showed a normal electrocardiogram tract. The chest radiograph showed a right mild pleural effusion . The walk test is positive: after a few steps to 82% saturation. At CT angiography chest was present thromboembolic defects in both pulmonary interlobular arteries. At echocardiogram with finding of "section right in the limits with PAP undetectable". The Doppler Venous leg was negative The diagnosis was of atypical pulmonary embolism without presence of risk factors. Patients started heparin (80 UI/kg bolus, followed by 18 UI/kg now with monitoring PTT). At 7 days heparin was tapering and switched with warfarin. Patient underwent programmed screening for thrombophilia. In conclusion, atypical pulmonary embolism is rare in DEA. The congenital predisposition to thrombosis is considered a rare condition, to always consider in patients with thrombosis at age <40 years.

From asthenia to diagnosis of rare mediastinic tumors: a case report

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A 15 years-old patients was admitted for palpitations and dyspnea started to 1 hour. We not referred family, personal or medical history. The mother concludes the anamnesis emphasizing that from few months she noted reduction in physical activity for "exhaustion." At admission , patient was eupnoic, with temperature of 37.8°C and showed a rhythmic cardiac activity with a frequency of about 170 bpm. On examination of the chest, we appreciated a reduction in vesicular murmur in the right middle pulmonary field. Electrocardiogram showed supraventricular tachycardia. It was performed administration of adenosine 6 mg iv with appearance of sinus rhythm at frequency of 120 bpm. Blood tests to increase the values of: LDH 1821 U/L and PCR. Hamatochemical analysis showed mild normochromic microcytic anemia. At RX of thorax was present an area of about 12 cm, in the first hypothesis compatible with mediastinal expansive process. Taking into account this radiological data, we performed an echocardiogram that showed an atrial compression by extensive paracardiac mass. This data was confirmed to CT of chest that described a anterior mediastinic voluminous expansive process. The clinical and radiological appearance were compatible with extragonadic embryonal carcinoma metastatic. The neoplasm was resected en bloc. In this case, the

supplementation by computed tomography are necessary to obtain presumptive diagnosis. The treatment is surgical and only in selected cases, radiotherapy. Surgical excision also allows the definition histopathological on surgical findings.

Nurse ultrasound evaluation as an alternative to whoosh test for nasogastric tube placement verification

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Background: There are few studies that have validated methods for the placement of nasogastric tube (NG); in daily practice, auscultation of air insufflation (Whoosh test, WT) is widely used to check placement, while chest radiography (CR) is still the gold standard. The aim of this study was to assess whether a ultrasound method (US) performed by nurses can replace the WT to verify the correct placement of NG.
Materials and Methods: We prospectively evaluated consecutive inpatients requiring a NGT from September 2013 to January 2014. The correct positioning of NG was first tested with US (with and without 60 mL of air injected) by trained nurses as compared with WT performed by other nurses. Each group was blinded with respect to each other. Inter-observer agreement and diagnostic accuracy of both tests were calculated, considering CR as the gold standard.
Results: Forty-six patients were included in the study. WT showed an overall accuracy of 82.6%, while US accuracy was poor (41.3%). No concordance was found between WT and US (0.500, 95% CI 0.498 - 0.502; Cohen's kappa =-0.576). WT had a sensitivity of 82.35% (95% CI 81.7, 84.6) and a specificity of 83.33% (95% CI 82.9, 85.1); US had a sensitivity of 50.00% (95% CI 47.7, 51.1) and a specificity of 16.67% (95% CI 15.7, 17.1).
Conclusions: None of the test evaluated, alone or with air associated, warrant sufficient performance to replace CR. WT and not US may be a useful tool for bedside placement of NG.

✪ Accuracy of nurse-performed lung ultrasound in patients with dyspnea: a single-centre prospective observational study

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Background: Several studies have recently shown that lung ultrasound (LUS) hold a reliable and easy evaluation of pulmonary congestion by assessment of B-lines; the aim of this study was to assess the diagnostic accuracy of nurse-performed LUS in the differential diagnosis of dyspnea.
Materials and Methods: We prospectively evaluated all consecutive inpatients referred for dyspnea from April 2014 to September 2014. All patients underwent LUS, first by trained nurses and then by physicians expert in chest ultrasonography, with every group blinded with respect to each other. Interobserver agreement and accuracy of nurse-performed LUS were calculated, considering the physician's final diagnosis as the reference test.
Results: 175 nurse-performed LUS were included in the study. Nurse-performed LUS demonstrated sensitivity of 93.7% (95% CI 89.1-94.2) and specificity of 98.7% (CI 94.9-99.6), a positive predictive value of 99.2% (CI 90.1-99.5) and a negative predictive value of 97.3% (93.0-98.7). Correlation with the physician was good (r=0.89).
Conclusions: This preliminary report demonstrates that nurse-performed LUS achieved similar accuracy to physician-performed LUS. 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. Moreover, it should therefore be considered for routine use as part of the nurse triage in the emergency department for patients admitted with respiratory symptoms. Prospective studies with greater patient numbers would be valuable.

Improvement in triage accuracy by nurse-performed enhanced focus assessment sonography in trauma

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Introduction: We aimed to verify the diagnistic accuracy of Enhanced Focus Assessment Sonography in Trauma (e-FAST) performed by trained nurses in detecting intra-abdominal, pleural or pericardial effusion.
Materials and methods: Six trained nurses performed an e-FAST scan to a group of 209 subjects, 147 with low-grade ascites, pleural or pericardial effusions and 54 normal control subjects. To evaluate the concordance among examiners, a smaller group of 30 subjects with similar characteristics were submitted to e-FAST by each of the nurses on the same session. A trainer took note of the time to complete each scan. All nurses was blind to the patients' diagnosis and the results of the scans performed by the physician and by her colleagues. Diagnostic accuracy, concordance among observers and mean scan time were calculated.
Results: Overall accuracy was 97,13% (C.I. 95%: 94,93%-99,32%). Sensitivity and specificity were in the same range, with a positive and negative predictive value of 99,15% and 90,91%, respectively. The mean time of completion was 1 min 42 sec (range 1 to 4 min). Interobsever agreement rate was as high as 0,92
Discussion: The study shows that a nurse – performed e-FAST examination can detect toccult pleural, pericardial or abdominal fluid collections more accurately than simple clinical observation and indirect signs (lowering blood pressure, tachycardia) in one to four minutes, This could dramatically improve the initial or secondary triage without wasting time or human resources in case of mass casualty incidents.

Horner syndrome. Look beyond the lung

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A 48- year-hold man with no significant past medical history and no history of blunt cranial- cervical trauma developed a unilateral Horner syndrome. The patient had a 15 days history of fever resolved with paracetamolo. Three days after onset cough and retro-orbital headache subsequently radiated back of the neck. Patient noted that his right pupil appared smaller than the left with right eyelid ptosis. Persisting hacking cough arrived to the Emergency Department where the CT of the brain without intravenous contrast showed no abnormalities and he was admitted to Medicine Department. Examination confirmed miosis and ptosis, vital signs were normal and stable. CT of the chest showed no abnormalities, RMN was performed immediately and disclosed irregularity and narrowing of both internal carotid arteries involving bilaterale mild and distal cervical segments. For relaps headache described as a mild, intermittent that radiated towards the occipitus was admitted to the stroke unite wher it was treated with anticoagulation and was placed on antiplatelet drug.
Unilteral Horner syndrome (Hs) is a common ocular manifestation of ipsilateral internal carotid artey dissection. We report a case of Hs occuring in an otherwise asyntomatic patient with bilateral non traumatic dissections of the internal carotid arteries.This case illustrates the importance of early neuroimaging and initiation of anticoagulation therapy to prevent subsequent stroke.

Acute microscopic polyangiitis with renal involvement

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Microscopic polyangiitis is a pauci-immune (little or not immunodeposits) small vessels necrotizing vasculitis (capillaries venules or arterioles). A small and medium caliber necrotizing arteritis can coexist; it is part of vasculitis, characterized by the presence of serum neutrophil cytoplasm auto-antibodies (ANCA-associated vasculitis). Incidence is between 4 and 8 cases per million per year, and prevalence about 50 cases per million.
Case report: Woman 75 years old with severe acute renal failure (GFR 9.4), hyperkalemia and metabolic acidosis, severe anemia (Hb 5.3 g/dl) and a modest increase in inflammatory markers (CRP 48, VES 61). According to clinical history and rapid progression of renal failure (normal renal function in February 2014), suspecting systemic vasculitis, on 09.12.2014 we performed a renal biopsy: preliminary examination showed an end-stage renal disease with extracapillary proliferation in fibrotic phase, negative immunofluorescence. On 11/12 p-ANCA positive, title 116.8 RU / mL. This finding together with the clinical history and the histology allowed diagnosis of microscopic

polyangiitis with renal involvement. Specific treatment was not feasible and the patient was sent to the dialysis treatment.

Outcome research in Internal Medicine

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Background and Purpose of the study: We used outcome research to evaluate objective and subjective outcomes in patients with venous thromboembolism (VTE).
Materials and Methods: telephone interviews administered to patients discharged from the hospital from September 2013 to August 2014 at a distance of 1,3,6 and 12 months after discharge. Database for data collection, signs and symptoms at admission, comorbidity, main risk factors, hospital care, therapy at discharge; Karnofsky Index, resumption of physical and occupational activity, recurrences, complications related to treatment. The data analysis was conducted with Software EpiInfo 3.5.3.
Results: Karnofsky Index analysis shows that, at a distance of 1, 3 and 6 months after discharge, patients reporting mild or no limitations in daily activity are 51, 75 and 79% respectively. Evaluating Karnofsky Index data at one month of discharge and number of comorbidities, it appears that patients with no chronic conditions up to 2 refer a good state of health in 47% of cases. Return to physical activity occurred in 86% of cases within one month, in particular 44 of 51 patients recovered within 2 weeks after discharge. More than 91% of the subjects reported a state of well-being within one month after discharge.
Conclusions: More than 9 out of 10 subjects returned to perceive a well-being state in relatively short time despite being affected by VTE. There is no correlation between number of comorbidities and return to state of health reported.

Un caso di sepsi da *Gemella morbillorum* dopo rinoscopia

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Riportiamo il caso di un uomo di 54 anni ricoveratosi presso la nostra U.O. per febbre serotina ed astenia. In anamnesi: pregressa tonsillectomia ed ernioplastica inguinale; discopatie lombo-sacrali; rilievo di soffio cardiaco dalla giovane età senza ulteriori accertamenti; recente visita otorinolaringoiatrica (ORL) con esecuzione di rinoscopia in previsione di rinoplastica. All'ingresso pz emodinamicamente stabile, piretico; non linfoadenopatie superficiali palpabili, al cuore toni validi ritmici, soffio puntale olosistolico dolce irradiato al mesocardio; esame obiettivo di torace e addome nella norma. Agli esami ematici: leucocitosi neutrofila, rialzo degli indici di flogosi (fibrinogeno 600mg/dl, PCR 5.2mg/dl, VES 56mm/h). Sono state prelevate urinocolture ed emocolture e queste ultime sono risultate positive per *Gemella morbillorum*. All'ecocardiogramma transtoracico e transesofageo rilievo di prolasso del lembo mitralico posteriore con severa insufficienza valvolare in assenza di vegetazioni endocarditiche. Le indagini strumentali (Rx torace,eco-addome,ortopanoramica dentaria) volte alla ricerca di foci infettivi sono risultate negative. E' stata effettuata terapia antibiotica mirata con amoxicillina/clavulamato e ciprofloxacina con rapida defervescenza. La *Gemella morbillorum* è un cocco Gram positivo, anaerobio facoltativo e commensale della flora umana dell'orofaringe, dell'apparato genitourinario e gastroeneterico. In letteratura sono riportati casi di endocardite da tale agente in seguito ad esami endoscopici ed in particolare casi di sepsi dopo procedure ed esami ORL.

Major bleeding events with dabigatran *versus* warfarin in patients with acute venous thromboembolism: a pooled analysis of RE-COVER and RE-COVER II

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Purpose: In acute venous thromboembolism (VTE) RE-COVER and RE-COVER II trials, dabigatran etexilate (DE) compared with warfarin (W) resulted in similar rates of recurrent VTE/VTE-related death with fewer bleeding events. We further assessed major bleeding events (MBEs) according to ISTH and TIMI criteria and bleeding locations.
Methods: An analysis on the pooled results from the RE-COVER studies to assess the incidence, characteristics, and sites of MBEs during the 6-month double-dummy treatment period (treatment with DE or W alone).
Results: MBEs overall, for each ISTH criterion, and for key anatomical sites were numerically less frequent with DE *vs* W. Rates of TIMI and life-threatening bleeds were low, and no difference between treatments was detected. Although the rate of any gastrointestinal (GI) bleeds was numerically higher with DE *vs* W, the frequency of major GI bleeds was lower with DE *vs* W.
Conclusions: This analysis confirms the favourable safety profile of DE for the treatment of acute VTE. The detailed assessment of MBEs by ISTH criteria showed a lower frequency with DE *vs* W and very low rates of TIMI and life-threatening bleeds. Although a higher rate of any GI bleeds was observed with DE, major GI bleeds were less frequent with DE *vs* W.

✪ Implementation of a YALE insulin infusion modified protocol in an Internal Medicine ward through the use of a digital application

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Background and Purpose of the study: Hyperglycemia represents a negative prognostic factor in both critical and non-critical patients. Many critically ill patients admitted to Internal Medicine wards present hyperglycemia that might benefit from an IV insulin therapy. The Yale Insulin Infusion Protocol (YIIP) is effective and safe in achieving the desired glucose range. We describe our experience with a modified version of this nurse-implemented IIP.
Materials and Methods: We modified the YIIP taking into account the characteristics of the hyperglycemic critically ill patients admitted to an Internal Medicine ward. The protocol was administered by properly trained nurses in 50 critically ill patients with BG greater than 200 mg/dl admitted between 2013 and 2014. For each patient BG levels were detected at specified intervals. The infusion rate (IR) was corrected on the basis of three main parameters: the measured value of BG, the previous value of BG, and the IR itself. The application of the protocol has been simplified by the use of a dedicated software in 13/50 patients.
Results: The average BG value before the infusion was 358.2 mg/dl. 12 h after the start of the protocol we found target BG levels (mean: 133.1 mg/dl), and then stable BG values until 30 h. No severe hypoglycemia episodes were observed.
Conclusions: This experience showed that our nurse-implemented modified YIIP is safe and effective in improving glycemic control in critically ill patients. The computerization of the method can simplify and optimize the process.

Utilizzo di una check-list diagnostico-terapeutica per la diagnosi ed il trattamento precoce della sepsi severa in un reparto di Medicina Interna

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La Sepsi è una condizione clinica associata ad una mortalità elevata quando si accompagna a insufficienza d'organo (sepsi grave, 20-25%) o a uno stato di shock (shock settico, 40-70%); le ospedalizzazioni dovute a Sepsi Severa sono raddoppiate durante l'ultima decade ed un numero considerevole di esse vengono, almeno inizialmente, gestite in reparti di General Ward. Lo studio si è proposto di valutare se l'introduzione di un Protocollo Sepsi fondato sull'utilizzo di una specifica check list diagnostico-terapeutica, volta ad aiutare i clinici a riconoscere e trattare precocemente la Sepsi grave, potesse modificare l'outcome di tale patologia in un reparto di Medicina Interna. Sono stati valutati in totale circa 750 pazienti; la Prevalenza di Sepsi Grave fra tutti i ricoverati è risultata circa del 15%, maggiore rispetto ai dati regionali ottenuti dalle schede SDO. La mortalità intraospedaliera, paragonata con un periodo antecedente, non è diminuita durante il periodo di attivazione della check-list ma aderirne correttamente si associa ad un outcome decisamente più favorevole. Sempre in quest'ultimo periodo si è assistito ad una diminuzione delle terapie antimicrobiche empiriche, in particolare nei pazienti senza un chiaro evento infettivo sistemico all'esordio. Sepsi Grave in General Ward è una problematica decisamente sottostimata e poco studiata; l'utilizzo di una check-list diagnostico-terapeutica è uno dei possibili strumenti per migliorarne la gestione e può avere un ruolo nella stewardship antimicrobica aumentando l'attenzione verso il problema infezioni.

Shrinking Lung Syndrome: uncommon cause of dyspnoea in systemic erythematous lupus patients. A case report and a review of the recent literature

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Abstract: The Shrinking Lung Syndrome (SLS) is a rare syndrome associated with systemic lupus erythematosus (SLE) and other rheumatic disorders. Patients with SLS present unexplained dyspnoea, which may be progressive, and lung volume reduction without significant pulmonary parenchymal changes. We report the case of a 57-year-old woman with a past diagnosis of rheumatoid arthritis and a worsening dyspnoea of two months duration. Clinical and serological features were compatible with SLE. In addition, medical imaging investigations revealed small lung volumes, elevated right hemidiaphragm, and basilar atelectasis without evidence of interstitial pulmonary disease. SLS diagnosis was established and immunosuppressive therapy with high dose corticosteroids and Azathioprine was initiated.

Il peso delle comorbilità nella gestione dello scompenso cardiaco

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Premessa: Lo scompenso cardiaco (SC) è una sindrome associata ad una o più cause e comorbilità, cardiovascolari e non, determinanti un peggioramento della qualità di vita, della prognosi ed un incremento delle re ospedalizzazioni. I ricoveri successivi sono causati più frequentemente dalle copatologie e quindi sono importanti modelli operativi che rispondano alle esigenze di una gestione non solo integrata ospedale-territorio ma anche comprensiva di tutte le comorbilità del paziente.
Metodi: Nel nostro ospedale dal 2009 è operativo un modello di gestione integrata dello SC condiviso fra specialisti ospedalieri e territorio; i risultati hanno dimostrato che la sua implementazione ha consentito una riduzione dei ricoveri ripetuti (RR), che si attestano attorno al 6-7%.
Risultati: Nel 2014 i ricoveri per SC nel reparto di medicina sono stati 180, tutti con copatologia: BPCO 65%, ipertensione arteriosa 75.5%, fibrillazione atriale 44%, cardiopatia ischemica 26%, insufficienza renale 58%, diabete mellito 31%, demenza 14%, neoplasie 7%. I RR sono stati 6.7% ed il follow up ambulatoriale (62%) è stato eseguito nel 68% dei casi in medicina e nel 32% in cardiologia. Nel follow up hanno modificato: diuretici 55% dei casi, antiaritmici 31%, betabloccanti 23%, anti ipertensivi 40%, antidiabetici 25%, altre terapie 51%. Nei RR hanno modificato: diuretici 91%, betabloccanti 36.3%, anti ipertensivi 18%, antidiabetici 27.3%, altre terapie 45.5%.
Conclusioni: I dati confermano che una strategia per ridurre i RR in questi pazienti deve avere come obiettivo anche la gestione delle copatologie.

La diagnosi clinica e la gestione terapeutica della microangiopatia trombotica: un caso di forma acuta secondaria a farmaci

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Premessa: Nella microangiopatia trombotica (MAT) si formano trombi e aggregati di PTL nel microcircolo che comportano occlusione di piccoli vasi, consumo piastrinico e anemia emolitica microangiopatica, febbre. La ADAMTS13 regola il legame tra vWF e PTL mediante il clivaggio degli aggregati di vWF che si formano dopo attivazione endoteliale. Un deficit è alla base della MAT. La terapia (tp) prevede di infondere PFC nell'attesa di iniziare la procedura di PEX. Nelle forme secondarie immuno-mediate è importante associare lo steroide.
Caso clinico: Uomo di 74aa in tp con ASA e ticlopidina giunge in PS per afasia, agitazione. Agli es. riscontro di anemia, piastrinopenia, IRA, rialzo degli indici di emolisi. Alla TC cranio evidenza di area ipodensa frontale. Inoltre è febbrile, afasico, agitato con sguardo deviato a sx, rima buccale deviata a dx. Cute senza petecchie. Dorso del piede sx con ulcera infetta. Presenza di schistociti allo striscio periferico. Nonostante l'assenza di porpora cutanea il quadro clinico orienta per la MAT con ischemia cerebrale e renale, in prima ipotesi secondaria a ticlopidina e/o possibile osteomielite. Sospesa la ticlopidina, inizia tp antibiotica, steroide e PEX. Si seda e idrata il Pz. Si stimola la diuresi con furosemide. Il dosaggio di ADAMTS13 conferma l'ipotesi diagnostica. Dopo PEX e steroide migliora il quadro neurologico e la funzione renale. Si reintroduce ASA.
Discussione: La MAT prevede la tp con PEX il più rapidamente possibile una prognosi migliore. La MAT farmaco-indotta da ticlopidina è spesso acuta con meccanismo immuno-mediato. Dosare ADAMS13 orienta la diagnosi.

Chronic thromboembolic pulmonary hypertension: case report

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Introduction: Pulmonary Hypertension (PH)is when PAP exceeds 25 mmHg. PH is classified according to Dana Point 2008. The capillary wedge pressure (wp) at rest (above or below 15 mmHg) being critical to distinguish postcapillary PH, secondary to left sided heart diseases, from precapillary one: Primary pulmonary hypertension, inherited conditions (BMPR2, ALK1) PH secondary to chest, collagenic, congenital heart, infectious (HIV), systemic (Sarcoidosis), myeloproliferative and thromboembolic diseases (CTPH). The diagnosis asks Doppler measure of tricuspid valve regurgitation velocity (possible if >2.9-3.4 m/sec, probable if >3.4 m/sec), lung perfusion scan, HRCT scan, APG, cardiac catheterization with NO test.
Materials and Methods: A 64 y.o.female(Diabetes and COPD as comorbidities), was admitted to hospital for WHO IV dyspnoea and lower limb oedema. TTE: tricuspid valve regurgitation (peack PAP 95 mmHg). TEE: thrombi in right auricola. Lung perfusion scintiscan: multiple bilateral segmentary embolism. Angio TC confirmed clots in the lumen .Warfarin was started and therapeutical range INR rapidly achieved. Two months later: RFT: FVC 67%, FEV1 48%, DLCO 47%; Cardiac catheterization: mean PAP 54 mmHg, the P. was submitted to right pulmonary endoarteriectomy (PEA) in IRCCS "S. Matteo" (PV): post procedure: PAP 34/16/4 mmHg, PWP 5 mmHg, pvr 259/dynes/sec/cm -5.
Conclusions: CTPH is due to huge thrombosis, plexogenic thickness in wall. DVT may be clinically absent up to 50% of cases. The prognosis is poor but PEA, surgical death risk of 5-8% in referral centers.

Potenziali effetti protrombotici della terapia sostitutiva androgenica: descrizione di un caso

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Premessa: Gli effetti degli androgeni sulla coagulazione sono complessi. Il deficit di Testosterone (T), quale si osserva nei pazienti affetti da S. di Klinefelter ed in soggetti con deprivazione androgenica per carcinoma prostatico, comporta un aumentata incidenza di eventi tromboembolici (ETE), la cui patogenesi non è ancora del tutto chiarita. Per contro, sono riportati alcuni casi di ETE in pazienti con S. di Klinefelter ed altre forme di ipogonadismo, apparentemente correlati alla terapia sostitutiva con T: si tratta spesso di soggetti con diatesi trombofilica misconosciuta. L'azione protrombotica del T è in genere attribuita alla sua aromatizzazione in estradiolo, di cui sono ben noti gli effetti trombofilici.
Caso clinico: Uomo di 50 anni con ipogonadismo ipergonadopropo idiopatico (cariotipo 46XY) intensamente sintomatico per turbe vasomotorie. A circa un mese dall'inizio della terapia con T gel (20 mg/die), comparsa di trombosi venosa superficiale all'arto inferiore sinistro. Il paziente si dimostrò successivamente affetto da mutazione eterozigote A1298C di MTHFR. Dopo un anno dall'evento acuto, il paziente venne trattato con DHT (non aromatizzabile) in formulazione gel (off label) al dosaggio di 62.5mg/die. Dopo quasi 12 mesi di terapia si è osservato un miglioramento dei sintomi, senza recidive tromboemboliche.
Conclusioni: La terapia sostitutiva con T nell' ipogonadismo maschile non è del tutto scevra da potenziali effetti protrombotici che vanno considerati in clinica, analogamente a quanto da tempo viene fatto per il trattamento estrogenico della donna.

Pseudocisti surrenalica emorragica: una rara causa di incidentaloma

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Premessa: Le lesioni cistiche surrenaliche sono in genere asintomatiche e costituiscono solo il 5% degli incidentalomi surrenalici. Raggiungendo in alcuni casi dimensioni considerevoli, possono talora venire all'attenzione clinica per dolore, fenomeni compressivi, shock da rottura intra-addominale. Costituiscono un gruppo eterogeneo di lesioni suddivise in: cisti endoteliali (45%), pseudocisti (39%), cisti epiteliali (9%) e parassitarie (7%). Le pseudocisti, dotate di parete fibrosa, priva di rivestimento epiteliale, possono presentare contenuto disomogeneo per fenomeni emorragici e calcificazioni (20%), spesso periferiche. La loro patogenesi è controversa: si ritiene probabile che derivino da emorragie spontanee o traumatiche in surreni sani o adenomatosi.
Caso clinico: Donna di 62 anni, con riscontro occasionale ad una TAC (eseguita per politrauma) di una massa surrenalica destra di 27 mm, a densità indeterminata (30-35 HU) con pareti calcifiche, priva di contrast enhancement. La diagnostica di laboratorio (test di Nugent, metanefrine urinarie frazionate, ACTH) risultava nei limiti. Dopo surrenectomia laparoscopica, venne posta diagnosi di pseudocisti surrenalica emorragica.
Conclusioni: La patologia cistica surrenalica va considerata nella diagnosi differenziale delle lesioni surrenaliche incidentali, potendo simulare, per la presenza di aree a densità necrotico-emorragica e calcificazioni, neoplasie maligne e feocromocitomi. In caso di lesioni particolarmente voluminose la diagnosi differenziale può allargarsi a lesioni espansive/cistiche di diversi organi contigui.

Inherited and acquired pro-thrombotic risk factors in immunocompetent patients with cytomegalovirus-associated portal system thrombosis

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Background: Portal system thrombosis (PST) has been reported in about one third of patients with venous T associated with acute cytomegalovirus (CMV) infection in immunocompetent patients (ipts). The latest assessment of pro-thrombotic risk factors (PTRFs) in pts with CMV-associated PST dates back to 5 years ago.
Objectives: To update the current knowledge on the possible role of PTRFs for such association.
Methods: We reviewed all peer-reviewed reports on CMV-associated PST in ipts published until January, 2015.
Results: Reports on 32 ipts were retrieved. Mean age was 35.3±10.6 years. Overall, 21 (65.6%) ipts had one or more PTRFs. Acquired PTRFs were found in 18 (56.2%) ipts. Daily use of oral contraceptives (n=9; 28.1%) with (n=3) or without (n=6) smoking and anti-phospholipid antibodies (n=7; 21.9%) were the most common ones. Inherited PTRFs were partially investigated in 5 (15.6%) ipts or were not investigated at all in two ipts. Seven (29.1%) of the 25 patients who underwent a complete investigation for inherited thrombophilias had at least one inherited PTRF and factor II G20210 heterozygosis was the most common one (n=3; 12%). Inherited PTRFs were found in 7 (29.1%) of the 25 ipts who underwent a complete analysis for thrombophilia. Eleven (34.3%) ipts had no PTRFs other than CMV.
Conclusions: Most ipts with CMV-associated PST have either acquired or inherited PTRFs other than CMV infection. These findings support the role of PTRFs in these ipts, but do not rule out the contribution of CMV to the risk of T, since CMV infection may act as the last trigger for T.

Tuscany-Campania study on HF: territorial differences of patients with heart failure admitted to Internal Medicine wards in two italian regions with quite different demographic structure

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Background: Heart failure (HF) is the first DRG from IM wards. In the Tuscany-Campania study on HF (TUS-CAM-HF study) the data of over 1500 pts subsequently admitted for HF in Tuscany (T) and Campania (C) were compared to define if HF characteristics vary depending on the territory.
Methods: Student's t or chi-square test were used with P significant <0.05.
Results: Mean age is higher in T (82.5+8.9 *vs* 77.1+9.8, p<0.001), males were 45.4% and 46.5% (ns) respectively,and pts >70 yrs were more in T (65% *vs* 80%, p<0.001). In T there are more NYHA class III-IV at the admission (83% *vs* 55,6%, p<0,001), and more readmission in the same year (83% *vs* 40.2%; p<0.001). C-HF pts showed more diabetes, COPD, active cancer and previous TIA/stroke, T-HF pts more renal function impairment and atrial fibrillation (p<0.001). The T-HF pts were less treated with ACEI, ARBs, Ca antagonists, statins and antiplatelet agents. In both regions the percent use of beta blockers was the same, the use of digital marginal and still low the use of NAO and ivabradine. Echocardiography was performed in 64% T-HF and 52.6% in C-HF pts (p<0.001), LVEF ≥50% was prevalent in T (42,5% *vs* 34,2%, p<0,05), but no difference was registered in LVEF ≤30%.
Conclusions: Preliminary data from the TUS-CAM-HF study confirm the hypothesis of different territorial characteristics of HF in the patients admitted to IM wards in C and T: at first sight they seem linked essentially to the different demographic characteristics of these two regions (Campania is younger). Of this figure must be taken into account in future surveys in the area of HF and probably also in other sectors.

An unbelievable falling

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A 62-years-old man came to our attention after falling down for weakness in the lower extremities without syncope. The patient had no diabetes mellitus, no professional exposure to neurotoxic substances and didn't abuse alcohol. Two months before admission he underwent an allogeneic hematopoietic peripheral stem cells transplant for myelofibrosis, complicated by autoimmune hemolytic anemia. The patient had been well until the beginning of immunosuppressive treat-

ment (cyclosporine) when he developed lower limb strength deficit, paresthesia, postural instability and fluctuating sensorium without fever or inflammation signs or GVHD's symptoms. During hospitalization neurological symptoms worsened. Cerebrospinal fluid laboratory tests and serum autoantibodies were negative. Lower limb motor-sensitive evoked potentials and electromyography showed sensory-motor neuropathy, even though it couldn't explain the severity of symptoms. Brain computed thomography, magnetic resonance imaging of brain-spinal cord and electroencephalogram were negative. So we excluded infective, inflammatory, immunological, neoplastic and metabolic diseases. The drug was stopped and replaced with mycophenolate. After cyclosporine withdrawal patient gradually recovered and began mobilization. Cyclosporine induced-neurotoxicity appears in up to 60% of cases; it's a well-documented complication in stem cells transplant recipients and can occur at both therapeutic and out of range levels. Sometimes we can only suppose neurotoxicity from the resolution of the clinical symptoms when treatment is stopped.

Iponatriemia ed encefalite virale: una diagnosi inaspettata

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Caso clinico: Donna di 75 anni giunge in PS per stato confusionale e afasia motoria. Pratica TAC cerebrale che mostra segni di vasculopatia cerebrale cronica denunziati da dilatazione del sistema ventricolare e degli spazi liquorali pericerebrali e da diffusa ipodensità della sostanza bianca dei due emisferi cerebrali. Presenta sodiemia 117, osmolarità 239, 11000 WBC. La paziente inizia terapia con soluzione ipertonica ma il quadro clinico non mostra miglioramento; in terza giornata presenta febbre e peggioramento dell'afasia. Pratica EEG con evidenza di attività elettrica disorganizzata e marcatamente rallentata. Per un aumento dei valori delle transaminasi e dei leucociti viene sottoposta a TAC torace e addome con mdc ad esito negativo. Infine si sottopone a RMN encefalo che rileva un'infiammazione del lobo frontale inferiore e del lobo temporale compatibile con diagnosi di encefalite. Viene pertanto somministrato tempestivamente l'acyclovir, alla dose di 10 mg/kg EV ogni 8 h. Infine l'esame chimicofisico del liquor risulta compatibile con un'infezione da herpes simplex. Dopo 10 giorni si osserva la regressione dei sintomi e la normalizzazione dei valori di sodiemia.
Conclusioni: Le manifestazioni neurologiche correlate all'iponatriemia, disturbo elettrolitico di più frequente riscontro in area critica, possono essere fuorvianti nella diagnosi di patologie gravi come l'encefalite. Pertanto è opportuno un corretto inquadramento diagnostico dell'iponatriemia per l'ottimizzazione della gestione terapeutica.

Porpora trombotica: case report e review letteratura

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46 anni, fumatrice, ipertesa in terapia con ACE inibitori, recente IMA monovasale con stent medicato su IVA. Dopo 10 giorni dalla dimissione dall'UTIC del nostro ospedale, torna in PS lamentando severa astenia e presentando lieve ipostenia arto superiore sinistro. Viene immediatamente sottoposta a TC cerebrale che risulta negativa. Presenta crisi tonicocloniche e iperpiressia. Dagli esami ematochimici severa trombocitopenia (15.000), anemia normocitica (HB.7.3), PT, PTT e fibrinogeno normali, insufficienza renale acuta con creatinina 3.5 e azotemia 245. Il laboratorio evidenza presenza di emazie frammentate (schistociti) nel sangue periferico. Test di Coomb negativo. La paziente entra in coma. Viene trasferita in rianimazione con la diagnosi di sindrome di Moscovitz dove pratica plasma-exchange ripetuto quotidianamente fino al recupero piastrinico e prosegue infusione di PFC emazie concentrate e decadron 8 mg e rituximab. La porpora trombotica trombocitopenica è una malattia rara caratterizzata da anemia emolitica, piastrinopenia da consumo, sintomi neurologici che colpisce prevalentemente il sesso femminile adulto. La sindrome può essere idiopatica (senza causa nota), oppure mediata da farmaci, stato di gravidanza, parto o uso di estroprogestinici, diarrea emorragica, trapianto allogenico di midollo, malattie autoimmuni, sepsi, neoplasie disseminate, trombocitopenia indotta da eparina e antiaggreganti. Nel nostro caso clinico il fattore iatrogeno è stato rappresentato dall'uso di clopidogrel dopo l'angioplastica.

The hyponatremias

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In our department hyponatriemia is an important and common clinical problem. The etiology is multifactorial. Hyponatremia may be euvolemic, hypovolemic or hypervolemic. Proper interpretation of the various laboratory tests helps to differentiate the various types of hyponatremia. Treatment varies with the nature of onset -acute or chronic, severity and symptoms. Normal saline forms the mainstay of treatment for hypovolemic hyponatremia while 3% NaCl and fluid restriction are important for euvolemic hyponatremia. Hypervolemic hyponatremia responds well to fluid restriction and diuretics. There have been several recent advances in the last year with revision in the guidelines for treatment and availability of vaptans. Judicious use of vaptans may help in treatment of hyponatremia.This review focuses on the epidemiology, pathophysiology and therapy of hyponatriemia in the literature in Medline, the Cochrane Library and Clinical Evidence.

Epidemiology of nosocomial infections due to Gram negative resistant bacteria

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Introduction: Infections by Gram– carbapenem (CP) or B-lactam productors (ESBL+) bacteria (B) [mainly *K. pneumoniae* (KPC) and *P. aeruginosa* productors of carbapenemase (PPC)] prolong hospitalization and increase the risk of death.
Methods: We collected data from records of patients (pts) admitted in 5 clinical wards infected by KPC, PPC, *K. pneumoniae*, *P. aeruginosa, E. coli* and *P. mirabilis* ESBL+ from July to December 2014. Data on antibiotic treatment, laboratory, body weight, fever, presence of urinary or central venous catheter were recorded. In pts with >1 isolation of the same B in the same tissue, only the first one was included in the analysis. Clinical outcomes (death during hospitalization or dimission) were analysed by Fisher exact test.
Results: 62 pts had infections due to CP or ESBL+ B and 14 (22,6%) died. Among these, 7 (50%) had KPC [3 urine, 2 blood and 2 sputum (S)], 4 (28,6%) PPC (2 S and 2 surgical wound – SW–), 2 (14,3%) *E. coli* ESBL+ (2 urine) and 1 (7,1%) *K. pneumoniae* ESBL+ (S). Among pts who survived, *E. coli* ESBL+ was found in 22 pts (14 in urine, 4 blood, 4 SW), KPC in 11 (9 urine, 1 blood, 1 S), *K. pneumoniae* ESBL+ in 5 (4 urine, 1 SW), *P. mirabilis* ESBL+ in 4 (4 urine), PPC in 4 (3 S, 1 SW) and *P. aeruginosa* ESBL+ in 2 (1 urine, 1 SW). Fever, high CRP, high WBC and high creatinine at time of isolation were correlated with a higher probability of death.
Conclusions: Pts infected by Gram–, resistant B have a poor prognosis; KPC isolation is associated with a higher probability of death as were increased CRP and WBC and moderate-severe renal impairment.

Staphylococcal toxic shock syndrome: case report

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Background: Staphylococcal toxic shock syndrome (STSS) is a rare and life-threatening staphylococcia mostly caused by exotoxin TSST-1. It is very hard to diagnose because of frequent lacking of bacteraemia (<20%) and its resemblance to many diseases. Related in the past to highly absorbent tampons, nowadays STSS is mostly nonmenstrual.
Case report: Female, 27 yo, with subcontinuous fever, scarlatiniform rash, follicular angina, strawberry tongue, conjunctival injection, mental confusion, widespread lymphadenia, hypotension, elevated WBC, transaminase and IgE. Initially, in the diagnostic doubt of scarlet fever or adult onset Kawasaki's disease (AHA criteria, 2001), azithromycin and IVIG were unsuccessfully used. Multiorgan failure and a superinfection by Clostridium difficile were developed, till we luckily got a blood culture positive for MSSA, that allowed to diagnose STSS (CDC

criteria, 2011) and to heal our young patient through teicoplanin and oral vancomycin.
Discussion: Dramatic clinical picture, puzzled differential diagnoses and hard therapeutic choice make this case very didactic. At the beginning, fearing coronaric vasculitis, we resorted to use IVIG, then, once reached the diagnosis, we chose teicoplanin for its low risk of inducing erithroderma (vancomycin), hypersensibility (β-lactamines) or pseudomembranous colitis (clindamycin). Moreover this is to our knowledge the first case in literature of STSS associated with superinfection by Clostridium difficile. Take home message: diagnostic scores are surely useful, but still cannot replace clinical reasoning.

A case of sciatica healed by antibiotics

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Background: Piriformis muscle syndrome (PMS) is an entrapment of sciatic nerve between the thickened piriformis muscle and the greater sciatic notch. Well-known causes of PMS are chronic muscle spasm and fibrosis. The symptomatology consists of severe sciatica and mimics lumbar disk disorders or sacroileitis.
Case report: Female, 45 yo. Breast cancer undergone mastectomy and liver lobectomy due to metastasis, followed by biliary stenting due to bilio-pleural fistula; carrier of CVC for chemotherapy. She presented with shooting sciatic pain not responding to opioid. WBC, CRP and ESR elevated. At pelvis CT abscess (18 mm) into piriformis muscle. Blood cultures positive for methicillin-resistant Staphylococcus schleiferi. Recovery from pain and fever and vanishing of the abscess were obtained with daptomycin.
Discussion: PMS caused by piriformis muscle pyomyositis is extremely rare (only eight cases reported). Infection comes from haematogenous spread during transient bacteraemia. Diagnosis relies upon CT or MRI. For the first time in literature we found St. schleiferi as cause of a pyomyositis; it is an opportunistic nosocomial pathogen usually present in dogs. Sources of spread could have been CVC, biliary stent, family pet, etc. Methicillin-resistance is exceptional in St. schleiferi, but is increasing in coagulase-negatives. Aspiration for diagnostic purpose is not always necessary if blood culture is positive and if the patient is well responding to antibiotics. Take home message: in case of sciatica with sepsis, think to piriformis muscle pyomyositis.

Carbunculosis caused by methicillin-resistant *Staphylococcus aureus*: case report

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Background: Complicated skin and soft tissue infections (cSSTI) are a frequent problem in internistic wards (diabetic foot, necrotizing cellulitis, etc). The carbuncle is a concamerated suppuration which occurs deep in the skin; a number of carbuncles are defined carbunculosis.
Case report: Gipsy woman, 56 yo, dilatative myocardiopathy and type 2 diabetes mellitus with nephrosis. At admission she presented with most of the skin dreadfully disfigured by carbuncles, some fistulized, others closed by eschars. Water-electrolyte and acid-base imbalance and chronic disorder anemia also coexisted. Drainage and debridement were performed, at the same time vancomycin (VM) was started. Cutaneous tampon was positive for *Staphylococcus aureus* meticillino-resistente (MRSA) sensitive to VM (MIC=2), so we went on. Because of worsening condition and the appearance of new carbuncles daptomycin was introduced, with quick improvement and recovery of the patient.
Discussion: 2011 IDSA guidelines about management of cSSTI caused by MRSA suggest, awaiting culture, starting VM. In case of positive culture VM must be continued if MIC≤2 and in case of favourable outcome; otherwise alternative antibiotics must be employed. In our case clinical trend and antibiogram suggested we were facing a VM heteroresistant MRSA (hVISA), which develops VM resistance during the treatment and therefore should be fronted in time with alternative drugs. For such a purpose we hope for a revision of IDSA breakpoints. Take home message: carbunculosis, as well as all kinds of cSSTI, is neither a dermatologic nor a surgical problem, but a really internistic one.

Two cases of severe hypomagnesemia

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Introduction: Hypomagnesemia is frequent and underestimated in medical patients. The cause is often the cronic taking of medications such as proton pump inhibitors, thiazide and loop diuretics.
Case report #1: Female 76 years old, affected by hypertension, COPD and ischaemic heart disease, taking omeprazole, admitted to the Neurology department with the diagnosis of TIA and afterwards moved to the Medical unit beacuse of dyspnoea, fever, hypokaliemia and hypocalcemia. During her staying in the Medical department a severe hypomagnesemia has been detected: Mg<0,4 mg/dl. After magnesium supplementation and omeprazole discontinuance a clinical improvement has been seen.
Case report #2: Male 73 years old, affected by dyslipidemia, hypertension, ischaemic heart disease, taking omprazole and furosemide. He came to A&E complaining of drowsiness and slurred speech: detected pneumonia, hypokaliemia, hypocalcemia and hypomagnesemia, Mg 0,5 mg/dl. After magnesium supplementation and omeprazole discontinuance a clinical improvement has been seen.
Discussion: These two clinical cases of severe hypomagnesemia share the same clinical picture characterized by neurogical symptoms, hypokaliemia and hypocalcemia as a result of hypomagnesemia. The magnesium blood levels detection, the Mg supplementation and the discontinuance of drugs potentially implicated as a cause, represented the decisive factors for a positive clinical evolution. The magnesium blood levels detection is indicated in patients taking drugs that may cause Mg deficits and in patients with hypokalemia and hypocalcemia.

A catastrophic cryoglobulinemia

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74 yrs male hospitalized for anterior STEMI. Primary PCI with DES for critical stenosis of proximal LAD was complicated by acute renal followed by confusional state and cognitive disorders (neg Brain CT scan). Pt sent to ICU for ARDS symptoms complicated by AF. HRTC chest scan showed interstitial pneumonia. For minor bleeding double antiaggregant therapy was stopped. Pt showed heart failure (EF=35%) signs, MOF syndrome and positive inflammatory markers; methylprednisolone (40 mg/die) therapy was started. Health conditions dramatically improved followed by appearance of petechiae of the lower limbs, with Cryoglobulins present; plasmapheresis, resulted in improvement of symptoms, blood tests and E.F. (up to 50%)was performed. When convalescing at his residence, pt showed acute abdominal pain, not relieved by NSAIDs nor opioid, for which he was rehospitalized and diagnosed pancreatitis. US scan showed caval thrombosis, despite dual antiplatelettherapy and the contemporary use of warfarin. The clinical course was catastrophic and the patient died within 24 hours of the admission.

Cost benefits of stepwise addition of prandial insulin aspart compared to full basal-bolus therapy

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The Full STEP™ trial demonstrated that the stepwise addition of prandial insulin aspart compared to the direct addition of bolus insulin three-times daily reduced the number of hypoglycemic events and produced comparable HbA1c reduction. The cost benefits associated with SWA of prandial IAsp are quantified in the current study. After failed basal-only therapy, the cost impact of intensification with SWA of prandial IAsp compared to FBB in the US was evaluated. Following the Full STEP™ trial design, patients in the SWA arm who did not meet the HbA1c target added single prandial doses to their current regimen until reaching 3 prandial doses. Hypoglycemic event rates were calculated by the number of prandial doses per day: SWA 1, 2 or 3, or FBB. After the trial period, SWA of 3 prandial doses used FBB event

rates. Cost data were taken from published literature, expressed in 2013 USD and discounted at 3.5% annually. Budget impact with and without SWA was evaluated annually and projected up to 5 years. SWA of IAsp reduced severe hypoglycemic events by 45.5% in the first year. With a T2D prevalence of 7.8%, of whom 10.1% initiate a basal-bolus regimen annually, a health plan with 1 million members would save over USD 11 million and USD 75 million by the first and fifth year, respectively, using SWA compared to FBB. These savings correspond to USD 0.95 and USD 1.19 per member per month, respectively. Based on the Full STEP™ trial, SWA of prandial IAsp provides cost benefits and reduces hypoglycemic events compared to FBB in the intensification of T2D treatment.

Rimodellamento arterioso e status ipertensivo in un follow-up decennale

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Scopo dello studio: Valutare le caratteristiche del rimodellamento intimo-mediale carotideo in una coorte di ipertesi nel corso di un follow-up decennale.
Metodi: Abbiamo studiato 20 ipertesi di grado I/II analizzando lo spessore medio-intimale carotideo (IMT) espresso come mean-IMT e come media dei massimi IMT. I dati sono stati confrontati con quelli all'arruolamento ed alla visita intermedia, 10 e 5 anni prima. La misurazione della pressione arteriosa (PA) è stata effettuata in corrispondenza dei tre esami ultrasonografici. Lo studio è stato di tipo osservazionale per i primi 5 anni e successivamente sono stati forniti al paziente consigli sullo lo stile di vita più introduzione di terapia antipertensiva se indicata, ottenendo buon controllo dei valori di PA negli seguenti 5 anni.
Risultati: I valori di PA sono risultati: t-10 anni 144±91 mmHg, t-5 anni 143±93 mmHg e t- 0 anni 128±78 mmHg. Da t-10 a t-5 anni sia il mean-IMT che M-MAX sono aumentati significativamente (Δ 0.118 e Δ 0.165 mm, $p<0.0005$). Nei successivi 5 anni, caratterizzati da un buon controllo pressorio, il mean-IMT è aumentato lievemente ma significativamente (Δ 0.085 mm, $p=0.019$), mentre l'M-MAX è rimasto stabile (Δ 0.085 mm, NS $p=0.908$).
Conclusioni: Negli ipertesi il buon controllo della PA comporta un miglioramento del rimodellamento arterioso pro-aterogenico espresso dall'M-MAX. D'altronde la "pseudo-normalizzazione"dei valori pressori non è di per se sufficiente ad eliminare lo status ipertensivo che contribuisce alla progressione del mean-IMT che verosimilmente riflette un tipo di ipertrofia mediale.

Genetic hypocholesterolemia and early coronaropathy

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Introduction: Hypocholesterolemia is not so rare and is considered linked to low atherosclerosis. We report a case of hypocholesterolemia with early coronaropathy (CAD).
Case report: A 73-years-old male was seen as outpatient for low HDL-c level. Familiarity for dyslipidemia not assessable; 40 cigarettes/day till the age of 57; normal food intake. He suffered for acute myocardial infarction (AMI) when he was 57; he showed persistent low level of total and HDL cholesterol. Current drugs: atenolol, aspirin. Physical examination: mild epathomegaly. Laboratory: little gammopathy IgG . Lipids (mg/dL): total cholesterol 79, HDL 16, triglycerides 164, LDL 30, ApoB 44, ApoA1 89. Available data supported the diagnosis of familial hypobetalipoproteinemia (FHBL).
Discussion: Hypocolesterolemia needs differential diagnosis between genetic (impaired PCSK9 or MTP function or ApoB synthesis) and secondary form (vegetarian diet, malnutrition/malabsorption, epatopathy, hyperthyroidism, acute stress/infection, critical illness, neoplasm, anemia, drugs). Exclusion of the latter and cholesterol/LDL-c/ApoB level<5th percentile (150, 70, 50 mg/dL, respectively) suggest FHBL (prevalence 1:500-1000). FHBL is thought to be linked to low risk for CAD, but confirming data exist only for loss-of-function mutations in PCSK9. CAD's multifactorial origin can explain proband's early AMI: proband, as a smoker male, had moderate risk at time of event (SCORE 3% for 10 year risk of cardiovascular (CV) death).
Conclusions: Despite hypocholesterolemia presence, CV risk must be assessed and all risk factors corrected.

Perseverare non diabolicum est

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We have followed since 2009 a female patient 53 years old for fever, anemia, splenomegaly and hypogammaglobulinemia. Idiopathic hemolytic anemia was diagnosed and prednisone started. Rapid recurrence of fever and pancytopenia were seen in the following months with positivity of serologic test for Leishmania. Targeted therapy with Amphotericin B was infused for 7 days. After more than a year, the patient returned for fever, hemolytic anemia and persistent splenomegaly; negative findings for infectious diseases (including repeated search of anti-leishmania antibodies and bone marrow aspiration) and lymphoproliferative diseases. The patient was retreated with steroids and azathioprine (complicated by cholestatic hepatitis), splenectomy (necrotic spleen without pathological infiltrates), cyclophosphamide (hemorrhagic cystitis) and rituximab. In 2012 the patient was hospitalized again for fever and severe pancytopenia; the bone marrow biopsy showed only this time intracellular Leishmania within macrophages; the patient had a complete recovery after liposomal amphotericin prolonged for 14 days. The diagnosis of Leishmaniasis, although suspected, has been difficult for severe (congenital) hypogammaglobulinemia with false negative serological tests and splenic necrosis without evidence of intracellular amastigotes. Negative also repeated bone marrow biopsies. Visceral Leishmaniasis (Kala-Azar) is a disseminated protozoal infection characterized by fever, organomegaly and pancytopenia. It is widespread in South America and Asia, but also endemic in the Mediterranean basin.

Ecografia bedside in Medicina Interna. Il "fonendoscopio visivo" dell'internista

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In medicina interna il medico è chiamato a gestire situazioni cliniche sempre più complesse in pazienti con numerose comorbidità nel contesto di alti livelli di intensità di cure. E' pertanto importante adottare strategie che uniscano oltre che a una corretta metodologia clinica, l'acquisizione di competenze sempre più rilevanti in campo ultrasonografico in modo tale da non dover "spostare" il malato critico e quindi seguibile al letto del malato (*bedside)*. In tale contesto l'ecografa *bedside* sta assumendo un nuovo ruolo, in continua espansione, innovativo al punto da essere considerato una nuova "finestra" dell'esame obbiettivo se non addirittura il " *fonendoscopio visivo*". L'ecografia clinica bedside intesa in senso "trasversale" e "focus oriented" rappresenta una metodica della quale l'internista deve potersi appropriare sempre più al fine di indagare al "letto " del malato, in modo trasversale sul torace (cuore-polmoni) , addome, vasi e tessuti molli nelle principali sindromi cliniche. Basti pensare ai pazienti con ipotensione per i quali lo studio della vena cava inferiore è in grado di fornirci informazioni sulla volemia e quindi sulla PVC ancor prima che sia stato inserito un CVC. Basti pensare all'importanza nei pazienti con dispnea e insufficienza respiratoria dove l'ecografia toracica può distinguere tra dispnea cardiogena. E infine alla possibilità di poter effettuare molte procedure interventistiche con l'ausilio ecografico stesso rendendo di fatto l'internista un medico "autonomo" nella gestione clinica del malato critico.

✪ What a clotting mess!

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Case report. IV UFH according to aPTT is started in a 84-year-old man due to ischemic relapse on day 11 of a late presentation STEMI

with unknown coronary anatomy treated with dual antiplatelet therapy. At onset, clotting tests and Hb are normal. Patient's history reported undifferentiated connettivitis treated with low dose prednisone and chronic kidney disease st.2. Since day 2 of UFH aPTT increases to >140 sec and INR to >4. UFH is stopped. We search for antiphospholipid antibodies(aPL), perform clotting factor assays and look for inhibitors. Few days after, nosebleed, macrohematuria, hemophthisis and hematochezia occur. Clopidogrel is stopped and 4 FFP units and rFVIIa 1000 UI twice in 4 hours are administered. aPL are excluded, FV deficiency (4%, n.v. 60-120%) and antifactor V inhibitor are detected; metylprednisolone 40 mg/d is then added. On day 28 hypotension and oliguria occur,along with Hb drop to 7.1 g/dl: the patient refuses red blood cells transfusion and eventually dies.
Discussion. Acquired FV inhibitors rarely occur and are mostly associated with surgery, antibiotics, blood transfusions, cancer and autoimmunity. Clinical manifestations range from asymptomatic laboratory abnormalities to life-threatening bleedings. The hypothesis of the presence of FV inhibitors is put forward in case of longer-than-normal PT and aPTT and FV deficiency and is confirmed after specific identification. Treatment: control of the bleedings(platelets transfusion, FFP, PCC, rFVIIa) and eradication of the autoantibody with plasmapheresis and immunosuppression (corticosteroids, cyclophosphamide, anti-CD20 MoAb).

Un caso di morte improvvisa

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Uomo di 67 anni giunge ricoverato per dolore alle spalle, ed al torace irradiato ai fianchi bilateralmente persistente da alcuni giorni. In anammesi: cardiopatia ischemica cronica sottoposta a BPAC nel 2001, morbo di Crohn in terapia con adalimumab. Agli esami bioumorali: PLT 30000, incremento degli indici di citolisi epatica (GOT/GPT: 100/150 U/l) e della PCR 17 mg/dl, LDH 15036 U/l. All'Rx torace non lesioni a focolaio in atto, all'ecografia addome "bed side" ecostruttura epatica disomogena e sovvertita per la presenza di multiple lesioni nodulari ipoecogene sospette per natura ripetitiva. Dopo circa 10 ore dal ricovero il paziente presenta una crisi respiratoria acuta per cui, previa intubazione orotracheale, viene trasferito nel Reparto di Rianimazione ove si constata il decesso dopo 5 ore. Viene pertanto effettuata l'autopsia per chiarire la causa del decesso. Nel mediastino multiple linfoadenomegalie, a livello dell'ilo polmonare sinistro presenza di conglomerato di 4 cm di asse maggiore che avvolge le strutture vascolari ed aeree. Fegato con multiple lesioni grigiastre in parte confluenti. All'esame dei preparati istologici si reperta un carcinoma a piccole cellule del polmone sinistro metastatico a linfonodi, fegato, milza, tiroide ed osso. Causa mortis: insufficienza respiratoria in paziente con carcinoma neuroendocrino a piccole cellule plurimetastico.

Echinococcosi epatica

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Uomo di 25 anni di origine marocchina giungeva ricoverato nel nostro Reparto per comparsa dalla mattina di dolore addominale localizzato in sede epigastrica associato a nausea e vomito. Agli esami bioumorali rialzo dgeli indici di flogosi (Gb 12060, PCR 7,6 mg/dl) e degli indici di citolisi e colestasi epatica (GOT/GPT: 91/142 U/l, bilirubina tot: 4,3 mg/dl, diretta 2,05 mg/dl). All'Rx addome non livelli idroaerei, coprostasi diffusa: All'ecografia addome: lobo destro del fegato con ecostruttura completamente sovvertita e occupato da grossolana formazione ad ecostruttura disomogenea contenente areole di circa 1 cm anecogene di verosimile natura cistica. Altra formazione anecogena di 10 cm compatibile con cisti evidenziabile al IV SE, millimetriche analoghe formazioni cistiche satelliti. Alla Tc addome mdc conferma del reperto ecografico; lobo sinistro ipertrofico dislocante il viscere gastrico, ramo portale di destra e vene sovraepatiche non opacizzate in relazine a verosimili fenomeni di compressione Reperto suggestivo per quadro infettivo parassitario come da echinoccosi. Veniva richiesta consulenza chirurgica che non dava indicazione a trattamento chirurgico. Si impostava pertanto terapia antiparassiataria con albendazolo 40 mg x 2 per 3 mesi. Il paziente veniva seguito ambulatorialmente ed alla Tc addome di controllo effettuata dopo 5 mesi si assisteva ad una scomparsa delle cisti parassitarie.

Un caso di sarcoidosi

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Uomo di razza caucasica di aa 44 giungeva ricoverato per dispnea, iperpiressia, astenia. Alla radiografia del torace opacità consolidative bilaterali periilari non escavate. Agli esami bioumorali leucopiastrinopenia (GB 2450 cell/mmc, N 43%, PLT 30000 cell/mmc), non indici di flogosi. La TC torace-addome con mdc di approfondimento evidenziava numerose opacità consolidative con densità prevalente a vetro smeriglio a carico di entrambi i polmoni, alcune aree di consolidamento con broncogramma aereo; alcuni linfonodi ingranditi in sede ilo-mediastinica bilateralmente; milza ingrandita (diametro 16,5 cm) Si eseguivano ulteriori accertamenti: striscio periferico non alterazioni; tipizzazione linfocitaria per malattie linfoproliferative senza evidenza di clonalità; sierologie per virus epatitici (B e C), CMV, EBV e per HIV negative; Quantiferon TB negativo; espettorato negativo per batteri, miceti e micobatteri; ANA e ANCA test e ricerca anticorpi antipiastrine negativi; enzima convertente l'Angiotensina (ACE) superiore alla norma (>4 volte). Nel sospetto di sarcoidosi si effettuava broncolavaggioalveolare: nulla a livello macroscopico, citologia con riscontro di discreta componente infiammatoria linfo-granulocitaria con modesta quota di eosinofili, non cellule atipiche, non forme fungine o batteri alcol acido resistenti, il rapporto Cd4/Cd8 risultava elevato (>5) come da sarcoidosi. Il paziente dopo circa una settimana di degenza migliorava clinicamente senza alcuna terapia steroidea; si affidava ai colleghi pneumologi per il follow up della malattia.

La digitale e l'insufficienza cardiaca: uso di "un vecchio farmaco" ai "tempi moderni": la nostra esperienza

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Premesse e Scopo dello studio: La digossina è il più antico farmaco usato nei pazienti (pz) con Scompenso Cardiaco (SC).L'utilità in presenza di fibrillazione atriale (F.A.) ed EF% sintomatica è comprovata nel trial DIG, mentre il registro IN-CHF ha evidenziato che il suo uso è passato dal 63,3% al 40%. Scopo: valutare l'uso della digitale nella nostra realtà.
Materiali e Metodi: 103 (pz) in classe NYHA II/III (età media di 67,0±11,0 aa) seguiti presso l'ambulatorio dedicato per lo SC sono stati confrontati con 103 pz (età media di 63,2±12,9 aa) seguiti presso quello generale, per valutare l'uso della digossina. Test statistici: t test per il confronto tra medie e chi quadro per i dati percentuali (PS se p≤0,05).
Risultati: Nei 103 pz "dedicati" la digitale è usata meno: 14 pz (1,4% del totale) *vs* 35 pz (34% del totale) dei "generali" (P significativo: 0,05): 10 "dedicati" (75%) sono in F.A. *vs* 29 generali" (85%) (P: NS 0,30), si equivalgono per età media (65,4±10,2 aa *vs* 64,3±13,1 aa; P: NS: 0,23), EF %: 39,6±14,7 *vs* 34,3±12,2 (P: NS: 0,19) e dosaggio del farmaco: 0,142±0,45 mg *vs* 0,149±0,06mg (P: NS: 0,15).
Conclusioni: Sia nell'ambulatorio "dedicato" che in quello "generale", la digitale è usata prevalentemente nei pz con F.A. (75% e 85%, rispettivamente), secondo le indicazioni degli studi sull'argomento. Non vi è chiara evidenza clinica sul dosaggio ottimale da usare che andrebbe personalizzato. Andrebbero compiute ricerche ulteriori per valutarne efficacia e sicurezza in pz con SC ed FE preservata e/o F. A. Nella nostra casistica la digitale si conferma "un vecchio farmaco" ma attuale e con ampi margini per il futuro.

I ricoveri inappropriati nel reparto di Medicina Interna

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Premesse e Scopo dello studio: La società scientifica americana RAND Corporation definisce appropriata una procedura se il beneficio atteso supera le eventuali conseguenze negative con un margine sufficientemente ampio, tale da ritenere che valga la pena effettuarla.
Materiali e Metodi: Da dicembre 2013 a ottobre 2014 abbiamo re-

clutato i pazienti che hanno effettuato un ricovero inappropriato in Medicina Interna sulla base della definizione di appropriatezza proposta dalla RAND e dei PDTA Aziendali. In totale 30 pazienti,15 maschi e 15 femmine, età media di 75 anni. Sulla nostra casistica abbiamo individuato 4 motivi principali di ricovero inappropriato: 1) Sociale; 2) Possibile gestione sul territorio; 3) Malgestione in Pronto Soccorso; 4) Incoerenza con PDTA.
Risultati: Sociale: 10 %, Possibile gestione sul territorio: 20%, Malgestione in Pronto Soccorso: 26.6%, Incoerenza con PDTA:33%, Gestione sul territorio/Malgestione in PS: 6.6%, Incoerenza PDTA / Malgestione in PS: 3.3%.
Conclusioni: Dai dati emerge che il 30% dei pazienti poteva essere gestito sul territorio in presenza di consoni strumenti socio - sanitari evitando un'intensità di cure eccessiva rispetto alla patologia e un'esposizione ad un rischio clinico maggiore. Il 60% dei ricoveri inappropriati rifletteva una gestione ospedaliera errata: malgestione in PS e incoerenza con PDTA. In questi casi il ricorso alle indagini diagnostiche e ai consulti specialistici a disposizione spesso avrebbe consentito di effettuare un iter terapeutico appropriato con effetti positivi sul paziente ed un utilizzo più efficiente delle risorse.

The caregiver in the new model of Tuscany Hospital

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Reformation in the Tuscan Regional healthcare L.22 (8/3/2000) and the next 40 (24/02/2005) created the so-called "Ospedale per intensità di cura", a newway of hospitalization where they aggregate patients with similar care needs and no longer byleading pathology. Then a close link with the territory was born. It includes management of discharge: a mismanaged discharge can produce a quick and sudden deterioration of health, avoidable institutionalization, health services overuse and inappropriate use such as repeated hospitalizations for incorrect or inadequate taking charge of the patient. A new figure delineate: the care giver. In order to understand what people understood of health care system change we administered a questionnaire to patients families in the two setting of care (high and low intensity) of Internal Medicine ward at Pescia Hospital. Our sample thinks that taking care is an easily acquired competence; nobody seems interested inattending a free training course for caregivers as proposed; overall, home services are seen in a negative manner and they are supposed to give more help and attendance than they currently do. If no GP home visitis performed at discharge, people seemed not worried. The caregiver is not chosen on the basis of some criteria, but proclaims itself or is invested by others in that role. We need new instruments and strategies to intercept what kind of patient will be difficult to discharge so that we can pick out at once the caregivers, assess their competence and gain their trust. Our challenge is still going on.

Pyoderma gangrenoso cutaneo associato a malattia di Crohn, trattato con infliximab

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Il pyoderma gangrenoso (PG) è una delle manifestazioni extraintestinali meno comuni della malattia di Crohn. Il PG occorre in circa l'1-2% dei pazienti con IBD; inoltre, circa il 36-50% di pazienti con Pyoderma Gangrenoso hanno un IBD.
Storia e Presentazione clinica: Una donna di 46 anni si è presentata alla nostra osservazione con febbricola e diarrea. Sei mesi prima la paziente ha notato la comparsa di un esantema con multiple lesioni eritematose localizzate nelle regioni distali di entrambi gli arti inferiori con prevalenza a sinistra. E' stata eseguita la prima infusione di infliximab (300 mg); dopo 2 settimane è stata eseguita la seconda infusione di infliximab; a dieci giorni dalla seconda somministrazione, le ulcere cutanee sono guarite. A sei settimane è stata eseguita la terza infusione di infliximab.
Trattamento del Pyoderma Gangrenoso associato a Crohn con inibitori del TNF-α: La promettente terapia con infliximab nel trattamento della malattia di Crohn e nelle dermatosi associate suggerisce che le manifestazioni intestinali e dermatologiche depossono essere espressioni variabili di una comune pathway ove il ruolo del TNF-α è determinante.Il TNF-a costituisce una delle maggiori citochine prodotte dalla cute.
Conclusioni: I promettenti risultati della terapia biologica (infliximab) e l'implicazione del TNF-α nelle condizioni infiammatorie cutanee possono aiutare a chiarire la connessione tra la malattia di Crohn e il Pyoderma Gangrenoso. Noi suggeriamo che il trattamento con inibitori del TNF-α può essere di beneficio nel trattamento delle malattie cutanee associate a malattia di Crohn.

Dalla sepsi alla Critical Illness myopathy and/or neuropathy. Descrizione di un caso clinico

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Background: Critical Illness myopathy and/or Neuropathy (CRIMYNE) is frequent in intensive care unit (ICU) patients. CIP (Critical Illnes Polyneuropathy), is a best defined neuromuscular alteration seen in ICU, affecting 58% of patenint with prolonged stay, 70% to 80% of patients with sepsis, septic shock, or multi-organ-failure (MOF), and 100% of patients with sepsis and coma.
Clinical report: Here we describe a case report of a 72 years old caucasian male affected by fever and abdominal pain, admitted in our Internal Medicine ward, from the emergency room. In a few days he underwent a diagnostic CT to search abdominal fluid infected masses. We also found intestinal perforation, and liver abscess. Than the patients underwent surgery. After surgery the patient presented a clinical decline, with confusional state, acute renal failure, shock, MOF, and developed progressively neuromuscular alterations and finally prolonged and severe tetraplegia.
Results: Due to clinical worsening the patient was readmitted in our Internal Medicine ward where he underwent therapy for sepsis, MOF, and, when was possible he was transferred to a intermediate care unit for physiotherapy and other pharmacological therapy, before the discharge to his home.
Conclusions: CRYMINE in uncommon syndrome in Internal medicine ward, but is very frequent in ICU, and is associated with severe diseases, long length of stay (LOS), sepsis, MOF. In Italy, from emergency room, very often Internal Medicine ward admit critical illness patients, than is important to know this potential severe complication, that can lead to dead, or cause a prolonged LOS of patients.

A hidden post-transfusional reaction

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Case report: A 44-year-old female, PARA 2002, affected by an uninvestigated sideropenic anemia, is admitted for macrohematuria, fever and lumbar pain. Hb 10 g/dl, MCV 71 fl, PLTs 38000/micl, Hb but not RBCs nor bacteria in urine, ferritin 755 ng/ml, transferrin 289 mg/dl. Ten days ago she was given compatible packed RBC transfusions because she had Hb 7.6 g/dl, 0 Rh+ blood group, negative indirect Coombs' test, PLTs 329000/micl. Five days ago she underwent surgery for left ovarian cistoadenoma. PLTs were 115000/micl on the day of surgery and ever since ciprofloxacin and parnaparin 0.4 ml sc/die were given. We find:confirmed PLT count in citrated serum,negative infection tests, LDH 1669 U/l, aptoglobin<5 mg/dl, no pathological Hbs, elliptocytes and schistocytes on the blood smear, anti-PLTs antibodies against GPIa/IIa and HLA1, negative direct but positive indirect Coombs' test for anti-Kidd a. The patient tells about alloimmunization after a delivery and denies any previous blood transfusion. Recovery from thrombocytopenia and macrohematuria comes without any treatment.
Diagnosis: Posttransfusional alloimmune thrombocytopenia (PTP)associated with delayed hemolytic transfusion reaction (DHTR).
Discussion: Association between PTP and DHTR may be more frequent than expected. It is characterized by the abrupt onset of severe thrombocytopenia and moderate hemolytic anemia 5 to 14 days after a PLT-containing blood transfusion in patients who had been previously immunized by transfusion or pregnancy. Antibodies usually involved: anti-PLTs anti-GP IIb/IIIa or anti-HLA1 and anti-RBCs anti-Kidd a.
Treatment: IV IGs.

Survey on hospitalized hyperglycemic patients: our practice

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Introduction and Purpose of the study: A proper management of hyperglycemia reduces mortality and morbidity. The purpose of this study was to evaluate the measures taken in hyperglycemic patients in order to highlight critical issues.
Materials and Methods: Medical record research of patients admitted with hyperglycemia in the first 3 months of 2014.
Results: We recruited a cohort of 100 patients: 45 female and 55 male (mean age 75 years), 93 with a diagnosis of diabetes mellitus (DM), 5 with a first time diagnosis of DM and 2 with stress hyperglycemia. 39 patients took insulin therapy (IT), 32 oral antidiabetics (OAD), 12 OAD and IT and 10 diet therapy. 11 patients were in clinical critical conditions and 15 in clinical acute conditions. All patients controlled fasting and pre-prandial blood glucose levels, only 36 glycosylated hemoglobin. The average fasting glucose values at the admission were 234 mg/dl, at the discharge 128 mg/dl. We observed optimal sugar levels both in fasting and pre-prandial evaluations in 55 patients. Among 12 patients with unstable glycemia, 2 practiced intravenous IT reaching good glucose values, while patients that maintained subcutaneous IT obtained blood sugar levels not in the range. Patients who replaced the OAD with IT achieved a well control of glycemia. Patients treated with steroids who modified IT attained right blood sugar levels.17 patients were referred to a diabetes center at the discharge.
Conclusions: Although a correct conduct in the most of patients, it is mandatory to increased awareness concerning hyperglycemia management.

One year experience with new oral anticoagulants

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Introduction and Purpose of the study: New oral anticoagulants (NOAC) are an alternative for vitamin K antagonists (VKA) to prevent thromboembolic risk. The aim of this study is to evaluate our experience in clinical practise.
Materials and Methods: Retrospective medical record review of patients on NOAC therapy in the year 2014.
Results: We assessed a cohort of 57 patients composed by 29 male and 28 female (median age of 77 years old): 13 with paroxysmal atrial fibrillation (AF), 41 with permanent AF, 1 with persistent AF and 2 with pulmonary embolism. 27 were on Dabigatran therapy, 24 on Rivaroxaban therapy and 6 on Apixaban therapy. 41 patients had the first drug prescription throughout the hospitalization: 2 switched from AVK therapy and the others were drug-naïve, with an average CHA2DS2-VASC score of 5 and an average HAS-BLED score of 2. Only 18 patients were followed-up: everyone showed a correct compliance treatment without thromboembolic events, side effects occurred in 4 patients. Dyspepsia on Dabigatran and Rivaroxaban therapy (later replaced with Apixaban), anemia on Dabigatran therapy (during acute renal failure), rectorragy on Rivaroxaban therapy (resolved after colon polypectomy).
Conclusions: NOAC therapy has revealed a good profile of efficacy and tolerability. An emergent problem is the chronic management of those patients that requires a proper referring physician training.

Clinical case: Kaposi's sarcoma in HIV negative woman

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Introduction: Kaposi's sarcoma is a malignant tumor that originates from the endothelial cells of blood and lymph vessels, and can manifest itself in the skin, mucous membranes and internal organs with different signs and symptoms depending on the organ affected. The cancer affects especially HIV positive individuals but we present the clinical case of a HIV negative woman.
Clinical case: 66 year old woman, suffering from diabetes mellitus and hypertensive heart disease, in the year 2012 for a diagnosis of giant cell (temporal) arteritis receives prednisone and methotrexate for a short period. After that treatment she develops a severe respiratory failure due to a interstitial lung disease. She presented to the emergency department in April 2014 because of dyspnea, edema, anuria and iponatriemia. She dimostrated reddish purplish nodules at the legs, abdomen and back. The diagnosis of Kaposi's sarcoma was confirmed by skin biopsy and a blood tests that showed HHV8 infection.
Conclusions: KS presents four main types: the Epidemic type that occurs in HIV positive persons; The Classic type in the Mediterranean that occurs especially to over 60 years old persons infected with the HHV8 virus; the Endemic type in African regions where coexisting with HIV infection also increases the onset of infection with HHV-8; the Iatrogenic type after organ transplantation due to the immunosuppressive therapy. Crucial is an early diagnosis with biopsy to prevent the spread of the tumor and immediately begin an appropriate therapy.

The outliers: study of the outcomes in Internal Medicine wards

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Objective: The allocation of hospital beds represent a controversial issue. The lack of beds leads to the necessity of placing many patients in stretcher or in other departments' wards. These patients are called "outliers". The aim of the study is to analyze the outcomes of these pts.
Materials and Methods: From the 1 of January to 15 February 2015 were collected data about pts of internal medicine unit of "San Giovanni Calibita Fatebenefratelli Hospital". 104 (72.7%) of 143 pts were outliers. We analyzed differences in mortality and los.
Results: Outliers and non-outliers pts did not differ by sex and age. The median length of stay (LoS) as outliers was 2 (0-12) days. The median LOS of the outliers placed in beds was greater than that of outliers placed in stretchers ($p<0.001$). Outliers' LoS [7.3 (median=7(1-15)] days was not significantly shorter than that of the non-outliers (8,9 [median=7(0-40)] days ($p=0.671$). Significant differences were not seen in the two group of pts with respect to mortality (non-outliers pts: 12.8% outliers: 12.5%; $p=0.999$).
Conclusions: The analysis underlines that, although this phenomenon creates discomfort for the pts and great difficulty for the medical staff, it does not influence the considered outcomes (mortality and average LoS). But the mortality in these two months (13%) considering such an excess of outliers is significantly higher than that of the last two years (2013: 6%; 2014: 5%), and this raises a serious concern.

Clinical governance: un approccio alla complessità

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Le organizzazioni sanitarie sono definite sistemi complessi (*vs* complicati) rispondendo alle regole della scienza delle organizzazioni complesse come tutte le cose vive, si oppongono alle regole razionalistiche che pretendono di descrivere e definire univocamente la realtà, in tutti i suoi aspetti. Nell'anno 2014 in risposta ad eventi contingenti abbiamo applicato un modello innovativo di disorganizzazione creativa nel reparto di Medicina Interna, di autogestione, condivisione, flessibilità strategica, generosità, reciprocità e responsabilità, innescando circoli virtuosi e *learning organization*. Proprio la cultura tollerante all'errore, rinunciando a modelli antiquati, ha incoraggiato l'azione individuale e creativa, fonte di apprendimento, *vs* la caccia alle "non conformità" e "l'eccezione" tradizionalmente bandita dalle leggi considerate universali e dalle regole rigide è diventata strumento di miglioramento. La rete delle relazioni della *clinical governance* (CG) basata sul coinvolgimento e la responsabilizzazione

di tutti gli "attori" coinvolti nella rete delle cure (OSS, infermiere, medici di reparto e di medicina generale, specialisti, amministrativi, parenti e pazienti) agiscono ciascuno con le proprie competenze, fidandosi degli altri, con i quali si costruisce un patto consapevole. La CG è uno strumento attraverso il quale sono identificati e definiti gli elementi del patto consapevole tra le varie professionalità, che consenta di condividere le proprie performance ed emozioni, per gestire con responsabilità, tutti "insieme" il processo di diagnosi e cura.

Cruscotto di indicatori di gravità per il paziente fragile in dimissione protetta da reparto internistico per acuti

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Le dimissioni protette (DP) sono una grande risorsa che viene messa a disposizione di pazienti (pz) fragili e delle loro famiglie per il rientro a domicilio dopo un ricovero nel reparto per acuti. Proponiamo un cruscotto di indicatori di gravità (IDG) per valutare i pz dimessi in un anno -2014- di attività. Abbiamo organizzato 93 DP (71 donne) dalla medicina interna di Cuggiono su 995 ricoveri totali. Sono esclusi i pz terminali con neoplasia poiché seguiti dal servizio domiciliare di cure palliative. Il medico di reparto inoltra tramite FAX la richiesta alla ASL che mette a disposizione un infermiere ed un assistente sanitario per valutare il pz nel giro di 2 giorni (gg) direttamente in ospedale. Inoltre viene contattato il Medico di Medicina Generale, il care-giver e le agenzie pattanti se necessita assistenza domiciliare integrata. L'infermiera del reparto descrive i bisogni, compila la dimissione che integra quella medica. Prescritti ed ottenuti gli ausili necessari si organizza il rientro. IDG: età, media 85,82 (range 36-100, *vs* 77,49 tutti i pz ricoverati), degenza media 13,2 gg (*versus* 9,6), i re-ricoveri 17/93 (*vs* 97/995), 30/93 decessi entro 90 gg dalla dimissione, l'indice assistenziale di 4 (completamente dipendente per tutte le funzioni della vita) in 89/93, ossigenoterapia 26/93 (*vs* 53/995), SNG 17/93, infezioni da CD 21/93, infezioni multi-resistenti 28/93. Gli indicatori considerati esprimono bene la gravità dei pz dimessi ed il notevole lavoro eseguito sia dal personale ospedaliero che dalle risorse del territorio nel rispetto dei tempi previsti (72 ore).

BNP use in differential diagnosis of dyspnea

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We valuate predictability of the s-NT-proBNP (BNP) in the differential diagnosis of dyspnea, in the acute patient, with diagnosis of congestive heart failure (SCC) from 01/01/2013 to 31/12/2014 hospitalized in internal medicine in Cuggiono. We ask if BNP has the same meaning as central venous pressure: modular hydration and diuretic. We measured the BNP in acute patients (vn in males <50 years: up to 88 pg / mL, >50 years up to 227 in women <50 years: up to 153 >50 years: 334) who present clinical diagnosis of SCC (also as second diagnosis). We evaluated 295 consecutive patients (196 women), age 84.5 (39-101): the BNP range between 83 and >70 000. At the dimissione we have for 245 at least one diagnosis of SCC: 27% ischemic, 36% arrhythmic, 19% arterious hypertension, 12% pulmonary hypertension. For 5 patients a valvulopathy important, the other 20 more than one diagnosis cardiology. In 25 patients whose BNP was normal (range 82-189), although clinical diagnosis of SCC, we reconsidered patients to identify correct diagnoses: interstitial pneumonia, sarcoidosis, pleural tumor, legionella pneumonia, anemia with discrasias. The BNP is an important indicator of SCC: whenever you are not high in a patient with a clinical diagnosis of heart failure must be re-discuss the diagnosis (high sensitivity and specificity). There is no evidence of linear correlation between the values of BNP with days of hospitalization, nor between BNP levels and age of the patient: the coefficients of linear relationship are respectively 0.186 and 0.2.

Una causa non comune di appendicopatia

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Le neoplasie primitive dell'appendice cecale sono estremamente rare e rappresentano meno dello 0.5% dei tumori gastro-intestinali. Comprendono gli istotipi: carcinoide (85%), mucinoso (8%), colico (4%) e adenocarcinoide (2%). Si manifestano più frequentemente nella VI-VII decade di vita con lieve predominanza per il sesso maschile. Un uomo di 70 anni è giunto alla nostra attenzione per dolore addominale aspecifico e modica resistenza alla palpazione del quadrante addominale inferiore destro. L'esame ecografico e la TC addome documentavano ispessimento parietale dell'ultima ansa ileale con piccola raccolta fluida. Assenti leucocitosi ed aumento degli indici di flogosi. Per comparsa di segni di peritonismo, il paziente effettuava videolaparoscopia esplorativa con appendicectomia per rilievo di flemmone appendicolare. L'esame istologico su pezzo operatorio documentava adenocarcinoma ben differenziato con componente mucinosa infiltrante parte della muscolatura propria. Veniva successivamente eseguita emicolectomia destra in elezione; l'esame istologico escludeva ulteriori proliferazioni neoplastiche. La diagnosi preoperatoria di neoplasia appendicolare è rara per bassa incidenza, aspecificità delle manifestazioni cliniche e difficoltà di studio di questa parte di intestino. Anche la diagnosi intraoperatoria risulta difficoltosa poiché spesso la neoplasia è mascherata da flogosi appendicolare acuta. Il trattamento chirurgico oncologicamente corretto dell'adenocarcinoma dell'appendice è l'emicolectomia destra, che ha dato percentuali di sopravvivenza a 5 anni significativamente superiori rispetto all'appendicetomia.

A case of diabetes to unexpected outcome!

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Case report: Male of 40 years old hospitalized for weight loss (20 kg/3 months), diabetes and mild hypertension. About 3 weeks before he discharged from another hospital with diagnosis of new diabetes and prescription of metformin.
First level diagnostics: ECG: left ventricular hypertrophy. Ecocardiography: moderate concentric left ventricular hypertrophy. Gastroscopy: normal. Carotid ultrasound: normal. Thyroid ultrasound: nodular thyroid disease. Abdominal ultrasound: regular kidney arterial vascularization, mild hepatic steatosis, mass in left adrenal gland (7 cm).
Second level diagnostics: CEUS: rapid and uniform enhancement of the left adrenal gland mass. Total body TC: large tumor in left adrenal with centripetal enhancement and peripheral angiogenesis. 123 I-MIBG total body scintigraphy: intense accumulation of radio-marker in a round mass in the left adrenal lodge.
Laboratory tests: Plasma renin activity, aldosterone and insulin antibody were normal; HB1c 10,4%, C-peptide 2,5, glycemia 174 mg %. Marked increase of: plasma norepinephrine [x 25], plasma adenaline [x 19], urine metanephrine [x 23], urine normetanephrine [x 13], urine vanillylmandelic acid [x 5], urine adrenaline [x 15], urine noradrenaline [x 5]. The patient underwent excision of the left adrenal gland. Histological examination confirmed the diagnosis of benign pheochromocytoma, After surgery, both hypertension and diabetes are completely healed. The originality of this case lies in the very few reports in the literature about this mode of presentation: diabetes and mild hypertension without crisis.

4AT: 4 passi nel Delirium. Impiego del test rapido di screening in un'unità operativa di Medicina Interna

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L'invecchiamento della popolazione e l'alta prevalenza di decadimento cognitivo nei ricoverati nei reparti di Medicina Interna rende sempre più frequente il riscontro di delirium. 55 pazienti (31F+24M, età media 74,8aa) consecutivamente ricoverati in un'UO di Medicina Interna a 48h dall'ingresso sono stati sottoposti a indagini neuropsicologiche brevi (SPMSQ, 4AT) volte allo screening del decadimento cognitivo e del delirium. Esclusi pazienti non verbalizzanti(2) e critici(3). 29 degenti su 50 esaminati mostravano deficit delle funzioni cognitive superiori (SPMSQ≥3). In questo campione 16 hanno manifestato delirium durante la degenza (4AT≥4): 9 con grave demenza (SPMSQ≥8, cause prevalenti: stati carenziali/tossinfettivi, disidratazione), 7 con deficit di entità medio-lieve (4≤SPMSQ<8; cause prevalenti: ipossia, cause iatrogene). Tra i 21 cognitivamente integri solo 2 hanno manifestato confusione acuta (causa prevalente: febbre). Il delirium ipocinetico è stato riscontrato in 1/6 dei casi (3 pazienti). 4AT è un test affidabile per lo screening del delirium, utile nei nostri reparti per la rapidità e semplicità di somministrazione. Nella nostra U.O. la forma più comune di confusione acuta è risultata il DSD (Delirium Superimposto a Demenza). Cambiamenti acuti dello stato di coscienza o delle performances psico-motorie di ogni anziano ospedalizzato andrebbero prontamente valutati per delirium per le conseguenze prognostiche e per le possibilità di trattamento e prevenzione delle complicazioni e delle cause scatenanti.

Spondylodiscitis and infective endocarditis: two dangerous traveling companions

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Male, 61 y.o, for over one month fever, back pain. NMR: spondilodiscitis L4-L5. Anamnesis: bladder ca. treated with ileal neobladder (apr 2014), positioning uretheral stents (sept 2014). Enterococcus fecalis on urine. Admission at our Internal Medical Unit: t39°, RCP6.3 (<0.5), WBC 6470(N76), RBC 4300000, Hb8.9, MCV65, PCT<0.10, VES54, Fibr490, alpha2glob12.5 (<11), normal other tests and parameters.Medical examination:paraphonia heart sounds, marked lumbar spinalgia on the pressure. Empiric therapy: Piperacill-Tazob 4,5grx3 ev, Teicoplan 800mgx2 ev (48hours) then 800mg ev/die, orthopedic bust. Trans-Thoracic-Echocardiography: vegetation on right aortic cusp (8mm). After clinical improvement, fever with shiver(39°C). Acoustic found of early-diastolic murmur on tip and ERB. Trans-Oesophageal-Echocard: vegetation right aortic cusp (18 mm). CT total-body:splenomegaly (17 cm), splenic infarction; depression of L4 somatic top limiting. GB10220(N75), RCP10.8. Therapy: Ampicillin 3grx4 ev/die, Vancomycin 500mgx4 ev/die ,Ceftriaxone 2gr. ev/die. Heart-surgery advice: indication for surgery. Progressive improvement in clinical and laboratory exams. Blood-sample: negative. After 15days, Trans-thoracic and Trans-oesophageal Echocardiography: no more vegetations;residual aortic regurgitation of average degree.
Conclusions: The case reported shows that spondylodiscitis and infective endocarditis are disease whose coexistence must always suspected even when clinically prevail only one of them and it underlines that a carefull clinical-semeiologic evaluation of the patient is still winning against serious and insidious diseases.

Reduction in the incidence of hospital-acquired *Clostridium difficile* infection through infection control interventions: a three-year experience at a tertiary care hospital in Rome

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Introduction: *Clostridium difficile* infection (CDI) is the most commonly recognized cause of infectious diarrhea in healthcare settings. Patients may be colonized with *C. difficile* in the hospital setting by contact with a healthcare worker, with a contaminated environment and with a CDI patient. Exposure to antimicrobial agents is also an important risk factor for the development of CDI. Therefore, a multifaceted approach is required in order to minimize CDI.
Methods: On 2014, a combination of infection control interventions, consisting of education, antibiotic consumption reduction, isolation, hand hygiene, contact precautions, and environmental disinfection, was implemented at San Giovanni Hospital in Rome. Clinical data before (2013) and after (2014) intervention were prospectively recorded. Antibiotic consumption data were also retrospectively reviewed.
Results: The overall incidence of CDI in the hospital decreased from 2.32 cases/10000 patient-days in 2013 to 1.5 cases/10000 patient-days in 2014 (-35.3%). Quinolone consumption was reduced by 20.2% from 2013 to 2014.
Conclusions: Our study demonstrates that a multifaceted approach to minimize *C. difficile* exposure and to reduce unnecessary antimicrobial use can be effective in reducing the incidence of hospital-acquired CDI.

Risk factors and clinical outcomes of candidemia in patients treated for *Clostridium difficile* infection

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Introduction: Severe *Clostridium difficile* infection (CDI) is associated with a marked alteration of the intestinal flora, and with a potential risk of gut colonization by pathogens like *Candida* species. The alterations occurring in the intestinal flora during CDI may promote the translation of Candida in the blood with subsequent candidemia. Aim of this study is to investigate risk factors and clinical outcomes of patients developing nosocomial candidemia after diagnosis of CDI.
Materials and Methods: Retrospective, case-control study of patients admitted from Jan '13 to Dec '13 in three large Hospitals in Rome: Umberto I, San Giovanni and Policlinico Gemelli. All patients (35 pts) with CDI infection and subsequent nosocomial candidemia were included in the study and compared with patients (105 pts) with CDI.
Results: Patients of the *CDI/Candida* group showed a more severe CDI infection (including complications like paralytic ileus, ICU admission, and/or hypoalbuminemia) or were more frequently diagnosed of CDI relapsing infection. Mortality was higher in the *CDI/Candida* group. Ribotype 027 and vancomycin treatment of ≥1000 mg/day were prevalent in patients developing candidemia.
Conclusions: Patients with severe or relapsed CDI are at increased risk of nosocomial candidemia with poor clinical outcome. Our study also highlights the possible role of ribotype 027 strain and its potential relationship with increased vancomycin dosage, suggesting the need for new treatment options in patients with severe CDI.

Impact of a program of antimicrobial stewardship on severe infections in intensive care unit: report of three-year activity at a tertiary care hospital in Rome

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Introduction: Hospital acquired infections (HAI) have a significant clinical and economic impact. Patients in intensive care units (ICU) have the highest risk of HAI. We evaluated the effect of an antibiotic stewardship (ABS) program and surveillance on the incidence of severe HAI in a ICU.
Materials and Methods: Prospective study on patients admitted between 2012 and 2013 in a polyvalent ICU at San Giovanni Hospital in Rome, patients admitted in 2011 were retrospectively analyzed as control group. Clinical, microbiological data and antibiotic consumption were collected. During the prospective study were introduced ABS programs and implemented measures for prevention of HAI.
Results: During the study period, VAP/1000gg decreased from 19.0 in 2011 to 14.0 in 2012 and 10.4 in 2013; BSI decreased from 8.1/1000gg of CVC in 2011 to 7.3 in 2012 and 6.6 in 2013. We observed a reduction of K.pneumoniae and P.aeruginosa resistant to antibiotics. Hospital stay was reduced from 14.2 days in 2011 to 9.2 in

2012 and 8.5 in 2013, mortality compared to the expected mortality decreased of 14.4% and 15.8% in 2012 and 2013, *vs* -8.9% in 2011. At the same time, there was a significant reduction of antibiotic consumption.
Conclusions: A program of ABS and surveillance of serious infections in an ICU is feasible and effective. Over two years we have seen a reduction of severe infections and their related mortality, and an improved pattern of antimicrobial susceptibility of microorganisms involved.

Thrombotic thrombocytopenic purpura: role of ADAMTS13 and anti-ADAMTS13 antibodies as a predictive value of relapse and therapeutic response

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Introduction and Purpose: Thrombotic thrombocytopenic purpura (TTP) is a disorder characterised by microangiopathic hemolytic anemia and thrombocytopenia due to intravascular platelet aggregation in microthrombi. The pathogenesis is due to the presence of circulating high molecular weight multimers of Won Willebrandfactor secondary to a deficiency of a protease (ADAMTS 13). The aim of our study was to evaluate if and how the levels of ADAMTS 13 and / or the presence of autoantibodies inhibiting the protease may be correlated with the therapeutic response and the risk of recurrence of the disease.
Materials and Methods: We enrolled 13 adult patients fulfilling the diagnosis criteria of thrombotic microangiopathy. We determined the ADAMTS13 activity and ADAMTS13 antibodies in the blood. We treat the patients with plasma exchange and corticosteroids.
Results: Six of the patients in the cohort (46.2%) displayed an ADAMTS13 deficiency (3-19%) and eight patients (61.5%) detectable anti-ADAMTS13 antibodies. We found that patients with ADAMTS13 deficiency and detectable anti-ADAMTS13 antibodies usually displayed a more rapid response to treatment, but a higher relapse rate. By contrast, patients with no detectable anti-ADAMTS13 antibodies and normal ADAMTS13 activity required higher volumes of plasma to achieve durable complete remission but recurrence are less frequent.
Conclusions: Our results suggest that the identification of ADAMTS13 deficiency and anti-ADAMTS13 antibodies may help to evaluate the early prognosis of TTP, the response to standard treatment, and the risk of flare-up.

Trattamento della fibrillazione atriale in relazione al rischio tromboembolico fra i pazienti arruolati nel Registro europeo The PREvention oF thromboembolic events – European Registry in atrial fibrillation: confronto follow-up *vs* basale e Italia *vs* Europa

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Premesse e Scopo dello studio: Poche informazioni sono disponibili sull'utilizzo dello score CHA_2DS_2-VASc nei pz con fibrillazione atriale e sull'aderenza alle nuove linee guida.
Materiali e Metodi: Nel registro PREFER in AF (The PREvention oF thromboembolic events – European Registry in Atrial Fibrillation) sono stati arruolati 7243 pz con FA in Europa (EU), 1888 in Italia.
Risultati: Al basale, il 71.6% dei pz italiani era trattato con antagonisti della vitamina K (VKA) (EU 78.3%); il 29.6% con farmaci antipiastrinici (AP) (EU 24.3%); ridottissimo l'uso dei nuovi anticoagulanti orali (NOAC) (0,3% *vs* UE 6.1%). Al follow-up di 1 anno, circa il 65.3% dei pz italiani era trattato con VKA (EU 72.1%), il 21.9% con AP (EU 15.6%), il 3.2% utilizzava i NOAC (EU 12.8%). Fra i pz italiani è stato riscontrato al FU un punteggio CHA_2DS_2-VASc medio di 3.3 (EU 3.4). Il 73.9% dei pazienti italiani con score≥1 è stato trattato con anticoagulanti orali; il 58.2% dei pazienti con valore 1 (EU 70%) e il 76.1% con valore≥2 (EU 85.6%). Il 49.3% dei pz con score 0 ha assunto una terapia anticoagulante orale, associata o meno a AP (media EU 62.5%): il 45.7% antagonisti della vitamina K (VKA), il 3.7% VKA+AP, il 17.3% solo AP.
Conclusioni: I dati hanno evidenziato un aumento dei pazienti trattati con i NOAC. Si segnalano alcune discrepanze rispetto alle LLGG: più di 1 pz su 4 con CHA_2DS_2-VASc≥1, non riceve alcuna terapia anticoagulante orale; all'opposto, esiste un diffuso utilizzo inappropriato di anticoagulanti in pz a rischio basso o nullo.

Il controllo dei fattori di rischio cardiovascolare protegge dalle recidive nella cardiomiopatia di Tako-Tsubo: esperienza di un singolo centro

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Premesse: La Cardiomiopatia di Tako Tsubo (TTC) è caratterizzata da alterazioni transitorie della cinetica ventricolare (ATCV), alterazioni ECG, incremento dei markers di necrosi miocardica e coronarie indenni all'angiografia.
Materiali e Metodi: Vengono descritti 20 casi di TTC giunti alla nostra osservazione dal 2005 al 2014.
Risultati: I 20 pazienti (16 F e 4 M) con diagnosi di TTC avevano una età media di 60±14,9 anni ed erano giunti in prevalenza con angina (3 pazienti con sincope e 2 con dispnea). Le alterazioni ECG erano sottoslivellamento ST e/o onde T negative (12 pazienti), in 3 il tratto ST era sopraslivellato ed in 3 non vi erano alterazioni. Le ATCV coinvolgevano i segmenti apicali in 18 pazienti, in 2 i segmenti basali. Le condizioni emodinamiche erano stabili in 16 pazienti, in due vi era shock cardiogeno (una con BAV totale ed una con gradiente subaortico) ed in due edema polmonare con fibrillazione atriale ad elevata risposta ventricolare che ha richiesto cardioversione elettrica. In tutti i casi uno stress aveva preceduto l'esordio della TTC. Tutti i pazienti avevano coronarie indenni all'angiografia. Tutti i pazienti sono sopravvissuti ad un follow up medio di 6,5 anni. Abbiamo avuto due recidive in pazienti che non avevano un buon controllo dei fattori di rschio cardiovascolare (FRC).
Conclusioni: La prognosi della della TTC è buona anche se particolare attenzione deve essere posta ad i casi con instabilità emodinamica. In qualche caso (10% della nostra casistica) sono possibili recidive verosimilmente favorite da un inadeguato controllo dei FRC.

Febbre e neutropenia: non solo infezione

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Presentiamo il caso di una donna, diabetica, di 49 anni, giunta per febbre, dolore e ulcerazione del I dito del piede sinistro. All'ingresso gli esami ematici mostravano: leucocitosi neutrofila, anemia normocitica, iperglicemia=418 mg/dl, procalcitonina=4.8 ng/ml. La radiografia e la successiva RMN del piede documentavano un'osteomielite. È stata pertanto impostata terapia con meropenem e vancomicina, con iniziale riduzione della febbre e lieve miglioramento locale. In 8° giornata si è assistiti a rialzo febbrile con tachipnea e riduzione della saturimetria; una tac del torace ha evidenziato un addensamento polmonare sinistro; è stata pertanto aggiunta levofloxacina alla terapia antibiotica già in atto. Nonostante il miglioramento degli indici di flogosi (procalcitonina e PCR), la febbre è perdurata ed è comparsa leucopenia progressiva (fino a 700 GB/mL con 50 neutrofili). Si è preferito non impiegare i fattori di crescita per il possibile effetto confondente che l'innalzamento successivo dei GB avrebbe provocato, né la terapia steroidea per la concomitante patologia infettiva e diabetica. Nel sospetto di una febbre da farmaci con associata inibizione midollare, è stata invece sospesa la vancomicina. Nei giorni successivi si è assistito alla defervescenza completa e ad aumento dei leucociti fino a completa normalizzazione. La neutropenia (2-12%) e la febbre (1-3%) sono effetti avversi rari, ma caratteristici dei glicopeptidi anche se più frequenti con la teicoplanina. Rarissima, in corso di terapia con vancomicina, è la comparsa simultanea di entrambi.

✪ Risk of autoimmune diseases and frequency of serum ANA positivity in non-celiac wheat sensitivity

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Background: Non-celiac wheat sensitivity (NCWS) has raised great interest but little is known about the risks linked to this condition. We evaluated the frequency of autoimmune diseases (AIDs) and of serum anti-nuclear antibodies (ANA) in NCWS patients.
Methods: A group of NCWS patients, composed of 131 subjects (121 F, mean age 39.1 years), belonging to a historical cohort retrospectively evaluated, was studied. These patients had been recruited at two Internal Medicine Institutes. Two groups of age- and sex-matched controls, respectively composed of celiac (CD) and irritable bowel syndrome (IBS) patients, were also chosen. A pre-structured questionnaire was used to record any co-existent AIDs. ANA titers were evaluated by immuno-fluorescence.
Results: An associated AID was observed in 29% of NCWS patients (Hashimoto's thyroiditis 29 cases, psoriasis 4 cases, type 1 diabetes 4 cases, mixed connective tissue disease 1 case, ankylosing spondylitis 1 case), in 21% of CD (not statistically significant) subjects and in 4% of IBS controls (P<.0001). Serum ANA were positive in 46% of NCWS (median titer 1:80), in 24% of CD (P<.0001) and in 2% of IBS (P<.0001) cases. An association between ANA positivity and the presence of the DQ2/DQ8 haplotypes and with the presence of duodenal lymphocytosis was found.
Conclusions: Our data showed a strong tendency towards autoimmunity in the NCWS patients, characterised by both associated AIDs and serum ANA positivity and raised the question of an overlap between NCWS and CD.

Why aspirin fails? A pharmacodynamic-pilot study in secondary cerebrovascular prevention

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Introduction and Aim of the study: Aspirin (ASA) is a cornerstone in primary and secondary cardiovascular prevention. Nevertheless a huge amount of stroke takes place ongoing ASA. In a preliminary report, we showed non-compliance to ASA in 17% (2/15) of patients admitted for stroke relapse. Compliance was assessed biochemically by dosing serum Tromboxane B2 (sTxB2). Aim of this study is to extimate more accurately the prevalence of non compliance and further analyze the causes of ASA treatment failure.
Materials and Methods: Patients admitted with ischemic stroke relapse taking ASA at any dosage were enrolled. Both previous and index stroke events have to be objectively documented (CT, NMR). Transient ischemic attacks were excluded, STxB2 values were measured at admission and after 5 days of witnessed ASA treatment. All clinical data were collected from the clinical portfolio.
Results: 48 patients were enrolled. TOAST clssification: 48% cardioembolic, 24% aterothrombotic and 28% undeterminate. Only two patients (4%) were identified as non-compliant by the sTxB2 dosage. 3/11 patients with aterothrombotic stroke had carotid stenosis >70%; diabetes mellitus was present in 54% of the remaining 8. Baseline mean sTxB2 in diabetic subjects was greater, but not statistically significant (p=0,068).
Conclusions: ASA non-compliance is an uncommon cause of stroke relapse. No biochemical/pharmacodinamic ASA resistance was reported. ASA treatment failure is expected in cardioembolic stroke and narrow carotid stenosis. ASA efficacy in diabetic patients deserves further investigation.

A volte ritornano: descrizione di un caso di febbre tifoide

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Donna di 35aa giunge in DEA per febbre elevata (38.5°C) e dolore auricolare destro. Nessun sintomo associato eccetto che per 1 episodio diarroico la sera prima, simile a quello di 4 settimane prima, più duraturo, comparso in seguito all'assunzione di pesce. APR: epatite da HBV, colesteatoma dx trattato. Nella norma l'EO ed i PV (PA 105/60, FC 70), mentre la TC cranio evidenziava una opacizzazione della cavità residua della rocca petrosa (negativo l'esame mirato). Agli esami ematici presenza di lieve leucopenia e anemia; nella norma l'imaging su torace e addome. Nonostante il sostanziale benessere della paziente, le emocolture sono risultate positive per *S. typhi*, negative le coprocolture. La febbre tifoide è causata da *S. typhi* e caratterizzata da febbre, dolore addominale, diarrea/costipazione ed eruzione cutanea rosata. Può decorrere in maniera paucisintomatica. *S-typhi* penetra tramite il tratto GI e poi nel sangue tramite i vasi linfatici e dopo un periodo di incubazione (1-3 sett) si può avere la comparsa dei sintomi. Tipica è la bradicardia relativa. Nei casi gravi si ha la perforazione intestinale, con elevata mortalità. Agli esami ematici sono tipici: citopenia, alterazioni degli indici di funzionalità epatica, proteinuria e lieve coagulopatia da consumo. Una presentazione atipica (polmonite, sintomi da IVU o febbre isolata) può rendere difficile la diagnosi che si basa sull'isolamento del bacillo tifoide nelle colture. Terapia: cefalosporine di II o III generazione per 2 sett; utilizzato anche il cloramfenicolo. Utili i chinolonici, soprattutto per la bonifica dei portatori.

Cure subacute del presidio ospedaliero di Cantù, Azienda Ospedaliera S. Anna (CO). Un bilancio dall'avvio dell'attività

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In Lombardia la modalità organizzativa di ricovero in Cure Subacute prende avvio dalla DGR N° IX / 1479 del 30/03/2011, nell'ambito della riorganizzazione del Servizio Socio Sanitario Regionale. Gli obiettivi principali di questa nuova tipologia di ricovero sono il completamento del processo di guarigione, la gestione delle comorbilità, il recupero delle normali attività quotidiane per i pazienti che durante la degenza in reparto per acuti abbiano sviluppato una s. da allettamento, la prevenzione di ricadute e di riacutizzazioni in pazienti cronici. Per favorire una de-ospedalizzazione dal regime per acuti l'accesso può avvenire anche dal territorio o da un precedente ricovero riabilitativo. Nel nostro Presidio Ospedaliero l'attività è stata avviata nel 2013, con graduale incremento della dotazione: 10 posti letto fino a maggio 2014, 12 fino a settembre, quindi a regime con 16 posti letto. Nel 2014 sono stati ricoverati 250 pazienti (114 M, 136 F) per un totale di 3888 giornate di degenza. Il tasso di occupazione è stato dell' 88,82% e la durata media della degenza di 15,6 giorni. Tra gli aspetti migliorativi prevale il decongestionamento del reparto di Medicina Acuti e riduzione del numero di pazienti di area medica "appoggiati" nelle divisioni chirurgiche. Gli aspetti critici principali sono stati legati alla individuazione dei pazienti in base ai criteri di appropriatezza per il ricovero, che ha portato a revisioni organizzative in accordo con l'ASL e con la supervisione dello Staff Qualità e della Direzione Sanitaria.

Una sincope color cioccolata

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Giunge alla nostra osservazione una donna di 50 anni per episodio lipotimico. La paziente appare sveglia ma poco collaborante (GCS13), apiretica,con i seguenti parametri: PA=110/60 mmHg; FC=70 bpm, polso ritmico; SO2 87% in a.a. All'ECG: ritmo sinusale (FC 70 BPM) con segni di ischemia subendocardica in sede laterale. Gli Esami ematochimici mostrano enzimi cardiaci nella norma, D-Dimero 470 mg/dl, glicemia 128 mg/dl, potassio 3.3 mEq/L, albumina 3.2 g/dl, enzimi epatici nella norma. Visto il deterioramento delle condizioni generali e respiratorie, viene richiesto esame TC total body ma tutta la diagnostica appare quindi escludere patologia d'organo, ma l'infermiere che ha effettuato il prelievo ematico asserisce di aver notato un colore del sangue particolarmente scuro (come il cioccolato!!). La paziente lavora presso un laboratorio di chimica farmaceutica. Pratica dosaggio della meta e carbossiemoglobina. Eseguiti tali dosaggi, presenza di Carbossiemoglobinaa 0 % e metaemoglobina 61%. Diagnosi di Metaemoglobinemia. Si trasferisce

la paziente al centro antiveleni dove viene trattata con blu di metilene 100 mg in 100 ml di soluzione fisiologica in 10 minuti, seguita da 250 ml di soluzione glucosata al 5%. Si ripete metaemoglobinemia dopo 1 h e dopo 6 h , con risultato rispettivamente di di 3.9 % e 2,4%, con scomparsa della cianosi. La mattina seguente la metaemoglobina risulta di 1.3% (vn<1,5%). La paziente viene dimessa al domicilio.

Three-year steroid free remission and safety of azathioprine treatment in inflammatory bowel disease patients

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Background and Aim: Azathioprine (AZA) is widely used for inducing and maintaining of remission in inflammatory bowel disease (IBD). Aim of this study has been to investigate its efficacy and safety in maintaining steroid-free remission in steroid-dependent IBD patients (pts) three year after the institution of treatment.
Materials and Methods: Data from consecutive IBD pts referred in our Institution, between 1985-2012, were reviewed and pts treated with AZA were included in the study.
Results: Out of 2472 consecutive IBD outpatients visited, AZA was prescribed to 360 pts. Seventy-eight pts with a follow-up <36 months were excluded. Two hundred and eighty-two pts were evaluated, 152 (53.9%) affected by Crohn's disease (CD) and 130 (46.1%) by ulcerative colitis (UC). One hundred and fifty-four (54.6%) were male and 128 (45.4%) female (average age of 33.75±13.82 SD years, range 14-76 y.). Three year after the institution of treatment, 170 (60.3%) pts still were in steroid-free remission (101 CD *vs* 69 UC, 66.4% and 53.1%, respectively, p=0.0279), 62 (22%) had a relapse requiring retreatment with steroids (38 UC *vs* 24 CD, 29.2% and 15.8%, respectively, p=0.0091), 50 (17.7%) discontinued the treatment due to side effects (27 CD *vs* 23 UC, 17.8% and 17.7%, respectively).
Conclusions: Three year after the onset of treatment 60% of patients did not require further steroid courses. In the present series the maintenance of steroid-free remission was significantly higher in CD than in UC patients. The occurrence of side effects leading to the withdrawal of AZA treatment has been low.

A rare case of desmin-related myopathy: get help from an internist you can trust

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Introduction: It's common for patients to have a different doctor for different diseases or symptoms, but internal medicine physicians are the specialists who put all the pieces of your biological puzzle together. This is even more true when we face complex and rare diseases.
Case report: We describe the case of a 48 year old man came to our observation in december 2012 for peripheral edema and neuromuscular deficits of the hip and shoulder girdles with sneaky onset tracks and apparently worsening trends. During hospitalization he developed severe hypoxic - hypercapnic respiratory failure due to respiratory muscles exhaustion requiring invasive ventilation and subsequently non-invasive night ventilation. Deltoid biopsy was suspected of neuromyotonia so he was sent to a first-level neurological center and here, undergoing instrumental and genetic tests, in July 2014 was possible to make diagnosis of desminopathy.
Conclusions: Desminopathy is one of the most common intermediate filament disorders associated with mutations in desmin and alphaB-crystallin. The inheritance pattern in familial desminopathy is characterized as autosomal dominant or recessive, but many cases have no family history and they are associated with de novo DES mutations. Typically, the illness presents with lower and later upper limb muscle weakness and respiratory muscle weakness is a major complication. Diagnosis of desminopathy is difficoult and complex and requires interdisciplinary collaboration. In this scenario the internist can and must be a specialist able to unite all the pieces of the puzzle.

A case of giant gastric folds with hypoalbuminemia healed by *Helicobacter pylori* eradication

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Introduction: Protein-losing gastroenteropathies are characterized by an excessive loss of serum proteins into the gastrointestinal tract, resulting in hypoproteinemia (hypoalbuminemia), edema and, in some cases, pleural and pericardial effusions.
Case report: A 57 years old man, known suffering from hypercholesterolemia, was admitted to our Emergency Department with general fatigue, gastroenteritis and anasarca due to severe hypoalbuminemia (albumin 2.16 g/dL). Liver, cardiac, renal and enteric diseases were excluded; gastric endoscopy showed the presence of many eroded patches and papules and a wide antral erosion. Gastric biopsies permitted to formulate the diagnosis of "chronic antral gastritis mild inactive on antral mucosa with foveolar hyperplasia associated with *Helicobacter pylori* (HP) infection". We treated HP infection with amoxicillin/clavulanate, clarithromycin and omeprazole for 14 days and the patient showed complete resolution his symptoms.
Conclusions: Diagnosis of protein loss gastroenteropathy should be considered in patients with hypoproteinemia in which other causes, such as malnutrition, proteinuria, and reduced protein synthesis due to liver disease, were excluded,. HP infection may be an important cause of hypertrophic gastropathy and protein loss: a retrospective analysis found that over 90% of patients with this disorder have been infected with HP and was hypothesized that hypertrophic gastropathy could be a type of HP - associated gastritis. The eradication of HP typically leads to complete clinical and morphological recovery.

Un caso di sindrome mielodisplastica con aplasia megacariocitaria, trattata con eltrombopag

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Un uomo di 45 anni è ricoverato a maggio 2012 per severa piastrinopenia associata a anemia e leucopenia. A livello midollare si evidenzia quadro displasia bilineare, con assenza di megacariociti e blasti <2%. Inizia terapia con steroide ad alto dosaggio, infusioni di immunoglobuline, e successivamente Rituximab e EPO 40.000U/sett in assenza di risposta laboratoristica. A Luglio 2012 si decide di tentare terapia con Eltrombopag con rapido incremento dei valori emoglobinici e rialzo della conta piastrinica. All'ultimo controllo (dicembre 2014) in corso di terapia con Eltraombopag 75 mg l'emoglobina è pari a 14 gr/dl e le piastrine sono circa 50.000/mmc.

Different histological patterns in non-Hodgkin lymphoma: diagnostic difficulties or a biological switch? A case report

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A 52 yrs old man, ECOG PS 0, came into our clinic for cough and progressive weight loss; a chest radiography and CT-scan were positive lung bilateral nodules and ground glass areas, with paratracheal, mediastinal lymphnodes. We observed relative lymphocytosis, ACE, autoimmune indexes, procalcitonin and inflammatory were negative, without evidence of active infections. A PET-scan suggested the hypothesis of a chronic inflammatory disorder. ANA presented an homogeneous pattern 1: 640. Respiratory parameters and functional indexes were in range. Lymphocytic immunophenotype was normal. The lung biopsy identified a non-Hodgkin's lymphoma, extranodal, marginal zone MALT, CD20+ . Bone marrow biopsy was negative. PCR analysis of PB was negative for BCL1 and BCL2 alterations, cytogenetic analysis was normal. After six cycles of R-CHOP partial response in the lung and stable disease at the lymphnodes were recorded. At this time, a deterioration of the respiratory function occurred. The review of the first lung biopsy specimen confirmed the diagnosis of B-small cell lymphoma of uncertain origin, between marginal zone and mantle. On the basis of new bone marrow and lymphnode biopsies,

negative, and absence of t (11; 14) and t (11; 18) translocations, the pt was inserted in a close follow-up until November 2014. The lymphnode biopsy diagnosed a mantle cell lymphoma. This case underlines: a) the multiple difficulties for diagnosing and evaluating response of an asymptomatic extranodal MALT B-cell lymphoma; b) the hypothesis of a switch of the tumor.

Complessità clinica e terapeutica: confronto tra unità operative di Medicina Interna e Chirurgia attraverso i dati dal software SOFIA®

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I ricoverati in Medicina Interna sono in grande maggioranza pazienti acuti provenienti da Pronto Soccorso, anziani, polipatologici, politrattati. I ricoverati in Chirurgia Generale hanno età media inferiore, ricoverati in parte da PS e in parte in elezione. Attraverso il software SOFIA® (Ingegneria Biomedica Santa Lucia SpA) per la prescrizione e somministrazione informatizzata della terapia, abbiamo valutato nelle UO di Medicina e di Chirurgia del nostro Ospedale alcuni parametri utilizzabili come indicatori di complessità clinica e terapeutica. Nel periodo 01.11.2013 – 31.10.2014 sono stati ricoverati 1902 pz in Medicina, 1214 in Chirurgia. Le rilevazioni effettuate (Med *vs* Chir) sono: n. principi attivi (PA) somministrati nel periodo in esame (1 anno): 511 *vs* 405; n. medio di PA somministrati/paziente al giorno: 7,1 *vs* 5.1; n. medio di PA somministrati/paziente durante il ricovero: 11,1 *vs* 8.7; n. medio di somministrazioni di farmaco/paziente al giorno: 9,3 *vs* 6.6; n. medio di somministrazioni di farmaco/ paziente durante il ricovero: 130 *vs* 72; % di somministrazioni eseguite al di fuori della fascia oraria prevista: 10,6 *vs* 2.9. Il confronto descrive la maggiore complessità clinica e terapeutica dei pz che afferiscono alla Medicina, che sono trattati con più farmaci, con un maggior numero di somministrazioni giornaliere, con più frequenti cambi di terapia durante il ricovero, con una molto più frequente necessità di somministrare terapie in urgenza, con conseguente elevato carico di lavoro medico ed infermieristico.

Confronto tra unità operative di Medicina Interna sulla base dei dati dal software SOFIA®

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Le UUOO di Medicina Interna hanno caratteristiche differenti fra loro a seconda del tipo di Ospedale nel quale si trovano. Attraverso il software SOFIA® (Ingegneria Biomedica Santa Lucia SpA) per la gestione informatizzata di prescrizione e somministrazione di terapia, abbiamo confrontato una UO Medicina di un Ospedale con Pronto Soccorso di 1° livello con una UO Medicina di un Ospedale con DEA di 2°livello della nostra AO, valutando alcuni parametri utilizzabili come indicatori di complessità clinica e terapeutica. Nel periodo 01.11.2013 – 31.10.2014 sono stati ricoverati presso la Medicina di Varzi (PS 1° livello) 819 pz; presso la Medicina di Voghera (DEA 2°livello) 1902 pazienti. Le rilevazioni effettuate (1°livello *vs* 2°livello) sono le seguenti: principi attivi differenti somministrati nel periodo in esame (1 anno): 409 *vs* 511; n. medio di principi attivi somministrati/paziente al giorno: 7,1 *vs* 7,1; n. medio di principi attivi somministrati/paziente durante il ricovero: 10,7 *vs* 11,1; n. medio di somministrazioni di farmaco/paziente al giorno: 9,2 *vs* 9,3; n. medio di somministrazioni di farmaco/ paziente durante il ricovero: 133 *vs* 130; % di somministrazioni eseguite fuori orario (oltre la fascia oraria prevista): 4,3 *vs* 10,6, Nelle due UUOO i pazienti sono analogamente politrattati; i pz della Medicina di un Ospedale sede di DEA di 2°livello hanno presentato una maggiore instabilità clinica, dimostrata dalla percentuale molto superiore di somministrazioni terapeutiche fuori orario, cioè eseguite in urgenza o in estemporanea.

Iron and manganese in the pathogenesis of cognitive disordes of the elderly with chronic liver disease

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Introduction and Aim: To investigate whether the presence of deposits of iron and manganese may increase the risk of cognitive impairment.
Patients and Methods: 44 patients of average age of institutionalized 68,8aa suffering from chronic liver disease were studied for the presence of ferritin and manganese and related syndrome, cognitive disorders.
Results: In three groups: 1)16 with HCV-related chronic hepatitis non cirrogena, 2) Patients with well compensated cirrhosis without signs of hepatic encephalopathy (EE); 3) Patients with cirrhosis with EE.Manganese serum increased in the serum of cirrhotic significantly both compared to ECA (p=0.003), and with respect to cirrhosis without EE (p=0.0005). For the MMSE, ADL and IADL,tend to evolve towards a syndrome of cognitive disability and enabler. MRI are levels of T1 hyperintensity extended sequence of the globus pallidus bilaterally as for storage of items such Fe and/or Mn. These deposits are present in all cirrhotic patients with EE and in 5 subjects with cirrhosis without EE.
Conclusions: The presence of iron and manganese in the brain causes swelling and death of astrocytes through synergistic action with the ammonia and induces increase of free radicals,oxidative stress, mitochondrial membrane depolarization and disintegration of cellular integrity.The absorption of the metals occurs at the duodenal level through ferroportin. In conclusion, there are alterations in the metabolism of heavy metals, so the chronic liver disease in the elderly is an increased risk for worsening of cognitive disorders.

Could fasting or postprandial administration of cholecalciferol affect the plasma levels of 25 OH vitamin D? An open-label clinical trial

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Objectives: Aim is to evaluate whether treatment with cholecalciferol is sufficient to achieve 25(OH)D plasma >30 ng/dl irrespective of fasting or postprandial administration.
Methods: This multicenter randomized open-label clinical study examined 175 postmenopausal women with osteoporosis (DEXA). Group A: 72 patients on oral fasting weekly combination of alendronate and vitamin D 5600IU. Group B: 83 patients on oral weekly fasting alendronate and a weekly vitamin D after fat meal animals.Patients with vitamin D levels <30 ng/dl took additional single oral dose of 50,000IU of cholecalciferol.Bone turnover markers were evaluated before and after minibolus administration.
Results: Six months therapy: 85 subjects (49%) had vitamin D levels <30 ng/dl and 24 subjects (14%) <20 ng/dl.59 out of 85 patients with low vitamin D levels gave their consent for the minibolus administration. In 44 patients with vitamin D levels between 20 and 30 ng/dl, there was a significant increase of vitamin D levels after treatment with minibolus, irrespective of supplementation method (24.64±2.92 *vs* 33.18±5.23 ng/dl, p=0.001). In 15 subjects with vitamin D levels <20 ng/dl, minibolus did not result in vitamin D blood concentrations over 30 ng/dl (15.5±3.4 *vs* 24.4±5 ng/dl).
Conclusions: Our study shows that conventional doses of cholecalciferol, whatever the method of administration, are not enough to achieve adequate 25(OH)D levels. Moreover the efficacy of cholecalciferol boli are related to basal vitamin D serum levels.

The radiofrequency for the treatment of thyroid nodules

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Introduction: Radiofrequency ablation has been reported to be both effective and safe in reducing thyroid volume nodules. Mean thyroid volume reduction is already very significant after one single treatment at one month and six month follow-up. Most studies carried out so far were performed on a limited number of large nodules and often a subset of them required more than one single treatment.
Case presentation: In this report we describe the case of a 82 year old Caucasian woman presenting with a very large volume thyroid nodule that was treated with a single thyroid radiofrequency ablation. After one and six month from the treatment day the patient showed progressive and rapid resolution of compression symptoms and significant volume reduction (152 ml at baseline *versus* 48 ml at six months). At our knowledge, this is the first case report which proves the effectiveness and safety of radiofrequency ablation in such a large thyroid nodule.
Conclusions: We believe that thyroid radiofrequency ablation is very cost-effective but, in our opinion, much more data will be necessary to better define the effectiveness, the feasibility in treating large thyroid nodules and the number of treatments needed for single nodule depending on its size.

Ultrasound-guided radiofrequency ablation of thyroid solid nodules: a comparative control study after one-year treatment

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Objectives: The aim of this study was to investigate the effects of RTA in debulking benign TNs and to establish whether they were treatment-related by comparison with a matched, untreated control group.
Materials and Methods: 84 patients with symptomatic and cytologically benign solid nodules were randomly assigned to either a single RFA session (Group A=42) or follow up (Group B=42)at our centre for 6 months. A subgroup were evaluated after 1 year of treatment. Entry criteria were:TNs or predominantly solid, normal thyroid function, no autoimmunity, no previous thyroid gland treatment. In A: RFA was performed in a single session with the moving-shot technique.
Results: A: Volume decreased from 24.5.5±19.6 to 8.6±9.5; 6 months after RFA (p=0.001). The greatest volume reduction was after 6 month of treatment even if a further significant reduction was achieved after 1 year of treatment (p<0,001). After 6 months after RFA the greatest volume reduction was in small nodules. Pressure symptom score improved only in medium and large nodules (p<0.001), whereas cosmetic score improved in all treated patients (p<0.001). The rate of TVR was not statistically different between solid and predominantly solid nodules.In B, nodule volume remained unchanged while symptom score was worse at 6 month and 1 year evaluation.
Conclusions: RFA is effective in reducing TNs.The best reduction rate was observed in small TNs and the greatest volume reduction was after 6 month of treatment. TVR does not change according to sonographic features. The mean treatment duration was longer in larger TNs.

Il setting alta complessità ad Empoli: una realtà intermedia tra una degenza ordinaria ed una subintensiva, ma soprattutto una risorsa per l'ospedale

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Nella USL 11 di Empoli il setting Alta Complessità costituisce un livello intermedio tra la terapia intensiva e la degenza ordinaria. Comprende 21 posti letto, il tutoraggio è affidato a medici internisti con un rapporto paziente/infermiere di 7/1. Accoglie pazienti clinicamente instabili per i quali possono essere necessarie procedure diagnostico terapeutiche invasive quali emofiltrazione e ventilazione meccanica
Per analizzare l'efficacia di un trattamento come la NIVM abbiamo realizzato uno studio osservazionale retrospettivo su 286 pazienti. In 172 casi l'accesso era diretto da PS(60%), 50 pazienti trasferiti per step down dalla terapia intensiva(17,4%), e 51 da livello 2B(17,8%) per sopraggiunta instabilità clinica. Sono state trattate patologie respiratorie (49%), cardiovascolari (16%), neurologiche (13%) ed altre come squilibri metabolici, sepsi severa/shock settico, complicanze post-chirurgiche e politraumi (18%). Sono stati sottoposti a NIVM 45 pazienti(16%), con eta' media di 74 anni. Di questi 55% avevano una BPCO, 26% una polmonite, 6% un EPA(6%). Il 54% dei pazienti sono andati incontro a risoluzione o stabilizzazione, il 23% sono stati trasferiti al livello1, il 9% deceduti. La durata del trattamento e' stata in media di 6 giorni. Lo studio fa emergere che il setting di Alta Complessità, pur non avendo le caratteristiche tipiche delle classiche degenze post intensive, riesce a gestire efficacemente il trattamento del paziente respiratorio in fase di instabiltà proveniente sia dal PS che dal livello 2B e rappresenta una valida risorsa per la terapia intensiva.

Rivaroxaban for acute treatment of venous thromboembolism: preliminary report from young FADOI group of Tuscany

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Background: Since September 2013, rivaroxaban has been marketed in Italy for acute treatment and secondary prevention of VTE. Due to the lack of real world practical evidence, the aim of our study was to analyze the characteristics of patients undergone to rivaroxaban prescription for acute VTE.
Materials and Methods: We analyzed data records of patients in whom rivaroxaban was prescribed for acute VTE from seven Internal Medicine Centers of Tuscany.
Results: Treatment by using rivaroxaban in acute VTE accounted for around 15% of all direct oral anticoagulants prescriptions. We analyzed 137 patients (64 females), mean age 70.29 ±16.34 years, that received rivaroxaban prescription. 48.4% of them were 75 years old and older. 58.2% received prescription during hospital stay, whereas 41.8% during ambulatory visit. Only 56.5% (52.4% in patients ≥75 years) of patients received the charge dose of 15 mg twice daily, whereas in 43.5% of patients treatment was started without charge dose. 46.7% of patients had pulmonary embolism (PE) with or without deep vein thrombosis (DVT), whereas 53.3% had isolated DVT. 76.9% of patients in whom prescription was made during hospital stay had PE with or without DVT, whereas 94% in whom prescription was made during ambulatory visit had isolated DVT.
Conclusions: Rivaroxaban is a concrete option for acute VTE treatment in real world. Patients undergone to rivaroxaban prescription for acute VTE seem to be older than those of phase III randomized clinical trials. About one half of patients doesn't receive charge dose.

Correlation Charlson comorbidy index – venous thromboembolism hospitalization. "CHARME" Study: comparative analysis with Student "t" test of continuous variables in 30 patients with venous thromboembolism. Three-year experience (2012-2014)

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Background and purpose of the study: The "CHARME" study, an acrostic of the "CHARleson coMorbidity index-venous thromboEmbolism", enrolled 30 patients with central pulmonary embolism during the three year period 2012-2014. In all patients, the Charlson Comorbidity Index (CCI) was measured, and the days of recuperation were counted. The "CHARME" study had as its objectives: verification of the relationships between the CCI values and inpatient recovery days,the statistical significance was noted by applying the Student "T" test.
Materials and Methods: The Student "T" test was applied, which calculates the relative value (RV) of the indice T to be linked to the difference found using the following formula: $T=(M1-M2)/\sqrt{DS1^2/ N1+DS2^2/N2}$.

Results: For the correlation between CCI and recuperation days, the value of "T" obtained with Degrees of Freedom (GL)=29, was 3.71. Given the Critical Value (CV) of "T" 3.659 with GL=29, for p=0.001, the Relative Value (RV) of "T" was equal to 4.00, expressing an absolute correlation between the values of two variables under consideration (CCI and inpatient recovery days), which is highly significant, with p <0.001. The CCI is constructed, based on the presence in individual patients of 19 disease markers, each of which contributes to the score,with a rating between 1 and 6. The raw score ranged from 0 to 37. A score>5 indicates a significant clinical workload,resulting in an increase in inpatient recovery days.
Conclusions: The "CHARME" study has shown that there is a highly significant correlation between the variables considered: CCI and hospital inpatient days.

Correlation transaminases – Miller Score. "TRAILER" Study: comparative analysis with Student "t" test of continuous variables in 30 patients with venous thromboembolism. Three-year experience (2012-2014)

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Background and Scope of the study: The "TRAILER" study,the acrostic of "TRAnsaminases-milLEr scoRe",enrolled 30 patients with pulmonary embolism in the three-year period 2012-2014.The study had as its objectives:verification of the relationship between pre- and post-lysis transaminase values and the Miller Score pre- and post-lysis,between transminase values pre- and post-lysis,and the statistical significance by applying the Student "T" test.
Materials and Methods: For comparative analysis of pre- and post-lysis SGOT and SGPT values with Miller Score values pre- and post-lysis,the Student "T" test was applied, which calculates the relative value (RV) of the indice "T" according to the formula: $T=(M1-M2)/\sqrt{DS1^2/N1+DS2^2/N2}$.
Results: For the correlation between SGOT and Miller Score pre-lysis,the value of "T" obtained was 4.00. For the correlation between SGPT and Miller Score pre-lysis, a "T" value of 3.75 was obtained. For the correlation between SGOT and Miller Score post-lysis, a "T" value of 8.17 was obtained.For the correlation between SGPT and Miller Score post-lysis, the "T" value 8.64 was obtained. For the correlation between SGOT pre- and post-lysis, the "T" value of 3.77 was obtained.For the correlation between SGPT pre- and post-lysis,the "T" value of 4.02 was obtained. Given the Critical Value (CV) of "T" 3.659,with GL=29 for p=0.001, an absolute correlation between the values of the variables was demonstrated, which was highly significant,with p <0.001.
Conclusions: The "TRAILER" study has demonstrated a significant correlation between the pre- and post-lysis transaminase values and the pre- and post-lysis Miller Score.

Antiarrhytmic and anticoagulant therapy in elderly acute patients: all the time?

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Introduction: A obese woman 89 years old (BW 90 kg) was admitted to our Unit for dyspnea and hypotension. Medical history: degenerative heart disease, moderate aortic stenosis, chronic kidney disease (stage III). Home therapy: diuretic and ASA. Physical Examination: Consciousness, dyspnoeic. Vital signs: BP 90/60 mmHg, respiratory frequency 26 breaths/min, heart rate 150 bpm, SO2 92% AA.
Methods: ECG: ventricular tachyarrhythmia. ABG: pH 7.24, pCO2 43 mmHg, pO2 64 mmHg. CHEST x-Ray: Bilateral pleural effusion. Small circle hypertension. ECHOCARDIOGRAPHY: LAD 44 mm, FE 50%, SIV 12 mm, severe aortic stenosis, PAPs 55 mmHg.
Results: We administred propafenone 2 mg/kg over 10 min IV (in hemodynamic non invasive monitoring) and we observed cardiopulmonary arrest. The patient underwent CPR and ACLS maneuvers. Atrial rhythm fibrillation (AF) with high ventricular response (150 bpm) was observed, The patient recived amiodarone 1 fl on bolus, 3 fl in 250 cc glucose IV infusion 5% (18 ml/h) and LMWH (6000 UI BID). After 24-h ECG: AF at 110 bpm, so we shifted with oral amiodarone and anticoagulation with warfarin. After 4 days, laboratory tests showed: INR out of range (>7) and Hb 8.6 g/dl, anemia was corrected with hemotrasfusions and oral anticoagulant therapy was interrupted. The 10th day on recovery the patient died for sudden death. Endoscopic procedures weren't so performed.
Discussion. This case offers the opportunity to reflect on the choice (type and dose) of antiarrhythmic and oral anticoagulation therapy in elderly frail patients with comorbidity: enought is worst?

T2DM home management can influence gender differences in acute patients?

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Introduction: It is unclear whether gender differences exist in diabetes mellitus management among older adults.
Methods: This observational study analyzed data from 113 (57M and 56F) aged ≥65yrs, hospitalized between apr and sept 2014 in our Unit. At basal, patients enrolled presented glucose basal value equal to a 213.46±10.9 mg/dl, and mean HbA1c value≥ 58.33 mmol/mol.
Results: We reported that more female than males received oral hypoglycemic (OH) at home. We observed that the average stay in the group of patients undergoing insulin infusion (I.I.) was significantly higher than in OH patients, while we did not observe significant differences between the group treated with insulin Basal Bolus (BB) and the combination group (BB+OH). Mainly female in infusion therapy showed a mean hospital stay significantly higher than males (p <0.005). During the hospitalization, I.I. was primarily administered in female patients (92%) while, BB was performed mostly in men. At the discharge we obtained a significant reduction of a FPG (146.5 *vs* 148 mg/dl, female *vs* men; respectively, p=n.s.) and post-prandial glucose mean (168 mg/dl *vs* 167 mg/dl, female *vs* men, respectively, p=n.s.). Compared to admission, we also found a significant increased in insulin treated patients (+35%).
Conclusions: Gender specific factors could influence diabetes mellitus diagnosis and control among hospedalized older adults. Education-based health promotion strategies for diabetes mellitus control might be more effective in elderly women than in elderly men.

Depressione con disturbo dell'attenzione ed insorgenza di demenza nell'anziano: follow-up a 4 anni

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La depressione e la demenza costituiscono le sindromi psichiatriche più frequenti nell'anziano tuttavia, la distinzione tra compromissione cognitiva associata alla depressione e manifestazioni depressive delle demenze neurodegenerative, non è ben nota. Scopo dello studio è stato quello di valutare con uno studio longitudinale l'incidenza di demenza nei pazienti affetti da depressione. Dal 2008 tutti i pazienti afferenti al nostro ambulatorio per lo screening del deficit cognitivo, sono stati eseguiti: esame obbiettivo, test necessari per la valutazione neuropsicologica e multidimensionale, ECG, RX torace, TC cranio-encefalica, routine ematochimica ed anamnesi farmacologica. Di tutti i pazienti analizzati, 314 hanno mostrato sindrome ansioso-depressiva con disturbo dell'attenzione associato. È stato possibile ottenere un follow-up a 4 anni per 115 pazienti trattati con antidepressivo riscontrando l'evoluzione in demenza, con un quadro tipico di Alzheimer, in 57 di essi (49.6%). Contemporaneamente, per 274 pazienti con isolato deficit mnesico, abbiamo ottenuto un follow-up a 4 anni per 60, 41 dei quali (68.3%) hanno avuto un'evoluzione in demenza di Alzheimer. La possibilità di considerare la depressione come manifestazione precoce della demenza è argomento di discussione di numerosi studi recenti. I nostri risultati sono in linea con le recenti evidenze e suggeriscono che la sindrome ansioso-depressiva con disturbo dell'attenzione può avere lo stesso valore predittivo dell'isolato deficit mnesico per lo sviluppo di demenza.

Not just diabetic neuropathy: progressive lower limb weakness due to colchicine-induced rhabdomyolysis in a diabetic patient

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Colchicine-induced neuromyotoxicity typically shows myopatic changes and axonal SM polyneuropathy. Drug withdrawal leads to clinical recover but life-threatening respiratory muscle weakness and severe rhabdomyolysis have been described. Colchicine myotoxicity can be a straightforward diagnosis, but it can go unrecognized in cases of pre-existent neuropathy or myopathy. Diabetic neuropathy can show any electrophysiological change. As a consequence, new neurologic symptoms in a diabetic patient can be attributed to diabetic neuropathy overlooking other treatable causes. A 73 yo man with type 2 DM, spondylopathy developed acute severe proximal lower limb weakness. Previous NCS showed lower limb radiculopathy attributable to spondylopathy, and sensitive axonal diabetic neuropathy. Axonal SM polyradiculoneuropathy was shown at NCS. Progression of pre-existent diabetic neuropathy was hypothesized. An acute inflammatory cause couldn't be excluded but elevated serum liver enzymes, CPK (2734 U/L), aldolase (11.1 U/L) pointed to the diagnosis. Colchicine, started a week before for acute gout, was considered responsible for myotoxicity, rhabdomyolysis, hepatitis and withdrawn. Neurotoxic effects couldn't be asserted since NCS confirmed the same kind of neuropathy. Clinical and laboratory recover was observed in the following week. In this case pre-existent diabetic neuropathy played a confounding role in initial unrecognition of colchicine-induced myopathy. Also in pre-existent diabetic neuropathy, other additional causes of new neurological changes should be considered.

A rare lethal association: a case of double etiology fungal pneumonia following rituximab treatment in a patient with autoimmune hemolityc anemia

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We present a case of a 68 years old woman, admitted to our general word for fatigue and reduced exercise tolerance. She had a personal history of Hodgkin Lymphoma efficaciously treated with chemotherapy, radiotherapy and bone morrow transplantation 20 years ago. The laboratory testing showed normocromic and normocytic anemia (Hb 5,5g/dL), aptoglobin suppression, LDH and biluribin increase. A total body CT and endoscopic exams (colonscopy and EGDS) were respectively negative for malignant disease relapse and gastrointestinal diseases. Coombs tests were positive confirming an autoimmune hemolytic anemia. Immunosuppressive treatment with steroids (1 mg/kg) and later with rituximab was started. After the second rituximab administration, the patient developed fever, cough and chest pain. A new chest CT scan showed interstitial pneumonia, a diagnostic process with bronchoalveolar lavage turned positive for P. jirovecii and Aspergillus terreus. We started anti-microbial therapy with voriconazole and trimethoprim-sulphamethoxazole (TMP-SMX) but unfortunately, the clinical course was complicated by ARDS that caused the patient death. Rituximab is a B-cell depleting monoclonal anti-body antiCD20, first approved by FDA, for B-cell Lymphoma treatment. Currently, its use has gained popularity as effective therapy for autoimmune diseases such as reumathoid artritis, LES, Sjogren Sindrome and immunohemolytic anemia. Despite its proved efficacy, rituximab treatment is not free from side effects and infectious ones are the most common, serious and potentially lethal.

A very complex case of rapidly worsening renal failure. Is there a clear cut role of myeloperoxidase and proteinase 3 auto-antibodies in distinguishing antineutrophil cytoplasmic antibody-associated vasculitis and mycobacterial infection relapse?

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Microscopic polyangiitis is a systemic, necrotizing, non-granulomatous small vessels vasculitis with few/no immune deposits. In this autoimmune disease, antineutrophil cytoplasmic antibodies (ANCA) play a pathogenetic role presenting in 95% of patients (70% against MPO, 30% against PR3). Main affected vessels are renal and pulmonary but other organs can be affected (gastrointestinal and CNS). We present the case of a 53 years-old woman, admitted to our hospital for sudden onset headache with CT-scan evidence of subarachnoid hemorrhage. Angiographic test was negative for cerebral vascular malformations. Laboratory tests showed rapidly worsening renal failure with serum creatinine (4,2 *vs* 1.7 mg/dL) and glomerulonephritis (red cell casts and proteinuria 2.132 mg/24h). In her clinical history She referred a mycobacterial renal infection treated with nephrectomy and antimicrobial therapy. Microbiological tests (PCR for BK, Quantiferon) and total body CT scan were negative so an ANCA autoantibodies test was made and showed a high titer MPO (431 UI/mL). Renal biopsy was not possible. The high clinical suspicion of MPA prompted plasma exchange, high dose steroid and rituximab with renal function improvement. Recent studies showed P-ANCA positivity also in infectious disease especially in Mycobacterial ones; patients affected by TBC had p-ANCA positivity in 52,4% of cases (47,6% anti-MPO). The low specificity of P-ANCA suggests that treatment should be started not only on the ANCA test but also on the clinical features and over all on biopsy, the gold standard for the diagnosis.

A rare case of cytomegalovirus pancreatitis in a woman with new onset systemic sclerosis

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Systemic sclerosis is a chronic systemic autoimmune connective tissue disorder encountered in about 0.5-1% of general population especially in middle age females (F/M=9:1). It is characterized by diffuse fibrosis, vascular abnormalities of the skin, blood vessels, muscles, joints, and internal organs (esophagus, lung and kidney). Diagnosis is made on the basis of clinical features, autoantibodies positivity especially for Anti-Cepn A-B (20-40% of cases), ANA and Anti-Scl70 (15-40% of cases). It is well documented that in SSc there is an impairment of immunitary system with an increased risk for infection. We present the case of an 87 years old woman affected by arterial hypertension, atrial and idhiopatic thrombocytopenia (45.000 /mm3). She was admitted to our hospital for fever, acute abdominal pain and vomiting with a marked increase of amylase and lipase enzymes. The clinical examination showed: oral lesions, micrognatia, dry oral and eyes mucous, Raynaud's phenomenon. An abdominal CT scan showed an acute pancreatitis. Blood colture were negative. In the suspicion of connective tissue disease the autoantibodies panel was made and was positive for anti-Cepn A-B, anti Scl70, ANA >1:640 suggesting a diagnosis of SSc. After common causes of pancreatitis were excluded, we suspected a viral pancreatic infection. Serology for viral agents was positive for high levels of CMV DNA, then treatment with ganciclovir was started with rapid CMV-DNA decrease and clinical improvement. Unfortunately, the patient died for septic shock due to multi-drug resistant polymicrobial bacteria.

Allen's test predictive factor associated with new digital ulcers in systemic sclerosis patients

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Objectives: Nailfold capillaroscopy can be used to non-invasively assess SSc-related microangiopathy. The aim of the study was to identify nailfold videocapillaroscopic variables and other factors that predict the occurrence of new digital ulcers in patients with SSc.
Methods: A total of 31 patients (mean age 57,7±4,5 years, 23F, mean disease duration from onset of Raynaud's Phenomenon 13,2 years) previously diagnosed with SSc and with a history of DU were enrolled in the study. The patients were followed up for a maximum of 6 months from September 2013 and stopped at first new DU occurrence. All patients undergo clinical assessment and receive standard medical care with iloprost e bosentan. At baseline were assessed NVC param-

eters (number of capillaries, maximum giant capillary diameter, micrhaemorrages and neoangiogeneses) and Allen' sTest.
Results: At the end of the follow-up 6 patients (4 M and 2 F) had a new digital ulcer. The Allen's test was abnormal in all the 6 patients at baseline. The number of capillaries/mm was lower (6,71±0,52 mm) than at basiline (7,83±0,38 mm) and we observed progressive increase of capillary ramifications. 1 pts (M) shifted from the active to the late pattern. Our study showed a correlation between abnormal Allen's test, capillaroscopic damage, a higher degree of skin score, a higher prevalence of SCL-70, Male gender, and cardiac and lung involvement.
Conclusions: Allen's Test and reduced mean number of capillaries are predictive of the occurrence of new DU within 6 months in patients with SSc.

Echocardiographic abnormalities in a cohort of systemic sclerosis patients

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Cardiac involvement is a serious manifestation of scleroderma and is associated with decreased survival
Aims: To describe the prevalence and types of echocardiographic abnormalities in a cohort of SSC patients.
Methods: A total of 142 (122Women-20Men) unselected consecutive SSc pts were included in our study. They had mean age 51.2 years (range 23-84), disease duration 12.2 years±7.5 (range 1-24).
Results: Echocardiograpic alterations were detected in 102 pts (71.8%): Tricuspid insufficiency in 55 (38.7%), and was associated with high systolic pulmonary pressure and with dilated right cardiac chambers in 11 pts (17.7%). Left ventricular (LV) hypertrophy in 38 (26.7%). Diastolic dysfunction in 30 (21.2%), Aortic valvulopathy in 18 (12.6%) with insufficiency in 14 (9.8%): and stenosis in 4 (2.8%). Mitral valvulopathy in 22 pts (15.4%) with insufficiency in 18 (12.6%): stenosis in 1 (0.7%). Pericardial effusion in 9 (6,3%). Other alterations: left atrial dilatations in 16 pts (11.2%), left ventricle diastolic dysfunction in 3 (2.1%).Three of the SSc patients had undergone valve replacement and one had a significant aortic insufficiency. 19 SSc patients had previous CVD . 6 patients had previous myocardial infarction , 5 had angina, 5 had LV hypokinesia, 3 had LVEF < 35, among them 5 had undergone surgery.
Conclusions: Valvular dysfunction, especially tricuspid, with or without underlying elevation in pulmonary artery pressure, was the most frequent abnormality found.

Current approach to digital ulcers in systemic sclerosis patients

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Objectives: We have reviewed hospital–based treatment in our single centre cohort.
Methods: Between the years 2004-2014 a total of 38 SSc patients (9 M, 29 F) having digital ulcers (DU) were treated using Iloprost and Bosentan. In addition local antiseptic care should be provided. In some cases analgetics and antibiotics are required. The mean age at the time of combined therapy was 57.8 years (min 24–max 83). Disability scores [Cochin hand function scale (CHFS), health assessment questionnaire disability index (HAQ-DI)], pain score (Visual Analog Scale), and quality of life (SF-36) were assessed.
Results: PAH was also present in 7 pts (18,4%). At the start of combined therapy, the median number of DU was 3.0. More D U were present at the end of the cold season from February to May (p 0,036). At 24° month 32 pts (84,2%) improved, in these patients DU healed within an observational period of 2,80 months (min 1, max 6 months), 3 pts (7,8%) stabilized, 3 pts (7,8%) had soft tissue infection requiring antibiotics, followed by gangrene and finally by surgical amputation. The diminution of digital ulcers was associated with a significant decrease in disability scores from 28.8±21.1 to 24.2±19.1 (p=0.005) on the CHFS and from 0.98±0.70 to 0.86±0.68 (p=0.04) for the HAQ- DI; the pain score decreased from 4.9±2.8 to 2.8±2.6 (p <0.0001). After the follow-ups at December 2014: 3 pts were died for PAH, only 2 pts (5,2%) had active digital ulcers

Calcinosis in systemic sclerosis patients

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Our aim was to exame clinical and serological associates of SSc-related calcinosis (Calcinotic deposits were found to consist of hydroxyapatite with a carbonated component).
Methods: A total of 142 (122 F-20 M) unselected consecutive patients with SSc were included in our study, and were reviewed during an 18-month period. They had mean age 51,2 years (range 13-84), disease duration 12,2±7,5 years (range 1-24). The variables examined were: disease subtype, duration of SSc, autoantibody status (anticentromere and antitopoisomerase), age, gender, surgical debridement and/or amputation, pulmonary fibrosis and pulmonary hypertension. Logistic regression was used to investigate association between demographic and clinical factors.
Results: 31 patients (26 F, 5 M) (21,8%) with SSc were affected by calcinosis, 38 patients by digital ulcers (26%), PAH was also present in 7 patients (4,9%). During the 18-month period, a total number of 46 new calcinosis were observed in our patient's series. Age distribution, and gender, were similar in those with and without calcinosis. Only surgical debridements (history of debridements in 38,7% of those with and 8,6% without calcinosis, anticentromere status (positive in 58,0% with and 31,8% without calcinosis) and disease duration (19,0 years with and 10,3 years without calcinosis) remained significant after adjusting for other variables. Features of severe microvasculopathy were osserved in nailfold capillaroscopy and were specifically associated with calcinotic lesions in SSc.

✪ Laser speckle contrast analysis in the follow-up of digital ulcers in systemic sclerosis patients

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DU are a recurrent debilitating manifestation of SSc, nailfold capillaroscopy (NFC) and laser speckle contrast analysis (LASCA) can be used to non-invasively assess SSc-related microangiopathy. The aim of the study was to investigate, by LASCA, blood perfusion (BP) looking for any correlation with NFC.
Methods: A total of 31 SSc patients (mean age 57,7±4,5 years, 23F, mean disease duration13,2 years) with a history of DU were enrolled in the study and were followed up for a maximum of 6 months from September 2013. All patients undergo clinical assessment and receive standard medical care with iloprost e bosentan. At baseline (TO) were assessed NVC parameters (number of capillaries, maximum giant capillary diameter, micrhaemorrages and neoangiogeneses) and LASCA.
Results: At the end of the follow-up (T1) 6 patients (4M and 2F) had a new digital ulcer(DU+). The number of capillaries/mm was lower (6,71±0,52 mm) than at TO (7,83±0,38 mm) and we observed progressive increase of capillary ramifications. 1 pts (M) shifted from the active to the late pattern. The 6 pts (DU+) had a significant lower mean BP than 25 pts (DU-) at level of fingertip (85,7±4,5 *vs* 197,6±3 p<0,001). A significant progressive decrease of BP was associated with progressive pattern of NFC. In the ROIs created at level of any ulcer area was observed a statistically significant decrease of BP between TO and T1 (64,91 *vs* 48,90 PU p<0,04) and a significant increase of BP during treatment when the ulcers improved.

Hypertension and diabetes enhance the risk of cardiovascular disease in psoriatic arthritis

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Psoriatic arthritia (PsA) in an inflammatory musculoskeletical condition associated with skin psoriasis,recent study (Mehta 2010) suggest acceleration of the development of atherosclerosis in this population. The aim of the study was to determine the prevalence of cardiovascular

events and associated risk factors in patients with (PsA) and to evaluate their association with disease severity.
Methods: The study included 46 pts (33 F-13 M, mean age 54,8 range 24-88 years) with PsA, we analyzed serum levels of anti-CCP antibodies by ELISA, PASI, BASDAI, DAS28, and were searched DM, dyslipidemia, systemic arterial hypertension (SAH) and the occurrence of CVD.
Results: Higher value of anti-CCP were in 20 PsA pts with higher PASI (group A) *vs* PsA pts (26 pts- group B) with intermediate PASI (p<0,01). Comparing group A *vs* B we found similar lipid profile with mean total cholesterol 194,8±42,3 mg/dl, HDL 44,92±9,70 and triglyceridaemia 139,7±72,8 mg/dl. In the group A we found higher ERS, higher CRP and a longer disease duration (>10 years). The prevalence of SAH 95% (A) *vs* 46,1% (B) p<0,001, and DM 60% (A) *vs* 26,9% (B) p<0,001 were significantly greater in group A. The mean common carotid artery intima media thickness (mm) were: 0,92±1,36 (A) *vs* 0,74±0,72 (B) *vs* 0,63±0,32 control group, p<0,01.The prevalence of CVD was significantly greater in group A (45%) *vs* group B (11,5%) p<0,001.The high prevalence of CVD in PsA patients is influenced by increased association with SAH, DM and disease severity.

What low-molecular-weight heparin can...

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A 53 years old woman was admitted to our Internal Medicine Department (IMD) because of suspect of deep vein thrombosis (T) after an orthopedic surgery and ongoing prophylaxis with Enoxaparin (E). Physical examination showed edema and evoked pain of the left (L) lower limb; mild anemia and thrombocytopenia (PLT 58.000) were present; simplified ultrasonography showed no compressibility of L femoral vein. In clinical suspicion of heparin induced thrombocytopenia (HIT), E was stopped and Fondaparinux (F) was started. After initial clinical improvement, on day 3 L haunch pain appeared and a CT showed L adrenal hematoma and multiple T (renal and sovrahepatic veins, small lung arteries). In strong suspicion of type II HIT, alternative therapies were considered but in our patient Argatroban and Lepirudin were discouraged and F was continued. Hemodynamic instability appeared and intubation was required, electromechanical dissociation compared and a systemic thrombolysis was performed without success. The autopsy showed bilateral adrenal hemorrhagic necrosis, sovrahepatic veins T, myocardial infarction and lung thromboembolism.
Conclusions: The inpatients in the IMD are of increasing complexity, often treated with antithrombotic prophylaxis and sometimes in postsurgical phase. It's important to remember that 2 types of HIT may occur: type I, which is benign, asymptomatic and self-limiting; type II, that is an uncommon severe immune-mediated PLT-penia, mainly associated with new thrombotic events, poor responsive to medical treatment, frequent after orthopedic surgery and often fatal.

Ultrasonography: the compass of modern internist

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Ultrasonography (U) has many advantages: it's noninvasive, portable, and can be performed at the patient's bedside. In our experience U was useful because it directs us like a compass in daily decision giving simple answers to specific questions. We present 3 clinical cases: 1) Patient (P) admitted to our IMD for dyspnea and pleural effusion (PE), evidenced by a chest X-ray. Physical examination (PE) was not compatible with PE so a U was performed and PE was excluded. A second chest X-ray was performed in good technical condition and the PE was not confirmed; that avoided incongruous therapy and decreased patient's hospitalization. 2) P hospitalized for stroke and anuria; after some hours from bladder catheter positioning abdominal pain and decreased excretion of urine compared; PE was compatible with bladder globe; a simply U as well as confirm the diagnosis showed a bladder cauliflower image likely of neoplastic origin that trapping the catheter tip stopped the urine flow. 3) P hospitalized for acute bronchitis but the PE made us suspect a pneumonia and a U at bedside was performed; a lung subpleural consolidation with air bronchograms was found and a specific therapy was started.
Conclusions: In our short experience we confirmed that U is a useful tool to rapidly evaluate P that often are elderly, , uncooperative, mildly symptomatic and subjected to conventional radiology in unfavorable technical conditions: U could be increased in the IMD because, in conjunction with the history, physical examination, and ancillary tests, easy direct us as a compass.

Boceprevir or telaprevir plus peginterferon/ribavirin in *Hepatitis C virus* chronic infection: the real-life experience of the Italian Association of hospital hepatologists

C.D.S.G. Cleo Daas Study Group 1

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Introduction and Aim: In Italy Boceprevir/Telaprevir (DAAs) were used from January 2013. Since then the group of the Association of Hospital Hepatologists (CLEO DAAs Study Group) has been deeply involved in using DAAs. The aim of the study is to check safety and efficacy of this type of treatment in the real-world setting.
Materials and Methods: A database was prepared and used by all Centres for the data collection and updated continuously. All patients consecutively treated were included; data were analyzed according to the intention-to-treat principle. HCV-RNA was analyzed using: COBAS TaqMan 2.0 (Roche) with LLQ 25IU/mL.
Results: 43 Centres enrolled 779 patients: male 64.1%; median age 57 (range 18-78), of whom 18.6% over 65; mean BMI 25.6 (range 16-39); Genotype 1b (78.3%); fibrosis F3/4 (70.9%). DAAs used: Telaprevir (66.2%); PEGIFN-2a (67.6%); patients naïve (24.4%), relapsers (30.5%), non-responders (30.3%). Therapy was stopped in 14.6% cases because of side-effects (anaemia 52.9%, rash 23.2%) or for virological failure (15%). The RVR was achieved in 67.8% cases, EOT in 71.9%, while the SVR was achieved in 72.5% in F0-F1; 74% in F2, 62.2% in F3 and 51.1% in F4. In cirrhotic aging >65 the SVR was 48.3%. There were no fatalities.
Conclusions: DAAs are safe but with moderate efficacy. These data confirm the limited success of DAAs in certain groups of patients such as those widely represented in our series: advanced fibrosis/cirrhosis, non-responders to PEGIFN/RIBA and the over 65s. As for the SVR, the grade of fibrosis makes the difference.

Bleeding and coagulopathy in a young woman

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A 43 years-old woman presented to our emergency department with left arm bruises and left eye conjunctival haemorrhage developed after oral intake of 100 mg aspirin. The patient reported two miscarriages and menorrhagia. She had no history of bleeding after childbirth and surgical procedures. She was carrier of the prothrombin G20210A polymorphism, detected after her daughter experienced a deep venous thrombosis. On physical examination asymmetria of the upper left arm with edema and multiple ecchymoses was shown. Compressive ultrasonography was negative for deep-vein thrombosis. Haemoglobin was 8.6 g/dL, and platelet count was 235000/mmc. The prothrombin time (PT) was not measurable and the activated partial thromboplastin time (aPTT) ratio was 2.69. Single 10 mg Vitamin K (VK) i.v. administration improved PT INR (3.7) and aPTT ratio (1.6), with coagulation factors as follows: II: 30%, VII: 5%, X: 16%, IX: 28%. Fresh frozen plasma infusion (10-15 ml/Kg for 2 days) only further reduced coagulation abnormalities, while a complete normalization was achieved by repeated VK administration (daily for 3 days, then twice weekly). VK deficiency is a common cause of acquired coagulation disorders. The underlying causes in such patient remain to be elucidated, in the absence of IgA or IgG antibodies to endomysial antigen and tissue tranglutaminase, villous atrophy at duodenal endoscopy and intestinal infections or chronic inflammatory disorders.

A case of a giant umbilical hernia with loss of domain in the department of Internal Medicine

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Massive ventral hernia with loss of abdominal domain is a particularly complex and uncommon disease in western civilization.
Case report: A 74 year-old female with a giant spontaneus umbilical hernia (diameter of 31 cm) and loss of abdominal domain which had progressed over multiple years was admitted to the hospital for bilious vomiting, abdominal pain and constipation from four days. The patient had an hystory of obesity, chronic atrial fibrillation and moderate left ventricular dysfunction due to coronary artery disease. Previously the patient had refused elective repair of umbilical hernia. Physical examination was negative for signs of peritonitis. Digital rectal examination revealed presence of feces in the rectal ampulla. Blood examinations: WBC 15,5x10^9/L, PCR 1,5 mg/dl. In Emergency room abdominal x-rays showed few air-fluid levels. Patient was admitted to Department of Internal Medicine and the management included a multidisciplinary approch. She was treated with nasogastric tube decompression, intravenous fluid administration, enemas, with only the initial resolution of symptoms. A CT scan revealed a small bowel obstruction and an umbilical hernia with loss of abdominal domain containing the patient's small bowel and right colon. The patient underwent an exploratory laparotomy which confirmed the diagnosis and showed multiple cicatricial stenosis of right colon. A latero-lateral end anastomosis for right hemicolectomy, viscerolysis and resection of hernial sac were performed. Twenty days after the operation the patient was stable.

New oral anticoagulants in real life: a one-year experience in clinic

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Introduction: The aim of the present observational and perspective study was to test the effectiveness and safety of new oral anticoagulants (NAO) in *real life* evaluating the effects of the treatment on 173 patients divided in 2 groups: 159 with AF and at least another risk factor treated with dabigatran, rivaroxaban and apixaban and 14 with DVT treated with rivaroxaban followed-up for 20 months.
Materials and Methods: Dabigatran 150 mg BID was administered to 104 p.; 110 mg BID were administered to a patients sub-group aged at least 86 or weighting <60 kg. Apixaban at a 5 mg BID was administered to 23 p. Rivaroxaban at a 20 mg/day was administered to 32 p. belonging to the group with FA and to the 14 p. affected by acute symptomatic PE in order to prevent a thromboembolic relapse.
Results: The study proves the NAO effectiveness as regards the primary outcome (stroke and systemic embolism). Furthermore, given the preliminary data, it documents a death rate due to cardiovascular causes lower than 0,60%, while percentage data relating adverse events are quite null. The estimated *drop-out* percentage, from a preliminary analysis of data, was 35%; after a new evaluation of patients through telephone interview, it appeared that as a matter of fact none of the patients stopped the treatment, but just applied to another specialist or to GP.
Conclusions: The study proves the effectiveness and safety of NAO as to the prevention of TE events in AF, with results similar to the ones of large *clinical trials*. The non inferiority of NAO with respect to older drugs make this therapeutic option a first choice.

Challenge/Desensibilizzazione per aspirina in pazienti ipersensibili con malattia coronarica acuta e cronica. Policentrica della European Academy of Allergy and Clinical Immunology

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Premesse: La ipersensibilità ad aspirina o FANS è frequente in pazienti in nota per studio coronarografico urgente, per SCA o elettivo in CIC. Gli stent impongono duplice antiaggregazione, con tienopiridine e aspirina. Allergologo e Cardiologo devono collaborare per evitare ai pazienti un gravoso intervento alternativo di bypass e decidere se applicare: 1) challenge per aspirina,procedura diagnostica per verificare la tollerabilità di aspirina a 100 mg; 2) desensibilizzazione per aspirina, procedura terapeutica per indurre tolleranza a aspirina. La letteratura sul tema è scarsa, disomogenea e non chiarisce i criteri clinici di accesso a tali procedure.
Metodi: Raccolta dati policentrica e consensus del gruppo di interesse europeo per allergia a farmaci della EAACI.
Risultati: La casistica è la più ampia ad ora raccolta in letteratura. Centri 10; pazienti: 278, 128 desensibilizzazioni, 150 challenge. Gruppo desensibilizzazione: SCA nel 68% dei casi; anamnesi anafilassi da ASA o FANS: 25%; dose di asa in anamnesi sintomatica: 100 mg nel 59%; stent 60%. Challenge: CIC nel 65%; anamnesi di orticaria da Aspirina o FANS nel 79%; dose di asa in anamnesi sintomatica: >300 mg nel 52%.
Conclusioni: La consensus ha stabilito che il challenge va attuato in pazienti con ipersensibilità ad asa/FANS in condizioni di cardiopatia ischemica cronica stabile in studio e anamnesi allergologica non severa. Pazienti con sindrome coronarica acuta,o anafilassi severa,per dosi antiaggreganti di aspirina eseguiranno direttamente la procedura di desensibilizzazione.

Efficacy of new bronchodilators in chronic obstructive pulmonary disease

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Background: In the initial phases of COPD with bronchoreactivity therapeutic treatment is based on inhaled bronchodilatators beta2 agonist and anticholinergics while ICS are indicated in the final phases of disease.and/or when symptons are insufficiently controlled by bronchodilatators therapy. Recently in Italy a new Long action LABA and long-acting muscarinic antagonist were proposed in COLDs treatment.
Materials and Methods: In open territorial, 25-week study we proposed to 38 COPDs with bronchoreativity positive Test (over 64; 6F and 32M) already at least 2 years in treatment with LABA and ICS, a change of therapy with new long activity beta agonist and a long acting muscarinic antagonist. After program acceptance and Informed Consens signing, for each patients were randomized basal and periodic forced expiratory capacity volume in 1 second (FEV1), FVC, CAT, TDI, PIF, and PEF and were monitored AE, exacerbations, self-managment skills, subjective symptoms instrumental and clinical with periodic controls, montly for 6 months.
Results: A total 38 COLDs were randomized, 35 completed the study. 58% of cases were indicative for significant and constant improuvment in bronchodilatation with documented improuvment of subjective, instrumental and clinical parameters; 42% demonstred only subjective, instrumental and clinical stactionary condictions.
Conclusions: In COLDs in A/B stadies once-day coadministration of IND+GLY show a good compliance, efficacy bronchodilatation, improvement of subjective, instrumental and clinical parameters, AE and exacerbattions limitations and provides sustained improvement in COLDs centered outcomes.

Epilessia si, ma solo ortostatica grazie!... Manifestazione anomala di una sindrome da non sottovalutare

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Uomo 76 aa, iperteso, idrocefalo sottoposto a derivazione liquorale (DL) 10 anni prima, successivi controlli riferiti nella norma. Accede in PS per confusione mentale comparsa mentre camminava seguita da crisi epilettica con secondaria generalizzazione (GCS 6); miglioramento del quadro durante il trasporto in PS dove si presenta comunque afasico, sudato, tachicardico, agitato. Alla TC cranio presenza di raccolte igromatose biemisferiche. L'EEG non mostra attività epilettogena. Si esegue pertanto RMN encefalo con gadolinio che rileva aumento diffuso dell'enhancement contrastografico a livello durale. Ipotesi diagnostiche: - Pachimengite infettiva cronica; ma i patogeni più frequentemente responsabili (Treponema pallidum, M. tubercolare e funghi) vengono esclusi dagli esami sierologici e colturali. Inoltre assenza di focolai pneumonici alla Rx. - Abbiamo considerato l'ipotesi di metastasi durali da eteroplasie quali cancro della prostata, polmone e melanoma o linfoma primitivo del SNC ma tali ipotesi sono state scartate in quanto il pz non aveva storia di neoplasia e le caratteristiche dell'enhancement RMN (diffuso anziché focale) non facevano propendere per tali diagnosi. - Vasculite granulomatosa; ipotesi scartata in quanto la ricerca degli Atb in particolare degli ANCA è risultata negativa. - Ipotensione liquorale: a favore di tale ipotesi risultavano l'insorgenza dei sintomi in ortostatismo, le caratteristiche della RMN, l'anamnesi positiva per intervento di DL, il notevole miglioramento cognitivo e motorio in seguito al mantenimento della posizione supina e fluidoterapia.

Eosinophilic gastroenteritis: a case report

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Introduction: Eosinophilic gastroenteritis is an immunological disorder, characterized by increased bone marrow production of eosinophils and infiltration of digestive system organs. Clinical picture depends on involved organs.
Case report: A 66-y.o woman was admitted to our ward for abdominal pain and rectal bleeding. She also reported allergic rhinitis, hypothyroidism, altered bowel movements. Physical examination was normal, while blood tests revealed: eosinophils 1700/mmc, IgE 337 UI/l, lipase 632 UI/l, amilase 113 UI/l, ALT 130 UI/l, AST 46 UI/l. Stool, blood and urine culture, neoplastic and immunologic markers , thyroid hormones were normal. Abdomen CT scan excluded abdominal mass or inflammatory foci. Colonscopy showed normal mucosa, but random biopsies were done. In the suspicion of an eosinophilic gastroenteritis steroids (1 mg/kg/d) was started with a quick normalization of eosinophilic count and symptoms remission. Histology revealed large lymphocytic and eosinophilic infiltration of large bowel wall.
Discussion: If untreated, tissues are damaged by inflammatory mediatiors released by infiltrating eosinophils. Fibrosis with subsequent stenosis and/or organ failure can be prevented by steroid therapy that reduce eosinophilic bone marrow overproduction and peripheral infiltration.

Acute pancreatitis, an emergent medical disease

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Introduction: Acute pancreatitis (AP) was traditionally a surgical disease. Anyway, like for peptic ulcer, because of advances in diagnosis and management, today it is considered a medical disease. Also endoscopic procedures contributed to avoid surgery in biliary AP.
Objectives: To describe a series of patients with AP admitted to a medical ward.
Patients and Methods: We extracted from our electronic database all the AP admitted from 1/1 to 31/12 2014. Gender, age, etiology, lenght of stay, medical, endoscopic, surgical therapy were collected.
Results: 80 pts (37M; mean age 63y) were admitted (4% of all admissions). Pts <30 accounted for 8.8%. In-hospital mortality was 2.5%. Mean severity assessed by Ranson score (RS) on admission was 1.2, 10% of pts had RS 3-4. Biliary pancreatitises were 66%, alcoholic 12.5%, miscellanea 10%, idiopathic 8%. All were treated by medical therapy: 95% received gabesate mesylate, 87.5% fluids, 82.5% antibiotics (69% ciprofloxacin+metronidazole and 14% meropenem), 21% buprenorphine; PPI were administerd in 90% and VTE prophylaxis in 49% of them. Only one pt required urgent referral to surgery; >50% were referred to elective cholecystectomy; 5 pts underwent to endoscopic retrograde colangiopancreatography and 1 required also biliary stent. Mean lenght of stay was 6.2; only 2 pts died after discharge.
Conclusions: AP is an emergent medical disease. Fluids, antiprotease, opioids, antibiotics are therapy milestones. Biliary aetiology is predominant, but endoscopic treatment was necessary in few cases. Outcomes were good with 97.5% survival after 9 months.

Still's disease: a case report

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Introduction: Adult Still's disease is an arthritis that occurs mainly in the second to forth decade of life, characterized by high fever, skin rash and other manifestations of systemic inflammation.
Case report: A 65-year old man was admitted to our medical ward for remittent fever and arthralgias. Physical examination revealed inflammation signs of bilateral large joints and maculo-papular erythema of limbs and back. Blood tests showed: CRP 13 mg/dl, ESR 40 mm/h, fibrinogen 839 mg/dl, ferritin 2124 ng/ml, AST 48 UI/L, ALT 214 UI/L. Colture and other serologic researches for atypical bacteria, protozoa, viruses and spirochetes were negative. Autoimmunity, peripheral lymphocytic subsets and neoplastic markers were normal; rheumatoid factor was absent. Imaging excluded thoracic and abdominal infective foci, but showed slight hepato-splenomegaly. No endocarditis vegetations were seen at heart US scan. In the suspicion of Still's disease, steroid therapy (methylprednisolone 1 mg/kg/day) was started. Fever remitted and acute phase reactants reduced, but articular involvement still persisted, so it was necessary to associate methotrexate 10 mg/week.
Discussion: Late-onset Adult Still's disease is particularly rare. This experience thaught us to include Still's disease among differential diagnosis of fever of unknown origin also in over 60s.

Procalcitonin is useful for diagnosis of infection in clinical practice?

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Background: Clinical studies suggest that early diagnosis of infection requires a high index of suspicion and clinical evaluation together with laboratory tests.
Objectives: We evaluated serum procalcitonin (PCT) as a diagnostic marker of infection, and compared PCT levels with C-reactive protein (CRP), white blood cell count (WBC), haemoglobin (Hb), platelet count (PLT), albumin, D-dimer, VES, fibrinogen and body temperature.
Methods: Patients with a temperature of >37°C admitted to the our division were evaluated . At the time of admission and every two days thereafter, laboratory data including PCT, CRP, WBC, Hb, PLT, albumin, D-dimer, VES and fibrinogen.
Results: 172 patients were studied. D-dimer, Hb and fibrinogen are predictors of the high PC values. The area under the curve (95% confidence interval) was 2,2 for D-dimer, 3,1 for fibrinogen, 4,4 for Hb, and increased to 5,1 when these were combined. The mean difference between PCT values in the day 1 and in the day 3 was statistically significant (P=0.0001). The mean difference between fibrinogen values in the day 1 and in the day 3 was also statistically significant (P=0,006). Repeated measures ANOVA test, showed that the difference between PCT values in the day 1 and in the day 3 was found to be statistically significant (P=0.0009), so between PCT values in the day 1 and in the day 5 (P=<0,0001) and between PCT values in the day 3 and in the day 5 (P=<0,0001).
Conclusions: PCT is a highly effective early diagnostic marker of infection. However, it may be predict from D-dimer, haemoglobin and fibrinogen.

✪ Serum Galectin-3 levels in systemic sclerosis: a new potential biohumoral marker for early diagnosis of pulmonary hypertension and other organ complications?

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Early diagnosis of systemic sclerosis (SSc) and its major complication, pulmonary hypertension (PH), is of great importance for early treatment. The identification of biomarkers of vascular, fibrotic and immunological damage together with noninvasive methods to detect PH would be useful for this purpose. Aim of the study was to evaluate serum Galectin-3 (Gal-3) levels in patients with early SSc without PH at rest, investigating the correlation with organ involvement and development of exercise-induced PH. 45 SSc patients, recruited at VEDOSS Centre-University of Florence, underwent blood sample collection for Gal-3 levels measurement and Exercise Doppler Echocardiography. A significant difference in serum Gal-3 levels was observed between SSc patients and controls (11.52±8.3ng/ml *vs* 3.74±1.69ng/ml, p<0.001). Significantly higher values of serum Gal-3 were found in patients with disease duration ≥ than <2years (13±9.15ng/ml *vs* 7.35±2.9ng/ml, p<0.05), and in patients with in comparison to those without digital ulcers (18.42±15.49ng/ml *vs* 9.68±4.47ng/ml, p<0.05). A significant correlation between serum Gal-3 levels and erythrocyte sedimentation rate and C-reactive protein was also observed. Gal-3 mean values were significantly higher in patients with exercise-induced PH than in controls (8.19±2.93ng/ml *vs* 3.74±1.69ng/ml, p<0.01), without significant differences between patients with and without exercise-induced PH. These results suggest a potential role of Gal-3 as marker of fibrosis and disease activity in SSc, which needs to be confirmed in larger prospective studies.

Efficacy of mesalazine or beclomethasone dipropionate enema or their combination in patients with distal active ulcerative colitis

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Background: Mesalazine or Beclomethasone dipropionate (BDP) enema have been shown effective in treatment of distal active ulcerative colitis (UC). This study was aimed to determine whether the combination of topical mesalazine and BDP is superior to topical mesalazine or BDP used alone in patients with distal active UC.
Methods: One-hundred and twenty patients with clinical, endoscopic and histological diagnosis of distal active UC were randomly assigned to a regimen with mesalazine tablets 2.4 g/day associated to either mesalazine enema 4g/day (group A, n=40), BDP 3mg/60 ml every day (group B, n=40) or the combination treatment with the two compounds in a single administration (group C, n=40) for eight weeks. After four weeks of treatment all patients underwent clinical controls but only 109 patients returned back for clinical, endoscopic and histological controls at the end of the treatment period.
Results: After eight weeks, complete remission rates were of 52%, 47% and 65% respectively, in group A, B and C. From baseline to 4 and 8 weeks the CAI score decreased significantly in all the three groups, (p<0.0001).
Conclusions: All the three combinations achieved equivalent results in terms of symptoms in inducing symptoms relief and mucosa healing in distally active UC.

A rare case of edema of the face in Internal Medicine: human trichinellosis

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A young man was conducted in our emergency unit, for the occurrence of edema of face and neck, arthralgia, asthenia and gastrointestinal symptoms such as bloating, abdominal distension and diarrhea. Patient showed the presence of irreducible edema of face and neck and pain at the pressing of arms and legs musculature. The vital parameters and ECG were normal. The temperature was di 37°C. Hematochemical analysis showed high level of creatin kinases (CPK), lactic deidrogenase (LDH) and leukocytosis. Patients were treated with steroid and with antihistaminic agent with remission of symptoms. Two days after, patients returned to emergency unit with the same symptoms and laboratory analysis showed a worsened of CPK, LDH values and increased level of RCP and eosinophilic leukocytosis. Due to the uncertain diagnosis, patients was admitted in Internal medicine unit. At admission, we learned that his uncle showed the same attenuated symptoms, and that both subjects take part to a banquet consuming sausages manufactured with boar meat. High IgE serum title and the absence of bacteria growth and parasitic cyst or agents in microscopic and culture analysis led to think to a rare zoonosis: human trichinellosis. Serum samples obtained from both patients and sausages sequestered at our patient were processed. Trichinella larvae were identified at PCR analysis. After positive results, we started a therapy with mebendazole 500 mg, two tablets t.i.d. for 15 days with normalization of symptoms and hematochemical data, comprising anti-Trichinella Ab serum title.

✪ The integration of TNM classification with nodal distribution improves the accuracy in stage III colorectal cancer stadiation

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Background: In the TNM classification of colorectal carcinoma, N-staging is dependent on the number of metastases; in the Japanese classification system, staging usually has been based on the distribution of metastases (N1, paracolic; N2, along the major vessels; N3, at the root of major vessels). The aim of our study was to examine whether the concept of the distribution of nodal metastasis could improve the TNM classification for colorectal cancer.
Methods: We studied the survival rates of 63 patients with stage III CRC, respectively, who underwent curative surgery and chemotherapy. The patients were categorized into 3 groups: group 1, TNM-N1 classified in J-N1; group 2, TNM-N2 in J-N1; group 3, TNM-N2 in J-N3.
Results: The 5-year survival rates of the patients in groups 1 to 3 were 92%, 74% and 56%, respectively. There was a significant difference in survival rate between groups 1 *vs* group 2 (P=0.04) and *vs* group 3 (P=0 .0001). Using only TNM classification, the 5-year survival rates of N1 was 63 and N2 patients was 59% (P=0.77).
Conclusions: This study suggests that adding the concept of nodal distribution to the conventional TNM staging of colon cancer will improve the accuracy in the evaluation of the nodal status.

Something more than severe asthma...

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A 56 years old albanian man was admitted to the emergency department for the onset in the past two weeks of productive cough and the worsening of pre-existing dyspnea. His PMH included type 2 diabetes mellitus treated with OAD and asthmatic bronchitis treated with rapid acting beta2 agonist (RABA) on demand. On physical examination the patient was alert, dyspnoic with bronchospasm on chest auscultation. Blood tests were normal but arterial blood gas exam showed type 2 respiratory failure. Chest X-ray showed only mild congestion of the pulmonary bed with no signs of consolidation. The patient was treated with diuretics, corticosteroids and inhaled bronchodilatators and then came to our attention. Even though the introduction of theophylline and magnesium bronchospasm was still present so a thorax CT scan

was performed, showing bronchiectasias and diffuse interstitium's thickening. Bronchoscopy was performed and specimens for further testing were taken. The galactomannan test on BAL was positive (while the one on serum was not) and so treatment with itraconazole 200 mg os bid was started. Coltural exams on BAL became positive for Aspergillus terreus and fumigatus, while serum IgE and specific IgE for Aspergillus were high, confirming the suspicion of allergic bronchopulmonary aspergillosis (ABPA). Allergic bronchopulmonary aspergillosis is a hypersensitivity reaction to Aspergillus species that presents with symptoms and signs of asthma with the addition of productive cough and eventually fever and anorexia. Treatment is based on corticosteroids and (in refractory cases) itraconazole.

A case of Moschowitz syndrome relapse successfully treated with rituximab

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A 50 yrs old woman was admitted to the emergency department for thrombocytopenia found on a routine blood test performed during a febrile episode of sorethroat. 9 years before, after an episode of hemorrhagic muco-cutaneus syndrome, a diagnosis of Moschowitz disease was made and the patient underwent plasmapheresis and steroidal treatment. On physical examination she had no neurological signs but petechiae were found on lower limbs.Blood tests confirmed low platelet count,mild increase in serum lactate dehydrogenase and creatinine. The peripheral blood smear showed schistocytes suggesting the possibility of a Moschowitz relapse. Steroid treatment was started and daily plasmapheresis was performed. A cycle of 4 administrations (one weekly) of Rituximab was planned and started.The patient showed gradual improvement of the platelet count and normalization of the blood smear and was discharged to complete the Rituximab threatment in day-hospital. The classic pentad of Moschowitz disease (aka thrombotic thrombocytopenic purpura-TTP) includes (1) thrombocytopenia leading to bruising and petechiae (2)microangiopathic hemolytic anemia (3) kidney failure (4) neurologic symptoms (5) fever.Treatment is based upon plasmapheresis and immunosoppressive therapy. Among immunosoppressive agents Rituximab should be considered in adquired TTP not responding to standard treatment as well in the relapses of the idiopathic form. Recently it has been proposed a role as first line treatment in acute idiopathic forms presenting with neurological/cardiac involvement (which are associated to higher mortality).

Very rare association of hepato-reno-pancreatic cystic disease and pancreas divisum

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Hepatorenal cystic disease (HRFCD) are among the most common inherited human disorders, included in "ciliopathies" disease group. HRFCD may be rarely associated with pancreatic fluid cysts (depicting the eponymous "Cacchi-Ricci disease"). Variable degree of hepatic, renal and pancreatic involvement has been described. No reports were present in Literature of association of hepato-renal-pancreatic cystic disease with pancreas divisum, a congenital abnormality of the pancreatic ductal system.
Case report: Female sex patient, aged 48 years. Diabetes, arterial hypertension and hypothyroidism were noted in the previous history as well as evidence of renal bilateral cysts with mild renal failure. Occurrence, in the recent past, of two episodes of cholangitis (ultrasonography showed liver cysts without biliary stones). The patient is admitted in our Unit because of abdominal pain and vomitus. Evidence of pancreatic hyperenzymemia; clinical outcome and diagnostic tools define the presence of a mild acute pancreatitis. CT-scan shows pancreatic, renal and hepatic cysts without biliary dilation or stones. Four weeks later the discharge, cholangio-wirsung-MR imaging with secretin stimulus shows the presence of a congenital variant of the pancreatic ductal system, complete pancreas divisum type. Conservative treatment.

Raro caso di sindrome poliendocrina autoimmune tipo 1

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Premesse: Le sindromi poliendocrine autoimmuni (APS) sono patologie rare, distinte in 4 tipi: APS-1 con ipoparatiroidismo, m. di Addison, candidiasi mucocutanea cronica più altre manifestazioni minori; APS-2 con tireopatie autoimmuni, m. di Addison e/o diabete tipo 1; APS-3 con tireopatie associate ad altre malattie autoimmuni non endocrine; APS-4 con diverse combinazioni non previste nei tipi precedenti. La APS-1 (definita anche sindrome APECED o sindrome di Whitaker) è la più rara fra tutte le APS.
Caso clinico: Sesso femminile, età 38 anni, osservata per intense parestesie e crampi agli arti inferiori e disfagia. In anamnesi displasia congenita dell'anca ed infertilità. L'esame obiettivo ha evidenziato linfoadenopatia diffusa (linfonodi piccoli e non dolenti), pallore muco-cutaneo ed ingrandimento tiroideo. Il work up diagnostico biochimico si è avvalso di indagini in ambito endocrino, autoimmune e neoplastico. Fra le indagini strumentali: TC body, cerebrale, EGDS, eco tioidea con FNAB, VCM-VCS. Diagnosi conclusiva di "Poliendocrinopatia autoimmune con espressione di ipoparatiroidismo, anemia macrocitica, candidiasi esofagea, tireopatia nodulare, iposurrenalismo, miopatia ipokaliemica, trombosi non occludente vena iliaca esterna e comune di sinistra". Terapia suppletiva e sintomatica.
Conclusioni: In presenza di una endocrinopatia autoimmune deve essere presa in considerazione la possibilità di una APS poiché il riconoscimento in fase iniziale di queste associazioni morbose permette un trattamento più efficace.

Una corretta formazione migliora la compliance del paziente iperteso ed aumenta il controllo della pressione arteriosa?

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Scopo dello Studio: Una corretta formazione migliora la compliance dell'iperteso. Imparare a misurare la PA è un aspetto fondamentale per il controllo della stessa.
Materiali e Metodi: Sono stati arruolati 215 pts (120F), età media 56±8, di cui 144 (65,1%) affetti da IA da almeno 5 anni (media 5,5±8) ed in trattamento con 2 farmaci; 71 (33,0%) presentavano rialzi della PA, in media, da 2 mesi. A tutti è stato dedicato uno spazio per verificare se, come e con quali apparecchi misuravano la PA e sono state date tutte le informazioni relative ad una corretta misurazione (LG ESH 2013). È stata misurata la PA a tempo 0,6,12 mesi con automisurazione a domicilio e con ABPM (tempo 0 e 12).
Risultati: Dei 215 pazienti arruolati, 20 (9,7%) non si sono presentati al f-up a 6 mesi e 40 (18,6%) al f-up a 12 mesi. I restanti 155 (55 F) hanno mostrato un buon controllo della PA con valori medi controllati a domicilio di PAS ≤135 e di PAD ≤85 mmHg così come al controllo con MAPA. Inoltre solo 18 dei 155 hanno effettuato un accesso in PS (15) o dal MMG (3). Nei f-up ai pazienti venivano ricordate le informazioni per una corretta misurazione.
Conclusioni: Un grande problema irrisolto resta il mancato controllo della PA in oltre i 2/3 dei pts. Da questo studio appare confermato che dedicare qualche minuto in più agli ipertesi, per dare loro una corretta e completa informazione, può essere una risposta soddisfacente per la risoluzione del problema.

Follow up di pazienti ipertesi resistenti in trattamento con Aliskiren

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Introduzione: Da qualche anno è stata introdotta una nuova classe di farmaci in grado di migliorare il controllo della PA (inibitori diretti della renina) modulando l'attività della renina, il primo enzima coinvolto nell'attivazione del sistema R.A.A.. Scopo del nostro studio è ve-

rificare dopo 5 anni l'efficacia e la sicurezza della terapia con Aliskiren (A) in associazione a diuretici, β-bloccanti, ca-antagonisti.
Materiali e Metodi: Dei 94 pts arruolati, (40 M), età media 54±8.7,10 (10,7%) non hanno raggiunto il target pressorio già nei primi sei mesi e 14 (14,9%) hanno sospeso il trattamento volontariamente in epoche diverse. I 70 (40 F) (74,4%) con valori medi di PAS 145,4± 6,7 e PAD 93±6,8 mmHg hanno raggiunto il target pressorio dopo tre mesi di trattamento con A 300 mg/die PAD 131,5±6,5 e PAD 86±3,3. Tutti sono stati sottoposti a Monitoraggio Ambulatorio della PA delle 24 ore (MAPA), clearance della creatinina,microalbuminuria ogni anno, a partire dal 2011.
Risultato: Al follow up non si sono avute modifiche della clearance della creatinina e microalbuminuria dal 2011 al 2014. Nei pts,ancora in trattamento con A, la PA ambulatoriale e al MAPA sono a target con valori medi di PAD 130,5±4 e PAD di 80,6±5,4.
Conclusioni: La terapia con gli inibitori diretti della renina si profila come una eccellente scelta terapeutica in associazione agli antipertensivi tradizionali per migliorare l'efficacia del controllo pressorio.

Prospettive di una rete reumatologica Campana: ruolo del reumatologo in Medicina Interna

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Abstract: Il governo clinico ha l'obiettivo di migliorare la qualità dell'assistenza ed l'appropriatezza clinica. I percorsi diagnostico terapeutici (PDTA) garantiscono l'appropriatezza e costituiscono l'iter di cura del paziente. L'attuale assetto assistenziale reumatologico Campano è dotato di Specialisti ambulatoriali, Ospedalieri e Centri Universitari. Nella rete reumatologica l'Ospedale realizza una presa in carico del pz e lo avvia al subset assistenziale più appropriato con un delineato PDTA. Nel contesto Campano, l'internista reumatologo realizza un'assistenza appropriata ed aderente agli attuali LEA, garantendo la centralità del paziente; il momento più sensibile dei PDTA è rappresentato proprio dall'adattamento delle Linee Guida ai diversi contesti locali. E' necessario potenziare la presenza dei reumatologi nelle medicine interne della Campania in considerazione di una crescente domanda di ricovero per complicanze di patologie maggiori del connettivo e per la presenza di complicanze connesse all'uso di terapie con farmaci biotecnologici. Inoltre in tale contesto è ipotizzabile, anche e soprattutto per le possibilità assistenziali, organizzative e terapeutiche delle diverse realtà locali, prevedere una strutturazione con prevalente interesse per alcune patologie reumatiche che consenta di soddisfare al meglio la domanda assistenziale.
Obiettivi perseguibili proposti: Definizione di PTDA condivisi e adeguati alla realtà regionale e locale; potenziamento della dotazione specialistica ospedaliera; completamento dell'offerta terapeutica ospedaliera (farmaci biologici).

La fibromialgia nell'anziano può in alcuni casi caratterizzarsi come sindrome paraneoplastica?

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Abstract: La sindrome fibromialgica (SF) è una condizione clinica ad eziopatogenesi complessa e con molti aspetti ancora non definiti;diversi studi hanno evidenziato il ruolo dei neurotrasmettitori correlati con uno stato psicopatologico. Nel paziente anziano in particolare, la SF può coesistere con altre patologie, generando spesso problemi di identità nosografica. La SF è una condizione dolorosa muscolo-scheletrica generalizzata, caratterizzata da molti sintomi quali il dolore, la rigidità, l'astenia e il sonno non riposante; spesso è associata a colon irritabile, cefalalgia muscolo-tensiva, ansia e depressione. Caratteristica è la dolorabilità alla palpazione di particolari sedi tendinee e muscolo-scheletriche definite *tender points*, in assenza di specifiche alterazioni ematochimiche e radiologiche. Nella pratica clinica la ricerca dei Tender Points (T.P.) continua a costituire un momento diagnostico importante, nonostante che l'ACR (American college of rheumatology) nel 2010 abbia proposto nuovi criteri diagnostici, dove il test dei Tender Points viene sostituito da un indice di dolore diffuso [WPI, Widespread Pain Index] e da una scala di gravità dei sintomi [SS, Symptoms Severity]. Nella pratica clinica ed in particolare nel paziente anziano non è infrequente l'associazione tra SF e neoplasie, con un quadro clinico iniziale spesso dominato dal complesso sindromico fibromialgico. La SF nell'anziano può essere considerata, una forma paraneolpastica definita, o invece deve considerarsi solo una overlap sindrom?

La stimolazione cognitiva in pazienti anziani istituzionalizzati affetti da malattia di Alzheimer e demenza vascolare

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Scopo dello Studio: Valutare l'efficacia del trattamento con la Stimolazione Cognitiva (SC) sugli aspetti cognitivi, affettivo-comportamentali, e sul rischio di mortalità in pazienti anziani istituzionalizzati con Malattia di Alzheimer (AD) e Demenza Vascolare (VaD), dopo un anno di follow-up.
Materiali e Metodi: Sono stati valutati pazienti con un età≥65 anni residenti presso la Casa di Riposo "Padre Pio" di San Giovanni Rotondo (FG). Al momento dell'inclusione e al follow-up tutti i pazienti sono stati valutati con i seguenti strumenti: MMSE, NPI, HDRS-21 e Valutazione Multidimensionale. Il rischio di mortalità è stato valutato con il Multidimensional Prognostic Index (MPI).
Risultati: 40 pazienti suddivisi in pazienti con AD (N=18) e con VaD (N=22). Dopo un anno di follow-up, in tutti i pazienti emergono significativi miglioramenti nei seguenti parametri: MMSE (p=0.001), NPI (p=0.001), NPI-D (p=0.001), HDRS-21 (p<0.0001), IADL (p<0.0001), MNA (p=0.006) e MPI (p=0.001). In particolare, i pazienti con AD hanno mostrato significativi miglioramenti nei seguenti parametri: MMSE (p=0.009), NPI (p=0.018), NPI-D (p=0.011), HDRS-21 (p=0.010), IADL (p=0.027) e MPI (p=0.018). I pazienti con VaD hanno mostrato significativi miglioramenti nei seguenti parametri: MMSE (p=0.038), NPI (p=0.028), NPI-D (p=0.027), HDRS-21 (p=0.002), ADL (p=0.040), IADL (p=0.006), MNA (p=0.006) e MPI (p=0.013).
Conclusioni: La Stimolazione Cognitiva migliora gli aspetti cognitivi, affettivo-comportamentali e riduce il rischio di mortalità in pazienti istituzionalizzati affetti da AD e VaD.

✪ Incidence of and risk factors for long term central venous catheter releated 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.
Methods: 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±1.7 mm^2 in DVT *vs* 116.1±59.5mm^2 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.

Ischemia critica dell'arto: una patologia del ciclista di alto livello

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L'Endofibrosi è una patologia vascolare specifica degli sportivi prevalentemente. Descritta nel 1985 è una lesione istologica caratterizzata dall'ispessimento intimale asimmetrico dell'arteria. La localizzazione a livello dell'asse arteriosoiliaco rappresenta un patologia specifica del ciclista di alto livello.
Caso clinico: U 43 aa, ciclista semiprofessionista, in DEA per comparsa dopo qualche Km percorso in bici di dolore paralizzante al gluteo e coscia destra riferito come sensazione di "arto morto" e di freddo all'estremità del piede; durata circa 15 min. Non FR CV. Polsi arteriosi simmetrici, non soffi vascolari. Non cianosi delle estremità, oscalini termici. EON neg. ECD arterioso: ispessimento miointimale dell'AFC, non alterazioni flussimetriche. Ddimero 540ng/mL. AngioTC: diffuso ispessimento concentrico della parete dell'a.iliaca comune ds, che si estende all'iliaca esterna e femorale comune omolaterali, con riduzione del calibro. Minimo flap intimale a livello femorale comune come per dissezione focale. Il pz, asintomatico, è stato trattato con UFH per 48h. Al controllo angioTC non flapintimale. Persiste ispessimento miointimale. E' stata optata strategia conservativa con antiggreganti. Il pz svolge vita attiva; non corre più in bicicletta. Ai controlli ECD successivi flusso arterioso normomodulato lungo tutto l'asse arterioso.
Discussione: Nelle affezioni vascolari dello sportivo di alto livello è essenziale conoscere tali lesioni istologiche. Nell'1,3% i pz presentato un'ischemia subacuta. La strategia chirurgica invasiva, con l'endofibrosectomia, rappresenta la terapia di scelta, spesso riservata a patologie avanzate o in casodi attività agonistica. Il bypass e la PTA hanno mostrato restenosi precoce.

✪ Qualità di vita e percezione del trattamento anticoagulante dei pazienti italiani ed europei dopo un anno di terapia nel Registro PREFER in AF

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Razionale: Esigue sono le informazioni riguardanti la qualità di vita dei pazienti affetti da FA e la percezione della TAO. Utile può essere un confronto a riguardo tra pazienti italiani ed europei.
Metodi: Da gennaio 2012 a gennaio 2013, il registro PREFER in AF ha arruolato pazienti affetti da FA. Nel registro sono state valutate la qualità di vita e la soddisfazione al trattamento mediante autosomministrazione dei questionari EuroQol (EQ-5D) e Perception AntiCoagulant Treatment Questionnaire (PACT-Q2).
Risultati: Nel Registro PREFER in AF sono stati arruolati 7243 pazienti in Europa, di cui 1888 (26%) in Italia. I pazienti valutati al follow-up erano 6412 in Europa, di cui 1655 in Italia. Per quanto riguarda la qualità di vita, il 58.3% dei pazienti italiani riferiva di non aver problemi nello svolgimento delle normali attività quotidiane (media europea: 55.9%). I dati del questionario PACT-Q2 hanno evidenziato interessanti differenze sulla percezione della TAO da parte dei pazienti italiani rispetto a quelli europei, in termini di dosaggio, gestione del tempo, controlli ed abitudini alimentari.
Conclusioni: Nel registro PREFER in AF, dopo 1 anno di follow-up, si evince come il paziente italiano, rispetto a quello europeo, sia più ansioso e depresso a causa della terapia assunta; abbia maggiori aspettative in termini di miglioramento della qualità della vita e consideri il trattamento della sua patologia difficoltoso in termini di dosaggio, non facilmente pianificabile, interferente con le abitudini alimentari, fastidioso per i controlli periodici richiesti dalla stessa.

Trombosi portale in morbo di Crohn: riscontro occasionale

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Premessa: Predispongono alla TVP: cirrosi; neoplasie epatobiliari; malattie infiammatorie addominali; SMPcr; idiopatica nel 14%; Trombofilie (mutazione di fattore V e gene protrombina, gene proteina S; carenza di antitrombina e proteina C). I fattori di rischio sono associati; la diagnosi è fortuita nel 40%; l'iperomocisteinemia, frequente nella m. di Crohn, è cofattore nella patogenesi degli episodi trombotici.
Caso clinico: Uomo di 53 aa, con m.di Crohn, sottoposto a stricturoplastica. Trattato con 5-ASA e cortisone;Riscontro ecografico occasionale di TVP. Esami: Hb 10,1 g/dl, MCV 73 fL, PLT 108000/mm3, VES e PCR, transaminasi e f. renale normali, aumentate GGT e FA, deficit di B12 (108 pg/ml) e folati (3,6 ng/ml), ferritina 5,9 ng/ml. LAC normali. Omocisteina elevata 30 (3,2-10,70 umoli/L); neg. screening genetico per fattore II, V. JAK2V617F non mutato. endoscopie: varici F1, no segni rossi. Polipo villoso di 1 cm della flessura splenica. Tc addome: non alterazioni degli organi parenchimatosi. Slenomegalia e varici in sede epatogastrica; trombosi non occludente della porta dopo la confluenza con la v. splenica che interessa il tronco principale ed i rami di divisione dx e sin. Ispessimento tubuliforme dell'ileo distale senza tramiti fistolosi o ascessi. Terapia: fondaparinux 7,5 mg/die; acido folico e B12; 5-ASA e cortisone; ferro ev. Risoluzione completa della TVP dopo 2 mesi.
Conclusioni: Il caso evidenzia la necessità di ricercare e trattare tutte le condizioni predisponenti, escludere neoplasie primitive e secondarie di fegato e vie biliari, diagnosticare e stadiare eventuale cirrosi che rende complessa la terapia.

Bilateral macronodular adrenal hyperplasia: hormonal and genetic aspects in a series of 6 patients

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Primary Macronodular Adrenal Hyperplasia is a rare cause of ACTH-Indipendent Cushing's syndrome, but other cases are not associated with clear-cut hormonal hypersecretion. Different pathogenetic mechanisms are involved and mutations of ARMC5 gene (armadillo repeat containing 5) have been recently reported (NEJM 2013, vol 366 n 22).
Case series: We reviewed 6 patients with PMAH. In 4/6 cases adrenal enlargement was incidentally discovered; in the other two patients adrenal hyperplasia was detected during follow-up imaging for MEN-1 and in adrenal imaging for full-blown adrenal Cushing. In 4/6 patients cortisol secretion was abnormal, in particular midnight 1 mg dexametasone suppression test. DNA germline analysis of genes associated with adrenal hyperplasia was performed: PRKR1A (protein kinase A regulatory subunit 1 alfa), PDE11A and PDE8B (phosphodiesterase) were not mutated but two out of five patients had mutations of ARMC 5. These two mutated patients had very large adrenal gland (right and left adrenal 72 and 73 mm and 64 and 57 mm respectively): one patient (female, 49 years old) had full blown Cushing's syndrome while the other patient (male, 50 years old) had a "subclinical" form with severe osteoporosis. Both patients underwent unilateral adrenalectomy with clinical improvement of the syndrome, but cortisol secretion stood elevated and they are scheduled to be re-operated on.
Conclusions: Bilateral adrenal enlargement should be studied with appropriate hormonal investigations even if discovered as incidentaloma and genetic forms should be identified.

Un caso di emorragia cerebrale fatale in corso di terapia con nuovi anticoagulanti orali

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M.A. uomo, 90 anni, si ricovera da P.S. con diagnosi di: "Emorragia cerebrale intraparenchimale".
Anamnesi: FAC trattata con Apixaban 2.5 mg bid, BPCO, recente intervento chirurgico per eteroplasia gastrica.

E.O.: GCS 11/15 (O3, V2, M6), emiplegia sn; PA 130/80 mmHg.
Indagini eseguite: ECG: aritmia da fibrillazione atriale, alterazioni aspecifiche della ripolarizzazione ventricolare; TC Cranio: voluminosa emorragia parenchimale interessante l'emisfero cerebrale dx con edema peri lesionale e determinante compressione del ventricolo laterale omolaterale con deviazione verso sn di 10 mm circa; associata emorragia intraventricolare; Esami ematochimici: Hb 9.8 g/dl con MCV 87 Fl, PT 65%, creatinina 0.80 mg/dl; Consulenza NHC: paziente inoperabile, consigliata terapia antiedemigena, antiepilettica e mantenimento delle funzioni vitali.
TERAPIA: veniva iniziato trattamento ev con Desametasone, Mannitolo e Fenobarbital im.
Decorso: il paziente decedeva a 12 ore dall'ingresso.
Discussione: Gli ictus emorragici e i sanguinamenti intracranici sono forse i più gravi effetti collaterali della terapia antitrombotica dei pazienti fibrillanti. I VKA possono raddoppiare rispetto ad ASA e clopidogrel il rischio di emorragie cerebrali, mentre con l'uso dei NAO tale rischio non aumenta ed è, anzi, ridotto. Esistono tuttavia differenze tra i vari NAO con un minor rischio per Dabigatran rispetto ad Apixaban e Rivaroxaban. In caso di emorragie maggiori a rischio di vita, pur in assenza di evidenze solide, è possibile adoperare provvedimenti specifici come somministrare CCP o acido tranexamico.

Insufficienza respiratoria acuta in polmonite da *Streptococcus pneumoniae* complicata da adult respiratory distress syndrome trattata con extracorporeal membrane oxygenation

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Premessa e Scopo dello studio: Revisione critica di un percorso clinico complesso che ha impiegato anche procedure terapeutiche d'eccellenza.
Materiali e Metodi: Paziente (pz.) di anni 45, fumatore, afferisce al D.E.A. Ospedale di Prato, per dolore toracico anteriore, febbre e tosse produttiva; anamnesi: diabete mellito non trattato. I parametri vitali mostrano: pz vigile, tachipnoico con F.C. 114 bb/min., P.A.:87/43 mmHg, PaO_2 44.7 mmHg, con FiO_2 21%,Tc 38°; Rx Torace mostra un addensamento polmonare basale sinistro; gli esami ematici: PCR 15.6 mg/dL, glicemia 443 mg/dL, creatinemia 2.36 mg/dL, azotemia 67 mg/dL. Il pz., trasferito dal DEA in reparto internistico, presenta, in corso di terapia medica e ossigenazione ad alti flussi, sviluppa un ulteriore peggioramento della dispnea e dell'insufficienza respiratoria acuta con incremento progressivo di FiO_2 dal 50% (ingresso) fino al 100%.Gli antigeni urinari mostrano positività per strept.pneumoniae e la TAC del torace mostra addensamenti polmonari multipli bilaterali. Lo specialista intensivologo stabilisce il trasferimento del pz in rianimazione per lo comparsa di ARDS.
Risultati: In terapia intensiva il pz è sottoposto a ventilazione meccanica non invasiva e quindi invasiva;persistendo insufficienza respiratoria acuta ipossiemica e ipercapnica, viene ricercata e posta indicazione a ECMO v.v; il paz è trasferito presso il centro regionale di riferimento ECMO(AOUC di Careggi).
Conclusioni: Dopo diciassette giorni di degenza il pz è dimesso dalla rianimazione di Careggi con Mews uno e trasferito alla rianimazione dell'ospedale di Prato.

Acute kidney injury secondary to rhabdomyolysis after influenza AH1N1 vaccine

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Rhabdomyolisis causes complications such as acute kidney injury (AKI), CID and death. It can be induced by: crush injury, exertion, heath, alcohol abuse, myopathies, toxins, genetic defects, metabolic disorders, infections, drugs and rarely influenza A H1N1 vaccine. We report a case of a 36 year-old man, smoker, with family history of rhabdomyolis after fever, who was admitted to emergency department for rabdomyolisis causing AKI and MOF.Few hours after administration of AH1N1 influenza vaccine he developed fever, weakness, myalgia. Serum CPK, creatinine, AST, ALT,LDH and potassium value were very high. Thoraco-abdominal CT scan resulted negative for infection. He received intravenous fluid therapy and was submitted first to CVVHDF in ICU and then to hemodialysis sessions for persistent oliguria with a gradual improvement of renal function, reduction of CPK and recovery of spontaneous diuresis. Serologic tests for respiratory virus resulted negative and aldolasi level was low. Autoantibodies for myositis, systemic sclerosis and connective tissue disease were negative. Also electromyography wasnegative. At discharge his creatine was 1,8 mg/dl and CPK was normal.As a predictor of kidney function recovery we used Doppler renal resistive index that resulted slightly increased according with incomplete recovery in our patient. This is a case of rhabdomyolysis with AKI secondary to influenza vaccine which played as trigger in genetic predisposition according with neurologist that don't approve muscular biopsy in acute setting.

A very rare case of jaundice: the primary hepatic lymphoma

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Primary hepatic lymphoma (PHL) is an extremely rare malignancy, accounting for less than 0.4% of extranodal non-Hodgking lynphomas and 0.016% of all non-Hodgking lymphomas. The majority of PHL case originate from B cells while T-cell lymphoma is less common. The etiology of PHL is uncknown and although the liver contains lymphoid tissue, host factor seem to make the liver a poor environment for the development of malignant lymphoma. We report a case of a 70-year old woman with a history of previous (5 years ago) latero-cervical lymphoma with negative follow-up. 1 month before admission had taken nimesulide for several days for lombo-sciatalgia. 10 days later she was admitted to the emergency room for icterus: abdomen Doppler ultrasound and abdomen computed tomography (CT) resulted negatives and liver damage was attributed to drugs (nimesulide); so she was discharged. For the persistent of icterus and further increase of bilirubin levels (predominantly direct share) she was admitted to our department. She had also incresed level of cholestasis indices and serology for human immunodeficiency (HIV), Hepatitis C (HCV), and hepatitis B (HBV), Ebstein Barr virus (EBV) and Citomegalo-virus (CMV) resulted negatives. Tumor markers and autoantibodies specific for the liver and bile ducts resulted negatives. A supplemental colangio-MRI showed mild coledoco ectasia. No indication to ERCP. It was performed epatic biopsy that resulted positive for hepatic lymphoma originate from B cells and, after haematologist evaluation, she began chemiotherapy.

A cost-effectiveness analysis of ferric carboxymaltose in outpatients with iron deficiency anemia: our experience

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Background: Iron deficiency is the most frequent cause of anemia. Intravenous iron infusion is used for moderate-severe anemia or if preparation is ineffective (malabsorption) or for intolerance.Iron sulphate (Fe Sulf) is still mostly used, but is burdened with high number of administrations and adverse event (AEs).Ferric carboxymaltose (Fe Carb) is a new intravenous drug. This study was designed to assess efficacy and safety of Fe Carb.
Methods: From Feb 2014 to Feb 2015 we evaluated 227 outpatients as first visit;133 pts had sideropenic anemia.All pts were recorded for age, sex, performance status (PS), iron parameters, hemoglobin (hb). We evaluated hematological response and ferritin increase, time to response, AEs and costs rate.
Results: Evaluated 68 pts (77% F, 23% M, median age 66 yy) who received a single dose of Fe Carb (500 mg). Grade of anemia: severe 19 pts (28%), moderate 29 pts (42%) and low 20 (30%). We hospitalized only 2 pts (3%) with severe anemia and high PS. At first visit median starting hb 8,9 g/dl (range 4- 11.2) and median ferritin 7 µg/L (range 1-35). The median Fe Sulf supposed cumulative vials was 16 instead all pts received one single infusion of Fe Carb, without restriction on dosing. Median hb and ferritin increase was respectly 2 g/dl and 109 µg/L, median time to response 17 days. Only 4% AEs grade 1-2.

Conclusions: Fe Carb is a novel complex with a rapid efficacy and a mayor safety. About costs it is not more expensive than Fe Sulf because single administration reduced indirect costs derived from multiple days of treatment (transports, days of lost work).

False positivity of rheumatoid factor and anti-citrullinate peptides in Lyme disease: case report

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Contemporary positivity of rheumatoid factor (RF) and antibodies anti-citrullinate peptides (anti-CCP) allows to the diagnosis of rheumatoid arthritis (RA) also in patients with non-classic clinical findings, especially if we are facing with middle-aged females. RF may be (rarely) positive in non-RA conditionswhereas antiCCP specificity is considered very high. Recently, sporadic reports of antiCCP false positivity have been described in patients suffering from extra-sinovial innflammatory process (because of citrullinization of arginine linked to extracellular matrix peptides).
Case report: Female patient, aged 60 years. A 4-years history of asthenia, low fever, thoracic myalgias and asymmetric recurrent articular pain (superior arms) was present. No local inflammation, nodules or deformity were observed. LAB: positivity for RF, antiCCP, ESR, PCR, anemia.; negativity for autoantibodies panel. Diagnosis of RA with fibromyalgia was made. Treatment with steroid and methotrexate was started. No response was observed and the articular pain extended and increased. Treatment with biologic agents was started: first infliximab, then shift to tocilizumab, then rituximab because of unresponsiveness. The patient was admitted in our Unit: re-evaluation of the initial diagnosis comprises the search of antibodies against Borrelia *burgdorferi* resulted positive (IgM 1.82 UA/L). The patient started antibiotic treatment (ceftriaxone) following the guidelines for Lyme'disease. Sensible improvement of the articular features was observed in the follow up.

Beware the rice!

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A 35 y.o. woman was admitted to Internal Medicine in cause of increased transaminases and CK levels. No symptoms, negative viral markers, a positive response for a previous EBV. The autoantibodies was negative. She isn't a drinker, normal alimentation, she doesn't take oestroprogestins, no pregnancy. She has been blood donor for about 2 years without any particular transaminases alteration in the periodical check-up. During the last year she took red yeast rice due to a familiar hypercholesterolemia. The histological examination of liver biopsy showed an active chronic hepatitis suitable with an autoimmune disease; nevertheless it wasn't ruled out as second etiological chance, an injury side to a pseudo-pharmacological therapy. After steroid therapy, the following texts showed a reduction of transaminases, but their level started to increase with the steroid reduction. The message of this case is related to the consideration of possible side effects in rising use of medical herbs and drugstore stuffs. Both,the patient and the doctor, leave behind these products because they are considered as "natural". The took red yeast rice for example contains Monacholine K that reproduce the chemical structure, the pharmacological action and the side effects of lovastatin. An injury from statins, even if rarely, may produce a liver chronical damage with also an autoimmune feature and it is possible that took red yeast rice, as their analog, was its trigger.

The rare diseases: from symptom to diagnosis

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We identify as "rare" the diseases affecting less than 1 person about 2000, but, cause their overall number, they can concern many individuals: so, a network for prevention, surveillance, diagnosis and therapy, was set up as credited guards with supported experience and coordination by inter-regional centers. Reaching a diagnosis is complex and may take very long time. Many diseases are joined by generic and non-specific symptoms; so often the only clinician's experience can narrow the field of investigation and direct the differential diagnosis. Sometimes the admission to Internal Medicine occurs for symptom, except for other departments where the admission diagnosis is often more defined. Here the list of rare diseases diagnosed by us in the last 5 years (almost 18,000 visits/year in Vercelli-Borgosesia Internal Medicine): Ab antiphosfolipids S. (1), Churg-Strauss (3), EPN (1), PTT (1), amyloidosis (4), Acquired Haemophilia (4), Bezoar (2), sarcoidosis (2), pheochromocytoma (1), Hepatitis chronic autoimmune (1), S. ectopic ACTH (2), Schmidt S. (1), Cushing's D. (1), hemochromatosis (4), Glantzmann thromboasthenia (1), cryoglobulinemia (1), GIST (2), amyloidosis (6), von Willebrand D. (2), hereditary angioedema (1).
We think that the presence of internal medicine offices is an excellent "observatory" in order to draw the internist's attention, before other specialists, to more often frequent cases of rare diseases with whom will be necessary to have a confrontation.

✪ Rate and duration of hospitalization in deep venous thrombosis and pulmonary embolism italian patients

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Background: Current guidelines recommend initial treatment at home in patients with acute DVT and in patients with low-risk PE. However, most of the patients with acute PE are currently treated in hospital for a standard period independently from their risk of short-term complications and even a number of patients are still hospitalized for the acute DVT treatment. The aim of our study is to provide information on the management of acute VTE treatment in Italy using data collected by Italian centers of the RIETE study.
Methods: Information on the rate of hospitalization and on the mean length of in-hospital stay (LOS) in patients presenting with acute PE (with or without a concomitant DVT) and in patients presenting with acute DVT without a concomitant diagnosis of PE was collected.
Results: From January 2006 to December 2013, 766 patients with PE and 1452 patients isolated DVT were included. In PE patients the mean PESI score was 84 (SD 35) and 56% of patients had a low-risk PESI score (≤ 85). 53.7% of DVT patients and 17.0% of PE patients were entirely treated at home, and 38.2% of DVT patients and 19.9% of PE patients were hospitalized for 5 days or less during the acute phase. Low PESI score was not significantly associated with home treatment of short hospital stay at multivariate analysis.
Conclusions: A significant number of patients with PE and with DVT are still hospitalized for the acute phase of the treatment. Direct oral anticoagulants may simplify the treatment of acute VTE facilitating the management at home of these patients.

Aspergillosi polmonare cronica necrotizzante

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Introduzione: L'aspergillosi è un'infezione fungina causata dall'inalazione di spore di una delle 35 specie di Aspergillus tra cui A. Fumigatus è la più comune.
Caso clinico: Donna di 78 anni, affetta da arterite di Horton/polimialgia reumatica in trattamento steroideo cronico, ricoverata per dispnea, tosse produttiva, toracalgia e febbre. Laboratorio: leucocitosi

neutrofila, incremento di VES e PCR. Emocolture negative. Es. batterioscopico e colturale su escreato per germi comuni e BK negativo. HRCT: frattura parzialmente scomposta della V costa di dx, grossolano addensamento parenchimale (cm 5,5x3,5) a livello del segmento laterale del lobo medio di dx con cavitazioni interne e focolai di iperdensità centrali, di non univoca interpretazione; abbondante versamento pleurico dx". Broncoscopia + BAL positiva per miceti. Videat chirurgico: eseguita resezione polmonare atipica dei lobi medio e superiore di destra e resezione parziale della V costa dx. Es. istologico: aspergillosi polmonare cronica necrotizzante. Terapia: Voriconazolo 400 mg ev bid per 24h, poi 200 mg ev bid. Alla dimissione Voriconazolo 200 mg x os bid. HRCT a 3 mesi: non alterazioni densitometriche circoscritte del parenchima polmonare con caratteristiche patologiche, cavità pleuriche libere da versamento.
Conclusioni: L'aspergillosi invasiva è comune nei pz portatori di pneumopatie preesistenti e/o condizioni predisponenti (diabete, alcol, droghe, malattie autoimmuni). Nonostante i progressi nella diagnosi e terapia, le aspergillosi invasive sono ancora associate a morbidità e mortalità significative.

Fistola esofago-tracheale dopo posizionamento di sonda di Sengstaken-Blakemore

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Introduzione: Una delle opzioni terapeutiche d'urgenza nelle emorragie gastro-intestinali è la sonda di Sengstaken-Blakemore (S-B) anche se non è esente da rischi e complicanze.
Caso clinico: Uomo di 48 anni, affetto da cirrosi epatica esotossica, giunto in PS per ematemesi e melena. Hb=8,9 g/dl, PA=90/60 mmHg, FC=120 bpm, SO2=98%. Pz politrasfuso con GRC e sottoposto a posizionamento di sonda di S-B. Eseguita successivamente EGDS con legatura delle varici esofagee, riduzione del sanguinamento e riposizionata sonda di S-B. Pz ricoverato in Rianimazione. Dopo vari gg trasferimento in Medicina e comparsa di febbre, tosse produttiva e dispnea. Eseguito RX torace: "addensamenti parenchimali ilo-parailari bilaterali". Nonostante terapia medica ad hoc peggioramento clinico e al controllo TC del torace: "diffuso impegno interstizio-alveolare con sfumati aspetti a vetro smerigliato bilaterali, diffusa ipervisibilità dei bronchioli intralobulari specie nei lobi medio-inferiori con aspetto tipico ad albero in fiore come da panbronchiolite. Apparente soluzione di continuo della limitante settale d'interposizione esofago-tracheale nel tratto medio prossimale". Videat chirurgico: eseguita broncoscopia con evidenza di ampia fistola tracheo-esofagea a livello del terzo medio dell'esofago di circa 5 cm, che origina a circa 5 cm dalla glottide e termina a circa 4 cm dalla carena. Eseguita correzione chirurgica della fistola e terapia con carbapenemi con completa restitutio ad integrum.
Conclusioni: Polmonite 'ab ingestis' in pz con fistola esofago-tracheale da posizionamento di sonda di S-B.

Spontaneous and rapid rise and fall of aminotransferases

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Case report: A 50 year old female was admitted for upper abdominal pain, fever, shivering and the following altered laboratory findings: AST 2043 U/L (vn 10-35), ALT 1831 U/L (nv 10-35), GGT 259 U/L (nv 35-105), TOT BIL 2.2 mg/dl (nv<1), LDH 2645 U/L (nv 240-480), CRP 0.67 mg/dL (nv<0.5), d-dimer 2.18 mg/L (nv 0-0.5). Lipase, alkaline phosphatase, clotting tests, troponin, renal function, thorax x-ray and EKG were normal. She reported a history of acute lithiasic pancreatitis treated with cholecistectomy 6 yrs ago and fibromyalgia usually treated with etoricoxib and tapentadol; she denied recent journey in exotic countries or mushroom meals. Abdominal CT didn't show any pathological finding. IV piperacillin/tazobactam 4.5 g tid was started. Viral hepatitis panel (HCV, HBV, HAV, HEV, herpetic viruses), anti-HIV antibodies, blood cultures, autoimmune panel, ferritin, cupremia, ceruloplasmin were negative/normal. MR cholangiopancreatography was negative. Fever and pain were over in 2 days and aminotransferases (ATs) came back to normal levels in 8 days.
Conclusions: No evidence of biliary lithiasy and rapid rise and fall of ATs made NSAIDs hepatotoxicity possible. NSAIDs account for 10% of drug-induced liver injury;incidence of hospitalization of 3-23/100000 pt-yrs of exposure. Diclofenac is the most associated with elevation of ATs, nimesulide is the most related to hospitalization for liver injury. Etoricoxib is associated with ATs elevation >3xULN in 0.7%, liver-related discontinuations in 0.3%, while no liver-related hospitalizations, liver failure, transplant, or liver-related death are reported.

Qualità di vita e soddisfazione alla terapia anticoagulante dei pazienti italiani affetti da tromboembolismo venoso arruolati nel Registro europeo PREFER in VTE

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Premesse e Scopo dello studio: Sono poche le evidenze disponibili sulla qualità di vita e la percezione riguardo la terapia dei pz con Tromboembolismo venoso (VTE).
Materiali e Metodi: Nel registro PREFER in VTE sono stati arruolati pazienti affetti da un episodio acuto in diversi paesi europei. E' stata valutata la qualità di vita e la percezione della terapia anticoagulante come aspettative e soddisfazione terapeutica.
Risultati: Sono stati arruolati 1843 pazienti, 816 dei quali in Italia. Per la qualità di vita, il 34% dei pz italiani ha riferito di non aver problemi per le normali attività quotidiane (UE 43%). Questo dato varia in relazione alla terapia svolta: 42% fra i pz che utilizzavano i NOAC, 34% fra coloro che utilizzavano AVK. Il 36% ha riferito di non sentirsi ansioso o depresso (valore UE 48%): 68% fra i pz NOAC, 36% fra i pz VKA. Per la percezione alla terapia, il 72% non ha ritenuto difficoltoso assumere il proprio trattamento anticoagulante (valore UE 80%): l'83% fra i pz NOAC, 72% fra i pz VKA. Il 62% si è ritenuto soddisfatto del proprio trattamento (UE 65%), con valori simili per i vari farmaci.
Conclusioni: Il registro ha evidenziato globalmente una peggiore valutazione della qualità di vita e della percezione del trattamento dei pz italiani rispetto a quelli europei. Importanti differenze si registrano anche in base al trattamento somministrato, con una performance migliore per i pz che hanno assunto i NOAC.

The unexpected solution to a state of confusion

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Case Report: Male, 81 years old, in ED for confusional status. A flu-like syndrome 3 months before the admission: it is followed by asthenia and difficulty in walking after a short period of wellness. In medical history: arterial hypertension and chronic bronchitis with two past episodes of atrial fibrillation. He takes valsartan, furosemide, ticlopidine and flecainide. From recent discharge summary (december 2013), his neurological status was normal. On physical examination, he is confused with rest tremor of the lower limbs and muscular hypertonia. Brain CT shows a widespread cerebral atrophy. Hypocalcemia is detected (albumin=3,9 g/dL), with hypokalemia and chronic kidney disease. Therapy with calcium gluconate is undertaken and dosage of PTH and phosphorus is required: the first is slightly decreased with low normal phosphate level. On 4th day, levels of Ca^{++} remain low (6.9 mg/dL), as opposed to the reduction of tremors and hypertonia. However, a second alteration is detected, not previously assessed: hypomagnesemia (0.8 mg/dL), which allows to assume a state of functional hypoparathyroidism.
Discussion: Almost 10% of patients admitted to hospitals are hypomagnesaemic, but magnesium levels are often overlooked. In our patient the cause of hypomagnesemia were gastrointestinal losses, furosemide and possibly dietary deficiency. In contrast to high phosphate levels, in acquired or idiopathic hypoparathyroidism, phosphate levels are normal or low in hypomagnesaemic patients, because tissue phosphate deficiency often accompanies hypomagnesaemia.

A case of idiopathic polymyositis with interstitial lung disease

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Introduction: The idiopathic inflammatory myopathies (IIM) are a group of rare connective tissue diseases marked by varying degrees of muscle inflammation and clinical involvement of multiple organs. The main forms of adult IIM include polymyositis (PM), dermatomyositis (DM) and inclusion body myositis (IBM).
Case report: We present a case of a 69 th years old man, without important disease in his past medical history. The patient present symmetrical, proximal muscle weakness and dyspnea. Laboratory examinations show an increase of muscular enzymes (myoglobin, CPK, transaminases) and antisynthetase antibodies anti-Jo1. The electromyography findings are representative of polymiositis. The CT findings show an interstitial lung desease, with ground glass opacities in basilar and subpleural distribution and in middle and right upper lobe. No evidences of malignancies. Clinical, laboratory and instrumental features lead to a diagnosis of idiopathic polymyositis with interstitial lung desease.
Conclusions: Main pulmonary manifestation in IIM is interstitial lung disease, which is associated with significant morbidity and mortality in myositis patients. Several myositis-specific antibodies have been discovered, such as anti-aminoacyl-tRNA synthetase (ARS) antibodies. These antibodies are associated with various clinical features and have an important prognostic value in myositis patients leading them to an increased risk for developing interstitial lung disease.

Granulomatosis with polyangiitis: a textbook case

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Introduction: Granulomatosis with polyangiitis is a systemic necrotizing vasculitis characterized by granulomatous inflammation of small vessels and is associated with autoantibodies to neutrophil cytoplasmic proteases, mainly proteinase 3. Patients can mostly present otological, renal and pulmonary manifestations.Potential lethal if not promptly diagnosed and treated, most patients can achieve remission with the current therapy.
Case report: We present a case of a 62 year old man presenting asthenia, fever, right deafness and cough. Clinical examination shows right serous otitis media and left basal thoracic hypophonesis.
Tomografic thoracic findings are pulmonary nodules ancd patches of consolidation in right and left upper lobe and lingula lung, left pleural effusion. Laboratory examinations show microhaematuria, proteinuria, increase of inflammatory markers. Immunological tests show postitive c-ANCA and Scl 70, increase of IgE. Renal biopsy and histological examination confirm the suspected diagnosis of Granulomatosis with polyangiitis.
Conclusions: In case of otological maninfestations and pulmonary – renal syndrome, it is important to consider systemic vasculitis associated with ANCA. We aim to improve the early diagnosis of Granulomatosis with polyangiitis to enable timely treatment.

Iron pill therapy induced gastric mucosae injury

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Introduction: Oral ferrous sulfate administration is commonly used for prevention and treatment of iron-deficiency anemia. Gastric injuries result from therapeutic drug interactions or from exposure to heavy metals such as iron salts, presumably from iron oxidation. Herein we report a case of gastric mucosal iron-related injury in an old woman.
Materials and Methods: An 80-years old woman complaining fatigue and weight loss was diagnosed with anemia. She was affected also by diabetes, chronic arthritis and cardiovascular disease, had no past medical history of blood transfusions but had been treated with oral iron tablets in the past. Blood analysis were normal so hemochromatosis and hemosiderosis were excluded. In order to rule out a gastric cancer, she underwent gastroscopy showing brownish/bluish antral mucosal patches. The peculiar feature of biopsy specimens was the presence, within macrophages and gastric glandular cells, of brownish granular pigment which was positive for Perls stain and therefore interpreted as ferrous deposits. The histopathological diagnosis was iron pill chronic gastritis.
Conclusions: Iron pill therapy induced gastric injury manifests as non-specific histological changes. Therefore cooperation between Clinicians and Pathologists is fundamental to achieve a correct diagnosis and treatment because several epidemiological studies underline that iron pill therapy could be related to increased gastrointestinal cancer risk. However, further studies will be necessary to validate these theories.

An intestinal epilepsy

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This case referred to a 62 years old man who arrived to emergency department for syncope with head trauma. During evaluation, he had got a generalized epilepsy that required rapid intubation and ev administration of dintoine by the intensivist. He had only a small haemorrhagic contusion on CT scan but a severe dysionia, in particular hypomagnesemia (0.26 mg/dL). Instead, neurological and cardiological evaluations were normal. So patient's clinical condition was initially referred to a non-specific metabolic derangement. Subsequently, patient revealed to be affected about one year by dyspepsia, weight loss, post-feeding vomiting and diarrhoea . He was also described as confused or "absent". For this reason he was frequently admitted in hospital for investigations. Multiple gastroscopies and colonoscopies showed only a chronic inflammatory pattern; head CT scan and EEG were been always normal. In order to detect a possible bowel malabsorption, we screened by labs for celiac disease, HIV or hepatitis infection, dysthyroidism and IgA deficiency. All these diseases were finally excluded. At least, Whipple disease was considered and the patient received a novel gastroscopy with biopsies that reveal the typical pattern of Thopheryma Whippeli. Data collected allowed us to perform diagnosis of severe dysionia due to malabsorption in Whipple's disease. After hospitalization of 2 weeks, patient was discharged with trimetoprim/sulphometoxazol 1 cp a day for at least 6 months. Nowadays, he's had a complete recovery.

Low-risk pulmonary embolism and length of hospital stay: the Italian multicenter LORPELHS study

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Background: Patients with pulmonary embolism (PE) are commonly admitted to hospital for their initial treatment, though some of them may be suitable for a short-hospital stay. Validated tools are needed to assist clinicians in stratifying the risk of adverse events. Aim of this study was to retrospectively evaluate if length of hospital-stay varies according to the Pulmonary Embolism Severity Index (PESI) in daily clinical practice.
Methods: From each of the six participating Italian Centers, fifty consecutive adult patients with an objectively confirmed diagnosis of PE between 2011 and 2013 were included. Patients were identified by direct chart review or by searching the administrative database of the hospital. PESI was retrospectively calculated.
Results: 299 patients were diagnosed with PE within 72 hours from hospital admission. Mean age was 73.5±14.6 years, 55.2% were females. Median hospital stay was of 10 days (interquartile range [IQR] 7-14) with a mortality rate of 8.4% (25 patients). According to PESI score, 89 patients (29.8%) were classified at low risk (class I and II) and 210 (70.2%) at high risk (class III, IV, V), with a median hospital stay of 9 (IQR 6-12.5) and 11 (IQR 8-215) days, respectively (P=.003).

Conclusions: Overall, median hospital stay for PE was long. In this retrospective study, the difference of 2 days between PESI low-risk and high-risk classes is statistically, but not clinically significant. Whether adopting PESI in clinical practice can influence clinicians' decisions about early discharge needs to be prospectively evaluated.

Termoablazione di epatocarcinoma per via laparoscopica. Iniziale esperienza con una innovativa metodica

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Premesse e Scopo dello studio: La termoablazione con radiofrequenza è considerata una terapia curativa per l'epatocarcinoma (HCC). La laparoscopia permette l'esecuzione della termoablazione in pazienti altrimenti non candidabili. Si presenta l'esperienza dell'uso di tale metodica innovativa a partire dal 2012.
Materiali e Metodi: Sono stati trattati 7 pazienti cirrotici con HCC. E' stato effettuato il trattamento in caso di noduli superficiali o difficoltà alla loro visualizzazione ecografica in pazienti non candidabili alla resezione chirurgica. In due casi eseguita la colecistectomia per stretta contiguità dei noduli. L'età mediana dei pazienti era di 60 aa (53-81 aa). Tutti i pazienti erano cirrotici (4 HCV relata, 1 HBV, 1 alcol, 1 criptogenetica) con MELD mediano 11 (8-12). Sono stati trattati un totale di 8 noduli con diametro mediano di 20 mm (16-42 mm) Il nodulo di maggiori dimensioni è stato trattato con microonde. Il trattamento è stato eseguito con aghi raffreddati a punta singola esposta per 3 cm. E' stata utilizzata sonda ecografica laparoscopica Esaote LP 323.
Risultati: L'efficacia del trattamento è stata del 100%. Due pazienti hanno presentato recidiva a distanza dopo 5 e 10 mesi e sono stati trattati rispettivamente con alcolizzazione e chemioembolizzazione. Un trattamento è stato complicato da raccolta infetta. Una paziente è deceduta dopo 18 mesi per insufficienza epatica.
Conclusioni: La termoablazione laparoscopica è una metodica innovativa che permette di espandere le indicazioni al trattamento a pazienti con HCC in precedenza avviati ad altre terapie.

Un "raro" caso di scompenso cardiaco

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Donna, caucasica, 77 anni. In anamnesi: sovrappeso, colecistecomia; ipertensione arteriosa; insufficienza renale cronica di grado lieve; tiroidectomia; nel 2000 diagnosi elettrocardiografica di IMA pregresso. Agosto 2014 ricovero per scompenso cardiaco presso il nostro ospedale. L'ecocardiagramma documenta tipico pattern restrittivo che pone il sospetto di cardiomiopatia amiloidotica per cui viene eseguita scintigrafia ossea con Tc-DPD positiva per diffuso iperaccumulo a livello cardiaco. Negativi gli esami bio-umorali volti a identificare cause secondarie (ematologiche/reumatologiche) di amiloidosi.
La paziente viene indirizzata presso il centro cardiologico di riferimento per lo studio dell'amiloidosi dove esegue cateterismo cardiaco dx che mostra aumento delle pressioni di riempimento biventricolari e severa riduzione della portata cardiaca a riposo (Adx 12 mmHg, PCP 21 mmHg, PAPm 29 mmHg, PC 1.6 lt/min) e biopsia endomiocardica (amiloidosi cardiaca da trans-tiretina, diffusa, di severa entità a localizzazione interstiziale e sub endocardica). Alla luce del quadro delle pressioni endocavitarie è stata potenziata la terapia diuretica. Attualmente la paziente è emodinamicamente stabile e asintomatica. In conclusione la formulazione del sospetto clinico di amiloidosi è un problema complesso perché si tratta di una malattia rara, dalla presentazione variegata e la diagnosi risulta spesso tardiva come nel nostro caso. E' comunque fondamentale prenderla in considerazione nell'eziologia dello scompenso cardiaco e l'ecocardiogramma svolge un ruolo di primo piano nella diagnosi.

Contrastographic power Doppler ultrasonography in early arthritis during etanercept treatment

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Introduction: Biologic agents improve clinical outcome in rheumatoid and psoriasic arthritis patients. Ultrasonography (US) is useful in detecting increased synovial vascularization, a predictive factor for irreversible changes of joints.
Aims: Evaluate the efficacy of etanercept in early arthritis (EA) patients through Contrast-Enhanced Power Doppler US.
Methods: Twenty-one patients with active EA, treated with subcutaneous etanercept, were enrolled in the study. Contrast Enhanced Power Doppler US was performed before starting the treatment (T0) and after 4 (T1), 12 (T2) and 24 (T3) weeks. Disease activity was determined by DAS 28 at T0 and T3.
Results: After 24 weeks of treatment a significant reduction of mean DAS-28 values was found [T0 5.0±1.2 *vs* T3 2.9±1.2, (p <0.001)]. Mean values of ESR and CRP showed a reduction between T0 and T3 (27.4±20.0 *vs* 15.3±9.1, p=0.01; 14.1±18.2 *vs* 4.9±4.9, p=0.066; respectively). The percentage of patients with synovial vascularization was significantly reduced after 4 and 24 weeks of etanercept treatment (p=0.003 and p=0.04, respectively). Among patients with DAS-28<3.2 at T3, grade 1 vascularization was present in 27.3%. A significant correlation was found between synovial vascularization, DAS-28 and ESR both at baseline and 24 weeks.
Conclusions: A significant difference in joint synovial perfusion in EA patients was detected before and after etanercept therapy. Contrast enhanced Power Doppler Us is useful for the assessment of active synovitis and in monitoring therapeutic effectiveness.

Stimolazione estroprogestinica per fertilizzazione *in vitro* con *embryo transfer* complicata da trombosi subocclusiva della vena cava inferiore: dalla fisiopatologia alla clinica

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P.R., donna, 39 anni, IRC lieve in monorene destro per tumore di Wilms trattato con nefrectomia sinistra+CT/RT all'età di 6 anni; non tabagismo; familiarità per TVP non provocata; ha recentemente eseguito 2 tentativi di Fertilizzazione *In Vitro* con Embryo Transfer (FIVET) previa stimolazione ormonale entrambi falliti. Giunge alla nostra attenzione per comparsa di imponenti edemi tesi ad entrambi gli arti inferiori per cui aveva già eseguito ECODoppler venoso risultato negativo per trombosi in atto. Visto l'elevato sospetto clinico-anamnestico e D-dimero=3600 mcg/L è stato effettuato nuovo ECODoppler che ha rilevato estesa TVP occlusiva-subocclusiva di vena cava inferiore, asse iliaco-femoro-popliteo-sottopopliteo destro ed iliaca comune sinistra; in considerazione del quadro di monorene, l'ottimo compenso cardio-respiratorio, l'assenza di dilatazione delle sezioni cardiache destre con PAPs nei limiti è stato deciso di non eseguire angioTC polmonare. Per ricercare eventuali cofattori sono stati prelevati profilo immunologico, multipli test di funzionalità coagulativa, ricerca mutazioni di JAK-2 risultati tutti negativi; è stata infine effettuata RM addome diretta senza riscontro di lesioni sospette. La terapia eparinica (prima ev e poi sc) successivamente embricata con dicumarolici ha garantito graduale miglioramento del quadro trombotico con riduzione degli edemi. La terapia estroprogestinica rappresenta un noto fattore di rischio per trombosi venosa e talvolta può determinare quadri estesi anche in assenza di altre concause documentabili, motivo per cui la predisposizione individuale non deve mai essere trascurata.

✪ Off-label use of anti-tumor necrosis factor agents in Behçet's disease refractory to conventional immunosuppressant agents

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Background: Behçet's disease (BD) is a systemic vasculitis involving arterial and veins of various size and with a chronic and relapsing course and strength correlation with HLA B5-51. Usually BD benefits of immunosuppressant drugs such colchicine, steroids, dapsone, thalidomide, methotrexate, azathioprine, cyclosporine A, cyclophosphamide, mycophenolate. Nevertheless off label use of anti tnf agents (anti-TNF) is a valid therapeutic option in non response.
Patients and Methods: We studied 4 pts affected by BD (2M/2 F) age 26-35y,with oral and genital involvement, uveitis and cutaneous involvement, 1 F pt developed a retinal arterial thrombosis associated to uveitis. All pts were treated before with many immunosuppressant drugs. Subsequently all pts were treated with various anti-TNF choosed in accord to agreement, comorbidity, compliance to therapies (1 pt with infliximab,1 pt with golimumab,1 pt with adalimumab,1 pt with etanercept).
Results: All pts achieved BD remission after a median of 4 month of anti-TNf therapy, and they are still asymptomatic at 36 months of follow up. Oral and genital symptoms decreased their frequency, followed by uveitis and acne. No adverse event, opportunistic infection, tubercular reactivation, or suspension of therapy were reported. After the 6 month of therapy no flares were detected.
Conclusions: Our data are in accordance with literature and confirm that the off label use of anti-TNF in BD not responsive to conventional therapies can be a valid option; we don't observe any difference of response to treatment among the various anti-TNF.

Autologous fat grafting in treatment of digital ulcers and perioral thickness in systemic sclerosis

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Background: Many reports showed the therapeutic effects of AFG in the management of cutaneous perioral thickness and digital ulcers (DU) in patients affected by systemic sclerosis (SScl). Patients suffering from SScl, undergo progressive thickening of the skin, especially in perioral area, with functional limitation in the opening of the mouth. DU localized on the hands developed in more than 50% of SScl patients and are very painful, debilitating often complicated by infections, gangrene and amputation.
Patients and Methods: We treated 8 SScl pts,median age 47±14 y,affected by diffuse SScl, with perioral thickening ad DU.All the pts were subjected to AFG of perioral region and 6 also to DU treatment. Three cc of subcutaneous autologous fat taken from the periumbilical or trochanteric area,were injected into the perioral region in 6 standardized points or in presence of DU at the finger base.
Results: AFG was well tolerated and no adverse events or infections were reported, only 3 pts showed a small hematoma in the areas of periumbilical graft. In all the pts 3 and 6 months after treatment, mouth opening was conserved. In 6 pts treated for DU a healing occurred in 5/10 DU,and a reduction of size in 4/10 DU, but after 3 months 1 small DU appeared, and 2 DU present, increased their size. All the patients were very satisfied of the perioral AFG with an agreement 95%, *versus* an agreement 60% of DU treatment .
Conclusions: AFG treatment can be an another therapeutic option in treatment of perioral thickness and DU in SScl pts non responsive to conventional treatments.

Usefullness of high doses of intravenous immunoglobulins in treatment of polimyositis dermatomyositis

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Background: There are many data concerning the use of HD of IVG in treatment of polymiositis (PM) or dermatomyositis (DM). Usually this treatment is employed in relapsing or in no response to conventional immunomodulator therapies. Normally the standard doses of IVG is 2 g/kg in 5 days, and the treatment is usually continued for 3-6 months. Adverse effects are generally few and generally tolerable. We report our case series in which IVG were used a first therapeutic choice in order to induce a faster remission in acute PM-DM presentation.
Methods: We observed 16 patients (pts) (4 M/12 F) mean age 42,6 y affected by acute PMDM not related to paraneoplastic syndrome. At the onset the mean values of serum CPK were 2980 U/l (nv <200 u/L) (range CPK 2430-9100 U/l) and mean values of myoglobin (MG) were 420 ng/ml (nv <120 ng/ml). All patients after an initial treatment with corticosteroids (3 pts received also high dose 6-metilprednisolon 1gr/day for 3 days) were treated her with immunoglobulin at a dose of 2g/kg in 5 days for 6 months. After 3 infusions the CPK and MG levels were reduced to 70% compared to baseline and normalized after 5 infusions. Many symptoms decreased or were completely resolved, a mild legs weakness persisted until the 6ht month, at HRCT also reticular pattern were improved. The dosage of steroids was reduced and some immunosuppressant drug were introduced in therapy (AZA, CSa, MFM).
Conclusions: The treatment with IVG in severe or rapidly progressive PM-DM has been documented to be effective, especially in pts with systemic involvement.

Chronic kidney disease, serum uric acid and acute ischemic stroke

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Background: Both chronic kidney disease(CKD) and serum uric acid levels(SUA) were associated to an increased risk of acute ischemic stroke(AIS). This higher risk is mediated by several mechanisms including platelet dysfunction, coagulation disorders, endothelial dysfunction, inflammation, and increased risk of atrial fibrillation(AF).
Materials and Methods: We enrolled 294 consecutive patients admitted for AIS and collected age, sex, lenght of admission, in-hospital mortality and comorbidities (hypertension, diabetes, chronic cardiopathy, AF, dyslipidemia, active cancer, COPD, CKD and dementia). Survival was performed with Kaplan-Meier and Cox regression (forward stepwise method) analysis with SPSS 13.0.
Results: Mean age was 82,37 (±9,19) years. Mean length of stay in IM was 9,87 (±7,14) days. In-hospital mortality was 7,1%.Patients with SUA >7,0mg/dl had an increased risk of in-hospital mortality at Kaplan-Meier's regression ($p<0,05$, log-rank test). Cox regression model, including all the collected comorbidities, age and sex showed that, in the overall sample, high serum uric acid was independently associated to an increased risk of in-hospital mortality (OR: 3,873; 95% CI: 1,567-9,573; $p<0,05$). This effect was even more evident among patients with CKD,defined as eVFG<60 ml/min (OR: 5,863; 95% CI: 1,403-20,501; $p<0,05$), while SUA was not associated to a worse outcome among patients with normal renal function.
Conclusions: In this population of elderly patients affected by AIS, SUA predicted an increased in-hospital mortality only in the subpopulation affected by CKD.

A young man with recurrent pleuritic chest pain and fever after right heart cardiac catheterization

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Case presentation: A 23-year-old man with suspected arrhythmogenic right ventricular dysplasia underwent cardiac catheterization for ventricular biopsy, and placement of an implantable cardioverter-defibrillator (ICD). Seventeen days later, he presented with recurrent pleuritic chest pain, cough, fever. Chest X-ray detected mild pleural effusion. Transthoracic echocardiogram showed no signs of ICD related infection. Laboratory tests revealed normal leukocyte count and elevated C-reactive protein level. A thoracic ultrasound detected subpleural, wedge shaped, hypoechoic consolidations, compatible with pulmonary infarcts. Septic pulmonary embolism (SPE) was hypothesized, but blood cultures resulted negative and procalcitonin

level remained persistently normal. Finally, a computed tomography (CT) scan diagnosed segmental pulmonary embolism (PE) arising from thrombosis of the left femoral vein, site of percutaneous puncture for cardiac catheterization. The patient was started on rivaroxaban. Clinical conditions progressively improved.
Discussion: Femoral vein thrombosis and PE are rare complications of right heart cardiac catheterization. Intracardiac infection is an uncommon but serious complication of ICD placement. Our patient presented with clinical and thoracic sonographic features suggestive for SPE originating from ICD leads infection. Transthoracic echocardiogram, blood cultures, procalcitonin did not corroborate this hypothesis. Thoracic sonography proved to be an useful, complementary tool for diagnosis of pulmonary infarcts and PE, which were confirmed by CT scan.

Treatment of acute pulmonary embolism with dabigatran or warfarin: a pooled analysis of efficacy data from RE-COVER and RE-COVER II

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Purpose: In RE-COVER/RE-COVER II trials, dabigatran (D) was effective as warfarin (W) for treatment VTE, with lower risk of bleeding. We investigated efficacy of D *vs* W according to index event type.
Methods: Patients with acute DVT or with PE received parenteral anticoagulation and were randomized to W or placebo for ≥5 days, until INR≥2. After parenteral therapy, patients continued W or received D 150mg twice daily for 6 months. Primary efficacy outcome was first recurrent VTE/ VTE-related death.
Results: Recurrent VTE/VTE-related death in 2.7% patients on D, 2.4% on W; hazard ratio 1.09 (95% CI 0.77, 1.54). This included symptomatic fatal or non-fatal PE in 0.8% patients on D and 0.8% on W. Event rates according to index event: patients without symptomatic PE, VTE or VTE-related death 2.6% for D and 2.1% for W and PE 0.6% for D and 0.6% for W. Patients with symptomatic PE, VTE or VTE-related death were 2.9% for D and 3.1% for W and PE were 2.0% for D and 2.0% for W. Cox regression analyses showed no statistically significant interaction (P=0.48), indicating similar effects regardless of index event.
Conclusions: Incidence of recurrent PE greater in patients with PE than with proximal DVT independent from the treatment. D as effective as W regardless of if patients initially presented with PE or DVT. Risk of recurrence similar in patients who presented initially with PE or DVT, however, recurrent VTE more likely to be PE if the initial event was PE. D as effective as W in prevention of recurrent PE and DVT.

✪ Influence of age and renal function on efficacy and safety of dabigatran *versus* warfarin for the treatment of acute venous thromboembolism: a pooled analysis of RE-COVER™ and RE-COVER™ II

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Purpose: In this RE-COVER/RE-COVER II pooled analysis, we assessed rates VTE recurrence and bleeding with DE and W in patients below and above 75 years according to renal function.
Methods: Patients with VTE, initially on parenteral anticoagulation, were randomized to either W or DE 150mg twice daily for 6 months. Primary efficacy outcome was recurrent VTE/VTE-related death. Safety outcomes were major bleeds (MBEs), composite of MBEs or clinically relevant non-major bleeds (MBEs/CRBEs), and any bleeds.
Results: In patients <75 years, recurrent VTE/VTE-related death occurred in 2.9% and 2.3% patients with DE and W. Event rates for DE *vs* W in subgroups with CrCL=80, 50–<80, and 30–<50 mL/min, respectively, were 3.1% *vs* 2.5%, 2.1% *vs* 1.5%, and 0% *vs* 2.9%. In patients =75 years, recurrent VTE/VTE-related death was in 1.1% and 3.3% patients with DE and W. Event rates for DE *vs* W in the normal, mild and moderate renal dysfunction subgroups, were 3.1% *vs* 5.2%, 1.3% *vs* 1.9%, and 0% *vs* 4.5%. For safety endpoints, in patients <75 years, MBEs occurred in (DE *vs* W) 0.7% *vs* 1.4% patients, MBEs/CRBEs in 4.0% *vs* 7.1% patients, and any bleeding in 14.0% *vs* 20.0% patients. Among older patients, bleed rates for DE *vs* W were 3.2% *vs* 3.8% for MBEs, 7.9% *vs* 12.2% for MBEs/CRBEs, and 18.3% *vs* 23% for any bleeds.
Conclusions: For DE, no increase in VTE recurrence was apparent for older *vs* younger patients. Recurrent VTE rates decreased with declining renal function. Bleeds increased with declining renal function in both age groups irrespective of treatment.

Are compressive ultrasound and right heart echocardiogram alone reliable to rule out pulmonary embolism in the emergency department? Results from the SCOPE study

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Background: In several Italian emergency departments (ED) both a compressive ultrasound (CUS) and an echocardiogram for right cardiac chambers are often used in patients suspected to have pulmonary embolism (PE), irrespective of the current diagnostic guidelines. We aimed at assessing the prevalence of positive CUS and echocardiogram in a large cohort of patients with diagnosed PE.
Methods: in a recently completed large prospective, multicentre cohort study on the course of PE (SCOPE study) 706 patients with objectively confirmed PE were enrolled, 341 of whom received both a CUS and an echocardiogram in the acute emergency setting. The prevalence and their 95% CI's of negative CUS for deep vein thrombosis without echo signs of right ventricular dysfunction were assessed.
Results: 175 out of 341 patients had a negative CUS (51%; 95% CI 46-57%) in the ED, 214 had a negative echocardiogram (63%; 95% CI 58-68%), 116 both negative CUS and echocardiogram (34%; 95% CI 29-39%).
Conclusions: In this simple analysis of the SCOPE database we observed that a high fraction of patients diagnosed with PE had a normal CUS and echocardiogram. Therefore, a diagnostic strategy including only CUS and echocardiogram to rule out or minimize the probability of acute PE, irrespective of current diagnostic recommendations (*e.g.* PPT, D-Dimer, CT scan), could be unsafe and should not be used.

✪ Could low circulating levels of SIRT4 be predictive of oxidative metabolism in obese patients suffering from non alcoholic fatty liver disease, with normal or slightly increased liver enzymes?

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Background and Aim: The present study shows low circulating levels of SIRT4 in obese patients with nonalcoholic fatty liver disease mirroring its reduced mitochondrial expression in an attempt to increase the fat oxidative capacity and then the mitochondrial function in liver and in muscle.
Patients and Methods: Of the 140 patients who formed the final study population, characterized by obesity and presence of Hepatic Steatosis (HS), with normal or slight increase of liver

enzymes,ten morbidly obese patients underwent bariatric surgery during which a liver biopsy was obtained.
Results: Serum levels of SIRT4 were measured in 140 obese patients and in 20 lean subjects without any metabolic alteration. Serum levels of SIRT4 were not significantly different between the three degrees of obesity. Serum SIRT4 concentrations were significantly lower in obese subjects with severe grade of HS than in those with mild grade (ANOVA Kruskal-Wallis test, with post hoc analysis, p=0.003, not changing when the values were adjusted for age (ANCOVA, p=0.007). Among the classical cardiovascular risk factors such as age, hypertension, carotid intima-media thickness (cIMT), Insulin Resistance, dyslipidemia, HS, and visceral obesity, at the multiple regression equation, only HDL (β=0.285. p=0.001) and age (β=−0.18, p=0.038) were included in the model as independent predictors of SIRT4 levels.
Conclusions: The finding of low circulating levels of SIRT4 deserves to be confirmed by other laboratory methods and by studies on larger populations, possibly including obese patients followed up for long periods.

Un caso di pioderma gangrenoso ad eziologia misconosciuta

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Donna dell'età di 48 anni, affetta da ulcere ad entrambi gli arti inferiori dal 2007, quando viene fatta diagnosi di Pioderma gangrenoso senza evidenza di alterazioni immunologiche (negatività ANA, ENA, ANCA, Abantifosfolipidi, Ab anticardiolipina) ma con riscontro di ridotti livelli di antitrombina III e mutazione eterozigote del Fattore V. Trattata con cicli di FANS, steroidi e immunomodulatori per brevi periodi con scarsa risposta clinica. Giunta alla nostra osservazione per progressivo peggioramento clinico associato ad intenso dolore agli arti inferiori. La paziente, più volte ricoverata in ambiente specialistico Reumatologico, non era mai stata sottoposta ad indagini dell'apparato digerente. Pertanto nel sospetto di una forma di Pioderma Gangrenoso associata a IBD (associazione peraltro fra le più frequenti), ha eseguito una colonscopia con il riscontro di due piccole ulcerazioni a livello dell'ileo terminale.Sottoposta a terapia con Deltacortene e Asacol senza beneficio, è stata successivamente trattata con Adalimumab ottenendo una completa restitutio ad integrum delle lesioni alla gamba destra. Attualmente la paziente esegue periodici controlli presso il nostro DH e prosegue la terapia al dosaggio di 40 mg ogni 14 giorni per via sottocutanea.

Un caso di artrite reumatoide associato a cirrosi biliare primitiva

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Donna di 55 aa da circa un anno dolore e tumefazione II e III articolazione metacarpofalangea bilaterale e prurito generalizzato indici di flogosi aumentati aumento degli indici di colestasi e di citolisi epatica Indirizzata dal curante presso un Centro Reumatologico è stato riscontrato aumento del titolo degli anticorpi anti mitocondrio, aumento degli anticorpi anti citrullina e del Fattore Reumatoide. Veniva pertanto diagnosticata Artrite Reumatoide associata a Cirrosi Biliare Primitiva. Sottoposta a terapia con Methotrexate s.c. settimanale (che la pz ha sospeso dopo un mese di sua iniziativa, ma non per la comparsa di effetti collaterali) ed Acido Ursodesossicolico Giunge alla nostra osservazione per ripresa dell'attività di malattia (DAS 28=6,34) EGDS "Gastrite erosiva. Non varici". Colangio RMN: ndr, Rx mani: "riduzione della rima articolare metacarpofalangea III raggio a sinistra". Viene trattata con Methotrexate 10 mg e.v./settimana associata ad acido folico nei due giorni successivi. Dopo tre cicli di terapia miglioramento del quadro clinico, scomparsa della sintomatologia dolorosa e del prurito; gli esami ematici evidenziano una riduzione dei valori di GOT, GPT, Gamma GT ed FA. Attualmente la paziente è seguita presso il DH di Medicina Interna, si sta valutando una eventuale terapia con anti TNF-alfa (data l'epatotossicità del methotrexate per terapie a lungo termine (peraltro non riscontrata in questo caso) ed il riscontro di positività del TB Gold.

Malattia metabolica e genere: l'esperienza di un percorso diagnostico-terapeutico

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Premessa: L'Azienda Ospedaliera "G. Salvini" di Garbagnate, fin dal 2009 ha implementano e promosso la cultura di genere, con lo scopo di favorire e diffondere la conoscenza della medicina di genere nelle professioni sanitarie. Ciò ha contribuito a favorire l'appropriatezza dei percorsi assistenziali diagnostico terapeutici. In tale ambito è stato formalizzato un PDTA relativo alla gestione della malattia metabolica, di cui riportiamo la nostra esperienza.
Materiali e Metodi: Si è proceduto all'individuazione, alla condivisione e alla formalizzazione di un PDTA relativo alla malattia metabolica, chiamando in causa tutte le figure professionali in ambito aziendale e territoriale che concorrono alla realizzazione di tale percorso. A tal proposito è in fase di attivazione un ambulatorio esclusivamente dedicato alla gestione dei pazienti affetti da sindrome metabolica, con particolare cura ed attenzione alle differenze di genere. I dati clinici raccolti saranno informatizzati in un data-base al fine di analizzare e studiare come le differenze di genere possono influire sul decorso della sindrome metabolica.
Conclusioni: Le differenze di genere rappresentano un universo ancora misconosciuto, con aspetti valoriali da indagare e conoscere per attuare programmi e percorsi sanitari personalizzati, self-tailored. La diffusione di questa nostra esperienza vuole costituire un esempio di declinazione della medicina di genere in ambito clinico-assistenziale auspicando che altre istituzioni sanitarie possano contribuire alla realizzazione di tali progettualità innovative.

New oral anticoagulant for the management of pulmonary embolism: single drug approach or sequential treatment?

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A new era for patients with VTE has begun with the advent of new oral anticoagulants for the treatment of deep-vein thrombosis (DVT) and/or pulmonary embolism (PE). Rivaroxaban has been the first NOAC to receive regulatory approval for the acute and continued treatment of DVT and PE, and for the secondary prevention of VTE. Besides rivaroxaban (Einstein-EP) the single oral drug approach is also being evaluated in an trial testing the factor Xa inhibitor, apixaban (AMPLIFY). The RECOVER trial supports the use of dabigatran as a fixed dose oral treatment for acute DVT and PE, after an initial period of parenteral anticoagulation. The switch to a new oral anticoagulant (compared with warfarin) following at least 5 days of parenteral anticoagulation is also being evaluated in an trial testing the factor Xa inhibitor edoxaban (Hokusai). Here the clinical use of NOACs for patients with PE is discussed (single drug approach *versus* sequential therapy : parenteral anticoagulation – NOACs?). In our experience of about one year in the use of rivaroxaban in patients with PE, sequential treatment is most suitable for use in our hospital for various reasons and will facilitate the therapeutic management of PE. Must be carefully stratified the patient EP and its use in specific clinical situations needs further study.

✪ Hut lung-domestically acquired particulate lung disease or/and interstitial lung disease associated with primary Sjogren syndrome? Case report

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Epidemiology: DAPLD is caused by the inhalation of particles liberated from the combustion of biomass fuel and results in significant morbidity from infancy to adulthood. ILD is the most common pulmonary abnormality in pSS.

Clinical case: We report the case of a 44 year old Indian man, immigrant in Italy about 10 years ago, with already diagnosed hut lung-DAPLD (biopsy proven 2006). He presented with symptoms of chronic cough, dyspnea, xerostomia, keratoconjunctivitis sicca and signs of rhinosinusitis.Ab Anti-core pos1/160, Ab Anti-ENA:101.2 U/ml (pos >80), SSA/RO 13 EU/ml, JO-1:101 EU/ml (pos >12). Schirmer's test positive. HRCTchest (comparison with 2006): extensive alterations to the prevailing ground glass pattern and initial peripheral honeycombing are now replaced by honeycombing in medium and large cysts,as an expression of free UIP pattern and meaning of fibrotic further evolution of the underlying disease.
Therapy: We suggested treatment with oral prednisone at a dose of 1 mg/kg/die. Subsequent management will be based on the response
Discussion: DAPLD is primarily a disease of the developing countries but it is important for western physicians take it into account for increased immigration, extensive exposure to biomass smoke for certain occupations such as forest-fire fighters and continued use of biomass fuels in stoves for heating and cooking. We discuss if the worsening of the damage can be configured as biomass or damage SS associated with ILD or possible overlap because it seems important for the therapeutic management and for the prognosis.

Search for genome of hepatitis B and C viruses in cancer cells of pancreatic tumors from patients with serum markers of previous/persistent viral infections

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Background: HBV and HCV are hepatotropic pathogens with oncogenic properties, but their antigens/genomes are detectable also in extra-liver tissues, including pancreas. Some epidemiological studies showed that HBV/HCV-i are associated with an increased risk of pc adenocarcinoma. We searched HBV-DNA and HCV-RNA in malignant tissue obtained from pts, with serum markers of p/p HBV/HCV-i, undergoing surgical resection for pcT of different histological types.
Methods: 480 pts with pcT underwent pcr resection at Chirurgia A, Ospedale Maggiore, Bologna, Italy, 36 pts met the following inclusion criteria: 26 had markers of past/chronic-HBV infection, 8 were anti-HCV positive (+) and 2 co-infected. Nucleic acids were extracted from previously selected area according to Hematoxylin and Eosin control slide to ensure at least 80% of cc. DNA or RNA were extracted, using High Pure PCR Template Preparation Kit (Roche Diagnostic, Mannheim, Germany) and RecoverAll Total Nucleic Acid Isolation (Life Technologies, U.S.A.), respectively.
Results: HBV-DNA was detected in cc, obtained from 1 neuroendocrine tumor out of 26 HBV+samples, while all the other were HBV genome negative. Out of the 10 HCV+pts, 4 pcT specimens were not evaluable due to low RNA quality and the other 6 were all HCV RNA negative.
Conclusions: In our study HCV RNA was never detected in cc of pcT and HBV DNA was detected in only 1 case. This is the first study to search the presence of HBV/HCV-genome in cc and contributes to provide new insights on the possible role of both viruses in initiation/promotion of pc carcinogenesis

The impact of diabetes duration on safety and effectiveness of insulin analogs in insulin-naïve people with type 2 diabetes

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A1chieve was a 24-week, non-interventional study evaluating safety and effectiveness of an insulin analog (detemir, aspart, biphasic insulin aspart 30) in 66 726 people with type 2 diabetes in 28 countries. The present analysis addressed safety and effectiveness in insulin-naïve groups with diabetes duration <5, 5-<10, 10-<15 and >15 years. Baseline HbA1c was poor (9.4-9.7 %), but starting insulin analogs was associated with a similar improvement by week 24 in all groups. Fasting and postprandial plasma glucose also improved similarly (p<0.001) in all duration groups by week 24. Overall hypoglycemia after starting insulin did not increase comparing 4 weeks before baseline with 4 weeks before week 24 in the two shortest duration groups, but did increase numerically in the longer duration groups. Reported incidence of major hypoglycemia was low in all groups at week 24. Mean body weight change was not clinically significant in any group, with a wide variation (SD) similar in all groups. Thus, after 24 weeks of insulin analog therapy, glycemic control was improved in the A1chieve studyirrespective of diabetes duration and without notable deterioration in hypoglycemia or body weight control.In conclusion, when started at any duration of diabetes in people with poor glucose control, insulin analogs are associated with clinically useful improvements and are well tolerated.

Il ruolo dell'ecografia toracica nella sorveglianza sanitaria degli ex esposti ad amianto

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Il follow-up dei lavoratori esposti ad amianto e ad altri inquinanti è obbligatorio. Programmi di screening per mesotelioma e malattie legate all'amianto si basano su procedure non del tutto sensibili (Rx torace, spirometria,analisi del sangue); il"gold standard" è la HRCT, ma non rientra nello screening iniziale. Da gennaio a dicembre 2014, abbiamo studiato con ecografia del torace (TUS),con sonda convex(3-5 MHz) e lineare (8-12 MHz) ed ecografo con set up polmonare, 92 operai (59U e 33 D, età 51-68 anni), esposti per almeno 15 anni ad amianto, non fumatori e con radiografia del torace negativa, elettrocardiogramma e test di funzionalità respiratoria nei limiti della norma. In 29 persone sono stati visualizzati anomalie alla TUS: a) 22 soggetti hanno mostrato un ispessimento irregolare della linea pleurica (>3.0 mm),con micronoduli (2-4 mm) in 5; b) 7 soggetti hanno mostrato nodulazioni e placche (4-7 mm). L'esame HRCT, eseguito in tutti i 92 soggetti, ha evidenziato nei 22 soggetti con ispessimento pleurico alla TUS, iniziali segni di fibrosi polmonare prevalentemente basale con presenza di micronoduli sub-pleurici. Placche calcifiche sono stati osservate nei 7 soggetti con noduli/placche visti alla TUS. La TUS nel nostro studio ha permesso di identificare i primi segni di interessamento pleurico e subpleurico in ex esposti ad amianto asintomatici, in assenza di reperti patologici alla Rx del torace, e con successiva conferma alla HRCT. La TUS è una metodica innocua, a basso costo e ripetibile, utilizzabile nel follow up dei lavoratori professionalmente esposti.

Thyroid cancer incidence in outpatient setting: a single-centre experience

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Thyroid nodules are extremely frequent in the population of developed countries: they often represent an incidental finding, sometimes instead, are described in pts with abnormal thyroid function. It is estimated that 5% of women and 1% of men have at least a palpable thyroid nodule: the prevalence rises to 19-67% if nodules detected by ultrasound ecography are included. Only 5-15% of these is positive for thyroid cancer, with an estimated incidence, largely for papillary carcinoma, about 8,7/ 100,000 cases. The aim of our retrospective

single-center observational study was to compare the prevalence of thyroid nodules and thyroid cancers among pts followed at our outpatient department, with epidemiological data for the general population. We have analyzed, previous acquisition of informed consent, the data of 3000 pts (median age 64 yrs, 1980 F, 1120 M) followed in our clinic from 2004 to 2014. More than 80% of pts had a hypothyroidism, 500 pts a *struma multinodulare* and for 150 pts it was an hyperfunctioning *struma*. The cases of Basedow's disease amounted to 150. Pts with thyroid nodules positive for cancer were 30: respectively 19 papillary, 3 medullary, 8 follicular carcinomas. In our series, 6% of pts with thyroid nodules were affected by a thyroid carcinoma: these data agree with those reported in the general population, confirming what was already suggested about the increase in the prevalence of thyroid nodules as consequences both of the improvement of the monitoring and of the diagnostic sensitivity.

"Medicina a colori": an implementation of medical and nursing scoring system to be applied in Internal Medicine units

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In recent decades, the nature of the pts hospitalized has rapidly changed: 5-10% of the pts have an acute illness. The increase in survival and the multiplication of morbidity led to a complex population in terms of clinical-therapeutic management. The current organization of the Medical Departments often provides medical care and assistance with an undifferentiated approach, with the risk of overtreating pts without critical needs and undertreating critical pts. The shortage of nursing staff and support negatively affected this situation. In our Unit we have introduced a model called "Medicina a colori", based on the implementation of the NEWS score, with the aim of identifying beds dedicated to the most critical pts and ensuring them more intensive assistance. The approach "Medicina a colori" is organized on the severity of the pts: at pt admission each bed receives two colors, expressions of "clinical weight" and "nursing weight"; the first is the result of a clinical evaluation of six physical parameters (FR, FC, SaO2, Tc, PAs, level of consciousness), the second estimates the supportive needs. Every color (green, yellow, red) expresses different severity, while purple corresponds to palliative settings (=lesser intensity detection parameters but very high clinical severity). For nursing weight , white defines bedridden pts (high weight), blue autonomous, gray semi-dipendent pts. In this way the pts/beds, but not areas of the Department, vary in intensity: so the priority of the intervention and assistance vary according to the color assigned to the bed.

Cost-effectiveness analysis goes on: novel oral anticoagulants *vs* vitamin K antagonists

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Background: P in NVAF have thromboembolic risk(TR) reduced by oral anticoagulant therapy (AVK-NOAC) (1). In our OAC Surveillance Ambulatory (Medicine Unit, Colleferro's Hospital) 225P with NVAF in OAC were followed for TR/haemorragic risk. The aim of the study is CEA between AVK/NOACs (2 years observation)
Methods: 64P (35F, 29M; 77±6 ys) with NVAF in W were compared with P with NVAF, 62 D (28F, 34M, 74±5 ys), 57 R (34F, 23M, 80±6 ys),42 A (24F, 20M, 81±5 ys). No difference in comorbidity. No hepatic disfunction/alcohol consumption. Renal disease was, respect., 19.7%, 7.3%, 9.5%, 11.4%. Previous haemorragic events (HE) were 10.5%, 6.2%, 7.6%, 8.4%. We checked risk stratification with CHA_2DS_2-Vasc and HASBLED(2). CHA_2DS_2-Vasc ≥1 in all P, HASBLED in NOACs ≥3. Direct costs evaluation was defined with activity based costing (ABC) application(3)(4). We calculated cost effectiveness v. (CEV), quality adjusted life years (QALY-EuroQol), incremental cost-effectiveness ratio (ICER) into 4 groups.
Results: In AVK group we checked 1 cardiovascula r(CV) death, 2 ischemic strokes, 2 TIA, 4 CV events, 2 major HE (1 cerebral), 7 minor HE. In D gr. no CV death, no strokes, 1 TIA, 1 CV event, 1 minor HE, 1 major HE. In R gr. no CV death, no strokes, 3 minor HE, 2 major HE (digestive). In A no CV death, no strokes, no CV, no minor/major HE. Cost's analisys: direct costs, total cost, QALY(EuroQoL), CEV and ICER in favour of NOACs.
Discussion: NOACs are a cost-effective treatment in P with NVAF. A is best cost-effective therapy in efficacy/safety.

There's a way to prescribe the best NOAC to the right patient? What we learned in a 2-year observation in patients with thromboembolic risk

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Background: P with NVAF have thromboembolic risk (TR) reduced by OAC, VKA/NOAC(1). 225P with NVAF in OAC were followed for TR and haemorragic risk. The aim of the study is evaluate the efficacy and safety of Warfarin (W) *vs* NOACs (Dabigatran –D, Rivaroxaban–R, Apixaban–A) in 2 years of observation.
Methods: 64P (35F, 29M; 77±6 ys) with NVAF in W were compared with P with NVAF, 62 in D (28F, 34M, 74±5 ys), 57 in R (34F, 23M, 80±6 ys), 42 in A (22F, 20M, 81±5 ys). No difference in comorbidity. No hepatic disfunction and alcohol consumption. Renal disease (RD) was, respectively, 19.7%, 7.3%, 9.5%, 11.4%. Previous haemorragic events (HE) were, respectively, 10.5%, 6.2%, 7.6%, 8.4%. We checked risk stratification with CHA_2DS_2-Vasc and HASBLED(2). P in OAC had CHA_2DS_2-Vasc ≥1, HASBLED in NOACs was ≥3.
Results: In 2 years observation in VKA group we checked 1 cardiovascular(CV) death, 2 ischemic strokes, 2 TIA, 4 CV events, 2 major HE [major HE as haemoglobin fall ≥2 g/DL or trsfusion need (3)] of which 1 cerebral, 7 minor HE. All TE/HE occurred in P with poor adherence. In D no CV deaths, no strokes, 1 TIA, 1 CV event, 1 minor HE, 1 major HE. In R 1 CV death, no strokes, 3 minor HE, 2 major HE (digestive). In A no CV deaths, no strokes, no minor/major HE.
Discussion: NOACs are efficacy/safety *vs* W. Subanalisys of NOACs shows A as the best efficiency even in P with RD. Choice of type of NOAC is a combination of TR/HR scores and clinical evaluation. W is better in P with good TTR. A and, in part, R are the best choice in older P, even with RD. P is better in younger P without renal disease.

Cost-effectiveness analysis: vitamin K antagonists *vs* novel oral anticoagulant rivaroxaban in patients with venous thromboembolism

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Background: P with idiopatic deep vein thrombosis (DVT) have recurrent VTE risk, both pulmonary embolism and DVT, reduced by AVK/NOACs. In our OAC Surveillance Ambulatory (Medicine Unit, Colleferro's Hospital) 25P with DVT of the legs were followed for recurrent VTE risk/haemorragic risk (HR). The aim of the study is CEA between W and R.
Methods: P with DVT of the legs, 14 in W (8F, 6M; 74±5 ys INR 2-3, TTR 65%) and 11 in R (7F, 3M,71±6 ys, 15 mg x2/die then 20 mg/die), were compared during 6 months observation. No difference in comorbidity (hypertension, cronic heart disease, diabetes, stroke, previous VTE). No hepatic disfunction/alcohol consumption. Renal disease was, respectively, 15.4% and 8.4%. No previous haemorragic events (HE). Direct costs evaluation was defined with activity based costing (ABC) application. We calculated cost effectiveness value (CEV), quality adjusted life years (QALY-EuroQol), incremental cost-effectiveness ratio (ICER) into 4 groups.
Results: In AVK group we checked 1 recurrent DVT, 1 major HE (digestive), 1 minor HE. In R group no recurrent VTE, no major HE, 2 minor HE. Cost's analisys showed: direct costs, total cost, QALY (EuroQoL), CEV and ICER in favour of R.
Discussion: R is cost-effective prophylaxis in efficacy/safety *vs* W.

✪ Venous thromboembolism associated with right internal jugular catheterization after cardiac surgery. A prospective observational study of 1250 patients

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Aims: To assessed the impact of right internal jugular vein CVC-related

DVT and the risk of Pulmonary embolism (PE) in patients after coronary artery bypass grafts, valve replacement surgery, or both; to assessed also therapeutic options.
Methods: We considered 1250 patients after cardiac surgery and admitted to intensive cardiac rehabilitation 5 to 7 days later (mean 5.9),1208 were enrolled; all patients were underwent to CVC in right internal jugular vein immediately before surgery and removed 3 to 4 days later; within 3 days after admission the patients were checked by ultrasonography exploring neck vessels.DVT diagnosed was classified as at low risk of embolism when it was only a small strip less than 2 cm long (limited) or at high risk of embolism when it was free-floating or sub-occlusive the lumen.
Results: Among all of the patients enrolled,461 patients (49%) had asymptomatic CVC-related DVT; none of these with anticoagulant therapy presented PE. Among the patients with CVC-related DVT receiving antiplatelet and considered at low risk (248 pts), PE was seen in the seven cases (2,8%); among all those considered at high risk of embolism (133 pts),with low-molecular-weight fractionated heparin and warfarin (INR 2,5-3,5), none had PE.
Conclusions: In our study with several types of heart surgery, DVT related to a CVC in right internal jugular vein is frequently and can embolize. Anticoagulation with heparin and warfarin do not confer protection for CVC-related DVT but do seem to prevent clinically manifest PE . Early sonographic screening of the CVC may be useful for avoiding PE after CVC-related DVT.

Una strana febbre persistente non responsiva agli antibiotici: un caso di istio-linfocitosi emofagocitica secondaria a leishmaniosi viscerale

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L.D., uomo, 86 anni, BPCO, silicosi polmonare, CAD, AOP, IPB, pregressa ulcera duodenale. Giunge nel nostro reparto per febbre a 39°C preceduta da brivido e associata a scarsa tosse. Moderata splenomegalia. TC Torace-Addome con MdC negative. Agli EE rilievo di pancitopenia, Pct=18,87 ng/mL e ferritina=2299 ng/mL. Emocolture ed esame urine negativi. Sierologia per infezioni virali in atto negativa. All'immunofenotipo depressione dei linfociti T, B e NK in assenza di monoclonalità. A domicilio era stato trattato con metilprednisolone 8 mg+ciprofloxacina per 5 giorni poi sostituiti per il persistere della febbre con ceftriaxone+levofloxacina per 12 giorni. E' stata dunque da noi impostata tp con piperacillina-tazobactam+claritromicina, poi sostituita con meropenem+vancomicina per la persistenza della febbre, ottendendo defervescenza. Per l'insorgenza di un nuovo picco febbrile è stata nuovamente modificata l'antibiotico-tp (tigeciclina+ciprofloxacina+caspofungin) senza ottenere riposta. E' stata dunque posta l'ipotesi di istio-linfocitosi emofagocitica (HLH) e data la positività a 5 criteri diagnostici su 8 abbiamo iniziato tp con metilprednisolone 40 mg+ciclosporina e.v. Per il successivo rilievo di PCR e Atb per Leishmania positivi è stata anche introdotta tp con Ambisome ottenendo immediato miglioramento del quadro, che abbiamo quindi potuto interpretare come HLH secondaria a leishmaniosi viscerale. Nella DD della FUO occorre tenere conto anche di patologie rare, tra l'altro non facilmente differenziabili da infezioni da germi multi-resistenti e quadri neoplastici ematologici.

Nutrition assessment in COPD inpatients

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Background and Purpose of the study: Severe Malnutrition affects about 50% of COPD inpatients, and it is frequently associated with chronic and severe comorbidities with a relevant impact on quality of life, morbidity, and mortality. Patients who are malnourished are more likely to experience complications and longer length of stay (LOS), leading to relatively higher costs.
Materials and Methods: Patients consecutively admitted to the Internal Medicine ward, for acute complications of COPD, were evaluated using: anthropometric data, nutritional assessment, screening for malnutrition using NRS-2000 (Nutritional Risk Screening). Than was given a tailored diet to the single patient. Causes of hospitalization, clinical course, LOS and clinical outcomes, were recorded.
Results: Longer LOS, elderly (mean age: male 78.5 years, female 68.5 years), earth chronic disease, diabetes, were more frequent associated with malnutrition in our series. Oral intake with caloric integration or integrative NE or NPT were given.
Conclusions: Inpatients COPD are frequently affected by malnutrition or obesity (with severe muscle loss). Malnutrition have more complications, morbility, longer hospitalization time. We believe that it is necessary to realize a "parallel route" (clinical and dietary) in all COPD patients, to avoid severe complications of nutritional state (malnutrition/obesity with severe muscle loss), for a better and shorter LOS, and a better QoL. Nutritional Assessment have to continue and completed after discharge, true an Integrated Route Hospital/Primary Care.

Nutrition assessment in cirrhotic inpatients

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Background and Purpose of the study: Severe Malnutrition affects about 50% of cirrhotics hospitalized patients, and it is frequently associated with chronic and severe complications fo liver disease, with a relevant impact on Quality of Life (QoL), morbidity, and mortality. Patients who are malnourished are more likely to experience complications, poor prognosis and longer length of stay (LOS), leading to relatively higher costs.
Materials and Methods: Patients consecutively admitted to the Internal Medicine ward, for acute complications of cirrhosis, were evaluated using: anthropometric data, nutritional assessment, screening for malnutrition using NRS-2000 (Nutritional Risk Screening). Than was given a tailored diet to the single patient. Causes of hospitalization, clinical course, LOS and clinical outcomes were recorded.
Results: Longer lenght of hospital stay, elderly, longer liver disease, high Child Pugh Score, were more frequent associated with malnutrition in our series. Oral intake with caloric integration or integrative NE or NPT were given.
Conclusions: Cirrhosis in hospitalized patients in frequently associated with malnutrition. Malnutrition have more complications, morbility, LOS. We believe that it is necessary to realize a "parallel route" (clinical and dietary) in all cirrhotic patients, to avoid severe complications of nutritional state, for a better and shorter clinical course during hospitalization, and a better QoL. Nutritional Assessment have to continue and completed after discharge, true an Integrated Route Hospital/Primary Care.

The use of antibiotics in wards of Internal Medicine: preliminary results of a large multicentric study in Lazio

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Aim of the study: >30% of hospitalized pts receive antibiotics, 50% inappropriately. This ongoing, multicentric study is aimed to evaluate the modalities of use of antibiotics in 10 Internal Medicine Units of Lazio.
Materials and Methods: The medical records of all the pts discharged in the first week of every month since Nov 2014 to Jan 2015 were evaluated for modality of antibiotic administration, clinical and microbiological diagnosis. All data were collected and analyzed by the coordinating center.
Results: 61.1% of 319 pts received antibiotics. Pts receiving antibiotics were older (75.7 *vs* 73.9 yrs), had longer hospitalization (14.5 *vs* 10.8 dys) and higher mortality (15.5 *vs* 6 %). The more frequent site of infections were: respiratory tract (60), urinary tract (24), biliary tract (8) and sepsis (7). The place of acquisition was evaluated in 57.9% of pts; the microbiological investigation was performed in 45.3%. Inflammatory biomarkers were detected in 72.6% of pts (PCR 55.3%, PCT 6.6%, both 19.4%). Most initial regiments were empiric (80.1%) and parenteral (79.1%). The most used antibiotics were: inhibitor-protected penicillins (89 pts), ceftriaxone (44), fluoroquinolones (37). Switch to oral therapy occurred in 14.9%; upgrade of empiric therapy in 6.6%. The mean length of therapy was 10.2 dys; 13.8% of pts concluded therapy at home.
Conclusions: In our series the rate of pts receiving antibiotics is double than expected. Half of the pts didn't perform microbiological ex-

amination and were treated empirically. Few pts were early discharged with oral home therapy.

An unusual case of isolated bilateral superior ophthalmic vein thrombosis in a patient with HLA-B51 and history of breast cancer: immune disorder or paraneoplastic syndrome?

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Background: Bilateral superior ophthalmic vein thrombosis (SVOT) is an uncommon disorder usually associated with local inflammatory/infectious disease or dural arteriovenous malformations. Isolated development of SVOT represents a very rare entity.
Diagnostic procedures and clinical course: A Caucasian 62-yo female who complained with a 1-month history of headache and left proptosis with conjunctival chemosis. She had an history of right upper quadrantectomy for mammary neoplasia, seronegative spondyloarthritis, fibromyalgia and lower limb deep venous thrombosis. Contrast-enhanced cerebral CT and MRI scan showed an isolated bilateral SVOT. Routine blood investigations were normal except for an increase in ESR and CRP levels. Chest-X-ray, abdominal ultrasound and mammography were normal. Screenings for autoimmune and thrombophilic conditions (including antiphospholipid antibodies) were negative. Of note, HLA typing revealed the presence of HLA-B51antigen. She was placed on long-term treatment with warfarin without significant clinical improvement (persistence of headache and thrombus growth). Two years after SVOT diagnosis, the oncological f-u revealed a local relapse of breast cancer.
Conclusions: In our patient, common causes of SVOT have been ruled out at disease presentation. The presence of HLA-B51 antigen and the history of seronegative spondyloarthritis suggest an immunopathological substrate for SVOT pathogenesis, such as the Behçet disease. The subsequent relapse of breast cancer may also indicate an uncommon form of neoplastic thrombophilia. The clinical f-u will help to clarify this complex scenario.

The case of a nearly forgotten disease

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Background: The 2013 Resolution of the WHO focuses against the 17 most neglected tropical diseases, which we should be aware of as they involve more than 1.5 billion people worldwide.
Diagnostic procedures and clinical course: A male patient aged 39 referred to our attention for onset of fever, progressive weight loss, hypoesthesia and pain to lower limbs. He was born and lived in Pakistan since 2008 when he moved to Italy. He suffered from type 2 diabetes mellitus and hypertensive heart disease. General physical examination showed: ichtyosic skin with numerous, scattered dark papules, right inguinal adenopathy, faint Achilles reflexes, hypoesthesia to the left leg. Routine blood investigations were normal except for increased levels of WBC, ESR and CRP. Autoimmune screening, blood cultures and serology for HIV, EBV, CMV turned out to be negative. QuantiFERON-TB GOLD was negative as well. Erythema nodosum-like eruptions including syphilis, streptococcal pharyngitis, chlamydophila infection, leishmaniasis, Q-fever, bartonellosis, cryptococcosis were ruled out. Whole-body contrast-enhanced CT was normal. The EMG documented sensorimotor peripheral polineuropathy. Due to the unclear aetiology of the lesions, a skin biopsy was performed. The histology showed chronic histiocytic inflammation along with perineural granulomas and a number of PAS-positive bacilli. The picture was consistent with lepromatous leprosy.
Conclusions: Leprosy is a slowly progressive systemic granulomatous disease mainly affecting skin and peripheral nerves. A multidrug therapy with rifampin, minocycline, moxifloxacin and prednisone was started with clinical improvement.

Prevalenza di positività del test tubercolinico cutaneo, dopo un anno di soccorso ai migranti

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Il test tubercolinico cutaneo (TCT) è uno screening per il monitoraggio della infezione TB; si attua nei soggetti a contatto con persone affette da TBC, o in ambito scolastico, ospedaliero e militare. L'intento epidemiologico era valutare la positività TCT in diversi equipaggi della Marina impegnati in operazioni a rischio contagio. Da Gen. a Dic. 2014 la Marina Militare ha eseguito 9490 TCT per confrontare le positività riscontrate su due diversi gruppi: 8005 test su personale destinato alla missione di soccorso Mare Nostrum (OMN), considerata foriera di recrudescenza tubercolare, e 1485 test di controllo su militati impiegati in missioni diverse. Ai positivi veniva eseguito IGRA di conferma. Nel gruppo partecipante a OMN la positività TCT è 3,2%, nel gruppo controllo la positività e' 4,9%, quindi superiore rispetto a quella considerata a rischio. Il test IGRA è risultato positivo nel 20% dei casi nel gruppo partecipante a OMN, e nel 38% del gruppo di controllo. La positività TCT tra il personale militare risulta molto inferiore alla media nazionale (10% contro 3,4%), probabilmente perché le categorie sottoposte al TCT nella popolazione generale sono a rischio accertato, mentre per la missione umanitaria si è ipotizzato un livello di rischio cautelativamente elevato, nel dubbio che i migranti fossero affetti da patologia TB per provenienza geografica. La Marina Militare ha svolto una campagna di monitoraggio del fenomeno tubercolare, desumendo che il soccorso marittimo a centomila migranti non ha prodotto nessun rischio di diffusione di patologia per i nostri connazionali.

Results of a multicenter prospective study "Heart Failure in Campania Region" (Studio FADOI Campania Scompenso)

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Background: Heart failure (HF) is nowadays a leading cause of hospitalization in Internal Medicine wards. The knowledge of clinical characteristics within specific geographical areas represents a mainstay to gain the best possible management of these patients.
Methods: The present prospective study enrolled all patients with HF admitted in 23 Internal Medicine Units of Campania within April-June 2014. For each patient 32 items were recorded.
Results: 975 HF patients were recruited (19.5% of 5000 admissions); 517 (53%) F, 458 (46.9%) M; mean age 76.9+9.9 years (> in F, p=0.0001). 342 patients presented with atrial fibrillation (> in F, p=0.001). Coronary artery disease was the leading cause (54.1%); non-ischemic heart disease resulted more frequent in F, (p=0.007). NYHA-class (data of 907 patients): 42.3% in 3rd class and 38.2% in 2nd class (> in F, p=0.0001). LEFT (data of 523 patients) was < 40% in 170 , <30% , >50% in 101 cases, respectively. Comorbidity: 8.6% single, 24.7% double and 64.9% multiple, respectively. Arterial hypertension was present in 76.9% (> in F, p=0.0001), COPD in 49.4%, diabetes in 42%, cerebrovascular disease in 38.3%, chronic renal failure in 35.7%. Loop diuretics (72.3%), anti-platelet aggregation drugs (53.8%), beta-blockers (52.3%), ACE-inhibitors (51%) and anti-aldosteronics (28.3%) were the more frequents drugs taken at admission.
Conclusions: Advanced age, comorbidity and gender-difference characterize the patients with HF admitted in Internal Medicine wards in Campania region.

"Combined" thrombophilia in a case of pulmonary thromboembolism

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Introduction: The thrombophilic status is due to congenital and acquired factors.
Case report: A woman aged 37 was admitted because of appearance of about a week of stabbing chest pain and worsening dyspnoea without fever. Past medical history was negative. From 2010 she takes estroprogestinic therapy (Estinette® 75/20 mcg/daily) as

contraceptive. Physical evaluation showed only body mass index 30. Hemogasanalysis, blood count, the other laboratory data and electrocardiogram were normal. Although chest radiography was normal, we performed angiography CT scan that detected thrombosis in lobar branches of right pulmonary artery and in lobar branches of contra lateral inferior pulmonary artery. Venous Doppler ultrasound of lower limbs and cardiac ultrasound were negative for thrombosis while abdomen ultrasound showed hepatic steatosis. Homocysteine serum level was 19 mcmol/l, LAC, ANA, JAK2 and fifth factor Leiden mutations were negative, ATIII, protein C and protein S serum levels were normal, aPCR and paroxysmal nocturnal hemoglobinuria tests were negative. Homozygous C677T mutation of MTHFR gene and heterozygous G20210A mutation of factor II gene have been detected. We stopped estroprogestinic treatment and started by oral anticoagulant therapy for six months in combination with oral folic acid supplementation. It has been also recommended weight loss.
Discussion: In this case, combination of acquired and congenital factors induced pulmonary thrombosis. Before taking estroprogestinic treatment, adequate screening to evaluate thrombotic risk should be recommended.

What we are leaving behind: ...clinical experience with triple therapy based on the first generation inhibitors proteases (boceprevir and telaprevir) in the treatment of chronic hepatitis C genotype 1

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Introduction: Although new direct antiviral agents (DAAs) are coming, treatment of chronic HCV infection with PEG-IFN plus ribavirin and telaprevir or boceprevir for HCV-1 has been the standard of care until recently.
Materials and Methods: We treated 16 patients with chronic hepatitis C (14 with genotype 1b and 2 with 1a). We registered 5 females and 11 males, 10 patients were Italians while 6 were foreigners. Mean age was 46 years old. Concerning liver fibrosis, 9 had LSM equal to F3, 6 to F4 and 1 to F2. 2 patients with F4 had esofageal varices (F1). In one patient there were important drug interactions. 8 patients were naives and 8 were experienced to dual therapy (4 relapsers, 3 null responders, 1 unknown). 3 carried polymorphism IL28B rs12979860 C/C, 2 T/T and 11 C/T. 8 were treated with boceprevir and 8 with telaprevir.
Results: 10 patients (6 naives and 4 experienced) obtained SVR24. One patient had virological breakthrough, 3 were null responders for futility rules (2 null responders to dual and 1 naive) and 2 interrupted therapy after 12 weeks for cutaneous adverse reactions without virological response. 5 patients experienced dermatological events (2 severe). One patient had depression, one had cardiac decompensation and 4 had infections (bronchitis, skin infection, stomatitis, not severe). Nobody experienced liver failure. 2 patients needed blood transfusion, 8 received erythropoietin and 2 granulocyte stimulating agent.
Discussion: The hepatologist has to do frequent monitoring in patients receiving triple therapy with telaprevir or boceprevir.

Treatment of portal vein thrombosis in a problematical cirrhotic patient

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Introduction: Clinicians have sometimes dilemmas about anticoagulant therapy in the cirrhotic portal vein thrombosis because of decrease in platelets, prolonged INR and previous variceal hemorrhage.
Case report: In the 2012, a 66-years old woman was admitted at our department because of ascites in the first detection of liver cirrhosis. Her past medical history was negative. The biochemical exams showed positivity for chronic HBV infection (genotype D, HBeAb positivity, HBV DNA>2000 UI/ml). A single explorative paracentesis (negative) was performed. EGD (esophago-gastroduodenoscopy) detected varices F2 and portal hypertensive gastropathy. We started antiviral treatment (Baraclude 1 mg daily) with virological response, diuretic therapy and beta blockers. On April 2014 she experienced hematemesis caused by variceal hemorrage, treated with endoscopic variceal ligation (EVL), terlipressin, emotrasfusions and antibiotics. Abdomen ultrasound (US) showed liver cirrhosis without focal lesions, splenomegaly (19.5 cm), no ascites and incomplete portal vein thrombosis extended to splenic vein. Routine serum biochemical tests showed PLTs 27000/mmc Hb 10.8 g/dl INR 1.3. One month later we started anticoagulant therapy with Arixtra 5 mg sc daily. Values of hemoglobin remain stable and count of platelets increased to 44000/mmc after two months. No bleeding complications occured. Later, a partial venous portal recanalization was detected.
Discussion: The treatment of cirrhotic portal vein thrombosis with anticoagulant therapy is safe and effective.

Chronic hepatitis C with very low viral load: does it exist?

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Introduction: Generally, viral load during chronic hepatitis C infection is equal to ≥4 log. We used the term "low viral load" (LVL), when the viral load is ≤400000 UI/ml and this is considered a positive predictive factor for sustained virological response (SVR) if antiviral treatment is estabilished. But the epidemiology of HCV infection with viral load ≤3 log is still rather poorly defined.
Materials and Methods: We analyzed retrospectively the features of a cohort of 11192 subjects with HCV infection tested in the Laboratory of Microbiology and Virology General Hospital Pordenone from 01.01.2007 to 01.01.2014. These individuals were anti HCV positive and HCV RNA quantitative positive. We selected those with viral load ≤3 log.
Results: We registered 14 patients (6 males and 8 females) with persistent (3 determinations) viral load ≤9999 UI/ml, in absence of antiviral treatment. The median age was 59 years old and the median viral load was 9101 UI/ml. 9 patients had HCV genotype 1b infection while 5 had HCV genotype 2a/2c. During our period of observation only one patient had spontaneous clearance.
Discussion: Chronic hepatitis C with very low viral load (VLVL) is uncommon and can be related to HCV genotipe 1b infection. Spontaneous clearance is infrequent, so antiviral treatment is recommended.

Pharmacoeconomics or pressure target: experience of a diabetes team in Naples

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Guidelines conclude that the simultaneous administration of more than one antihypertensive agent has the function to normalize blood pressure and limit the hypertensive crisis by reducing the side effects of each product. In this retrospective study, the Authors make a doubt about this "modus operandi". They assume that concomitant administration of several classes of drugs may be unnecessary for approximately 10% of cases, sometimes even potentially dangerous to possible damage to organs and systems. It is known, in fact, that the body is forced to metabolize complex molecules whose effects are not always known, often ignored by burdened doctors by the large number of information that is not always free from the contagion business. The results of the study support the hypothesis that the administration of many, sometimes too many classes of drugs for the treatment of blood pressure can sometimes be useless or even potentially dangerous to the patients themselves. As matter of fact the doctor uses often award-therapy, more concerned to reach and maintain the target set by the guidelines that are currently in vogue, and less of the welfare state and/or healing, with little consideration of drug therapy and expenditure control.

✪ Leptin levels and diabetic nephropathy: cause and effect in a population of type 2 diabetics

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Objectives: To clarify the association between serum levels of leptin and progression of diabetic nephropathy in a population of type 2 diabetics hospitalized (T2D).
Research design and Methods: This was a retrospective observational cohort of 517 patients with T2D, examined two times at a distance of 4.3±2.2 years. Patients were classified into quartiles based on the levels of calculated eGFR (MDRD). The outcome measures were the rate of change of leptin compared with the natural progression to a more advanced stage of albuminuria.
Results: Patients with the highest levels of eGFR showed lower levels of leptin, the progressive advance of their age and the duration of diabetes was accompanied by a progressive reduction of the calculated values of eGFR and a progressive increase in the value of leptin.
Conclusions: The gradual decline of eGFR, due to both the age and the incremented number of years of diabetes, occurred simultaneously with a progressive increase of the values of leptin since the first check until a period of 4.3 years for a second hospitalization. How easily predictable, at the same time also the levels of microalbuminuria have presented increasing values, due to advancing age of the person and, especially, to the greatest number of years of the diabetic disease. The progressive incremented serum levels of leptin were found to be risk factors for the decline in renal function.

Possible etiopathogenetic role of leptin in hepatosteatosis

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Leptin activates some mediators of inflammation. They trigger the intrahepatocyte accumulation of fatty acids, promoting inflammation and fibrosis with progression to NASH or to cirrhosis.We reflected the possible correlations between relief ultrasonographic steatosis, hepatic enzymatic alterations and the leptin in DM2T, free from viral liver disease. Our population consisted of 84 DM2T, 40,5% men, mean age 62,4 y. The blood sample was used to determine liver function, β-cell activity, the glycemic control and leptin. Hepatic ultrasound examination was used to detect the presence of hyperechogenic parenchyma and to put the diagnosis of steatosis. We found a moderate increase of leptin in patients with steatosis, with a Δ of 4,14 ng/ml in men and 6,66ng/ml in women. Dividing the population, 66,7% with elevated ALT has steatosis, on the other hand the patients with normal ALT and free of bright liver is 54,2%. The leptinemia in DM2T with normal ALT is 0,77±0,6 *vs* 0,85±0,6 ng/ml in patients with elevated ALT levels.The shortage of information about the etiology and evolution of fatty liver and the transformation into steatohepatitis leads us to seek minimally invasive but reliable diagnostic tests. Our data show that women with hyperleptinemia have a high risk of becoming suffering for steatosis (OR=4.571; CI=1.383-15.109; p=0.01). In conclusion, currently we are able only to propose an increase in leptin, associated to the evaluation of other indices of altered inflammation, among the possible causes of the occurrence of hepatosteatosis and its progression to steatohepatitis.

Nutrizione artificiale in una unità operativa di Medicina Interna: dati dal software SOFIA

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I pazienti anziani polipatologici ricoverati in Medicina sono ad elevato rischio di malnutrizione, sostenuta da molteplici fattori eziopatogenetici (presenza di malattie croniche multiple, calo delle riserve fisiologiche associate all' invecchiamento, elevata suscettibilità a complicanze acute, ridotta autonomia funzionale, problemi psicologici, isolamento sociale o economico). In questi pazienti è fondamentale una terapia nutrizionale al fine di ridurre le conseguenze della malnutrizione, causa di insorgenza di ulteriori patologie e di prolungamento delle degenze. La nutrizione enterale è da preferire alla NTP perché più sicura ed economica e gravata da minori complicanze. Abbiamo valutato i dati relativi alla nutrizione artificiale dei 1902 pazienti ricoverati presso la UO di Medicina di Voghera nel periodo 01.11.2013-31.10.2014 ottenuti dal software di prescrizione e somministrazione automatizzata della terapia SOFIA in uso nella nostra azienda. Le rilevazioni effettuate sono le seguenti: - Pz in nutrizione enterale: 97 (5.09%); - Pz in NPT: 237 (12.5%). L'evidente discrepanza fra quanto suggerito dalle linee guida e quanto osservato nella pratica clinica (scarso ricorso alla nutrizione enterale a vantaggio di un apparentemente incongruo impiego della parenterale) riflette verosimilmente l'elevata complessità clinica ed assistenziale di questi pazienti e la difficoltà/impossibilità a mantenere un sondino naso-gastrico in pz acuti, politrattati, spesso con decadimento cognitivo, alterazioni comportamentali o psicopatie.

Episodi ricorrenti di colite eosinofila

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Introduzione: La gastroenterite eosinofila è una rara malattia infiammatoria dell'intestino caratterizzata episodi di sintomi gastrointestinali ricorrenti associati a riscontro di ipereosinofilia periferica e su prelievi bioptici gastrointestinali, in assenza di altre cause. La terapia abituale è lo steroide.[1]
Caso clinico: Un uomo di 53 anni si è presentato al DEA e ricoverato in chirurgia per la presenza di dolore addominale persistente, veniva sottoposto a laparoscopia esplorativa con riscontro di enterite regionale. Trasferito in Medicina Interna eseguiva, per la presenza di eosinofilia nel sangue periferico fino a 8000/mmc, paracentesi con riscontro di 1700/mmc eosinofili nel liquido ascitico. Si poneva diagnosi di Colite eosinofila primitiva, essendo risultati negativi tutti gli accertamenti per escludere secondarietà (elminti, IBD, scleroderma, Churg-Strauss, malattia celiaca, reazioni ai farmaci ed HES, inclusa la mutazione per il Jak2). Dopo esecuzione di colonscopia, la conta istologica di eosinofili nella mucosa colica era significativa, anche se in letteratura sono disponibili dati precisi di cut-off. Trattato con prednisone alle dosi di 0.5 mg/kg a scalare in breve periodo con risoluzione del quadro clinico e laboratoristico. Dopo 4 anni ripresa di sintomatologia e i ripetuti accertamenti, compresa la colonscopia, confermavano una recidiva di colite eosinofila con risposta rapida al nuovo trattamento steroideo.
Conclusioni: La colite eosinofilia può recidivare a distanza di anni.

1 Eosinophilic Colitis. Abdulrahman A. Ther Adv Gastroenterol. 2011;4(5):301-309.

Le lesioni da decubito: rilevazione dati in due anni di ricoveri in una unità di Medicina Interna

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Introduzione: Le lesioni da decubito rappresentano un problema sanitario rilevante, un carico per il malato ed i familiari ed un oneroso impegno per l'organizzazione sanitaria. Presentiamo i dati in due anni di osservazione e trattamento di LDD su un totale di 2.272 ricoveri presso la Medicina di Cattolica (AUSL della Romagna).
Materiali e Metodi: Nel 2013 su un totale di 1134 ricoveri si sono rilevate 124 LDD all'ingresso e 34 LDD occorse durante il ricovero (3.49% del totale). Nel 2014 su un totale di 1138 ricoveri le LDD all'atto del ricovero erano 105 e 25 quelle occorse durante il ricovero (2.26% del totale). All'ingresso i pazienti con LDD eseguivano una valutazione attraverso scheda BWAT, mentre i pazienti a rischio avevano una valutazione attraverso la scheda di Braden ed iniziavano la prevenzione. Tutte le LDD venivano trattate con medicazioni in relazione all'obbiettivo TIME (T: Tessuto necrotico/debridement, I: Infezione, M: Macerazione/Essudato, E: Epitelizzazione/Margini). Le medicazione sono state attuate secondo lo schema seguente. Necrosi secca e molle: Noruxol, Perilesionale: Ossido di Zinco, Comfeel plus idrocolloidale ogni 3/5/7 gg, Essudati: Mepilex, nelle cavità: Allevyn cavity e/o idrocel, infezioni: Acticoat.
Risultati: La rilevazione dei dati durante il ricovero ha permesso di ridurre in un anno le LDD di circa il 30% delle ulcere insorte durante il ricovero ed ha permesso l'uniformità del trattamento in ADI (Assistenza domiciliare integrata).

Comparazione dell'accuratezza diagnostica tra ecografia con mezzo di contrasto e metodiche radiologiche panoramiche: l'esperienza del nostro reparto di Medicina Interna

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Introduzione: L'ecografia con mezzo di contrasto (CEUS) è una metodica rapida, economica e sicura che permette di potenziare l'efficacia diagnostica dell'ecografia in B mode, mostrando il pattern vascolare delle sedi di interesse. Rispetto alle metodiche panoramiche, TC e RMN, l'internista vi ha un più rapido accesso pur mantenendo una accuratezza diagnostica elevata. Attualmente la CEUS è validata solo per lo studio delle lesioni epatiche, ma crescenti dati di letteratura ne supportano l'impiego anche in altri campi, in particolare nello studio delle lesioni pancreatiche.
Risultati: A partire dal 1/02/14 al 1/02/15 sono stati condotti 28 esami con mezzo di contrasto, di cui 21 sul fegato, 4 sul pancreas, 2 sui reni e 1 sulla milza; le indicazioni per gli esami erano studio di lesioni per tutte le indagini eccetto che per quelle mirate ai reni, che sono state eseguite per la valutazione di segni infettivi. In prossimità della CEUS sono state eseguite indagini panoramiche in 21 occasioni (16 sul fegato, 2 sul pancreas, 2 sui reni e 1 sulla milza), mostrando una concordanza nella diagnosi di malignità nel 95% dei casi (20/21 esami). Nel sottogruppo delle lesioni epatiche la CEUS ha permesso di discriminare HCC da altre lesioni in 16 esami su 17 (94%); in un caso la CEUS non mostrava un quadro univoco, mentre alla RMN era presente un pattern suggestivo di Early HCC.
Conclusioni: La CEUS può accelerare il percorso diagnostico in medicina interna, fornendo in tempi rapidi reperti comparabili con le metodiche pesanti.

Malnutrition prevalence in a general practitioner's elderly population

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Background: A General Practitioner watches his patients aging in years, so that he can prevent and cure their typical fragilities and diseases. This observational perspective survey aims to evaluate malnutrition prevalence in elderly (over 65) population, and to correlate malnutrition with multiple therapies; other data were also detected.
Methods: We enlisted people aged over 65, which their GP saw between July and October 2013. We administered the Mini Nutritional Assessment (MNA), to all of them, and then we classed them as well fed, or risking malnutrition, or actually malnourished.
Results: This survey confirms the current data in literature (23,25), that a malnutrition prevalence in not hospitalized elderly population amounts to 10%. The class at risk of malnutrition is as high as 47% ; they strongly need a careful survey, a schedule of corrective measures, a steady follow-up. In this class, we found important differences concerning ages and sturdiness of patients: those of them viable enough to attend our ambulatory, and aged over 70, risked malnutrition the more.
Conlusions: We showed by this survey that malnutrition is highly prevalent (10%) in people over 65 not hospitalized, and that among the same people the risk of malnutrition is even higher (47%). The General Practitioner has a key role detecting and diagnosing and treating this serious morbidity, which dangerously interacts with all kinds of chronic diseases.

A "real-life" study about use of non invasive ventilation in Internal Medicine wards to treat hypercapnic acute respiratory failure with acidosis

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Background and Aim of the study: NIV is an useful alternative to traditional invasive mechanical ventilation for treating hypercapnic Acute Respiratory Failure (ARF). Many controlled trials demonstrated efficacy and safety of NIV in ICUs, HDUs, emergency departments and pneumological wards, but few studies have been published about NIV in italian wards of Internal Medicine with full self-management of NIV by internists in a "normal ward setting". We performed a prospective "real-life" study about use of NIV in Internal Medicine ward devoid of a critical area of semi-intensive therapy, with the aim of confirming, in this setting, effectiveness and safety of NIV.
Materials and Methods: In 13 months 42 pts with hypercapnic respiratory failure of different etiology (COPD, heart failure, pneumonia, obesity and others) and acidosis (pH<7.35) were selected to treatment by NIV from a total population of 140 hospitalized pts with ARF.
Results: NIV was successful in 81% of patients. In-hospital mortality was 9.5%. There were not statistical differences in success rate of NIV according to severity of acidosis at admission (pH <7.25 *vs* pH >7.25), neither according to prognostic scores APACHE II and NEWS, but MEWS score only showed statistically significant difference with lower values in the success group: 2.82±1.57 *vs* 4.13±1.46 (p <0.05). There were no serious complications of NIV: 7 pts showed poor compliance; 2 pts had facial pressure ulcer. Our data are comparable with the few similar studies.
Conclusions: NIV has proven effective and safe in Internal Medicine ward.

Direct oral anticoagulants in patients with pulmonary embolism

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Introduction: Limited information exists on the safety and efficacy of direct oral anticoagulants (DOACs) in patients with pulmonary embolism (PE).
Aim of the study: To evaluate the difference in the safety and efficacy of the DOACs in comparison to the standard treatment in patients presenting with deep vein thrombosis (DVT) and with PE using data from randomized controlled trials.
Methods: Medline and Embase databases were searched. Differences in the efficacy (recurrent VTE or death-related-VTE) and in the safety (major bleeding) outcome were expressed as Risk Ratio (RR) with 95% confidence intervals (95%CI). Heterogeneity among the studies was assessed.
Results: Six studies (27,023 patients) were included. DOACs appeared to have a similar efficacy and safety compared to VKAs in patients presenting with PE and with DVT with a non significant heterogeneity between the groups (Efficacy: RR 0.90, 95%CI: 0.72, 1.13 in PE patients and 0.93, 95%CI: 0.75, 1.16 in DVT patients; Chi^2 0.04, p=0.84; Safety: RR 0.49, 95%CI: 0.26, 0.95 in PE patients and 0.74 95%CI: 0.51, 1.06 in DVT; Chi^2 1.10, p=0.29).
Conclusions: Our results suggest that the efficacy and safety of the DOACs compared to VKAs is similar between patients with PE and DVT.

Direct oral anticoagulants in patients undergoing cardioversion

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Background: Patients with atrial fibrillation (AF) often require cardioversion within a strategy of rhythm control, for symptoms relief or to rapidly restore sinus rhythm. In patients on therapy with vitamin K antagonists (VKAs) the risk of peri-procedural cardioembolic events is low. Recently, direct oral anticoagulants (DOACs) have been developed, and a number of trials showed a clinical benefit of DOACs compared with VKAs in patients with non valvular AF (NVAF). Information on the efficacy and safety of DOACs in NVAF patients undergoing cardioversion is still limited and single studies are underpowered to find a significant difference between these treatments.
Methods: We performed a systematic review with meta-analysis of the literature of studies evaluating the efficacy and safety of DOACs and of standard VKAs in patients with NVAF undergoing cardioversion searching in PubMed, Web of Science, Scopus, Cochrane, and EMBASE databases.
Results: Four RCTs (3,635 patients), for a total of 4,517 cardiover-

sions (2,869 with DOACs and 1,648 with VKAs), were included. DOACs and VKAs appeared equally effective in the prevention of stroke/systemic embolism (0.41% *vs* 0.61%; RR: 0.73, 95%CI: 0.31,1.72) and of cardiovascular death (0.52% *vs* 0.81%; RR: 0.73, 95%CI: 0.27,2.03), with a similar risk of major bleeding (0.81% *vs* 0.60%; RR: 1.23, 95%CI: 0.55, 2.71).
Discussion: Our results suggest that DOACs are at least as effective and safe as VKAs in NVAF patients undergoing to an electrical or pharmacological cardioversion. Thus, DOACs may be considered a practical alternative to VKAs.

Time trends and case fatality rate of pulmonary embolism during 11 years of observation in northwestern Italy

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Background: pulmonary embolism (PE) is a common disorder with high mortality rate. However, population-based information on its incidence and prognosis remains limited. We conducted an epidemiology study collecting data on hospitalization for PE (from 2002 to 2012) in a population of about 13 millions people in Northwestern Italy.
Methods: patients were identified using the ICD-9-CM codes: 415.11, 415.19; gender and age specific incidence rate of PE during the study period were estimated using the resident population for each year of the study. Furthermore, time trends in the in-hospital PE-related mortality and case fatality rate were calculated. Results were adjusted for confounders.
Results: 60,853 patients with a first PE were included; the overall crude incidence rate for the entire study period was 55.4 and 40.6 events per year per 100,000 inhabitants for women and men, respectively ($p < 0.001$). However, this difference was lost after standardization for age. PE incidence significantly increased in both genders during the study period. In-hospital case fatality rate significantly decreased throughout the study period ($p < 0.001$) in women (from 15.6% to 10.2%) and in men (from 17.6% to 10.1%). The observed decrease of the in-hospital case-fatality throughout the study period remained significant also after adjustment for confounders.
Conclusions: Time trends over an 11-year period show an increasing PE incidence, but a significant reduction in mortality during hospitalization. Reduction in the case fatality rate remained significant after adjustment for confounders.

A rare case of acute pancreatitis

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Introduction: Acute pancreatitis is an inflammatory disease of the pancreas. Acute abdominal pain is the most common symptom, and increased concentrations of serum amylase and lipase confirm the diagnosis. Pancreatic injury is mild in 80% of patients, who recover without complications. The remaining patients have a severe disease with local and systemic complications.
Case Report: A 26 year old man presented to ED with severe abdominal pain radiating to the back, plus nausea and vomiting. Blood tests revealed a raised of amylase and a lipase. Serum values of urea, creatinine, AST, ALT, alkaline phosphatase, triglycerides, cholesterol, calcium and bilirubin were within reference limits. An abdominal CT scan revealed an inflamed pancreas but no evidence of necrosis. Magnetic resonance cholangiopancreatography confirmed that there were no gallstones, biliary tree pathologies or structural abnormalities in the pancreas. He was treated with nutritional support, antibiotics, omeprazol and tramadol with improvement in few days. At last the patient admitted the use of cannabis.
Discussion: Cannabis is the most popular illicit drug in the world. In our case, all other possible causes of pancreatitis were ruled out. There was no history of alcohol use and no family history of pancreatitis. There was no evidence of gallstone disease, and the serum values of calcium and triglycerides were normal. The patient was not taking any other medication or narcotics. No data exists regarding a possible mechanism for cannabis-induced pancreatitis.

Management of noninvasive ventilation in acute patients

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Background: Noninvasive ventilation (NIV) is one of the greatest advances in the management of acute respiratory failure (ARF) secondary to COPD exacerbations and acute cardiogenic pulmonary edema (CPE), both into Emergency Department (ED) and Internal Medicine wards. Scientific societies recommend on appropriateness of NIV based on arterial gas analysis (EGA) criteria and on expertise of NIV-team, to avoid failures.
Aim: Implementation of a tool in clinical practice to monitor both appropriateness of NIV treatment and maintaining clinical competence of NIV-team in our ED.
Materials and Methods: All consecutive patients (pts) admitted to ED with ARF due to COPD exacerbations or acute CPE requiring NIV, where enrolled, using a dedicated "NIV-file", in which physicians and/or nurses recorded pH, pCO2, pO2, SpO2, HCO3-, FiO2, iPAP, ePAP at basal, after 1 hour and at the discharge from ED. NIV was appropriate if pH <7.35 and pCO2 >45 mmHg or if respiratory distress occurred, and was effective if improving of ARF was evidenced by EGA.
Results: From Jul. 2013 to Dec. 2014 we enrolled 70 pts undergoing NIV in ED. 66 pts had pH ≤7.35 (93%; 6.96-7.47 avg 7.21). 61 pts had pCO2 >45 mmHg (87%). 59 pts satisfied both criteria (84%). The EGA data after NIV were missing in 5 pts; NIV was effective to improve pH in 53 of the 65 pts (81.5%) and in reducing pCO2 levels in 56 of the 65 pts (86%).
Conclusions: In our ED NIV-file showed to be useful in monitoring appropriateness and efficacy of NIV practice, and to certificate the clinical competence of nurse and physicians for this procedure.

Interhospital transport: management of an often neglected clinical phase

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Background: Every hospital should have a protocol to define the modality, the timing and the ambulance's equipment for each patient needing interhospital transport (IT).
Aim: In this analysis we studied the applicability of a protocol for patients' transport governance from our spoke hospital to hub center 25 Km away.
Methods: From Gen. to Jun. 2014 we stratified the severity of all patients (PTS) transferred from spoke emergency department to a higher level of care, recording class of severity (according to SIAARTI), risk transport score (RTS), PaO2/FiO2 ratio (PF), GCS and shock index (SI), to select the transport vehicle and to measure the dimension of this clinical phase.
Results: We recorded 352/389 (90.4%) travels, 97 PTS were in class I (27.5%), 149 in class II (42.3%), 44 class III (12.5%), 45 in class IIIe (12.7%), 8 in class IV (2.2%), 9 class V (2.5%). Of these 48.5% were transferred to hub by road ambulance with physician and/or specialized nurse. The majority of PTS having IT was in class I or II, with safe RTS, SI, PF, GCS and not requiring advanced life support. In class IIIe or higher 90% PTS had almost GCS, SI, PF or RTS altered. None of class IV-V travelled without medical assistance.
Conclusions: IT is a real clinical phase that needs protocols for its clinical-, risk- and economic-governance. Our protocol showed to be applicable, and useful to record the patient's clinical status before, during and after transport, relevant medical conditions, therapy and procedures given. Dedicated studies are needed to define the main risk factors and to choose the vehicle regarding equipment and personnel for IT.

Hepatitis C virus and atherosclerosis

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Our focus should be to act as how interacts hepatitis C, the chronic inflammation and the evolution of the process of atherosclerosis. It is evident that a fundamental role is played by the chronic inflam-

matory state that is to occur in addition to the viral structures, which modify the physiological structure cytokine moving it to a pro-inflammatory pathway. The mechanisms by which this occurs are: cross talking between infected hepatocytes and stellate cells, direct action by the core protein with activation of monocytes, increased oxidative stress induced by HCV both local and systemic (viral proteins change the characteristics of mitochondrial membrane above and determine alteration of the respiratory chain, with increase of ROS and RNS. This determines activation Kupffer cells with evolution of the fibrotic process and DNA mutation). From these acquisitions as it reaffirms the chronic HCV infection determines the production of pro-inflammatory cytokines that contribute to the formation of a process chronic inflammatory systemic, with regard to the progression of atherosclerotic plaque. In the syndrome dismetabolic HCV, the role of the blood concentration of LDL is marginal. Specifically, subjects infected with HCV are at risk of atherosclerosis, are rather the chemical characteristics of LDL that undergoing a continuous oxidative insult may result in a more rapid damage to endothelium establishing early atheromatous framework. In conclusion, the virus chronic hepatitis C is a likely risk factor additional in the determinism of cardiovascular alterations.

Ossicodone/Naloxone in pazienti con dolore cronico degenerativo ed oncologici in fase avanzata di malattia

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Introduzione. Scopo dello studio è la valutazione dell'efficacia analgesica dell'ossicodone/naloxone sia nel trattamento del dolore in patologie cronico degenerative che in quello dei pazienti oncologici in fase avanzata di malattia, osservando la presenza di eventuali effetti indesiderati primo fra i quali la stipsi. Lo studio vuole dimostrare che nonostante la presenza di un dolore ingravescente, tale da richiedere proporzionali aumenti del farmaco, non è mai stato necessario eseguire uno switch se non quando il paziente non è stato in grado di assumere terapia per os.
Materiali e Metodi. Sono stati presi in considerazione i pazienti in trattamento con Ossicodone/Naloxone sia ambulatoriali che domiciliari per il periodo 3/2013 3/2014; di questi si è fatta una suddivisione tra maschi e femmine e calcolata l'età media; il dolore è stato misurato con NRS; i dati sono stati presi dalle cartelle cliniche; è stata presa in considerazione la patologia principale; i pazienti vengono valutati ad un T o e i successivi controlli distribuiti in tempi variabili, a cadenza settimanale per gli oncologici domiciliari, quindicinale per gli oncologici ambulatoriali e mensile per i non oncologici.
Risultati e Conclusioni. Dopo analisi dei dati sono stati esposti nel poster i tre casi più significativi a dimostrazione che l'associazione naloxone/ossicodone si è rilevata una soluzione analgesica semplice, efficace e di facile titolazione.

Embolizzazione settica cerebrale con esiti, in endocardite infettiva da *Staphylococcus aureus* meticillino-sensibili

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L'Endocardite Infettiva (EI) colpisce l'endocardio o le superfici valvolari (native o protesiche). Se non viene trattata tempestivamente, può seriamente danneggiare i tessuti cardiaci e provocare altre gravi complicazioni. Donna di 51aa. APR: carcinoma duttale infiltrante della mammella (luglio 2014), diabete mellito, glaucoma, celiachia. Terapia: ipoglicemizzante orale. APP: Il 30/07 viene posizionato Porth-a-cath. L'11/09 per flogosi dello stesso, viene eseguito un tampone (*S.aureus* MSSA) ed intrapreso trattamento antibiotico (Amoxi/Clav). Il 25/09 ripete tampone ed esegue emocolture (da Porth e vena periferica) che documentano la presenza di *S. aureus* MSSA. Intraprende trattamento con Levofloxacina fino al 9/10. Il 21/10 presenta febbre fino a 40°C preceduta da brividi. Esegue emocolture (da Porth e vena periferica) inizia Vancomicina (look-therapy e vena periferica) più Gentamicina. Viene isolato uno *S. aureus* MSSA e viene ricoverata in Medicina. Si richiede un Ecocardio (endocardite, ispessimento e sclerosi anulus della mitralica) e la rimozione del Porth. Si passa a Oxacillina+Gentamicina. Il 30 diviene plegica all'emisoma destro, e la TC del capo evidenzia lesioni ischemiche multiple compatibili da embolizzazione settica. Il 2/11 è trasferita in cardiochirurgia dove è sottoposta a sostituzione valvolare mitralica. Il 24 rientra a Castelnovo Monti dove continua programma di riabilitazione cardiaca e motoria. Le batteriemie da *S. aureus* in pazienti portatori di devices impongono un'immediata rimozione dello stesso ed una rapida valutazione ecocardiografica ed oculistica.

Endocardite infettiva su bioprotesi aortica con emocolture negative

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L'Endocardite Infettiva (EI) è un'infezione dell'endocardio (valvolare più frequentemente, ma anche murale e/o settale), ad eziologia plurima con presentazione polimorfa. Le Linee Guida non hanno potuto omettere l'eventualità di EI con emocolture negative, conseguenti magari ad un trattamento antibiotico precedente o associate a bacilli G-negativi del gruppo HACEK, Brucella e funghi, o associate ad infezioni da Coxiella, Bartonella, Chlamydia, Legionella, Mycoplasma e Tropheryma whipplei. Uomo di 82aa. APR: sostituzione valvolare aortica (2011), fibrillazione atriale. Terapia: warfarin, bisoprololo, statina, tamsulosina, IPP, diuretico. APP: per febbre persistente da più di un mese (trattata a domicilio dal curante con Levofloxacina, senza esito) giunge in PS e di seguito ricoverato in Medicina. Nel corso della degenza sono state eseguite diverse emocolture (risultate tutte negative) ed un Ecocardiogramma che ha documentato: bioprotesi aortica con formazione vegetante di 10x10mm. E' stata intrapresa terapia con Vanco+Genta+Rifampicina e per effettuare il prolungato trattamento è stato posizionato un PICC. L'ecocardiogramma di controllo a sei settimane ha evidenziato la riduzione dimensionale della vegetazione. Il nostro caso dimostra come nella febbre persistente in pazienti portatori di bioprotesi aortica la prima causa infettiva da indagare è sicuramente la stessa protesi (Late-onset prosthetic valve endocarditis) con un ecocardiogramma. Nel caso di emocolture ripetutamente negative, ed ecocardio positivo, sono da escludere le cause batteriche più rare e meno note.

Relatività galileiana in Medicina: sempre pronti a cambiare prospettiva per avere una nuova visione. Sindrome di Guillain Barrè

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In Medicina Interna non essere pronti a cambiare prospettiva e idea alle volte può risultare molto pericoloso: questo caso ne è l'emblema. Uomo di 63aa. APR: ipertensione arteriosa in terapia; sindrome ansioso depressiva (seguito dal Servizio di Pschiatria). APP: In data 26/01 si ricovera in Medicina per astenia generalizzata migliorata dopo Anexate. Il parente riferisce abuso di Benzodiazepine negli ultimi giorni. La TC cranio è negativa per eventi acuti. Viene riferito dolore alle ginocchia. Durante il ricovero, di notte, il paziente presenta marcato stato di agitazione psicomotoria che costringe il medico di guardia a somministrare ansiolitici a dosaggi importanti per cui al mattino il paziente si presenta spesso sonnolento ma facilmente risvegliabile. La valutazione psichiatrica conferma uno stato depressivo reattivo all'evento luttuoso e viene potenziata la terapia ansiolitica. Il giorno 28/01 il paziente riferisce dispnea con riscontro di insufficienza respiratoria all'EGA; nel pomeriggio compare disartria e la valutazione neurologica descrive un quadro compatibile con Sindrome di Guillain Barrè confermata anche dalla rachicentesi. Si dispone la centralizzazione presso ASMN e successivo trasferimento in Rianimazione per grave insufficienza respiratoria e tracheotomia. Confermata la diagnosi di poliradicoloneurite il paziente viene sottoposto a ciclo di Immunoglobuline con lento e progressivo miglioramento. La Sindrome di Guillain Barrè può presentarsi con diverse sindromi cliniche che, soprattutto in presenza di fattori confondenti, rendono difficile la diagnosi.

Non-coeliac gluten sensitivity, Hashimoto's thyroiditis and pernicious anaemia: a variant of polyglandular syndrome?

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We report a case report about a 39-year-old woman presented our Department for severe macrocytic anemia (Hb 5 g/dl, MCV 104 fl). Blood tests show low levels of vitamin B 12 and positivity of anti intrinsic factor. A diagnosis of pernicious anemia was made. The history of the patient's revealed a previous diagnosis (3 years before) of Hashimoto's thyroiditis and a recent identification of a non-celiac gluten sensitivity (four months before). The diagnosis of APS-1 is usually made with two or three of the following conditions: mucocutaneous candidiasis, hypoparathyroidism and/or adrenal insufficiency. Type 2 APS is characterized by the obligatory occurrence of autoimmune Addison's disease in combination with thyroid autoimmune diseases and/or with Type 1 diabetes mellitus. PAS type III is not accompanied by Addison disease but includes other autoimmune diseases such as type 1 diabetes together with autoimmune thyroid disease. Type 4 is a combination of endocrine and autoimmune diseases including insulin-requiring diabetes, pernicious anemia, alopecia, vitiligo or neuromuscular junction disorder but without Addison disease, thyroid disease or hypoparathyrodism. Our case is a variant of polyglandular syndrome?

FDG-PET imaging in tuberculosis

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80 year old woman came into our clinic for worsening of the general conditions. Laboratory tests showed increased indices of cholestasis and inflammation. The abdominal CT showed nodules disseminated of liver and spleen in first hypothesis consistent with metastases. A colonoscopy is negative for tumors. The CT-PET detection a lesion at the base of the right lung and a widespread uptake splenic and liver. The needle-biopsy of pulmonary lesion was compatible with granulomatous inflammation. The coloration Ziehl Neelsen was negative as the intradermo reaction to TB and the search for BK PCR of gastric juice and urine. The molecular analysis for the determination of Mycobacterium tuberculosis was positive demonstrating the presence of DNA. Therefore the patient started antibiotic therapy for tuberculosis for six months. The next control abdominal-chest TC was compatible with the resolution of the inflammatory process. In the setting of TB, FDG-PET has proven unable to differentiate malignancy from TB in patients presenting with solitary pulmonary nodules. FDG-PET imaging was found to be significantly more efficient when compared with CT for the identification of more sites of involvement. Thus supporting that FDG-PET/CT can demonstrate lesion extent, serve as guide for biopsy with aspiration for culture, assist surgery planning and contribute to follow-up.

One year after P.O.N.T.E project: our results

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The P.O.N.T.E project (A Pilot Study for implementation of regional guidelines for integrated management of heart failure between hospital and Territory in ligurian population) is a multidisciplinary disease-management program in elderly patients with HF and major co-morbidity conduct by Department of Internal Medicine of ASL 2 Savonese. In a year of project, we enrolled 120 patients of which 56% female patients and 44% male patients. Among the most frequently associated comorbidity hypertension (75%), chronic renal failure (47%) and COPD (45%). 21% of the patients has necessitated an additional diuretic treatment intravenous. The rate of hospitalization for heart failure patients enrolled was 8%. In a year of project in our ASL the rate of hospitalization for heart failure dropped by 15%. Our project has demonstrated the effectiveness of these programs multidisciplinary patient-centred and continuity of care hospital-territory.

Diarrea di natura infettiva in paziente con linfoma marginale splenico e morbo di Kaposi

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Uomo di 86 anni giungeva ricoverato per il persistere da alcuni mesi di alvo diarroico. A livello degli arti inferiori erano presenti multiple lesioni cutanee maculari violacee. Dagli esami bioumorali emergeva una marcata ipogammaglobulinemia con IgG 295, IgA 41, IgM < 22. L' ecografia addome confermava una peraltro nota splenomegalia (diametro bipolare di 19,5 cm). La colonscopia mostrava unicamente la presenza di emorroidi interne Le coprocolture e la ricerca di antigeni virali precoci sono risultate negative per Shigella, Salmonella, Yersinia, Campilobacter, Clostridum, parassiti(in particolare Cryptosporidium), Candida, CMV. HIV negativo e dosaggio cromogranina nella norma. La tipizzazione linfocitaria su sangue periferico mostrava una popolazione clonale B linfocitaria con immunofenotipo CD 19+, CD22+, CD79b-, CD5-, FMC7+, CD23-. La BOM non rilevava presenza di patologia linfomatosa a livello midollare. La biopsia cutanea agli arti inferiori deponeva per morbo di Kaposi. Veniva impostata empiricamente terapia con ciprofloxacina e fluconazolo con completa normalizzazione dell' alvo. Abbiamo concluso per una diarrea di verosimile origine infettiva (il miglioramento clinico si è avuto infatti solo in seguito ad una terapia antibiotica ed antimicotica prolungata, pur in assenza di isolamenti microbiologici) favorita da severa immunodeficienza in linfoma marginale splenico (la tipizzazione linfocitaria su sangue periferico è infatti compatibile con tale istotipo di linfoma che può in una minoranza di casi non avere coinvolgimento midollare) associato a morbo di Kaposi.

Ascesso pericolecistico con inusuale rialzo del Ca 19.9

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Uomo di 86 anni giungeva ricoverato per comparsa di iperpiressia con brivido scuotente e dolore epigastrico. Agli esami bioumorali rialzo patologico della troponina (picco 5,49 ng/ml) con sottoslivellamento del tratto ST in sede laterale. Alla coronarografia riscontro di stenosi critica di esile ramo IVP a partenza dal ramo circonflesso. Per il riscontro di un valore elevato di Ca 19.9 (10500 U/ml) il paziente veniva poi sottoposto a EGDS e colonscopia (negative) e Tc addome mdc con riscontro di colecisti a pareti ispessite e ascesso pericolecistico di 45x50x33 mm. Il Chirurgo non dava indicazione a intervenire chirurgicamente, anche per l'elevato rischio connesso alla concomitante sindrome coronarica acuta. Veniva impostata terapia antibiotica con piperacillina tazobactam con defervescenza e miglioramento degli alterati indici di flogosi. La Tc addome mdc eseguita dopo 1 mese dalla dimissione mostrava una completa risoluzione del processo flogistico pericolecistico, e il controllo del valore di Ca 19.9 risultava rientrato nei limiti di norma. L'atipicià del caso sopra descritto è il rialzo straordinario del Ca 19.9 in una condizione di benignità. Normalmente si tratta di una markers oncologico usato nella diagnosi di neoplasie pancreatiche, biliari o del tubo digerente. In letteratura sono segnalati case reports di valori molto elevati di Ca 19.9 in pancreatiti e colangiti acute, ma non compare alcun dato circa il rialzo patologico in corso di ascessi epatici pericolecistici.

✪ Benchmarking to evaluate the management of sepsis in Internal Medicine

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Introduction: Benchmarking represents an useful tool to compare standards of care between different healthcare organisations and to allow an improvement in clinical management.
Materials and Methods: 40 patients hospitalized with sepsis in 2 Internal Medicine wards in 2 (*hub* and *spoke)* hospitals (H) from the same territory were studied. Epidemiological, clinical and economical parameters have been measured and compared.
Results: Patients were old (median age 75 years), often with comorbidities. The mortality was 15%, no patient was transfered in Intensive Care. In the *spoke* H patients were more rapidly charged from Emer-

gency Room (ER) but less frequently blood-culture was done early in ER. Patients hospitalized in the *hub* H seemed to be more serious both for artificial nutrition and for bacterial resistances, while patients in *spoke* H for oncological comorbidity. Unexpectedly a different prevalence of bacterial species was pointed out (*Gram-* in *hub* and *Gram+* in *spoke* H). Hospital stay and direct costs resulted higher in the *hub* than in the *spoke* H (15.9 *vs* 16.7 days; 1823 *vs* 1430€). In both H the percentage of costs for human resources was high (50-61%) while the cost for antibiotic therapy was low (5-6%). The estimated mean hospitality costs resulted of more than 3000€.
Conclusions: Differences resulting from internal benchmarking, such as the promptness of transfer from ER to Internal Medicine ward (without delay of blood culture), and the knowledge of different bacterial pattern, can provide ideas for continuous improvement of clinical and economic management of sepsis.

The impact of hyperglycemia on diabetes management, functioning and resource utilization: a 5-country survey

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A web-survey of people with type 1 and type 2 diabetes was conducted in US, UK, Canada, Germany and China. Of the 1754 respondents, 860 unintentionally forgot to take an insulin dose in the past month. Mean age was 41.93, diabetes duration was 11.39 years and 58.4% experienced hyperglycemia the last time they missed an insulin dose. This study compared those who had a hyperglycemic event with those who did not. Respondents who experienced hyperglycemia were significantly younger, more likely to use a needle/syring, had more comorbidity and were more likely to worry about hyperglycemia when deciding on corrective actions after the missed dose. Diabetes type and duration were not significantly associated with likelihood of having an event. Experiencing hyperglycemia was significantly associated with being more likely to measure blood glucos as well as measure a greater number of times, taking insulin based on the reading, increasing the amount of the next insulin dose and being more likely to visit a doctors or call/email a doctors. On a scale of 0 (no impact) – 10 (extreme impact), hyperglycemia also resulted in significantly greater negative impacts on sleep, physical and emotional functioning in addition to more lost work time. Further, respondents having greater fear of hyperglycemia were significantly more likely to measure BG and with significantly greater frequency compared to those with less fear. Hyperglycemia should be considered an important consequence of missing an insulin dose and has measurable negative consequences for diabetes management specifically for all patient's.

Rate ratios for nocturnal confirmed hypoglycaemia with insulin degludec *versus* insulin glargine using different definitions

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Introduction: Insulin degludec (IDeg) is a basal insulin with long duration of action derived from a unique protraction mechanism, used for the treatment of T1 and T2 diabetes. A prospectively planned meta-analysis of 7 trials showed that rates of nocturnal hypoglycemia were significantly lower with IDeg compared with IGlar in patients with T2D and numerically lower in patients with T1D.
Materials and Methods: This is a post-hoc, patient-level meta-analysis of 6 trials in which patients with T2D and T1D were included. We report on multiple sensitivity analyses performed including: 1) only confirmed episodes with symptoms, 2) the ADA definition (symptoms +PG ≤70 mg/dL), and 3) a different time frame for the 'nocturnal' period.
Results: Insulin-naïve T2D patients were significantly less likely to experience nocturnal hypoglycemia with IDeg compared with IGlar, using all hypoglycaemia definitions and between 21:59–5:59. For BB-treated T2D patients IDeg was associated with significantly lower rates of nocturnal hypoglycemia across all definitions and nocturnal hypoglycemia time periods compared with IGlar. In patients with T1D, the rates of nocturnal hypoglycemia were numerically lower with IDeg compared with IGlar.
Conclusions: Using different definitions of nocturnal hypoglycaemia and extended time frames for the nocturnal period, this meta-analysis has robustly confirmed that IDeg is associated with lower rates of nocturnal hypoglycemia, compared with IGlar, in patients with T2D.

Valutazione della terapia con i nuovi anticoagulanti orali in un reparto di Medicina Interna

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Premesse e Scopo dello studio: Vi è una differenza netta tra gli studi clinici su un farmaco e il suo uso nel "mondo reale". Abbiamo voluto valutare le problematiche sulla terapia con NAO nel nostro reparto.
Materiali e Metodi: Abbiamo preso in esame i pazienti a cui il reparto aveva prescritto i NAO (almeno 6 mesi dalla prescrizione). La valutazione è stata eseguita o durante un controllo oppure in corso di intervista telefonica con domande preordinate gestita da un operatore della nostra UO.
Risultati: 44 pazienti valutati: 17 uomini, 27 donne, età media 81 anni (minimo 41 massimo 95). 40 in terapia a causa di FA, 4 per TEV. 36 in terapia con Rivaroxaban (20 a 15 mg, 16 a 20 mg), 6 con Dabigatran 110 e 2 con Apixaban 5. Dopo almeno 6 mesi erano ancora in terapia e non avevano manifestato effetti collaterali importanti 33 pazienti, mentre 11 avevano sospeso la terapia. La sospensione era dovuta: 4 per decesso, nessuno causato dai NAO (3 neoplasie, 1 edema polmonare); 3 per emorragia gastro-intestinale severa (2 Rivaroxaban 20 1 Dabigatran 110); 2 per piastinopenia con epistassi (1 Rivaroxaban 20, 1 Dabigatran 110); 1 per comparsa di allergia importante (Rivaroxaban15); 1 per peggioramento di insufficienza renale (Rivaroxaban 5). In 2 pazienti era stata cambiata la molecola per dispepsia passando dal Rivaroxaban all'Apixaban.
Conclusioni: 1) Il campione troppo modesto e una sproporzione a favore del Rivaroxaban per quanto riguarda l'impiego non rendono possibile trarre conclusioni. 2) Vi è stata una buona tolleranza. 3) Fanno riflettere i 2 casi di dispepsia da Rivaroxaban e le 2 piastrinopenie.

Real management of diabetic patients in Internal Medicine

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We conducted a prospective observational study to documenting the current attitude in the management of type 2 diabetes mellitus and stress hyperglycemia in hospitalized patients in internal medicine. We enrolled 139 hyperglycemic patients hospitalized in the AOACA3 Internal Medicine ward of the Florence University. The stress hyperglycemia group needed an higher level of intensity of care (45% *versus* 12% and 0% in known diabetics in the group of newly diagnosed diabetics, p=0.006) with a longer hospitalization. In the same group patients seems to have a lower number of comorbidities than the other groups (p=0.017), and no hypoglycemic episode was registered (group 1 *versus* p=0.065). Daily blood glucose level was lower in the stress hyperglycemia group, as well as variability. Hyperglycaemia in this group was associated with worse outcome like a marker of severity. Insulin treatment was performed on 120 patients (86%): 64 patients (53%) with basal bolus schema, 44 patients (36%) with sliding scale schema, 6 patients (5%) with basal schema and 6 patients (5%) with type basal plus insulin therapy. In patients on basal bolus therapy daily dose of rapid-acting analogue was 15±13 IU (62% of the total daily insulin dose), while slow analogous 9±9 IU (38% of total daily insulin dose). A too high percentage of patients were still treated according to sliding scale scheme. Within the basal bolus insulin regimen the division between units of rapid-acting insulin and low acting insulin was unbalanced, in favour of rapid-acting insulin.

A case of succesful renal denervation procedure by radial access

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We report the case of a 45 year old female referred for trans-catheter renal denervation for essential resistant hypertension. Although the use of 5 antihypertensive drugs at maximal tolerated dosage (olmesartan 20 mg, amlodipine 5 mg, nebivolol 5 mg, furosemide 25 mg, spironolactone 100 mg) the mean home-based blood pressure was 170/70 mmHg. The mean office blood pressure was 196/61 mmHg, ABPM mean 143/71 mmHg. Using a 6Fr 10cm introducer sheath (Radifocus® Introducer II, Terumo), we performed the right femoral access. We were unable to obtain a good artery engagement to support the advancement of the ablation catheter (Symplicity Spyral™, Medtronic). We decided to change vascular approach via left radial access by a 6Fr Multipurpose 100 cm long (Heartrail™ II, Terumo). We advanced the radiofrequency catheter into the renal artery to reach a good position and radiofrequency treatment were applied to both renal artery. Patient was discharged in good clinical conditions. At month follow-up office-based blood pressure was 129/54 mmHg, the mean ABPM was 143/49 mmHg; at 8-weeks follow-up office-based blood pressure was 131/53 mmHg, the mean ABPM was 135/51 mmHg (no changes in antihypertensive drugs). Trans-catheter renal denervation is a novel approach for the management of resistant hypertension. The femoral artery is the most common access site for this procedure due to catheters profile and length. In some cases, the radial artery access could be a suitable alternative approach. We described a successful radiofrequency renal denervation case performed by radial access.

Infezioni delle vie urinarie nel paziente anziano fragile

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Premessa: Le Infezioni delle Vie Urinarie sono le più frequenti in ambito ospedaliero, rappresentano circa il 20-39% di tutte le infezioni ospedaliere con una elevata percentuale legata all'uso di catetere vescicale. Le IVU sono risultate essere una delle più comuni cause di ospedalizzazione per i pazienti anziani, infatti normalmente nel reparto di Geriatria vengono ricoverati i soggetti più fragili - comorbidity, comportando un significativo incremento della mortalità ed aumento della degenza media. Lo scopo del presente studio è stato quello di valutare le caratteristiche delle IVU nella popolazione geriatrica, ricoverata nella U.O. Geriatria di Magenta.
Materiali e Metodi: (Studio prospettico) sono stati raccolti dalle cartelle cliniche dati di pazienti ricoverati da Marzo a Dicembre anno 2014 e dimessi con codice DRG di prima e non diagnosi di IVU. Abbiamo estratto dati di tipo anagrafico, laboratoristico e valutato la presenza di sintomi correlati all'IVU.
Risultati: Dalle cartelle cliniche dei 438 soggetti analizzati, sono stati raccolti i dati dei referti delle uro colture ed abbiamo così evidenziato 26 urocolture positive per diversi tipi di agenti patogeni. I patogeni più frequentemente chiamati in causa sono stati *Escherichia Coli* (53,8%), *Klebsiella Pneumoniae* (15,3%), *Proteus Mirabilis* (15,3%), *Enterococco Faecalis* (30,7%), *Pesudomonas aeruginoso* (7,6%). Il 69,2% era rappresentato dal sesso femminile , età media±85 aa.
Discussione: Il presente lavoro si allinea con i dati della letteratura internazionale.

Clostridium difficile: evidenza in una geriatria della Azienda Ospedaliera di Legnano

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Premessa: Come noto il Clostridium Difficile (CD) è un batterio presente nell'intestino umano, fa parte della flora batterica (spirogeno anaerobio Gram-positivo) che in caso di disequilibrio intestinale prolifera in maniera incontrollata producendo delle tossine (A-enterotossica e B-citotossica), presente anche nell'ambiente (acqua, suolo e feci animali). L'enterite si presenta tipicamente con diarrea, febbre e leucocitosi. L'uso di antibiotici sopratutto i beta-lattamici e le cefalosporine di 2° 3° generazione costituiscono un fattore favorente alla colonizzazione del CD. Ultime recensioni evidenziano inoltre come gli inibitori di pompa protonica (IPP) si associano ad un aumento del rischio di diarrea da Clostridium Difficile. Nei soggetti anziani è la principale infezione a livello intestinale rappresenta il 15 % delle diarree nosocomiali con una mortalità variabile tra il 6% e il 30%.
Metodi: Studio retrospettivo con revisione di cartelle cliniche dei paziente ricoverati nell'U.O. Di Geriatria nell'anno 2014.
Risultati: Abbiamo revisionato 568 cartelle cliniche di pazienti ricoverati in Geriatria in regime di urgenza provenienti dal Pronto Soccorso, pazienti fragili - comorbidity. L' 0,8% ha evidenziato un positività per infezione da Clostridium Difficile, questi pazienti provenivano principalmente dal domicilio tranne una proveniente dalla rianimazione. Età media 80 aa, il sesso femminile privilegiato. Una paziente veniva dimessa con diagnosi di colite psudomembranosa che rappresenta una delle complicanze frequenti in caso di infezione da CD.

Importanza delle trombosi venose distali nell'embolia polmonare

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Premesse e Scopo dello studio: La Trombosi venosa distale è quella lesione trombotica che interessa le vene sottopoplitee (tibiali,gemellari,surali) spesso viene considerata poco importante e quindi risulta sottodiagnosticata e sottotrattata. Lo scopo dello studio è stato quello di valutare l'importanza delle Trombosi Venose Distali nel determinismo dell'Embolia Polmonare (EP).
Materiali e Metodi: Abbiamo preso in esame 105 casi di EP ricoverati presso l'Ospedale di Rimini dal 2010 al 2013.La diagnosi era stata posta attraverso l'esecuzione di Angio TAC.Questi pazienti erano anche portatori di Trombosi Venosa Profonda (TVP) diagnosticata attraverso l'esecuzione di Eco-Color-Doppler (ECD) venoso completo (CUS+studio dei vasi sottopoplitei).
Risultati: Le risultanze degli esami ECD sono state le seguenti: 58 (56%) erano TVP prossimali 32 (30%) erano distali (Sottopoplitee),14 (13%) erano Prossimali+Distali, 1 era una TVP Succlavio-Ascellare. Se consideriamo che la caratteristica del trombo venoso è quella di procedere in senso ascendente,si può ritenere che le 14 TVP distali+ prossimali siano iniziate nei vasi sottopoplitei per poi risalire a livello popliteo-femorale, quindi nel 46% dei casi vi era un interessamento del circolo venoso distale.
Conclusioni: 1) Le trombosi distali sono frequenti e possono causare EP; 2) quando si esegue un ECD nel sospetto di TVP è importante valutare anche i vasi sottopoplitei.e non solo la CUS,per evitare di non diagnosticare e di conseguenza non trattare trombosi venose distali che possono risalire e determinare una TVP prossimale ed una EP.

Valutazione del metodo di applicazione del controllo radiologico a distanza per broncopolmonite

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Premesse e Scopo dello studio: La broncopolmonite è una patologia frequente nelle UO di Medicina Interna e la Rxgrafia (Rx) del torace rimane l'esame cardine per la sua diagnosi. E' a tutti noto che la risoluzione radiologica è più lenta rispetto alla risoluzione clinica e di conseguenza vi è rischio di controlli troppo precoci e quindi inutili.Per ovviare a questo problema, ridurre il tempo di degenza e migliorare l'appropriatezza delle Rx abbiamo stilato un protocollo per cui il controllo è programmato in post-ricovero a 30 giorni dalla prima lastra.
Materiali e Metodi: La UO di Radiologia ci riserva 4 posti settimanali a nostra prenotazione. Nella lettera di dimissione viene programmata la data del controllo Rx. Il giorno successivo un medico della UO, valuta il referto. Abbiamo preso in considerazione 3 anni di attività (2012-13-14).

Risultati: Sono stati programmati alla dimissione 192 Rx del torace,si sono presentati 166 pazienti (86,5%), di questi dopo 30 giorni avevano avuto una risoluzione radiologica completa 132 pazienti (80%), 34 avevano una mancata o parziale risoluzione e sono stati sottoposti ad ulteriore controllo dopo 20 giorni, 25 di questi dopo tale periodo evidenziavano una completa risoluzione. Gli altri 9 sono stati sottoposti a TAC torace HCT che ha documentato 4 BOOP, 4 Neoplasie, 1 Bronchiectasia.

Conclusioni: L'attuazione del protocollo ci ha permesso in questi anni una notevole riduzione della degenza media (DRG 89);infatti si è passati da 10,2 a 7, 2 giorni con una notevole riduzione di Rx del torace. Il protocollo quindi si è dimostrato utile ed efficace.

✪ Leucoclastic vasculitis: a rare clinical condition related to repeated bortezomib administrations in multiple myeloma

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A 71 yrs old woman, ECOG PS=1-2, came to our attention in December 2012 for dorsal pain and pancytopenia. We observed positive Bence-Jones proteinuria and increased values of IgG k. MRI showed lesions at D7-D8 vertebra suggestive for osteomyelitis. Bone and marrow biopsy documented plasma cell infiltration of 70-80% and a positive culture for Staphilococcus aureus. In January 2013, the pt received specific antibiotic therapy and bisphosphonates. In March she began chemotherapy (CT) with bortezomib and prednisone (VP). A MRI conducted after two cycles VP showed a disease progression, with worsening of clinical conditions and pancytopenia: a new CT with melphalan and prednisone (MP) was prescribed together with radiotherapy for vertebral pain. A second bone marrow biopsy confirmed extensive infiltration (80-90%). After six courses of MP progressive reduction of monoclonal component and pancytopenia were recorded, but CT was suspended for a thoracic Herpes zoster infection. In April 2014 the pt resumed CT (VMP), but after four cycles we observed the appearance of ecchymotic-papular lesions initially on the left arm, and then interesting hands, wrists and legs, associated to pain and fever. We performed autoimmune, tumoral , hormonal and infective tests, all negative, together with dermatologic and reumatologic evaluation. The skin biopsy of a lesion diagnosed a *leucocitoclasic vasculitis*, that was successfully treated only at the time of bortezomib suspension. This clinical condition is an extremely rare adverse effect related to bortezomib administration.

Polmonite da *Citomegalovirus* in paziente in trattamento cronico con immunosoppressori dopo trapianto polmonare

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Premesse: CMV è un virus di ampia diffusione nei paesi occidentali (prevalenza di almeno 60%) con una incidenza di polmonite fino al 6%, in genere di scarso significato clinico. Negli immunodepressi ed in particolare nei trapiantati di polmone l'incidenza di polmonite può essere oltre il 50% ed il decorso della malattia più severo, talora con grave insufficienza respiratoria.
Presentazione clinica: Uomo di 57 anni affetto da enfisema panlobulare da deficit di α1antitripsina già sottoposto a trapianto di polmone sinistro nel 2010; immunodeficit acquisito da terapia cronica con immunosoppressori (corticosteroidi, micofenolato e ciclosporina, in range terapeutico al momento del ricovero), si ricovera per febbre (TC 38.5°C), dispnea, tosse scarsamente produttiva, astenia, artromialgie. All'e.o. crepitii e gemiti basali a sinistra. EGA pO2 59 mm/Hg, pCO2 35 mm/Hg. FA tachifrequente. PA 110/70 mmHg. TC torace: enfisema panlobulare del polmone destro; polmone sinistro trapiantato con piccole multiple aree di consolidazione a vetro smerigliato. Leucociti 6.100/µL, PCR 6.9 mg/dl, procalcitonina 1,4 ng/ml. Negativi: sierologia per aspergillo e criptococco, colturale per germi comuni e pneumocisti, ag urinari per Legionella e Pneumocco, batterioscopico per BK; PCR per CMV 1546 UI/mL.
Conclusioni: Antibioticoterapia empirica con carbapenemici e tetracicline di scarsa efficacia; dopo positività per CMV riduzione del dosaggio di ciclosporina con successivo rapido miglioramento clinico.

A case of iatrogenic anorexia: the importance of a holistic assessment in the elderly

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Background and Purpose of the study: A 78yrs male patient came to our attention presenting anorexia, weight loss, nausea and severe asthenia. A month before the admission he experienced a cardioembolic stroke complicated by the onset of secondary generalized epilepsy for which he started a therapy with oral levetiracetam 750 mg twice *daily*. Clinical past history revealed essential hypertension, chronic ischemic heart disease and atrial fibrillation.
Materials and Methods: Clinical examination revealed normal findings except left arm's paresis. Abdomen was normal with torpid peristalsis. Blood test revealed Hb 9 g/dl, creatinine 2.1 mg/dl, hypoproteinemia (total *protein* 4.4 *g*/dl; albumin *2.1 g*/dl) mild hypertransaminasemia and GGT elevation. Chest x-ray showed no pathological findings. Calculated GFR was 29 ml/min. Serum concentration of levetiracetam was 400 microg/mL (therapeutic value is less than 40 microg/mL).
Results: We discontinued levetiracetam (mainly renally excreted) monitoring the serum concentration which lowered progressively to therapeutic values. At the same time a marked improvement of clinical condition with complete resolution of the anorexia was observed. The patient was subsequently discharged with a reduced dose of levetiracetam (250 mg twice *daily)*.
Conclusions: This case report emphasizes the importance of a comprehensive clinical evaluation especially in the elderly patient, which due to the frequent presence of comorbidity and polypharmacotherapy has increased risk of drugs adverse events and overdose.

Prescribing wisely and safely in the elderly

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Background and Purpose of the study: Appropriate prescribing in the elderly is a challenge. Old patients suffer chronic conditions and have increased risk of drugs adverse events. Chronic pain is highly prevalent in older adults admitted in internal departments. Guidelines allow clinicians to treat moderate and severe non-oncological pain with low doses of strong opiods in elderly. Comprehensive assessment and correct therapeutical approach seems to avoid opiods-related adverse effects and afford relief from pain in most of patients.
Materials and Methods: We performed a 1 year-cohort of 74 elderly patients, whom strong opiods were prescribed to for chronic pain. A comprehensive assessment about adverse events (including opiods induce constipation) was performed. Screening tools for wisely prescription were used: Bowel Function Index for constipation, Opiod Risk Tool for risk of addiction and others data relative to nausea, dizziness, vertigo, confusion and dry-mouth.
Results: 53 of 74 patients were still under opiods pain after one year. Reasons for discontinuation were several (minor side effects, pain improvement, GP's decision); no major adverse events occoured. As a correct therapeutical approach was followed (eg. laxatives to prevent OIC or oxycodone/naloxone), no significant changes in bowel function were observed. None of patients developed addiction to opiods.
Conclusions: Our data confirm safety of long-term treatment with opiods for chronic pain in the elderly. A comprehensive assessment

and correct therapeutical approach allow to avoid adverse events and addiction.

Right atrial size and 30-day mortality in normotensive patients with pulmonary embolism

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Background: The role of right atrial (RA) dilatation for predicting mortality in normotensive patients with pulmonary embolism (PE) has not been completely studied.
Methods: We analyzed the RIETE Registry data to evaluate the prognostic value of RA dilatation (visual estimate) on transthoracic echocardiography (TTE) in patients with acute PE presenting with normal systolic blood pressure (levels ≥90 mm Hg).
Results: As to April 2013, 7,677 normotensive patients with acute PE underwent TTE within the first 48 hours. Of these, 2,268 (29.5%) had RA dilatation. At 30 days, 212 patients (2.76%) died, of whom 59 (0.77%) died of confirmed PE. Patients with RA dilatation had a 6-fold higher rate of fatal PE (1.85% *vs* 0.31%; odds ratio [OR]: 5.98; 95% CI: 3.44-10.8) and a 2-fold higher all-cause mortality (4.32% *vs* 2.11%; OR: 2.10; 95% CI: 1.59-2.76) compared with those without RA dilatation. On multivariable analysis, RA dilatation independently predicted fatal PE (relative risk [RR]: 3.71; 95% CI: 1.68-8.17), while right ventricular dysfunction did not (RR: 1.36; 95% CI: 0.66-2.80).
Conclusions: Among normotensive patients with acute PE, RA dilatation on TTE independently predicted fatal PE at 30 days.

A unifying diagnosis for a complex syndrome

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Case Report: Female, 68 years old, hospitalized for abdominal pain (November 2014), with detection of increased amylase and lipase levels on admission. In history: high blood pressure and a previous surgery for peptic ulcer bleeding. On September, following repeated pre-syncopal symptoms, she performs a ECG ambulatory monitoring and dual-chamber pacing therapy is recommended. During the initial period of observation, hypotension is detected (SBP=85) with intermittent fever; the patient is polyuric (on average around 6 L/day) with a fluid intake of 2 L/day. On 4th day she is transferred in Internal Medicine: tends to doze off spontaneously and refers dizziness, tiredness, blurred vision and dyspeptic disorders. The body temperature increases gradually over the next hours, up to a value of 38.5°C. Routine exams and serial samplings for blood culture are required with positivity for MDR Acinetobacter. Laboratory tests detect the presence of neutrophilic leukocytosis and hypernatremia. In the following days, there is a progressive calcemic increase (up to 13 mg/dL; initial value =9.5 mg/dL), already present (17.0 mg/dL) during a previous laboratory checking (June 2014). Dosages of PTH and Vit. D are required. The significant increase in the PTH values suggests performing an ultrasound of the neck (positive parathyroid nodule on the right) with additional CT, confirming the presence of lesion; scintigraphy is negative. The patient is sent to the surgeon with the diagnosis of Primary Hyperparathyroidism.

An unusual abdominal pain

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Case Report: Female, 38 years old, in ED for abdominal pain to the left side. She reports the appearance of daytime somnolence and asthenia from about 4 weeks and recent onset of chills. The body temperature is 37,2°C and lumbar bilateral percussion is positive on the left. Laboratory tests and a urinalysis with urine culture are performed. Renal ultrasonography shows a mild dilation of the calices on the left and a hypoechoic lesion (Æ about 3 cm) on right kidney suggestive of adrenal adenoma. Laboratory tests detect anemia (Hb=8.3 g / dL) and an increase of C-Reactive Protein. In a few hours the pain disappears; it recurs on 3rd day, localized to the right and decreases partially with NSAIDs: physical exam shows an epigastric tenderness with bilateral negativity of percussion lumbar. The next day the pain is reported in the hypogastrium with unchanged objectivity. A polypoid mass, localized to the gastric fundus, is appreciated by CT, with oval mass into VII liver segment "suggestive of hydatid cysts". The upper gastrointestinal endoscopy, and the subsequent EUS, allows to put the suspicion of GIST (Gastrointestinal Stromal Tumour), - confirmed on histologic examination.
Discussion: The GISTs are rare: the incidence is of about 900 new cases/yr and stomach is the more frequent localization. The disease occurs most often in men after the age of 50, rarely before 40 years. In locally advanced or metastatic cancer, the use of specific inhibitors of tyrosine kinases (imatinib) allows to block tumor growth, with appreciable prolongation of Progression-Free Survival.

Caratteristiche dei pazienti affetti da embolia polmonare: analisi descrittiva delle differenze e analogie tra l'Italia e l'Europa nel Registro PREFER in VTE

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Razionale: Poche sono le informazioni disponibili riguardanti le analogie e le differenze tra pazienti affetti da Embolia Polmonare (PE) italiani ed europei.
Metodi: Nel registro prevention of thromboembolic events - European registry invenous thromboembolism (PREFER in VTE) sono stati arruolati, a partire da Gennaio 2013, pazienti non selezionati affetti da trombosi venosa profonda (DVT) e/o PE.
Risultati: In Italia le percentuali di pazienti affetti da tromboembolismo venoso con età inferiore a 65 anni, tra 65 e 75 e sopra i 75 erano, rispettivamente: 39,8%, 22,9% e 37,3%. In EU erano prevalenti i pazienti di età inferiore ai 65 anni (50,2%).
I sintomi maggiormente presentati dai pazienti italiani erano dolore toracico, dispnea e tachicardia (25.8% dei pazienti italiani *vs* 18.4% media EU); le indagini diagnostiche più utilizzate erano la TC e la RMN seguite dall'ecografia. L'ipertensione era presente nel 50.5% dei pazienti italiani, rispetto al 44.7 della media EU; era presente un alto tasso di pazienti dislipidemici (24.6%), in linea con i dati EU. I pazienti con storia di cancro erano il 24.6% e con cancro attivo il 63.2% in Italia (media EU 18.2% e 57% rispettivamente). L'Italia è risultata essere il paese con la percentuale più bassa di pazienti trattati con NOAC in monoterapia (2,7% *vs* una media EU del 16,1%) e riportava il più alto tasso di utilizzo di antagonisti della vitamina K in monoterapia (34,9% *vs* 24,9% EU).
Conclusioni: A causa della tardiva introduzione dei NOAC nel nostro paese, l'Italia è il paese con il minor utilizzo di questi farmaci e un maggior utilizzo degli antagonisti della vitamina K e delle eparine rispetto alla media EU.

Glutathione S-transferase alpha 1 polymorphism in gestational hypertension and its putative involvement in pregnancy-related conditions

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Introduction: Hypertension is one of the main clinical disorders observed in pregnancy and remains a significant cause of adverse re-

productive outcomes, including maternal and fetal mortality. Gestational hypertension (GE) is a complex diseases, therefore in her etiology numerous risk factors, genetic and environmental, are involved that contribute to modify the susceptibility to the onset of GH. Glutathione S-transferases (GSTs) are a superfamily of "Phase II" multifunctional enzymes, involved in the processes of cellular detoxification of a wide range of endogenous and exogenous compounds. The aim of this study was to investigate the role of *GSTA1* gene polymorphism in the pathogenesis of gestational hypertension (GH).
Materials and Methods: Genomic DNA was extracted from buccal cells and the analysis of GSTA1*-69C/T gene polymorphism was performed by using a RFLP-PCR.
Results: GSTA1*-69T allele are more frequent in the control group than in the GH group: 43% *vs* 33% (p=0.049), respectively. Significant outcomes were obtained considering dominant genetic model (OR=0.54, 95%CI: 0.29-0.99, p=0.048).
Conclusions: Our study highlighted a significant association between the *GSTA1* gene and a decreased risk of GH. In particular, the -69T allele in the *GSTA1* gene may be considered as a protective factor for GH onset. Our data support the hypothesis that *GSTA1* may be involved in the pathogenesis of pregnancy-related diseases.

✪ Origin of transthyretin Val30Met mutation in Italian population and its potential role in genotype-phenotype correlation in patients with transthyretin amyloidosis

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Introduction: Transthyretin (TTR)-related amyloidosis is characterized by autosomal transmission of amyloidogenic mutated *TTR*. Val30Met is one of the most common amyloidogenic *TTR* mutations, showing a worldwide distribution with phenotypic heterogeneity among human populations. Multiple founder mutations for Val30Met foci have been hypothesized and the different origins may explain the phenotypic variability. The aim of our study is to determine the origin of Italian Val30Met and to analyze the genetic relationship of other Val30Met foci.
Methods: We analyzed the origin of Italian Val30Met through 11 microsatellite markers around the *TTR* gene in 29 patients and 34 healthy controls.
Results: Our genetic analysis showed an estimated age of origin of 34-36 generations ago for the Italian Val30Met. Comparing Italian Val30Met haplotypes with those from Sweden and Portugal highlights relevant differences that seem to be consistent with an independent origin of Italian Val30Met mutation. This genetic evidence agrees with the disease phenotypic variation in these populations.
Discussion and Conclusions: Italian Val30Met mutation should have originated before the Portuguese and Swedish Val30Met ones (which arose through independent mutational events). This indicates a genetic diversity in the surrounding regions of three different Val30Met mutations, supporting the hypothesis that *TTR* non-coding regions may contribute to phenotypic heterogeneity.

Due casi clinici di sieroconversione "s" – anti"s" in pazienti affetti da epatite cronica HBV correlata "e" negativa

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Premessa: L'infezione epatitica da virus B rappresenta ancora oggi un serio problema di salute pubblica: circa il 30% della popolazione mondiale mostra evidenza sierologica di contatto. Per la terapia ci si può affidare agli interferoni ed i NUCs. L'obiettivo della terapia dell'epatite B è quello di prevenire la cirrosi, lo scompenso epatico, il carcinoma epatocellulare. Nella pratica clinica la risposta al trattamento è determinata dalla soppressione dei livelli sierici di HBV-DNA, la conversione dell'HBeAg in Anti-HBe, normalizzazione delle transaminasi ed il miglioramento dell'istologia epatica. L'endopoint più difficile da ottenere è la conversione HBsAg – Anti HBs.
Casi clinici: Caso Clinico n. 1: V.F. , HBsAg positivo, "e" negativo, ha un modesto incremento della GPT (43 v.n. 37) ed HBV-DNA 1,86x10^4, genotipo D). Alla biopsia epatica ha un grado di fibrosi 3. Il pz. ha effettuato un trattamento con TDF dal settembre 2008. A distanza di 6 anni dall'inizio della terapia si è assistito alla conversione "s""-anti-s. Caso Clinico n. 2: G.R. di anni anni 55, affetto da epatite cronica HBV correlata, antigene "e" e delta negativa, con fibrosi S2, ha effettuato un tentativo terapeutico con P-Interferone per 12 mesi relapsando alla fine del trattamento. Pertanto è stato ritrattato con ETV e dopo circa due anni di terapia si è assistito alla siero conversione "s" "anti-s".
Conclusioni: Intervenire negli stadi precoci di malattia con farmaci ad alta barriera genetica permette di modificare la storia naturale dei pazienti e migliorarne sia la qualità di vita sia la sopravvivenza.

Prevenzione e cura dell'osteoporosi nel trapiantando e trapiantato epatico: proposta di percorsi diagnostico-terapeutico-assistenziali

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La diminuzione della massa ossea nei pazienti con end stage liver disease è nota. Il rischio di fratture nei primi 12-18 è circa il 30%. Proposta di percorsi diagnostico-terapeutico-assistenziali (PDTA): il trapiantando deve eseguire: metabolismo calcio-fosforo, PTH,Vit D, funzione tiroidea e gonadica. Morfometria della colonna vertebrale: con una frattura vertebrale iniziare terapia con bisfosfonati o inibitore del RANKL, con tre o più fratture iniziare Teriparatide. DEXA o Ultrasonometria: per T-score <-1 e <-2,5 iniziare terapia con bisfosfonati o denosumab. T-score >-1 correzione del metabolismo. Per il trapiantato epatico occorre valutare: I STEP:morfometria della colonna vertebrale: in presenza di frattura iniziare terapia con bisfosfonati o denosumab, in presenza di tre o più fratture iniziare Teriparatide.II STEP: DEXA o Ultrasonometria: per T-score <-1 e <-2,5 iniziare bisfosfonati o denosumab. III STEP monitoraggio: follow-up semestrale per i primi due anni. Ricercare una frattura da fragilita' in sedi meno note (metatarso, polso, coste); non vanno escluse fratture maggiori dal punto di vista clinico. Eseguire morfometria. Pazienti in trattamento per presenza di fratture: a) Nuova frattura moderata-severa o frattura di femore in corso di trattamento con anti-riassorbitivi da almeno un anno per una pregressa frattura moderata-severa o una frattura di femore; b) tre o più pregresse fratture severe oppure 2 fratture vertebrali severe più una di femore; c) trattamento da più di 12 mesi con dosi >5 mg/die di prednisone od equivalenti con una frattura severa o due moderate: Teriparatide.

Vasculite anti neutrophil cytoplasmic Ab-associata e tapazole

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Vasculiti direttamente correlate all'uso di metimazolo sono descritte raramente.
Caso clinico: Paziente, di 48 anni, affetta da malattia di Basedow. Dopo tre settimane di terapia con metimazolo ha presentato: febbre, poliartralgia, tremori articolari, cefalea, lesioni cutanee caratterizzate da area eritematosa con lesione necrotica centrale in alcune e simil-purulenta in altra. Leucociti: 1964, Neutrofili: 530, Linfociti 975; ANA:assenti; pANCA 21. La biopsia ha rivelato vasculite leucocitoclastica dei piccoli vasi. Sospesa terapia con metimazolo ed iniziato prednisone (1 mg/kg/die): rapido miglioramento.

Discussione: Farmaci antitiroidei possono causare febbre, rash, orticaria, artralgia/artrite, ipoacusia neurosensoriale, vasculite del SNC, sintomi respiratori (da epistassi a diffusa emorragia alveolare), sclerite, glomerulonefrite, lupus-like sindrome, policondrite, epatite tossica e agranulocitosi. Le reazioni avverse possono verificarsi nell'1%-5% dei pazienti spesso con dosi elevate di metimazolo. L' agranulocitosi si verifica nello 0,35% dei pazienti trattati con metimazolo. La patogenesi della vasculite associata a ATD è sconosciuta, rara, con pochi casi descritti in letteratura. Può essere sistemica, raramente ha esito letale.La diagnosi precoce è fondamentale. L'uso di steroidi determina un decorso favorevole. Nel caso descritto, la risoluzione delle lesioni cutanee dopo somministrazione di steroide rafforza la diagnosi.

Ricoveri per broncopneumopatia cronica ostruttiva riacutizzata tra il 2011 e il 2014: studio retrospettivo monocentrico (Azienda Ospedaliera Mellino Mellini, Chiari, Brescia)

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Introduzione: La BPCO rappresenta un'importante causa di morbidità e mortalità, i cui maggiori costi sono dovuti alle riacutizzazioni, che spesso richiedono una gestione ospedaliera.
Obiettivi: Valutazione dell'incidenza dei ricoveri per BPCO riacutizzata dal 2011 al giugno 2014, durata del ricovero, mortalità, tasso di riospedalizzazione.
Metodi: Analisi delle cartelle cliniche dei pazienti dimessi con diagnosi principale/secondaria di BPCO riacutizzata (codice 491.21/ICD-9-CM); calcolo di degenza media, tasso di mortalità, tassi di riospedalizzazione.
Risultati: Sono stati individuati 1238 ricoveri per BPCO riacutizzata (diagnosi principale/secondaria) su 60.625 ricoveri totali. Per quanto riguarda la diagnosi principale di BPCO, la degenza media è stata di 8 giorni, la mortalità è stata del 1,2% nel 2011, del 3,2% nel 2012, del 2,3% nel 2013, del 4,7% nel 2014. Il tasso di riospedalizzazione è stato del 5,15% a 30 giorni, del 9,5% a 90 giorni, del 13,3% a 180 giorni. Nel 2011 l'1,2% dei pazienti sono stati trasferiti presso Istituti Riabilitativi, il 3,2% nel 2012, il 4,6% nel 2013, il 6,5% nel 2014.
Discussione: Abbiamo evidenziato una sostanziale stabilità nel numero di ricoveri per BPCO riacutizzata (2% circa del totale). La durata media della degenza è rimasta stabile e analoga a quanto evidenziato da dati europei. La mortalità intraospedaliera è stata del 3,3% in media (3-9% in Letteratura). Il tasso di riospedalizzazione è risultato inferiore ai dati di Letteratura. Abbiamo inoltre osservato un *trend* di incremento nel riscorso alla Riabilitazione Respiratoria.

Epatite fulminante associata ad infezione disseminata da varicella zoster in un paziente adulto affetto da leucemia linfatica cronica e piastrinopenia autoimmune

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La Varicella zoster (VZV) causa infezioni potenzialmente letali negli adulti, in particolare se immunodepressi. L'infezione è frequentemente associata ad epatiti lievi, l'insufficienza epatica è rara. Un uomo adulto affetto da LLC e piastrinopenia autoimmune in trattamento con prednisone, si presentava presso Pronto Soccorso per nausea ed eruzione cutanea toracica dx, riferendo recente contatto con varicella. Gli esami ematochimici mostravano AST 804 U/L e ALT 1093 U/L [<40 U/L]. Veniva avviata terapia con aciclovir 75 mg/Kg/die. Il giorno successivo gli esami ematochimici mostravano AST 3100 U/L, ALT 3000 U/L e al successivo controllo AST 9622 U/L, ALT 9056 U/L, INR 1,81, bilirubina non determinabile. Il paziente veniva quindi trasferito presso Centro Trapianti. Presentava contrazione della diuresi e obnubilamento del sensorio con iniziale ipotensione. L'ematologo poneva controindicazione assoluta a trapianto di fegato per la malattia di base in progressione. Il paziente rientrava pertanto presso UTI; gli esami mostravano insufficienza epatica iperacuta (AST 26000U/L, ALT 23123 U/L, INR non determinabile) in quadro di *MOF.* Il paziente andava incontro ad *exitus* a 60 ore dall'ingresso in Ospedale. Risultava positiva la ricerca di VZV DNA ad alta carica. Il nostro paziente ha presentato un'insufficienza epatica iperacuta da infezione da VZV. Nonostante la terapia antivirale sia stata avviata prontamente, ha presentato un rapido peggioramento fino a *MOF* e morte. Il trapianto epatico, unica possibile terapia, non è stato attuabile per controindicazione assoluta legata alla patologia di base.

Trombosi mesenterica in infezione acuta da Citomegalovirus in una giovane donna: caso clinico

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Introduzione: L'infezione acuta da CMV è generalmente asintomatica o paucisintomatica negli adulti. Sono stati descritti casi di infezione acuta da CMV complicati da trombosi venose.
Caso clinico: Descriviamo il caso di una giovane donna che, nel sospetto di pielonefrite, eseguiva TC addome con mdc, che mostrava trombosi della vena mesenterica superiore e inferiore. Veniva iniziata terapia con enoxaparina a dose anticoagulante ed embricazione con warfarin; venivano eseguiti esami per ricerca di trombofilia. Per la persistenza di febbre, veniva modificata la terapia antibiotica (ceftriaxone—>imipenem/cilastatina) e venivano ripetuti esami ematochimici, con evidenza di PCR 1,2 (vn <0,5 mg/dL), LDH 777 UI/L (vn 230-460), AST 100 UI/L e ALT 112 UI/L (vn 5-50). Per la presenza di ipertransaminasemia non altrimenti spiegata e incremento dei valori di LDH, venivano richieste sierologie per EBV e CMV, markers neoplastici e pannello di esami per autoimmunità. Gli accertamenti risultavano tutti negativi, ad eccezione di CMV IgG/IgM, anticorpi anticardiolipina, antiβ2glicoproteina e mutazione in eterozigosi del gene MTHFR dell'omocisteina. La paziente veniva quindi dimessa a domicilio con terapia anticoagulante, dopo sospensione di estroprogestinico, con indicazione a controllo di ecografia addome e anticorpi antifosfolipidi (aPL) a 3 mesi, asintomatica, apirettica e in buone condizioni generali.
Discussione: Il caso qui riportato supporta l'ipotesi che l'infezione acuta da CMV sia correlata con la produzione di aPL e possa giocare un ruolo nella formazione di trombi vascolari.

Meningite da *Klebsiella pneumoniae* in paziente immunocompetente con doppia fistola rinoliquorale dei seni frontali: caso clinico

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Premessa: La meningite da Klebsiella Pneumoniae è raramente riportata in Letteratura ed è stata messa in relazione con l'età avanzata, il diabete mellito, l'abuso di alcool, le epatopatie croniche e la provenienza dal Sud-Est e Nord-Est asiatico.
Caso clinico: Descriviamo il caso di un uomo adulto, affetto da ipertensione arteriosa, encefalopatia vascolare, IRC e obesità, ricoverato in Terapia Intensiva per meningite a liquor torbido preceduta da rinite. L'esame colturale su liquor è risultato positivo per klebsiella pneumoniae multisensibile per cui è stata avviata terapia antibiotica con levofloxacina endovena. Il paziente è stato successivamente trasferito presso il Reparto di Medicina ed ha proseguito la terapia antibiotica, con rapido sfebbramento e normalizzazione degli indici di flogosi. Per persistente rinorrea, il paziente è stato sottoposto a TC del massiccio facciale, che ha evidenziato focale soluzione di continuo della parete posteriore di entrambi i seni frontali, un poco più ampia a sinistra (8 mm) rispetto alla destra (5 mm). E' stato pertanto sottoposto a uncinectomia parziale bilaterale, turbinectomia media parziale e sinusotomia frontale per via endoscopica; successiva riparazione delle fistole rinoliquorali della parete posteriore dei seni frontali.
Conclusioni: Il presente caso sottolinea la necessità di non limitare

il trattamento di infezioni con eziologie non comuni alla terapia antibiotica basata sull'isolamento colturale e l'importanza di stabilirne l'eventuale relazione con patologie concomitanti.

Clinical investigation on the use of smartphone for oxygen saturation measurement

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Our study investigates about the usability of the smartphone camera for the evaluation of the arterial blood oxygenation (SpO_2%). The change of the light intensity in the red and green colour channels in the video frames of the patient fingertip are properly processed. Two photoplethysmograms (PPGs) are obtained at the wavelengths 600nm and 940nm, respectively. These two PPGs are used to evaluate the SpO_2% without calibration coefficients and independently from the smartphone hardware and skin characteristics. Tests are performed to compare the proposed procedure with respect to commercial pulse oximeter CMS50D+ characterized by resolution 1% and accuracy 2%; and gas chromatograph ABL800 characterized by resolution 0.1% and accuracy 0.5%. The used smartphone is the Samsung Note3 acquiring video with low resolution 320x240 pixel. The patients are lying in the bed and the SpO2% is simultaneously monitored by the stick CMS50D+ on the index finger of the right hand, the smartphone on the index finger of the left hand and the blood extraction is performed on the radius artery of the right wrist. The experimental tests are performed on two sets of patients. One set is composed by 10 male and 5 female healthy subjects (25-40 years) and blood oxygenation in the range 97.8-99.8%. The other set is composed by 3 male and 2 female patients affected by COPD (60-89 years) and blood oxygenation in the range 87.8-94.2%. The smartphone and the pulse oximeter gives compatible results, and the maximum error between the smartphone and the gascromatograph is 2%.

La sindrome post-pericardiotomica

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Un paziente maschio di 56 anni giungeva alla nostra osservazione in Agosto 2014 per febbricola, tosse, dolore toracico e riscontro di versamento pleuro-pericardico. In anamnesi: intervento cardiochirurgico di valvuloplastica mitralica con impianto di anello di Cosgrove in Ottobre 2013. Iniziava terapia con ASA 3 gr/die con iniziale beneficio ma successiva recidiva del dolore con incremento degli indici di flogosi in Ottobre 2014 per cui iniziava, in associazione, anche colchicina. Tale terapia veniva lentamente e progressivamente ridotta fino a sospensione in Gennaio 2015 con benessere soggettivo e scomparsa del versamento pleuro-pericardico. La sindrome post-pericardiotomica può esordire anche diversi mesi dopo l'intervento cardiochirurgico con pericardiotomia. La patogenesi è da ricondursi all'insorgenza di un processo immuno-mediato dopo un trigger rappresentato dal trauma chirurgico anche se le infezioni chirurgiche, specialmente virali) potrebbero rappresentare una concausa o un fattore precipitante del fenomeno. Il trattamento è basato sull'utilizzo di aspirina, FANS o steroidi; la colchicina, usata in aggiunta all'aspirina, è risultata efficace e sicura.

Undetected heart failure

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Background: Heart failure (HF)is a clinical syndrome characterized by hight mortality and frequent hospitalizations for exacerbations. We recognize 3 groups of patients: patients at risk of developing HF, patients with established symptomatic HF and patients with suspected HF.
Case presentation: A 77 old woman was admitted to our hospital because of worsening of dyspnea in the last 10 days. Anamnesis of arterial hypertension, well treated with angiotensin converting enzyme (ACE)inhibitors. Chest X-rays:pulmonary congestion. Physical examination:bilateral basal crackles and lower extremity edema. Laboratory tests: the increase of pro-BNP, but also chronic kidney disease, diabetes mellitus, hyperlipidemia, and hyperuricemia. The echocardiogram showed cardiac abnormalities and allowed the diagnosis of HF: ventricular hypertrophy with eccentric geometry, left atrial dilatation, moderate mitral and tricuspid regurgitations, low ejection fraction (35%) and signs of pulmonary hypertension. She was treated with loop diuretic and oxygen therapy, with clinical improvement. Final diagnosis were HF NYHA III-IV, chronic kidney failure III K-DOQI, diabetes mellitus.
Conclusions: HF is a complex syndrome and incidental diagnosis sometimes shows undetected comorbidity. Some patients can have sudden onset of HF with no previous symptoms. Echocardiografic and laboratory signs are unknown because these exams are not recommended in asymptomatic patients.The hospitalization in an Internal Medicine department allow to evaluate all undetected conditions for patients presenting symptoms for the first time.

Un raro caso di ipertensione polmonare

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Introduzione: Ipertensione polmonare (IP) severa associata a sindrome di Sturge-Weber (SSW), disordine neurocutaneo causato da mutazione genetica caratterizzata da angiomatosi encefalo-trigeminale, con associata positività al test per il lupus anticoagulant (LAC).
Caso clinico: Maschio di 34 anni ricoverato per dispnea, tosse, edemi declivi. Agli esami: PROBNP 15000, D-Dimero 1100, PCR 15, LAC positività (SCT 2.83-DRVUT 1.88). Tc torace, regolare calibro delle arterie polmonari. Ecocardiografia: grave IP con dilatazione del Vd, PAPS 85mmhg e TAPSE 11. Cateterismo cardiaco: severa IP con PM 49mmhg, IC 1.73l/m/m^2, RVP 14 WU. Trattamento: Bosentan 62,5 mg bid e Fondaparinux 1.5 mg die (peso 45 Kg), con drammatico miglioramento della dispnea. Al successsivo ricovero normalizzazione del PROBNP, negativizzazione del LAC. Ecocardiografia: PAPS 30. Cateterismo di controllo: normalizzato.
Conclusioni: Il caso clinico in esame sembrerebbe ipotizzare una genesi multifattoriale dell'IP. Infatti il LAC, noto fattore trombofilico, farebbe pensare ad una forma di IP cronica post-tromboembolica dei vasi distali. La risposta drammaticamente efficace avuta con il bosentan (antagonista dei recettori dell'endotelina1) e la assenza, nella letteratura oggi disponibile, di associazione tra SSW e IP, ci fa porre la domanda se ci possa essere un preciso ruolo della SSW nella genesi dell'IP e se la stessa possa essere responsabile di disfunzione endoteliale.

Un raro caso di epatite A in donna barese ultracinquantacinquenne

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Caso clinico: Una donna di 55 aa si ricovera per la comparsa di ittero, emerso dopo 5 gg di febbre elevata, caduta per crisi, non associata né a dolori addominali, né a prurito. In anamnesi si rilevava la presenza di diabete mellito tipo2 insulino trattato, epatosteatosi, obesità di terzo grado (BMI 35.2). Il laboratorio evidenziava iperbilirubinemia (bil.tot. 20 bil dir. 18), gamma GT 1000 UI, AST 162, ALT 482, anemia normocromica, normocitica, (Hb 9.0 g/dl), INR nella nroma, IgM anti HAV positive (in due determinazioni), positività del virus A nelle feci (in corso di fenotipizzazione), HGB glicata 102 mmmol/mol. Gli esami strumentali (eco-addome) mostravano vie bilirai non dilatate ed un quadro di steatosi epatica. Assenza di calcoli. La TAC addome escludeva etero formazioni endoaddominali.
Conclusioni: La particolarità del caso clinico risiede nella rarità della patologia al sud, tasso annuale per 100.000 ab. nei soggetti di sesso femminile >55 aa, dello 0.13 (SEIEVA 2013), nella presentazione clinica classica e nel fatto che la paziente mangiava frequentemente frutti di mare crudi da oltre 30 anni senza mai manifestare segni clinici rilevanti. Altro elemento peculiare è legato alla mancata immunizzazione della paziente, nel corso degli anni, pur risiedendo in zona endemica ad elevato tasso di contagio. L'epatite A non è scomparsa ma nella pratica clinica viene spesso dimenticato il dosaggio delle IG anti

HAV, in considerazione che, soprattutto al sud ed in particolare in Puglia, l'immunizzazione sia capillare e diffusissima.

La Medicina Interna Toscana: analisi delle attività e criticità. Lo Studio "INDOMITO" FADOI

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Premesse e Scopo dello studio: Lo studio INDOMITO della FADOI Toscana ha valutato attività e carichi di lavoro dei Medici Internisti nel 2013.
Materiali e Metodi: Sono state valutate schede dati di 43/45 Strutture di Medicina Interna (MI) pari al 73 % dei PL ospedalieri e 71% dei ricoveri di MI della Regione Toscana. I dati di attività riguardano 77.576 dimissioni e 181 ambulatori.
Risultati: La struttura di MI "media" ha 9 medici, 42 PL, effettua 1803 dimessi/Anno e 5200 prestaz. ambul., ha attività H 24/365 gg. Gli indicatori classici mostrano: DM=8, IR=42,7, IO=102,4, IT pari a -0,21. Spesso gli internisti surrogano altri specialisti per la continuità assistenziale (guardia). L'analisi dei dati per tipologia di Ospedale mostra che nei grandi è prevalente l'attività di ricovero con elevata attività e sofferenza per sovraffollamento, nei piccoli sono concentrate le prestazioni ambulatoriali specialistiche; complessivamente la MI ha 181 ambulatori per diverse discipline con oltre 220.000 prestazioni/anno.
Conclusioni: La MI è presente in tutti gli Ospedali, soddisfa gran parte dei ricoveri urgenti, effettua oltre metà di tutti i ricoveri di area medica, ha elevata efficienza; gli indicatori mostrano attività spesso in area di rischio. Nei piccoli Ospedali effettua attività specialistiche di tutte le branche dell'area medica che spesso sono l'unico riferimento per il territorio, nei grandi ospedali è prevalentemente rivolta al paziente ricoverato, nei medi ospedali ha caratteristiche sia dei piccoli (con diffusa attività polispecialistica) che dei grandi ospedali.

Atrofia cerebrale, anticorpi anti-muscolo liscio e deterioramento cognitivo: studio di associazione

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L'atrofia corticale può verificarsi in condizioni associate all'invecchiamento come aterosclerosi, ipertensione, ischemia cerebrale e ictus, a loro volta fattori di rischio per la malattia di Alzheimer (AD). Inoltre, è noto il ruolo di componenti infiammatorie, autoimmuni e di disfunzione endoteliale nella patogenesi delle demenze. Scopo di questo studio è stato valutare l'associazione tra il profilo autoanticorpale e il deterioramento cognitivo in pazienti geriatrici. 344 pazienti, afferenti all'ambulatorio per il declino cognitivo, sono stati sottoposti a TAC cerebrale, valutazione cognitiva completa, profilo biochimico ed immunologico, radiografia del torace e genotipizzazione dell'ApoE. È stata riscontrata una significativa prevalenza di positività per gli anticorpi anti-muscolo liscio (ASMA) in 89/204 pazienti con segni neuroradiologici di atrofia cerebrale rispetto a 15/140 in cui tali segni erano assenti ($p<0,001$). Il modello di regressione logistica multivariata ha evidenziato che tale associazione è indipendente dell'età del paziente, dal sesso e dal punteggio del MMSE (OR=8.25, 95% CI: 4,26-15,99) e ha raggiunto un buon potere discriminante (c-statistica=0,783). I risultati sono inoltre indipendenti dal genotipo dell'ApoE, che si è dimostrato non essere associato alla presenza di atrofia cerebrale e di positività agli ASMA. I nostri risultati mostrano una forte associazione tra atrofia cerebrale e ASMA-positività e sono coerenti con diversi studi che si concentrano sui meccanismi di risposta immunitaria endoteliale nello sviluppo di demenza.

Combinazione di cinnarizina/dimeridrinato: opzione terapeutica nell'anziano con disturbi dell'equilibrio

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I disturbi dell'equilibrio nella popolazione anziana sono associati a rischio elevato di declino funzionale e cadute. Il trattamento combinato con cinnarizina/dimeridrinato è efficace e ben tollerato in pazienti adulti con sindrome vertiginosa da disordine vestibolare. Scopo dello studio è stato di testare l'efficacia e la sicurezza di questa combinazione rispetto al trattamento con solo una delle due molecole nell'anziano. Sono stati arruolati 40 soggetti affetti da disturbo dell'equilibrio e riferite cadute e alternativamente assegnati ad uno dei due gruppi di trattamento . Al baseline ed al follow-up a 3 mesi tutti i pazienti sono stati valutati mediante il test Timed Up & Go (TUG). È stato inoltre effettuata la genotipizzazione per il citocromo P450 2D6 (CYP2D6) di cui cinnarizina e dimeridrinato sono substrato. I 20 pazienti trattati la combinazione delle molecole hanno mostrato un miglioramento significativo dei valori al test TUG rispetto ai pazienti trattati con monoterapia. Inoltre i diversi fenotipi metabolici del CYP2D6 non hanno mostrato una correlazione significativa con le variazioni dei valori del test TUG. La polifarmacologia nell'anziano è una delle cause dei disturbi dell'equilibrio e spesso l'ottimizzazione del trattamento in corso può portare ad una soluzione. Spesso però il trattamento, piuttosto che eziologico, è di tipo sintomatico e i nostri risultati indicano che 3 mesi di trattamento con la combinazione di cinnarizina/dimeridrinato è ben tollerata e più efficace nella popolazione anziana esaminata rispetto al trattamento con monoterapia.

A rare case of metabolic acidosis

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A 44 year-old male, known for insulin-dependent diabetes complicated by proliferative retinopathy and mild nephropathy (microalbuminuria), underwent technically uncomplicated right eye surgery for retinal detachment; treatment was started with acetazolamide 250 mg orally twice a day, with instructions to drink lots of sugar-free fluids to compensate for the diuretic effect. The patient started to progressively deteriorate over the next few days, reporting nausea and vomiting. He required emergency admission 7 days after starting treatment: on admission to the Emergency Department, he was dehydrated, arterial blood gas showed metabolic acidosis (pH: 7.3, pCO2: 38, pO2: 74, BE: -10, HCO3: 20); biochemical results revealed hyperglycemia, raised serum creatinine and urea, absence of ketones, and raised osmolality, leading to the diagnosis of hyperosmolar nonketotic syndrome. Intravenous fluid correction was prescribed and subcutaneous insulin was administered; after ophthalmologist consultation, treatment with acetazolamide was discontinued: the patient stabilized rapidly, with clinic remission and normalization of blood tests in 2 days following admission.

Pharmacoepidemiology of antihypertensive therapy

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Introduction: The pharmacoepidemiology studies the use, the benefit/risk of the drugs, their consumption with the costs, effectiveness and appropriateness regarding the compliance.
Aim of the study: Our pilot study wants to assess the cost of antihypertensive drugs, the most commonly used prescriptions, the hospitalizations and the shift of therapy.
Materials and Methods: From the database USL8 Arezzo we extrapolated the data of hypertensive patients from 2009 to 2014 (12.522), analyzing only the 2014 to evaluate: most prescribed drug classes, costs, shift and hospitalizations, compared to the totals of 344.437 residents.
Results: The 70.4% of hypertensive total patients (2009-2014) was already in care since 2009, but only 47.8% on an ongoing basis. In 2014: 87.257 total patients (F 53.8%, M 46.2%, mean age 69.4 years), dispensed 1.435.111 ATC, spending € 8.304.112 (18.2% total cost), the cost therapy/patient € 93/year. % medications prescribed classes: β-blockers (43.2), ACE-inhibitors (30.6), Calcium channel blockers (24.1), ARBs (20.6), ARBs+HTCZ (17.4), ACE-inhibitors+HTCZ (14.1), α-blockers (5.3), ACE-inhibitors+Calcium channel blockers (4.5), ARBs+Calcium channel blockers (0.6). 5% of patients were hospitalized for cardiovascular causes and of these 36%

had a shift of therapy pre-admission and 54% post-hospitalization.
Conclusions: This preliminary analysis showed that the shift has an important role in facilitating admissions for cardiovascular disease presumably to poor compliance or inappropriateness (29.6%) of drugs that increase the risk.

Management of heart failure in a peripheral hospital

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Aim of the study: To investigate, in a peripheral general medicine setting, the adherence to the latest ESC Guidelines in managing patients with heart failure.
Materials and Methods: Files of patients consecutively admitted in our ward in February 2014 with a diagnosis of heart failure were retrospectively evaluated.
Results: 26 patients (18 f, 8 m), average age 83 years (72-102) were admitted and discharged during the survey period with a diagnosis of heart failure. Most patients had at least a second diagnosis; 19 had impaired renal function, and 11 had EGFR <50%. 7 patients had preserved EF rate, 7 had EF ≤40%, and 12 had no evaluation of left ventricular function. At admission, 21 patients used diuretics (80%), 15 ACE Inhibitors (58%), 4 ARB (15%), 11 Beta-blockers (42%), 3 MRA (11%), 1 ivabradine, 4 digoxin. Similarly, among patients with EF <40%, 6 used diuretics, 5 ACE Inhibitors, 3 Beta-blockers, 2 MRA. At discharge, there were few variations in therapy, with a slight increase in the prescription of diuretics and digoxin, and a minor decrease in the prescription of ACE Inhibitors and ARB.
Conclusions: According to our survey, the management of patients with heart failure does not concord yet with guidelines. In our opinion, this is mainly due to the advanced age, the presence of co-morbidities and the high rate of renal impairment of our patients. An effort should be made to improve the management of heart failure patients even in peripheral hospitals, because inappropriate therapy exposes them to worse control of symptoms and to repeated hospital admissions

Anti-Aminoacyl-tRNA synthetase antibodies syndrome in a patient with long standing rheumatoid arthritis

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Pulmonary manifestations in rheumatic disease are often overlooked because symptoms are mild or unrecognized, but lung involvement is sometimes severe and rapidly progressive to end stage respiratory failure.
Case report: A 51 years old female had been treated successfully for 10 years with immunosuppressive drugs for rheumatoid arthritis. One month before current admission she had been hospitalized for recent onset of dyspnea on exertion. Based on HRCT and endoscopic features a diagnosis of BOOP was made and prednisone 1 mg/Kg daily was started. After a transient improvement dyspnea progressed and she was admitted to our ward. She presented bilateral crackles, Gottron's sign, marked hypoxiemia with normal concentration of CO_2 while breathing normal air. Lung CT scan showed progression toward fibrosis; severe impaiment of CO diffusion was found. Despite signs of miopathy were clinically absent, muscolar enzymes and mioglobin were elevated; furthermore antibodies against Jo-1 (anti-histidyl-tRNA synthetase) were positive. Therefore anti-synthetase syndrome was diagnosed which put pulmonary function outcome and life itsel at high risk. We started therapy with high dose intravenous bolus of metilprednisolone followed by mycophenolate mofetil (3 g/daily).
Conclusions: Anti-synthetase syndrome is a rare disease but is associated to high morbidity and mortality, particulary for lung involvement. Prompt corticosteroid therapy is the initial therapy, but patients frequently need further immunosuppressive therapy.

Strategie terapeutiche e loro controindicazioni nei pazienti con tromboembolismo venoso: analisi italiana dei dati basali e confronto con i dati europei del Registro europeo PREFER in VTE

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Razionale: Ad oggi, non sono disponibili informazioni riguardanti il reale utilizzo delle singole strategie terapeutiche e l'incidenza delle loro controindicazioni nel paziente con VTE.
Metodi: Nel registro PREFER in VTE sono stati arruolati, nel periodo compreso da Gennaio 2013 a Marzo 2014, pazienti non selezionati affetti da VTE. I dati si riferiscono a un sottogruppo di pazienti arruolati da Gennaio 2013 a Dicembre 2013.
Risultati: All'arruolamento i pazienti italiani venivano trattati in maggioranza con eparine (Italia: 73.8%; Media europea: 66.4%) e antagonisti della vitamina K (In associazione con altra terapia: Italia: 45.8% *vs* Media europea: 34.7%; In monoterapia: Italia 24.4% *vs* Media Europea 17.2%), mentre il fondaparinux veniva utilizzato in misura minore (Italia: 12.4% *vs* Media europea: 12.7%). L'aspirina veniva utilizzata nel 9.4% dei pazienti italiani *vs* il 6.8% dei pz europei. Marginale l'impiego dei nuovi anticoagulanti orali (3.2% totale, 2.7% in monoterapia), al disotto della media europea (21.8% totale, 19.5% in monoterapia). Tra le controindicazioni alla terapia anticoagulante, la principale era la presenza di una neoplasia con chemioterapia programmata (Italia: 8.6% *vs* Media europea: 5.4%).
Conclusioni: In Italia, a seguito di un episodio acuto di malattia tromboembolica venosa, i pazienti sono stati trattati in netta prevalenza con eparine a basso peso molecolare (LMWH), e con antagonisti della vitamina K. Inferiore appariva l'utilizzo dell'aspirina e risibile era invece l'uso dei nuovi anticoagulanti orali, a differenza di altri paesi europei.

Trajectories of care for oncological and non-oncological patients in advanced stage of disease

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Background: "Se. Re. Na" project focused on reporting in an early stage patients who may need palliative care. Aim of this study is to prevent avoidable hospitalizations for patients trough appropriate communication and sharing setting.
Methods: Analysis of data recorded in the past year: patients sample (318), cancer patient or not, setting choices, place of death and so on.
Results: A drastic drop of eligible patient (a reduction of 19%) while a peak of deaths occurred in the hospital.
Conclusions: Is this trend due to clinicians' difficulty to identify dying patients and/or doctor- patient communication problems?

Causa rara di anemia e trombosi in paziente con multiple sclerosis

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Clinical case: Female of 41 years suffering from Multiple Sclerosis. Prior treatment with immunosuppressants included steroids and cyclophosphamide and the current therapy is natalizumab. She came to our attention for iron-deficiency anemia and thrombocytopenia, initially attributed to drug therapy in progress.
Course: During the hospitalization in our department it was found to be present worsening hepatosplenomegaly. Performing imaging studies showed a portal thrombosis extended with slowing of the arteriovenous mesenteric circle, edematous thickening of the mesentery and esophageal varices F2 with haemorrhagic gastritis. Blood tests directed to screen for congenital thrombophilia and other causes of thrombosis in the "atypical site" showed: a deficiency of Protein S and Protein C, heterozygous mutation G20210A and C677T, while there is not a clone of Paroxysmal Nocturnal Hemoglobinuria. We began, therefore, subcutaneous therapy with fondaparinux 7.5 mg/day for one month and then switched to Rivaroxaban 20 mg/day.
Conclusions: The association between multiple sclerosis and congenital thrombophilia is an extremely rare event, and to date there

are no scientific studies about it, while it has been known for a long time that the neurological disease alone represents an acquired risk factor for thrombotic phenomena.

Una rara complicanza della neurofibromatosi tipo 1

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Caso clinico: Giunge al ricovero un uomo di 36 anni affetto da neurofibromatosi tipo 1 (NF1) per episodio pre-sincopale; riferita inoltre, da alcuni mesi, febbricola serotina e tosse stizzosa. In anamnesi: ipertensione arteriosa, recente asportazione di neurofibromi del nervo sciatico sn per ipostenia senza risoluzione. Obiettivamente riscontro in fianco sn di voluminosa massa dura, dolorabile alla palpazione. Agli esami bioumorali severa anemizzazione. La TC total body documenta formazione di circa 20 cm di diametro in fossa iliaca sn in rapporto con le radici nervose L5-S1, ulteriori localizzazioni in sede retroperitoneale, pelvica, intratoracica, pleurica e della parete toracica, inoltre trombosi della vena iliaca esterna sn. Previo posizionamento di filtro cavale, si procede ad asportazione della neoformazione occupante completamente l'emiaddome sn che presenta emorragia intralesionale con resezione delle radici nervose. All'esame istologico riscontro di sarcoma di alto grado a tipo tumore maligno delle guaine nervose periferiche (schwannoma maligno). Il paziente viene indi sottoposto a radioterapia (RT) e follow-up oncologico.
Discussione: Lo schwannoma maligno è una complicanza non frequente della NF1 (8-13%). Si presenta prevalentemente al tronco ed estremità, nella 3°-4°decade di vita. Anche dopo resezione chirurgica completa preceduta o seguita da RT, la prognosi rimane infausta con sopravvivenza a 10 anni del 40% circa; fattori prognostici negativi sono: localizzazione nel tronco, dimensioni >5 cm, alto grado all'istologia, presenza di metastasi alla diagnosi.

Management of recurrent pericarditis during pregnancy: a case series

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Background and Purpose: Only few data exist on pericarditis in pregnancy. Our aim was to evaluate the management of recurrent pericarditis during pregnancy.
Methods: A clinical case series of 18 pregnancies in 12 women affected by recurrent pericarditis, all collected from 2002 to 2015.
Results: 12 live births occurred and 3 miscarriages, two spontaneous abortions (<10 wks) and one intrauterine fetal death at 19th wks, 3 pregnancies are ongoing. 12 pregnancies were treated with prednisone (2-25 mg). 9 women were also treated with aspirin, one of them continued aspirin at high dose till delivery and she developed a HELLP syndrome. Indomethacin was used in one patient and stopped at 19th wk. One patient was treated with paracetamol only and another one with colchicine. Two patients were without any therapy. Recurrences occurred during 6 out of 18 pregnancies; they were treated by adding paracetamol in 5 cases and adding ibuprofen in one case. In 4 patients the dose of corticosteroids and aspirin were started/increased. All the infants had a good outcome. 4 mothers experienced recurrences after delivery.
Conclusions: In women with a history of pericardial diseases, pregnancy should be planned in a period of disease quiescence. NSAID can be safely used during the 1st and 2nd trimester. Corticosteroids may be used at the lowest effective doses. Colchicine was appeared to be safe in pregnant patients with FMF. The general outcomes can be similar to the general population if the patients are followed by multidisciplinary teams.

✪ Using intragastric balloon OBALON in type 2 diabetes obese in-patients: initial evaluation after 3 months

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The intragastric balloon "Obalon" is indicated temporaneously in overweight or obese (BM I>27) adults who did not benefit from previous dietary programs. It must be ingested and inflated when reaching the gastric cavity. All balloons are intended to be removed at the end of a 3 months period via a gastric endoscopy. We studied 8 patients (3F and 5M) with BMI of 39±4.4 kg / sq m, mean initial weight 112 kg±2 and average age 40.0 years with T2DM and treated with oral hypoglycemic agents and /or basal insulin. In 30% (3 pts) a second intragastric balloon was implanted at 2 month for the persistence of hunger. Baseline and every month for 3 months we evaluated anthropometric, laboratory and impedenziometric (BIA) values. During the study pts followed a low-calorie diet (liquid the first 7 days and then semi-liquid for other 10 days after balloon implantation). All patients completed the 3-month study and the third month the balloons were removed by gastric endoscopy. Patients had a weight reduction of about 6% (BMI 32±5) a change in body composition: reduction in fat mass by 10% (p <0.002). We found a reduction of insulin resistance index HOMA (from 4:05 to 3.4) The most commonly reported adverse events were nausea (5%), vomiting (8%). HbA1c values were reduced by 0.8%. 30% of patients treated with basal insulin therapy reduced their daily doses by 20% over the 3 months. This limited experience shows the possibility of using the intragastric balloon in obese T2DM pts obtaining improved metabolic equilibrium, reduction in weight and BMI and modest but significant reduction of insulin daily requirements.

Narrative medicine: a useful support for health care personnel in chronic metabolic diseases. The experience of our Internal Medicine ward

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Diabetes mellitus is a chronic and complex disease requiring multiple interventions by health care personnel to ensure good metabolic control and to prevent complications. Diabetes and Metabolic Diseases require intense and constant educational activity by health personnel. In April 2010, January 2012 and November 2014, the Metabolic ward and Unit of our hospital organized three conferences. In all events a special training session was devoted to Narrative Medicine, brought by a Professor of the European School for Narrative Medicine. In the Conferences the health personnel learned mindfulness techniques and rhythmic breathing. All participants (doctors and hospital nurses, doctors of the territory, dietitians, psychologists) experienced the use of ancient fairy tales as a tool of self empowerment and as a stress solving technique. The fairy tales were highly appreciated by the participants at the conferences, thus reaffirming the importance of a "diversified" and "conscious" personal approach by health care staff in treating chronic conditions such as diabetes and metabolic diseases.

Insulin degludec *versus* insulin glargine in insulin-treated in-patients with type 2 diabetes: a first clinical analysis

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Objectives: Insulin degludec (IDeg) is a novel insulin with a long half life of almost 24 hrs. We investigated the efficacy of a single dose of IDeg in in-patients pts with type 2 diabetes (DMT2) *vs* insulin glargine (IGlar).
Research design and Methods: 14 T2DM in-pts (8 F and 6 M) previously treated with metformin (500mgx2/day) and sulfonylureas or glinides were assigned to the addition in the evening of basal insulin, alternately IDeg (7) and IGlar (7). HbA1c values were 7.5 to 9.2% (average 8.35%). During hospitalization basal insulinization was 50%

of a daily insulin dose of 0.3 IU/kg. Doses ranged between 10 and 24 IU/day. Our target fasting glucose was 120-160 mg/dl.
Results: We observed a mean reduction in HbA1c of 0.7% (mean HbA1c 8.1%), an average weight gain of 2.8 kg (mean BMI increased from 29.4 to 30.6). The average daily doses of IDeg and IGlar were essentially equal (18 units *vs* 22 units/day). The value of HbA1C decreased by 0.9% in pts treated with IDeg and 0.8% in those treated with IGlar (P <0.05 ns). We identified some episodes of nocturnal hypoglycemia (not severe), at a lower rate in those treated with IDeg than IGlar. No adverse events were observed in both groups.
Conclusions: In all patients, the addition basal insulin improved glycemic control. The IDeg group had lower number of nocturnal hypoglycemia episodes (not severe) (3 IDeg *vs* 5 IGlar). Our experience, initially on in-patients, showed the effectiveness and safety of use of the new basal insulin IDeg.

Self-monitoring and assessment of glycemic variability in patients with T1DM and T2DM using the new system of Flash Glucose Monitoring (Freestyle FLASH, Abbott)

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All self-monitoring blood glucose (SMBG) systems present obvious limits in determining adequate assessment of outpatients' glycemic profile (AGP), in taking useful therapeutic decisions and, above all, in measuring glycemic variability. We used the new non-invasive Flash Glucose Monitoring (FGM) system (Freestyle Libre, Abbott) which measures the interstitial glucose in patients who underwent to the application on the forearm of a glucose subcutaneous sensor. We evaluated the metabolic control, the glycemic variability, the therapeutic adherence of 4 patients with T1DM and T2DM for a one month period; the FGM system is made by an intradermic sensor continuously monitoring the interstitial glucose and by a glucometer which is approached to the arm of the patients 4 times a day, even above the clothes; the sensor must be changed every 14 days and allows patients to perform their daily and nightly routine. We used 2 sensors for each patient for a 1 month period each. The new system has proved reliable in the evaluation of glucose levels and useful to make the appropriate therapeutic adjustments. Furthermore, the system is connected via usb cable to a pc where all data are downloaded and collected for medical examinations. The system works in accordance with the recommendations of the IDC (International Diabetes Center) of 2013. Our data suggest a precise and accurate assessment of glycemic variability using this new tool for daily glucose monitoring in a non invasive and reliable way.

Nutrition assessment and management in Italian Internal Medicine Departments. The "APCG FADOI Nutrition Group" study

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Premesse e Scopo: Malnutrition has a high prevalence in Internal Medicine inpatients. It is a "disease in disease", causing further complications and worse prognoses with longer length of stay (LOS), with difficult discharges, and it is a potential source of newer and repeated acute hospitalizations. Furthermore, it is responsible for less QoL, and increasing managing costs for inpatients. To determine: a) the prevalence of standardized methods used to screen and to assess nutritional status routinely used in Internal Medicine wards chronic inpatients b) the prevalence of nutritional interventions in patients detected as malnourished on the basis of mentioned assessment methods. Furthermore these objectives could provide an estimate of prevalence of malnutrition and risk of malnutrition among the chronic Italian Internal Medicine inpatients.
Materiali e Metodi: All inpatients present in the Medical Department in the index day, were enrolled in this study. In this "index "day in each of the participating centres an Internist, working in the Department and well informed in advance about the study, will check the medical records of chronic inpatients.
Risultati: Will be discussed at the end of the recorded data will be registered and examinated.
Conclusioni: The screening for risk of malnutrition, the assessment and the consequent management of malnutrition (nutritional plan) should become a routinary method in Internal Medicine Department to prevent the complications, to ameliorate the inpatients prognosis and to estimate the real prevalence of this health problem.

Anemia in epatopatia alcolica: sindrome carenziale?

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Presentazione del caso: Donna, 40 anni. Negli ultimi mesi comparsa di malessere, inappetenza, profonda astenia, epigastralgia e incremento ponderale. Negli ultimi giorni febbre ed esacerbazione dei sintomi.
Anamnesi patologica: Abuso alcolico, tabagismo attivo, abuso di FANS, non precisato disturbo dell'alimentazione.
Decorso clinico: In reparto riscontro di anemia macrocitica, leucocitosi neutrofila, lieve elevazione degli indici di flogosi, alterati indici di funzionalità epatica, iposodiemia, ipoalbuminemia, ipoprotrombinemia. All'EO addome batraciano, eritema palmare, spider nevi, flapping tremor. All'ecografia cirrosi epatica senza lesioni focali, vie biliari non dilatate; versamento ascitico modesto. Esame del liquido ascitico negativo per PBS. Veniva impostata terapia profilattica per sindrome astinenziale, diuretica, antibiotica e supplementativa con albumina. Si procedeva inoltre alla trasfusione di 1 U di GRC. Per inquadramento dell'anemia si eseguiva: dosaggio vit. B12 e folati (nella norma), indici di emolisi (quadro di lieve emolisi intravascolare), esami endoscopici negativi per lesioni sanguinanti, sierologia per parvovirus B19 negativa; allo striscio di sangue periferico anisopoichilocitosi con macrociti, acantociti, rari schistociti. Sulla base di epatopatia alcolica, anemia emolitica, pur senza iperlipemia si poneva diagnosi di cirrosi esotossica (MELD 12) complicata da possibile sindrome di Zieve.
Conclusioni: Riportiamo il caso per la diagnostica differenziale dell'anemia, ricordando una rara complicanza dell'epatopatia alcolica, tuttora non chiarita.

Il monitoraggio della terapia anticoagulante orale nei pazienti con fibrillazione atriale in Italia: confronto fra i dati al basale e al follow-up dei paesi partecipanti al Registro europeo PREFER in AF

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Razionale: Mancano studi sull'impatto delle diverse strategie di monitoraggio dei paesi europei sul mantenimento dei valori desiderabili di INR (International Normalized Ratio) in pazienti in terapia con VKA.
Metodi: Nel registro PREFER in AF sono stati arruolati, fra Gennaio 2012 a Gennaio 2013, pazienti non selezionati affetti da FA.
Risultati: Nel Registro PREFER in AF sono stati arruolati 7243 pazienti in Europa (26% italiani). Fra i pazienti italiani, il 64.7% è stato sottoposto ad almeno una misurazione di INR nel mese precedente l'arruolamento (media europea del 67.6%). Il numero medio dei monitoraggi dell'INR nel mese precedente l'arruolamento è risultato essere in Italia pari a 2.8, valore più alto fra tutti i paesi partecipanti allo studio (Media Europea: 2.1), proporzione mantenuta anche per le misurazioni INR nell'ultimo anno (Italia 16.1, Media Europea: 14.6). Alla visita di follow-up dopo 1 anno l'Italia si conferma il paese con il maggior numero di misurazioni INR (Italia: 21.4, media Europea: 16.7). Il monitoraggio INR era effettuato presso i centri di anticoagu-

lazione nel 47.5% dei casi (media europea del 19.4%). Il Time in Therapeutic Range (TTR), sulle ultime 3 misurazioni INR, è risultato migliore al follow-up rispetto al basale, specialmente per l'Italia (86.2% *vs* 72.2%).
Conclusioni: Sia al basale che al follow-up, l'Italia è il paese con il numero più elevato di monitoraggi dell'INR, ottenendo al follow-up risultati superiori alla media dei paesi europei in termini di qualità del trattamento (valutata con il TTR), inferiore solo alla Germania.

L'audit come metodo per migliorare appropriatezza prescrittiva della terapia antibiotica negli anziani fragili istituzionalizzati. Una esperienza in ASL TO 4

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Premesse e Scopo dello studio: È aumentato il numero di anziani fragili ospiti di RSA.I ricoveri frequenti in ospedali per acuti sono spesso causa di infezioni da MDRO.Gli audit possono essere strumenti di appropriatezza prescrittiva in tale ambito.

Materiali e Metodi: La SC AST ASLTO4 ha organizzato (Maggio '14) audit con infettivologo, geriatra eMMGdi3 RSA al fine di attuare un programma di appropriatezza prescrittiva in ambito di controllo/sorveglianza delle infezioni. Sono stati considerati tutti gli anziani ricoverati nelle RSAdi Ciriè, San Maurizio e Varisella sottoposti ad almeno un ciclo di terapia antibiotica da gennaio a ottobre 2014. Modalità di raccolta dati: retrospettica su cartelle ciniche.
Risultati: Campione: età media 85 anni (86% donne); elevato carico assistenziale (18% Catetere vescicale). Il 61% ha ricevuto più trattamenti. N° Infezioni: 222,101 pre-audit e 121 post-audit. Sedi più frequenti: vie respiratorie (59%) –Vie urinarie (22%). Il 96% dei trattamenti è stato prescritto in RSA.Classi atb più usate (rispettivamente I e II periodo di osservazione): Beta-lattamine: 26% *vs* 24%; Fluorochinoloni: 23%*vs* 16%; Macrolidi: 18% *vs* 13%. Dalle urocolture (33% delle infezioni) richieste, il germe più isolato è risultato *Escherichia coli*ESBL+ (50%) seguito da *Pseudomonasaeruginosa*.
Conclusioni: Sebbene il campione sia esiguo, l'utilizzo dell'audit ha indotto modificazioni prescrittive: risparmio dei chinoloni con incremento utilizzo fosfomicina. Si è inoltre osservato una maggiore variabilità prescrittiva tra le diverse classi nel secondo periodo.

D-dimer: useful marker of activity disease and thromboembolic risk in rheumatoid arthritis, systemic lupus erythematosus and systemic sclerosis. There is an application in daily clinical practice?

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The aim of this work is to focus the attention on some practical aspects of the relationship between D-dimer levels and rheumatologic disorders. Data demonstrated that patients with rheumatic diseases had acutely increased plasma D-dimer levels; this condition derived by Inflammatory status, characterized by a net haemostatic imbalance, that is causes of hypercoagulability. At the moment there are no robust data available on the useful of this test in management of rheumatologic disorders.
Materials: We searched the database, of studies indexed in English on MEDLINE, using the keywords "fibrinogen degradation products" or "D-dimer" combined with "rheumatic diseases" or "rheumatoid arthritis", "systemic lupus erythematosus" or "systemic sclerosis", for relevant studies. The reference lists of identified studies were checked for further relevant studies. Here, we systematically review current evidence on plasma D-dimer levels in patients with rheumatologic disorders and its applications in clinical practice.
Results: Impaired of fibrinolytic system is present in rheumatologic diseases. Numerous studies showed that patients with Rheumatoid arthritis, Systemic Lupus Erithematosus and Systemic Sclerosis had acutely increased plasma DD levels.
Conclusions: In rheumatologic diseases higher D-dimer levels may be related to inflammatory status and activity of diseases and not to be necessarily interpreted only as a marker of a thromboembolic disease.

Assessment of cerebral blood flow with SPECT 99m Tc-ECD in patients with primary antiphospholipid syndrome: correlation with clinical and laboratory findings

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Background: Antiphospholipid syndrome (APLS) comprised clinical features as arterial o venous thrombosis.
Objectives: Evaluate the clinical manifestations, laboratory and imaging expression of cerebrovascular disease in patients with primary antiphospholipid syndrome whose onset was a cerebral or a venous thrombotic event.
Methods: We studied 25 APLS patients: 7 with ischemic stroke and 18 with deep vein thrombosis. All the patients performed MRI and SPECT. We measured beta2-GPI, aCL IgM and IgG, aPTT, dRVVT and SCT.
Results: Perfusion SPECT showed hypoperfused areas in 22/25 patients. In 17 out of 25 patients MRI showed abnormal findings: 8 patients with a diffuse alteration and 9 with focal alterations, 3 patients with normal MRI, showed diffuse hypoperfusion at SPECT and 3 patients showed normal SPECT and MRI. No difference was found in symptomatic or asymptomatic patients for neurologic manifestations. Abnormal MR (excluding stroke lesions) was found in 7/7 patients with stroke and 85 % of patients with stroke and in 55% of patients with DVT. Abnormal SPECT was found in 85% of patients with stroke and in 83% of patients with DVT. Triple positivity was found in 57% of patients with stroke and in 44% of patients with DVT.
Conclusions: Cerebral abnormal perfusion is present in patients with PAPS independently from the thrombotic event and the degree of abnormal laboratory tests. Patients with DVT show cerebral ischemic lesions and abnormal perfusion comparable to those with stroke. SPECT is more sensitive compared to MRI particularly in evaluating diffuse presentation.

Risk factors for mortality at three months in oncological and non-oncological patients discharged from an Internal Medicine unit. A retrospective analysis

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Background: Aim of this study was to retrospectively identify predictive factors for mortality at 3 months in oncological and non-oncological patients.
Methods: MEWS, Charlson and Karnofsky indexes, nurse workload Swiss method, serum creatinine and albumin were assessed in 300 consecutive patients admitted in an Internal Medicine unit and related to post-discharge mortality.
Results: In-hospital mortality was 11%. 257 pts were discharged alive; their mortality was 8% at 1 month, 12% at 3 months and 23% at 9 months. No further deaths occurred after 9 months. Predictors of overall mortality were medium-high intensity care cluster, albumin <3 g/dl, male gender. Multivariate analysis identified Karnofsky ≤50 (OR 2.36), MEWS (OR 1.39 for each point) and albumin < 3 g/dl predictors of mortality at 3 months. Low albumin was a risk factor for mortality in oncological patients, while low Karnofsky in non-oncological patients.
Conclusions: Mortality is high during index admission and in the 3 months after discharge and closely related to simple indexes such as Karnofsky and albumin. A prospective validation of this score is planned.

Una localizzazione atipica di linfoma

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TS 65 anni,in ABS fino a ottobre 2013 quando è stato sottoposto a splenectomia per linfoma della zona marginale della milza, non sottoposto a chemioterapia. Il paziente afferisce in DEA per febbre sero-

tina, ittero e dolore in ipocondrio destro; all'ecografia dell' addome rilievo di slaminamento delle pareti della colecisti; agli EE leucocitosi (25000), hb 9, plt 40000 , bilirubina tot 6, LDH 600, procalcitonina negativa. Il paziente veniva ricoverato con il sospetto di colecistite acuta. Impostata la terapia antibiotica si assisteva a persistenza dell'iperpiressia e graduale incremento dei leucociti fino a 35000. Si sottoponeva quindi il paziente a colecistectomia d'urgenza. Nel post operatorio si assisteva a persistenza dell'iperpiressia e della leucocitosi, si eseguiva striscio periferico che evidenziava prevalenza di linfociti. Si eseguiva quindi TC torace addome con mdc e PET con evidenza di multiple linfoadenopatie sopra e sottodiaframmatiche suggestive per ripresa di malattia linfomatosa e immunofenotipo su sangue periferico suggestivo per espansione monoclonale CD5+CD19+CD20+ CDK+. L'esame istologico risultava positivo per infiltrazione linfomatosa. Trascorsi 5 giorni dall'intervento si impostava terapia steroidea a alto dosaggio e, una volta consolidata la ferita chirurgica si iniziava ciclo di R-CHOP.

Diffuse cutaneous spreading. An unusual case of colorectal neoplasia. A case report

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Cutaneous metastases have been regarded as a rare entity, affecting less than 4% of all metastatic colorectal cancer. We present an unusual case in which a primary colorectal adenocarcinoma metastasized to all the skin. A 77-year-old man was admitted in another Hospital in January 2014 for obstinate constipation. The instrumental tests performed allow a diagnosis of a right colon cancer in absence of distant metastases; on 05 February a right colectomy was performed. At istology "adenocarcinoma of the colon, G3 with aspects of signet-ring cells". Stage pT4, pN2b, cM0". On March 11 the patient was transferred in the Oncology Department of our hospital. The patient was in poor general conditions, ECOG PS=4. At the clinical examination was evident hypertrophic skin with numerous cutaneous and subcutaneous nodules disseminated in both thorax and abdomen. The skin overlying the nodules was intact. A total-body CT scan showed numerous nodules, partly confluent, some colliquate, in the supraclavicular regions, axillary regions, chest wall, abdominal wall and pelvis. An excisional biopsy was performed of a lump in the abdominal wall. Histological findings: "moderately differentiated adenocarcinoma, morphologically and immunophenotypically compatible with intestinal origin". Despite the absence of visceral metastases, this widespread disease caused a rapid deterioration of the patient's clinical conditions and only best supportive care has been performed.

A rare case of heart failure

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A 57 year-old female with Waldenstrom's macroglobulinemia, was admitted to Emergency Department for progressive dyspnea; clinical assessment revealed bilateral lung basal crepts, distal edema, jugular vein distention, low blood pressure. Chest-X-ray showed minimal bilateral pleural effusion and interstitial imbibition, hilar haziness, signs of pulmonary venous congestion. The 12-lead ECG showed regular sinus rhythm (96 beats/min), low voltage in peripheral leads, non-specific ST-T changes. Bedside two dimensional echocardiography revealed thickened inter-atrial septum with a "ground glass" pattern with mild reduction of ejection fraction (45%); Doppler analysis showed severe diastolic dysfunction, with a trans-mitral restrictive pattern; also there was bi-atrial dilatation, moderate pulmonary hypertension and non-hemodynamic pericardial effusion. Abdominal fat and bone marrow biopsy revealed Congophilic amorphous material demonstrating apple green birefringence under polarized light, characteristic of amyloid; immunoblot analysis revealed both IgM and lambda light chains bands; urinalysis showed lambda Bence Jones proteiuria. Despite a strict cardiologic and hematologic follow-up, patient continued to deteriorate and died in 3 months before starting any chemotherapy.

A case of "vanishing" cerebral tumor

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A 70-year-old woman came to our attention for the onset of paresthesias, right side weakness and lateropulsion for two weeks. A computed tomography (CT) scan of the brain showed multiple infiltrative lesions with marked perifocal edema in the subinsular and centrum ovale regions suggestive for brain metastases. A MRI imaging with contrast enhancement (CE) confirmed the findings detected on CT scan. Blood tests revealed the increase of specific markers such as NSE and Cyfra21.1. A CT total body and a mammography were negative. The biopsy of cerebral lesion was planned two weeks later. For the worsening of neurologic signs, we started the therapy with mannitol and corticosteroids. After a few days of therapy neurological signs were significantly improved and for this reason a new head CT scan with CE was performed revealing a very important reduction of the lesions and perifocal edema. The therapy was interrupted and biopsy postponed. A month later, her neurological signs recurred and a new CT scan revealed a marked increase of cerebral lesions. The biopsy was performed and a cerebral limphoma (large cerebral t limphoma) was detected. The case described is a typical "vanishing" tumor that rises up in the brain without other localization, often in patient with acquired immunodeficiency such as HIV infection. The cancer injuries are often located in leptomeningeal vessels. The usual treatment is based on intracranial radiotherapy and systemic chemotherapy. High doses of corticosteroids can give an important reduction of the lesions volume, but this effect doesn't last for a long time.

Allopurinol induced acute interstitial nephritis

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An 84-year old woman was admitted to our hospital for the onset of fever and back erythema extended on chest and limb. She was affected by hyperthyroidism, diverticulosis and hypertension. She was treated for a month with allopurinol for the new discovered of hyperuricemia. Blood tests revealed leukocytosis with neutrophilia and hypereosinophilia, high serum creatinina (5,7mg/dl), hyponatremia and hypokalemia. Blood gas analysis revealed metabolic acidosis. Urinalysis revealed hematuria and proteinuria. An abdomen ultrasonography was negative. A dermatological counseling was acquired and "urticaria vasculitis parainfettiva" was diagnosed. The specialist nephrologists hypothesized acute pyelonephritis or an acute interstitial nephritis with immunoallergic component. A treatment with steroid, diuretics, bicarbonates was started. The patient responded to therapy: fever and erythema disappeared and the values of serum creatinine reduced. The recent introduction of the allopurinol therapy and the concomitant presence of erythema, fever, eosinophilia, acute kidney failure and hematuria at urinalysis deposes for an acute immune-mediated interstitial nephritis. Allopurinol infrequently induced AIN, but the clinical presentation is often incomplete and less suggestive of the diagnosis.The renal manifestations develop within three weeks after starting the drug. AIN is not dose-dependent, often is associated with extrarenal manifestations of hypersensitivity. Use of steroids for rapidly treatment is very important because reduce need for chronic dialysis.

Resource utilization in patients with venous thromboembolism: a descriptive analysis of the differeces between Italian and European patients in the Registry PREFER in VTE

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Rationale: Clinical manifestations of Venus ThromboEmbolism (VTE) include Deep-Vein Thrombosis (DVT) and Pulmonary Embolism (PE),

events for which patients require hospitalization for the most part.
Methods: The registry PREFER in VTE (The PREvention oF thromboembolic events – European Registry in Venous ThromboEmbolism) enrolled patients affected by an acute episode of VTE from January 2013 to March 2014. The following data collected during the baseline study refers to a subgroup of patients enrolled from January to December 2013, and analyzes the degree of hospitalization of patients with VTE at baseline.
Results: In December 2013 1,843 patients were enrolled, 816 of which were in Italy. At the baseline visit 60.5% of patients were hospitalized (71.5% for VTE) where 65.4% of patients were admitted to the Hospital through Emergency Room. Percentage of hospitalization was 43.2% for patients with DVT (67% for VTE) and 90.6% for patients with PE (75.2% for VTE). In Europe hospitalized patients were 51,8%. First contact for 43% of Italian patients were with the Hospital and 23.3% the general practitioner (GP), followed by vascular physicians. The European data indicates that 36.4% of patients were addressed to the hospital, 35.7% to GPs, and 15.8% to the vascular specialist.
Conclusions: Most of the patients at enrollment were hospitalized for both DVT and EP and the reason for the hospitalization was linked mainly the acute episode of VTE. The majority of patients were directed to the treatment at the hospital, followed by the GP and the specialist angiologist.

NeuroLES: un'emergenza

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Premessa: Il Lupus Eritematoso Sistemico (LES) può manifestarsi con disturbi neurologici: convulsioni, deterioramento cognitivo, psicosi e raramente mielite. Nei casi di mielite la prognosi è infausta: è pertanto decisiva la diagnosi precoce e il trattamento immediato.
Caso clinico: Donna di 25 anni affetta da LES in terapia con steroide, idrossiclorochina, ciclosporina, presenta improvvise parestesie alla gamba destra con graduale estensione ascendente e lombalgia. In pochi giorni i sintomi si estendono alla gamba sinistra con disestesie, debolezza, difficoltà alla deambulazione e contrazione della diuresi. All'obiettività ipostenia e iporeflessia agli arti inferiori, Mingazzini positivo, Babinski e ipoestesia nella metà inferiore del corpo. Agli esami indici di flogosi elevati, anticorpi antinucleo ad alto titolo, a pattern omogeneo e anticorpi anti DNA; ipertiroidismo. La normalità degli enzimi muscolari esclude la miopatia da ipertiroidismo e test sierologici escludono cause infettive. La risonanza magnetica (RM) mostra segni di mielite in D9-D11. Il coinvolgimento neurologico della vescica spiega la ritenzione urinaria. Posta diagnosi di mielite lupica inizia terapia steroidea e Ciclofosfamide con rapido miglioramento clinico.
Oggi la paziente ha solo lievi deficit motori e sensitivi alla gamba destra. La RM dopo 2 mesi di terapia documenta la riduzione della flogosi midollare.
Conclusioni: In un paziente con LES e sintomi neurologici acuti e invalidanti è importante considerare le cause più rare di coinvolgimento neurologico e iniziare rapidamente una terapia adeguata.

✪ Padua prediction score and IMPROVE bleeding risk score as predictors of in-hospital mortality

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Introduction: Padua prediction (PPS) and IMPROVE bleeding scores (IBS) are suggested by ACCP 2012 guidelines as useful tools to stratify hospitalized acute medical patients requiring VTE prophylaxis. The items listed in the 2 scores include conditions known to increase in-hospital mortality, such as advanced age, infections, myocardial infarction, active cancer, moderate to severe renal failure, INR>1.5, admission to intensive care unit, etc.
Objectives: To evaluate if one or both the scores are able to predict in-hospital mortality.
Materials and Methods: Clinical outcomes (in-hospital death or alive at discharge) of all the patients admitted to our ward from 1 Jan 2013 to 31 Dec 2013 and stratified by PPS and IBS were collected.
Results: From 1st Jan to 31st Dec 2013, 2676 patients were admitted to our ward. 1957 (73%) had PPS and IBS electronically fulfilled. Among them, 250 (12.7%) died. In-hospital all-cause mortality was higher in patients with PPS ≥4, (ranging from 7% for PPS=4 to 38% for PPS=11) than in patients with PPS <4 (p<0.0001) and in patients with IBS ≥7 rather than IBS <7 (p=0.0005). In-hospital mortality was highest – 45% - in patients with PPS >4 and IPS >7.
Conclusions: According to our findings, Padua prediction score and Improve bleeding score seem to work as good predictors of in-hospital mortality in acute medical patients. Further and multicentric studies are needed to confirm our results on larger scale.

Electronic medical records enhance clinical audits and research

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Introduction: Information technology is increasingly recognized as an important tool for health services. Of all the health information technology (IT) in use, the electronic medical record (EMR) has the most wide-ranging capabilities and thus the greatest potential for improving quality. Research has demonstrated the quality benefits of electronic documentation and viewing, prescription and test ordering, care management reminders and messaging.
Objectives: To evaluate the impact of electronic medical records on clinical audits and research.
Methods: We measured the time required to complete a clinical audit on VTE prophylaxis in 2013 and 2014, with paper medical record (PMR) and EMR, respectively.
Results: In 2013, two indipendent physicians manually reviewed 2480 PMRs and filled the database for a total of 570 hours plus additional 10 hours for data analysis and discussion. In 2014, two indipendent physicians identified the queries and one electronic engineer extracted the data from 2681 EMRs in only 12 hours, plus additional 10 hours for data analysis and discussion. New queries could be added midway and VTE prophylaxis performance for single physician could be extracted.
Conclusions: EMR with associated statistical softwares really save time and improve quality of clinical audits. Clinical research can share the same benefits. Focusing data extraction on single physicians allows to measure single performances and plan individual educational interventions.

Individuazione di fattori predittivi per la riacutizzazione delle malattie reumatiche dopo la sospensione della terapia con farmaci biologici

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Introduzione: Il costo elevato dei Farmaci Biologici impone una contrazione nell'uso. Lo scopo di questo studio è stato valutare i fattori predisponenti ad una riacutizzazione delle malattie infiammatorie dopo la sospensione del farmaco biologico.
Materiali e Metodi: Sono stati valutati retrospettivamente 82 pazienti. Dopo 6 mesi di remissione o di bassa attività di malattia è stata sospesa la terapia con farmaci biologici. I pazienti sono stati valutati ogni 3 mesi per un periodo di 12 mesi.
Risultati: Alla fine dell'osservazione, 28 pazienti hanno presentato una ripresa della malattia. Abbiamo riscontrato una correlazione positiva fra i seguenti fattori ed il rischio di riacutizzazione: Presenza di Ab-CCP (75%); Tempo trascorso dalla diagnosi all'inizio della terapia con farmaci biologici (100%); Positività Power Dopler (95%); Durata di malattia superiore ai 10 anni (90%); Fumo di sigarette (68%).
Conclusioni: Dal nostro studio emerge che sarebbe possibile sospendere la terapia con farmaci biologici in almeno 2/3 dei pazienti dopo il raggiungimento stabile della remissione. Al fine di evitare la ripresa di malattia, dovrebbero continuare la terapia i pazienti con positività degli Ab-CCP o del segnale PowerDoppler, i pazienti con una durata di malattia maggiore di 10 anni e i pazienti fumatori, ed i pazienti nei quali la

terapia con farmaci biologici è stata iniziata almeno un anno dopo la diagnosi della malattia. Sarebbe molto utile valutare le modalità terapeutiche da adottare in questi pazienti (farmaci biologici a dosaggio ridotto? Steroidi a basso dosaggio? DMARDs in combinazione?....).

Efficacia del clodronato intra-articolare nella terapia dell'artrosi grave del ginocchio

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Introduzione: Nell'artrosi grave del ginocchio spesso si trova un quadro radiologico simile all'algodistrofia, Il Clodronato, è l'unico bisfosfonato indicato nella terapia dell'algodistrofia, ma soltanto per via orale o parenterale. Potrebbe essere più rapida ed efficace la via intra-articolare. **Materiali e Metodi:** Abbiamo selezionato 5 pazienti (4 femmine e 1 maschio, età media 65 anni), affetti da Artrosi grave del ginocchio. Tutti avevano eseguito una RMN del ginocchio e presentavano un quadro di edema intraspongioso a livello del piatto tibiale e/o dei condili femorali. Dopo aver ottenuto il consenso informato sono stati trattati con una infiltrazione intra-articolare con Clodronato 50 mg, ripetuta ogni settimana per 3 settimane e poi dopo un mese. Dopo 3 settimane è stata eseguita una RMN ed una valutazione della VAS. **Risultati:** Tutti i pazienti hanno presentato una riduzione della VAS del dolore (media 7.3 *vs* 3.6), senza modifiche nella terapia di base iniziale. Quattro dei 5 pazienti hanno presentato una notevole riduzione dell'edema intraspongioso alla RMN di controllo (vedi immagini). Non si sono verificati eventi avversi e nessuno dei pazienti ha riferito complicanze dopo le terapie. **Conclusioni:** Dato l'esiguo numero di pazienti, non è possibile trarre conclusioni definitive dai nostri risultati; ma probabilmente dovremmo considerare i pazienti affetti da artrosi molto evoluta come pazienti affetti da algodistrofia. Al fine di ridurre la durata della terapia, la via intra-articolare potrebbe essere un'ottima possibilità, soprattutto considerata la mancanza di effetti collaterali.

An unexpected drug side effect

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Sweet's syndrome (acute febrile neutrophilic dermatosis) in a patient receiving azacitidine therapy is reported. The development of Sweet's syndrome is association with azacitidine is rare and is not listed as a potential adverse rreaction in the product packaging. A 67 year old man with myelodysplastic syndrome submitted to allogenic bone marrow transplantation in relapse of RAEB-1 after 6 years, developed a severe erythemathous and nodular skin rash, exactly in the site of subcutaneously injection of the drug, with peeling and ulcer on his arm, as well as chills and elevated body temperature.The patient was at his third cycle of azacitidine and there was a strongest evidence of a drug-induced etiology. The pathologic examination of skin biopsies was consistent with Sweet's syndrome. The discontinuation of Azacitidine treatment and the appropriate corticosteroid therapy resulted in prompt symptoms resolution and recovering of skin ulcers. We describe this adverse event as the clinical complications of the haematological patients very often are observed in the internal medicine setting.

Miopathy in Whipple disease

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Wipple's disease is primarly a disesase of the upper gastrointestinal tract, caused by Tropheryma whipplei infection of the duodenal and jejunal mucosa. Clinical involment of other organs also occurs, expecially of jonts, lymph nodes, lungs, heart and central nervous system. We report the clinical and histological features of a patient in whom a proximal myopathy was a prominent presenting symptom. A 67 year old man was referred for investigation of muscular weakness. He had noted difficulty in raising from a low chair since about nine months. An EMG disclosed a clear muscle impairment and a muscle biopsy showed changes in the myofibrillar pattern with scattered rimmed vacuoles.The patient was treated empirically for two months with prednisolone without improvement. An oesophagogastroduodenal endoscopy with duodenal mucosa biopsy was performed and the histological findings showed normal villi lined by normal epithelial but a lamina propria infiltrated with macrophages containing clumps of PAS positive material; a PCR DNA test was positive for Tropheryma whipplei bacillus. A diagnosis of Wipple's disease was made and treatment was begun with oral antibiotic. A precise relation of the myopathy to the inclusion found in the muscle biopsy is waiting for PCR DNA test for T. whipplei and the outcome of antibiotic therapy. We have reported this case in order to call attention to the possibility that clinical involvement of skeletal muscle might be a complication of Whipple's disease.

Changes in blood gas analysis after IV of glucose with added oxygen ozone

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Ozone is carried out by autologous blood transfusion ozonized. Alternatively, the mixture of oxygen-ozone can be infused through: saline solution, glucose solution, or distilled solution as the ozone reacts with water forming peroxides that react secondarily to the blood cells and endothelial cells. Then we have analyzed the presence of unwanted substances generated by the addition of Ozone to Glucose Solution (5%).We added 5% glucose solution 500 ml with 250 ml of oxygen ozone gas mixture to 70mc/gr, stirred for 2 min and subsequently removed and administered to 60/80ml/h.
Aim of the study: To determine what changes occur in p. undergoing blood gas analysis administration of glucose supplemented with oxygen ozone.
Study design. Sample:21p.with multivascular diseases,studied during hospitalization (excluded p. with chronic or acute pulmonary diseases). On 1° day, p. were tested with blood gas analysis (arterial and venous). We administered a glucose solution ozonized (250 ml daily) from a min of 7 days to a max of 14 consecutive days.The day after the last injection an examination blood gas analysis (arterial and venous).
Results: 18 out of 21p. had a greater periferical oxygenation; 3p.had worsening.
Conclusions: The glucose solution ozonized seems to be able to increase the supply of oxygen to the tissues through its greater extraction from circulation. This variation is not associated with reduced pH in the concentration of H2CO3: it as an increase in pCO2 (Bohr effect). These changes in respiratory gas (pO2) are similar to those found in the course of autologous blood transfusion ozone.

Successful treatment of gastric antral vascular ectasia refractory to traditional endoscopic therapy with endoscopic band ligation

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Introduction: Gastric Antral Vascular Ectasia (GAVE) is a rare cause of chronic anemia due to upper gastrointestinal bleeding which often requires blood transfusions and hospitalization. To date, the therapy of GAVE includes conservative treatments such as medical therapy or endoscopic therapy. Endoscopic band ligation (EBL) is a well established therapy of esophageal varices, and recently, its use has been hypothesized also for the treatment of GAVE.
Materials and Methods: We report the case of a 84-years-old woman affected from GAVE, who was successfully treated with EBL.
Results: Our patient was admitted to our unit for anemia (hemoglobin: 6 g/dL). Blood transfusions were performed, and an upper GI endoscopy showed the presence of a watermelon stomach. She was treated repeatedly with argon plasma coagulation (APC) and oral

tranexamic acid, without benefits: two weeks after the latest APC session, she presented again anemia, and endoscopy showed active bleeding GAVE; so, we decided to try to treat her with EBL. After EBL, hemoglobin levels remained stable at 10 g/dL, and an endoscopy performed 2 months after showed a consistent improvement of GAVE; a second session of EBL was performed on the quiescent remaining GAVE lesions; the latest endoscopy (5 months after first EBL) showed fibrosis on the site of treatment, with no more bleeding lesions, and hemoglobin levels were stable at 9-10 g/dL.
Conclusions: EBL appears also to be effective in the treatment GAVE, as it creates an ischemic obliteration of the mucosa and the submucosa, with replacement with fibrosis.

Differential diagnosis in thrombotic microangiopathy

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Clinical case: The diagnosis of Thrombotic Microangiopathy - Thrombotic Thrombocytopenic Purpura is now based, given the importance of a life-saving early apheretic therapy, on the presence of concomitant Coombs negative microangiopathic hemolytic anemia and thrombocytopenia.
Course: We describe a case of a 52 year-old patient who complained for more than a week ofback pain and took NSAIDs and corticosteroids without benefit, noticing indeed the appearance of bruising to minimal trauma. She was pale and tachycardic and after a few hours laboratory data confirmed the presence of anemia and thrombocytopenia, elevated LDH, consumption of haptoglobin, and presence of schistocytes in the peripheral blood smear, Coombs test negative, sustained the suspected diagnosis of thrombotic microangiopathy. She began apheretic therapy that, after two days, led to a reduction of hemolysis signs and of platelets lifts but not hemoglobin even with high reticulocytosis. Searching for a possible blood loss we performed an endoscopy that showed the presence of an ulcerated lesion of the gastric antrum of 2.5 cm,which wasfound to be a poorly differentiated adenocarcinoma with “signet- ring cells”.
Conclusions: In the differential diagnosis of a thrombotic microangiopathy it should always be considered the possibility of a paraneoplastic manifestation of a neoplasm that is stimulus to an imbalance between activities of vWF and ADAMTS13. It is a duty to consider alternative diagnoses or look for major diseases where the response to apheretic therapy is not the expected one.

Sindrome periodic fever, aphthous stomatitis, pharyngitis, cervical adenitis in un giovane adulto: una causa poco nota di febbre periodica efficacemente trattata con colchicina

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Premesse e Scopo: La sindrome PFAPA è tra i più frequenti disordini autoinfiammatori dell’età pediatrica, la cui terapia rimane controversa. Descriviamo un caso di PFAPA nell’adulto efficacemente trattato con colchicina.
Risultati: Maschio italiano di 28 anni ricoverato per febbre fino a 40°C da un anno con andamento ricorrente ogni 3-4 settimane, associata a linfoadenomegalia latero-cervicale, artromialgie e calo ponderale. La febbre non era responsiva a antipiretici/antibiotici e regrediva spontaneamente in 4-5 giorni. Anamnesi negativa per comportamenti a rischio, viaggi all’estero, esposizione ad animali. Pregressa tonsillectomia per infezioni ricorrenti. Gli esami bioumorali mostravano modesta elevazione degli indici di flogosi con normalizzazione nei periodi intercritici. Negativi i principali accertamenti eseguiti (esami microbiologici/virologici, autoimmunità, marcatori neoplastici, tipizzazione linfocitaria, striscio di sangue periferico, TC total body, ecocardiogramma). La PET evidenziava modica captazione del FDG a carico dei linfonodi latero-cervicali e dell’anello di Waldeyer. L’esame istologico di un linfonodo era compatibile con iperplasia follicolare reattiva. L’analisi genetica escludeva mutazioni sui geni responsabili di FMF e TRAPS. Nel sospetto di sindrome PFAPA il paziente è stato trattato con colchicina con netta riduzione della frequenza degli episodi febbrili.
Conclusioni: Il nostro caso si aggiunge alla limitata letteratura della PFAPA nell’adulto e suggerisce la potenziale efficacia del trattamento con colchicina.

Trends of hospitalization and threshold of appropriateness for deep vein thrombosis in four Tuscan hospitals

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Background: Many papers have shown that deep vein thrombosis (DVT) could be safely treated on a outpatient basis; however, there are few data regarding cases that are still admitted. Aim of this study was to suggest a method of assessment of the appropriateness of hospital admission for DVT.
Materials and Methods: We retrospectively evaluated all the discharges concerning DRG 128 from 4 hospitals belonging to ASL6 of Livorno, from January 2005 to November 2012. The main variables of dispersion (median, standard deviation, 95% confidence interval) have been used to describe the trend in admissions.
Results: In eight years, 229 (mean 28.62 for year, range 15-56; 95% confidence interval [CI] 28.57-28.67) of 273,082 discharges were made with DRG 128 (0.83 per thousand per year; 95% CI 0.82-0.84). The number of discharges with DRG 128 showed a progressive decline until stabilization in the last four years. Currently, the prevalence of discharge for DVT is approximately 0.6 per thousand per year (range 0.44-0.73; 95% CI 0.62-0.63), almost all from the Units of Internal Medicine, where represent less then 2.3 per thousand per year (range 2.03-2.73; 95% CI 2.27-2.29). Only 0.08 per thousand comes from other wards. Surprisingly, the periferal hospitals have had incidences of discharge for DVT lower than principal hospital.
Conclusions: Our results indicate that hospitalized DVT cases should be actually well motivated, the pathway to de-hospitalization being almost complete. Our methodology suggest that to admit 0.5 cases of DVT per thousand people and 2.5 cases per thousand in Internal Medicine floors should be regarded as appropriate.

Endogenous sex hormone levels in men with unprovoked deep vein thrombosis

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Background: Venous thromboembolism (VTE) has a multifactorial etiology and the list of major risk factors include recent surgery or trauma, active cancer and prolonged immobilization for severe medical diseases. In women, the use of oral contraceptives and of hormone replacement therapies with estrogen and progesterone is associated with an increased risk of VTE. Conversely, the role of sex hormones as a risk factor for VTE in men is more controversial.
Aims: To asses the role of sex hormones in male patients with acute deep vein thrombosis (DVT).
Methods: Adult male patients with objectively diagnosed unprovoked DVT and sex matched control were prospectively included. Endogenous total testosterone and estradiol were measured. Mean levels of endogenous sex hormones in case and controls were compared. Furthermore the risk of DVT for each tertile of testosterone levels was evaluated calculating.
Results: 63 DVT patients and 63 controls were included. Mean serum testosterone and estradiol levels were similar (3.9 *vs* 4.0 ng/ml and 28.6 *vs* 30.2 pg/ml respectively; p NS). The analysis that considered different tertiles of testosterone levels also failed to identify any significant association with the risk of DVT (OR 1.65, 95%CI 0.70, 3.87 and 1.06, 95% CI 0.43, 2,60 respectively for the second and third tertile compared to the lowest tertile).
Conclusions: In our study, sex hormones levels were similar in male patients with an acute episode of unprovoked DVT in comparison to

sex and age matched controls. Thus, testosterone and estradiol should not be routinely tested in patients with unprovoked events.

Direct oral anticoagulants *versus* warfarin for the prevention of systemic embolism in atrial fibrillation

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Objectives: Although direct oral anticoagulants (DOACs) have demonstrated efficacy within randomized clinical trials (RCTs) in preventing stroke in patients with atrial fibrillation (AF), the relative effectiveness in preventing systemic embolism (SE) of these agents is not clear. Aim of our study was to assess the efficacy of NOACs *versus* warfarin for the prevention of SE in patients with AF.
Methods: MEDLINE and EMBASE databases were searched. Two reviewers independently performed study selection and extracted study characteristics. The events including primary efficacy endpoint (SE) were used for efficacy analysis; Pooled odds Ratios (OR) and 95% confidence intervals (CIs) were calculated using a random-effects model. Statistical heterogeneity was evaluated using the Cochran Q and I(2) statistics.
Results: Four RCTs (RELY, ROCKET-AF, ARISTOTLE and ENGAGE) involving 71,390 patients were included. After pooling the result of the four studies, SE occurred in 92 of 42,247 patients (0.22%) in the DOACs group, and in 83 of 29,143 (0.28%) in the warfarin group, the reduction in end-point being not significative (RR 0.67, 95% CI 0.40, 1.10). When considering only patients treated with NOACs in full dosage, however, there were 48 events in 29,189 patients, as compared with 83 events in 29,143 patients allocated to warfarin, the relative risk reduction became significant (RR 0.5, 95% CI 0.36, 0.93; P=0.03).
Conclusions: The direct oral anticoagulants demonstrated promising alternatives to warfarin in prevention of peripheral systemic embolism in patients with atrial fibrillation. The high-dose regimen had better performance than low-dose in efficacy.

Conservative management of intentional massive dabigatran overdose

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Background: Management of asymptomatic patients with dabigatran overdose remains controversial due to the hemorrhagic risk of excessive anticoagulation and to the risk of thromboembolic complication in case of administration of high-dose of coagulation factors.
Case report: Here, we report the case of 81-year-old man with permanent AF (CHA_2DS_2-VASc score: 4; HAS-BLED score:2) who presented 150 minutes after an intentional ingestion of 1650 mg dabigatran (15 capsules of 110 mg) for a suicidal attempt. After a prompt management through gastric lavage and activated charcoal therapy, to prevent a further dabigatran accumulation, the patient has been treated conservatively performing a serial evaluation of the aPTT, as a surrogate marker of Dabigatran level.
Discussion: In our patients, a prompt management through gastric lavage and activated charcoal therapy, may have prevented a further dabigatran accumulation. As in many real clinical scenarios, we were not able to measure the Dabigatran plasma level in our patient at the time of presentation since this test was not immediately available (this was evaluated confirming high dabigatran plasma levels only at 6 h post arrival) and we could make only a serial evaluation of coagulation using the aPTT, as a surrogate marker of Dabigatran level. Thus, laboratory test appeared useful to confirm the presence of the drug and monitor the progressive decrease of dabigatran anticoagulation levels.

✪ Predictive ability of clinical scores in spontaneous intracerebral hemorrhage

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Background: Identifying outcome is of utmost importance in patients suffering for spontaneous intracerebral hemorrhage (sICH). In the latest years a lot of clinical grading scores have been proposed but which is the best prognosticator remains unclear. The aim of our study was to provide information about this topic.
Materials and Methods: Clinical and brain CT scan data of 170 patients (88 females) with mean age±SD 79,97±9,16 years, consecutively hospitalized for sICH were analyzed. Original ICH score (oICH), ICH grading scale (ICH-GS), FUNC score and modified EDICH score (mEDICH) detected at hospital arrival were compared for prediction of early neurological deterioration (END) and/or 48-hours mortality, in-hospital mortality and poor functional disability at hospital discharge. Predictive ability was tested by using areas under ROC curves (AUCs).
Results: Overall, clinical grading scores showed good predictive ability on all the three endpoints (AUCs >0.70). mEDICH showed the best predictive ability for all three endpoints (AUCs: 0.971; 0.896; 0.808, for END and/or 48-hours mortality, in-hospital mortality and poor functional disability, respectively) whereas ICH-GS resulted the worst one (AUCs 0.857; 0.811; 0.701). mEDICH resulted significantly better when compared with other scores in predicting the composite endpoints END and/or 48-hours mortality.
Conclusions: Clinical grading scores have good predictive ability and their use should be encouraged in sICH. mEDICH score seems to be the best prognosticator, especially for identifying the ultra-early prognosis.

Comparison of four prognostic models in acute pulmonary embolism: findings from TUSCAN-PE Study

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Background: Prognostic stratification of acute pulmonary embolism (PE) remains a challenge. In 2014 new ESC guidelines have been produced. Four risk category are now identified (low, intermediate-low, intermediate-high and high), based on integrated clinical signs, echocardiography, biomarkers and PESI score. However, whether 2014 ESC prognostic model predicts prognosis better than previous proposed models remains unclear. Therefore, the aim of our study was to provide information about it.
Materials and Methods: Patients enrolled in TUSCAN-PE Study were compared for shock index, simplified PESI score, 2008 and 2014 ESC prognostic models as prognosticators for all cause and PE-related in-hospital mortality. Areas under ROC curves (AUCs) were performed and compared.
Results: Prognostic models were compared for 312 of 452 patients. 25 of 312 patients (8%) died during hospital stay, 15 of 25 being PE-related deaths (4.8%). sPESI score predicted better both for all cause mortality (AUC 0.756, 95% CI: 0.704-0.802) and for PE-related mortality (AUC 0.785, 95% CI: 0.736-0.830). 2008 ESC prognostic model had the worst predictive power both for all cause mortality (AUC 0.658, 95% CI: 0.603-0.711) and PE-related mortality (AUC 0.687; 95% CI: 0.632-0.738). However, none significant difference in predictive ability was found between the four prognostic models.
Conclusions: In our retrospective study, the new 2014 ESC prognostic models seems to show similar performance compared to previously proposed prognostic models. Prospective studies are warranted.

✪ Permanent Area of clinical governance and Giovani FADOI: an extended audit experiment for the quality improvement

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Background: We can no longer think about effectiveness of care as an isolated professional matter but as a mosaic of different perspectives: the quality. Clinical Governance is systematic and structured approach to quality that integrates the perspectives of staff, management, patients and their cares. Clinical audit is the tool of Clinical Governance that offers the greatest potential to assessing the quality of our daily practice.
Methods: Area Permanent of Clinical Governance and GIOVANI of FADOI becomes a diffusion network for an extended audit experiment: using the method audit, evaluating in Internal Medicine centres of different Italian Regions, the appropriateness of empirical antimicrobial therapy and creating a supportive environment for improvement actions.
Design: Preparing for audit: search of evidence for empirical antimicrobial therapy; systematic evaluation of the evidence by AGREE; definition of evidence-based Good Practice. Measuring performance: questionnaire design; data collection and data analysis against Good Practice; highlight the need for improvement. Making improvements: strategy support; checklists; education training; briefing. Monitoring: re-audit.
Conclusions: Audit can provide the tool to optimize clinical outcomes while minimizing unintended consequences of antimicrobial use and to reduce health care costs without adversely impacting quality of care: the results of our extended audit experiment, available within 6 months, will clarify the potential benefits of the tool we used.

Impatto di un protocollo diagnostico terapeutico sulla broncopneumopatia ostruttiva riacutizzata nella pratica clinica internistica

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L'applicazione di un protocollo diagnostico terapeutico dovrebbe ridurre le possibilità di errore diagnostico e migliorare l'appropriatezza. Nell'Ospedale "F. Miulli" di Acquaviva delle Fonti (BA) abbiamo realizzato e poi applicato, un PDT sulla gestione del paziente con BPCO riacutizzata. Mediante un audit clinico, condotto negli anni 2012-2014, nella UOC di Geriatria, abbiamo voluto verificare l'impatto del PDT sulla pratica clinica.
Risultati e Discussione: L'applicazione di un PDT ha determinato un miglioramento progressivo nell'accuratezza diagnostica che è passata dal 66.6% nel 2012 (epoca pre PDT) al 93.7% nel 2014. L'appropriatezza prescrittiva, considerando la classe ICS+LABA, è passata dal 55% nel 2012 al 66.6% nel 2014, in lieve riduzione rispetto all'anno precedente. Ai fini della codifica della diagnosi principale (nella SDO), nel 2013 il 25% delle diagnosi di BPCOr (DRG 88, PR 0.82) è stato corretto in insufficienza respiratoria (DRG 87, PR 1,22), mentre nel 2014 quelle corrette sono state il 33.3%. L'NT-PROBNP è stato eseguito nel 46.6% dei casi, mentre l'emogasanalisi è stata eseguita in tutti i soggetti.
Conclusioni: Il PDT ha migliorato l'appropriatezza diagnostica e prescrittiva in pazienti affetti da BPCO riacutizzata ricoverati in ospedale. Bisogna migliorare la diagnostica differenziale, aumentando l'esecuzione dell'NT-PROBNP. Infine, sono necessari ulteriori sforzi al fine di identificare correttamente la diagnosi principale per evitare che l'errore di codifica abbia effetti sul peso relativo e sul conseguente rimborso della prestazione erogata.

Le diagnosi di insufficienza respiratoria e di broncopneumopatia ostruttiva riacutizzata in una popolazione di soggetti geriatrici ricoverati in ospedale: prevalenza modificata o diagnosi raffinata?

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Introduzione: IR e BPCOr sono tra le diagnosi principali (DP) prevalenti nei reparti geriatrici. E' frequente che, ai fini della codifica della scheda di dimissione ospedaliera (SDO), i criteri per la diagnosi di IR o di BPCOr non siano attentamente valutati. L'applicazione di un protocollo diagnostico terapeutico (PDT) sul paziente internistico con BPCOr potrebbe determinare, tra le altre cose, anche una migliore definizione diagnostica utile a fini epidemiologici, più aderente ed appropriata.
Scopo dello studio: E' stato quello di verificare, in modo empirico, se l'applicazione di un PDT sulla BPCOr potesse avere un effetto anche sulla codifica delle diagnosi principali.
Materiali e Metodi: Sono state valutate tutte le SDO dei pazienti ricoverati nel reparto di geriatria dell'Ospedale "F. Miulli" di Acquaviva delle Fonti (BA), con DP di IR e BPCOr dal 2012 al 2014. Considerando il 2012 come tempo 0, negli anni successivi è stato applicato il PDT.
Risultati: Il numero totale delle dimissioni per IR e BPCOr (DP) ha mostrato una riduzione annua di circa il 13% (128 nel 2012, 111 nel 2013, 96 nel 2014); le DP di BPCOr sono passate dal 55.4% del totale nel 2012 al 25.0% del 2014, mentre le DP di IR sono aumentate dal 32.8% del 2012 al 59.3% del 2014.
Conclusioni: tali dati potrebbero indicare una migliore accuratezza nella diagnosi principale facendo emergere le IR che possono sfuggire nella codifica. Il PDT, unica modifica gestionale e comportamentale, potrebbe essere stato il motivo prevalente di tale migliore definizione diagnostica.

✪ Epidemiology, clinical aspects and treatment of cryoglobulinemia vasculitis: 265 patients

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Introduction: The epidemiology Cryoglobulinemic Vasculitis (CV) is frequently related to Hepatitis C Virus (HCV) infection, while it is rare in Hepatitis B Virus (HBV) infection. Therefore, the prevalence, clinical and treatment is unclear.
Materials and methods .We enrolled 265 patients with CV HCV and HBV-related from 1995 to 2014 (median 10.2 years).
Results At diagnosis median age was 61 years (range 25-83), 65% female. Etiology CV was HCV related in 248 cases (93%), HBV in 12 cases (5%) and "essential" in 5 cases (2%). HCV genotype 1b was in 57%, genotype 2-3 in 43%. Cryoglobulis type II were in 87% and type III in 13%. The clinical were purpura (72%), arthralgias (58%), peripheral neurophaty (21%), cutaneous ulcers (3%), chronic liver disease (70%), glomerulonephritis (35%), and NHL (15%). Treatment in CV HCV related were IFN-α plus Ribavirin in 101 cases, steroids plus alkylating agents in 33, Rituxmab in 8 cases. A complete clinical, virological and immunological responses was related to Interferon plus Ribavirin. The clinical in CV HBV related were purpura –arthralgias in all cases, peripheral neuropathy in 2, chronic liver disease in 10, glomerulonephritis in 3 and NHL in one. Treatment were IFN-α in 2 cases, steroids in 8, Adefovir in 1 case and Entecavir in 4 cases. A complete clinical, virological and immune response was related to antiviral agent nucleos(t)ides.
Conclusions: This study indicates that IFN plus Ribavirin for HCV and antiviral agent nucleotide for HBV, should be considered the first line therapy in cryoglobulinemic vasculitis HCV and HBV related.

✪ Asymptomatic hyper uricemia is a strong risk factor for resistant hypertension in elderly subjects from general population

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Background and Aim of the study: Resistant hypertension (RH) is associated with a longer history of hypertension, obesity, left ventricular hypertrophy (LVH), albuminuria and chronic renal dysfunction (CKD).

On the contrary little is known about the relationship between serum uric acid (SUA) and RH, particularly in elderly subjects from general population.
Materials and Methods: The risk of vascular complications: Impact of genetics in old people (ROVIGO) study is a cross-sectional, population-based study performed in 580 elderly subjects aged ³65 years, representative of general population living in Rovigo, a town of Veneto region, in the North-Eastern of Italy. RH was defined according to 2013 ESH/ESC guidelines and subjects having SUA levels ³6.5 mg/dl were labelled hyper-uricemic. Gender specific odds ratio (OR) and 95% confidence intervals (CI 95%) for RH were calculated for independent variables by binary logistic regression analysis.
Risults: The prevalence of RH was 5.7% and it was not different in men than in women (6.3% and 5.2%, NS, respectively). Independently of age, history oh hypertension, anti-hypertensive treatment, diabetes, obesity (*i.e.* BMI >30 kg/m^2), LVH, albuminuria and CKD, hyperuricemia predicts RH in women (OR 4.4, CI 95% 1.24-15.7, p=0,022) but not in men (OR 1.46, CI 95% 0.51 -4.21, p=0.47).
Conclusions: In elderly women from general population a SUA ≥6.5 mg/dl 4-fold increase the risk of RH. To better define the real burden of RH, SUA assessment is recommended. We speculate that lowering SUA levels may reduce the prevalence of RH, but interventional clinical trials in are needed for this topic.

Independent predictors of nocturnal hypertension in elderly subjects from general population: the Risk Of Vascular complication, impact of Genetic in Old people (ROVIGO) study

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Background and Ams: The role of Nocturnal Hypertension (NH) and its relationship with target organ damage (TOD) has poorly investigated in elderly subjects from general population.
Materials and Methods: In 139 subjects (70 men and 69 women) aged ³ 65 years (mean age 72.4±4.6) without anti-hypertensive treatment and taking part of the ROVIGO study a NH was diagnosed during 24h-ambulatory blood pressure (BP) monitoring (ABPM) using a TM-2430 oscillometric device (NH defined by ABPM>120/70 mmHg values). Clinical BP was measured by Riva-Rocci sphygmomanometer, left ventricular hypertrophy (LVH) was diagnosed by 12-leads electrocardiogram (ECG) using the Sokolow-Lion index criterion and renal impairment was defined by an eGFR<60 ml/min/1.73m^2 calculated with the MDRD formula. All subjects collected a 24-h urine sample for the measurement of sodium (24h_urinary_Na+) excretion. Gender specific odds ratio (OR) and 95% confidence intervals (CI 95%) of NH were calculated for independent variables by logistic binary regression analysis.
Results: NH prevalence was 23.9% and was not different between genders. NH was predicted by LVH (OR 2.05, CI95% 1.06-3.83, p=0,023) and urinary 24h_Na+ (OR 2.71, CI95% 1.20-6.07, p=0.015) independently of age, clinical BP components, BMI and impaired renal function.
Conclusions: In untreated elderly patients with NH, LVH and 24h_urinary_ Na+ assessment are mandatory for a better stratification of their global cardiovascular risk.

Mood disorders in endocrine arterial hypertension: searching for a link

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Purpose: To discuss an unusual presentation of secondary hyper-aldosteronism (HA).
Materials and Methods: Case report.
Results: A 46-year-old woman presented resistant hypertension (HT) with blood pressure values of 152/100 mmHg not controlled by 10 mg/day amlodipine+300 mg/day aliskiren+12.5 mg/day hydrochlorothiazide+2 mg/day doxazozin. She had a long history of polydipsia (4.5 L/day), polyuria (3.5 L/day), weight loss (5 kg over 2 months) and psychiatric symptoms (sudden onset of personality disorder with free anxiety, negativism and asthenia) unsuccessfully treated with antidepressant drugs (150 mg/day venlafaxine and 0.5 mg/day alprazolam). Tests for secondary HT showed a marked increase of serum renin and aldosterone both in clinostatic (342 pg/ml and 907 pmol/l, respectively) and orthostatic posture (351 pg/ml and 2845 pmol/l, respectively), hypokalemia (2.9 mmol/l) and macroalbuminuria (431 mg/day). Instrumental examinations revealed a focal stenosis of approximately 70% of the proximal right renal artery with post-stenotic dilation. After percutaneous balloon angioplasty and stent implantation, BP was normalized with 5 mg/day amlodipine and psychiatric symptoms suddenly disappeared.
Conclusions: Psychopathological symptoms are rare at the onset of HA, and their aetiology is not well defined. A proper diagnostic and therapeutic process is mandatory in order to get the recommended therapeutic targets in short-midterm improving long-term prognosis. We also suggest not considering depressed or treat with antidepressant agents a young hypertensive subject with resistant HT without having ruled out an organic cause of psychiatric disease.

✪ Hepatitis B virus related cryoglobulinemic vasculitis: treatment and outcome of 12 patients

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Introductio: Mixed cryoglobulinemia (MC) is related to HCV infection, while it is rare in HBV infection. The prevalence of MC in HBV has not been established and the treatment is unclear.
Patients: We enrolled 12 pts affected by HBV-related MC. Here we report the clinical, treatments and outcome of these cases.
Results: The baseline of MC were purpura-arthralgias in all cases, peripheral neuropathy in 2 cases, glomerulo-nephritis (GN) in 3 cases (25%) and non-Hodgkin's lymphoma in one. Most patients had chronic hepatitis in 6 cases (50%), liver cirrhosis in 4 cases (33%), hepatocellular carcinoma in 1 case with liver cirrhosis(8%). Type II cryoglobulins were found in 10 cases (83%) and type III in 2 cases (17%). The mean cryocrit level was 3.0±4%, the mean Rheumatoid Factor was 113±152 U/L, mean C4 was 9±5 mg/dl.The 3 cases affected by MPGN showed a mean creatinine level: 2.5 mg/dl and a daily proteinuria: 3±4 g. The treatments were: IFN-α in 2 cases, steroids in 8 cases, Adefovir in 1 case and Entecavir in 4 cases. A complete clinical and immune response was obtained in the 5 cases who underwent oral antiviral agent nucleos(t)ides (NUC) and they were associations with suppression of HBV replication. Only partial responses were associated to steroid therapy. During the follow-up, 4 patients died: two for kidney failure and two for liver cirrhosis.
Conclusions: This study indicates that NUC therapy is useful for HBV-related MC and suggests that any effective antiviral therapy may counteract both the hepatic and extrahepatic manifestations of HBV infection.

Efficacy and safety of new oral anticoagulants in patients with high thromboembolic risk: clinical records

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New Oral Anticoagulants (NOACs) are a class of drugs that prevent the coagulation of blood by direct inhibition of coagulation proteins (Factor Xa and Thrombin). They have been shown to be therapeutically superior, or at least non-inferior, to vitamin K antagonists (VKAs). Our trial included 50 patients (30 men and 20 women); their average age was 78 years (range 52-89). Forty-five of them were diagnosed with atrial fibrillation and the other five with deep venous thrombosis or pulmonary embolism. Twenty patients received Dabigatran (six of them at a dose of 110 mg bid and fourteen at a dose of 150 mg/day). Thirty patient received Ri-

varoxaban (six of them at a dose of 15 mg bid and twenty-four ad a dose of 20 mg/day). During a one-year period we analyzed the efficacy and safety of the NOACs, investigating the onset of thromboembolic and hemorrhagic events. There was only one major bleeding episode (gastrointestinal) under dabigatran 110 mg bid treatment that was immediately suspended. A minor bleeding event (gingival) was observed, where discontinuation of therapy wasn't necessary. Our results confirmed the findings reported in literature regarding the efficacy and safety of the NOACs for stroke prevention in nonvalvular atrial fibrillation and treatment and secondary prevention of venous thromboembolism (deep venous thrombosis and pulmonary embolism).

Clinical audit in heart failure management: a single hospital experience

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Background: Although heart failure is a common medical condition, there is heterogeneous management approach. Clinical audit is a quality improvement process for healthcare, which aims to enhance the care of patients by systematically reviewing medical practice against explicit criteria.
Methods: Using an audit process we analysed retrospectively Heart Failure patient records and collected clinical and care related information. Data are expressed as mean (SD) or frequency (95% CI).
Results: We analyzed 461 patients with a median age of 77,5 ±10,6; they were treated in Geriatric, Internal Medicine, Emergency Medicine, Cardiology and Cardiology ICU wards. The median length of stay was 9,6±6,3 days. The mean LOS of patients discharged from Emergency Medicine ward was significantly shorter (4.1 days). In hospital mortality rate was 4%. 15% of patients were readmitted for Hearth Failure during the same year, only 4.5% in the first 30 days after index discharge.Then we analized a random sample of 177 patients with a median age of 78,1±10,4; M:F/96:81. ECG was performed in 95%, of patients admitted, echocardiography in 45%, and NTproBNP in 71% Charlson comorbidity index was 8,26±0,26 in Internal Medicine, 8,56±0,39 in Geriatric ward, 8,78±0,75 in Emergency Medicine, 6,50±1,59 in Cardiology ICU, 7,25±0,46 in Cardiology.
Conclusions: A clinical audit process could improve management of heart failure patients and show how different are patients admitted to 'real wards' respect to selected patients of clinical trials on which guidelines are based on.

The impact of coagulopathy as a result of cardiohepatic interaction in a patient with heart failure

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Background: Disseminated intravascular coagulopathy (DIC) has been associated with almost all life threatening diseases. Coagulation abnormalities can accompany acute congestive heart failure (CHF) but DIC is seldom documented in such patients.
Case presentation: A 70 year-old man was admitted to our division after a reported episode of hematemesis with collapse. He showed also confusion, swelling of both legs and ascites worsening during the last few days. His past history included ischemic dilatative cardiomyopathy with advanced CHF and implantation of ICD, malaria and ischemic stroke. The laboratory evaluation revealed elevated cholestatic markers (ALP 164 U/L GGT 93 U/L, bilirubin 5.24 mg/dl), thrombocytopenia (PLT 39.000/mmc) and coagulopathy (INR 2.54, aPTT 38 sec, fibrinogen 61 mg/dl, D-dimer 2.842 µg/L, ATIII 44%). The echocardiogram showed a severe sisto-diastolic dysfunction (EF 9.5%) with moderate tricuspid regurgitation and pulmonary hypertension.
Results: The patient was treated with diuretics and transfusions of FFP and cryoprecipitate; the anasarca resolved and coagulation parameters and the state of consciousness normalized. An EGDS showed erosive esophagitis that was treated with PPI.
Conclusions: If the treatment of the underling disease is the integral part of DIC therapy, then normalization of hemodinamic status is the mainstay of DIC management in the setting of acute CHF. In this clinical case acute cardiogenic liver injury contributed to the development of DIC, because most of the procoagulant and anticoagulant factors are synthesized in the liver.

Indicazioni al drenaggio pleurico: revisione della letteratura e casistica del dipartimento di Medicina dell'Ospedale San Paolo di Savona

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Il paziente con versamento pleurico massivo rappresenta una situazione clinica frequente nei dipartimenti di Medicina Interna, il cui trattamento prevede il posizionamento di un drenaggio toracico, allo scopo di evacuare raccolte aeree o liquide dal cavo pleurico, (maggiori a 1500 ml), al fine di ottenere la riespansione del polmone. Le patologie che pongono indicazione al posizionamento del drenaggio toracico sono: pneumotorace spontaneo o post traumatico, empiema pleurico, versamento pleurico neoplastico, idro-emo-pneumotorace post-traumatico e post-chirurgico. Dopo attenta revisione della letteratura specialistica, si vuole evidenziare l'importanza di tale metodica, nella diagnosi di versamento pleurico, così come nel trattamento dello stesso, senza incorrere nelle eventuali complicazioni possibili legate a ripetute toracentesi. Questo studio esamina l'esperienza del reparto di Medicina 1 ed Ematologia dal gennaio 2013 al dicembre 2014 nella diagnosi e nel trattamento del versamento pleurico massivo, e si propone di delineare delle linee guida in relazione alla suddetta patologia, nell'ambito del dipartimento di Medicina dell'ospedale S. Paolo di Savona.

Terapia dei tumori neuroendocrini ACTH secernenti con metastasi epatiche

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Premesse e Scopo dello studio: Sig. M.G.B, di 54 anni, per insorgenza di diabete mellito e severa ipopotassemia si sottoponeva ad accertamenti con risultante diagnosi di sindrome di cusching secondaria a tumore neuroendocrino del pancreas ACTH secernente con metastasi epatiche. Scopo dello studio è valutare l'efficacia della terapia messa in atto.
Materiali e Metodi: il Pz non veniva sottoposto a terapia medica con, per es., gli inibitori della steroidogenosi surrenale e con analoghi della somatostatina, ma veniva sottoposto a immediata surrenectomia bilaterale che veniva eseguita dopo 1 mese dalla diagnosi.
Risultati: Nonostante immediata terapia sostitutiva, si assisteva a crisi addisoniana e complicanze polmonari. Attualmente il Pz assume terapia steroidea sostitutiva (cronica e di supporto in caso di eventi stressanti) e analoghi della somatostatina.
Conclusioni: La scelta di una terapia definitiva quale la surrenectomia deve essere individualizzata tenendo in considerazione la condizione del pz, le opzioni terapeutiche realmente disponibili e i rischi ad esse connessi. La surrenectomia bilaterale nelle sindromi da secrezione ectopica di ACTH è solo palliativa perché i tumori che ne sono responsabili sono notevolmente aggressivi e induce nel Pz una condizione di dipendenza a vita dalla terapia con glico e mineralcorticoidi. Pertanto è plausibile che una terapia farmacologica con inibitori della steroidogenosi e analoghi della somatostatina potesse essere tentata prima della terapia chirurgica.

Uno strano caso di ittero cutaneo. La sindrome di Moschowitz

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La Porpora Trombotica Trombocitopenica (TTP o Sindrome di Moschowitz) è una microangiopatia trombotica che può essere determinata da molteplici cause ma nella maggioranza dei casi non si riesce ad identificare l'origine della stessa. Donna di 48aa, ricoverata in Febbraio 2015 c/o la nostra Medicina per epigastralgia associata a ittero franco. APR: gastrite cronica e da reflusso biliare, ernia iatale da scivolamento. Terapia

eradicante l'HP (Amoxi+Claritro+IPP). Gli ematochimici mostrano incremento della Bilirubina indiretta (7,3 mg/dl), Piastinopenia (8 migl/ul), segni di emolisi (LDH 1592 U/l, Aptoglobina <3 mg/dl), lieve anemia (Hb 11,2 g/dl), lipasemia (103 U/l) e PCR (1,51 mg/dl). Risultano nella norma la formula leucocitaria, le transaminasi, gli indici di colestasi, l'assetto emocolagulativo (aPTT e PT) e la funzione renale. Ecografia ed RX addome: negativi. Clinicamente non vi è porpora o segni di compromissione neurologica. Nel sospetto di una TTP richiesto striscio di sangue periferico che mette in evidenza la presenza di schistociti (38/1000 GR) confermando la presenza di un'anemia emolitica microangiopatica. La paziente veniva trasferita per iniziare plasmaferesi, ed in seguito a sette sedute associate a terapia steroidea si otteneva la remissione completa. La plasmaferesi d'urgenza rappresenta l'unico trattamento efficace. Se quest'ultima non fosse immediatamente disponibile, l'infusione di plasma può servire come trattamento temporaneo. L'uso aggiuntivo di glucocorticoidi è consigliato nei casi in cui non vi è alcuna prova di una eziologia farmaco-indotta.

Long-term care-post acute care unit: our experiences

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Background: 35% of patients discharged from acute care hospital need post acute care.
Report: The purpose of this report is to highlight the activities of our Long-Term Care - Post Acute Care Unit for over the past three years of assistance. This ward consists of 12 Post Acute beds and 15 Long-Term Care hospitalized beds.
Access Mode: Patients from Acute Care Unit, undergo a careful multidisciplinary medical and nursing evaluation.
Results: A substantial increase in the number of patients discharged in the last three years of activity: (2012) 354 pts; (2013) 369 pts; (2014) 388 pts. Stable average hospital stay in our patients: (2012) 21.8 days; (2013) 22.7 days; (2014) 21.5 days.
Objectives: To incorporate and emphasize the importance of the complete person (physically and psychologically) in the treatment of their illness; to ensure a clinical pathway of care in stable patients who have passed the acute phase but are not yet able to return in other structures or at home; an ongoing physiatric rehabilitation treatment program (a part of a defined program); to increase the turnover of the acute care by increasing the availability of hospitalized beds for acute patients and reducing the average hospital stay; to ensure better management of all resources; to increase and improve the integration between hospital and other territorial health care facilities.
Conclusions: A considerable effort has been made to integrate these two levels of care into a "seamless" uniform and coherent continuum.

The overuse of the thromboprophylaxis in medical patients: the main clinical aspects

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Introduction: The over use of the thromboprophylaxis (TPF) is a not infrequent behavior in Internal medicine (IM) and Emergency medicine (EM)ward.
Methods: We have studied 272 patients, hospitalised in 21 italian hospitals, negative to major risk score. We proceeded to examine the frequency of the TPF in patients hospitalised and we performed a comparative analysis, for each risk factor.
Results: Overall, 47 patients (17.2%), with negative scores received TPF. Using the method backward stepwise for logistic regression analysis we found that severe infection (OR: 2.31; 95% CI: 1.25 to 4.35) and chronic venous insufficiency(CVI)(OR: 3.02; 95% CI: 1.96 to 4.67) are the most significant parameters to begin the TPF. We also investigated subgroup of patients without risk factor and we have shown that age becomes the main factor in the decision of administration of heparin in the absence of other risk factors. (p=0.002).
Discussion: The statistics show sepsis as an important factor that influences the beginning of heparin. Now international literature recognize severe infection as a major risk factor for thromboembolism. The age of the patient instead cannot be regarded as the only criterion to start TPF as side effects are high. CVI is a condition common in the population hospitalized and is not considered a risk factor in the main international scores and consequently, CVI is not enough to make TPF.
Conclusions: Our data suggest that the TPF is associated with considerable uncertainty and this also causes the overuse of the TPF in hospitalized patients.

Short-term peripheral IV catheters nursing: qualitative analysis results

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Background and Purpose of the study: Study's purpose was the review of treatment and management of short-term peripheral IV catheters procedures in Internal Medicine Ward of the Negri Hospital in Pietra Ligure and the update of the internal guidelines and reccomendations for clinical safety, efficacy and appropriateness.
Materials and Methods: We disseminated an intial questionnaire to asses actual treatment and management of PiVC containing open questions about the main steps of peripheral IV access procedure: 1) patient evaluation 2) device selection 3) insertion technique 4) dressing 5) flushing 6) site and PiVC management. We trained all nurses on international giudelines and reccomendations in PiVC use and management and additionally we presented new medical devices to enforce and assist adoption of best practices (*i.e.* pre-filled syringes for flushing IV catheters and extension lines). We then dissemitated the questionnaire again, Each 15 days for 3 times, we evaluated adherence to best practises with a simple assessment form. Two months after training the same questionnaire used in the starting phase was disseminated to measure behavioural improvements.
Results: Initial assessment marked several gaps on patient evaluation, device selection and flushing technique. The educational journey contributed to fill the gap and to improve general assistance practises.
Conclusions: The study confirmed importance of continuous training and the requirement of updated internal guidelines and reccomendations in line with international standards of care.

Pleurodesi per il trattamento dell'idrotorace refrattario nella cirrosi epatica

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L'Idrotorace è un importante complicanza degli stadi finali della CE e viene stimata una prevalenza del 5-10 % nei pazienti cirrotici. E' definito come presenza di versamento pleurico generalmente superiore a 500 ml in pazienti con cirrosi senza possibili cause primarie cardiache o polmonari del versamento. Nei pazienti con idrotorace epatico modesti volumi di liquido possono essere causa di dispnea, mentre grandi volumi di ascite possono essere tollerati meglio. Il trattamento usuale si basa sull'uso di diuretici e ripetute toracentesi. Riportiamo due casi di Idrotorace Epatico, documentati alla tac, trattati con pleurodesi con successo. L'efficacia del trattamento è stata valutata sull'assenza di dispnea e reperto rx senza segni di versamento pleurico. I Caso, donna di 46, diabetica, con CE HCV correlata in classe C 12 di Child-Pugh ricoverata per massivo versamento pleurico sx resistente alla terapia diuretica, eseguite ripetute toracentesi e posizionato drenaggio pleurico, per il rapido riformasi del liquido si decide di eseguire Pleurodesi chimica con talco Steritalc, due trattamenti, con ottimo risultato con risoluzione del versamento che persiste anche a distanza di 12 mesi. Il Caso, uomo di 71 a. con CE HCV correlata in classe C 11 di Child-Pugh con importante

idrotorace trattato con ripetute toracentesi, si eseguono tre trattamenti con Steritalc con risoluzione del versamento, exitus a quattro mesi per altra complicanza. Nella nostra esperienza la pleurodesi chimica può essere valida terapia per il trattamento dell'Idrotorace Epatico refrattario ad altra terapia.

Ma è veramente colpa dell'influenza?

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Premesse e Scopo dello studio: Razionale di questo lavoro, attualmente in fase di elaborazione per mancanza di dati ufficiali visti i tempi cui si riferisce, è la disamina sulle possibili cause del sovraffollamento di un reparto di medicina interna nel primo mese dell'anno in corso.
Materiali e Metodi: Sono state paragonate l'attività di reparto in tre periodi di tempo sovrapponibili in anni differenti : gennaio 2015; gennaio 2014; Gennaio 2013 nell'ambito dei quali verranno analizzati una serie di parametri tra i quali: le caratteristiche del paziente ricoverato (degenza media del ricoverato, tipologia della diagnosi di ammissione e di dimissione, tempo medio di degenza, scale di Barthel, Karnofski ecc.); le caratteristiche del personale impiegato (ore in eccesso, turnazione e turni di riposo ecc.); il ricorso all'utilizzo di posti in appoggio in altri reparti; la mortalità; gli eventuali provvedimenti preventivi definiti in ambito di direzione strategica. I dati saranno pronti (dovendoli ricevere in forma ufficiale dalla azienda) ai primi del mese di marzo.
Risultati: Sulla base di questi indicatori, sarà presa in considerazione e/o confutata l'ipotesi che il "primum movens" del sovraffollamento sia stata la sola epidemia influenzale.
Conclusioni: Al momento non sono possibili conclusioni poiché l'azienda non ha ancora fornito in dati del mese di gennaio 2015.

Vomiting, diarrhea and abdominal pain in an immunocompromised patient with ulcerative colitis. The parasite is working behind the scenes

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Background: Human infection with Strongyloides Stercoralis, a soil-dwelling parasite, can remain asymptomatic for many years. However, disseminated disease and fatal hyperinfection can occur in immunocompromised hosts.
Clinical case: A Caucasian 64 yo male was admitted to our clinic for diarrhea, abdominal pain, vomiting and marked asthenia. His medical history included a recent diagnosis of ulcerative colitis (UC) treated with metilpredinisolone. The physical examination was unremarkable, a comprehensive stool analysis was negative and routine blood investigations were normal, except for hypoalbuminemia (2.3 g/dL). A clinical diagnosis of UC exacerbation was made and the patient was treated with increasing steroid doses. However, in the next days we witnessed a worsening of clinical conditions. A gastrointestinal endoscopy was performed and the duodenal biopsies revealed the presence of Strongyloides S. larvae. Treatment with Ivermectin was initiated, leading to a rapid remission of gastrointestinal symptoms. However, a few days later, the patient developed severe enterococcal meningitis, which was successfully treated in Intensive Care Unit.
Conclusions: Strongyloides hyperinfection can occur in the setting of immunosuppression and lead to a fatal outcome. In particular, the clinical course can be complicated by the systemic translocation of enteric bacteria which favor severe enterococcal meningitis. For these reasons, Strongyloidosis should be always suspected and promptly ruled out in this group of patients.

Clinical aspects and effect of gluten free diet on non-celiac gluten sensitive patients

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Objectives: In recent years the prevalence of gluten-related disorders has shown a steady increase. In particular, non-celiac gluten sensitivity (NCGS) has been reported as a novel clinical entity but knowledge of this condition is still limited. This study aimed to identify clinical features of NCGS, as well as their response to gluten-free diet (GFD), including a comparison with patients affected by celiac disease (CD).
Methods: Symptoms, autoantibody-profile, histology and genetic data were recorded for 40 NCGS and 60 CD patients. Quality of life, before and after GFD, was also assessed in 34 NCGS and 43 CD subject according to two different questionnaires (CDQ and CD-QOL).
Results: NCGS appeared to be a gender-related condition, even more than CD (7:1 NCGS *vs* 2:1 CD). Gastrointestinal symptoms were most often concurrent in NCGS rather than in CD group (62.5% NCGS with 3 or more symptoms *vs* 13.3% CD $p<0.001$). Among extraintestinal symptoms, fatigue, foggy mind and headache were more frequent in NCGS group, whereas anaemia, elevated aminotransferases and osteopenia were predominant in CD. NCGS patients improved both symptoms and quality of life scores (103.33 to 66.33 in CDQ and 48.67 to 39.06 in CD-QOL, $p<0.0001$) in a more pronounced fashion than CD subjects (59.7 to 58,37, $p=0.72$ in CDQ, 29.77 to 37.49, $p=0.0001$ in CD-QOL).
Conclusions: Often considered to be quite similar, actually NCGS and CD show different onset symptoms and response to GFD. These findings, together with antibodies and histology, can greatly help the clinician in the differential diagnosis.

Incidentally discovered pheocromocytoma and aldosterone-producing adenoma in the same adrenal gland

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A 65-year-old hypertensive female was referred for bilateral adrenal masses, found at ultrasonography because right flank pain. Blood pressure was 162/94 mmHg, heart rate 78 bpm on multiple antihypertensive therapy. Sodium was 146 mEq/l, potassium 3.0 mEq/l, bicarbonate 28.3 mEq/l, glucose 106 mg/dl, creatinine 0.6 mg/dl. Plasma renin activity and serum aldosterone were 0.2 ng/mL/h and 19 ng/dL (0.7–15 ng/dL), Aldosterone/PRA ratio 95. 24-h urinary metanephrine and normetanephrine were 521.5 (74–297 mg) and 788.5 mg (105–354 mg). CT scan revealed a 49 x 36 mm mass in the right adrenal gland suggestive for adenoma, and two smaller nodules with higher density and contrast enhancement at left side. By adrenal vein sampling, the lateralization index (left *vs* right) was 10.5 for aldosterone. Adrenaline and noradrenaline were 4270 and 7938 in the left vein, and 714 and 1884 pg/ml in the right vein. After adrenalectomy a 2.5 reddish-brown pheocromocytoma and a 1 cm yellowish cortical adenoma were detected. At two months, the ormonal values were normal. The simultaneous occurrence of pheochromocytoma and aldosterone-producing adenoma is extremely rare. Pheochromocytoma may stimulate cell hyperplasia in the adrenal cortex. Urotensin II is a peptide more expressed in pheochromocytoma than in APA. The infusion of UII in Sprague-Dawley rats determined an increase of plasma aldosterone levels and CYP11B2 enzyme expression. UII produced in pheochromocytoma may stimulate aldosterone secretion modulating the expression of the CYP11B2 gene and cells hyperplasia in the zona glomerulosa.

Aldosterone-secreting adrenal cortical carcinoma. A case report

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Adrenal cortical carcinomas are rare, aggressive malignant neoplasms with an incidence of 1-2 cases per million population and account for 0.05-0.2% of all malignancies. The majority of tumors are functional with 60% of patients experienting endocrine syndrome. Cushing's syndrome in 40% of patients, a mixed ormonal picture with Cushing's syndrome in association with virilization due to concurrent adrenal androgen production in 24 % of patients, pure hormonal of feminization in 6% and pure hyperaldosteronism in only 2.5%. This

malignancy has poor prognosis with relapse or metastasis rate of 70-85% and 5-year mortality rate of 75-90%. We report a case of a 75 year old woman with history of difficult to control hypertension and persistent hypokalemia. She was found to have an elevated seated aldosterone level of 1280 pg/ml (nr 7-150) and low renin level (PRA of <0.2 ng/ml/h); 24h urine collections metanephrine and cortisol levels were negative; desamethasone suppression test was negative, DEHAS level was normal. A CT revealed a heterogeneously enhancing 40x38 mm right adrenal mass; a FDG-PET demonstrated increased uptake in right adrenal gland (SUV 8.9). A laparoscopic adrenalectomy was scheduled for treatment of probable aldosterone-secreting adenoma and to exclude carcinoma. Pathology revealed adrenocortical carcinoma T2N0M0, Weiss score 6 points. After adrenalectomy the aldosterone level and kalemia normalized, and the hypertension well controlled. She was started on mitotane discontinued because neurotoxicity. After six months a TC revealed no metastasis.

Pseudo-ostruzione intestinale cronica in paziente con lupus eritematoso sistemico ad interessamento intestinale

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Introduzione: La CIPO è una malattia primaria o secondaria dovuta a disturbi muscolari,neurologici, immunologici,metabolici o endocrini.Presentiamo il caso di una donna di a. 65 affetta da LES.
Caso clinico: La paziente da 2 anni presentava episodi di vomito,diarrea e dolore addominale accompagnato a malassorbimento, grave disionia e ipoalbuminemia. In trattamento cronico con steroidi e azatioprina per LES diagnosticato da parecchi anni. Viene alla nostra osservazione per addome acuto e precordialgia con fibrillazione atriale parossistica. All'ecocardio segni di miopericardite cronica. La TC addome evidenziava gastrectasia con stasi e imbibizione flogistica del tenue con pseudoostruzione. Nonostante la terapia massimale del LES, la correzione del bilancio idroelettrolitico e proteico, il trattamento della SIBO, il ripristino del ritmo sinusale e il miglioramento della peristalsi seguiva l'exitus in 20° giornata.
Conclusioni: La diagnosi di CIPO è una sfida per il clinico e si basa sull' esclusione di cause meccaniche di subocclusione intestinale e nell' identificare il momento eziopatogenetico se primitivo o secondario ad altre patologie. Una ampia varietà di processi flogistici, degenerativi e infettivi possono danneggiare i plessi nervosi intriseci ed estrinseci dell'intestino favorendo lo sviluppo di CIPO. Fra questi patologie il LES, come nel nostro caso,ed altre connettivopatie. È una condizione grave, spesso non riconosciuta, caratterizzata da complicanze protratte nel tempo di tipo invalidante, che possono mettere a rischio la vita del paziente.

La tomografia ad emissione di positroni-18FDG nell'iter diagnostico della febbre di origine sconosciuta

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Introduzione: La febbre di origine sconosciuta (FUO) è una condizione ad ampia eziologia. La diagnostica convenzionale non sempre è in grado di definirne la eziologia. Noi presentiamo il caso di un uomo di a. 78.
Caso clinico: Il paziente da 6 mesi presentava febbre remittente, max 39°C,iporessia, decremento ponderale, anemia, tosse secca e negli ultimi 7 giorni disuria. Esito negativo ebbero gli esami infettivo logico, l'ecocardio, la TC totalbody, la EGDS e la colonscopia. La terapia antibiotica con ciprofloxacina non sortiva alcuna efficacia. Alla nostra osservazione il paziente si presentava prostrato, anemico e con scadimento delle condizioni generali. L'obiettività evidenziava asprezza del MV, lieve turgore indolente dell' a.temporale dx. Si decide di integrare la diagnostica con la ricerca di autoAb e sottoporre il paziente alla Tomografia ad Emissione di Positroni (PET/TC) il cui esito evidenziava accumulo del radiofarmaco a carico di tutti tratti dell'aorta suggellando la diagnosi di vasculite dei grossi vasi. Trattato con prednisone, a dosaggio scalare , il paziente a tutt' oggi è in remissione.
Conclusioni: La letteratura evidenzia come nei pazienti affetti da FUO una singola PET/TC-18FDG individua la causa della febbre nel 68% dei casi, laddove le altre metodiche hanno fallito. L'esame, grazie all'elevata sensibilità, contribuisce ad identificare l'organo o il tessuto responsabili della manifestazione clinica, facilitando poi la progressione di un iter diagnostico specifico. Nei pazienti affetti da vasculite dei grandi vasi, FDG si accumula nella parete vascolare identificando la reale estensione del coinvolgimento vasale.

Impatto della patologia neoplastica nell'anziano: uno studio su 640 pazienti

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Con l'aumentare dell'aspettativa di vita si assiste all'incremento della patologia neoplastica. Il 60% circa dei tumori colpisce pz con età >65 anni.
Scopo dello studio: Valutare l'impatto della patologia neoplastica nell'anziano.
Obiettivo primario dello studio: Valutare l'incidenza delle neoplasie di prima diagnosi nei pz con età ≥80 anni nell'Ospedale Regionale Miulli da Gennaio 2013 a Giugno 2014.
Materiali e Metodi: Sono state effettuate circa 640 diagnosi di neoplasia nel periodo Gennaio 2013-Giugno 2014, di cui 90 prime diagnosi in pz>80 anni (14% delle diagnosi totali). Per la valutazione multidimensionale sono stati utilizzati il Performance Status ed il Multi Prognostic Index.
Discussione: Lo studio ha dimostrato che il 14% dei pz neoplastici con prima diagnosi ha un'età >80 anni (33 donne, 56 uomini con età media rispettivamente di 86 e 85 anni). I dati locali di incidenza corrispondono a quelli regionali e nazionali, pertanto si prevedono, nella sola provincia di Bari, circa 1680 nuovi casi/anno con età >80 anni. I dati locali di prevalenza dei tumori coincidono con quelli regionali e nazionali (maggiore prevalenza di polmone e prostata nell'uomo, mammella nella donna).
Conclusioni: L'incidenza di tumori nei pz con età >80 anni è in graduale aumento e costituisce un problema rilevante che bisognerà affrontare con studi ad hoc. Le comorbidità, gli aspetti psicosociali e quelli ambientali richiedono una valutazione geriatrica multidimensionale, oltre alle consuete valutazioni oncologiche.

Ibrutinib in the treatment of a comorbid patient with advanced chronic lymphoid leukemia: opportunities and challenges of a novel therapeutic strategy

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A 71 years-old female patient came to our observation for a progressive chronic lymphoid leukemia (CLL), IGHV mutated, diagnosed in 1996. She had received several lines of chemotherapy (CT) despite which she presented with hypogammaglobulinemia and recurrent urinary and respiratory tract infections, limphocytosis ($20x10^9$/l), cytopenias and organomegalia (abdominal nodes, liver and spleen) Binet C-RAI 4 stage. Recently CT with rituximab and bendamustin had been interrupted due to a disseminated Mycobacterium Avium Complex infection with fever and productive cough. This diagnosis hampered the possibility to start an effective line of CT. After a month of ethambutol plus clarithromycin and immunoglobulin supplementation, her general condition improved, so we proposed her the enrollment into the therapeutic use protocol of Ibrutinib, a novel Bruton's tyrosine kinase inhibitor approved for progressive CLL. Ibrutinib was started at the dose of 420 mg/daily: she had a significant lymphocytosis (peak of $104x10^9$/l) and a concomitant fast recovery from thrombocytopenia and anemia. A CT scan after 3 and 6 month of therapy revealed a partial response of the measurable bulk. No adverse events took place. After 7 months of therapy she still presents lymphocytosis ($60x10^9$/l) with maintenance of the objective response and infection control. This case suggest how ibrutinib, unlike CT and according to clinical trials results, could be safe even for patients with advanced CLL and con-

comitant infections, and is able to provide an effective debulking without affecting bone marrow function.

Case report: tecnica di pronazione associata a ventilazione meccanica a pressione positiva delle vie aeree-casco nel trattamento di sindrome da distress respiratorio acuto severa

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Premesse: La pronazione è utilizzata nelle Terapie Intensive (ICU) in casi di sindrome da distress respiratorio acuto (ARDS) severa, in corso di ventilazione meccanica, o NIV con maschera facciale: migliora l'ossigenazione, aumenta la capacità funzionale residua e l'accoppiamento ventilazione-perfusione. Meno usata in corso di ventilazione meccanica a pressione positiva delle vie aeree (CPAP)-casco per le difficoltà di mobilizzazione dovute all'interfaccia.
Case report: Segnaliamo il caso di una giovane con polmonite a focolai multipli e ARDS severa giunta in Medicina, trattata con terapia antibiotica e CPAP casco e successivamente trasferita in ICU. A causa della mancata risposta alla CPAP supina, d'accordo con la paziente, si è avviata la tecnica di posizionamento in pronazione avvalendosi di un cuscinetto in gel per l'appoggio del viso all'interno del casco. Riportiamo nello schema i valori EGA prima e dopo pronazione. La tecnica ha consentito di evitare l'intubazione con le possibili conseguenti complicanze, in attesa della risposta alla terapia medica.

	CPAP supina	prona (I dì)	prona (II dì)	supina (VI dì)
pH	7.49	7.45	7.47	7.46
pCO2 mmHg	33	36	41.1	34
pO2mmHg	44	75	106	226
pO2/FO2	110	151	246	564
FO2	40%	50%	43%	40%

Commento: L'utilizzo della tecnica di pronazione, difficoltosa ma possibile in corso di CPAP casco ha consentito di mantenere il respiro spontaneo in un caso di severa ARDS primaria. La tecnica di pronazione rappresenta pertanto una opportunità che dovrebbe essere utilizzata precocemente e a lungo nei pazienti con ARDS grave (PaO2/FIO2<150 mmHg) anche in CPAP-casco, in particolare nei soggetti collaboranti e senza grave risentimento sistemico.

A case of an unsolved chronic respiratory failure

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We present the case of a 67 year-old woman suffering from relapsing bronchitis from childhood and persistent tickly cough for 3 years; the symptomatology worse in winter. She was admitted to our department for exacerbation of chronic respiratory failure(CRF). She had restrictive and obstructive respiratory deficit so that NIV ventilation with BIPAP(IPAP 16 cmH_2O, EPAP 6 cmH_2O, FiO_2 50%) was perfomed. No history of chemotherapeutic agents or other cytostatic drugs was found, but a repeated domestic exposure to mold on the walls. The HRCT (high resolution CT) revealed consolidations and ground-glass attenuation with interstitial intralobar thickening, suggestive of non specific Interstitial Pneumonia (NSIP); we assumed antisynthetase antibody syndrome, but we also checked if influenza could have been the cause of the exacerbation, to start the administration of Oseltamivir. We investigated the cause of NSIP by evaluating autoimmunity through the assay of the following antibodies: ANA, ENA(SS-a, SS-b, Scl-70, anti-DNAds), anti-TPO, anti-TSH and anti-JO1 antibodies; also broncho-alveolar lavage (BAL) analysis was performed. At the end of the diagnostic procedures, it will be possible to establish if this is a case of NSIP or Idiopathic Pulmonary Fibrosis (IPF). In case of IPF, administration of Bosentan could be started, after right heart catheterization evaluation and the assessment of liver function; in case of auto-immune interstitial fibrosis, although the AIFA guidelines suggest the administration of Bosentan in connective tissue disease-related IPF, we would start steroids treatment.

Atrial fibrillation and thyroid disorders in a Internal Medicine unit

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Background: Atrial fibrillation(AF) is a common cardiac complication of hyperthyroidism occurring in an estimasted 10-20% of overtly hyperthyroid patients. In comparison 4% of general population has AF. We sought to determine whether history of thyroid dysfunction is a risk factor in patients for atrial fibrillation.
Methods: 60 consecutive patients with atrial fibrillation (persistent, permanent and paroxysmal) admitted in a internal medicine unit between January- December 2014 were studied. Thyroid status was recorded and related to atrial fibrillation.
Results: Among patients, 10% had hyperthyroidism, 4% had a hypothyroidism and 76% had no thyroid dysfunction.
Conclusions: Thyroid hormones has many effects on the heart and vascular system The risk of atrial fibrillation was closely associated with thyroid activity, with a low risk in overt hypothyroidism, high risk in hyperthyroidism and a TSH association with risk of AF across the spectrum of subclinical thyroid disease. These data suggest additional benefit from the inclusion of thyroid dysfunction in clinical management models in atrial fibrillation.

Addisonian crisis after sun exposition

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Addisonian crisis, also commonly referred to as adrenal crisis, occurs when the cortisol produced by the adrenal glands is insufficient to meet the body's acute needs. The symptoms are nonspecific and can mimic other processes, such as sepsis. Hypotension, lethargy, and fever can all be presenting signs. Secondary addisonian crisis can also result from pituitary disease. Hypopituitarism resulting from pituitary dysfunction can be treated with exogenous hormones. The case presented herein illustrates an adrenal crisis that occurred after exposition to sun. In this patient, the initial signs of addisonian crisis were overlooked; however, once recognized, they were reduced dramatically with standard stress-dose cortisone. Adrenal crisis is a life-threatening emergency contributing to the excess mortality of patients with adrenal insufficiency. Patients with adrenal crisis typically present with profoundly impaired well-being, hypotension, nausea and vomiting, and fever responding well to parenteral hydrocortisone administration. Precipitating causes are mainly gastrointestinal infection, fever, and emotional stress (20%, respectively) but also other stressful events (*e.g.* major pain, surgery, strenuous physical activity, heat, pregnancy) or unexplained sudden onset of AC (7%).

Emofilia acquisita? No, complesso deficit coagulativo da trattamento off label con colestiramina per colite microscopica!

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Case report: We report the case of a patient who developed a coagulation disorder - benign from the clinical point of view - as a result of a prolonged treatment with cholestyramine off label for inflammatory colitis. The initial onset could raise the suspicion of acquired haemophilia, a rare life-threatening bleeding condition, especially in the elderly due to circulating autoantibodies, but it was easily cleared up with the anamnestic investigation and resolved with the administration of vitamin K. The warning is not directed to the side effects of cholestyramine, well-known to clinicians, but to the medical carelessness, that often results in a waste of diagnostic resources. The clinical wisdom indeed remains the most appropriate resource in common clinical settings.

Epatopatia acuta da farmaci: alla ricerca del colpevole

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Case report: We report a case of acute liver disease with severe

cholestatic mark and hypercholesterolemia. After exclusion of other causes of liver damage – lithiasic, infectious, autoimmune, metabolic, neoplastic – our attention was focused on the chronic use of hormone therapy (tibolone), candesartan, sertraline and on the previous intake of amoxicillin/clavulanic acid, after pace-maker implantation two months before. Treatment with amoxicillin, also limited in time, can lead after few weeks to a major liver damage, which sometimes is expressed as 'vanishing bile duct syndrome'. Liver biopsy has excluded this condition. The patient slowly improved and was discharged, but remains in clinical and laboratory follow-up.

Il difficile equilibrio tra desiderio di una diagnosi brillante e zone grigie della clinica: il caso della coproporfiria ereditaria

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Case report: Clinicians with a lot of experience often face complex and not-defined clinical cases that push the focus on unusual multisystem or hereditary diseases, which remain mysterious because known only to few centers or universities. Yet the desire to reach a brilliant diagnosis and to label accurately the clinical presentation tickle their curiosity and increases their diagnostic efforts. But the findings do not always confirm their diagnostic hypothesis. Health is an unstable condition influenced by multiple factors that act in a variety of ways, and diseases do not qualify themselves as entities *per se*, new demons that invade the body, but represent a new phase of homeostasis, more or less precarious, in a direction not completely knowable. The explosion of chronic degenerative diseases obliged to adopt a new perspective and to take into account the changes of the body over the years. But also acute diseases can induce changes that only apparently seem to allow a *restitutio ad integrum*. This epistemological attitude goes *a fortiori* adopted for pathologies with many shadows, not well-determined clinically. A young woman was admitted for a slight fever with hypertransaminasemia, jaundice and abdominal pain. Her history was characterized by juvenile febrile seizures, photosensibility with bullous manifestations, recurrent psychiatric disorder, prior Guillain-Barrè like syndrome. Urinary coproporfirine was high. An acute porphiria was suspected. Glucose infusion was successful. However, genetic investigation didn't confirm the diagnosis of copro-hereditary porphyria.

One-year experience with novel oral anticoagulants

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Introduction: NOACs, 1 direct thrombin inhibitor and 3 anti-Xa, approved for anticoagulation in Europe in the last few years, are progressively changing clinical practice and life of anticoagulated patients.
Objectives: To evaluate the use of these new drugs in internal medicine.
Patients and Methods: We collected all the prescriptions done by our department from October 2013 to January 2015. Indication, drug, dosage and adverse or other relevant events during follow-up were registered.
Results: Our department consists of 46-bed ward and a thrombosis outpatients clinic. The prescriptions included new diagnosis, pts already on warfarin in our anticoagulation clinic or referred by general practitioners. In 15 months we prescribed NOACs to a total of 249 patients (mean age 78 ys; 36% over 80s). Because of national health system reimbursement, the only one prescribed for DVT/PE was rivaroxaban in 24 pts (mean age 63.5 ys, 60% M). For stroke prevention in atrial fibrillation, we prescribed: Dabigatran 300 mg/die in 49 pts and 220 mg/die in 69 pts (52%), Apixaban 5 mg/die in 28 pts and 10 mg/die in 7 pts (16%), Rivaroxaban 20 mg/die in 61 pts and 15 mg/die in 11 pts (32%). About adverse events: dyspepsia was reported only by 3.4% of pts on dabigatran; minor bleeding events (one post-trauma) in 2%; skin rash in 1.5%. Three pts (1.3%) decided to go back to warfarin again, spontaneously.
Conclusions: In our preliminary experience, NOACs are promising and safe drugs, also in older people.

Profilo neuropsicologico di un gruppo di soggetti geriatrici ricoverati in ospedale

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Introduzione: L'assessment neuropsicologico fa parte della valutazione geriatrica multidimensionale. Uno sguardo più dettagliato ai vari domini cognitivi consente di ottenere un quadro più completo e integrato del paziente.
Materiali e Metodi: Per la valutazione neuropsicologica sono stati somministrati i seguenti test e scale validate: Mini Mental State Examination (MMSE) e Test delle Matrici colorate di Raven per la valutazione dell'efficienza cognitiva globale; Il test dell'orologio, A.C. di Milano e della figura di Ray per valutare le abilità costruttive; test delle 15 parole di Ray, Test di memoria di prosa per esplorare la memoria lungo termine; test per le aprassie; digit span e span verbale parole per indagare la memoria verbale a breve termine; Il test di Corsi per la memoria visuo-spaziale; ed infine i Test di fluenza verbale semantica e fonemica, Wisconsin per le funzioni esecutive. Il tono dell'umore è stato valutato somministrando la Geriatric Depression Scale (GDS). L'intera batteria di test è stata somministrata a tutti i pazienti ricoverati nella unità Operativa di Geriatria dell'Ospedale regionale "F. Miulli" di Acquaviva delle Fonti. Sono stati anche identificati i soggetti non testabili, ottenendo un dato di prevalenza.
Conclusioni: I dati ottenuti dalla valutazione neuropsicologica consentono una programmazione individualizzata dell'assistenza al paziente geriatrico con il pieno coinvolgimento del caregiver. Identificare i domini cognitivi più deficitari consente di fornire informazioni utili al paziente e al caregiver nella gestione domiciliare.

Imaging a risonanza magnetica dei leiomiomi uterini

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Obiettivi didattici: Descrivere le caratteristiche RM dei diversi tipi di leiomiomi uterini.
Introduzione: I leiomiomi sono i tumori più comuni del tratto genitale femminile. La RM è la metodica di imaging più sensibile per la diagnosi e la localizzazione dei leiomiomi.
Tecnica d'esame: I leiomiomi uterini sono tumori benigni (non cancerosi) che crescono all'interno del tessuto muscolare dell'utero. Dal 20 al 50 % delle donne in età fertile soffrono di fibromi uterini. Vi sono tre tipi di leiomiomi uterini, classificati principalmente in base alla posizione dell'utero; sottosierosi, intramurali, sottomucosi e peduncolati. I leiomiomi non degenerati hanno caratteristiche RM tipiche: si presentano come masse ben delimitate con un'intensità di segnale omogenea. I leiomiomi cellulari possono avere un intensità di segnale più alta nelle sequenze T2. I leiomiomi degenerati hanno un comportamento variabile nelle sequenze T2 pesate e dopo somministrazione di mdc.
Conclusioni: La RM rappresenta il gold standard per la diagnosi e la localizzazione dei leiomiomi fornendo informazioni utili ai fini di una corretta diagnosi differenziale delle forme leiomiomatose.

Raro caso di agenesia dell'arteria polmonare destra in un ragazzo di 14 anni

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Obiettivi didattici: Le malformazioni polmonari congenite rappresentano quadri patologici di estensione e gravità diverse causati da alterato o arrestato sviluppo embrionario del polmone o di alcune sue componenti. L'avvento di nuove tecniche di imaging come la TC multistrato con elaborazione di immagine, unitamente a metodiche tradizionali, hanno consentito il loro riconoscimento e qualificazione con sempre maggiore precisione.
Introduzione: L'agenesia isolata dell'arteria polmonare è una rara condizione malformativa congenita caratterizzata dall'assenza dell'arteria polmonare destra o sinistra. La frequenza è calcolata in circa un caso ogni 200.000 mila persone.

Materiali e Metodi: Presentiamo il caso di un ragazzo di 14 anni con agenesia dell'arteria polmonare destra a cui è stata diagnosticata tale patologia in assenza di manifestazione cliniche e anomalie congenite. Nel nostro lavoro mostriamo il valore aggiunto della TCMS e della RX tradizionale nella identificazione dei reperti anatomici di fondamentale importanza per lo studio dell'agenesia polmonare destra.
Conclusioni: La TCMS e l'RX tradizionale forniscono elementi importanti ai fini della diagnosi di tale rarissima patologia rilevando l'assenza del parenchima polmonare e dell'albero bronchiale.

Hyperthyroidism and thrombosis: a case report

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Case report: A 47-years old man presented with fever and weight loss (12kg in two months) without other symptoms. Physical examination showed only slight tachycardia (90 bpm) and an enlarged spleen. Common blood samples showed only high fibrinogen levels and neutrophilic leucocytosis. We hypothesized some type of infection or cancer and decided to use ciprofloxacin waiting for results of blood cultures and a total-body TC scan examination. This one showed spleen arterial and venous thrombosis and renal arterial thrombosis. Second level blood samples showed hyperthyroidism and we begun thiamazole together with anticoagulants.
Discussion: Although this is not commonly remembered, hyperthyroidism is associated with hypercoagulable state, with high levels mainly of FVIII and vWF. However, it is at present uncertain if this leads to an increased risk of venous and/or arterial thrombosis. Only few studies have investigated this association, but, due to methodological differences and flaws, the results don't allow to draw any definitive conclusion. More studies are needed to investigate this relationship and to define if and for how long anticoagulants must be used in these patients. Our case is useful to remember this possibility and to investigate for thyroid dysfunction in patients with unexplained thrombosis, although at this stage it is not yet possible to consider hyperthyroidism as a risk factor for thrombosis.

Application, tolerance and safety of new anticoagulants therapy in a Internal Medicine, San Martino Hospital: a single-centre experience

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Introduction: The new oral anticoagulants (NOAs) are approved for prophylaxis of stroke or systemic embolism in patients with atrial fibrillation. The aim of this retrospective observational study was to document NOAs prescription practice, tolerance and safety in a single-centre.
Patients and Methods: Between 08/2013 and 02/2015, 108 consecutive patients treated with NOAs. Medical data were obtained from patient's records. The patients were clinically screened for diagnosis (atrial fibrillation and vein thrombosis), CHADS2 and CHADSVASC score.
Results: 100 of 108 patients utilised NOAs as prophylaxis, 8 of 108 as theraphy. In 18 of 108 patients NOAs were used in place of antecedent oral anticoagulants agonists (vitamin K antagonists), in 90 of 100 NOAs were the first line of treatment. In the group of prophylactic treatment 91 of 100 patients had a CHADS 2 ≥2 and 100 of 100 patients had a CHADSVASC ≥2. Currently were in therapy 73 of 108 patients. Patients who discontinued treatment: 4 dropped out for arising chronic renal failure, 2 because onset of neoplasia, 5 in advance for poor compliance, 15 were lost to follow up, 6 died, 4 for other causes. No cases of major bleedings occurred.
Conclusions: NOAs was well tolerated and were safe in prophylaxis and therapy. The prescriptions in our centre followed the current approval guidelines. In patients with CHADS2 ≥2 and CHADSVASC ≥2 NOAs seem to provide the most net clinical benefit. A trend towards an individualised NOAs use based on the compound's inherent properties and the patients' risk profiles was observed.

A rare cause of hypercalcemia in a young woman: the primary lymphoma of the bone

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Clinical case: A 26 years-old woman presented for vomiting,epigastric discomfort,fever and lumbar pain. She had family history of primary hyperparathyroidism. An abdominal echography showed obstructive hydro-ureteralnephrosis. A chest-abdominal CT showed diffuse osteolytic lesions in spine, pelvis and femur. On blood tests we found high values of serum calcium with normal parathormone level, microcytic anemia with normal ferritin and high vitamin B12 values. Absence of M component in serum or urine and Bence-Jones proteinuria excluded a multiple mieloma. Parathyroid scintigraphy was normal. The curve of PHT showed a trend within the physiological limits. Urinary electrolytes, autoantibody and urinary pyridoline were negative. Mammography, tumor biomarkers and immunophenotype examination were normal. A total-body PET revealed diffuse bone lesions with different metabolic activity in absence of extra-osseous sites of uptake. Vertebral biopsy was unrevealing. Hypercalcemia was resistant to medical treatment with neurological symptoms.In consideration of persistent anemia we performed bone marrow biopsy that showed large B-cell lymphoma indicative of primary lymphoma of the bone. Serology for CMV,HIV and hepatitis viruses were negative. She performed 6 cycles of chemotherapy (R-CHOP) obtaining the remission.
Discussion: Primary lymphoma of the bone (PLB) primarily arising from the medullary cavity is rare. PLB is a distinct clinic-pathological entity with a relatively homogeneous morphology and clinical behavior. Patients with PLB treated with combined modality therapy had a superior outcome.

Transjugular intrahepatic portosystemic shunt in refractory chylotorax due to liver cirrhosis

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Clinical case: We report on the case of a 64-year-old woman with dyspnea due to a large chylothorax. She was known to have HCV-related liver cirrhosis but no ascites. There was recent history of chest trauma. Cardiac function was normal and thorough diagnostic work-up didn't reveal any signs of malignancy. Video-assisted thoracoscopic surgery showed inflamed pleura and diaphragm in absence of trauma or malignancy. Immunophenotype of blood and pleural fluid was negative. Tubercolosis was excluded. In summary, no other causes of the chylothorax than portal hypertension could be found. Therapy with diuretics as well as low-fat diet supplemented with medium-chain triglycerides, somatostatins and parenteral feeding failed to relieve symptoms. After placement of the thoracic pig-tail patient was discharged to home. There were two episodes of hepatic encephalopathy probably due to dehydration. After a transjugular intrahepatic portosystemic shunt (TIPS) had successfully been placed, pleural effusion decreased considerably. She has no more episodes of encephalopathy and she is currently on the list for transplant.
Conclusions: chylothorax is a pleural effusion rich in chylomicrons and triglycerides and it is a rare manifestation of liver cirrhosis. Even in absence of ascites,chylothorax might be caused by portal hypertension and that TIPS can be an effective treatment option.

Outcome ed indicatori prognostici nel paziente con polmonite grave acquisita in comunità sottoposto a ventilazione non invasiva *versus* terapia convenzionale

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Scopo: Analizzare caratteristiche e outcome combinato di pazienti con CAP e insufficienza respiratoria, confrontando trattamento con-

venzionale con NIV. E' stata poi condotta un'analisi nei pz con CAP severa (PSI IV-V) e valutato indicatori clinici e laboratoristici predittivi di outcome sfavorevole.
Materiali e Metodi: Coorte di 121 pazienti con CAP inducente insufficienza respiratoria. I pz sono stati divisi in 2 gruppi: 77 pz trattati con terapia convenzionale *vs* 44 pz sottoposti a NIV. Esclusi i pz con immunodepressione.
Risultati: I pz trattati con NIV avevano maggiore prevalenza di BPCO,cardiopatia ischemica e pregresso tabagismo,valori di FR e pCO2 basale più elevati ed un PSI più alto.Inoltre avevano una degenza ospedaliera più lunga (12,16±8,43 *vs* 8,75±5,02, p <0,05)ed una maggior prevalenza di outcome sfavorevole (O.R. 4.05 p 0,029). La BPCO era un fattore prognostico favorevole nei pz con CAP trattati con NIV (O.R. 0.10 p 0,035). Dall'analisi dei pz con CAP severa non è emersa una differenza in termini di outcome tra i due gruppi. In questa popolazione i fattori prognostici correlati con l'outcome erano azotemia (O.R. 3.61 p 0,028) e FR (O.R. 1.09 p 0,026).
Conclusioni: La CAP è importante causa di morbilità e mortalità.Nel nostro studio i pz trattati con NIV presentavano un outcome peggiore. Tale dato, non confermato nei pz con CAP severa,riflette verosimilmente la maggior gravità dei pz trattati con NIV. Infine i pz con BPCO avevano un minor rischio di outcome sfavorevole: tale dato sottolinea l'utilità della NIV in pz selezionati con CAP inducente insufficienza respiratoria.

L'utilizzo della cartella clinica elettronica nella gestione medico-infermieristica del paziente in Medicina Interna è veramente in grado di migliorare efficienza e qualità delle cure?

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Scopo: Abbiamo valutato come la cartella elettronica abbia modificato la pratica clinica quotidiana del personale medico ed infermieristico nella nostra AOU.
Materiali: È stato somministrato un questionario al personale medico (35 soggetti) ed infermieristico (42 soggetti) delle Unità Operative dove, dal 2010, è in uso la cartella elettronica.
Risultati: La cartella elettronica ha apportato miglioramenti riguardo terapia (78%), esami ematici (88%) e passaggio di consegne medico-infermiere (72%). Solo il 59% dei soggetti ritiene di aver ricevuto adeguata formazione. Il 62% dei soggetti,in prevalenza medici,utilizza regolarmente gli strumenti informatizzati allegati (internet, calcolatori, score). Il 57% dei soggetti riporta il rischio di perdere la concentrazione sul paziente, problematica avvertita maggiormente dal personale infermieristico. Tra gli elementi negativi, il 28% dei soggetti segnala l'eccessivo allungamento dei tempi dovuto a problemi tecnici e la mancanza di interazione con gli altri software in uso nel Dipartimento. In generale, per l'80% dei soggetti intervistati la cartella clinica ha migliorato efficienza lavorativa e qualità delle cure. Solo il 6% tornerebbe ad un'esperienza cartacea.
Conclusioni: Nella nostra esperienza la cartella clinica si è rivelata strumento in grado di migliorare efficienza e qualità delle cure. E' emersa inoltre la necessità di elaborare un unico software gestionale che consenta una maggior interazione tra i diversi presidi informatizzati ospedalieri e territoriali (diagnostica per immagini, laboratorio,archivio elettronico di medici di famiglia e pronto soccorso).

Complete regression of microcirculatory changes in necrotizing Raynaud phenomenon successfully treated with iloprost. Case report documented by nail videocapillaroscopy

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Raynaud' phenomenon (RP) is a parossistic digital ischemia which may complicate in severe forms with ulcerations and necrotic areas. Iloprost, a prostacyclin-analogue, is currently used in the treatment of the complicated RP because of its several positive pharmacologic properties. Nail videocapillaroscopy (NVC) allows to identify and monitor the microcirculatory damage in RP and define the association with connective tissue diseases. Very few reports are available on the objective documentation of capillary changes regression induced by iloprost in necrotizing RP.
Case Report: Male patient, aged 69 years, suffering from necrotizing RP; severe involvement of the left hand 2nd finger. NVC documented extensive changes of the micro-vessels with severe architectural derangement and focal decrease of capillary density. The patient was treated with six monthly cycles of iloprost and aspirin. Progressive cutaneous improvement was observed. At the end of treatment, NVC documented a complete regression of microcirculatory changes with normal capillary density and flow. This specific patient represent a rare occurrence of objective documentation of a positive therapeutic result with iloprost in necrotizing RP. Our report one again underlines the usefulness of NVC in this setting.

TTR e misurazione INR in pazienti affetti da tromboembolismo venoso: analisi descrittiva del dato al basale in Italia verso l'Europa nel Registro PREFER in VTE

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Razionale: L'obiettivo della terapia anticoagulante per pazienti con VTE è curare l'evento acuto di DVT e PE e di prevenirne gli eventi secondari. La più comune terapia prevede un iniziale trattamento con LMWH seguito da VKA a lungo termine. Il monitoraggio di questi pazienti è diverso nei vari paesi europei; pochi studi hanno valutato l'impatto di queste differenze sul mantenimento dei valori ottimali di INR.
Metodi: Nel registro PREFER VTE sono stati arruolati tra Gennaio 2013 a Marzo 2014 pazienti con VTE in: Austria, Francia, Germania, Italia, Spagna, Svizzera e Regno Unito. I dati al basale riportati si riferiscono ad un sottogruppo di pazienti arruolati da Gennaio a Dicembre 2013 e riportano la valutazione dell'INR confrontando Italia (IT) ed Europa (EU).
Risultati: Alla data di Dicembre 2013 sono stati arruolati 1843 pazienti, di cui 816 in Italia. Al basale il 45,8% dei pazienti italiani riceveva VKA con altri farmaci mentre il 24,4% solo VKA. Per i pazienti in VKA, l'INR medio era 2.0 in IT *vs* 1.9 in EU (1,80 in IT *vs* 1,70 in EU per i pazienti con sola DVT, 2,20 in IT *vs* 2,10 in EU per i pazienti con PE). In IT il 41,4% dei pazienti era in target all'ultima misurazione *vs* il 36,8% in EU (36,9% per i pazienti con sola DVT, 46,20% per i pazienti con PE). In IT sono stati eseguiti in media 5,4 monitoraggi *vs* 4 in EU nei circa 10 giorni tra diagnosi e inserimento nel registro.
Conclusioni: I dati mostrano che l'Italia è il paese con il numero medio di monitoraggi alla diagnosi più alto che si traduce in un migliore controllo dei valori di INR rispetto agli altri paesi europei.

Miosite-dermatomiosite in paziente con neoplasia mammaria, possibile ruolo di docetaxel e trastuzumab

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Una paziente di 41 anni diagnosi di carcinoma duttale infiltrante G3 Ecad positivo, Ki67(clone MIB1)50%, e della protHER2/NEU, in più del 10% delle cellule (3+), ANTI-ER80%, ANTI-Pg50% in terapia neoadiuvante prima della mastectomia radicale, con trastuzumab e con docetaxel interrompe il programma trisett. di ciclofosfamide, docetaxel, trastuzumab e pegfilgrastim e poi sospende per mialgie e debolezza muscolare intensa, incremento di fosfokinasi (3565), AST 312, ALT 483, LDH 506, leucociti 25.600 (neut 90%). Il quadro richiedeva ricovero ospedaliero: eruzione eritematosa violacea a volto, palpebre, arti, collo, torace, dolori ai cingoli, alla muscolatura degli arti e del dorso gravi, da costringerla a letto, controllo del dolore con fentanil. La biopsia della cute della coscia e del muscolo quadricipite

femorale mostrava: epidermide compatibili con dermatomiosite, fibre muscolari ipotrofiche perifasciali, centralizzazioni nucleari e necrosi, aumento del connettivo perifasciale con linfociti T (CD3+,CD20-). Impostata terapia con prednisone 50 mg/die in 2 settimane ha portato alla parziale regressione dei sintomi e a normalizzazione della sierologia. Ci si pone il quesito se non sia stata la terapia con trastuzumab o con docetaxel ad aver determinato il quadro miosite-dermatomiosite (2 casi descritti associati a docetaxel), più probabile è l'ipotesi che sia il tumore stesso a determinare la miosite-dermatomiosite potendo configurarsi una sindrome paraneoplastica.

Behaviour disorder induced by valproate, comparison between three clinical cases: young *versus* old

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We are going to describe three cases of similar bipolar behaviour disorder induced by hyperammonemia due to valproate subministration. Behaviour Disorder from hyperammoniemia valproate-induced is highly difficult to be recognized, symptoms are the same of those observable in the original behaviour disorder valproate is prescribed for. In the two cases (female, 19 years old, North-African; male, 39 years old, caucasian; female, 82 years old, caucasian) the alteration of behaviour were the same, similar to bipolarism, and in all three cases resolved by the substitution of the valproate with other drug. The characteristic signs of similar bipolar disorder induced by valproate are the alteration of conscience, the increase in seizures up to the appearance of focal or bilateral neurological signs. In particular the increases in seizure for frequency and gravity is harmful when valproate is used as an anticonvulsivant or antiepileptic, in fact without an EEG it could be difficult to reach a differential diagnosis between epilepsy and valproate's side effects. Even though the data in literature regarding the treatment of behaviour disorder are not univocal, the manifestation of the bipolar symptoms related to valproate are very similar in young and old patient. Hepatic ammonium, transaminases and the interactions between valproate and warfarin should always be tested before any diagnosis of bipolar disorder in patient known for behaviour disorder which clinical picture seems to worsen without an apparent cause.

Antibiotico-resistenza in reparto di Medicina Interna

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Le resistenze agli antibiotici nei pazienti ricoverati in reparto internistico sono un reale problema per il largo impiego di questi farmaci. Valutando consecutivamente durante l'anno 2014, nel reparto di medicina dell'ospedale, di Cuggiono, tutti i pazienti affetti da infezioni, in particolare sepsi ed infezione delle vie urinarie, causati da ceppi batterici resistenti agli antibiotici, abbiamo identificato germi produttori di carbapenemasi (KPC), di beta-lattamasi a spettro esteso (ESBL), un Proteus ed un Escherichiacoli AMPc+ potenzialmente resistenti a tutte le cefalosporine e penicilline, e un caso oxacillina resistente. Risultati: su 824 pazienti ricoverati nel 2104 abbiamo individuato: 5 casi di KPC di cui 3 isolati sulle urine Proteus, Klebsiella e Pseudomonas, e due sul sangue Ecoli e Pseudomonas. Dei 5 pazienti con KPC, 3 sono deceduti in un re-ricovero entro un mese dalla nostra dimissione, ed uno ha avuto altri 5 ricoveri. La media dei giorni di degenza per i portatori di infezioni KPC è 18,8 giorni. Ventotto pazienti presentavano infezioni ESBL: in 7 il germe è stato isolato sul sangue e in 21 sulle urine, di cui 23 trattatasi di Escherichia coli, 4 Klebsiella ed un caso Proteus. Le giornate di degenza media dei pazienti con infezioni ESBL sono risultate 10,6, quindi appena superiori alla degenza media di tutti i pazienti (9,6). Mentre 9 pazienti ESBL hanno avuto re-ricoveri entro un mese, e uno 4 re-ricoveri. Nessun paziente è stato posto in isolamento. Le infezioni da germi resistenti agli antibiotici determinano prolungamento della degenza e re-ricoveri.

Strategie terapeutiche nell'infezione da *Clostridium difficile* nel reparto di Medicina Interna del presidio ospedaliero di Cuggiono

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Le infezioni intestinali da Clostridium difficile rappresentano un problema attuale in tutti i reparti di medicina interna. Nel 2013 nel reparto di Medicina Interna del presidio di Cuggiono, in coincidenza con l'apertura del reparto di cure subacute, per pazienti fragili e di difficile dimissione, provenienti dai reparti per acuti di Legnano, Magenta e Cuggiono si sono verificati 23 casi (6 nel reparto subacuti) su 882 ricoveri, di cui 6 deceduti e ben 6 re-ricoveri tra questi 2 con 3 re-ricoveri. Concordata una strategia di intervento con gli infettivologi abbiamo attuato una terapia preventiva su paziente non diagnosticati (norme di isolamento e di indagine sui contatti) iniziando metronidazolo a posologia di 500 mg /6 ore a tutti i pazienti con sintomi suggestivi di infezione, quali diarrea, mutazione del colore e consistenza fecale, o in terapia antibiotica, o con contatto con infetto da CD diagnosticato. La terapia veniva mantenuta fino a scomparsa del sintomo o dopo negatività della tossina del CD. Tale strategia sovrastimava le possibili infezioni calcolando che in 12 paziente il metronidazolo è stato somministrato in assenza di positività al culturale per CD. Nel 2014 su 995 ricoveri si sono verificati solo 8 casi di infezioni intestinali da CD, tra cui 2 decessi, e non si sono verificati re-ricoveri nel mese successivo alla dimissione ne mai. Conclusioni: pur essendoci stato un incrementato di 100 pazienti ricoverati nel 2014 (rispetto al 2013) l'infezione da CD si è ridotta a un terzo dei casi.

Le infezioni da Human Immunodeficiency Virus nell'anziano ricoverato in Medicina

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Le infezioni da virus dell'HIV sono storicamente correlate ad alcune categorie di persone e fasce d'età: tossicodipendenti, omosessuali, politrasfusi, figli di madri sieropositive. Ma come risulta dalle statistiche il virus si sta diffondendo in altre categorie di persone, ed in un paese come l'Italia la cui popolazione invecchia colpisce soggetti maturi, vedove e vedovi, single. Gli anziani sessualmente attivi utilizzano il viagra ma non il preservativo, e le donne in menopausa non si proteggono più non temendo gravidanze indesiderate. Le statistiche mostrano che in Italia ci sono 3500-4000 nuovi casi all'anno di sieropositivi per HIV. Il 60-70% dei nuovi malati non sa di esserlo. Con queste premesse durante il 2014 su 995 ricoverati in medicina abbiamo diagnosticato 3 nuovi casi di di AIDS conclamato ad adulti sessualmente attivi di 69 uomo etero con infezione da Clostridium difficile e sarcoma di Kaposi, 75 donna etero con AIDS Related Complex e 73 anni uomo omosessuale con demenza associata ad AIDS. Tutti e 3 questi pazienti erano stati ricoverati in reparto internistico nei 12 mesi precedenti alla diagnosi e dimessi senza che durante la degenza fosse stato eseguito il test HIV.
Conclusioni: l'AIDS è una patologia da considerare anche nell'anziano sessualmente attivo sia uomo che donna, indipendentemente da altri fattori di rischio, l'infezione da HIV è spesso non riconosciuta.

Dimissioni protette: sinergia tra Ospedale e territorio, un anno di esperienza

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Le dimissioni protette (DP) sono una grande risorsa che viene messa a disposizione di pazienti fragili e delle loro famiglie per il rientro a domicilio dopo un ricovero, collaborando con le risorse del territorio, il Medico di Medicina Generale (MMG), sfruttando una via preferenziale per avvalersi dei presidi prescritti (letto, materasso anticubito, spondine, ossigeno terapia, materiale per medicazione, gestione del sondino-naso-gastrico, catetere vescicale, presidi assorbenti). Nel 2014 abbiamo organizzato 93 DP (4 dal reparto per subacuti), restanti dalla medicina interna, su 995 totali. La ASL Milano 1, distretto 5 di Castano Primo mette a disposizione un infermiere ed un assistente sanitario che si recano in ospedale periodicamente per valutare i pazienti candidati alle DP, conoscere il care-giver, elemento essenziale, i bisogni, le terapie. Al contempo prende contatti con il MMG per organizzare il rientro. Il nostro personale infermieristico compila la dimissione infermieristica. L'età media dei 93 dimessi in modalità DP è stata di 85,82 (range 36-100), *versus* 77,49 anni età media di tutti i pazienti. I dimessi con DP sono stati 71 donne e 22 uomini, dimessi dopo 13,2 giorni di degenza media (*versus* 9,6 degenza media). Dei 93 pazienti 7 sono stati ricoverati più volte nei mesi precedenti con un massimo di 4 ricoveri e 10 pazienti nonostante le DP sono stati ricoverati nuovamente, 7 di questi sono deceduti in ospedale. Conclusioni: la DP consente di organizzare il rientro in situazione di sicurezza pur trattandosi di pazienti molto anziani e fragili.

β-amiloide intraeritrocitaria come potenziale biomarker per la diagnosi di demenza

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Pur essendo noto che la malattia di Alzheimer (AD) è associata al progressivo accumulo di peptide β-amiloide (Aβ) a livello cerebrale, il suo ruolo patogenetico, purtroppo, deve essere ancora completamente chiarito. Aβ, attraverso la barriera emato-encefalica, migra al plasma ed una aumentata produzione di Aβ nel cervello potrebbe essere associata a concentrazioni più elevate di Aβ nel sangue. Un recente studio ha valutato i livelli Aβ40 e Aβ42 evidenziando una maggiore concentrazione età-dipendente di Aβ nei globuli rossi. Lo scopo dello nostro studio è stato quello di indagare i livelli intraeritrocitari di Aβ (iAβ) in soggetti affetti da demenza rispetto ai controlli e valutarne le differenze anche a seconda del deficit cognitivo del paziente o dei diversi sottotipi di demenza. Abbiamo valutato i livelli di iAβ-40 e iAβ-42 in 116 pazienti: 32 controlli sani, 39 con diagnosi di demenza vascolare (VAD), 14 con lieve deficit cognitivo (MCI) e 31 AD. Nella nostra popolazione abbiamo riscontrato differenze significative nella iAβ-42 tra i controlli ed i pazienti con deficit cognitivo. Inoltre iAβ-42 è risultata significativamente diversa tra demenza *vs* MCI e AD *vs* VaD. Al contrario non sono state trovate differenze per iAβ-40. È stato anche trovata una correlazione diretta tra l'aumento della concentrazione di iAβ-42 e la progressione del declino cognitivo utilizzando il punteggio MMSE come variabile continua. I nostri risultati supportano l'evidenza che iAβ-42 potrebbe essere uno strumento per riconoscere precocemente la demenza e prevedere il deterioramento cognitivo.

Incidence of central vascular catheter-related bloodstream infection in an oncologic unit

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Background: Central venous catheterization (CVC) is an indispensable route of venous access in management of oncologic patients, however catheter-related bloodstream infection (CRBSI) is one of the most important complications, due to its association with increased mortality, morbidity and health care cost. In our hospital from December 2012 was introduced a protocol of management of CVC and schedule of monitoring.

Aim: The aim of our study was to provide baseline data on the prevalence of CRBSIs and to describe the epidemiology of these in our Oncology unit. Over 24 months (between 1 December 2012 and 30 November 2014) a prospective, observational study was performed.

Results: A total of 321 patients with CVC undergoing chemotherapy were included in the study (70,1% port-a cath,18,7% Groshong and 11,2% non tunneled) and observed for a combined total of 86.193 catheter-days. The incidence of CRBSI was 0,2/1000 catheter-days (0.13 port-a-cath, 0,8 Groshong, 5,5 non tunneled) and the infection was responsible for 64,2% of the complications these patients developed. The most predominant pathogen was coagulase-negative staphylococci and Staphylococcus aureus (65%). Multidrug-resistant organisms incidence was relatively low (15%).

Conclusions: The incidence of our CVC-related CRBSIs was very low in relation to the incidence reported in the literature. Our program focused on the education of CVC management allowed to reduce primary bloodstream infections.

Acquired hemophilia may be associated with ticagrelor. Case report

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Introduction: Acquired Haemophilia A (HAA) is a rare disorder caused by antibodies against Factor VIII leading to bleeding which is often severe and potentially life-threatening. HAA is commonly related to pregnancy, autoimmune disorders, malignancy, infections and drugs but, in 50% of cases, no underlying disorders can be found. Clinical manifestation is skin, muscle and/or soft-tissue spontaneous bleeding. Treatment has two aims: autoantibody eradication and correction of haemostasis during bleeding.

Clinical case: A 52 year-old man, treated with acetylsalicylic acid 100 mg/day and ticagrelor 180 mg/day for recent percutaneous transluminal coronary angioplasty with medicated coronary stents, arrived complaining of right leg pain due to a relevant haemorrhagic effusion. Blood tests showed severe anaemia (Hb 6.9 gr/dL), prolonged activated partial thromboplastin time (PTT) of 80 sec. and normal prothrombin time and platelet level. Prolonged PTT didn't normalize at mixing test after incubation and a sever factor VIII deficiency was evident (1.1%), due to detectable antifactor VIII inhibitor (6.72 Bethesda units). Complete haematological/radiological examinations were uneventful. Prednisone at 100 mg and cyclophosphamide at 90 mg were administered and PTT dropped from 107 to 49 seconds in 10 days.

Conclusions: Although an idiopathic form cannot be excluded, HAA may be triggered by ticagrelor, as this drug shares the same P2Y12 receptor action as clopidogrel that has a documented association with HAA. To the best of our knowledge no such link has been reported to date.

Valutazione del benessere organizzativo come strumento di rimodulazione di un setting ospedaliero

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Premesse e Scopo dello studio: Nella rimodulazione di un modello organizzativo teso al miglioramento della performance di un'organizzazione pubblica non si può prescindere da una attenta gestione del benessere organizzativo, inteso come la capacità di un'organizzazione di promuovere e mantenere il più alto grado di benessere fisico, psicologico e sociale dei suoi lavoratori.

Materiali e Metodi: È stato condotto uno studio con l'obiettivo di valutare il clima organizzativo dell'equipe medica attraverso un questionario anonimo, relativo agli *indicatori* di ciascuna *dimensione* del benessere organizzativo.

Risultati: Dai dati analizzati emerge la presenza di un evidente profilo uncommitted dell'equipe medica (80%), derivante dalla

compromissione del commitment affettivo (30%) e continuativo (50%), in grado di influenzare positivamente il clima organizzativo quanto le prestazioni lavorative. L'impatto economico del nuovo setting organizzativo permetterebbe un risparmio economico stimato in circa 29.000 euro/anno, capitale utilizzabile per un miglioramento delle attività del reparto di medicina.
Conclusioni: A seguito dei risultati emersi, è stato attivato presso il P.O. di Susa (ASL Torino3), un pool medico dedicato per la gestione dell'emergenza-urgenza che si coordina trasversalmente con il setting clinico-assistenziale internistico, al fine di raggiungere obiettivi di efficacia ed appropriatezza dei ricoveri, riduzione dell'overcrowding ed efficientizzazione dei percorsi clinico-assistenziali. E' in corso il monitoraggio per valutare l'efficacia del nuovo modello organizzativo.

Infezioni complesse in giovane diabetico

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Il pz, ♂ di 43 anni, presenta in anamnesi patologica remota nefrectomia destra a 10 anni per trauma, diabete mellito tipo I, dislipidemia, ipertensione arteriosa, pregressa colecistectomia per litiasi, nel 2012 ricovero per esofagite da reflusso, colite infiammatoria aspecifica, micronodularità polmonari diffuse in follow-up topografico, nel 2014 ricovero per scompenso glicemico. Si è presentato in PS per febbre resistente ad amoxicillina/acido clavulanico, diarrea, vomito, tosse, astenia e mialgie diffuse. E' stato quindi ricoverato con riscontro di iponatriemia e negatività dell'Rx torace. Si è impostata subito terapia antibiotica empirica a largo spettro (ceftriaxone), insulina, soluzioni idratanti, broncodilatatori e dieta idrica con progressiva riduzione degli enzimi muscolari e raggiungimento del compenso glicometabolico. Per la persistenza della sintomatologia addominale è stata eseguita esofagogastroduodenoscopia con riscontro di ernia jatale, ulcere gastriche e papule duodenali (trattate con esomeprazolo a dose piena), ecografia dell'addome (epatosteatosi) inoltre coprocolture (risultate positive per *Salmonella species*). Nel frattempo è pervenuto l'esito positivo delle emocolture, eseguite a causa di febbre persistente, per *Neisseria species*. Visto il quadro di ileotifo e sepsi, sono stati prescritti ceftazidime e ciprofloxacina, secondo antibiogrammi, con pronto miglioramento delle condizioni.

Pneumopatia infiltrativa diffusa ad esordio molto avanzato

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La pz, ♀ di 60 anni, presenta in anamnesi BPCO, infarto miocardio acuto (angioplastica e 4 stent), diabete mellito tipo II, mastectomia sx per carcinoma nel 2002 seguita da chemioterapia (complicata da pancreatite acuta), ulteriore episodio di pancreatite acuta in colelitiasi (sottoposta a colecistectomia). Si è recata in PS H Magenta per febbre e dispnea ingravescente. Ricoverata in Medicina Interna, è stata riscontrata insufficienza respiratoria acuta su cronica ipossiemica in BPCO riacutizzata, polmonite basale destra e soprattutto, mediante TC torace, una grave pneumopatia infiltrativa diffusa. Trasferita quindi nel nostro Reparto, è stata rivalutata la documentazione e posta diagnosi di Usual Interstitial Pneumonia molto avanzata, senza bisogno di manovre invasive per la tipicità dei reperti tomografici, secondo le Linee Guida dell'American Thoracic Society. E' stata trattata mediante antibiotici (piperacillina/tazobactam associata a levofloxacina), steroidi, diuretici, integratori alimentari, broncodilatatori e profilassi antitromboembolica. Visto che né l'O2 terapia ad alti flussi né la CPAP hanno permesso di raggiungere valori di saturazione ossiemoglobinica accettabili, è stata impostata ventilazione meccanica in modalità PSV con risultati comunque insoddisfacenti. E' stato quindi contattato il Centro Trapianto Polmonare H Niguarda e anche di Pavia con sostanziale rifiuto per il grado molto avanzato della patologia e per il dato anamnestico di neoplasia. Si è provveduto a proporre la pz a Centri che effettuano la dialisi polmonare, sempre con esito negativo.

Polmonite associata a cure mediche nei reparti di Medicina Interna

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Premesse e Scopo dello studio: Analizzare l'incidenza delle polmoniti health-care nei reparti di medicina.
Materiali e Metodi: Report di tutti i casi di Polmonite associata a cure mediche (HCAP) nella UOC I Medicina dal 1/2/2015 al 31/3/2015, divisi in CAP HAP e HCAP.
Risultati: Quantificare i casi di HCAP dati i numerosi fattori di rischio dei pazienti ricoverati in medicina.
Conclusioni: Importanza di suddividere le polmoniti per la loro diversa eziologia e terapia appropiata.

Appropriatezza terapia antibiotica empirica nei reparti di Medicina

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Premesse e Scopo dello studio: Valutazione appropiatezza terapia antibiotica empirica nei reparti di medicina.
Materiali e Metodi: Confronto tra sensibilità antibiotica degli isolamenti microbiologici nella UOC I Medicina Ospedale S. Eugenio di Roma, nel periodo fra il 1/2/2015 e il 31/3/2015 rispetto la terapia antibiotica empirica impostata all'ingresso.
Risultati: Numeri di isolamenti microbiologici dati nel periodo osservato e confronto tra sensibilità antibiotica e terapia empirica prima dell'isolamento.
Conclusioni: Verificare l'incidenza di germi multidrug resistant nei pazienti affetti da numerosi e multipli fattori di rischio, provenienti anche dalla comunità, nei reparti di medicina.

Pressione terapia antibiotica nei reparti di Medicina

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Premesse e Scopo dello studio: Valutazione prevalenza dei pazienti sottoposti a terapia antibiotica nei reparti di medicina.
Materiali e Metodi: Conteggio nei giorni 1-15-28 dei mesi di febbraio e marzo 2015 dei pazienti sottoposti a terapia antibiotica rispetto al numero dei pazienti totali presenti nella UOC I Medicina Ospedale S. Eugenio.
Risultati: Numero dei pazienti in terapia antibiotica spesso gia' iniziata nel dipartimento di emergenza e accettazione in un reparto di medicina.
Conclusioni: Alta prevalenza e pressione antibiotica fra i pazienti ricoverati nei reparti di medicina. La sfida dell'internista di fronte al paziente potenzialmente settico: quando e quale antibiotico dare?

Marfan syndrome presenting with microcrystalline arthritis

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Case report: A thirty year old male patient hospitalized for oligoarthritis interesting right ankle, knee and elbow, arising ten days after fever of unknown origin. Widal-Wright, Brucella serology and autoimmune serology were negative; patient discharged on indomethacin treatment. A week later the patient came to our attention because of right knee relapsing effusion. US arthrocentesis performed. Moreover, because we noticed marfanoid habitus, an echocardiographic study was carried out: bicuspid aortic valve with aortic root and ascending aorta dilatation was found. Marfan syndrome was confirmed by genetic testing; patient was prescribed losartan and atenolol. Synovial fluid exam showed "rare crystals"; normal uricaemia, serum calcium and phosphorus levels, magnesaemia and TSH. No radiographic features of chondrocalcinosis. Negative Chlamydia serology; negative test for HLA-B27. We prescribed treatment with etoricoxib, prednisone low dose, cholecalciferol, sulfasalazine and colchicine. After arthritis remission achieved, we stopped progressively etoricoxib, sulfasalazine, prednisone. Still normal uricaemia in repetead checks. At the present time the patient maintains arthritis remission with colchicine 0,5 mg/d.
Conclusions: To our knowledge this is the first case report of crystals arthritis in Marfan syndrome, arthritis possibly related, in our opinion, to early osteoarthritis caused by the syndrome.

Promotion of biosimilar hemopoietic growth in oncology practice

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Biosimilars of hematopoietic growth factors can be an important pharmacoeconomic opportunity. These drugs have very similar, if not identical safety and activity profiles and are usually sold at 70-75% of the originator drug's price. However, while these concepts are very clear to pharmacologists, clinical acceptance is largely suboptimal in Italy. Poor knowledge of marketing authorization processes and lack of guided clinical experience are probably the most relevant issues. In this report we described the results of a collaborative project aimed to test the feasibility of safe and affordable use of biosimilar drugs in oncology practice. The study involved clinicians at an Italian University Hospital, Oncology Unit, and the local pharmaceutical authority. At the end of the relatively short period of study (1 year), a dramatic increase in the prescription of biosimilar drugs was noted, with virtually 100% of new patients receiving biosimilar hematopoietic drugs during the last 4 months, with a positive pharmacoeconomic impact. Active pharmacovigilance did not report serious adverse events and, although the study was not designed to this aim, no activity issues were apparent to clinicians. An anonymous questionnaire showed that oncologists judged positively the experience, while adherence to prescription guidelines was maintained. In conclusion, this pilot project demonstrated that specifically designed pragmatic interventions focused on local learning and monitoring may be extremely powerful in promoting the use and acceptance of biosimilar drugs in the clinical setting.

A strange case of dyspnea

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A 83-year-old woman was admitted to our hospital for progressive dyspnea that worsened in the orthostatic position. Peripheral blood oxygen saturation was 99% while supine and 80% in the upright position on 60% oxygen with face mask. A computed tomography pulmonary angiogram showed a mild lung fibrosis and bilateral pleural effusion with no evidence of pulmonary embolism or arteriovenous malformation. A transthoracic echocardiogram revealed an interatrial septal aneurysm with to-and-fro flow, preserved biventricular systolic function and dilatation of the ascending aorta. The transesophageal echocardiogram with bubble test confirmed atrial septal aneurysm with patent foramen ovale (PFO) and right-left micro-bubble flow at rest and after Valsalva maneuver increased in the upright position. Right ventricular systolic pressure was estimated to be in the high end of the normal range, based on the velocity of the tricuspid regurgitant jet. A right-heart catheterization confirmed normal pulmonary pressure and transcatheter closure of the PFO was performed. Post-procedure saturation testing revealed a resting arterial oxygen saturation of 95% in both the supine and standing positions with no need for supplemental oxygen. Based on the above findings, it was concluded that the cause of hypoxemia was platypnea-orthodeoxia syndrome (P-OS). The P-OS is a rare clinical manifestation frequently related to PFO and concomitant anatomic changes, like dilatation of the ascending aorta, that affect the position and the anatomy of the heart leading to right-to-left shunting.

Prevalence of the most common comorbidities in a cohort of elderly patients affected by acute ischemic stroke

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Background: Acute ischemic stroke(AIS) is common among elderly patients,affecting 6,5% of the population aged 64-85 years, representing the third cause of death among old subjects.
Materials and Methods: 294 consecutive patients admitted to our Internal Medicine Unit (IM) for AIS were enrolled. Age, sex, lenght of admission, in-hospital mortality and comorbidities (hypertension, diabetes, chronic cardiopathy,atrial fibrillation(AF), dyslipidemia, active cancer, COPD, chronic kidney disease (CKD) and dementia) were collected. Trend of days of hospitalization in relation with the number of comorbidities was evaluated with ANOVA. Statistical analysis was performed with SPSS 13.0.
Results: Mean age was 82,37(±9,19) years. Mean length of stay in IM was 9,8 7(±7,14) days.In-hospital mortality was 7,1%. Hypertension was present in 54%, diabetes in 18%, dyslipidemia in 11,9%, chronic cardiopathy in 36,4%, AF in 18,4%, cancer in 4,1%, COPD in 10,5%, CKD in 21,7% and cognitive deterioration in 13,3% of the sample. 93,4% of the patients had at least one comorbidity, with a median of two concomitant pathologies at the admission in IM. We observed a linear trend in the days of admission proportional to the increasing number of comorbidities(from 7,35±3,97 days, no comorbidities to 16,00±12,52 days, ≥4 comorbidities; $p<0.05$). 84,6% of AIS-related deaths happened in patients with at least one comorbidity,and 46,1% had 2 or 3 comorbidities.
Conclusions: Comorbidities are common in elderly AIS patients. Increased number of comorbidities is associated to a longer admission and an higher risk of death.

✪ Efficacy and safety of liraglutide *vs* placebo when added to basal insulin analogues in subjects with type 2 diabetes: a randomised, placebo-controlled trial

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Background: This trial aimed to establish the superior efficacy and acceptable safety of liraglutide(LIRA) *vs* placebo(PLAC) added to pre-existing basal insulin analogue(BIA)±metformin(MET) in subjects with inadequately controlled T2D
Materials and Methods: 451 T2D subjects aged 18–80 y.o, BMI20–45kg/m^2, HbA_{1c}7.0–10.0%, stable BIA dose ≥20U/day±stable MET ≥1500mg/day were eligible in this multicentre, double-blind, parallel-group trial, randomised1:1 to receive OD LIRA1.8mg or PLAC added to pre-existing treatment for 26W. BIA adjustments above the pre-trial dose were not allowed. The primary endpoint was the change in HbA_{1c} from baseline to W26.
Results: Mean baseline characteristics were similar between the 2 groups: HbA_{1c} 8.2;8.3%, BMI32.3; 32.2kg/m^2, DD 12.1y, BIA dose 48.3; 45.9U (mean 40.5U). After 26W, LIRA subjects have a greater decrease in HbA_{1c} from baseline than PLAC, more LIRA subjects reached HbA_{1c} <7.0% and HbA_{1c} ≤6.5% using a lower mean estimated daily dose of BIA compared to PLAC (35.8U *vs* 40.0U). LIRA subjects achieved greater decreases from baseline in FPG, incremental PP SMPG, body weight, SBP and lipids. Nausea and vomiting occurred more frequently with LIRA than PLAC (22.2% *vs* 3.1% and 8.9% *vs* 0.9%). Minor hypos occurred in 18.2% (LIRA) and 12.4% (PLAC). No severe hypos reported
Conclusions: Addition of LIRA to BIA±MET significantly improved glycaemic control attributed to the effect of LIRA on both FPG and PPG. LIRA induced greater weight loss, SBP and lipids reduction *vs* PLAC. Gastrointestinal symptoms and minor hypos were more frequent with LIRA than PLAC. No severe hypos occurred.

The mysterious case of Camillo's blue fingers...

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Introduction: The Catastrophic Antiphospholipid Syndrome (CAPS), first described in the early 1990s, is an uncommon and potentially fatal condition, the most frequent clinical manifestations of which are renal dysfunction due to the presence of renal thrombotic microangiopathy, hypertension, deep venous thrombosis of limbs, peripheral arterial occlusions with characteristical digital necrosis-gangrene. Prognosis is very poor with death in 50% of cases due to severe renal failure, ARDS, DIC, MI, stroke, MOFS.
Clinical case: A 70 aged man was admitted to our Dept for fever and gangrene of hand fingers. At history deep venous thrombosis of lower limbs at the age of 63 on acenocoumarol suspended two weeks before. Treated on antibiotics, predison and acenocoumarol for the positivity of ACA IgG and IgM and Reuma test, our patient initially improved with resolution of fever and revival of the perfusion to fingers, but, later, a worsening jaundice with transaminases rise, a new episode of deep venous thrombosis and the onset of renal failure and bronchopneumonitis, rapidly worsened the patient's general conditions with consequent anaemia, thrombocytopoenia, fibrinogen decrease and FDP rise as in DIC with exitus, in spite of prompt administration of heparin and frozen fresh plasma.
Discussion: The sudden withdrawal of acenocoumarol probably unchained in our patient the CAPS resulting in typical skin gangrene, new episode of deep venous thrombosis, while hepatitis and bronchopneumonitis conditioned the severe renal failure and fatal DIC despite all specific therapies administered.

Heyde's syndrome... a too often forgotten clinical picture!

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Introduction: Heyde's syndrome is defined as an association of aortic valve stenosis and bleeding from intestinal angiodysplasia. In this disorder, von Willebrand factor (vWF) is proteolysed due to high shear stress in the highly turbulent blood flow around the aortic valve and this increases the bleeding risk from the vascular malformations. Therapy is based on supportive care, blood transfusions, endoscopic treatment with cautery, embolisation or surgical resection in severely bleeding lesions.
Clinical case: A 72 aged woman was admitted to our Dept because of intense asthenia and conspicuous melena. She appeared in faded clinical conditions, very pale, tachycardic and polypnoic. At cardiac evaluation presence of aortic systolic murmur 3-4/6 Levine, at EKG left ventricle hypertrophy signs, BP 100/65 mmHg. The laboratory data pointed out a severe microcytic hypochromic iron-less anaemia. Echocardiography showed aortic valve stenosis with a trans-valvular gradient of 55 mmHg. Treated on urgent blood transfusion,octreotide and tranexate,she improved with stop of melena and was submitted to esophagogastroduodenoscopy and colonoscopy which disclosed the presence of duodeno-jejunal angiodysplasia with small vascular malformations in recent active bleeding treated with cauterization.
Discussion: Heyde's syndrome appears to consist of relapsing gut bleedings from previously latent intestinal angiodysplasia as a result of acquired von Willebrand defect associated with aortic stenosis. Very often intestinal angiodysplasias are difficult to localize and diagnose.

An Italian clinical case... very Japanese in nature!

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Introduction: Kikuchi-Fujimoto Disease (KFD), is a rare disease, more frequent in Japan, of unknown etiopathogenesis characterised by cervical lymph node tumour, fever and asthenia due to a benign necrotising lymphadenitis, usually affecting young women. The histologic pattern might be mistaken for lymphoma or other diseases, but, luckily, KFD has generally a good prognosis resolving spontaneously within 2-3 months.
Case report: A 29-aged woman was admitted to our Dept due to intense asthenia, low-grade fever and cervical lymph node swelling. Normal resulted cardiac evaluation. Laboratory data: moderate microcytic hypocromic iron-less anaemia, slight leukopoenia, normal LDH and rise of CRP, 2-globulins, ESR and fibrinogen. Normal resulted all the immunological tests and negative the tumoral markers, B and C-hepatitis markers and all the other infectious tests as well as the evaluation of lymphocytes populations. The otorhinolaryngoiatric and stomatologic evaluation excluded malignancies. Oropharyngo-oral tampon resulted negative too as well as chest-radiography and neck echography. The lymph node biopsy revealed the presence of histiocytic necrotising lymphadenitis due to KFD. Treated on antiinflammatory and antibiotics drugs, she recovered within two months with complete normalization of previous altered hematochemical tests.
Discussion: The KFD represents an uncommon, self limited, and perhaps underdiagnosed process with an excellent prognosis, more spread in Asiatic people, but present in Caucasian subjects too, which we have ever to keep in mind.

To be eighty year-old... at the age of only forty years...

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Introduction: Werner syndrome (WS) is a very rare autosomal recessive inherited disease most recognizable characteristic of which is premature aging. The patients appear several decades older than their age, presenting loss of hair, hoarseness of the voice, thickening of the skin, thin arms and legs, thick trunk and cloudy lenses in both eyes with facial appearance "bird-like" and suffering by their thirties of hypogonadism, cancer, heart disease, atherosclerosis, diabetes.
Case report: A 43 aged man, with hypertension, diabetes and premature eye cataracts, was admitted to our Dept for asthenia, headache, impairment of speech and of right leg. He appeared of short stature, with stocky trunk and thin extremities, graying hair, bird-like face. At cardiac evaluation, rise of BP and HR and EKG ischemic alterations. Laboratory data: slight leukocytosis; rise of glycaemia and HB-A1c.Brain-CT and NMR showed the presence of a hypointense left lesion meningioma-like. Due to his appearance, we suspected a case of progeria which was confirmed by the genetic study of DNA, showing the typical alteration on helicases. So, the patient after the neuro-surgical treatment was discharged with diagnosis of meningioma in WS on Ace-inhibitors, antiepileptics, insulin, aspirin and PPI.
Discussion: WS is an exceedingly rare inherited disorder, more common in Japan and in Sardinia, due to a gene alteration of the RecQ family of DNA helicases. Prognosis is poor since the patients usually do not live past their late forties or fifties, dying from the results of cancer or heart disease.

Taravana syndrome... not only a Polynesian disease!

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Introduction: Taravana, litterally to fall crazily, syndrome (TS), is a decompression illness from breath-hold, first seen in working Tuamotu Island natives of French Polynesia, usually observed in divers who are making many deep dives in a short period of time with little surface interval. The symptomatology is characterized by vertigo, nausea and lethargy, paralysis and death. Therapy consists on recompression.
Case report: A male 38-year-old subject was admitted to our Dept

for nausea, vertigo, paresthesias of left emibody and lethargy. He was been diving during the morning as apneist, making almost 30 immersions at 30 meters of deepth with very short interval of surface in search of sea-hedgehogs. He patient appeared pale and suffering, polypnoic, anxious, with nausea, vomiting, dizzness and paresthesias of left arm and leg. Normal neurological, respiratory and cardiac evaluation and EKG, but Sa O2 97% at gas analysis. Normal all the laboratory data except for moderate anaemia and slight increase of LDH. Normal chest-X-ray. At Brain-MR presence of few right little hyperintense lesions. Suspecting case of TS we submitted our patient to prompt recompression. The patient at last of hyperbaric session (180 min) appeared ameliorated with resolution of his symptomatology.
Discussion: TS is a rare and very often misdiagnosed diving disturbance due to nitrogen load of the blood in the snorkelling breath-hold divers after repeated dives, with good prognosis in most cases if the recompression starts as soon as possible.

An unbelievable surprise: a case of juvenile stroke... disclosed a misdiagnosed coeliac disease!

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Introduction: It is well known that coeliac disease (CD) can be associated with various neurological conditions as epilepsy, with or without cerebral calcifications, cerebellar ataxia, peripheral neuropathy, multiple sclerosis (MS) and cerebral atrophy, but very few cases have been reported of cerebral ischaemia in young celiac subjects.
Case report: A 30-year-old male patient was admitted to our Dept due to severe asthenia, paraesthesia and slight impairment of left hand. He was a smoker but non alcohol drinker and appeared pale and extremely anxious; BP 130/80 mmHg, BMI 22, T 36.5°C. Brain-NMR showed the presence of various right cerebral lacunar areas probably ischemic in nature; NMR-angiography resulted negative. Laboratory data showed leukocytosis, rise of ALT, triglycerides, homocysteine, EMA and tTG and decreased levels of folic acid and vitamin B6. The genetic study of HLA aplotypes associated with CD and familial hyperhomocysteinaemia resulted positive. Gastroscopy with biopsies and histology of second tract of duodenum resulted coherent with diagnosis of CD. The patient was discharged with therapy on ASA, vitamin B6 and folic acid, gluten free diet and we requested
Discussion: In our case report the diagnosis of CD was occasional. The evaluation of EMA and tTG has been made hypothesizing a MS or other Autoimmune Diseases, but we ignored that our patient was genetically disposed to CD and familial hyperhomocysteinaemia. This hypovitaminosis associated with smoke and familial hyperhomocysteinaemia probably determined the stroke in our patient.

A dramatic inheritance: the von Hippel-Lindau disease...

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Introduction: Von Hippel-Lindau Disease (VHL), is a rare autosomal dominant inherited disorder, due to a mutation of VHL suppressive gene, characterised by hemangioblastomas of the brain, spinal cord and retina; renal cysts and clear cell carcinoma; pheochromocitoma; endolymphatic sac tumors. Symptomatology is represented by headache, vomiting, ataxia, vision and hearing loss, renal failure, hypertension.
Case report: A 58 aged man was admitted to our Dept for asthenia, severe diarrhoea and acute abdominal pain. At word history, hypertension at the age of 30; visual loss due to hemangiomas at the age of 40; diabetes at the age of 35; bilateral nephrectomy for multiple cysts at the age of 50; diagnosis of VHL only at the age of 54; at last the dramatic new all his children affected with VHL too!. Normal cardiac evaluation. At laboratory data anaemia, and rise of glycaemia, creatinine, urea, lipases and amylases with presence of amylorrhoea steatorrhoea creatorrhoea. Abdomen echography and CT-scan revealed the presence of multiple pancreatic cysts probably responsible of exocrine insufficiency. Treated on fasting and re-hydration he was discharged with diagnosis of pancreatic insufficiency in diabetic subject with VHL.
Discussion: VHL has a very poor prognosis and renal cell carcinoma, specifically of the clear cell type, is the leading cause of mortality. Most pancreatic lesions are simple cysts and are frequently multiple but only rarely can cause endocrine or exocrine insufficiency. Unluckily our patient developed also this uncommon clinical manifestation of the disease.

Mortalità intraospedaliera dei pazienti ricoverati in Medicina Interna: ricoveri nei weekend *versus* i giorni feriali

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Premesse e Scopo dello studio: In alcuni paesi é stata evidenziata una mortalità intraospedaliera maggiore per i pazienti ricoverati nei giorni di fine settimana e/o festivi, in cui il personale sanitario é presente in Ospedale in misura più ridotta rispetto ai giorni feriali. Abbiamo analizzato i tassi di mortalità del nostro Reparto di Medicina Interna per verificare se fosse presente una tale differenza.
Materiali e Metodi: Tutti i pazienti ricoverati in Medicina Interna dal 1 gennaio 2013 al 31 dicembre 2014 sono stati inclusi consecutivamente. I dati anagrafici, la durata e l'esito della degenza sono stati paragonati tra i ricoverati nei giorni pre- e festivi *versus* i pazienti ricoverati nei giorni feriali.
Risultati: Sono stati inclusi 1484 ricoveri, di cui 87% provenienti dal Pronto Soccorso, 8.8% trasferiti dalla Rianimazione, 4.2% trasferiti da altri reparti. L'età media era 74.4±15.7 anni, 49.3% erano maschi. Nei giorni prefestivi e festivi sono stati effettuati 412 ricoveri (28%); la mortalità per i ricoverati nei giorni pre- e festivi era 5.6% *vs* 6.8% per i ricoverati nei giorni feriali (p=0.4). La durata della degenza tra i due gruppi non mostrava differenze significative (10.5±8.3 *vs* 10.7±7.8 giorni, rispettivamente; p=0.6).
Conclusioni: Dall'analisi dei ricoveri 2013-2014, nel nostro Reparto di Medicina Interna non sono emerse differenze di mortalità intraospedaliera né di durata di degenza tra i pazienti ricoverati nei giorni pre- e festivi rispetto ai pazienti ricoverati nei giorni feriali.

The phenotypization of hospitalized patients with hyperglycemia and its implications on outcome. Results from a prospective observational study in Internal Medicine

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Aim: The relevance of classifying hyperglycemic hospitalized subjects (HS) as known diabetes (D), newly discovered diabetes (ND), and stress hyperglycemia (SH) is unclear. The aim of this study was to determine the prevalence, in-hospital mortality and length of stay (LOS) of three different phenotypes of HS.
Patients and Methods: Fasting glucose ≥126 mg/dL (7 mmol/liter) or random blood glucose ≥200 mg/dL (11.1 mmol/liter) defined HS that were categorized into three groups: D; ND (no history of diabetes and HbA1c ≥48 mmol/mol); SH (no history of diabetes and HbA1c <48 mmol/mol). End points of the study were in-hospital mortality and LOS.
Results: Of 1447 consecutive enrolled subjects, the prevalence of HS was 28.6% (415/1447), of these 71.6% had D, 21.2% SH, and 7.2% ND, respectively. In-hospital death was 3.9% in normoglycemic and 5.8% in hyperglycemic subjects. Individuals with SH had an increased risk of in-hospital death (7.9%) (HR 2.17, 95%CI 1.18-4.9; p=0.039), while this was not observed for D (5.7%) (HR 1.59, 95%CI 0.9-2.81; p=0.11) and ND patients (no deaths). The mean LOS was greater in ND and SH subjects.
Conclusions: Hyperglycemia is common and determines an increased risk of in-hospital mortality and extension of hospital stay.

HbA1c along with clinical history is a useful tool to identify subgroups of hyperglycemic hospitalized subjects. Individuals with SH had a longer LOS and a double risk of in-hospital mortality. Additionally, identifying previously unknown diabetes represents a remarkable opportunity for prevention of diabetes related acute and chronic complications.

Acute complex care model: an organizational approach to caring for hospital Internal Medicine patients

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Backgroud: Chronic diseases are the major cause of death (59%) and disability worldwide, 46% of global disease burden. According to the Future Hospital Commission of the Royal College of Physician, the Medical Division (MD) will be responsible for all hospital medical services, from emergency to specialist wards. The Hospital Acute Care Hub will bring together the clinical areas of the MD that focus on management of acute medical patients.
Methods: In this changing hospital role, with the aim of effectively integrating hospital and community, we propose a model for managing the hospital acute complex patients that is the hospital counterpart of the Chronic Care Model, designed to help practices improve patient health outcomes by changing the routine delivery of out-of-hospital care.
Acute complex care model: The target population are acutely ill patients with complex disease (AICPPs) admitted to hospital and requiring high technology resources. The mission is to improve management of medical admissions through pre-defined intra-hospital tracks and a global, multidisciplinary, patient-centered approach. Acute Complex Care Model (ACCM) leader is an Internal Medicine specialist (IMS) who, by a problem solving methodology, establishes patient's priorities and restore health balance in AICPPs.
Conclusions: The epidemiological transition leading to a progressive increase in "chronically unstable" patients needing frequent hospital treatment, inevitably enhances the role of hospital IMS in the coordination and delivery of care. ACCM represents a practical response to this epochal change of roles.

Assessment of management dimension and evaluation of clinical competence in Internal Medicine department: design of the pilot study

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Background: The dimensions of Healthcare Management (HM) and management of human resources play an increasingly role in health care organizations but is still unknown the level of awareness about HM within different health companies. FADOI is engaged with SDA Bocconi in developing a new method for evaluating the Internists' Clinical Competence (CC). This is an original study on CC in HM dimension evaluation in order to transfer structure and methods of clinical studies in the economic-health management.
Methods: Pilot study conducted in 3 different hospitals in Lazio Region, (S. Eugenio Hospital, AO S. Giovanni Addolorata, Colleferro Hospital). A Case Report Form (CRF) (drawn from evaluation grids FADOI-SDA Bocconi) is submitted to 50 Internal Medicine (IM) specialists to assess their level of knowledge of CC in HM with the subsequent creation of specific training plan.
Primary end-point: Assessing the skills in CC in HM of 50 physicians working in several IM departments in order to develop training courses adapted to the hospitals examined.
Secondary end-points: Validation of the model assessment of CC processed by FADOI-SDA Bocconi and improvement of quality of care by physicians with high CC.
Conclusions: The study, which aims to identify a new and practical model for HM evaluation in different health companies, also provides concrete actions to be taken to the progression of skills in relation to the paths defined by the Strategic Direction and demonstrates the correlation between improvement in CC, quality of care and performance indicators.

✪ Impact of Internal Medicine on hospital management: a national study on hospital discharge records

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Background: In Italy, the number of Internists has grown by 10% since 1990 reaching 11,435 units, they manage 39,000 beds in 1060 Internal Medicine (IM) wards. The Internists ensure a cost-effective management of poly-pathological and complex patients.
Methods: A collaborative study with FADOI and CREA Sanità based on data from hospital discharge records (SDO) started on November 2014 and is ongoing.
Objectives of the study: Evaluation of clinical cases in IM, patients' allocation, availability of community-based healthcare services, comparison of costs for the management of same diseases among internists and other specialists, rating the weight of DRG in IM compared to the total of DRG produced.
Results: In 2013 IM wards discharged 1.073.526 patients, (16.18% of the total discharged by hospitals) with a global proceeds of 3.426.279.881 € (average DRG 5000 €). The top 10 DRG had a rate among 1600 and 549 €, and an average weight between 0.7 and 1.62. First and 2nd DRG were heart failure and pulmonary edema, the 4th was septicemia, the most valued. The DRGs of IM accounted for 14% of total hospital admittance showing that IM wards manage very complex patients with high DRGs reimbursement. With regard to the first 10 DRGs: 75% of patients were discharged at home, 6% were referred to community health services, and mortality was 14%. The average length of stay in IM was 9.3 days.
Conclusions: The current role of IM, combined with a high level of scientific research in health economics, will allow internists to impact in health policy as authoritative stakeholders.

Index of nutritional status and lifestyle assessment: validation and proposal

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Background: International guidelines demonstrate the importance of nutrition and lifestyle as risk factors in chronic diseases (CD). In order to validate the INS first realized through a pilot study in the race Strafadoi Lazio the same questionnaire (CRF) was administered to a total of 157 athletes during 3 races in 2014.
Methods: CRF was realized to identify, through a composite index, modifiable risk factors in causing CD taking into account: weight, diet and physical activity. Weight was measured using BMI according to the WHO stratification, physical activity as weekly frequency and average activity duration. Foods were evaluated qualitatively enhancing their effect on metabolism and food combination.
Results: INS was calculated by multiplying: nutrition index, BMI index and physical activity index. Maximum INS value is 0.92 stratified in 4 ranges between 0.01 and 0.92 (very low-low-high-very high). The athlete sample, selecting individuals with normal BMI, doing regularly exercise and following balanced diet, shows high INS value: 0.47-0.69 (75% of the sample) and very high value: 0.69-0.92 (23%). INS seems to be direct correlate with physical activity index (moderate direct correlation: 0.756) and less linked to nutritional index (0.408) and to BMI Index (0.472).
Conclusions: The INS is the first composite index that combines nutritional status with other factors such as BMI and diet. The validation shows how it can be able to relate adequately to fundamental health determinants and can be a useful tool in evaluation of CD risk factors.

Organizational wellbeing: a new way to promote the total quality management in hospital

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Background: Health personnel is at risk with respect to occupational stress, as outlined by DL 626/94 and WHO Health Promoting Hospitals network. Literature shows average values of burn-out in hospitals and coping strategies mainly oriented to direct solution of stressful situation. Critical aspect is the Vision and unclear perception of Administration choices.
Methods: To reduce tension and improve working environment by finding shared solutions to conflicts, UOC Medicine 1 ASL RMC in collaboration with the Medical Direction started the "Organizational Wellbeing Project" trying to improve the wellbeing in the workplace to increase quality of care, towards total quality management. Key issues were to reduce conflict sources and stress in order to encourage operators to proactive attitude in finding solutions to critical situations. From October to December 2014 weekly focus groups were held under the guidance of a psychologist expert in relational issues.
Results: All UOC staff was involved (7 doctors, 15 nurses and 2 health workers). Six focus groups were held on the following topics: problems and possible solutions; role of the Hospital Internist; effective communication; definition of setting for conflicts discussion and solution; definition of coping strategies against stress.
Conclusions: The project allowed to make an open space to express discomfort and to offer shared solutions and has greatly reduced the tension within the team, improved collaboration and provided tools for effective management of internal dynamics moving them from destructive to constructive.

FADOI-NUT INT in Internal Medicine patients: preliminary results on composite index of nutritional status and lifestyle assessment after completing the enrollment of Rome center

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Background and Purpose of the study: FADOI NUT INT is an observational pilot study carried out at 3 Internal Medicine Wards (IMW) to characterize the nutritional status (NS) of patients admitted through diet, anthropometric parameters , physical activity. Secondary end points: correlation between NS, outcomes and costs measured by the length of hospital stay.
Materials and Methods: In the IMW Medicine I S Eugenio Hospital Rome data were collected from January 2014 to January 2015 by a questionnaire (CRF) to describe anthropometric data, social and economic status, pre-admission diet, physical activity, comorbidities, DRG.
Results: 70 planned patients have been enrolled. M/F ratio: 64/36 , mean age 72 years , mean BMI 26 (slightly overweight), with 54% of overweight and obese patients. Comorbidity average value (CIRS index) was 4.6, severity 2. A first composite Index of Nutritional Status (ISN) linked to physical activity was calculated by multiplying: nutrition index, BMI index and physical activity index. Maximum INS value is 0.92 stratified in 4 ranges (Very Low-Low-High-Very High - High better than Low). 34% of patients were in Very Low class, 21% Low; 30 % High and only 14% were Very High.
Conclusions: IMW patients examined, as well as comorbidities (>4) present overweight related to lack of awareness of the importance of nutrition in chronic diseases (CD). The INS is the first composite index that combines nutritional status with other factors such as BMI and diet and, according this study, it can be a useful tool in evaluation of CD risk factors.

Cognitive functions in elderly patients with anemia

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Objectives: Anemia is a common and frequently unrecognized complication in elderly patients. and our study investigated the effects of anemia on the cognitive functions and daily living activities in elderly patients.
Methods: Data were collected during August –December 1014 from elderly patients hospitalized in our unit for a variety of internal disorders; The elderly patients were divided into 2 groups: the anemic (group A, 54 patients,35 F) and non anemic patients (Group B, 126 patients 78 F). In group A were included patients with hematological disorders, active malignant disease, and with multiple organ failure. In all patients we explored Mini Mental State Examination (MMSE),ADL questionnaire of Katz and Stroud (ADL) and collection of routine blood samples. Were excluded patients with acute severe bleeding.
Results: The mean age of group A was 71,5±5,1 years (range 65-91) *vs* 72,5± 6,7. The average haemoglobin level in group A was 10,4±1,6 g/dl *versus* 13,6±0,9 (group B) p <0,0001. Albumin and BMI levels were also lower in group A; almost 8%of men and 16% of women had a BMI < 18,5 kg/m^2. The rate of two or more comorbidities was 64% in group A *vs* 42% in group B (p<0,001).Mean level of MMSE was 16,9±6,8 (group A) *versus* 22,3±7,8 (p<0,002).Mean level of ADL was 7,2±5,3 (group A) *versus* 9,5±3,7 (p<0,0001).Eating and stool and urine incontinency did not differ between the anemic and non anemic patients. The MMSE and ADL scores in group A were lower than in group B.
Conclusions: Low haemoglobin concentrations in elderly patients were associated with a lower level of cognitive function.

Correlations between vitamin D serum levels, HDL cholesterol and microangiopathy in systemic sclerosis patients

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Objectives: To evaluate the prevalence of low serum vitamin D levels in a series of SSc patients and the possible correlation with clinical features of the disease and microvascular damage severity.
Methods: We analyzed the serum levels of vitamin D in 122 unselected, consecutive female pts with SSc (55.38±11.57 years, mean disease duration 10.64±6.27 years) Serum levels of 25(OH)D3, which represents the major circulating form of vitamin D were evaluated by radioimmunoassay, and were defined as normal (>30 ng/ml), vitamin D deficiency (<10 ng/ml), or insufficiency (>10, <30 ng/ml). All patients were evaluated by nailfold videocapillaroscopy (NVC) and in all patients were determined the levels of HDL cholesterol.
Results: 52 patients(42,6%) showed vitamin D deficiency (<10 ng/ml) the mean 25(OH)D3 levels were 9.84±4.17; 44 patients(36%) showed insufficiency ,the mean serum concentration of 25(OH)D3 was 25.59±3.51; only 16 patients (13,1%) presented level >30 ng/ml. In the first group 25(OH)D3 resulted significantly lower in patients with "late" NVC pattern of microangiopathy in comparison with either "active" or "early" patterns (15±10 *vs* 18±11 *vs* 20±7, p<0.005); statistically significant correlations were found between 25(OH)D3 concentrations and HDL-cholesterol (36,4±8,1 mg/dl *vs* 41,1±6,1 *vs* 46,1±7,1 in other group).
Conclusions: This study demonstrates a negative correlation between 25(OH)D3 serum concentrations, progressive severity of microangiopathy and very low levels of HDL cholesterol were also demonstrated in SSc patients.

Relationship between nail-fold capillaroscopic findings and teleangiectases with peripheral vascular involvment in systemic sclerosis patients

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Aim: To investigate the association between the presence of teleangiectases (TE), nailfold capillaroscopic (NVC) findings and the severity of peripheral vascular involvement (PVI) in a cohort of SSc Patients. Methods: during 2014 a total of 88 SSc patients with TE were assessed. All clinical parameters were evaluated and the presence of TE was assessed in 11 different body areas. The teleangiectasia's score for each body areas was calculated: zero if TE were absent, 1 point if

were 1-9, 2 point if ≥10 TE were present. A total teleangiectasia's score (TTS) was obtained by the sum of the score of the each individual body area (max score 22). Qualitative (early, active, late) and semiquantitative assessment was performed by NVC. Results We found: stellate TE in 4%, matted TE in 34%, both type in 62%. Female gender (79,9%), Age 54,7±12,9 years, disease duration 14,3±12,2 years; ACA (47,7%); SCL-70(27,3%). Diffuse subset in 16 (18,2%), Limited subset in 62 (70,4%), intermediate subset in 10 (22,4%); Digital ulcer history was present in 27 pts (30,6%).When we compare DU+ *vs* DU-group, early capillaroscopic pattern was 1 *vs* 9;active 14 *vs* 28 ; late 12 *vs* 24; mean capillary number was 7,05±0,52 (Early) *vs* 5,05±0,16 (Active) *vs* 2,09±0,02 (Late) p<0,005; mean TTS 1,2±0,6 (early) *vs* 7,05±0,52 *vs* 14,3±6,2 (Late) p<0,005.TE in SSc are clinical marker of severity of PVI.

Relationship between nail-fold capillary rarefaction and cerebrovascular disease in elderly patients with isolated systolic hypertension

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ISH represents a stronger predictor of the risk of cerebro- vascular disease.
Aim of the study: was to evaluate capilllascopic characteristics in elderly patients with ISH and to compare the findings of nail fold capillaroscopy with CCA-IMT and CVD.
Methods: A consecutive and non selected series of elderly hospitalized patients (80 pts) aged 65 years or over (mean age 74,36±8,40, range 65-96), 52 M and 28 F were studied. Forty-four were affected with ISH with a time period of disease between 4 and 30 years (mean 11,70±6,06 years.) Mean values of blood pressure were 166,12±8,22 mmHg in patients with ISH (H Group), *vs* 116,12±7,33 in 36 elderly patients with normal blood pressure (L Group.) All the subjects enrolled in the study underwent a nail fold capillaroscopy at 2nd, 3rd, 4th, and 5th finger or both hands and Eco-Color Doppler for CCA-IMT.
Results: Dilated and tortuous capillaries, arteriovenous sludge, and fleabite iuxtacapillary microhemorrhagies, were found especially in the patients with ISH. Capillaroscopic findings were statistical significant comparing 44 ISH pts (H group) with 36 elderly patients with normal blood pressure (L Group.) Lengthened Capillaries76% (L group) *vs* 82% (H group) pNs; thinner capillaries 38% (L) *vs* 44% (H) pNS; ectasias 55% (L) *vs* 85% (H) p<0,005; edema 61% (L) *vs* 93% (H) p<0,005; microhemorrhages 38%(L) *vs*80%(H) p<0,005;sludge A.V 49% (L) *vs* 53% (H) pNS; number of capillaries <9/mm: 60%(L) *vs* 100% (H) p<0,005. The mean CCA-IMT (mm) were:1,22±0,36 (H group) *vs* 0,94±0,22 L Group), p<0,01 We revealed CVD in 21% (L) *vs* 43% (H) p< 0,05.

A rare case of septic arthtitis of the sternoclavicular joint

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Aim of study: Septic arthritis of the sternoclavicular joint (SCJ) is a rare disorder that represents 1% of all bone and joint infections.
Materials and Methods: A 73 year old woman was admitted to our Unit for chest and left shoulder pain. The patient was feverished (38°C) and presented decreased mobility of left shoulder, leukocytosis and inflammatory markers increase. Few days before admission she had performed intra-articular steroid infiltration of the left shoulder. Two days later, a soft mass in left supraclavicular area appeared. A CT-scan of the neck showed a swelling of the left sternocleidomastoid muscle with osteolysis of SCJ compatible with an extensive osteomuscular inflammation. Blood cultures were negative.
Results: She received teicoplanin and piperacillin/tazobactam IV for threee weeks. Antibiotic therapy with oral amoxicillina-clavulonato and levofloxacin was continued for twelve weeks. The patient was discharged with complete clinical and laboratory recovery. A CT-scan three months later showed complete resolution of the muscle inflammation and osteolysis regression.
Conclusions: Careful medical history and physical examination are essential for diagnosis. The pathogenesis of SCJ infection is not well understood, but it could result from either haematogenous or contigous spread. Our patient had inflammation of the sternocleidomastoid muscle following intra-articular steroid infiltration with spread of the infection to the SCJ. Early diagnosis enables easier control by medical treatment with an excellent prognosis.

Chinese-herb nephropathy: a case report

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Aim of the study: The prevalence of Chinese-herb nephropathy in Europe is 2%. Although rare, Chinese- herb nephropaty (CHN) should be considered in patients with unexplained renal failure.
Materials and Methods: A 62 years old woman was admitted to our hospital for acute renal failure. Medical History: Diabetes mellitus 2 in therapy with metformin, high blood pressure, CKD 2d stage, dyslipidemia. She used slimming tea, containing chinese herbs, for about 4 months. Physical examination was unremarkable except for peripheral edema, the patient was oliguric. Laboratory tests showed creatinine 8.49 mg/ dl eGFR 16 ml/min. Urine analysis showed proteinuria 70 mg/dl, many bacteria in the sediment. Kidney ultrasound was normal, at Doppler: high resistance index (right kidney 0.82, 0.73 left kidney).
Results: We discontinued metformin and introduced insulin therapy. The patient underwent successful hemodyalisis with diuresis resumption, decrease of peripheral edema and improvement of renal function: creatinine 2.47 mg/dl, BUN 123 mg/dl, eGFR 36 ml/min and is in follow-up with our nephrologists.
Conclusions: Chinese literature from jan 1978 to aug 2013 described 26 cases of CKD. Nephrotoxicity of Aristolochic acid, a common component of Chinese herbal products, is well known. The purchase of aristolochic acid continues to be possible with internet although it banned in many countries. This case report emphasizes the danger of therapies based on herbal products conducted without proper control. The analysis of the components of the patient's herbal tea is in progress.

The mystery of the lost erythrocytes

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Clinical case: A 58 year old woman presented with a two-month hystory of tachycardia, weakness and fever. There was jaundice, dark color of the urine, anemia (haemoglobin 7 g/dl), high LDH (upper 1500u/L) and low haptoglobin (below 8 mg/dl), the direct Coombs antiglobuline test was positive for IgG and complement: the leading diagnosis was therefore hemolytic autoimmune anemia. She was treated with prednisone 1.5 mg/Kg body weight per day and after 4 weeks the hemoglobin was 11.5 g/dl.
Course: At the ninth month the patient presented again withhigh fever started two months before, her hemoglobin was 7,8 g/dl, the haptoglobin was 25 mg/dl and there was weak reticulocytosis; the Ham acidified serum test was negative. The diagnostic hypothesis was of FUO. The bone marrow biopsy revealed no localization of lymphoma and erythroid hyperplasia, but where they ended erythrocytes? We sow numerous macrophages (Panel A, E&E 40 x) with their cytoplasms in different grades of phagocytosis, crammed of erythrocytes more or less whole like was well defined in red by monoclonal antibody (Panel B, PAP: CD 68). The CT scan revealed enlarged retroperitoneal and para-aortic lymph nodes. The conclusive diagnosis was lymphoma LBCL with secondary hemophagocytic syndrome.
Conclusions: The differential diagnosis of FUO was complex including infectious causes, neoplastic or immunological disease, including syndrome Hemophagocytic Lymphohistiocytosis but the necessary diagnostic criteriawere not all present. CT and subsequent histological diagnosis have finally come full circle

Hyperuricemia: an underdiagnosed and undertreated condition. Comparison survey *versus* a previous (2012) analogous study

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Background: Over the last few years the relevance of hyperuricemia

(HU) have been stigmatized in cardiovascular prognostic field with possible positive effect of early treatment. However, an inadequate attention to HY has been verified in clinical practice.
Aim of the study: To evaluate HU prevalence and its association with relevant comorbidities and specific treatment at admission in Internal Medicine ward and to compare the data with a previous (2012) survey on the same topic.
Methods: Retrospective evaluation of clinical charts of 337 patients consecutively admitted in our Unit in three months (October-December 2014). Relevant epidemiologic, clinical and therapeutic data were registered.
Results: 114 out of 337 enrolled patients (33.8%; 63 M and 51 F, mean age 72 years, range 31-90) presented HU. Main comorbidities were: arterial hypertension (84.2%), chronic renal failure (68.4%), diabetes (44.8 %), dyslipidemia (44.8%), coronary artery disease hearth disease (36.8%), cerebrovascular disease (36.8%), CPOD (26.3%). 27 patients only (23.7%) knew their HU and 21 (18.4%) were adequately treated before admission. Comparison with our 2012 survey showed an increase of specific drugs prescription before admission (18.4% *vs* 13%) and at discharge (55.3% *vs* 25%).
Conclusions: This study shows that the prevalence of HU in patients admitted in Internal Medicine is higher than that reported in literature, in the setting of a more and more relevant comorbidity. Anyway, a greater "attention" to HU was observed over the last two years.

L'ecografia toracica mediante l'uso di un ecografo palmare confrontato con un ecografo di fascia media. Studio pilota

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Abbiamo valutato la definizione diagnostica dell'ecografia pleuro-polmonare (TUS) effettuato con un ecografo palmare (SignosticRT-Australia) confrontandolo con un ecografo standard di fascia media (Esaote Technos). Da dicembre 2014 a gennaio 2015 abbiamo studiato consecutivamente 135 pazienti (81 U e 54 F, range di età 17-84 anni) con patologie polmonari/±cardiache ricoverati presso il nostro Ospedale. Tutti i pazienti sono stati sottoposti a TUS con ecografo palmare dotato di sonda settoriale (3 MHz, con M mode) e consensualmente con ecografo standard, con sonda convex (3-5 MHz) e lineare (7-12MHz), e set up per ecografia toracica. Tutti i pz sono stati esaminati in posizione seduta o semiseduta, da operatori esperti . Tutti i pz avevano effettuato Rx del torace. La diagnosi di riferimento è stata quella della dimissione. Un operatore esperto in cieco ha visionato tutti i videoclips. Le patologie riscontrate alla TUS mediante ecografo standard sono state: 61 versamenti pleurici, 30 addensamenti e noduli subpleurici, 26 ispessimenti della linea pleurica (>3 mm, circoscritti e diffusi), 1 atelettasia da ostruzione bronchiale, 17 esami negativi. L'ecografo palmare negli stessi pz ha mostrato: 54 versamenti pleurici, 23 noduli e addensamenti subpleurici, 34 ispessimenti della linea pleurica (>3 mm), 24 esami negativi. Nel nostro studio la definizione diagnostica in ecografia toracica dell'ecografo palmare, benchè pratico e di basso costo, ma con tecnologia limitata, risulta lievemente inferiore rispetto ai minimi standard degli ecografi di fascia media.

Sindrome da inappropriata secrezione di ADH secondaria a microcitoma: difficoltà nell'approccio terapeutico

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La Sindrome da inappropriata secrezione di ADH (SIADH), una delle principali cause di iponatriemia, si associa a numerose patologie, in particolare neoplasie, malattie polmonari, del SNC. La gestione prevede il trattamento della patologia di base; le modalità di correzione della sodiemia dipendono dalla sua gravità, dai sintomi, dalla durata. Riportiamo il caso di una donna di 65 anni, con recente diagnosi di microcitoma, avviata ad uno schema chemioterapico con Cisplatino/Etoposide. Gli esami ematici all'esordio mostravano una iponatriemia severa (Na=116mEq/l), in assenza di sintomi. La glicemia, la funzione renale, gli ormoni tiroidei risultavano nella norma. La osmolalità sierica era ridotta, quella urinaria >100 mosm/l; la sodiuria >30 mmol/l. Non si obiettivava sovraccarico di volume, né disidratazione. Veniva posta diagnosi di SIADH. Non è stata possibile una restrizione idrica, dovendo anzi impiegare una iperidratazione per la tossicità degli antineoplastici; la sodiemia si è corretta con ipertoniche saline, con normalizzazione dopo il II ciclo chemioterapico.
Il 10% dei microcitomi si presenta con una iponatriemia da SIADH, cui concorrono altre cause, come la tossicità tubulare da antineoplastici. La risoluzione è entro 1-4 settimane dall'inizio di un trattamento efficace. Anche le iposodiemie croniche, asintomatiche vanno trattate per l' evidenza di un' aumentata mortalità e morbidità. Non sempre è possibile la restrizione idrica; la correzione con ipertoniche va eseguita con cautela, per il rischio di mielinolisi pontina. L'impiego degli antagonisti del recettore per AVP è sconsigliato.

A hidden sniper

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Introduction: Direct oral anticoagulants (DOACs) have an incidence of gastrointestinal (GI) bleedings superior to Warfarin: Dabigatran 110 mg 1,42% *vs* 1,37%, Dabigatran 150 mg 1,93% *vs* 1,37%, Rivaroxaban 3,52% *vs* 2,68%, Apixaban 1,93% *vs* 1,59%. The higher rate of GI bleeding allowes the detection of serious underlying lesions, such as cancer.
Case report: A-63 year old man was evaluated for left subclavian\axillary vein thrombosis, apparently unprovoked. In 1986 he had had a pulmonary embolism secondary to neurosurgery (meningioma), in 2011 a sural vein thrombosis. Despite these two previous events, he was not on prophylaxis. Thrombophilic screening was negative. Due to his relatively young age and his active lifestyle, in absence of contraindications, we started Rivaroxaban 20 mg q. After three mounts, the haemoglobin levels decreased from 12 to 10 g/dl. In spite of a previous stenotic peptic ulcer, gastro and colonscopic examinations failed to show active bleeding. A following video-enteroscopy evidenced ileal erosions and ulcers typical of active Crohn disease. We therefore started steroid treatment and reduced Rivaroxaban to 15 mg q.
Conclusions: Inflammatory Bowel Disease (IBD) confers a thrombotic risk of 1,5-3,5 times superior to general population. Thrombotic events may be apparently idiopathic and IBD had been silent for a long time, during which only the extraintestinal thrombotic symptoms emerged. Thanks to DOACs prophylaxis we eventually were able to diagnose the primitive illness and to prevent future thrombotic relapses.

Under australian sand

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Introduction: Abernethy malformation (AM) is a rare congenital disease with portal blood diversion from the liver: it includes congenital absence of the portal vein, portosystemic shunt, liver nodes, congenital heart disorders such as atrial/ventricular septal defect and patent doctus arteriosus. In type 1 AM blood is diverted from portal system to inferior vena cava (IVC) and intrahepatic portal flood is absent. In type 2 AM there is a partial diversion and the portal system is twisting. Etiology is unknown (intrauterine infection). Venous stasis, even without other prothrombotic factors, may induce portal vein thrombosis and severe bleeding complications.
Case report: A 33 year old man was admitted for recurrent oral aphta. He had a history of intrauterine toxoplasmosis. In 2003 he had had an incidental echographic diagnosis of spleno-porto-mesenteric vein dilatation with perigastric porto-caval shunts (type 2 AM); it was associated with hepatic focal nodal hyperplasia but not with portal hypertension. In 2012, back from a tour in Australia, he complained of a severe epigastric pain and hematemesis: blood transfusions were needed. Gastroscopic examination showed F3 varices that were ligated. At CT a large portal cavernoma was found with splenic and mesenteric vein thrombosis. He was treated with enoxaparin with gradual recovery. Trombophylia and Bechet syndrome were excluded.
Conclusions: AM causes venous stasis with possible severe throm-

botic complications. Portal cavernoma could benefit from chronic anticoagulation (INR 2-2,5), with haemoglobin and varices monitoring.

The top of the iceberg

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Summary: The correlation between hypercoagulability and cancer is well known (Trousseau, 1865) for venous thrombosis, but it is far from being plain for arterial one. Cancer associated hypercoagulability may present with recurrent thrombosis and nonbacterial endocarditis; stroke is seldom the first sign of an occult cancer.
Case report: A 52-year old man was admitted for left upper limb and facial paresis. He had a dilated cardiomyopathy, possibly ethanol-induced (EF 48%, NYHA I-II). MR showed a left subacute cortico-subcortical prerolandic ischemic lesion. In absence of cardiovascular risk factors (except smoke) and arrhythmias, antiplatelets were started. For a persistent cough, chest Rx and CT scan showed a diffuse bilateral interstitial infiltrate and hylar lymph nodes enlargement. Trans-bronchial nodes biopsy showed a highly indifferentiated adenocarcinoma with associated lung lymphangitis. Clinical course was complicated by several thrombotic events due to the high cancer-induced thrombophilic state: a right axillary vein thrombosis occurred during prophylactic dose heparin, then a femoro-popliteal vein thrombosis during anticoagulant doses.
Conclusions: Cancer-related hypercoagulability is poorly considered as a cause of stroke. Every kind of end-stage cancer is potentially thrombophilic, but the most important ones are lung, gastroenteric and pancreatic cancer. Multiple site or proximal vessels stroke, in absence of other possible causes (cryptogenic), similarly to a vein thrombosis, must rise the suspicion of an occult cancer.

Neoformazione invasiva retroperitoneale: caso clinico

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Premessa: Le patologie neoformate del retroperitoneo possono comportare problemi diagnostici per difficoltà bioptiche. I sintomi sono legati alla compressione sugli organi retroperitoneali. L'esame istologico è dirimente per la diagnosi differenziale tra neoplasie e fibrosi retroperitoneale.
Caso clinico: Donna di 67 anni ricoverata per edema, dolore e ipostenia degli arti inferiori da un mese con riscontro di tessuto neoformato retroperitoneale periaortico con interessamento del canale spinale. Eseguiva per insufficiente campionamento tre tentativi di prelievi bioptici sotto guida Tac. Iniziava terapia steroidea con miglioramento dei sintomi. Un esame istologico evidenziava la presenza di tessuto fibroadiposo con infiltrato linfoide B ad elementi medio-piccoli a bassa frazione di crescita (possibile linfoma centrofollicolare a basso grado) e presenza di seconda componente a linfociti T ad alto indice proliferativo con isolate grandi cellule B. Neppure l'indagine molecolare per la scarsità del prelievo era definitiva (linfoma B periferico indolente e linfoma T con grandi cellule B o linfoma B con componente T reattiva). Per il peggiorare della sintomatologia dolorosa al rachide era eseguita RMN lombo-sacrale con evidenza di infiltrazione vertebrale lombo-sacrale, interessamento delle radici della cauda ed infiltrazione dell'uretere di destra.
Conclusioni: Il caso clinico illustra una particolare forma di linfoma del retroperitoneo a doppia componente, infiltrativo, di difficile inquadramento istologico per la localizzazione.

Amiloidosi latente in paziente nefropatica paucisintomatica

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Introduzione: Descriviamo il caso di una paziente nefropatica paucisintomatica in cui, a seguito di uno stato settico acuto, si è posta diagnosi di amiloidosi fino ad allora misconosciuta.
Caso clinico: Donna di 50 anni, prima paucisintomatica, giunge all'osservazione clinica per "insufficienza multiorgano in stato settico". Presenta elevati valori di creatinina (8.3), degli indici di flogosi e di funzionalità epatica. La TAC mostra polmonite a focolai multipli e rene destro di dimensioni ridotte. Indagini di laboratorio approfondite evidenziano una insufficienza renale cronica misconosciuta con valori molto elevati di proteinuria e delle catene leggere K/L urinarie con alterazione del rapporto. Si riscontra una gammopatia monoclonale IgM tipo lambda. A seguito di discrasia plasmacellulare viene effettuata una biopsia del tessuto adiposo periombelicale che dimostra la presenza di depositi di sostanza amiloide congofila. La biopsia osteomidollare non risulta diagnostica per mieloma mostrando plasmocitosi con lieve prevalenza degli elementi secernenti catene leggere Lambda.
Conclusioni: L'amiloidosi è una patologia che può rappresentare un reperto inaspettato in pazienti apparentemente asintomatici, senza nota compromissione d'organo. L'insorgenza di insufficienza renale nefropatica nel contesto di discrasie plasmacellulari richiede l'esecuzione di una biopsia del tessuto adiposo periombelicale con colorazione istochimica con rosso congo. Tale indagine è affidabile, poco invasiva, di facile esecuzione ed è fondamentale per confermare il sospetto diagnostico.

Acquired inhibitor to factor VIII and subsequent development of non-Hodgkin's lymphoma: a case report and review of literature

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Acquired hemophilia A (AHA), is a rare disorder caused by the development of autoantibody to factor VIII. It can induce acute and major hemorrhages in patients with negative personal and family history of bleeding. AHA is frequently associated with hematologic malignances. We describe here the first case of AHA who developed a mantle cell lymphoma after a year and half of complete remission. This case also provides an example of an initial wrong approach in terms of diagnosis and treatment as well as of a very long course of the disease. A review of lymphomas associated to AHA from 1974 to 2014 is also presented. Clinical and laboratory staff should be alert about this possible event when the medical history of the patients is enriched of new symptoms or signs. A follow up of at least 2 years may be therefore required.

Cardiac epithelioid hemangioendothelioma: unusual clinical presentation mimicking a systemic vasculitis

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A 74 year old woman was admitted to our hospital for severe bone pain. Seven months earlier a preoperative chest X-ray for knee arthroplasty revealed a single lung nodule with malignant features. After lobectomy, perivascular infiltration with aspects of granulomatous fibrosis was found. She was then referred to our department for a possible vasculitis, as granulomatosis with polyangioitis, or inflammatory rheumatic disease, as polymyalgia rheumatica. Physical examination revealed shoulder and hip girdle pain and a palpable breast lump, while blood tests showed inflammation. Radiological investigations confirmed a malignant mammary nodule and demonstrated multiple bone, subcutaneous and pulmonary lesions, some with vasculitis-like aspects, and an infiltrative necrotic lesion of the left ventricle wall with neoplastic features. The mammary nodule was histologically suggestive for epitheloid hemangioendothelioma. Unfortunately, it was not possible to perform a biopsy of the cardiac mass for the high risk related to the intervention, moreover in a patient with already an unfavorable prognosis. Because of the characteristics of the metastatic nodules and, above all, the systemic spread of the disease, we finally concluded for a primitive cardiac hemangioendothelioma with multiple metastases and pulmonary pseudovasculitis. Primary cardiac tumors, particularly atrial myxoma and less frequently cardiac haemangioendothelioma, may be associated with pseudovasculitis. Therefore, even if rare, they should be considered in the differential diagnosis of systemic vasculitis.

Eventi clinici, ospedalizzazioni, e procedure di cardioversione ed ablazione durante il follow-up nel Registro PREFER in AF: confronto fra dati italiani ed europei

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Razionale: Nonostante la consapevolezza che gran parte dei pazienti possono andare incontro a molteplici eventi cardiovascolari, ad oggi non ci sono studi che confrontino l'incidenza e la gestione di tali eventi in Italia rispetto agli altri paesi europei.
Metodi: Nel registro PREFER in AF (The PREvention oF thromboembolic events – European Registry in Atrial Fibrillation) sono stati arruolati, nel periodo compreso da Gennaio 2012 a Gennaio 2013, pazienti non selezionati affetti da FA.
Risultati: Nel Registro PREFER in AF sono stati arruolati 7243 pazienti in Europa (EU), di cui 1888 (26%) in ITA, coinvolgendo 98 centri. Alla visita di follow-up a 12 mesi dal basale, sono stati valutati 6412 pazienti tra tutti i paesi europei considerati; di questi 1655 erano italiani. Nei pazienti italiani, gli eventi cardiovascolari più frequenti al follow-up sono stati insufficienza cardiaca cronica (12.1% *vs* media EU 7,6%), ridotta funzionalità di pompa del cuore sinistro (11.4% *vs* media EU 6,8%) e TIA (media ITA 3,3% *vs* media EU 1,3%). Gli eventi osservati meno frequentemente sono stati: infarto STEMI (0,1% sia in ITA che in EU), eventi tromboembolici polmonari (nessun evento in ITA *vs* 0,1% in EU), intervento di bypass coronarico (media ITA 0,3% *vs* media EU 0,6%), embolia arteriosa (nessun evento in ITA *vs* media EU 0,2%).
Conclusioni: Dai dati emersi risulta che in Italia non ci sono stati elevati tassi di eventi cardiovascolari. Solo per eventi come l'insufficienza cardiaca cronica e una ridotta funzionalità di pompa del cuore sinistro si ha una percentuale superiore alla media EU.

A multidisciplinary approach is effective in decreasing major lower extremity amputations

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Background: Lower extremity amputations (LEA) are the consequence of diabetic foot ulceration (DFU) and are strongly related to mortality and costs; the burden of major LEA (above the ankle joint) is higher than minor LEA (below the ankle joint), and an higher major/minor LEA discharge rate (MMLDR) is considered a negative quality marker of care. To provide a true outpatient-inpatient care continuum, we implemented a Provincial Diabetes Care Network (PDCN), linking all the diabetes care resources in a multidisciplinary team approach (MTA); into this context, we also developed a multidisciplinary diabetic foot ambulatory (MDFA).
Aim: To assess if the implementation of MTA is related to a reduced MMLDR in comparison to the approach performed all over Italy.
Subjects and Methods: We measured the MMLDR (ICD9 codes 84.10–84.19) from: A) 253 people with DFU admitted to our MDFA; B) 829 people with DFU recorded on the MyStar Connect database of the PDCN during the same years; C) all the diabetic people included in the National Hospital Discharge Record database (held by the Italian Ministry of Health) who underwent to LEA.
Results: The MMLDR were, respectively: 3/52=0.058 (group A), 7/55=0.127 (group B), and 2362/4794=0.493 (group C), with a significant statistical difference, respectively, between groups A and group B *versus* group C (respectively, P <0.001 and <0.001), but not between group A *versus* B (P=0.33).
Conclusions: A multisciplinary team is able to improve the quality of care of DFU, and could reduce the burden related to amputations in people with diabetes.

A case report of spinal hydatid disease: a rare condition with a poor prognosis

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Premesse e Scopo dello studio: Hydatid disease is an endemic zoonosis in Sicily. Generally, *Echinococcus granulosus* tapeworms develop in the liver, lung and less frequently in the peritoneum, spleen or kidney. We present a rare case of spinal hydatid disease.
Materiali e Metodi: The patient was a 62 year-old butcher with a long history of multiple localitations of disease in lung and liver and a vertebral echinococcosis of lumbar spinal cord, revealed by acute paraplegia of the legs. The patients were evaluated clinically, radiologically and microbiologically. Decompressive surgeries were performed and the diagnosis was confirmed by histopathologic examination. After surgery, patient improved; however, over time, recurrence and residual disease were observed. The patient received long-term antihelminthic therapy with 400 mg of albendazole 2 times daily for 1 year.
Risultati: During follow-up a bacterial superinfection by MDR (a. baumanii and s. aureus) occurred with paravertebral abscess and external fistula in dorsal-lumbar region. Patients was readmitted and a polichemiotherapy was started by daptomycine (6 mg/kg/e.v. daily), colistin (4,5 M x 2 e.v.) and meropenem (1 gr x 3 e.v). The release of many preformed cysts daughters through the fistula was observed during daily medication, despite treatment with albendazole had never been interrupted. The subsequent course was complicated by irreversible septic shock that required intensive care.
Conclusioni: Spinal hydatid disease is a rare condition with a poor prognosis; complete eradication of the disease is hard to reach. Therapeutic failure and fatal complication are frequent

✪ Leukocytosis in emergency room: sign of an inflammatory state or psychological stress?

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Aim of the study: Neutrophilic leukocytosis (NL) is a frequent laboratory finding in common clinical practice, particularly in the Emergecy Room (ER) and can be related to different conditions. Aim of the study is to demonstrate that the evidence of NL in ER is often not related to underlying infective/inflammatory causes.
Materials and Methods: in a retrospective study we encluded more than 500 patients >18 years old, with normal or increased neutrophil count in ER and a full blood count performed the next day after hospitalization in Internal Medicine. The C-Reactive Protein (CRP) levels in the first days of hospitalization, diagnosis at admission and discharge and comorbidities were also analyzed. Discrepancies between leukocytosis at ER admission and on the following days were assessed.
Results: A leukocyte count >$11x10^9$/L was observed in 44.4% of patients at ER admission, but only in 32.4% the following day. Considering CRP there was no evidence of infection in 70% of all patients and in the 20% of those with NL in ER. Concordance coefficient between leukocytosis in ER and on the day after was only 0.53. No significant association were found for early administration of antibiotics, gender, age, diagnosis or comorbidities.
Conclusions: The evidence of NL on a blood count performed in ER does not seem related to an underlying inflammatory state in absence at clinical symptoms; it is possibly due to a psychological stress condition in ER setting. In absence of other parameters an early antibiotical therapy is not always necessary.

Prevalence of metabolic syndrome is increased in patients with recurrent venous thromboembolism

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Background: The relationship between metabolic syndrome (MetS), and the risk of venous thromboembolism (VTE) recurrence is currently unknown.
Materials and Methods: We enrolled 350 patients who referred to the Thrombosis Unit of the Cà Foncello Hospital in Treviso and had had at least one objective diagnosed episode of VTE. Data about VTE charac-

teristics were obtained from the medical records of the patients and presence of MetS was established according to the NCEP ATP III guidelines.
Results: We identified 67 (19,1%) subjects with history of VTE recurrence and 283 (80,9%) patients without relapsing VTE. The two groups showed comparable age, BMI, waist circumference and prevalence of smoking habit. Patients with recurrent VTE showed lower HDL cholesterol (HDL-C) (p=0.037) and increase in triglyceride levels (TG) (p=0.005) as compared to those without recurrence. After adjustment for age and gender, the prevalence of MetS was significantly increased in patients with recurrent VTE (OR 2.25, p=0.005). Among the individual components of MetS we found a significant increase in the presence of high blood pressure (OR 4.44, p=0.01), low HDL-C (OR 2.04, p=0.04) and elevated triglycerides (OR 2.34, p=0.008) in subjects with recurrent VTE. No differences between the two groups were found in the prevalence of raised plasma glucose and visceral obesity.
Conclusions: The prevalence of both MetS and atherogenic lipid profile (low HDL-C/high TG) is increased in patients with recurrence of VTE.

Mortality in patients with incidentally discovered adrenal adenomas: the experience of San Luigi hospital

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Background: Adrenal incidentalomas are found in 3–7% of radiological series and many of them are adrenal adenomas. Autonomous cortisol secretion is a common finding in these patients. Studies reported metabolic derangement and increased cardiovascular risk associated with this state, however scanty data are available on the natural history of this condition.
Aim of the study: To assess the rate of mortality in patients with incidentally discovered adenomas.
Methods: We studied 110 patients with incidentally discovered adrenal adenomas from 1998 and 2013. Metabolic and hormonal parameters were determined. Mortality data were obtained from the demographic registers.
Results: Mean age of patients was 67 yrs, with a mean follow-up of 94 months. Fourteen (12.7%) patients died: 4 (28.6%) for cancer, 7 (50.0%) for cardiovascular and 3 (21.4%) for respiratory/infective causes. Twelve of them (85.6%) had 1 mg-DST >1.8 µg/dL (4 had hypertension, 4 dyslipidemia and 4 diabetes) while 54/96 patients alive at the last follow-up (56.2%) had 1 mg-DST >1.8 µg/dL (p=0.04) . Survival probability was significantly reduced in patients with 1 mg-DST >1.8 µg/dL, with a Hazard Ratio of death of 3.64 (95% CI, 1.34 - 9.7; P=0.013). Age did not differ between patients alive or dead at the last follow-up.
Conclusions: Patients with incidental adrenal adenomas and autonomous cortisol secretion heralded by cortisol after 1 mg-DST >1.8 g/dL may be at increased risk of mortality compared to patients with non-secreting adenomas. Excess mortality is mainly related to cardiovascular events.

A case of Tako-tsubo syndrome caused by... an ambulance!

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Introduction: Tako-tsubo cardiomyopathy mimics myocardial infarction.
Case report: GD, F. 94. History: chronic cerebral vasculopathy, carotid atheroma. On 12/02/2014, because of profuse hemorrhagic cystitis, the 118 predisposed access to the hospital. The patient opposed vigorous resistance to hospitalization. In the Emergency Room: diffuse subepicardial ischemia with increase in cardiac enzymes; echocardiogram: akinesia of the whole apex. The patient was admitted to the Coronary Care Unit. Diagnosis: Tako-Tsubo Syndrome (TTS).
Discussion: TTS is characterized by: left ventricular dysfunction, ischemic changes on EKG, elevated cardiac enzymes and absence of angiographic signs of coronary artery disease, in the presence of physical or emotional stress. It is linked to alteration of the microcirculation and/or to the release of catecholamines after a stressful event. Coronary angiography (no stenosis> 50%) and ventricle-graphy (severe anterior-apical dyskinesia), represent the "gold standard" for the diagnosis. Echocardiography (definitely typical in the case of our patient) confirms the anterior-apical akinesia or dyskinesia.
Conclusions: TTS is potentially fatal for heart failure and cardiogenic shock. The authors present this case-report to emphasize the importance of stress (the patient fidgeted a lot, in trying to avoid being taken to hospital) as a triggering factor of this relatively rare syndrome (incidence in the general population of 1/36000; 1.2% of hospitalizations for ACS). We can conclude that in this case "the ambulance really damaged the patient!"

Two cardiovascular risk factors often underestimated: chemotherapy and radiotherapy

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Introduction: Cardiovascular effects of chemotherapy and radiotherapy are partly unknown and underestimated.
Case-report: F.S. man, 36-year-old lawyer, no cardiovascular risk factors; at 22 years: Hodgkin lymphoma treated with chemotherapy and radiotherapy of mediastinum and spleen. October 2013: Chest pain resulting from effort. Echocardiogram, Stress echocardiography and CT coronary angiography: within the limits. December 2013: To our observation for toracalgia at rest. Coronary angiography: disease of the three branches in a patient with inferior STEMI. We proceed to three-vessel PTCA. April 2014: Chest pain on exertion. Coronary angiography: subocclusive ostial stenosis of the circumflex artery. Coronary angioplasty.
Discussion: The incidence of cancer in the world continues to grow. Fortunately, advances in therapy have transformed it from a fatal to a chronic disease. Unfortunately, the improvement in survival has been weakened by the onset of cardiotoxicity of chemotherapy and radiotherapy. Over 50% of patients exposed show heart disease up to 20 years after chemotherapy. Cardiotoxicity is also a complication of radiotherapy The cardiac damage can be: direct cytotoxicity and systolic dysfunction; myocardial ischaemia; arrhythmias; peri/myocarditis; disorders of ventricular repolarization.
Conclusions: Chemotherapy and thoracic radiotherapy, can generate cardiac damage. In follow-up of patients so treated it is necessary to evaluate ventricular contractility, valvular and pericardial anatomy, to identify early damage and to establish a targeted therapy.

COPD: what does this word mean?

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Introduction: COPD is a chronic disease with severe socio-economic impact, and remains, among the chronic disabling diseases, the only one with increasing trend. According to World Health Organization, in 2020 COPD will become the third leading cause of mortality in the world.
Objectives: Evaluating the awareness of this disease by patients.
Patients: We submitted a simple questionnaire concerning their personal data, already known pathologies, specific symptoms (cough, phlegm, dyspnea, pathological breath sounds) and their knowledge of the terms "BPCO" (Italian word), "COPD"(English word), and "Emphysema", to the first 100 patients who consecutively came to Internal Medicine outpatient visit, since the beginning of the year.
Results: Among the 100 patients (41m, 59 f; age: 63.13±12.1, 30 smokers), 70 had chronic diseases (hypertension, diabetes mellitus, cancer, dyslipidemia, osteoporosis, heart disease), 44 had a cough in the last year, 44 phlegm, 47 dyspnea, 22 pathological breath sounds (all symptoms of possible COPD), but only 4 of them knew the meaning of the word "BPCO", none knew the meaning of the word "COPD" and 52 said they had heard the word "Emphysema", but only 2 knew the correct meaning; others reported a generic "pulmonary disease".
Conclusions: This study shows: lack of awareness of COPD by patients; inadequate sensibility of physicians to respiratory diseases (neither the smokers nor the patients with respiratory symptoms were

never subjected to the main instrumental investigation of respiratory function, ie spirometry).

Blue toe syndrome: clinical presentation and differential diagnosis in an old female patient

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A 81 years old female patient was admitted to our hospital for weakness, exertional dyspnea and diarrhea in the last month. Her past medical history was remarkable for persistent atrial fibrillation under *warfarin therapy* since 6 months. At physical examination erithematous rash of the legs, acral necrotic lesions of two toes in left foot and diffuse bilateral toes cianosis, with normosphygmic pulses. Lab tests showed normocromic normocytic anemia (Hb 8.2 g/dl), renal failure (creatininemia 2,2 mg/dl, first comparison), mild absolute eosinophilia and INR below the expected therapeutic range. Tests for autoimmunity were negative. Arterial Color Doppler US of the lower limbs excluded hemodinamically relevant atheromasia. A *suspect of cholesterol emboli syndrome* with *multiple organ involvement* (bowel, kidney and lower limb extremities) was advanced; statin and antiplatelet therapy were started. Subsequent transesophageal cardiac ultrasound showed no cardiac thrombi and inhomogeneous, instable atherosclerotic plaque in descendent thoracic aorta. Excissional biopsy of toe lesion was performed, but histology was unconclusive.
Cholesterol emboli syndrome remains a challenging and intriguing diagnosis, that has to be carefully differentiated from other common causes of lower limb lesions (peripheral artery disease, cardioembolism, vasculitis etc). Interestingly, in our patient it is possible to search out the oral anticoagulation as precipitating factor, instead of typical risk factor for this condition (recent angiographic procedures), even if to date there are conflicting data.

Caratteristiche dei pazienti affetti da tromboembolismo venoso: analisi descrittiva delle differenze e analogie tra Italia ed Europa nel Registro PREFER in VTE

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Razionale: Il profilo dei pazienti affetti da Tromboembolismo Venoso (VTE) in Italia ed Europa è ben delineato, poche sono le informazioni su analogie e differenze tra pazienti affetti da Trombosi Venosa Profonda (DVT).
Metodi: Il registro PREvention oF thromboembolic events - European Registry in Venous ThromboEmbolism (PREFER in VTE) ha arruolato pazienti affetti DVT e/o embolia polmonare in diversi paesi europei (EU). Si riporta un confronto al momento della visita basale delle caratteristiche dei pazienti affetti da DVT.
Risultati: Nel registro sono stati arruolati 1843 pazienti in Europa, in Italia 816. I pazienti affetti da DVT in Italia con età inferiore a 65 anni erano il 39,8%, tra 65 e 75 anni il 22,9% e sopra i 75 anni il 37,3%. In EU erano prevalenti pazienti di età inferiore ai 65 anni (50,2%). La sintomatologia più frequente era il dolore ed il gonfiore delle estremità. L'ipertensione era presente nel 50.5% in Italia (44.7 in EU); alto il tasso di pazienti dislipidemici (24.6%), in tutta EU. I pazienti con storia di cancro erano il 24.6%, con cancro attivo il 63.2% in Italia (in EU 18.2% e 57% rispettivamente). In Italia vi era la percentuale più bassa di pazienti trattati con NOAC in monoterapia (2,7% ITA *vs* 21,4% EU) ed il più alto tasso di utilizzo di AVK in monoterapia (18,3% *vs* 12,7% EU).
Conclusioni: Simili aspetti clinici e diagnostici in EU, ma in Italia i pazienti affetti di DVT sono in media più anziani, la localizzazione della trombosi è prevalentemente a carico della vena poplitea ed è maggiore la percentuale di pazienti oncologici. In Italia si riscontra il minor utilizzo di NOACs ed un maggior utilizzo degli AVK e delle eparine.

Progetto sperimentale di gestione integrata della cronicità: broncopneumopatia cronica ostruttiva, percorsi assistenziali, *information and communication technology*

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Premesse e Scopo dello studio: La broncopneumopatia cronica ostruttiva (BPCO) è un'affezione cronica polmonare lentamente progressiva, fortemente invalidante nelle fasi avanzate, che determina un severo peggioramento della QoL, è gravata da comorbidità, ricoveri ricorrenti, aggravamento fino alla cachessia ed alla morte. Il modello di cura del malato cronico, al fine di conciliare bisogni di salute e contenimento della spesa, prevede la presa in carico globale del malato cronico, l'uso di Percorsi Integrati di Cura, l'organizzazione di Reti che li sostengano. I pilastri di tale percorso sono due: la continuità e l'appropriatezza delle cure.
Materiale e Metodi: Il progetto utilizza nuove soluzioni di *Information and Communication Technology* (ICT) (COT: Centrale Operativa Territoriale, e PCS: Primary Care System), e crea un network sul territorio per la gestione dei pazienti in un percorso strutturato su livelli di intensità assistenziale. Previste: linee guida GOLD per diagnosi e stadiazione di BPCO,ricerca e cura di comorbidità, e stato nutrizionale.
Risultati: Malati di BPCO, arruolati e registrati al PUA (COT) attraverso i diversi operatori sanitari ed inseriti in un unico database. La interattività e la gestione integrata avverranno tramite la PCS.
Conclusioni: Programmata attuazione di protocolli condivisi e paziente al centro della Rete**.** Questo sistema di gestione integrata della BPCO supportato da ICT, migliora l' efficienza operativa e l'economia di gestione, garantendo continuità e appropriatezza di diagnosi e terapia, attraverso un moderno network assistenziale, applicabile in altre patologie croniche (scompenso cardiaco, cirrosi), ed esportabile in altre realtà territoriali.

L'audit e consulti via telematica per migliorare la gestione delle infezioni degli anziani fragili istituzionalizzati con riduzione degli accessi in Pronto Soccorso. Una esperienza in ASL TO 4

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Premesse e Scopo dello studio: L'accesso in Pronto Soccorso (PS) di anziani istituzionalizzati può avere effetti negativi sul fragile equilibrio delle condizioni generali. Gli audit e l'attivazione di consulti telematici possono essere elementi per ridurre gli invii in PS per cause infettive con miglioramento prescrittivo delle terapie antibiotiche.
Materiali e Metodi: Presso le RSA ASL TO4 di Settimo e Ciriè sono stati organizzati AUDIT con infettivologo, geriatra e MMG e avvio di consulti telematici al fine di ottimizzare la gestione delle infezioni, migliorare l'appropriatezza prescrittiva e ridurre gli accessi in PS. Sono stati considerati gli invii in PS per cause infettive durante i 6 mesi prima degli audit e l'avvio dei consulti e durante i 6 mesi dopo gli interventi c/o le 2 RSA (120 ospiti). Modalità di raccolta dati: retrospettiva su cartelle cliniche e verbali di accesso in PS c/o ospedale di riferimento.
Risultati: Nei 6 mesi seguenti gli audit e l'avvio dei consulti infettivologici telematici, si è osservata una riduzione degli invii in PS per cause infettive del 44% rispetto ai 6 mesi precedenti. In particolare la maggior riduzione degli invii in PS si è verificata per le infezioni dell'apparato respiratorio, 81.5 %, senza variazione della mortalità per cause infettive nei due periodi considerati
Conclusioni: L'utilizzo degli audit e l'avvio dei consulti ha incoraggiato la gestione delle infezioni degli anziani fragili in RSA con miglioramento dell'appropriatezza prescrittiva della terapia antibiotica. Limite dello studio: l'esiguità del campione.

L'ecografia del torace bedside nei pazienti dispnoici allettati. Utilità nelle scelte terapeutiche. Nostra esperienza

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La dispnea acuta nei pazienti allettati rappresenta una delle più comuni emergenze mediche. L'anamnesi e la clinica suggeriscono la diagnosi, da confermare con gli esami laboratoristici e strumentali. L'utilizzo dell'ecografia pleuro-polmonare come esame complementare alla radiografia del torace può consentire di definire la natura degli opacamenti alla radiografia. Scopo dello studio è stato di valutare se

e quando l'esame ecografico pleuro-polmonare può essere dirimente nelle scelte terapeutiche. Abbiamo valutato 391 pazienti consecutivi allettati (215 maschi e 176 femmine, range 49 -92 anni), con dispnea acuta. L'esame ecografico bedside è stato eseguito a paziente in posizione seduta/semiseduta con apparecchio carrellato, da operatori esperti. L'esame ecografico ha permesso di definire il tipo di versamento in 139/391 pz. Di questi 139 pz 42 presentavano un versamento saccato, non suscettibile di drenaggio. Inoltre in 11 pz con segni radiografici di opacamento massivo l'esame ecografico ha documentato presenza di atelettasia da ostruzione, annullando così una toracentesi evacuativa. Infine l'ecografia ha permesso di identificare in 21 pz la presenza di piccoli addensamenti subpleurici (1-1.8 cm) non visualizzati alla radiografia del torace, senza che però ciò modificasse la terapia instaurata. Nella nostra esperienza l'esame ecografico è stata un'utile indagine complementare nello studio dei pazienti con dispnea,in quanto in grado di definire meglio gli opacamenti alla radiografia del torace evitando inutili se non dannosi tentativi di toracentesi.

L'ecografia del torace nella diagnosi delle polmoniti di comunità. Nostra esperienza

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Scopo dello studio è stato quello di valutare il ruolo complementare dell' ecografia toracica (TUS) nella diagnosi delle polmoniti comunità (CAP). Tra novembre 2013 e settembre 2014 abbiamo valutato 327 pazienti consecutivi con CAP (198 M e 129 F, 17-89 anni) giunti nel nostro Ospedale. Tutti i pz sono stati sottoposti a radiografia del torace (Rx) e a TUS, da operatori esperti, mediante ecografo con setup per ecografia polmonare (sonda convex e lineare). Tutti i videoclips dei pz sono stati valutati in cieco da un secondo operatore. In 314/327 è stato diagnosticato alla Rx un focolaio broncopneumonico (96%) e in 18/314 pz (6%) i focolai erano multipli. In 178/327 pz (55%) si è evidenziato un addensamento subpleurico alla TUS. In 4/178 di questi pz (2%) la TUS ha evidenziato un piccolo addensamento subpleurico (≤1,6 cm) non evidenziato alla Rx. La presenza di versamento pleurico parapneumonico è stato individuato in 34/314 pz (11%) alla TUS e in 25/314 pz (8%) alla Rx. Nella nostra casistica, la TUS ha dimostrato di essere un esame complementare diagnostico utile nei pz affetti da CAP, rilevando il 55 % degli addensamenti. E' più sensibile della Rx nel rilevare i versamenti pleurici parapneumonici. Il limite della TUS è legato al fatto che non tutte le polmoniti sono adese alla pleura. La diagnosi di polmonite non può prescindere dalla effettuazione dell'RX-torace che oltre a poter evidenziare polmoniti non adese alla pleura e polmoniti multifocali intraparenchimali, permette di evidenziare eventuali comorbidità cardiache, dei grossi vasi e mediastiniche.

Prognostic scores for predicting sepsis mortality in the elderly: a review of the literature

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Background and Purpose of the study: The prevalence of Sepsis in the elderly is high constituting a difficult challenge in healthcare. Several prognostic scores have been proposed for predicting sepsis mortality in the elderly: in this paper we reviewed the literature considering their possible clinical utility and applicability.
Materials and methods: We performed a review of the literature dealing with the prognostic score supposed to predict to predict mortality due to sepsis in the elderly. We didn't include indicators which appears to be no longer useful or of difficult implementation on the basis of the last Surviving Sepsis Guidelines. This literature review led us to finally consider three prognostic scores: the CURB 65 severity index score, the Multidimensional Prognostic Index (MPI) and the Charlson Comorbidity Index (CCI).
Results: The CURB 65 severity score showed to have the best performance characteristics (sensitivity 81%, specificity 52%) and an high negative predictive value (92%) for short and medium term mortality. The MPI and the CCI have already been validated in several settings and shown to be a valid predictor of mortality in patients with infections however, as far as known to us, there are insufficient evidence to allow their use to predict the sepsis mortality in the elderly.
Conclusions: Among the considered prognostic indicators the CURB 65 score seems currently the most useful to predict sepsis mortality in the elderly. The routinary use of this tool could support clinicians in prognostic assessment and decisision making in sepsis in the elderly.

Survey of risk management in Italy: relationship with Internal Medicine

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Background: In Italy, RM is considered to be one of the general policies of Clinical Governance for quality improvement. The Italian National Health Plan (NHP) requires implementation of risk management activities, at the national, regional and local levels for maximum risk reduction in health care activities. A multidisciplinary unit for RM must be present at the hospital level, where actions for quality and safety improvement must be implemented.
Methods: A survey on risk management units was performed by a questionnaire sent to the members of scientific society FADOI from October to December 2014. The presence of risk management structures and the presence of a business plan for the management of clinical risk and claims were assessed.
Results: Data were collected from 50 Unit of Internal Medicine. 68% of internal medicine has a referent for the clinical risk that interacts with the units of risk management. The internal medicine can work together with the unit of risk management to improve patient safety and quality of care for the majority of respondents.
Conclusions: The majority of respondents know the risk management. The units of risk management are not organized in the same way. The internist would like to participate in decision-making of RM but is little involved. 88% of respondents consider the management of claims related to risk management. 84% believe a possible reduction in the ceilings if the units of RM are present in all the hospitals.

Matryoshka effect (diagnosis in the diagnosis): role of point-of-care ultrasound

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Introduction: Matryoshka doll is one that contains a series of similar dolls. In the diagnostic process can occur that a diagnosis hide other additional diagnoses, pathophysiologically related but subject to different therapy. In other words, a single syndrome could include multiple pathologies, masked by one of them, although all should be properly identified for the correct clinical management of patients.
Case report: 82 year old woman hospitalized for vomiting, heartburn and epigastric pain, with a history of hypertension. EKG and enzyme markers of cardiac ischemia negative. Gastroscopy showed reflux esophagitis and mild gastrectasia. Metoclopramide and Omeprazole (intravenous) get rapid remission of symptoms. On the third day, before discharge, is performed abdominal ultrasound showing pneumobilia, hyperechoic streak in empty gallbladder, moderate dilatation of ileal loops and stone Ø 3 cm in the last ileal loop: gallstone ileus, confirmed by abdominal radiography and subsequent surgery.
Conclusions: In the case shown, the diagnosis of reflux esophagitis was correct but the symptoms also included the second unexpected diagnosis of gallstone ileus ("diagnosis in the diagnosis": *Matryoshka effect*). With ultrasound, the latter has been identified before overt symptoms of intestinal obstruction, characterized by worse prognosis if diagnosis is delayed. Our experience highlights the role of ultrasound as useful supplementary method of clinical assessment in geriatric

point-of-care, characterized by frail, complex and clinically atypical patients, revealing the Matryoshka effect.

Sorafenib-induced microcirculatory changes in patients with hepatocellular carcinoma: preliminary data of a nail videocapillaroscopic study

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Background: Sorafenib, a tirosynkinase inhibitor, is an anti-VEFG (Vascular-Endothelial Growth Factor) agent used in the treatment of many cancers. No objective early criteria of therapeutic response are currently available for this kind of chemotherapy.
Aim of the Study. To evaluate by using nail videocapillaroscopy (NVC) the possible microcirculatory changes induced by sorafenib in patients with HCC (hepatocellular carcinoma).
Methods: We prospectively studied 10 patients (mean age 61.5 years, range 50-76), all males, suffering from multifocal HCC unfit for surgery and/or percutaneous procedures before and after one month of treatment with sorafenib (200 mg x 2/die). We evaluated (VideoCap 3.0, DS Medica) capillary density and neo-angiogenesis phenomena (tortuosity by single or multiple crossing of capillary loops).
Results: No significant difference was observed in comparison between capillary density at the time zero and at one month. A decrease of tortuosity, expressed as absolute number of tortuous capillary and as percentage on the whole capillary bed, was observed (6.9±4.1 *vs* 3.7±4.5; 0.60 % *vs* 0.27%) even if no statistical significance was gained because of the small amount of the sample.
Conclusions: These data represent the first attempt to evaluate *in vivo* the anti-angiogenetic effect of sorafenib. Results are promising and warrant future studies with larger series of patients. Direct microcirculatory evaluation by NVC should be useful as early markers of therapeutic response.

Relapsing inflammatory articular syndrome as paraneoplastic manifestation of non-HIV related Kaposi sarcoma

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Kaposi Sarcoma (KS) is a rare HHV8 induced spindle-cell tumor derived from endhotelial cell lineage. This condition carries a variable clinical course ranging from minimal mucocutaneous disease to extensive organ involvement. KS is extremely rare in the absence of concomitant HIV infection but it may be present in patients undergoing immunosuppressive treatment. The occurrence of a relapsing inflammatory syndrome may be an early paraneoplastic manifestation.
Case Report: 49-year-old male patient was admitted for right limbs pain and edema, fever and and multiple skin lesions. Examination showed a non-pitting right limbs edema with multiple cutaneous soft, violaceous to dark-red patches, and nodules of varying size. Laboratory studies showed mild anemia, an elevated ESR, fibrinogen and C-reactive protein. Tests for HIV, HBV and HCV, rheumatoid factor, antinuclear and auto-antibodies complete panel were negative. Serum complement was normal. EGDS showed multiple nodular dark-red lesions at esophagus and stomach. Skin biopsy was diagnostic of KS. The patient was treated with steroids with positive results as concerns inflammatory signs and pain. Then, he was treated with doxorubicin (20 mg/mq) bi-weekly for 5 months with improvement of cutaneous lesions. At 2 and 4 months of treatment the patient experienced two relapses of the inflammatory syndrome both requiring steroid treatment.

Antiphospholipid antibodies-syndrome combined with mixed type III cryoglobulinaemia and thromboangiitis obliterans: a rare morbid association with disabling outcome

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Background: APS usually presents with recurrent episodes of vascular thrombosis. MC is characterized by the presence of vasculitis and systemic signs and it is rarely reported in patients with APS. TAO is a thrombotic occlusive segmental inflammatory disease of small and medium-sized arteries and veins. Rare cases of TAO association with APS have been reported whereas no reports of the triple combination is available.
Case report: A 34-year-old woman presented with bilateral feet arthralgias, purpura, painful necrotic cutaneous lesions and *livedo* at the distal tip of her right third toe. Her symptoms started 5-6 years before and were associated with Raynaud's phenomenon. Previous thyroiditis and diagnosis of psoriatic arthritis with presence of antiphospholipid, anticardiolipin and ANA antibodies three months before admission. Bilateral distal edema with purpura and a black discoloration at the tip of her right toe, paleness, and coldness of the right leg with reduction of the pedal pulses were registered. LAB showed mild anemia, elevated ESR and PCR; positivity for ANA, dsDNA, serum IgG polyclonal cryoglobulins, anti-phospholipid antibodies aCLs and LAC. Doppler ultrasonography showed peripheral occlusion of right leg posterior tibial artery and thrombosis of infra-popliteal veins. Lower limb arteriography showed findings suggestive for TAO (confirmed by biopsy). Treatment included high dose of steroids, Iloprost, anticoagulation. Despite the conservative medical therapy, the patient had amputation of the right third toe afterward. Rituximab treatment was planned.

Caso di emoglobinuria parossistica notturna: presentazione clinica e percorso diagnostico

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Premessa: L'emoglobinuria parossistica notturna (EPN) è una rara emopatia clonale acquisita che si manifesta con anemia emolitica, aplasia midollare e trombosi. L'emolisi è mediata dal complemento e da una mutazione somatica acquisita del gene PIG-A.
Caso clinico: A Dicembre 2014 un uomo di 42 anni si presentava alla nostra osservazione per anemia (6.6 g/dl; MCV 115fl), piastrinopenia (116x10^3/uL) e leucopenia (2380x10^/ul). All'anamnesi il paziente riferiva nel 2011 riscontro di lieve pancitopenia trattata con vitamina B12 e acido folico. L'esame obiettivo risultava nei limiti della norma. Gli esami ematochimici evidenziavano: LDH (910 U/L), reticolocitosi, aptoglobina <10, DDmero 587 ng/mL. Bilirubina totale e frazionata, esame urine, test di COOMBS DIRETTO/INDIRETTO, ferritina, B12, acido folico, HVB, HCV, HIV risultavano nella norma. Si praticavano mieloaspirato e biopsia osteomidollare Si procedeva quindi con test per ricerca di EPN con metodica citofluorimetrica che deponeva per diagnosi di EPN (clone CD55-CD59- 20%). Il paziente veniva sottoposto a supporto trasfusionale. Iniziava terapia con prednisolone, acido folico, vitamina B12 ed eparina a basso peso molecolare. Al momento il paziente è in buon compenso ematologico.
Conclusioni: L'EPN è una malattia eterogenea per cui nessun sintomo, segno o valore di laboratorio può indirizzare direttamente alla diagnosi e quindi la stessa viene spesso formulata in ritardo. L'EPN è, inoltre, una malattia progressiva, debilitante e potenzialmente fatale.

Un caso non comune di ascesso dello psoas sinistro in paziente portatrice di protesi coxo-femorale sinistra

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F.S. anni 66, portatrice di protesi d'anca sn dal 2002, allergia ad amoxicillina/clavulanato, ricoverata nel dicembre u.s. per comparsa di febbre ed intenso dolore al rachide coxo-femorale sn con difficoltà alla deambulazione da qualche tempo. Rx torace, colonna cervico-dorso-lombosacrale ed ecografia addome nei limiti. Dagli esami ematici: leucocitosi neutrofila e marcato aumento degli indici di flogosi con moderata anemia normocitica normocromica; normale l'assetto immuno-reumatologico. Gli accertamenti eseguiti durante la degenza hanno mostrato una sepsi da stafilococco aureo (meticillino S). Ecocardiogramma negativo per endocardite. TC rachide dorsale e lombosacrale negativa per alterazioni riferibili a focolai di spondilo-discite in quadro di artrosi diffusa e discopatie degenerative multiple. Impostata terapia antibiotica mirata con vancomicina con beneficio soggettivo, regressione della febbre e miglioramento degli indici di flogosi. Dopo qualche giorno comparsi dolori accessionali e poi continui a livello gluteo sn e radice coscia per

cui abbiamo ripetuto TC (con scansioni mirate su addome e pelvi) che ha evidenziato raccolta ascessuale a livello dell'ileopsoas sn con interessamento della protesi d'anca omolaterale. Proseguita terapia antibiotica con associazione vancomicina/levofloxacina con riduzione della sintomatologia algica e degli indici di flogosi. La rivalutazione ortopedica confermava il quadro di sovrainfezione con pseudotumore su protesi ceramica-ceramica e poneva indicazione all'espianto della stessa, effettuato il mese successivo.

Nutritional assessment in elderly hospitalized patients

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Introduction: The incidence of protein-caloric malnutrition in elderly hospitalized patients is between 20 and 50%; actually this is the geriatric syndrome in higher incidence.The subject with protein-caloric malnutrition is a high risk of developing sarcopenia.
Sarcopenia increases the susceptibility to many diseases. Optimizing nutritional intake was effective in improving the health status: the maintenance of proper protein homeostasis is an essential element in the diet of the elderly patient.
Aim of the study: To evaluate the prevalence and risk of malnutrition in elderly hospitalized.
Study design: Sample of 172 patients >65 years (66 m,106 w). For the nutritional survey was used Mini Nutritional Assessment - MNA. There were used scales of assessment: degree of autonomy of patients (ADL,IADL), cognitive (MMSE), predisposition to pressure sores (NORTON P.).
Results: The MNA has identified 47.5% malnourished patients, 43.7% at risk of malnutrition,12.5% without nutritional problem. There was used univariate analysis: significant dependence with the variable age (p=0.0311). As for the indices of self-sufficiency (ADL, IADL) and the risk of developing pressure sores (Norton Index), the results of each scale, compared with the results of the MNA have given both statistically significant difference (p=0.0001).
MMSE indices, compared with the MNA was significant (p=0.0002).
Conclusions: The prevalence of malnutrition is present mainly in the older population and women (42%-47%). The study shows that nutritional abnormalities are related to disability and cognitive impairment.

✪ Endobronchial ultrasound-guided transbronchial needle aspiration *versus* standard transbronchial needle aspiration: a practical and clinical approach

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LM, 51 years old man, affected by diabetes. Patient showed up with evidence of dyspnoea and cough. A chest computer-tomography (CT) was performed and a mediastinal enlargement was evidenced. He was submitted to bronchoscopy which showed up stenosis of right upper main bronchus. Four biopsies and four fine needle aspiration biopsies (FNAB) were performed on this site as well as trans bronchial needle aspiration (TBNA) of ATS station 4R and 7. Histological diagnosis were aspects not conclusive for small cell lung cancer (SCLC). We performed an endo-bronchial ultra sound (EBUS) TBNA of the nodal station 4R, 7 and 10R. All the specimen were positive for SCLC.
Discussion: General indication for the execution of a TBNA's the study of mediastinal lympho adenopathies especially in staging of lung cancer. TBNA is relatively simple and available in most hospitals. EBUS TBNA is a technique less diffuse, for the high cost of the equipments, for specific training needed and for logistical issues. At the moment no studies of comparison between these two techniques are available. Several factors can impact TBNA results: tumor related factors (site and dimension of station involved, cell type tumor) and tumor non-related factors (needle size, sample preparation etc).
Conclusions: Considering all of those is useful to stratify the pre-operative diagnostic yield of standard TBNA. If this is low, and EBUS TBNA is available, it could be reasonable perform EBUS TBNA as first invasive exam. Otherwise EBUS TBNA will be the second choice if standard TBNA won't be diagnostic.

Unexpected bone marrow finding in a patient with pancytopenia

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Introduction: Leishmaniasis is a protozoan disease, causing in humans either skin lesions (cutaneous leishmaniasis) or injury to the spleen, liver, and bone marrow (visceral leishmaniasis). It is widely prevalent in the eastern states of India (Bihar, Jharkhand, Uttar Pradesh, West Bengal) but also in Southern Europe.
Case report: A 59-year-old man presented with fatigue, fever up to 39°C, insominia, night sweats, anorexia and increasing pancytopenia was admitted to our Hospital. Past medical history revealed polyclonal hypergammaglobulinemia and Castelman-like disease (in tratment with cyclophosphamide) and frequent buisness trip (China, Liguria and Tuscan just before hospitalization). At admission physical examination revealed haepatosplenomegaly; routine laboratory tests showed an increase of C-reactive protein and procalcitonin. Abdominal ultrasound confirmed hepatomegaly and splenomegaly with multiple enlarged lymph nodes. Suspecting a progression of his haemathologic disease, the patient was initially treated with GCS-F, erythropoietin and empirical antibiotic therapy, with no clinical response. A microscopic examination of bone marrow was thus performed and it revealed intracellular and extracellular Leishmania amastigotes. He was finally diagnosed with visceral leishmaniasis. We started liposomal amphotericin-B with a good responce.
Conclusions: Visceral leishmaniasis, a potentially lethal protozoan disease, is uncommon in developed countries but should be considered in patients who have travelled in endemic areas, expecially if immunocompromised subjects.

Contrast-enhancement CT scan guided biopsy in diagnosis of lung myeloma

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Introduction: Extramedullary myeloma disease (EMD) represents an atypical presentation of the disease, accounting for 4-16% of cases at diagnosis and 6-20% at relapse. We describe a case of localization at relapse.
Methods:A 78-year old woman complaining for bone pain was diagnosed as IgG K multyple myeloma (MM), stage III B according to Durie et Salmon, Monoclonal component was 1,14 g/dl, urinary Bence-Jones 1,2 g/L, bone marrow plasma cells were 70%. He was treated with an association of two drugs (melphalan and prednisone) obtaining, after 6 cycles, a complete response (CR). After 13-months follow-up, the patient developed multiple osteolysis, detected by conventional radiography associated to elevation of monoclonal component (1,2 g/dL) . She was treated with an association of two drugs (bortezomib and dexamethasone) for 4 cycles. After 2 weeks she developed dispnea and subcostal pain. Contrast enhancement CT scan showed 2 cm hypodense node in the right lung and osteolysis of the costal margin. Contrast-enhancement CT scan guided biopsy of the lung mass allowed diagnosis of myeloma.
Results: The patient received treatment with cyclophosphamide plus bortezomib and dexamethasone obtaining a remission of symptoms.
Conclusions: Extramedullary myeloma disease (EMD) is a rare entity. Lung MM is an haematologic emergency. Most frequent symptoms are dispnea and subcostal pain. CT scan rapresent a standard imaging technique, but contrast-guided CT may be helpful for a rapid diagnosis.

Abdominal computed tomography scan in diagnosis of hepatic follicular lymphoma in a patient with chronic hepatitis C

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Introduction: Follicular lymphoma (FL) is one form of lymphoma non Hodgkin. The initial symptoms of FL include painless swelling in one or more lymph nodes. Some people with FL develop large tumors in the abdomen. Initial presentation of hepatic FL can be given by abdominal pain and light increase in serum aminotransferase activity. We report a

62-year-old man with abdominal pain and history of chronic hepatitis C. Abdominal computed tomography (CT) scan detected hypodense lesions in the V and VI hepatic segment and lomboaortic nodes >1 cm.
Methods: 62-year-old man with history of chronic hepatitis C was admitted to our hospital for abdominal pain, light increase in serum aminotransferase activity and presence of hypoechoic lesions in the liver. CT scan confirmed hypodense lesions in the V and VI hepatic segment and showed lomboaortic nodes >1 cm. Bone marrow aspirate showed increased number of B lymphocytes 65%, with dysplastic features. Immunophenotype was CD22+, CD5-, CD23-, CD10+. Histology of liver lesions and abdominal nodes prompted the diagnosis of FL.
Results: The patient was treated with R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone) obtaining a remission of symptoms.
Conclusions: Abdominal CT scan may be helpful for a rapid diagnosis of hepatic FL in patients with chronic hepatitis.
In our opinion, a multidisciplinary collaboration between haematologist, radiologist and cytologist is essential in order to obtain the diagnosis and rapidly to start treatment.

A case of thrombocytopenic purpura in a patient with hypertension and neurological disfunction

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Introduction: Thrombotic thrombocytopenia purpura (TTP) is a rare blood disorder characterized by clotting in small blood vessels of the body (thromboses), resulting in a low platelet count.
We present a case of a young and middle-age man with hypertension, cerebral ischemic events and neurological disfunction.
Methods: A 42-year-old man with a clinical history of hypertension and cerebral ischemic events was admitted to the Hematology Department for abdominal pain and severe thrombocytopenia (10.000/µL). Abdominal CT-scans were repeatedly negative.
From a haematological point of view, the patient had progressively developed severe anemia and thrombocytopenia with laboratoristic signs of intravascular hemolysis.
Results: TTP was diagnosed based on the findings of anemia, thrombocytopenia, significant increase in schistocytes on peripheral blood smear examination and markedly elevated lactate dehydrogenase (LDH). ADAMTS13 activity was reduced (<5%) and anti-ADAMTS13 IgG antibodies were positive at high titer. Plasma exchange and corticosteroid treatment were thus started. Significant neurological improvement was observed in parallel with progressive increase in platelet count.
Conclusions: Patients with TTP typically report an acute or subacute onset of the following symptoms related to neurologic disfunction (nuchal headache, paresthesias), anemia (fatigue),thrombocytopenia (petechiae),severe hypertension. TTP is a medical emergency and a early diagnosis may be helpful to start a rapid treatment.

A case of multiple myeloma with concomitant coagulation disorders

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Introduction: Multiple Myeloma (MM) accounts for approximately 10 percent of hematologic tumors. MM belongs to a spectrum of disorders referred to as plasma cell discrasia. Here we present a case of MM with concomitant coagulation disorders.
Methods: A 68-year old woman complaining for bone pain and fatigue was diagnosed as IgA K MM, stage III A according to Durie et Salmon. Monoclonal component was 1,7 g/dl, urinary Bence-Jones 1 g/L, bone marrow plasma cells were 70%. He was treated with an association of three drugs (bortezomib, liposomal anthracycline and dexamethasone) obtaining, after 6 cycles, a very good partial response (VGPR). After mobilization and cryopreservation of peripheral blood stem cells, he underwent autologous stem cell transplantation (ASCT) and obtained the complete remission. After 8 months, the patient relapsed with multiple osteolytic lesions associated to elevation of monoclonal component (1,4 g/dL).
Results: Patient started monthly courses of lenalidomide and dexamethasone. After 3 months, he developed thrombocytopenia, hypertension and oedema with an elevated serum creatinine. At this stage, coagulation disorders appeared: INR, APTT and D-dimer were increased, while antithrombin III were low. Platelet count was 7.000/mm^3. After 10 days the patient died for gastrointestinal hemorrage and shock.
Conclusions: This case shows that coagulation disorders can arise from refractory MM via poorly understood mechanisms and chemotherapy may not be sufficient to avoid coagulation failure.

A "Google image" diagnosis of Madelung's disease

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Background: Madelung's disease is a rare condition which is characterized with large symmetrical accumulation of noncapsulated fat tissue in the face and neck (buffalo hump), trunk and rarely in the upper and lower limbs (pseudoathletic). Etiology is unknown, it has the highest incidence in the Mediterranean region and may lead to great disadvantages emotionally and even socially. Stroke in patients with Madelung's disease have not been previously reported.
Case report: A 68-year-old man presented for strange symmetrical enlargement of the superior part of the trunk and proximal upper and lower limbs making his figure like a bizarre athlete; with the help of Google Image search we finally made a "cybermedical" diagnosis of Madelung's disease.
Conclusions: Diagnosis is based upon clinical history and physical examination and there are no hystological or standardized criteria; given the rare nature many clinicians will never seen a patient with these diseases and will never recognise them: subsequently a diagnosis is unlikely to be made. Further studies are needed to characterize the pathogenesis and histologic findings of this rare adverse event.

When fluorodeoxyglucose-positron emission tomography drives diagnosis of Horton disease causing fever of unknown origin

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Introduction: Fever of unknown origin (FUO) is defined as fever higher than 38.3°C on several occasion during at least 3 weeks with uncertain diagnosis after a number of obligatory tests. FUO frequently poses a clinical challenge as no diagnosis is reached in up to 50% of cases. Giant cell arteritis (GCA), a possible cause of FUO, is a vasculitis affecting medium and large vessels initially described as temporal arteritis.
Case report: A 67-year-old man presented with fever for at least 8 weeks associated to elevation of inflammation markers, not responsive to two lines of antibiotic treatment, was admitted to our Institute with a diagnosis of FUO. Medical history, physical examination and routine laboratory tests could not reveal the cause of fever. The erythrocyte sedimentation rate (ESR) was 90 mm/h (normal 2-12), C-reactive protein (CRP) level was 8.7 mg/dl (normal <0.5). Leukocyte count was normal. The results of chest x-ray and abdominal ultrasound were also normal. Fluorodeoxyglucose (FDG)-PET revealed pathologic FDG uptake in the aorta, brachial, subclavian and iliac arteries suggesting a vasculitis of medium and large-sized arteries. Due to these findings, a temporal artery biopsy was performed and the patient was diagnosed with GCA. ESR and CPR normalized and fever resolved upon treatment with corticosteroids.
Conclusions: Fluorodeoxyglucose-positron emission tomography (FDG-PET) showed a high yield of diagnostic contribution in this patient with GCA with presentation as FUO in the absence of localized characteristic symptoms, such as headache, jaw claudication or visual loss.

Tra emorragia e trombosi: una decisione difficile

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Introduzione: Talora, nella gestione clinica di casi complessi, l'assenza di evidenze scientifiche validate richiede un approccio clinico basato sulla storia clinica del paziente, sulla prognosi, su case reports e sulle opinioni degli esperti.
Caso clinico: Donna di 80 anni, nota per carcinoma mammario con metastasi ossee, viene ricoverata per peggioramento delle condizioni generali. Al fine di ristadiare la malattia neoplastica, si sottopone la paziente a TAC total body, con riscontro occasionale di emorragia cerebrale intraparenchimale, sospetta per infarcimento di lesione secondaria. Il neurochirurgo esclude indicazione operatoria e indica stretto monitoraggio clinico-radiologico. Il decorso viene complicato da ischemia acuta dell'arto inferiore sinistro e, a 12 ore, da IMA infero-posteriore. Stante la stabilità del quadro neurologico e l'evidenza di iniziale riassorbimento della soffusione emorragica, si introduce enoxaparina 4000 U, sulla base della gravità del quadro clinico e del bilancio tra rischio cardioembolico ed emorragico. A 24 ore dall'insorgenza dell'evento acuto cardiaco, si assiste tuttavia ad exitus.
Conclusioni: Il caso in oggetto esemplifica le difficoltà che si incontrano nella gestione di pazienti affetti da patologie neoplastiche, trombosi ed emorragie in assenza di evidenze scientifiche validate. Studi sarebbero necessari per definire criteri condivisi volti a caratterizzare la prevalenza del rischio trombotico ed emorragico di questi pazienti.

✪ Association between uric acid, metabolic variables and arterial stiffness in the early phase of hypertension

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Aim: To investigate association between serum uric acid (SUA), metabolic variables and arterial stiffness in young stage I hypertensives.
Methods: 340 non-diabetic subjects from the HARVEST study, mean age: 31±8 years. Patients were divided into SUA tertiles. Arterial stiffness was assessed by pulse wave velocity (PWV), augmentation index (AIx), pulse pressure (PP) and systolic BP (SBP) amplification.
Results: Patients in the highest SUA tertile were heavier (BMI, T3: 25.7±0.3 kg/m^2, T2: 24.9±0.3 kg/m^2, T1: 24.4±0.3 kg/m^2; p=0.031) and had a worse metabolic profile: higher age-and-sex-adjusted total cholesterol (TC) (T3: 201.5±3.8 mg/dl, T2:188.8±3.6mg/dl, T1:193.2±3.8 mg/dl; p=0.048), triglycerides (T3: 150.9±7.8 mg/dl, T2: 99.6±7.5 mg/dl, T1: 96.3±7.7 mg/dl; p<0.0001), glucose (T3: 93.0±1.1 g/dl, T2: 92.6±1.1 g/dl, T1: 89.5±1.1 mg/dl; p=0.059) and lower HDL-C (T3: 50.6± 1.6 mg/dl, T2: 54.9±1.6 mg/dl, T1: 56.8±1.7 mg/dl; p=0.033) than subjects in the lower SUA tertiles. Patients in the highest SUA tertile showed lower SBP amplification (p=0.037 adjusted for age, sex, BMI, and metabolic data). This difference remained significant after inclusion in the model of lifestyle habits (p=0.021), 24-h BP and heart rate (p=0.034). Patients in the highest SUA tertile also presented a lower PP amplification even though the difference was of borderline significance (p=0.08). There was no significant difference in PWV and AIx.
Conclusions: Among young to middle-age stage I hypertensives higher SUA is associated with metabolic abnormalities and initial impairment of arterial elasticity.

Strani addensamenti

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Donna 45 aa ricoverata per dispnea da sforzo e febbre. In anamnesi: obesità, ipertensione, 15 sigarette die. EO: MV su tutto l'ambito, no rumori aggiunti. Rx torace: addensamento al campo medio-inf polmone dx, aree di confluenza alveolare al campo medio sin, sfumate opacità a vetro smerigliato al campo sup dx, ispessimento reticolare dell'interstizio ai campi medi-inf. Lab: negativi sierologia per Legionella, Mycoplasma e Chlamydia, antigeni ur legionella e Pneumococco, nella norma PCR e TSH, no leucocitosi. Nell'ultimo anno 3 polmoniti, trattate a domicilio con antibiotico e steroide con residua dispnea da sforzo. Riconsiderando Rx, assenza di flogosi e di febbre in reparto, era dubbia l'eziologia infettiva, non iniziavamo antibiotico, chiedevamo TC (estese aree di ground-glass con ispessimento settale liscio crazypaving bilat con distribuzione centrale e periferica, netta prevalenza per le regioni medie e sup, distribuzione a chiazze, margini netti, chiara demarcazione tra parenchima patologico e sano, in mediastino multiple adenopatie di 12 mm) ed es lab (ANA reflex, ANCA, ACE, beta2Microglobulina, VES, C3-C4, Quantiferon, tutti negativi). Ipotesi: Proteinosi Alveolare, Pneumocystis Carinii o Sarcoidosi. In Reparto mai febbre. FBS: no alterazioni macroscopiche; BAL opalescente torbido; istol biopsie transbronchiali: diffusi accumuli peribronchiali ed endoalveolari di materiale eosinofilo PAS-positivo, compatibile con proteinosi alveolare polmonare. Ripetuti lavaggi bronchiolo-alveolari (unica terapia efficace) con 160 cc di fisiologica erano risolutivi.

Sindrome di Fanconi renale come esordio di malattia celiaca dell'adulto

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Uomo 68enne si ricovera per edemi arti inferiori ed algie ossee. Riferisce calo ponderale(7-8 kg) senza iporessia ed alvo polideposto. E.O. : quadro di cachessia con edemi discrasici. All'EGA acidosi metabolica ad anion Gap elevato, agli ematochimici anemia macrocitica, PTinr allungato, ipoprotidemia, ipocalcemia. Successivi esami mostrano aumento di fT3,fT4 con TSH normale e scintigrafia tiroidea nella norma come da sindrome disfunzionale eutiroidea, mentre sulle urine delle 24 h lieve proteinuria, glicosuria, calciuria e fosfaturia (quadro di sindrome di Fanconi renale con acidosi metabolica). Viene esclusa diagnosi di mieloma multiplo e di eteroplasia.Evidente invece il malassorbimento con deficit di vitamina B12, folati, ferro e vitamina D con iperparatiroidismo secondario e deficit di vitamina K causa di discoagulia. La transglutaminasi risulta positiva e la successiva EGDS con biopsia conferma l'ipotesi di celiachia dell'adulto. L'integrazione vitaminica e la dieta gluten free hanno permesso la completa remissione del quadro clinico.
Conclusioni: La sindrome di Fanconi renale è una patologia metabolica caratterizzata da alterazione della funzione del tubulo prossimale del nefrone con conseguente glicosuria, fosfaturia, aminoaciduria e perdita di bicarbonato. La forma acquisita è causata da neoplasie, mieloma multiplo, amiloidosi, intossicazione da farmaci e carenza di vitamina D. Nel nostro caso, il quadro carenziale marcato da celiachia ignota ha determinato una sindrome di Fanconi renale da deficit di vitamina D.

Un caso di ascaridiasi intestinale atipico

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Uomo 58enne, marittimo, si ricovera presso la nostra U.O. per prurito diffuso e incremento volumetrico dell'addome. Anamnesi muta eccetto storia di abuso alcoolico. Obiettivamente lesioni da grattamento, addome globoso con ottusità plessica come da versamento ascitico ed edemi agli arti inferiori. Gli esami ematochimici mostrano anemia (circa 8 g/dl), spiccata ipereosinofilia, iperferritinemia, modesta iperglicemia ed iposodiemia, ipoalbuminemia e incremento Ca125. All'ETG addome fegato ad ecostruttura disomogenea ed iperecogena e conferma di ascite. Durante la degenza il paziente presenta episodio di orticaria-angioedema con dispnea e broncospasmo. Successivi esami di laboratorio escludono atopia (IgE n.n.) ma l'esame parassitologico delle feci evidenzia discreto numero di uova e adulti di ascaris lumbricoides. Il paziente assume terapia con albendazolo, con miglioramento progressivo della sintomatologia pruriginosa e del quadro respiratorio. Viene sottoposto a paracentesi evacuativa con aspirazione di 2000 cc di liquido lattescente chiloso. Il paziente rifiuta di eseguire la TC addome richiesta per completamento diagnostico. Al controllo ambulatoriale dopo terapia eradicante paziente asintomatico.

Conclusioni: Il caso descritto dimostra come l'intera sintomatologia presentata dal paziente sia riconducibile ad infestazione da Ascaridi. In particolar modo il riscontro di ascite chilosa ha indotto ipotesi diverse dal semplice scompenso ascitico del cirrotico, in particolare al sospetto di ostruzione dei linfatici da Ascaridi.

Progetto MARIO: una nuova gestione dell'invecchiamento mediante l'assistenza eseguita da robot

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Premesse e Scopo dello studio: MARIO (Managing active and healthy aging with use of caring service robots) è un progetto europeo, a cui partecipano 10 partner di 6 paesi dell'Unione Europea. Il Progetto MARIO è finalizzato alla risoluzione di problematiche come la solitudine, l'isolamento e la demenza nelle persone anziane mediante interventi multidimensionali eseguiti da un robot.
Materiali e Metodi: Il Progetto MARIO avrà una durata di 36 mesi e comprende 11 work packages (WP). Il WP1 avvia il lavoro di architettura e programmazione. Il WP2 implementa la piattaforma hardware. Il WP3 realizza gli aspetti di salute della proposta: solitudine, isolamento, resilienza e demenza. Il WP4 realizza gli aspetti di salute della proposta relativi alla Valutazione Multidimensionale (VMD) ed al Multidimentional Prognostic Index (MPI) con il robot. Il WP5 migliora ciò che MARIO può fare mediante l'apprendimento semantico e meccanico. Il WP6 perfeziona le capacità comportamentali e le abilità di interazione uomo-robot di MARIO. Il WP7 integra il WP3 ed il WP5. Il WP8 è la fase di validazione di MARIO in tre differenti scenari rappresentativi di assistenza domiciliare. Il WP9 è dedicato alla gestione del profitto del progetto. Il WP10 è basato sulle attività di comunicazione e divulgazione. Il WP11 assicura una coordinazione efficiente ed una corretta gestione.
Conclusioni: MARIO rappresenta un nuovo approccio che utilizza un robot di compagnia, ed i suoi effetti potrebbero essere: 1) supportare persone con demenza ed i loro caregiver, e 2) ridurre l'esclusione sociale e l'isolamento.

Su uno strano caso di dolore lombo-sacrale

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Premesse e Scopo dello studio: Con il termine di spondilodiscite si intende un'alterazione erosiva della giunzione disco-vertebrale che è un'unità composta dal disco intervertebrale e da metà del corpo vertebrale sovra e sottostante.
Materiali e Metodi: Il caso clinico riguarda una donna italiana di 58 anni, giunta all'osservazione per la presenza, da circa 20 giorni, di febbre continuo remittente, dolore in regione lombo sacrale, sudorazione profusa e malessere generale.
Risultati: Nel sospetto clinico di spondilodiscite la paziente viene sottoposta a TC colonna lombosacrale che evidenziava "spazio intersomatico ristretto L3-L4, porzione sinistra del profilo discale meno riconoscibile con sfumatura tessuti adiacenti, compreso il profilo mediale psoas; nella stessa sede la porzione sinistra L3 ed L4 presentano un'area ipodensa con irregolarità delle limitanti somatiche", e successivamente a RM che evidenziava "rimaneggiamento flogistico normale struttura ossea e disco interposto L3-L4". Diagnosi : spondilodiscite brucellare.
Conclusioni: Il sospetto diagnostico di brucellosi deve essere posto, nelle aree endemiche per brucellosi o in caso di anamnesi positiva per viaggi recenti in tali regioni.. Infine oltre agli aspetti fisiologici, nello studio di queste patologie rivestono grande importanza gli aspetti psicopatologici del dolore tra i quali si rilevano, soprattutto, le patologie regate all'umore come la depressione; le alterazioni psicologiche legate alla dipendenza dai farmaci analgesici e le alterazioni da ansia sono spesso legate al tempo di malattie.

Diagnosi di endocardite con teleconsulto cardiologico mediante WhatsApp

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Accede al PS dell'ospedale Serristori una donna di 78 anni per febbre intermittente. In anamnesi impianto di protesi valvolare aortica biologica. Il post-operatorio era stato complicato da infezione dei tessuti molli a livello della toracotomia. All'arrivo in PS FC 110 r, Pa 167/85, TC 38,2°C, satO2 97%, FR 20. Gli esami ematici documentano leucocitosi, vengono prelevate emocolture e la paziente viene sottoposta a ecografia bed-side che documenta una formazione rotondeggiante ecogena mobile a livello della valvola aortica sospetta per vegetazione endocarditica. Il file con le immagini ecografiche viene inviato, mediante WhatsApp, al consulente cardiologo, presente presso un altro ospedale, che conferma la presenza della vegetazione. Perviene il risultato delle emocolture, positive per *E. fecalis* e viene instaurata terapia antibiotica mirata sull'antibiogramma. Nei giorni seguenti la paziente è stata comunque inviata ad eseguire ecocardiogramma transtoracico dallo specialista cardiologo che ha confermato la presenza, a livello della protesi biologica, di una vegetazione endocarditica. Appare comunque importante l'acquisizione da parte del medico internista di competenza in ecografia clinica, soprattutto in piccoli presidi ospedalieri come il nostro, dove non è presente un servizio di cardiologia attiva h24, al fine di rendere più veloce la diagnosi. Grazie a WhatsApp, nel giro di pochi minuti, è stato possibile attuare un vero e proprio teleconsulto a conferma diagnostica.

Apical ballooning syndrome or Tako-tsubo cardiomyopathy: a compared analysis with ST-elevation myocardial infarction to assess the risk of cardiovascular death

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Objectives: Our aim was to assess long-term outcomes, mortality and survival in a case series of patients with Apical Ballooning Syndrome (ABS), also called Tako-tsubo cardiomyopathy, compared with a group of ST-Elevation Myocardial Infarction (STEMI) patients of our Cardiology Division.
Methods: From January 2007 until April 2013 we prospectively enrolled in the study 54/69 (78.3%) typical ABS patients with at least 1 year of follow-up. Mortality and survival were assessed and compared to a matching STEMI control group, consisting of 54/538 (10%) patients, comparable to our ABS population for age, sex, clinical characteristics and mean follow-up.
Results: All patients were female; mean age was 71.3±10.8 and 73.5±11.7 years in ABS and STEMI respectively. In the ABS group 1-year survival was 94.4%, 5-year survival was 92.5% and 10-year survival was 90.7%. During 10 years of follow-up there was only one cardiovascular death for stroke. In the STEMI group 1-year survival was 85.2%, 5-year survival was 79.6% and 10-year survival was 74.7%. During 10 years of follow-up there were 7 cardiovascular deaths. No statistical differences in long-term survival between STEMI and ABS group were found (p=0.07). Long-term cardiovascular mortality was lower in ABS, compared with STEMI patients (p=0.02).
Conclusions: ABS patients have no significant difference in long-term survival compared to STEMI patients, while they presented a significant decrease risk of cardiovascular death, probably pointing on different pathophysiologic mechanisms, like microvascular spasm and adrenergic hypertone.

Accelerated development of atherosclerotic plaque and cardiovascular impairment in rheumatoid arthritis and systemic lupus erythematosus

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Systemic rheumatic diseases are autoimmune inflammatory conditions which frequently lead to several visceral damages, including cardiovascular system. Disease severity represents a major risk factor for cardio-

vascular impairment in patients with rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE). Similarities and differences in patterns of vascular morbidity between RA and SLE reflect important concepts in the pathobiology of atherosclerotic plaque. There is extensive evidence for the importance of proinflammatory cytokines such as tumor necrosis factor (TNF) in the development and rupture of unstable plaque, subsequently leading to cardiovascular events. TNF stimulation leads to increased production of interferon-gamma (IFN-γ) which has been shown to influence many features of atherosclerosis, such as foam cell formation, adaptive Th1-specific immune response and plaque development. Also immunologic pathway plays a key-role in the development of cardiac impairment. The majority histocompatibility complex (MHC) class II is a regulator of T-cells dependent immune response, and its aberrant expression on endothelium has been demonstrated in autoimmune diseases, like RA and SLE. MHC class II may also be implicated for the activation and migration of T-cells and monocytes into the vascular wall. In the setting of chronic inflammation, also T-cells may feature a particular phenotype, such as the lack of surface expression of the co-stimulatory molecule CD28, that leads to high production of IFN-γ and to the expression of natural killer cell markers, including CD56.

Case report of anti-phospholipid syndrome with neurological manifestations

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Premise and Objective of the study: Case report of anti-phospholipid syndrome (APS) with neurological manifestations.
Materials and Methods: Patient M.M., 57 years of age.
Results: The patient reported deep venous thrombosis (DVT) in the right leg in 2004. Surgery for rectum neoplasm (pT3N1bMxG2) was performed on July 9th, 2014. The surgeon reports "thrombosis of two venous mesenteric arches". On October 25th, 2014 the patient is admitted to the hospital for left iliofemoral DVT. During her stay, the patient develops severe thrombocytopenia, renal and hepatic failure, microangiopathic hemolytic anemia, coagulopathy with aPTT prolongation. The patient was diagnosed with "possible catastrophic APS" on the basis of positivity to LAC, anti-CL, anti-beta 2 glycoprotein. She had profound cognitive deficit with one episode of generalized epilepsy. The brain CT rules out vascular lesions. Brain MRI revealed high-intensity lesions in the subcortical white matter. Treatment with warfarin and prednisone (1mg/kg) has been associated to the resolution of DVT, to multi-organ failure and to hematic disorders resolutions. 20.01.2015: the patient is alert and autonomous. A mild cognitive deficit endures.
Conclusions: APS is a multi-system disease characterized by vascular events and presence of typical autoantibodies. In the above case DVP and thrombocytopenia are common elements of the syndrome. The neurological manifestations and the lesions shown by the MRI are to be considered a sign of APS, whose pathogenesis and treatment are not defined.

Misleading clinical presentation of liver sarcoidosis

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Premise and Objective of the study: Misleading clinical presentation of liver sarcoidosis.
Materials and Methods: Case report and review of medical literature.
Results: A 48-year-old woman presents a one-month history of pain in the right upper abdominal quadrant, together with malaise, weight loss, pruritus, abnormal LFT. On physical examination, she reported skin lesions (nodules-plaques) on the legs (image). Chest Rx was almost normal. On U.S. and CT scans, liver and spleen showed multiple nodules, suspected findings of neoplasm (images). A liver biopsy was performed (images): hepatic granulomas. However, the absence of a liver tumor did not rule out cancer. A PET revealed hypermetabolism in the liver, spleen and lymph nodes (hilar, mediastinal, celiac, paraortic) and, because of the presence of thyroid nodules on CT, a total thyroidectomy was performed. The histology was of benign goiter. A lymphoproliferative disease is suspected, based on worsening weight loss and fatigue. A mediastinoscopy allowed lymph node biopsy: non-caseating epithelioid-cell granulomas, as in the previous liver involvement. This supported the diagnosis of sarcoidosis. Follow-up: after a short course of prednisone improvement of systemic symptoms occured; no more abdominal pain or pruritus.
Conclusions: Evidence from medical literature supports the claim that sarcoidosis can affect the liver presenting itself as a cholestatic syndrome. Pulmonary involvement can be absent. Systemic symptoms can be preeminent. The imaging of the affected liver and spleen can be nodular and misleading.

Autoimmune hepatitis in elderly patients. No longer an exception to the rule

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Premises and Objective of the study: Autoimmune Hepatitis (AIH) in an elderly patient. No longer an exception to the rule.
Methods and Materials: Case records of elderly patients with AIH. The experience of a medical ward.
Results: Even though AIH has been initially presented as affecting mostly young women, recent epidemiological studies suggest that it can affect elderly people. In an Internal Medicine unit with a Hepatology outpatient clinic, 15 patients have been diagnosed with AIH (definite or probable, following scoring system of IAHG), of which, 8 are above 65 years of age. As the literature states, AIH affects mostly asymptomatic women, already cirrhotic when admitted, usually with extrahepatic associated diseases that may provoke collateral effects from the treatment (steroid; immunosuppressive), which however performs well, as much as on younger patients.
Conclusions: AIH is a relevant differential diagnosis in elderly patients with cirrhosis or abnormal liver function tests. Usually, the medicine unit is where the disease is diagnosed to patients of this age and it is the most adequate setting for management.

Comparison between antithrombotic therapeutic strategies in the management of patients affected by atrial fibrillation in Italy and Europe: data from the Registry PREFER in AF

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Rationale: Atrial Fibrillation (AF) is one of the most common heart rhythm disorders but little information concerning the treatment of patients is available.
Methods: The registry PREFER in AF (The PREvention oF thromboembolic events – European Registry in Atrial Fibrillation) enrolled patients in seven European countries affected by AF from January 2012 to January 2013. A follow up visit was performed one year after the enrollment.
Results: The Registry PREFER in AF enrolled 7243 patients in Europe, 1888 in Italy. A number of 6412 patients in Europe and 1655 in Italy performed the follow up visit. At the baseline 78,3% of European and 71.6% of Italian patients were treated with VKA (Vitamin K Antagonist); the percentage decreased at the follow up respectively at 72,1% and 65,3%. Prescription of combined therapy of VKA and Anti Platlet (AP) therapy decreased 3,5% in Italy, and 3,9% in Europe. The use of one or more antiaggregants decreased in Italy (-3,1%) and in Europe (-3,2%), while the prescription of New Oral Anticoagulats (NOA) raised from 0,3% to 3,2% in Italy, and 6,1% to 11,9% in Europe, along with the percentage of patients untreated (respectively 10,4 *vs* 19% and 6,5% *vs* 11,9%).
Conclusions: Data after one year of follow up of the Registry PREFER in AF confirmed that in Italy, with respect to Europe, there is a lower use of antithrombotic therapy, a higher percentage of patients not treated or inadequately treated, similar antithrombotic therapy in association with VKA, and a lower use of the NAO.

Vantaggi della terapia insulinica con microinfusore vs multiniettiva

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Diabetic patients in insulin pump therapy(CSII), *vs* multi-injection therapy(MDI), reach an optimal metabolic control and a lower glycemic variability.
Aim: To evaluate benefits of CSII *vs* MDI.
Materials and Methods: in an observational study on 32 MD1 patients in CSII were evaluated at time 0 (MDI), 6 (T1), 12 (T2), 18 months (T3) from the beginning of CSII: HbA1c, number of hypoglycemia warned, % episodes hypoglycemic (<70mg/dl) and of severe hypoglycemia (<40mg/dl), insulin dose/day.
Results: 17M and 15F, mean age 33±10.5 years, disease duration at the start with CSII 16±8.6 years. Recent meta-analysis showed reduction in HbA1c of 0.4-0.6% (4-6mmol/L) in the first 1-2 years in CSII and 75% for hypoglycemia. Our results showed: significant reduction of HbA1c %, above after 1 year (T0: 9.28±1.63; T1: 7.56±0.65 p<0.0001; T2: 7.3±0.59 p<0.0001; T3: 7.2±0.47 p<0.05), of hypoglycemia % (T0: 0.14±0.08; T1: 0.07±0.03 p<0.0001; T2: 0.05±0.02 p<0.0001), of severe hypoglycemia (T0: 0.06±0.05; T1-T2: 0.01±0.01 p<0.0001; T3: 0±0.01 p<0.05) and compared with liteature data, a rimarkable decrease of insulin units/day in the first 6 months (T0: 77.25±24.34; T1: 43.25±10.85 p<0.0001), an increase in the number of hypoglycemia warned (T0: 1.94±1.93 ; T1: 3.59±1.66 p<0.001; T2: 2.92±1.3 p<0.05; T3: 2.59± 1.33 p<0.05).
Conclusions: CSII *vs* MDI, improves glycometabolic compensation with a reduction of insulin units/day and hypoglycemic episodes. An increase in the hypoglycemia warned could mean that patients would regain adrenergic symptoms of hypoglycemia, lost because hyperinsulinizated.

Valutazione della qualità di vita nei pazienti in trattamento insulinico con microinfusore

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The insulin pump therapy(CSII) compared to multiple daily injections(MDI), not only allows to achieve optimal glycemic control, but ensures a better quality of life for insulin dependent diabetics patients.
Aim: To evaluate the benefits of CSII *vs* MDI in terms of quality of life.
Materials and Methods: 32 patients with type 1 MD related to Diabetology of Internal Medicine of the A.O.R.N. of Caserta, within 6 months of starting treatment with CSII, was administered a questionnaire with 8 items. For each item was assigned a score based on the degree of satisfaction with CSII: 1 (very), 2 (enough), 3 (a little), 4 (nothing). 1) Since the CSII have you improved your glycemic control? 2) Are decreased hypoglycemia and hyperglycemia? 3) Is it easier to accept and manage the treatment of diabetes? 4) Has the quality of your life improved since using CSII? 5) Does the CSII make you feel safer in everyday life? 6) Do you think the CSII will help to avoid long-term complications of diabetes? 7) Are you happy with the CSII? 8) Would you recommend to a friend or acquaintance diabetic inquire on the CSII?
Results: From the integration of the responses to individual items, is derived an overall assessment of the quality of life: 52% of patients believed that it improves enough with CSII, 39% responded that the quality of life has improved a lot; while 8% said little and only for 1% there was no change.
Conclusions: Insulin dependent diabetic patients treated with CSII *vs* MDI, obtain an improvement of the quality of life which is reflected in a greater compliance to therapy.

Asthma or chronic obstructive pulmonary disease? Pay attention to proper diagnosis!

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Introduction: Asthma and chronic obstructive pulmonary disease (COPD) can easily lead to confusion in diagnosis, as in the following case report.
Case report: G.A. M, 47, allergy to parietaria, graminaceaee and dust mites; he complains of cough, dyspnea and hyperventilation especially for moderate exercise, for some weeks. Evaluated by his family doctor, he is put on treatment with aclidinium bromide 322 mcg bid. Persisting symptoms, he comes under our observation for further diagnostic/therapeutic evaluation. He is investigated with Asthma Control Test, achieving a score of 17, and undergoes spirometric examination: functional obstruction with significant bronchodilation after salbutamol. Diagnosis: Asthma stage III GiNA; treatment with LABA/ICS, oral steroid for 10 days, montelukast 10 mg daily. Reference is made to control at 30 days.
Discussion: Chronic obstructive pulmonary disease is a very common disease of the respiratory system; the similarity between COPD and asthma can easily lead to confusion in diagnosis. These two diseases are similar for clinical aspects, but different in pathophysiology and therapeutic approach, which is based on different molecules: vagolytic and LABA in COPD, steroid and LABA in asthma. Functional approach is necessary for diagnosis.
Conclusions: The case shows that the clinical approach alone may not be sufficient, when pathologies are very similar; we can not neglect simple functional methods, such as Flow/Volume curve and/or Volume/Time curve, with the study of bronchial dynamism, to arrive at the correct diagnosis, the first step to a suitable therapy.

Acid-base disorders in hypercapnic chronic obstructive pulmonary disease exacerbation and noninvasive ventilation

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Background: Hypercapnic Chronic Obstructive Pulmonary Disease (COPD) exacerbation in patients with comorbidities and multidrug therapy is complicated by mixed acid-base disorders. Aim of the present study was to evaluate the relationships of acid-base disorders with the requirement for non-invasive ventilation (NIV) when treating hypercapnic respiratory failure.
Patients: In 110 patients (55 assigned to standard therapy and 55 to NIV) who were hospitalized for hypercapnic COPD exacerbation, clinical status, blood chemistry and arterial blood gases were assessed. The patients were categorized in compensated respiratory acidosis (N 51), mixed respiratory and metabolic acidosis (N 23) and mixed respiratory acidosis - metabolic alkalosis (N 36). All the patients received O_2 therapy with a Venturi mask or NIV and conventional treatments, including bronchodilators, corticosteroids, and other drugs, depending on the concomitant comorbidities.
Results: NIV was performed in 24/51 (47%) compensated respiratory acidosis, 22/23 (96%) mixed respiratory-metabolic acidosis 9/36 (25%) mixed respiratory acidosis–metabolic alkalosis. 22 patients were transferred to the intensive care unit (ICU): 7/51 compensated respiratory acidosis; 12/23 mixed respiratory-metabolic acidosis; 3/36 mixed respiratory acidosis–metabolic alkalosis.
Conclusions: Mixed respiratory-metabolic acidosis during hypercapnic COPD exacerbations predicts the need for NIV and ICU. The combination of mixed respiratory acidosis–metabolic alkalosis does not imply a worse prognosis in hypercapnic COPD exacerbation.

Chronic obstructive pulmonary disease and cigarette smoking: two diseases still undervalued

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Introduction: Chronic obstructive pulmonary disease (COPD) has great clinical and socioeconomic impact. Cigarette smoking is the main risk factor for this disease. Diagnostic/therapeutic approach to these health problem remains deficient.
Case report: S.F. 63, M, active farmer, smoker (>67,5 p/y), comes to our observation for fever. We detect SpO2: 80% and severe reduction

of breath sounds. History: dyspnea for slight effort, and scarce productive cough. We practice spirometry (advanced degree of ventilatory obstruction). We administer Fagerstrom Test for Nicotine Dependence (FTND) and motivational test for cessation smoking status (MTCSS), to the patient. Results: 9 and 12 (very high dependence and high motivation to stop smoking).
Discussion: COPD remains the only chronic disabling disease with increasing trend. Current legislation imposes a ban on smoking in local places with public access. Despite GOLD guidelines, our patient had never had a diagnostic approach, before reaching the extreme degree of severity of COPD.
Conclusions: COPD and smoking are two diseases still undervalued. The spirometry, diagnostic gold standard, should be offered to all smokers, especially when they ore >45 y.o. In addition, tests of evaluation should be addressed to every smoker who comes to the doctor for any symptoms (the 5 A's of intervention: Ask, Advise, Asses, Assist, Arrange; the "5 R's" of motivation: Rilevance, Risks, Rewards, Roadblocks, Repetition). Early diagnosis of COPD is the only way to prevent disability. The Internist, due to holistic education, can play a key role in the early diagnosis of COPD.

Chronic obstructive pulmonary disease and cigarette smoking: the diagnosis is frequently delayed

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Introduction: The number of respiratory, cardiovascular and cancer diseases, due to smoking, is still extremely high. Diagnostic/therapeutic approach to this "health" problem, remains largely deficient.
Clinical cases. A.A, F, 43, smoker (>40 p/y) and D.S, M, 49, smoker (>45 p/y), come to our observation for dyspnea and productive cough. At medical examination: decreased breath sounds, We evaluate the patients with spirometry. We administer to patients Fagerstrom Test for Nicotine Dependence (FTND) and motivational test for smoking cessation status (MTCSS), with following results: AA: 7 and 12; SD: 9 and 14 (very high dependence; high motivation to stop smoking, for both patients).
Discussion: COPD is the only one chronic disabling disease with increasing trend. The main cause is cigarette smoking, in Western world. This "life habit" is now codified as preventable and treatable disease. Current legislation imposes a ban on smoking in local places with public access and has set up anti-smoking centers. The effect of the actions implemented to date have not produced significant results.
Conclusions: Smoking is the main risk factor of respiratory, cardiovascular and cancer diseases. Diagnostic approach, using simple tests (the "5 A's" of intervention: Ask, Advise, Asses, Assist, Arrange and the "5 R's" of motivation: Rilevance, Risks, Rewards, Readblocks, Repetition), should be addressed to every smoker who comes to the doctor. Our case-reports show that the internist, with his holistic approach to the patient, can play a key role in combating this "life habit".

Un raro caso di sindrome di Schmidt

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Le SPA sono rare patologie caratterizzate da attività autoimmune. Nelle SPA 1 e 2 il M. Addison è prevalente. Nel tipo 2 si associa tireopatia Hashimoto nel 75%; DM T1 nel 45%; ipogonadismo, vitiligo, celiachia, miastenia nel 1-11%. Donna 47 aa in PS per astenia vertigini ed episodi di paralisi arti inf. APR ipotiroidismo in terapia con LT4. All'ingresso riscontro: addome dolorabile, cute bruna; ECG onde T a punta QRS slargato; iperkaliemia 10.3 mEq/l, acidosi metabolica, iperglicemia. All'EMG riduzione/assenza delle risposte sensitivo-motorie nei segmenti distali. La terapia con NaHCO3, diuretici e glucosata tamponata migliora i parametri. Data la grave iperkaliemia, si sospetta iposurrenalismo, confermata agli esami: ACTH 1124 pg/ml cortisolo 4.6 g/dl Al 5° giorno, paziente dimessa con diagnosi di morbo di Addison, ipotiroidismo e DM 2 Terapia con cortone acetato, fludrocortisone, LT4 e insulina. In D.P.TC addome e RM encefalo, EMG/ENG es autoimmunitari confermano l'iposurrenalismo e rivelano m. di Hashimoto e celiachia; ab anti-21-idrossilasi+ ABTPO+ABTG+ AB anti-endomisio+ Inizia terapia e dieta glutine-priva. Ad 1 mese,i valori ematochimici ed ormonali sono rientrati nella norma. In base ai dati viene formulata diagnosi di SPA tipo 2. La tiroidite era già presente, anche se nel 50% dei casi si manifesta prima l'iposurrenalismo. La diagnosi è difficile per la natura aspecifica dei sintomi, ma clinica e iperkaliemia c hanno dato un orientamento. Sarebbe utile definire un protocollo di esami a cui sottoporre i pazienti affetti da una o più condizioni associate a SPA.

✪ Gender differences in the relationship between diabetes process of care indicators and cardiovascular outcomes: a population based study

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Background and Aims of the study: To evaluate whether and to what extent adherence to standardized quality-of-care-indicators in diabetes, is able to predict equally in men and women the hospitalization or mortality risk after acute-myocardial-infarction (AMI), ischemic stroke (IS) congestive-heart-failure (CHF), lower-extremity-amputations (LEA) or overall major-cardiovascular-events (MACE).
Materials and Methods: Guideline Composite Indicator (GCI) a process indicator which includes one annual assessment of HbA1c and at least two among eye examination, serum lipids measurement and microalbuminuria, was measured in the year 2006 in 91,826(46,167M/45,659F) diabetic patients, living in Tuscany (Italy). By a Cox proportional hazard regression model, the effect of GCI on adjusted risk of hospitalization-mortality for AMI, IS, CHF, LEA, and MACE, expressed as Hazard ratio (HR) was assessed in both genders during the period 2006-2012.
Rusults: GCI adherence significantly reduced the adjusted risk of MACE [N=8,105; HR(95%CI): 0.866 (0.823-0.910)] and of all-events risk for AMI, CHF, and LEA among men, whereas, among women, GCI significantly decreased all-events risk only for CHF [(HR: 0.824 (0.729-0.930)] and mortality after IS [(HR: 0.626 (0.437-0.878)].
Conclusions: In this cohort, over a seven-year follow up, GCI adherence was a significant predictor of lower cardiovascular risk, with some evident gender differences.

Heart failure in women: data from the SMIT study

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Background: Near 35% total CVD mortality in women is due to HF, biological variability in response to risk factors may account for the differences in epidemiology, clinical characteristics and treatment response compared with their counterparts. We analyzed the HF differences by gender in the SMIT study, a survey of HF patients admitted in IM wards in Tuscany.
Methods: Student t test for paired data with P<0,05 was applied.
Results: 770 patients (M=341 F=429) were analysed (M 80,8±8,8 *vs* F 83.4±8,1 yrs, p<0,05), 404 F and 304 M were over 70 yrs (P<0,05). At the admission 361 F and 284 M were in NYHA Class 3-4 (ns). The Hypertension (H) was the F prevalent HF etiology of women. The prevalence and number of comorbidities was similar (M 366 *vs* F 426, ns). Notably no difference was found in hypertension, previous cerebrovascular events. Men had marginally more diabetes, COPD and AOP, women more cognitive defects. No difference was registered in renal failure or anaemia. 244 F and 179 M had atrial fibrillation (P<0,05). LVEF>50 % in women was 51,2%, in men 32,6% (P<0,05). No difference was registered in HF therapy (diuretic, ACEI, ARBS, Beta Blockers, Digoxin), but Anti-Aldosterone agents was marginally more prescribed in men. In hospital mortality was M=22 and F=24 (ns).
Conclusions: Our data confirm that F have more preserved systolic function HF, hypertension is the prevalent etiology, show less diabetes, COPD but more dementia and no difference in HF therapy and in hos-

pital mortality. These HF flattened differences by gender may be due to the advanced age of our population.

Gender differences in acute pulmonary embolism: findings from TUSCAN-PE study

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Background: Literature lacks on gender difference in clinical presentation and management of acute pulmonary embolism (PE). Therefore, the aim of our study was to provide information about this topic.
Materials and Methods: TUSCAN-PE study was a multicenter, observational, retrospective, cohort study aimed to analyze data of PE patients admitted in internal medicine wards of Tuscany. For the purpose of the present investigation, we analyzed and compared differences between females and males.
Results: 272 (60.1%) of 452 patients enrolled in the study were females. Females were older than males (76.6±12.0 *versus* 73.5±13.4 years). Mean length of hospital stay was longer in females (11.3 *vs* 9.5 days), whereas both in-hospital and PE-related mortality were higher in males (12.2% and 8.3% *vs* 7.7% and 5.1%, respectively). Reduced mobility was more frequent in females (46.3% *vs* 35.5%), whereas COPD and cancer in males (20% and 39.4% *vs* 9.9% and 23.8%, respectively). None difference was found in shock index and simplified PESI score between females and males, whereas according to 2008 ESC prognostic model females were classified in intermediate risk more often than males (76% *vs* 63.5%). Prescription of vitamin K antagonists at hospital discharge was not significantly different between females (54%) and males (50%). Bleeding events were significantly higher in females compared to males (4.7% *vs* 0.5%).
Conclusions: Our retrospective study could provide information about gender differences in acute PE. Prospective studies are warranted.

Morbo di Addison e gastrite atrofica autoimmune: case report

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Premessa e Scopo dello studio: Maschio di 48 anni non affetto da patologie degne di nota. Giunge alla nostra osservazione per astenia cronica, apatia ed episodi lipotimici recidivanti. Diversi accessi in PS con prolungate assenze lavorative per tale motivo.
Materiali e Metodi: Gli esami di routine, colturali e la sierologia furono negativi. Da segnalare lieve anemia e bassi valori pressori, iperpgimentazione cutanea e sintomi gastrointestinali aspecifici. Vennero eseguiti markers per autoimmunità e dosaggio ormonale con riscontro di ACTH elevato. Fu posta diagnosi di ipocorticosurrenalismo primitivo ed avviato trattamento specifico.
Risultati: Si osservò miglioramento della sintomatologia, tranne della dispepsia. L'esame istologico in corso di EGDS mostrò gastrite atrofica autoimmune (GAA), confermata anche dalla positività per APCA.
Conclusioni: Dalla letteratura emerge che la malattia di Addison è diagnosticata in meno del 50% dei pazienti ad un anno dalla comparsa; il 67% di essi ha consultato più di 3 medici prima della diagnosi e al 68% è stata posta una diagnosi non corretta. I sintomi gastrointestinali o psichiatrici sono i maggiori responsabili di una diagnosi tardiva. La GAA dovrebbe essere considerata anche in assenza di anemia perniciosa essendo responsabile di sideropenia in circa il 27% di pazienti con anemia da causa ignota. In letteratura l'associazione tra morbo di Addison e GAA è stimata essere di circa il 3%.

Infezione occulta da virus dell'epatite B ed immunodepressione: case report e revisione della letteratura

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Premessa e Scopo dello studio: Nonostante la vaccinazione obbligatoria e le norme di prevenzione, l'infezione da HBV resta ancora con un livello di sommerso particolarmente elevato. Mentre il rischio di riacutizzazione in soggetti noti è comprovato, la riattivazione di infezione occulta (OBI) favorita dall'impiego di farmaci immunosoppressivi sempre più potenti sta lentamente emergendo negli ultimi anni. In condizioni di immunosoppressione o chemioterapia, l'OBI può associarsi a riattivazioni anche letali se non prontamente riconosciute e trattate.
Materiali e Metodi: È stata prescritta per 5 pazienti con OBI affetti da malattie onco-ematologiche e autoimmuni.
Risultati: La scelta è stata fatta considerando la durata del trattamento e il rischio di sviluppare resistenza. Si preferisce entecavir o tenofovir in pazienti con HBV-DNA>2000 UI/ml. Se HBV-DNA<2000 UI/ml un trattamento a termine con lamivudina è efficace, con rischio trascurabile di resistenze. Se il paziente è anticore positivo e HBV-DNA negativo, andranno monitorati la funzione epatica e la carica virale e il trattamento verrà intrapreso solo se confermata la riattivazione.
Conclusioni: E' largamente dimostrato che l'immunodepressione iatrogena favorisce riacutizzazioni/riattivazioni di HBV sia in pazienti con infezione attiva che con OBI. E'ormai noto che il virus instaura nell'organismo un'infezione persistente con differenti livelli di espressività clinica e virologica. Anche nei cosiddetti "guariti" in assenza segni di attività clinico-virologica è stata dimostrata la presenza del virus nel tessuto epatico (cccDNA)

Poisonous beauty: the case of oleander

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Introduction: Oleander is an ornamental plant widely cultived in many countries. All its parts are toxic: accidental human exposure may occur by foods, drinks, for medicinal purposes. Poisonous components are: Digitoxigenin, Neriin, Oleandrin, Oleondroside. Poisoning symptoms involve eyes, gastrointestinal traits, heart and blood, nervous system, skin.
Case report: A 77-year-old woman came to our observation showing vomiting, slow hearthbeat, confusion, dizziness,lethargy, severe muscolar asthenia two hours after meal with large amount of snails collected near oleanders. Patient also suffered of chronic atrial fibrillation treated with warfarin, digoxin, simvastatin, furosemide. Complete laboratory investigations panel gave normal result, except for increased creatine kinasi (2647IU/l), myoglobin (1750ng/ml) and digoxin (4,30 ng/ml). Oleander poisonig was suspected. Treatmment was hydratation i.v. with electrolyte solution (2000 ml/24h) with interruption of preexistent therapy. Digoxin and hearthbeat returned rapidly to normal, slowly the lethargy and the muscular enzymes, very slowly the generalized muscolar asthenia. At discharge patient's therapy was reintroduced. No problem along follow up.
Discussion: The oleander's glycosides can induce blurred vision, diarrhea, loss of appetite, nausea, stomach pain, vomiting, irregular or slow heartbeat low blood pressure, weakness, confusion, disorientation, dizziness, drowsiness, fainting, headache, lethargy, hives, rash. In our case persistent therapy could intensify and prolong some poisoning effects. Cause of myopathy remains unclear.

Proton pump inhibitors and low magnesium levels: a brief analysis

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Background and Purpose of the study: Proton pump inhibitors (PPIs) are widely used in the elderly. Hypomagnesemia is a relative recent, rare but serious side effect reported for this class of medications and several case reports and series have confirmed this finding. In this work we analyzed the prevalence of hypomagnesemia in a sample of consecutive patients admitted to our department on PPIs therapy and evaluated a possible role of the duration of therapy.
Materials and Methods: We collected data from 60 consecutive patients aged over 70 admitted to our department of which 30 were on PPIs therapy and 30 were not. We divided the patient in 2 groups, the first constituted by patients on PPIs therapy, the second by patient not

taking PPIs. Hypomagnesemia was defined as serum Mg concentrations less than 1.8 mg/dl. We evaluated the prevalence of hypomagnesemia in the two groups and the possible role of long-term PPIs on hypomagnesemia itself.
Results: Median Mg concentrations was lower in PPIs group than in control group (2.0 *vs* 2.5 mg/dl). Low serum Mg levels were observed in 20% (n=6) percent of patients on PPI, while only 3.2% (n=1) of controls had hypomagnesemia. Preliminar statistical analisys showed a correlation beetwen long-term PPIs (>6 months) and hypomagnesemia.
Conclusions: Our data confirm the prevalence of hypomagnesemia in elderly patients on PPIs tends to be higher. These findings seems to follow the innovative rule "the longer PPIs therapy, the more severe hypomagnesemia".

A new genomic mutation in the mediterranian familiar fever

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Familial Mediterranean Fever is an inherited disease characterized by recurrent fever, peritonitis and, sometimes other sierosites or skin lesions. Transmission is due to an autosomal recessive mechanism. The gene responsible is allocated on chromosome 16 and encodes for a protein of 781 aminoacids, called Marenostrina, expressed only by the circulating neutrophils. The disease is more often present in subject of Mediterranean origin and, about 50%, of patients have a family history. The onset of symptoms is usually present before the age of 15, but, frequentely, it does not have a regular occurrence, varying in the same patient for frequency from a few weeks to years. The possible complication, related to the genotype, is the development of amyloidosis. We present the case of a 23 years old woman came to our hospital for fever and abdominal pain. One of the two brothers was suffering from similar symptoms. In anamnesis there were recurrent episodes, sine causa, of fever from the age of three years accompanied by abdominal and joint pain. The molecular analysis for Familial Mediterranean Fever has identified two different mutations in heterozygous M694 and R761H in the gene encoding the Marenostrina. This genetic pattern confirms the diagnosis of Familial Mediterranean Fever and it is the first described mutation with this genetic pattern for such disease. At the moment it is not possible to know whether this genetic pattern can evolve in the development of amyloidosis.

Sepsis: epidemiological data on 1003 cases from 2004 to 2013 (ICD-IX codes). Greater sensitivity in diagnosis did not alter mortality

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Sepsis causes millions of deaths worldwide every year, specially in the elderly. We evaluated incidence and mortality of sepsis in different age classes. We analysed the following ICD-IX discharge codes (2003-2013) from the Feltre General Hospital (Veneto county, Italy; assisted population about 95,000): 0.38.0 to 0.38.9, 785.52, 995.91, and 995.52. Cases of sepsis (total 1003) varied from 57 to 94/year without a clear trend from 2004 to 2009, thereafter increased dramatically from 104 (2010) to 190 (2013). M/F ratio remained constant over the years. The age groups 65-75 (14-32%) and 76-85 (25-52%) were constantly the most represented while there was a progressive increase of the class >85 from 5% (2004) to 26%(2013)(X^2: $p<0.0001$). Mortality over the years fluctuated from 14 to 31 % with a significant linear increase of about 1 % every year (both linear trend test and Pearson's correlation: $p<0.05$). Logistic regression analysis showed that only age class (not year of diagnosis or gender) significantly predicted death, with an increase of the risk of about 30% for each age class (<65, 65-75, 76-85, >85). Our data confirm the reported increase of the incidence of sepsis. In our setting the faster increase in years 2010-2013 might be related to sepsis sensitization campaigns and availability of procalcitonin assay. However, in spite of higher diagnostic sensitivity and consequent care, mortality did not decrease probably due to increasing age of the affected population.

An unusual case of loss of consciousness...

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A 52 years old man, smoker, was admitted to our Medical Department for a couple of episodes of loss of consciousness occurred during three months before. His medical history included a seasonal allergic rhinitis in childhood and exhacerbations of chronic obstructive pulmonary disease (COPD) in adult age. He reminded, however, during adolescence, a diagnosis of sarcoidosis made on a lymphonodal biopsy. Recent cardiologic tests to exclude cardiogenic syncope were negative. At the admittance, clinical exam and blood tests (RSE, RPC, autoantibodies in the average) were not suggestive of a systemic disease except for the presence of activated lymphocytes at peripheral blood smear and beta2 microglobulin just beyond the upper value. CT scan revealed the presence of multiple neck, axillary and thoracic lymphonodes where coexhisted bronchiectasic pulmurary fibrosis features. Additionally, CT scan showed multiple abdominal and pelvic lymphonodes, therefore we performed an inguino-crural lymphadenectomy that confirmed our suspicion of sarcoidosis reactivation.The patient was discharged with a steroideal treatment and did not present any syncopal episode later. Sarcoidosis has innumerable clinical manifestations, as the disease may affect every body organ. Furthermore, the severity of sarcoidosis involvement may range from an asymptomatic state to a life-threatening condition. Here we show that a complete medical history is always necessary to understand manifestations, as the loss of consciousness, frequently related to more common causes but, in our case, due to an uncommon disease.

Rete toscana multidisciplinare per la diagnosi dei pazienti affetti da malattia di Gaucher

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Premesse e Scopo dello studio: Lo scopo dello studio è creare una rete tra i vari ospedali della Toscana per l'identificazione dei pazienti affetti da Malattia di Gaucher misconosciti.
Materiali e Metodi: La MG è una delle più comuni malattie da accumulo di glicosfingolipidi causata da un deficit ereditario dell'enzima lisosomiale beta-glucocerebrosidasi con deposizione del substrato glucocerebroside nelle cellule del sistema monocito-macrofagico. E' una patologia rara la cui prognosi è profondamente cambiata dopo l'avvento della terapia enzimatica sostitutiva. Le manifestazioni cliniche sono moltiplici e di entità variabile: le più comuni sono la splenomegalia, l'anemia e la piastrinopenia, l'epatomegalia e l'interessamento osseo. Manifestazioni minori sono i noduli epatici, i calcoli biliari, la MGUS, l'iperferritinemia, la piastrinopenia gravidica e l'emorragia pos-partum; inoltre si registra un'aumentata incidenza di malattia di Parkinson e mieloma multiplo. La gestione dei pazienti Gaucher richiede l'intervento di specialisti diversi sia alla diagnosi sia durante il trattamento.
Risultati: Il paziente con manifestazioni cliniche riferibili a MG deve essere sottoposto al test di dosaggio enzimatico beta-glucosidasi e in caso di positiviità eseguire la conferma con test genetico.
Conclusioni: Lo studio si propone di creare una rete funzionale ed efficiente che coinvolga ematologi, internisti, gastroenterologi, reumatologi, endocrinologi, ortopedici e neurologi al fine di identificare pazienti potenzialmente affetti da MG a cui eseguire il test enzimatico.

A case of metastatic adenocarcinoma of submandibular gland with hyperexpression of androgen and HER2 receptor: a "target driven" therapeutic strategy

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We report the case of a 50-years-old man with anamnesis of stage IIA cervical Hodgkin lymphoma, treated in 1982 with lymphadenectomy, chemotherapy (CT) and radiotherapy (RT). In July 2010 he underwent left submandibular adenectomy with node biopsy for G3 adenocarcinoma of submandibular gland. Disease staging showed bone and nodal metastases. Between September and December 2010 he received a 1st line CT with cisplatin, adriamycin, cyclophosphamide for 6 cycles, with complete response (CR). In October 2011 metastases in lung and bones were treated with stereotactic RT. Four months later metastasis in lungs, mediastinum, cervical nodes and sacrum occurred. A 2nd line CT with docetaxel till June 2012 induced a further CR. In January 2013, when disease relapsed, an histological revision showed hyperexpression of androgen receptor: hormone therapy with bicalutamide was prescribed, determining a subsequent CR until March 2014, when he had skeletal and liver progression. According to Literature reports, we decided to evaluate HER2 expression: immunohistochemistry score was 2+, FISH described gene amplification; 4th line CT with 6 cycles of carboplatin, paclitaxel and trastuzumab, complicated by Streptococcus endocarditis, induced a partial response with residual liver disease, for which radiofrequency thermoablation was performed. The patient is alive and is still receiving trastuzumab maintenance. This case underline the importance of a careful, multidisciplinary and personalized approach to cancer medicine in order to provide effective treatments even beyond guidelines.

Effective management of diabetes in the emergency department

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Diabetes can highly affect morbidity and mortality in Emergency Care Units, either in patients with clinical diabetes or with "stress-induced hyperglycaemia" and no previous diagnosis of diabetes. Acute interventions are required to manage such emergency and to reduce further complications, starting from Emergency Room (ER). A diagnostic and therapeutic protocol was developed in our Emergency Department in order to overcome the most life threatening complications of hyperglycaemia. In ER ketoacidosis and hyperosmolar hyperglycaemia state are treated using schemes of infusional therapy. In our Emergency Medical Unit critically ill patients are treated with insulin infusion, according to a nomogram, while non critical patients receive scheme-based subcutaneous insulin. HbA1c is regularly tested. In a three months time (October-December 2014) 20 patients were treated with continuous insulin infusion, achieving stable normal glycaemia in a 6 hours time and registering only one case of hypoglycaemia to be rapidly corrected. 140 patients underwent subcutaneous insulin treatment, achieving glycaemia mean values of 139 mg/dl; in 4 patients hypoglycaemia was detected. Among them 16 patients died: their mean glycaemia was 184 mg/dl. Mean duration of hospitalization was 5.8 days. Compard to controls treated with sliding scale insulin, mean blood glucose levels were 163 mg/dl. Our study confirm relevance of immediate and effective hospital treatment of hyperglycaemia since the ER evaluation and management.

✪ Diabetes increases renovascular impedance in patients with liver cirrhosis

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Aim: Renal failure is a common complication of cirrhosis and is associated with a poor prognosis. It's well-known that Doppler ultrasound may be an early marker of renal dysfunction. To date few data has been established whether the occurrence of diabetes, affects renal hemodynamic indices.Therefore the aim of our study was compare renal Doppler indices in cirrhotics with and without type 2 diabetes (T2DM) and in diabetics without cirrhosis.
Methods: We evaluated 89 consecutive patients with normal renal function: 37 cirrhotics with T2DM (CD-Group), 41 cirrhotics without diabetes (C-Group) and 11 diabetics without cirrhosis (D-Group). The kidney pulsatility index (PI) and the resistance index (RI) were measured with Doppler-ultrasound. Renal function was expressed as the estimated glomerular filtration rate (eGFR) using the Modification of Diet in Renal-Disease (MDRD) formula, the microalbuminuria (μAlb), was also evaluated.
Results: No significant differences were present regarding age, Child-Pugh's class and serum creatinine. The eGFR was weakly reduced in CD-Group compared to C-Group and D-Group, μAlb was present in 24.4% of the CD-Group and in 9% of the D-Group. The PI and RI were significantly increased in CD-Group and in D-Group compared to C-Group. Both PI and RI were significantly related to μAlb independently of age and Child-Pugh's class.
Conclusions: The novel finding of this study was that T2DM impairs renal hemodynamics in cirrhosis.

Spondilodiscite: una patologia emergente

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La spondilodiscite presenta,nei paesi occidentali, un'incidenza di 0.4-2.4 casi/100000 abitanti/anno,con distribuzione bimodale relativamente all'età di insorgenza (prima di 20 e tra 50-70 anni). L'eziopatogenesi riconosce una diffusione del patogeno per via ematogena, per inoculazione diretta o per contiguità. Il principale microrganismo coinvolto è S.aureo,seguito da *E. coli*. Nel periodo gennaio 2013-novembre 2014, nel reparto di Medicina dell'Ospedale di Guastalla, che ha un bacino d'utenza di circa 80.000 persone, sono stati diagnosticati 13 casi di spondilodiscite. L'età media è stata di 67 anni, con prevalenza del sesso maschile;tutti i pazienti presentavano patologie croniche del rachide e altre comorbidità rilevanti; nella metà dei casi vi era, in anamnesi, un recente intervento chirurgico in anestesia spinale. Ad eccezione di un caso di verosimile diffusione per contiguità e di un caso derivante da procedura chirurgica sul rachide, tutti hanno avuto una diffusione per via ematogena.La diagnosi microbiologica è stata ottenuta in gran parte mediante i risultati delle emocolture (in ordine di frequenza E.coli, MSSA, S.pneumoniae).La terapia è stata condotta per almeno 6 settimane con beneficio, ad eccezione di un paziente deceduto per patologia neoplastica. La casistica mostra come si tratti di patologia emergente per incremento dei soggetti a rischio, miglioramento delle tecniche di imaging ed aumento delle procedure invasive sul rachide. La diagnosi, l'identificazione del patogeno e la gestione della terapia rappresentano una vera e propria sfida per l'internista.

Usefulness of national Early Warning Score to assess acute-illness severity in an Internal Medicine ward

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Clinical severity of patients admitted in internal medicine wards is extremely variable, ranging from stable to critical conditions. Appropriate care based on severity of illness requires a tool to stratify patients for risk of death or clinical deterioration leading to unexpected transfers to intensive care unit (ICU). The aim of the study was to assess the effectiveness of the National Early Warning Score (NEWS) in the Internal Medicine ward of Santa Chiara Hospital. We analyzed 1,825 consecutive hospital admissions over a 16 months period. The admission NEWS score for all the patients was based on main physiological parameters. The evaluated outcomes were unplanned transfers to ICU, mortality at 72 hours and their combination. In order to evaluate the relationship between NEWS and each outcome, we performed a logistic regression. Three aggregate NEWS scores defined different categories of clinical risk: low (L) for NEWS score 0-4, medium (M) for NEWS score 5-6, and high (H) for NEWS score ≥7. For all the assessed outcomes, we found statistically significant increases in odds ratio for patients who belonged to the category M compared to L and for those in H compared to L. In particular, for mortality at 72 hours, the model provided an odds ratio of 16 between M and L and 29 between H and L ($p<0.01$). The results indicate that the NEWS may be useful to stratify the prognosis of patients in different risk categories for early mortality and clinical deterioration. It may provide to physicians actionable information to deliver intensity of care based on clinical needs.

An organizational model differentiated by intensity of care may improve outcomes for severely ill medical patients

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Clinical severity of patients admitted in internal medicine wards is extremely variable, ranging from stable to critical conditions. Clinical deterioration leading to death or unplanned intensive care unit (ICU) transfers can occur during the course of hospitalization on regular wards. The aim of the study was to assess the impact on outcomes of an organizational model differentiated by intensity of care (IC), where patient-bed assignment to areas of the ward, was based on clinical assessment and National Early Warning Score (NEWS). Intensity of care was compared to standard medical care (SC), based on patient-bed assignment performed by room availability only. We analyzed the admissions to the Internal Medicine ward of Santa Chiara Hospital under the different organizational models during two consecutive nine months periods. We compared 1,045 consecutive admissions to IC and 1,055 consecutive admissions to SC. The evaluated outcomes were unplanned transfers to ICU, mortality at 72 hours and their combination. With IC, we found a reduced number of unplanned transfers to ICU: from 56 (5.3%) to 22 (2.1%), p<0.001; again mortality at 72 hours decreased from 36 (3.4%) to 29 (2.8%) but this difference was not statistically significant. The combined outcome decreased with IC from 92 (8.7%) to 51 (4.9%), p=0.001. The reduction of clinical deterioration during hospitalization indicate that IC may improve the quality of care by providing appropriate answers to patients' needs.

High prevalence of pulmonary hypertension in patients admitted to a Unit of Internal Medicine

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Background and Purpose of the study: Pulmonary hypertension is present in many diseases where these have evolved in severe forms. Currently the criteria for hospitalization in Internal Medicine prefer substantially unstable patients with multi diseases and it is therefore conceivable the finding of a high prevalence of pulmonary hypertension in patients. We wanted to evaluate the prevalence of pulmonary hypertension in the first two hundred patients admitted in a Unit of Internal Medicine from the emergency department.
Materials and Methods: The first two hundred patients [113 males, 87 females (mean age 68±12.4 years)], everyone admitted through the emergency room, underwent to echocardiography with measurement of PAPS and TAPSE. To reduce the number of false positives, it was arbitrarily chosen the limit ≥35mmHg (≥50 mmHg defined as severe pulmonary hypertension) for the definition of pulmonary hypertension; the limit of TAPSE was chosen as <2 cm.
Results: Among the two hundred patients 96 (48%) of them had values of PAPS ≥35 mmHg. Of these, 59% were female. 14% of males and 36% of females had severe pulmonary hypertension. Among the 96 patients, 40% had contractile dysfunction of the right ventricle (TAPSE <2 cm).
Conclusions: Our study shows a high prevalence of pulmonary hypertension in patients hospitalized in Internal Medicine from the emergency room. This high prevalence is linked to the presence of diseases evolved into severe forms conditioning high values of pulmonary pressure and reduction of the contractile function of the right ventricle.

High dose of fixed combination of olmesartan plus amlodipine allows a good compliance in diabetics receiving multiple drugs

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Background: A major problem in the treatment of high blood pressure is the compliance to therapy. This is particularly relevant in patients at high cardiovascular risk and taking many medications for presence of other associated risk factors, when intensive antihypertensive treatment is strongly recommended.
Patients and Methods: We wanted to assess the antihypertensive compliance, at six months, of fixed combination of olmesartan 40 mg plus amlodipine 10 mg in 30 hypertensive patients with diabetes mellitus and taking at least 3 other not antihypertensive drugs during the day. Treatment was initiated with 20 mg olmesartan plus amlodipine 5 mg and titrated every 45 days to achieve value of blood pressure <140/90 mmHg. Compliance was done counting tablets taken by the blisters of drugs.
Results: Of the 30 patients recruited for the study, 23 have completed the six months of treatment. Six have not reached the final titration and were excluded from the study. One patient experienced an adverse drug reaction (lower limb edema) and discontinued treatment prior to completion of the study. At six months, the total compliance was 96.71% (ds±4.49).
Conclusions: In diabetic patients, at high cardiovascular risk, in treatment with more than three drugs, associative fixed antihypertensive therapy, with olmesartan and amlodipine at high dose, allows a good compliance at six months.

Long-term disease control with azacytidine in acute myeloid leukaemia: a case report

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Acute myeloid leukaemia (AML) is the second more frequent hematologic malignancy in developed countries and it primarily affect older adults with a median age at diagnosis of 69 years. The outcome declines with increasing age. We report the case of a 74-year-old man who developed AML with three-linear dysplasia on june 2012. He received a "2+5" chemotherapy induction course, achieving a partial response, since bone marrow blast count decreased from 35% to 26%. Subsequently the patient was treated with hypomethylating agent azacytidine at the dosage of 75 mg/square meter body surface area per day, for seven day every four or six weeks, according to cytopenia. Therapy was well tolerated and disease assessment was performed every twelve courses, revealing a bone marrow blast count always inferior to 10%. Twenty-four courses have just been completed and a good improvement of cytopenia was obtained, since thrombocytopenia was the only one left. Hypomethylating agents, such as azacytidine, offer the possibility of long-term disease control without necessarily achieving complete remission and represents a valid therapeutic approach to elderly patients, ensuring them a good quality of life. Brief intensive chemotherapy can be useful as "bridge-to-azacytidine" therapy, in order to get a suitable blast count for starting hypomethylating treatment.

"Surgical" diseases in Internal Medicine: results from a questionnaire

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Some surgical DRGs are hospitalized in Internal Medicine because they seems to have no signs of operability in emergency. A questionnaire was sent to the Directors of the Departments of IM of Tuscany to highlight "surgical" pathologies hospitalized, procedures directly performed and fears perceived. Answers concern 15 departments (6 large hospitals >300 pl -; 4 medium sized hospitals >100 pl -; 5 small hospitals <100 pl). "Surgical" pathologies hospitalized in the departments of MI are acute cholecystitis; acute pancreatitis (lithiasic and not); obstructive jaundice; hydroureteronephrosis; posttraumatic diseases - spine fractures, fractures of the rib cage, pelvic fractures, fractures of the limbs; subdural hematomas; spontaneous and post-traumatic

pneumothorax. Only in one department the internist are able to insert a pleuric tube and in another to introduce a CVC; in no one, the internist are able to perform directly ERCP, nephrostomy, immobilizations of limbs. The diseases perceived as more threatening are fractures, followed by surgery and neurosurgery; the main reason is the remoteness of the specialists, available only via phone or internet and only occasionally; the feeling of being just an innocent bystander of the management of case, then the clinical risk to the patient and possible consequences of legal medicine. These preliminary data indicate that the feeling of internists is not to be competent on all surgical diseases; is therefore necessary staff training, especially for the management of trauma.

A case of bilateral osteonecrosis in a young man

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Background: Osteonecrosis is a pathologic process that has been associated with numerous conditions and therapeutic interventions. Early diagnosis may provide the opportunity to prevent the need for joint replacement.
Clinical case: A 33-years old man presented with persistent fever, vomiting, weight loss, fatigue and acroparesthesias. He had previously been in good health. Blood tests showed pancytopenia, PTT elongation, hypergammaglobulinemia, and increase in inflammatory markers. Immunological testing highlighted C3-C4 reduction and positivity of some autoantibodies (in particular, ANA with homogeneous pattern, ENA SS-A, SS-B and LAC). Microbiological investigations were all negative. A CT scan showed the presence of abdominal adenopathy while the brain-RMN showed multiple ischemic lesions. The presence of systemic lupus erythematosus (SLE) was suspected and steroid therapy was started, which was followed by association with hydroxychloroquine and acetylsalicylic acid. The treatment was accompanied by defervescence and significant clinical improvement. However, two years later the patient developed both left and then right femoral osteonecrosis which was treated with bilateral hip replacement.
Conclusions: Both SLE and the use of glucocorticoids are risk factors for femoral osteonecrosis. It appears that patients with SLE undergoing steroid treatment are at high risk of developing this clinical complication.

✪ A case of deep vein thrombosis in a patient with refractory immune thrombocytopenia

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Background: Primary immune thrombocytopenia (ITP) is caused by autoantibodies against platelet antigens. Thrombopoietin (TPO) receptor agonists are a new class of drugs for the treatment of refractory cases. However, these compounds may increase the risk of thromboembolic complications.
Clinical case: A Caucasian 51-yo woman presented with right leg pain. She had refractory ITP treated with TPO-receptor agonists. She also had a history of hypothyroidism, hypertension, ischemic heart disease and Hodgking linphoma previously treated with chemotherapy, radiotherapy and splenectomy. A lower limb ultrasound showed the presence of a distal deep venous thrombosis (DVT) in the right leg. The platelets count was 174.000/mm3, and treatment with LMWH was initiated. Due to the onset of epistaxis accompanied by decrease in platelet count (23000/mm3), we decided to stop the anticoagulant and to follow a wait-and-see strategy. The search for anti-PF4 antibodies was negative. After two weeks we observed a proximal extension of the DVT. Therefore we decided to place an inferior vena cava filter. Due to the recurrence of thrombocytopenia and the presence of hepatotoxicity signs, the ongoing treatment with Eltrombopag was substituted by Romiplostin, another TPO-receptor agonist. After these changes we saw a raise in the platelet count and a normalization of liver enzymes.
Conclusions: ITP *per se* has been associated with higher risk of venous and arterial thrombosis. Whether the treatment with TPO-receptor agonists can increase the risk of thrombotic complications is still unclear and should be taken into consideration during the clinical follow-up of these patients.

Post-operative arterial thrombosis with non-vitamin K antagonist oral anticoagulants after total hip or knee arthroplasty: a meta-analysis

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Background: The incidence of post-operative arterial thrombosis (AT) (acute myocardial infarction [AMI] and ischemic stroke) is increased in patients undergoing total hip replacement (THR) or total knee replacement (TKR). We compared the incidence of post-operative AT in non-vitamin K antagonist oral anticoagulants (NOACs)-treated and enoxaparin-treated patients, performing a systematic review of phase III randomised controlled trials (RCTs) of venous thromboembolism (VTE) prophylaxis in THR and TKR.
Methods: Studies were identified by electronic search of MEDLINE and EMBASE database until July 2014. Differences between NOACs and enoxaparin groups in the efficacy and safety outcomes were expressed as odds ratios (ORs) with pertinent 95% confidence intervals (95% CI). Statistical heterogeneity was assessed with the I2 statistic.
Results: Eleven phase III RCTs for a total of 31.319 patients were included. The NOACs under study were dabigatran (4 studies), apixaban (3) and rivaroxaban (4). AT occurred in 0.23% of patients on NOACs and in 0.27% of patients on enoxaparin: the OR at fixed-effect model was 0.86 (95% CI 0.53-1.40; I2 11%). No differences in AT incidence among the 3 NOACs were observed. The incidence of major and clinically relevant bleeding was similar in NOACs and enoxaparin groups (OR 1.03, 95% CI 0.92-1.15; I2 38%).
Conclusions: In RCTs of pharmacological VTE prophylaxis in patients undergoing THR or TKR, there was no difference in the incidence of post-operative AT among patients treated with NOACs, compared to those treated with enoxaparin.

Una diagnosi tardiva di infarto polmonare

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VF maschio di anni74 con storia clinica di BPCO di grado lieve-moderato, insufficienza renale cronica lieve, pregressa TVP femoro-poplitea dopo prostatectomia e cistectomia per etp vescicale. Ricoverato il 15.12.14 per tosse produttiva, febbre e dispnea: l'esordio improvviso-della dispnea, l'ega, i fattori di rischiofacevano ipotizzare embolia polmonare. Angio TC toracica ed ecografia cardiaca portavano ad escludere la embolia polmonare. Il reperto TC di addensamento nel lobo superiore dx e la leucocitosi neutrofila facevano ipotizzare diagnosi di polmonite e la scelta di terapia antibiotica. Rapido miglioramento clinico con esame espettorato negativo per germi comuni e BK. Programmato controllo TC Torace ad un mese, anticipato di qualche gg per l'insorgere di un fugace dolore toracico anteriore dx, trafittivo in assenza di febbre, tosse o dispnea., di verosimile genesi parietale. La TC evidenziava "rispetto al precedente esame ..incremento dimensionale dell'addensamento a morfologia triangolare localizzato nel segmento apicale del LSD ed adeso alla pleura costale (dimensioni massime 33x35 mm), con broncogramma aereo nel contesto e bronchiectasie" deponente per infarto polmonare. Evidentemente era sfuggita una embolia subsegmentaria .Veniva iniziata terapia con Rivaroxaban.

Un caso di ipotensione ortostatica

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Donna di 80 anni, giunta alla nostra osservazione per sincopi ricorrenti che avevano portato ad un allettamento progressivo e a ripetuti ricoveri ospedalieri, anche in ambiente cardiologico. In anamnesi: insufficienza renale cronica, diabete mellito di tipo 2, anemia cronica, obesità. Durante il ricovero riscontro ripetuto di ipotensione marcata ed ingravescente nel passaggio dal clino all'ortostatismo nel corso di alcuni minuti (PA in clino 120/60 – PA in ortostatismo 70/40) associata a disturbi neurovegetativi e complicata da perdita di coscienza. Da segnalare gli-

cemia a digiuno ai limiti inferiori (nonostante la sospensione della terapia ipoglicemizzante orale), nessuna iperglicemia. Per escludere un deficit dell'asse ipotalamo-ipofisi-surrene come da algortimo diagnostico della ipotensione ortostatica venivano dosati: ACTh<5 (VN 5-27, al di sotto della norma); Cortisolo 1.6 (VN 100-250, al di sotto della norma). L'aldosterone risultava nella norma. Assenti gli anticorpi antisurrene. Il quadro era compatibile con un'insufficienza surrenalica secondaria. Una TC cranio ed addome escludevano masse ipotalamiche e surrenaliche. La paziente non aveva avuto traumi alla testa, né precedente terapia steroidea che potessero spiegare l'insufficienza. Pertanto il caso è stato interpretato come un deficit isolato di ACTH. La risposta ex juvantibus alla terapia steroidea ha confermato la diagnosi. L'insufficienza surrenalica è una possibile causa di ipotensione ortostatica e va tenuta in considerazione nei pazienti con sincopi ricorrenti legata all'ipotensione ortostatica.

Adult polycystic kidney disease, chronic kidney disease causing anemia, acute pancreatitis, arterial hypertension, hepatic cysts, gastroduodenitis, cardial incontinence, hypocalcemia caused by hypoparathyroidism

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Mrs. B.C.73 years old. Remote Pathological Anamnesis. The patient suffers from resistant hypertension and chronic kidney disease under conservative treatment. She underwent right mastectomy for breast cancer and parathyroidectomy. She is also affected by polycystic kidney disease,as well as her sister, brother, her firstborn and a nephew. The patient is in therapy with erythropoietin. In May 2014 she underwent diagnostic procedures that included colonoscopy and EGD. Close Pathological Anamnesis. Progressive anemization during the last months. Physical Examination: negative. Blood pressure 130/70 mmHg. Laboratory Exams: Increased azotemia (203 mg/dl) and creatinine level s (5.1 mg/dl), anemia (Hb 7 g/dl), hypocalcemia, moderate increase in amylase and lipase levels, hyperuricemia. Chest X-Ray: Negative. ECG: Within normal limits. Abdominal Ultrasound. Increase in the size of liver with cysts. The pancreas is not well visualized (meteorism). Kidneys appear increased in size,with morphological and eco-structural alterations due to several cystic formations of different size. Abdominal Ct Without Contrast. Multiple hypodense hepatic images of different size involving all hepatic segments, suggestive of liver cysts. Kidneys appear increased in size because of several cystic formations of different size. The patient was treated with ACE inhibitor , diuretics, PPI, anti uremicagent, erythropoietin, bloodtransfusion. Diagnosis. Polycystic Kidney Disease, Chronic Kidney Disease, Acute Pancreatitis, Arterial Hypertension, Hepatic Cysts, Gastroduodenitis, Cardial Incontinence, Hypocalcemia, Hypoparathyroidism.

Voluminous heteroplastic lesion in the right kidney with liver metastases

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M.A. 63 years old. He was hospitalized because of gradual decline in clinical conditions,severe weight loss and recurrent episodes of fever. BP: 110/70 mmHg, T: 37.4°C, body weight: 50Kg, emaciated facies,pale skin, adipose tissue deficiency. Regular HR and rhythm. Deep palpation of the right hypochondrium evoked pain; increased compactness of the liver edge,palpable up to 4 cm below costal margin. LAB: epatitis markers: negative.CA125 and CA15-3 positive.Increased GGT, ALP and ferritin levels. Dysthyroidism. Mild sideropenic anemia.Thrombocytosis.Urine colture positive for Enterobacter cloacae. Normal renal function. ABDOMINAL US: Increased liver size,hyperechoic ecostructure and irregular hypoechoic areas in the right lobe, suggestive of malignancy. Normal spleen and left kidney. The right kidney appears highly increased in size, with morphological and ecostructural alterations due to a voluminous formation measuring 16 cm in diameter, suggestive of heteroplastic lesion. CHEST X-RAY: Accentuation of the interstitial tissue; a dense nodular opacification within the left hilum. CHEST CT: Bilateral interstitial changes with fibrotic alterations in the lungs,axillary and mediastinal lymph nodes,a lymph node in the Barety space, a voluminous, irregular mass (14x12 cm) protruding above the right renal space. INPATIENT CARE: He received IV antibiotic and iron therapy,but refused hemotransfusion because of religious beliefs.

Conclusions: Voluminous heteroplastic lesion in the right kidney with liver metastases. We suggested LMWH and iron therapy at home and additional examinations in specialized centres for cancer care.

Intervento educativo facilitato da screening delle complicanze agli arti inferiori in pz con diabete di tipo 2. Esperienza di un ambulatorio itinerante a totale gestione infermieristica

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Introduzione: Il diabete ha grande impatto sociosanitario.
Materiali e Metodi: nel 2012 dal Registro Diabete di Rimini ogni MMG ha ricevuto la lista dei propri pz divisi in 3 gruppi (1- afferenti agli ambulatori diabetologici, 2- in gestione integrata, 3- in carico al medico). I pz dei gruppi 2 e 3 di età 50-70 e con durata di diabete>7 anni, selezionati dai curanti (3068), sono stati chiamati per screening complicanze arti inferiori (ispezione del piede, valutazione della sensibilità con monofilamento e biotesiometria, misurazioneABI, formazione sulla cura del piede) e per counseling alimentare. L'intervento è stato svolto da un'infermiera formata in diabetologia, tramite un "ambulatorio itinerante" nella provincia (con supporto logistico del Dipartimento Cure Primarie). Piattaforma informatica utilizzata: Mystar Connect, grading in 4 classi di rischio: assente, medio, elevato, elevatissimo).
Risultati: Pz contattati: 3068. Valutati: 2197. Rischio: assente 43%, medio 51%, elevato 5% , elevatissimo: 1%. I Pz a rischio elevato ed elevatissimo (132) sono stati inviati al curante dopo indagine di II livello (doppler o EMG) che ha confermato patologia nel 80 e 90% rispettivamente.
Conclusioni* Punti di forza: intervento educativo rafforzato da approccio strumentale, riconoscimento di pz a rischio elevato, per trattamento precoce, e rischio medio, in cui la prevenzione è determinante, collaborazione fattiva ospedale territorio, esperienza di ambulatorio a totale gestione infermieristica come prototipo di progetto di Disease Care Model su patologie croniche.

Indagine retrospettiva sul tasso di contaminazione delle emocolture: la responsabilità dell'infermiere nella fase pre-analitica

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Premesse: L'emocoltura (EC) è un'indagine indicata come gold standard per il riscontro di stati di batteriemia. L'implicazione infermieristica nella procedura è fondamentale, essendo l'infermiere responsabile del prelievo e dell'intera fase pre-analitica. Errori in questa fase conducono a contaminazioni (falsi positivi). Abbiamo analizzato questa attività nella nostra A.O. con lo scopo di misurare il tasso di contaminazione.
Materiali e Metodi: Analisi retrospettiva dal database di microbiologia relativa all'anno 2013. Sono state considerate contaminazioni le positività a batteri tipicamente presenti a livello della cute. Inoltre, somministrazione di un questionario al personale infermieristico.
Risultati: Sono stati analizzati 2474 set di EC con 424 positività (17,1%). I microrganismi isolati sono stati: 51% Gram +; 48% Gram -; 3% lieviti. I falsi positivi sono stati 4,4%. Dal questionario sono emerse alcune criticità: tipo di antisettico da usare, non osservanza del tempo di asciugatura prima del prelievo, mancata disinfezione delle membrane dei flaconi, inoculo di volume di sangue inadeguato.
Conclusioni: Il tasso di contaminazione rilevato è superiore a quello

accettato in letteratura (3%). Si è pertanto deciso di promuovere un incontro formativo e progettare un poster esplicativo della pratica di esecuzione dell'EC da esporre nei locali di lavoro degli infermieri. In letteratura la formazione del personale responsabile del prelievo si è rivelata un metodo efficace per la diminuzione del tasso di contaminazione delle EC.

Double-blind comparison of the effects of Aconitum 30 CH *versus* placebo in cancer patients in conventional palliative therapy

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Introduction: Aim of our study was to compare the effects on clinical and quality of life (QOL), of Aconitum *versus* placebo in cancer patients with pathological fear of death, receiving conventional palliative therapy, since there is no literature in this comparison.
Materials and Methods: We enrolled 20 patients with advanced cancer, with psychopathological disconfort dominated by fear of death, consecutively admitted to our Emergency Medicine Unit for acute pathology since 1st August 2014. After resolution of the acute condition, patients were divided into two equal groups, matched for age, sex and medical condition: a group was started to treatment with Aconitum, the other to placebo. To assess the QoL we used the EORTC-QLQ-C30 questionnaire and to evaluate anxiety and depression we used the Zung's Scale and the Hospital Scale, before and after 1 month of treatment. Statistical analysis was made using Student-t-test.
Results: From the EORTC-QLQ-C30 questionnaires all patients, at baseline, have a bad perception of their QOL, encounter many difficulties in daily activities and poorly tolerate the pain. The perception of QoL improved significantly with Aconitum. From analysis of Zung and Hospital questionnaires, the severity of psychopathology at baseline is high, significantly reduced only after homeopathic treatment. The treated group had slight but significant clinical improvement compared to the control ($p<0,05$).
Conclusions: The results of the study highlight the potential of Aconitum in integrated care of the cancer patient whose main discomfort is the fear of death.

Prognostic model to identify patients with acute pulmonary embolism at high and intermediate risk in the emergency department: our experience

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Background: The identification of patients with acute pulmonary embolism (PE) at high and intermediate risk of adverse PE-related clinical events is a significant challenge. Risk stratification in acute phase may identify patients who need more aggressive treatment. Purpose of our study was to identify a set of clinical, instrumental and blood tests for an immediate prognostic stratification of patients with suspected acute PE.
Methods: The study was conducted from January 2007 to January 2015 in our Department. In 275 consecutive patients with PE, a clinical index was calculated and supplemented by: 12-lead ECG (21 criteria of right ventricular overload); chest X-ray; echocardiogram with criteria of right ventricular dysfunction, blood gases, D-dimer, troponin T and atrial natriuretic peptide. Predictive value of mortality and clinical deterioration of the examinated parameters was calculated by multivariate analysis. The diagnosis of PE was confirmed by CT pulmonary angiography.
Results: The index of severity of PE we adopted showed a sensitivity of 98%, specificity of 98%, positive predictive value of mortality rate of 98% and predictive value of clinical deterioration 95%.
Conclusions: Risk stratification in acute phase allowed us to identify patients who needed more aggressive treatment and monitoring. Statistical analysis showed a high sensitivity and specificity of all parameters we adopted.

Usefulness of the shock index in the management strategy of sepsis in the emergency department: our experience

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Background: Shock index (SI), defined as heart rate/systolic blood pressure, identifies high risk septic patients. Our objective was to compare the ability of SI, vital signs, and the systemic inflammatory response syndrome criteria (SIRS) to predict the primary outcome of hyperlactatemia (HL) as a surrogate for disease severity, and the secondary outcome of 28-day mortality (28DM).
Methods: We performed a retrospective analysis of a cohort of adult emergency department (ED) patients at our hospital with 110.000 annual visits, during 2010-2014. Adult patients with a suspected infection were screened for severe sepsis using triage vital signs, basic laboratory tests and serum lactate level. Test characteristics were calculated for HL and 28DM. We considered: heart rate >90 beats/min; mean arterial pressure <65 mmHg; respiratory rate >20 breaths/min; ≥2 SIRS with vital signs only; ≥2 SIRS including white blood cell count; SI ≥0.7; and SI ≥1.0. We report sensitivities, specificities, positive and negative predictive values for the primary and secondary outcomes.
Results: 3787 patients were included in the analysis. 435 patients presented with HL and 541 patients died within 28 days. Subjects with abnormal SI ≥0.7 (15.6%) were 3 times more likely to present with HL than those with a normal SI (5.1%). The negative predictive value (NPV) of a SI ≥0.7 was 95%, identical to the NPV of SIRS.
Conclusions: In this cohort, SI ≥0.7 performed as well as SIRS in NPV and was the most sensitive screening test for HL and 28DM. SI ≥1.0 was the most specific predictor of both outcomes.

Reduction in 30-day mortality and in-hospital complications in a cohort of patients with acute myocardial infarction afferent to an emergency department

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Background: In patients with acute myocardial infarction (AMI), 30-day mortality (30M) is a valid and reproducible effectiveness indicator of the diagnostic and therapeutic process. Early use (EU) of evidence based medication (EUEBM) and invasive strategy may improve the prognosis of these patients.
Methods: We performed a retrospective analysis of a cohort of 2875 consecutive patients presenting with AMI at our hospital since 2010 to 2014. We analyzed changes in management (CM), timing of angioplasty and EUEBM. We considered the primary endpoint of 30M. The secondary endpoint instead included several complications of myocardial infarction. We performed a multivariate correlation analysis.
Results: Major CM were noted across all types of AMI. From 2000 to 2014 the use of percutaneous coronary intervention (PCI) within 72 hours increased from 87% to 99% in patients with ST-elevation AMI (STEMI) and from 12.5% to 65% in patients with non ST-elevation AMI (NSTEMI). EUEBM increased significantly. 30M dropped during 2000 to 2014 from 12.9% to 3.9% for all AMI patients. It fell from 13.7% to 4.4% in STEMI patients and 10.9% to 3.2% in NSTEMI patients. All in-hospital complications significantly decreased.
Conclusions: Our results indicate that the decreases in 30M and in hospital complications are due to both the widespread use of coronary angiography/PCI and earlier use of recommended medications.

✪ N-terminal pro-brain natriuretic peptide is better than albuminuria for predicting cardiovascular events in patients with diabetes mellitus

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Background: Diabetic patients have very higher risk of developing cardiovascular disease than the general population. Aim of our study was to compare the predictive values of N-terminal pro-brain natriuretic

peptide (NTproBNP) and albuminuria (AU) for cardiac events in diabetic patients.
Methods: In this prospective observational study we recruited 1072 patients with diabetes mellitus. NTproBNP and AL – defined as urinary albumin/creatinine ratio >30 mg/g – were measured at baseline. Patients were followed during a mean observation period of 24 months. A total of 102 patients reached the defined endpoint (unplanned hospitalization due to a cardiac event or death).
Results: The mean duration of diabetes was 15.5 years and the mean HbA1c was 7.7. At baseline, 24.6% of the patients presented with albuminuria and 37.7% 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 2.323; 95% CI 1.912–2.787, p<0.001) was a better predictor than AU (HR 1.538; 95% CI 1.011–2.356, p<0.046) or age (HR 1.033; 95% CI 1.012–1.055, p<0.008). Calculating different Cox-models with (A) AU, (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 0.736, for B 0.811, and for C 0.788). Kaplan–Meier analysis demonstrated that AU does not add substantial information if NTproBNP is entered into the model.
Conclusions: NTproBNP was superior to albuminuria for predicting cardiac events.

Progesterone levels in men with unprovoked deep vein thrombosis

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Background: Venous thromboembolism (VTE) is a multifactorial disease. In women, the use of oral contraceptives and of hormone replacement therapies with estrogen and progesterone is associated with an increased risk of VTE. Conversely, the role of sex hormones, in particular of progesterone, as a risk factor for VTE in men is more controversial.
Methods: To assess the role of progesterone levels in male patients with acute unprovoked deep vein thrombosis (DVT), we measured endogenous progesterone levels (n.v. for adult men ≤0.2 ng/ml) in consecutive adult men with unprovoked DVT and in sex and age matched controls. Body mass index (BMI) was calculated in all the participants.
Results: 63 DVT patients and 63 controls were included in the study. Mean serum progesterone levels were similar (0.14±0.10 ng/ml *vs* 0.14±0.07 ng/ml, respectively; p NS). In each group there were 5 patients for with a progesterone level >0.2 ng/ml; thus, also the analysis that considered increased levels of progesterone failed to identify any significant association with the risk of VTE (p 0.63).
Conclusions: In our study, progesterone levels were similar in male patients with an acute episode of unprovoked DVT in comparison to sex and age matched controls. Thus, progesterone levels did not appear an independent risk factor for VTE in males and should not be routinely tested in male patients with unprovoked events.

Complex regional pain syndrome type 1: comparison between two different protocols of treatment with neridronate

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Background: Complex regional pain syndrome type 1 (CRPS-I) is a complex disabling pain syndrome characterized by sensory and vasomotor disturbance, oedema and functional impairment. Usually it develops after trauma, surgery, immobility, but often without any cause. No tests are available for diagnosis, although Budapest criteria are actually accepted. RMN shows a characteristic bone medullary oedema (BMOe) particularly in early stage. Neridronate (NED) has been recently reported to be effective in treatment of CRPS-I.
Patients and Methods: We compared retrospectively two different protocols of treatment with NED. 50 pts affected by CRPS-I underwent NED therapy. 20 with NED 100 mg x 4 times for 2 weeks (official protocol) (group1) and 30 with NED 100 mg monthly for 4 months (group2). A RMN of the affected district was performed after 6 months from baseline in both groups and an analogic visual pain scale (PVAS) was administered at each infusion.
Results: Adverse events was reported more frequently in group1:1 suspension for ipocalcemia,12 flu-like syndrome with fever and myalgias, 6 migraine. Group2: 1 suspension for severe hypotension,7 flu-like syndrome,22 no adverse events. We reported healing of BMOe at RMN in 75% group1 *vs* 90% group2, need of retreatment in 25% group1 *vs* 10% group2. No atipical fracture or aseptic osteonecrosis of the jaw was detected in either groups. In group1 PVAS showed a better response at 1rst infusion *vs* group2, but at the 4th infusion no difference was reported.
Conclusions: No difference in effectiveness was reported between the 2 NED protocols, but the monthly infusion appears more tolerable.

Schnitzler syndrome (an orphan disease). Case report and review of literature

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Background: In 1972, the French dermatologist Liliane Schnitzler described a syndrome of monoclonal IgM gammopathy, urticaria, recurrent fever, inflammation, bone pain, and arthralgias, occasionally with lymphadenopathy and/or hepatosplenomegaly. Only about 200 cases have been reported since then.Development of a hematological malignancy is the main complication. Recent reports on dramatically effective IL-1 receptor antagonists shed new light on the pathophysiology of the disease.
Patients and Methods: We report a case of a 63 y old man affected by Schnitzler syndrome. In 2008 he had a diagnosis of recurrent fever associated to urticarioid vasculitis, not responsive to corticosteroids. In 2010 a MGUS IgM appeared followed by lymphoadenopathy, without evidence of malignancy at the biopsies. In 2013 a FDG PET showed increasing SUV in the liver and a biopsy revealed a undefined systemic inflammatory disease. A therapy with azathioprine and corticosteroids was performed, but in November 2014 a flare of urticaria, fever, bone pain, leukocitosis and increasinig of inflammation blood index appeared. A theray with canakinumab off label was started monthly.
Conclusions: Schnitzler syndrome is a disease difficult to diagnose, its potential evolution in lymphoproliferative disease requires an accurate diagnosis in order to begin early therapy. The response to therapy with various immunosuppressant drugs is not predictable, good temporary results seem to be obtained with anti IL-1.

Effect of diffuse fatty liver infiltration on the hepatic arterial resistive index in non-alcoholic fatty liver disease patients: a prospective, pilot study

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Introduction: Non-alcoholic fatty liver disease (NAFLD) is a common disorder characterized by excessive fat accumulation in the liver in the form of triglycerides (steatosis). The portal venous flow has been well assessed in the patients affected; however, there is a contrasting evidence regarding flow parameters of the hepatic artery in NAFLD patients *vs* those of healthy controls.
Materials and Methods: 60 patients with a diagnosis of NAFLD disease according to the AASLD/AGA/ACG 2012 criteria and 30 healthy controls underwent ultrasound evaluation of hepatic artery parameters such as arterial resistive index (HARI=peak systolic velocity (PSV) - end diastolic velocity (EDV)/PSV) and diameter (HAD, mm). Patients with secondary liver disease (alcoholic, viral hepatitis or congenital liver disease) were excluded. Baseline characteristics (sex, age, comorbidities, BMI, liver and spleen size and echotexture) were recorded.
Results: There was a significant difference between HARI of patients with steatosis *vs* HARI of healthy controls (ANOVA test, p <0.0001). HARI reduced with increasing of severity of fatty liver infiltration (mild, n=22, mean 0.85±0.05; moderate, n=23, mean 0.73±0.03; severe, n=15, mean 0.66±0.08). There was no significant difference between HAD of patients *vs* HAD of controls.
Conclusions: This study has confirmed an inverse relation between HARI and severity of steatosis, supporting the theory that an increase

of fatty liver infiltration can result in an increased hepatic arterial flow associated with reduced tissue and arterial resistance.

An unusual case of severe pancolitis

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Case report: A 45 years-old man presented with abdominal pain and mucous diarrhea from three weeks. A history of depression treated with sertraline and esophagitis with pantoprazole was reported. Vital signs were normal. Physical examination was negative except for abdominal tenderness. Routine tests and culture and parasitology studies were negative. Colonoscopy showed diffuse friable erythema of the colon with some erosions and pseudopolyps. Endoscopic results were suggestive of ulcerative pancolitis. Additional tests showed high fecal calprotectin. Multiple biopsies were taken and IV cortisone therapy and mesalazine were started. However, the patient did not report any clinical benefit. Next step? a) Increase cortisone therapy, start antibiotics. b) Consult an infectious disease specialist. c) Revise home therapy and wait for biopsy findings.
Discussion: c) Revise home therapy and wait for biopsy findings. Sertraline and pantoprazole were removed. The patient reported symptom improvement. Biopsy revealed a diffuse colonic lymphocytic infiltration. A diagnosis of lymphocytic colitis (LC) was made. Oral budesonide was started with rapid diarrhea resolution. LC is rare condition characterized by diffuse colonic lymphocytic infiltration in a patient with non-bloody diarrhea. Several drugs have been associated such as PPI, NSAIDs and SSRIs (sertraline). Therapy is based on the removal of the offending drug. Budesonide can be useful in severe cases.
Acknowledgments: This case was selected as oral communication at the FADOI Emilia Romagna Conference, held in Bologna in January 30, 2015.

Caso clinico di leucemia prolinfocitica T

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Premessa e Scopo dello studio: Donna di 78 anni, ricoverata per dispnea ed edemi declivi ingravescenti da una settimana, in assenza di febbre. All'anamnesi patologica ipertensione arteriosa ed acrocianosi alle mani.
Materiali e Metodi: All'esame obiettivo riscontro di splenomegalia oltre l'ombelicale trasversa e linfoadenomegalie multiple in sede laterocervicale, ascellare ed inguinale. Emocromo: 224000 GB con 150000 linfociti; emoglobina nella norma; piastrine 88000. Nello striscio di sangue alcune ombre di Gumprecht. β2 microglobulina 9300. Elettroforesi proteica nei limiti. Lieve insufficienza renale. TC torace: abbondante versamento pleurico bilaterale e plurime linfoadenopatie in sede mediastinica ed ascellare. TC addome: marcata splenomegalia (DL 18 cm), multiple linfoadenopatie in sede para-aortica, ipogastrica e celiaco-mesenteriche; sospetta eteroplasia al rene sx; piccolo versamento endoperitoneale (1 cm). Ecocardio: versamento pericardico circonferenziale di 1 cm; cinetica nei limiti. Negativo l'esame colturale del liquido pleurico. La pz è stata sottoposta a due toracentesi e trattata con terapia diuretica, cortisonica ed antibiotica ev con miglioramento del quadro respiratorio e riduzione degli edemi declivi.
Risultati: Immunofenotipo del sangue periferico: quadro suggestivo per disordine linfoproliferativo T maturo. BOM: localizzazione osteomidollare di leucemia prolinfocitica T.
Conclusioni: Le leucemie linfatiche di tipo T sono molto rare, ancor più nelle donne; la diagnosi avviene spesso in fase tardiva con scarsa risposta alla chemioterapia.

SOFA-T score is associated with an increased mortality rate among patients affected by severe sepsis and septic shock

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Background: Sepsis and septic shock(SS) are frequently managed in internal medicine departments(IMD). SOFA score is used to predict prognosis. Troponin I (TnI) has been associated to worse outcomes in several infections.
Materials and Methods: All subjects admitted to our IMD for SS were enrolled. Age, sex, lenght of admission, in-hospital mortality,SOFA score, Troponin I(TnI), procalcitonin(PCT), C-reactive protein(CRP) and comorbidities(diabetes, cardiovascula r(CV) pathologies,active cancer,chronic kidney disease(CKD), peripheral artery disease (PAD) and chronic obstructive lung disease (COPD)) were collected. SOFA-T was obtained adding 1 point to SOFA if TnI was>0,05ng/ml. Cox regression analysis was performed using in-hospital mortality as main outcome and clinical characteristics as covariates. SOFA and SOFA-T were used as predictors. Statistic was performed with SPSS.
Results: 123 consecutive patients were enrolled, with mean age 77,92 (±11,57) years, mean admission 15,23 (±9,62) days, mean TnI 1,64 (±0,483) ng/ml, mean PCT 11,65(±11,57)pg/ml and mean CRP 14,34 (±9,96) mg/dl. In-hospital mortality was 28,7%. Diabetes was present in 38,0%, CV pathologies in 74,0%, active cancer in 37,4%, COPD in 35,8%, CKD in 54,5% and PAD in 11,4% of the sample. Cox regression showed a significantly increased mortality rate (1,215; 95% CI: 1,077-1,371; p=0,002) for SOFA, which was higher (1,333; 95%CI: 1,121-1,585; p=0,001) for SOFA-T.
Conclusions: The difference between the two mortality rates showed that SOFA-T detected an increased 11,4% in the risk of death for SS every 1-point increase in the score, if compared to SOFA score.

Scompenso cardiaco associato a fibrillazione atriale in Medicina Interna: questo è il problema...

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Uomo, 53 aa, fumatore, familiarità per IMA fatale precoce, giunto in PS(02/2014) per cardiopalmo da 1 settimana: riscontro di FA non databile (FC: 150 bpm). All'ingresso in reparto, asintomatico, buone condizioni generali, FA persistente. BNP: 420 pg/ml. TSH normale. Colest tot: 254 mg/dl. Ecocardio. FE: 20%, ipocinesia biventricolare, IT e IM severe; atrio sx moderatamente dilatato. Eco-vea: ateromasia non stenosante alla biforcazione della ACI. Ecocardio alla dimissione (7° giorno): sovrapponibile. Dimesso con warfarin (CHA2DS2-VASc:3), amiodarone, e tentativo di CVE dopo 4 settimane, terapia farmacologia per scompenso cardiaco come da protocollo. Al 33° giorno, ripristino spontaneo del RS. 40° giorno: FE 50%. Normalizzazione funzione diastolica Vsx, contrattilità Vdx e volume Asx. Per INR labile, attuato switch a Dabigatran. Per alto rischio di coronaropatia sottostante, eseguito ECG da sforzo, in wash-out da β-bloccante per 72 ore: 24 ore prima, recidiva di FA ad elevata FC. Eseguita CV farmacologica in PS. Al 3° mese di terapia, in considerazione dei fattori di rischio, della recidiva di FA e della disfunzione sistolica del vsx, eseguiva miocardioscintigrafia da sforzo in wash-out da β-bloccante 48 ore prima: deficit di perfusione al setto posteriore+parete posteriore, dilatazione moderata del Vsx e TV sostenuta dopo sforzo, a risoluzione spontanea. Nuovo ricovero presso la nostra U.O. per esecuzione di coronarografia: coronarie indenni. Ecocardio di controllo: FE: 63%. Tuttora condizioni ottimali. Caso esemplificativo di tachicardiomiopatia, forma reversibile di disfunzione del Vsx tachicardia-indotta ampiamente sottodiagnosticata.

Modalità di presentazione e trattamento della sindrome algodistrofica: serie di casi

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Premesse e Scopo dello studio: La sindrome algodistrofica o Complex Regional Pain Syndrome di tipo I (CRPS-I) è una patologia caratterizzata da dolore associato a segni e sintomi di natura sensitiva, vasomotoria e trofica molto eterogenei.

Materiali e Metodi: La CRPS I è rara (incidenza annua di 5 casi/100000 abitanti) e presenta meccanismi eziopatogenetici non ben conosciuti. Questo determina l'assenza di linee guida condivise di trattamento. Intendiamo descrivere una serie di pazienti affetti da CRPS-I seguiti presso gli ambulatori di Reumatologia della Medicina Interna e Reumatologia di Rimini nel 2014 esplicitando modalità di trattamento e caratteristiche di presentazione della patologia.
Risultati: Nel 2014 è stata posta diagnosi di CRPS–I in 5 pazienti (5 uomini, 0 donne) di età compresa fra 45-62 anni. Il sintomo di esordio più frequente è stato il dolore (sempre arti inferiori) seguito da disestesie e sudorazione. Tutti i pazienti hanno ricevuto come trattamento di prima linea infusione di Difosfonati ad alto dosaggio (+/- terapie fisiche). In 2 pazienti è stata ottenuta remissione completa dopo 4-5 mesi; 3 pazienti hanno accusato una recidiva dei sintomi, localizzata sempre in sede differente da quella d'esordio, che ha richiesto trattamento aggiuntivo. Attualmente solo 1 paziente continua a presentare malattia attiva dopo circa 6 mesi dall'ultimo trattamento.
Conclusioni: La CPRS I è una patologia rara con meccanismi patogenetici tuttora non ben definiti. I bifosfonati rappresentano una strategia terapeutica sicuramente efficace ma che ammette recidive.

La gestione del paziente per intensità di cura in una UO di Medicina Interna: proposta di un modello operativo nella ASL Napoli 1 Centro

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La costante crescita della domanda di ricovero con sovraffollamento (overcrowding) nella realtà ospedaliera italiana, per la riduzione dei PL, l'invecchiamento della popolazione e la medicina difensiva, hanno realizzato nei Dip. di emergenza una importante criticità sia clinica che gestionale. Il modello organizzativo cosiddetto "per intensità di cure", coniugato con il concetto di ospedali "in rete" secondo il principio "hub and spoke" sembra essere più adeguato alle attuali esigenze cliniche e gestionali, in una visione che pone il pz al centro del sistema,con una presa in carico che valuta la sua complessità clinica con risposte clinico-organizzative crescenti ed appropriate. I determinanti necessari ed utili per la realizzazione del modello assistenziale proposto sono i seguenti: 1) corretta individuazione dei livelli assistenziali sui quali strutturare il modello; 2) allocazione delle risorse (in termini di personale, di tipologia strutturale dell'area e di tecnologie) ben definita e differenziata a seconda dei diversi livelli assistenziali; 3) precisa definizione della tipologia e delle caratteristiche dei pazienti per ogni singolo livello assistenziale; 4) condivisione dei percorsi clinico-assistenziali di tutti gli operatori; 5) definizione di precise responsabilità che, a cascata, regolino la gestione delle diverse aree,le modalità operative e di collaborazione tra i diversi professionisti e le diverse equipe che vi afferiscono. Sono stati definiti indicatori di processo e di esito per valutare l'adesione corretta alla sperimentazione gestionale e un continuo monitoraggio delle attività.

Un caso di cirrosi epatica in amiloidosi

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L'Amiloidosi è caratterizzata dalla produzione e deposizione nei tessuti di materiale proteico "amiloide", che determina disfunzione degli organi interessati. Classificata in primitiva o idiopatica e secondaria, cioè associata a malattie croniche, infettive o infiammatorie; viene associata anche al Mieloma multiplo, al M. di Hodgkin e ad altre neoplasie. M.B., maschio, 65aa. Non noto alcolismo né altri abusi. Recente rilievo di Poliglobulia. Per astenia, dolenzia epigastrica ed ipocondrio dx, epato-splenomegalia e lievi alterazioni degli indici di necrosi epatica e colestasi, il pz ha eseguito TC torace-addome mdc e RMN addome (non alterazioni degne di nota), Marker epatitici e panel per malattie autoimmuni (di non rilevanza diagnostica). Rilevata Gammopatia Monoclonale (MGUS) ed eseguita BOM: Eritrocitosi idiopatica Jak 2 negativa, presenza di cloni Plasmacellule (20%). Durante ricovero ospedaliero, presente modesto versamento ascitico, eseguita paracentesi i cui responsi citologico, chimico-fisico e colturale non hanno portato alla diagnosi. Comparsa ipertensione portale ed iperammoniemia, il pz è stato quindi sottoposto a Biopsia epatica che ha posto diagnosi di Amiloidosi (AL). Dopo valutazione Ematologica, in considerazione della Gammopatia Monoclonale assimilabile a quadro mielomatoso, vengono somministrati cicli chemioterapici con Bortezomib+Desametasone. La diagnosi di certezza è avvenuta con la biopsia epatica; istologia e immunoistochimica infatti rappresentano l'unica via per definire una patologia non frequente ma con importante impatto clinico e terapeutico.

Normal amylases. Are you completely sure that pancreas is well?

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Clinical case of acute pancreatitis in metabolic disease with persistently normal amylase.Onset of symptoms with high fever (38.7°), diffuse abdominal pain and vomiting. The investigations initially showed normal blood leukocytes, slightly increased (11,960). Few days later increased bilirubin, GOT/GPT, alkaline phosphatase, normal amylase (71), initial increase of PCR (24,4). Serum obtained appeared chiloso and with elevated total cholesterol (872) and triglycerides (>5270). Normal abdominal ultrasound. Admitted to the medical ward, nasogastric tube placed, intravenously hydrated , patient was treated with painkillers and antibiotics for suspected hyperlipidemic acute pancreatitis. We assisted a progressive improvement of pain till total resolution. In the following days elevation of GOT/GPT, alkaline phosphatase, GGT were confirmed but always normal amylases. Repeated abdominal ultrasound unchanged. Progressive improvement of all blood tests Further pancreatic targeted eco showed an irregular globular gland. Detection of high lipasemia (836) and subsequent CT abdomen showed a focal necrotic hypodense lesion of pancreas tail, not differentiable from a 10cm extended pararenal inflammatory exudate. We concluded for hypertriglyceridemic acute pancreatitis in metabolic disease.

An unusual presentation of multisystem sarcoidosis

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Background: Cardiac Sarcoidosis is an uncommon feature of systemic sarcoidosis and represents a major cause of death in these patients.
Methods: A 52-year old male presented to the Emergency Department because of hypotension, bradycardia and pre-syncope. The ECG recording revealed a complete heart block with junctional escape beats and a complete left bundle branch block. For these reasons, the patient underwent urgent pacemaker implantation. The cardiac magnetic resonance imaging revealed hypokinesis and wall thinning in the basal intraventricular septum, together with bilateral enlargement of hilar nodes, bilateral pulmonary infiltrates and multiple hepatic lesions. FNAC biopsy of the hepatic lesions showed features of noncaseating granuloma, which were suggestive for sarcoidosis. Moreover, the serum angiotensin converting enzyme (ACE) levels were elevated. Pulmonary function Tests were normal and an 24h-ECG recording documented no ventricular arrhythmias.
Results: A diagnosis of multisystem sarcoidosis with cardiac involvement was made on the basis of imaging, laboratory and histological findings.
Conclusions: A-V block may be the only manifestation of sarcoidosis and the patients may not have clinical evidence of pulmonary involvement. As the prognosis is strictly related to heart and lung functions, which were normal in our patient, we decided not to start steroid treatment. Instead, we chose to perform a strict clinical follow-up with remote cardiac telemetry and scheduled ambulatory controls.

The importance of ambulatory blood pressure monitoring in hypertensive patients with good control of blood pressure home

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Introduction and Aims: Ambulatory blood pressure monitoring (ABPM) is a method relatively little used in the follow up of hypertensive patients (pt) who report good control of blood pressure (BP) home that has discrete values of clinic BP without significant clinical organ damage. This pilot study wants to make sure that pt with good control of BP home, are actually well treated.
Materials and Methods: Were included 22 patients who underwent Day Service for hypertension (HT), with a mean age of 59 years, mean BMI of 27kg/m^2, who reported values of BP home <140/90mmHg and who had regular heart rhythm ECG. These pt were subjected to ABPM.
Results: The 24.66%of valid measurements was represented by systolic BP values compatibles with grade 1 HT, the 7.81% with grade 2 HT, the 2.42% with grade 3 HT. The 22.7% of the patients had colesterhol values superiori a 200mg/dl; in 18.18% dipping was reduced and the 40% of these were normal weight, 40% were overweight and 20% was obese; 20% had a concentric remodeling of the left ventricle at echocardiography, while 40% had concentric hypertrophy; the 100% had a blood pressure load greater than 60%. Among patients with extreme dipping, the 75% were overweight and with resistant hypertension, 25% was obese; the 50% had a blood pressure load greater than 60%.
Conclusions: ABPM should always been used also in the assessment of hypertensive pt with apparent good BP values, because it provides more informations about the real pressure values and is useful to reduce cvr and health costs.

Trattamento del diabete mellito nel paziente con insufficienza renale nel mondo reale

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Premesse e Scopo dello studio: Il diabete mellito (DM) è la principale causa di insufficienza renale cronica. Alcuni farmaci antidiabetici non sono consigliati in presenza di insufficienza renale. Scopo dello studio: valutare il trattamento del DM in soggetti con insufficienza renale nel mondo reale.
Materiali e Metodi: Arruolati 69 pazienti con DM in trattamento farmacologico e clearance della creatinina (cr cl)<46 ml/min, consecutivamente ricoverati in 2 UOC di Medicina Interna. Sono stati esclusi i pazienti ricoverati per DM scompensato, ipoglicemia, progressione di insufficienza renale. Per ogni paziente sono stati registrati: età, sesso, cr cl calcolata con formula di Cockcroft-Gault, terapia per DM assunta a domicilio.
Risultati: Sono stati arruolati 70 pazienti, età media 77,9 anni, 39 donne, 31 uomini. Sono stati suddivisi in 2 gruppi: a) con cr cl tra 45 e 30 ml/min; b) con cr cl <30 ml/min Pazienti con cr cl tra 45 e 30 ml/min 27: 6 assumevano solo insulina, 3 insulina+ ipoglicemizzanti orali (1metformina, 2 incretine), 18 solo ipoglicemizzanti orali (6 incretine, 4 sulfaniluree+metformina, 5 metformina,3 repaglinide). Pazienti con cr cl <30 ml/min 43:18 assumevano solo insulina; 3 insulina+ipoglicemizzanti orali (1metformina,1 sulfanilurea,1 sulfanilurea+metformina); 22 solo ipoglicemizzanti orali (4 metformina, 1 sulfanilurea, 3 sulfaniluree+metformina,12 repaglinide, 2 metformina+incretine).
Conclusioni: Nel nostro studio circa il 20% dei pazienti con insufficienza renale era in trattamento con farmaci antidiabetci non consigliati dalle linee guida.

A case of hypocalcaemia treated with magnesium

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Case report: A 77 aged woman was admitted to our hospital for persistent asthenia.Home therapy:Levothyroxine, Furosemide, Lansoprazole.Blood tests on arrival showed mild hypokalemia(3,4 mmmol/l) and marked hypocalcaemia(5,1 mg/dl) with normal albumin value.Further test revealed an inappropriately normal PTH concentration(58,8 U/L) and marked hypomagnesemia(0,63 mg/dl).The fractional excretion of magnesium was 2%, suggesting a gastrointestinal loss as cause of magnesium deficiency.Since hypomagnesemia is a potential side effect of long-term use of proton pump inhibitors, Lansoprazole was stopped. Magnesium, calcium and potassium therapy was started.A month after dimission the patient was asynthomatic without any electrolyte disturbance.
Discussion: Hypocalcaemia is a potentially life threatening metabolic disturbance.It has a high prevalence(18%)in hospitalized patients. Serum calcium levels must always be interpreted in the context of serum albumin because only ionised calcium is biologically active. If true hypocalcemia is detected, PTH concentration must be determined; if PTH level is low or inappropriately normal, serum magnesium concentration must be assessed.In the case of hypomagnesemia there is a diminution of PTH secretion and/or a resistance to hormone activity.
Conclusions: This case shows the importance of considering the possibility of hypomagnesemia in presence of hypocalcaemia.The recognition of magnesium deficiency in patients with hypocalcaemia is critical because hypocalcaemia is unlikely to be corrected without first correcting the low magnesium.

A rare disease a long unrecognized: the internist's role

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Background: Rare disease patients experience obstacles in accessing quality healthcare, that includes lack of scientific knowledge and of multidisciplinary healthcare, delays in diagnosis. We present a case of neuroendocrine tumor (NET) a long unrecognized (as 90% of NET), with difficult pathway.
Case report: A man 57 years old comes for chronic hepatitis B. His medical history was negative, especially for alcohol/smoke abuse. Liver tests was normal. He underwented US abdomen positive for multiple liver hyperechoic nodules, attributed to hemangiomas, but of uncertain nature with abdomen CT/MRI. FPDG PET was negative. We performed CEUS (suggestive for metastases) and liver biopsy positive for NET metastases (GRAD1, Ki67 2%). The oncologist recommended therapy with longastatine. However, according to the most recent NET guidelines, after discussion with the patient and with NET Reference Centre, we performed Ga68DOTANOC PET, positive for focal hypermetabolic area in: terminal ileum, mesenteric adenopathy, pericardic and multiple liver nodules. He start theraphy with Sandostatin LAR (1 f im every 28 days) and octreotide (0.1 x 2 for 7 days). The patient is subjected to ileal resection and cholecystectomy. After 3 months of therapy he underwent radiometabolic therapy and at 7 months, he is in good clinical condition.
Discussions: Cognitive bias are responsable of late diagnosis and ineffective therapeutic path, especially in rare diseases, as NET. The internist's role is to think about this diagnosis, with analytical reasoning, and to start the patient to multidisciplinary path.

The internist as director of the diagnostic/therapeutic pathway in presence of gray areas: cases series in an Internal Medicine unit

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Background: In medicine there are many gray areas. The internist must be the director of the clinic pathway, combining the available evidence with the shared decision making.
Case series; 1) A 55 year old man has hematuria. US abdomen (aUS) showed voluminous bilateral renal mass (10;7 cm). The urologist exclude nephtrectomy, recommended antitirosine kinase (aTK). Considering the young age, the literature, the patient's will, we ask a second evaluation in another Center, where he underwented right radical and left partial nephrectomy. 1 year later he is asymptomatic with good GFR. 2) A 67 years old woman has severe hypertensive heart disease (FE 30%). Our US showed renal mass and 3 pancreatic metastases (clear cell k). The surgeon recommended nephrectomy, total pancreatectomy. Considering the heart disease and the synchronous metastases, we performed an other consultation and we discussed with the patient. We planned nephrectomy, aTK and after 1 year total pancreatectomy. 2.5 years later heart improved (FE 40%), she is substantially good. 3) A 60 year old woman has paraplegia due to paravertebral lymphoma with 2 component: low index kinetic phenotype with germinal center; T cells with high proliferative index/large cell B (TC guided biopsies). We con-

sidered diagnostic surgical approach, she preferred the transfer in Hematology, where begins therapy. The death occurs 5 months later.
Discussion: The gray areas should not determinate decision paralysis: the EBM requires the best available evidence (also trough alliance medical patient and literature), not the best evidence possible.

Misura della complessità assistenziale del paziente internistico

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Premessa: La complessità dei malati internistici è una sfida quotidiana per il medico. Alle scelte terapeutiche si associa la gestione di disagi socio-familiari determinati delle comorbidità che riducono l'autonomia del paziente.
Materiali e Metodi: Abbiamo condotto un'analisi del percorso assistenziale medico-infermieristico attraverso la mappatura e la misura dei tempi delle attività assistenziali. Abbiamo esaminato 40 pazienti distinti in base all'Indice di Complessità Assistenziale e classificati in tre gruppi sulla base della gravità clinica: molto elevata, elevata e moderata.
Risultati: Abbiamo osservato una riduzione dei tempi impiegati in alcune delle attività considerate al decrescere della complessità del paziente con una differenza statisticamente significativa tra il tempo medio impiegato dal personale infermieristico per eseguire cure igieniche e prelievi dei pazienti di gravità molto elevata rispetto a quelli di gravità elevata($p=0.022$) e moderata ($p<0.001$). Non si osserva nessuna differenza significativa nei tempi impiegati nelle altre attività tra i tre gruppi di pazienti.
Conclusioni: La nostra analisi mostra che la complessità assistenziale non corrisponde alla complessità clinica. I metodi di misura conosciuti analizzano solo alcune variabili, non esprimono il grado di complessità del paziente. La complessità clinica/assistenziale, l'alta/media intensità di cure rendono necessario lo sviluppo di uno strumento che analizzi e quantifichi i carichi di lavoro medico ed infermieristico che tenga conto delle variabili e peculiarità del sistema assistenziale.

Caso clinico. Sierosite in corso di lupus eritematoso sistemico: manifestazione autoimmune o infettiva?

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Donna di 36 anni con febbre, artralgie, dolore toracico sottomammario da 7 giorni. Anamnesi: LES con artralgie e leucopenia, in remissione (anti-DNA+, LAC+; trattato con idrossiclorochina e FANS) Ricovero in Medicina: PAO 150/90 mmHg, FC 110, FR 30, SO2 98% in FiO2 0.24, temperatura 37.4°C; ipofonesi bibasale, toni cardiaci netti con sfregamenti, edemi assenti. VES 95, PCR 12.4, Hb 9.8, PLT 443000. Normali: emogasanalisi, procalcitonina, GB, funzione epato-renale, elettroliti, coagulazione, troponinaT, CKMB-massa. ECG: RS 100 bpm, ST un poco sopraslivellato in infero-laterale. Rx torace: ombra cardiaca ingrandita, versamento pleurico basale sinistro. Ecocardiografia: versamento pericardico circonferenziale 1.5 cm. TC torace con mezzo di contrasto: versamento pericardico 3.5 cm, versamento pleurico sinistro. Decorso: monitoraggio ECG e ecocardiografico, inizio di terapia con ASA. Positività di ANA e anti-DNA, Negativi: anti HIV ½; IgM anti-Toxoplasma, anti Rosolia, anti CMV, anti HAV/HBV/HCV, anti-Coxsackie; Quantiferon e ASLO. Dopo 3 giorni ancora tachicardia e tachipnea, sospeso ASA e introdotti metilprednisone 1mg/kg con rapido decalage, amoxicillina/clavulanato 1gx3/die x 7. Referti infettivologici/immunologici disponibili a 7 giorni dalla richiesta. Versamento pericardico ridotto dopo 2 giorni di steroidi, scomparso dopo 7. A 2 mesi: asintomatica con 5 mg/die di prednisone, assenti versamenti all'ecografia. Iter terapeutico secondo recenti flow-chart con rilievo della diagnostica differenziale della natura dei versamenti in riferimento alla malattia di base.

Highly invalidating chemotherapy-induced peripheral neuropathy in a cancer survivor patient

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Chemotherapy-induced peripheral neuropathy (CIPN) is often underestimated. We describe the case of a 28 yrs old male, in which after an epileptic crisis (July 2009), a CT-scan showed multiple solid lesions in the right frontal and pre-rolandic areas, right lung, abdominal lymphnodes, while physical examinations showed a right testicular mass. The betaHCG was >3700 mU / ml. The pt underwent right orchiectomy, with diagnosis of malignant germ cell neoplasm, mixed histology (60% mature teratoma and 40% choriocarcinoma). After three chemotherapy (CT) courses (cisplatin, etoposide, bleomycin, PEB at standard dosages) CT-scan showed complete response in the brain and in lymphnodes, with progression of lung lesions. The betaHCG was 6 mU/ml and the pt showed mild sensitivity loss at the extremities, he refused further CT. Three months later betaHCG increases (89 mU / mL) and the pt received taxane, cisplatin, ifosfamide-second line CT. After four courses with complete response, worsening in paresthesia, sensitivity and motorial loss (grade 3 neuropathy) was evidenced and a specific program for optimizing antineuropathic and antiepileptic therapies was started. After four years, the pt is negative for cancer relapse, but neurological impairments progressively worsened despite treatments, resulting in a very poor quality of life. The unsatisfactory therapeutic results in CIPN together with the highly invalidating conditions, underline the need of guidelines for early identification of CIPN, in pts treated with curative intent with neurotoxic CT-agents.

✪ Neutrophil CD64 expression by flow cytometry: a diagnostic marker of infection in advanced cancer patients?

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Neutrophil CD64 (nCD64) is a highly sensitive and specific marker for systemic infection and sepsis but data on pts bearing a solid tumor are lacking. We focused on the nCD64 expression in pts with advanced cancer without active infections with the aim to verify if it could be utilized as a biomarker of infections also in these pts. Three ml of PB were collected at the time of pt admission and analyzed using flow cytometry, based on the addiction of three monoclonal antibodies for CD64, clones 22 and 32.2, and CD163, clone Mac2-158 and a dedicated software. We prospectively enrolled 38 pts (15 breast, 13 colorectal, 10 lung; 23M/15F; median age 68 yrs, range 31-82 yrs) with advanced disease, without chemotherapy (CT) ongoing and without active infection. We chose 20 healthy donors as controls. Results were expressed as a nCD64 Index, expected to be <1.00 in controls and higher during infections. The analysis showed that the nCD64 Index ranged from 0.54 to 1.15 in controls and from 2.78 to 4.86 in cancer pts, indicating that the nCD64 expression increases in pts with advanced cancer even in absence of active infection. nCD64 has great potential to improve the diagnosis of sepsis. The possible cross-link between the nCD64 and the presence of the tumor itself the role of the flow cytometric determination of nCD64 as an early marker of infection in cancer pts needs to be better clarified, and the evaluation of nCD64 expression in pts should consider the possible interactions with the multiple immunological effects of CT and targeted treatments.

Tolerability and efficacy of high-dose prolonged-release oxycodone/naloxone for chronic oncologic pain in older patients

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Purpose: The antalgic therapy with strong opioids causes side effects with low adherence. The aim was to evalue the tolerability and the effectiveness of the treatment with high dose prolunged-release oxycodone/naloxone on patients with severe oncologic pain aged over 75.

Materials and Methods: 10 patients aged over 75 (range 75-91), both naive and pretreated with opioids with severe chronic pain. Used instruments: NRS scale, BFI, SF- 36. All of them have had a domiciliar assistance through a daily phone contact, (daily) infermieristic and (weekly) medical evaluation. The antalgic therapy was prolonged-release oxycodone/naloxone to 40/20mg every 12 hours+adjuvants. The pain control came along with a good adherence to the therapy and as far as constipation is concerned, only two patients used laxatives. There hasn't been any significant kind of cognitive impairment, with no significant difference at the MMSE scores.
Results: Good pain control :NRS until 3 in 6 patients and until 4 in the other 4 patients. Two patients were using laxatives, without showing any constipation anyways.
Conclusions: Because of the patients' age, the 40/20 mg Oxycodone/Naloxone mix every 12 hours permitted a good control over pain, the maintenance of cognitive functions without limitation of the intestinal function. Therefore does not the age seem to limit the therapy's use of high doses since we have observed no significant side effects to it.

Detection of human papillomavirus type-33 DNA in brain, bronchial and skin metastasis from a previous HPV-33 positive uterine cervical cancer

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Introduction: Cervical cancer is the second leading cause of female cancer deaths worldwide. Certain types of human papillomavirus (HPV) are the principal cause of invasive cervical cancer and have also been identified in metastatic localizations. HPV DNA genotyping can help diagnose and prognosis.
Case report: A 62 year-old woman was admitted for headache, dizziness, diplopia and strong weight loss. Four years before she had undergone hysterectomy, bilateral annessiectomy and pelvic radical lymphadenectomy for a stage 1B cervical cancer. The subsequent follow-up had been negative. At admission a marked left dysmetria, antepulsion, multidirectional oscillations at Romberg and an unstable gait were present. General examination showed maculo-papular skin lesions of the scalp of hard consistency. A total body CT scan revealed multiple metastatic cerebellar and brain lesions and a solid hilum lung mass obstructing the left upper bronchus. The lung biopsy was consistent with an invasive squamous carcinoma. The skin and brain lesion histological examination was also indicative of a squamous cancer infiltration. Pathological findings were identical in the previously resected cervical cancer and in the present skin, lung and brain metastases specimens. An identical subtype (HPV-33) of HPV was identified in the bronchial mass, in the skin samples, in brain tissue as well as in the previously resected cervical cancer tissue.
Conclusions: The detection of an identical HPV genotype in both metastases of unknown origin and a previous cervical cancer support diagnose of the site of origin.

Pazienti oncologici, distress e bisogni. Studio longitudinale retrospettivo

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Introduzione: Le implicazioni psicologiche del paziente oncologico hanno ricadute su tutto il ciclo della malattia, dalla comparsa dei primi sintomi, alla diagnosi, alle cure mediche. Ciò influenza negativamente la capacità di affrontare la malattia e può ridurre il grado di adesione terapeutica.
Scopo dello studio: Valutare il distress e i bisogni dei pazienti oncologici.
Materiali e Metodi: Il campione è composto da 266 pazienti giunti al day hospital onocematologico dell'Ospedale "F. Miulli" di Acquaviva delle Fonti (BA). I dati sono stati raccolti utilizzando una scheda anagrafica e una scheda medica; per rilevare il grado di distress e i bisogni dei pazienti sono state utilizzate due scale: Psycological Distress Inventory (PDI) e Needs Evaluation Questionnaire (NEQ).
Risultati: È stato rilevato che l'incidenza del distress è correlata al genere, all'età, al livello di scolarità ed alla presenza o meno di figli. I bisogni più espressi sono quelli relativi alla richiesta di informazioni rispetto alle cure ed alle condizioni future.
Conclusioni: Dai dati emerge che identificare i bisogni e i disagi più avvertiti dai pazienti è necessario per poter offrire loro un trattamento specialistico adeguato e personalizzato e per pianificare ipotesi di intervento. Inoltre la valutazione ci ha permesso di identificare aree di miglioramento del servizio di oncoematologia, al fine di potenziare e umanizzare le cure.

Interstitial pneumonia, influenza and.. parrots

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Clinical case: A 56-year-old man was admitted in December for acute interstitial pneumonia bilaterally. History: youth bronchial asthma, allergic to grasses, diabetes mellitus. He had a syncopal episode then fever, asthenia, adynamia, profuse sweating. Chest x-ray: blurred multiple parenchymal consolidations partly confluent in the bases, with in and expiratory crackles. Laboratory: CRP 242 mg/dl, WBC 8.5/mcl, hypoxiemia. Clarithromycin, cefotaxime, cortisone and oxygen were praticed. Negative a Legionella and S.Pn. urinary antigens. Family members had presented flu symptoms two weeks before. The H1N1virus, adenovirus antibodies, IgM *vs* Mycoplasma pn, Ab against respiratory syncytial virus were negative. The objective picture did not change. CK,ANA, ENA, ANCA, ACE were negative; IgeE increased under cortisone. Reduced to the clinical picture the x-ray showed the persistence of shaded thickening bases. Antibiotic therapy temporarily discontinued, we went on with the only steroid therapy suspecting interstitial evolving chronic allergy sufferer. Cross-questioning the patient he said he had 6 budgies known as "inseparable": one of them had died eight months before. Ab against Chlamydia was positive: IgG low title, IgM high, with serum converse ratio at thirthy days. Reproaching therapy with clarithromycin the chest X-ray after 1 month showed normalized.
Conclusions: We reported the clinical case of allergy sufferer with acute interstitial appearance during the flu outbreak. Excluding bacterial, viral and systemic cause, only the anamnestic and diagnostic deepenings allowed the diagnosis of psittacosis confirmed by immunological tests.

La sindrome della vena cava superiore: un caso clinico

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Premesse: La sindrome della vena cava superiore rappresenta una causa vascolare di sindrome mediastinica e costituisce una importante sfida dal punto di vista diagnostico e terapeutico.
Caso clinico: Uomo di 71 anni, giunge in Reparto per la presenza di edema con aspetto "a mantellina", turgore giugulare, cianosi e insufficienza respiratoria acuta. Storia di cardiopatia dilatativa ipocinetica, leucemia linfatica cronica, insufficienza renale cronica, portatore di defibrillatore automatico impiantabile (AICD). L'angio-TC eseguita in urgenza non evidenzia processi trombotici a carico delle strutture venose toraciche, non rileva processi espansivi polmonari né compressioni linfonodali; tuttavia non può escludere con certezza processi trombotici per la presenza di AICD. Si decide di eseguire flebografia con riscontro di trombosi completa della vena cava superiore e delle vene succlavie bilateralmente. Dopo avere escluso la possibilità di trombolisi locoregionale per via angiografica ed eventuale posizionamento di stent, si opta per terapia con EBPM con dosaggio in regime "di salvataggio", si assiste ad un graduale miglioramento clinico ed angiografico con pervietà della vena cava superiore, remissione degli edemi e della dispnea.
Conclusioni: Il pronto inquadramento diagnostico e l'adeguato approccio terapeutico costituiscono elementi fondamentali in caso di sindrome cavale superiore.

Un tuffo nell'acqua...: la sindrome da inappropriata secrezione di ADH di origine nefrogenica

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Premessa: La Sindrome da Inappropriata Secrezione di ADH di origine Nefrogenica (NSIAD) costituisce un'entità diagnostica di recente introduzione, si tratta di una patologia su base genetica che causa iponatriemia prevalentemente nei giovani maschi. La NSIAD va sospettata in tutti i casi di SIADH nelle quali i valori di ADH sono bassi o indosabili. E' causata da una mutazione del gene AVPR2 localizzato sul braccio lungo del cromosoma X, un aumento della funzione di AVPR" causata da una sua attivazione costitutiva. Le mutazioni conosciute sono a carico del codone 137 di AVPR2.
Caso Clinico: Uomo di 41 anni, giunto alla nostra osservazione per stato anasarcatico, lieve iponatriemia.(Na+132 mEq/L). Anamnesi patologica remota e farmacologica negative. Funzionalità renale, epatica, proteine totali nella norma, non cardiopatie in atto. Riscontro di elevata osmolarità urinaria (953 mosm/kg), sodiuria elevata (441 mmol/24 h), bassa osmolarità plasmatica (269 mOsm/kg). AVP non dosabile. TC total body negativa per processi espansivi. RMN encefalo: microadenoma ipofisario non secernente. Trattato con furosemide ev con beneficio (perdita di 15 l di liquidi accumulati). Sono in corso ricerche genetiche, sequenziamento completo del gene AVPR2, volte a chiarire il sospetto diagnostico di NSIAD.
Conclusioni: I disturbi del bilancio idrico, di frequente riscontro nei nostri reparti internistici, possono talora sottendere cause estremamente rare e complesse.

Short form 36 and ozone therapy

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The Short form 36 (SF36) is the instrument to measure the quality of life related to health. It was developed from 80 years in the United States of America and is divided with 36 questions that highlight 8 scales (Physical Activity, activity limitations, bodily pain, general health, vitality, social activities, activity limitations, and mental health) and two indexes (physical health and mental health).
Aim of the study: We have evaluated the effect of ozone therapy in 20 patients before and after treatment using such as the SF36 score.
Results: In all patients there was an improvement of 8 scales and of the two indexes.

Large idiopathic pericardial effusions: management and outcome; an observational study

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Background and Purpose: Pericardial effusions are idiopathic in up to 50% of cases. Our purpose was to evaluate management and prognosis of large idiopathic pericardial effusions.
Methods: 35 patients with severe pericardial effusion (>20 mm) out of 98 with oligosymptomatic effusions unrelated to acute pericarditis.
Results: 13 males, 2 children. Pericardiocentesis was done in 33 and effusion recurred in all these patients. Liquid analysis did not help in making any new diagnosis and cytology was negative. 2 patients had a history of previous lymphoma and one of myeloma. In 2 patients breast cancer was diagnosed months later. One had an hypothyroidism and one had anorexia nervosa. In 6 pleuropericardial windows (with biopsy) were performed and all 6 developed true recurrent acute pericarditis after the procedure needing more therapy; pericardial biopsy was negative in 5 patients: in one BK-DNA was found in the tissue. One patient developed true acute recurrent pericarditis after repeated pericardiocentesis. In 2 colchicine was effective in reducing effusions, no other therapies proved effective. After a follow up of >2 years the outcome was good, only one patient evolved in clinical cardiac tamponade.
Conclusions: There are no proven effective medical therapies to reduce an isolated effusion; in the absence of pericarditis only colchicine may have some efficacy. Pericardiocentesis may be necessary for the resolution of large effusions but recurrences are common and pleuropericardial windows are often complicated by post-cardiac injury pericarditis.

Bed-side thoracic ultrasonography in patients with dyspnoea: an useful tool in Internal Medicine. Personal experience

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Background: Over the last few years, ultrasonography have been applied in pulmonary diagnostic and operative fields. Despite its potential usefulness also in critical patients, BTU is still few utilised in Internal Medicine wards.
Aim of the study: To report our preliminary experience (six months) with BTU in selected patients admitted because of dyspnoea.
Methods: Following the codified indications to BTU (pleural effusions, lung parenchymal diseases, thoracentesis, diaphragm excursion study, pneumothorax follow up) we successfully studied 70 patients. We utilized 2.5 to 12 MHz convex, linear or cardiology probes and followed a simplified BTU protocol with 3 scan-windows for each emithorax.
Results: We observed an optimal correlation between cardiogenic dyspnoea and BTU finding of "wet lung" (parenchymal hypo-echogenicity with sporadic B-lines) and non-cardiogenic dyspnoea with the occurrence of "dry lung" (parenchymal hyper-echogenicity, paucity of A-lines, increase of B-lines). In the study of pleural effusions as well as in the follow-up of pneumothorax (5 cases) BTU has been showed very useful. In addition, the study in M-mode of diaphragm excursion seemed to be reliable in monitoring functional improvement or worsening in patients with COPD.
Conclusions: Our preliminary experience shows that BTU can be considered an useful tool in patients with dyspnoea. The impact in Internal Medicine practice is promising both from the optimization of management both from the cost-effectiveness point of view. Future studies with larger series of patients are surely warranted.

Usefulness of procalcitonin to reduce the lenght of antibiotic therapy in patients with community-acquired pneumonia

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Background: Community-acquired pneumonia (CAP) represents a common cause of hospitalization in Internal Medicine wards and a frequent cause of antibiotic prescription. Nevertheless, the lenght of antibiotic therapy (AT) in CAP is still debated. We conducted a study to evaluate the role of procalcitonin (PCT) to reduce antibiotic exposure in patient hospitalized with CAP.
Methods: We performed a prospective case-control study, enrollig patients with CAP admitted to an Internal Medicine ward of Careggi Hospital, between December 2013 and July 2014. We used a validated alghoritm of AT guided by PCT in CAP. Discontinuation of AT was strongly indicated when PCT level was normal or reducted of 90%, respected to initial values greater than 10 pg/mL. PCT was drawn at admission, 24h, 4th day and 6th day from admission. The outcomes evaluated were the lenght of AT, the lenght of in hospital stay, mortality and serious adverse clinical events.
Results: We enrolled 191 patients with CAP. In 46 patient consecutively enrolled, the PCT alghoritm was applied. On 20 patients, AT was discontinued according to protocol and on 26 patient the AT was continued. At the baseline, both groups were similar regarding clinical, laboratory, microbiology characteristics, and CURB65 score. PCT guidance reduced total antibiotic exposure (5 *vs* 9 days, P=0,005) without any increase of mortality or serious clinical event.
Conclusions: In our study PCT was a useful and safe biomarker to guide the AT in patients with CAP, reducing the length of antibiotic exposure.

Role of CURB-65 to predict cardiovascular complications in elderly patients with community acquired pneumonia

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Background: Cardiovascular complications (CC) in elderly patients with community-acquired pneumonia (CAP) are a frequent and prognostically unfavorable event. The CURB-65 score represents a useful tool to assess the severity of CAP. We evaluated the usefulness of CURB-65 to predict the risk of CC in patients hospitalized for CAP.
Materials and Methods: We conducted a prospective and observational study between January 2013 and July 2014 on elderly patients with CAP admitted to an Internal Medicine ward. The CC considered during the hospitalization were: heart failure, coronary acute syndrome, a new-onset atrial fibrillation/flutter and stroke. The primary outcome evaluated was the combined outcome 30-day mortality and/or 30-day re-hospitalization.
Results: We enrolled 165 elderly patients. Eighty-patient (48,5%) presented at least one CC during hospitalization. Patients with CC were older and were more likely to have 3 or more comorbid conditions. A newly onset heart failure was the most frequent CC and occurred in 41 patients (24,8%). The mean lenght of stay was of 9,3±5 days and was higher in patients with CC (10,7±6,6 *vs* 8,1±4,3 p=0,004). CURB-65 was not related to the occurrence of CC. The development of CC during hospitalization was associated with a higher risk of 30-day mortality and/or 30-day re-hospitalization.
Conclusions: CC are a frequent and prognostically unfavorable event in elderly patients with CAP. The CURB-65 score is not a useful tool to assess the cardiovascular risk and its use may underestimate the real severity of CAP in elderly patients.

Pneumonia caused by influenza A H1N1 as a cause of crazy-paving pattern on CT-Chest scan

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Background: Pneumonia is a serious event in patients affected by influenza A (H1N1) infection. The crazy-paving pattern (CPP) is a finding associated with acute alveolar damage and rarely is present in patients with H1N1 pneumonia. We report two patients affected by H1N1 pneumonia with a CPP on CT-Chest scan.
Case reports: The first patient was a 26-year-old man with a 6-day history of dyspnea, dry cough and fever admitted to our ward for the worsening of his symptoms. The past medical history (PMH) was negative. On physical examination (PE) he was tachicardic (125 bpm), tachipnoic with bilateral crackles on pulmonary auscultation. The CT-Chest scan showed a bilateral ground glasses opacities with a CPP. The polymerase chain reaction (PCR) on throat swab confirmed the H1N1 virus infection. The second patient was a 58-year-old man admitted to our ward for a 5-day history of fever and dysnea. The PMH was positive for OSAS and COPD. On PE he was tachipnoic and his BGA revealed an acute respiratory failure with respiratory acidosis. Non-invasive ventilation was started with a progressive improvement of respiratory exchanges. A Ct-chest scan showed a diffuse CPP and areas of emphysema. PCR on throat swab confirmed the H1N1 virus infection. Both patients were treated with oseltamivir and discharged on the 14th day of hospitalization.
Conclusions: The occurrence of CCP on CT-chest scan may be associated with pneumonia by Influenza A H1N1 viral infection. For this reason H1N1 infection should be considered as a plausible differential diagnosis in patients with a CCP on CT-Chest scan.

A retrospective study comparing survival, recidivism and complications after liver transplantation in patients with alcoholic and HCV-related cirrhosis

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Background and Aim: Liver transplantation (LT) represents the treatment of choice for end-stage alcoholic cirrhosis (AC). However LT in patients with AC remains controversial; actually, Hepatitis C virus (HCV) cirrhosis is the leading indication for LT. The aim of this study was to evaluate the differences in terms of survival, recidivism and complications between patients who underwent LT for AC and HCV cirrhosis.
Methods: 66 patients who underwent LT for AC and 52 patients for HCV cirrhosis were retrospectively evaluated. The survival rate was evaluated according to the Kaplan-Meier model. Recidivism was defined as any alcohol intake after LT for the first group and as an histological evidence of chronic hepatitis C after LT for the second group. Moreover post-surgery complications, rejection, onset of cancer, infectious, cardiovascular and metabolic disease was evaluated.
Results: Patients who underwent LT for AC showed a higher, however not significant, rate of survival than patients who underwent LT for HCV cirrhosis. Patients with HCV cirrhosis showed a significant higher prevalence of recidivism. Patients transplanted for AC presented a significantly higher prevalence of cancer. No differences were found in the prevalence of other complications.
Conclusions: This study shows that patients who underwent LT for AC have a higher survival rate and a lower recidivism rate than patients who underwent LT for HCV cirrhosis. No differences in terms of complications after LT were found between two groups, with the except of the higher prevalence of cancer in the AC group.

Stupor in alcoholic patients: two cases of baclofen intoxication

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Introduction: Physicians are daily confronted with alcoholic patients admitted to Emergency Department for onset of stupor. Acute alcohol intoxication is the most common cause of stupor in these patients. Other causes are alcohol withdrawal syndrome, drugs intoxication, hepatic encephalopathy and Wernicke's encephalopathy. However, abuse of anticraving drugs (*i.e.* baclofen and sodium-oxybate), used for the treatment of alcohol dependence, are related with high risk to develop cognitive alterations. At date, baclofen, a $GABA_B$ receptor agonist, is approved in France for the treatment of alcohol dependence. However, many physicians prescribe off label high doses of baclofen, without any evidence about safety. Here we describe two cases of alcoholic patients with baclofen intoxication.
Cases: A 33-year-old and 36-year-old men were admitted to the Emergency Unit for the onset of stupor. Their home therapy consisted of diazepam and baclofen. At admission they were lethargic. They were afebrile. Vital signs were normal. Physical examinations didn't show any neurological focal deficit. No evidence of neck stiffness and miosis. Cranial CT-scan was negative for acute events. Blood alcohol concentration was absent. Urinary benzodiazepine/opioid metabolites were negative. Flumazenil and Naloxone were administered without any improvement. Therefore, we hypothesized baclofen intoxication that was confirmed by the patients when the clinical conditions improved.
Discussion: In alcoholic patients the abuse of some anticraving drugs should be taken into account in patients that present stupor.

A case of severe headache after starting treatment with estroprogestinic

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Introduction: Headache is one of the most frequent medical complaints. It can transitorily occurs after a single dose of analgesic. In patients without a history of chronic headache, when the headache becomes severe and doesn't disappear after analgesic treatment, further investigations are indicated. Here we describe a case of a patient with severe headache unresponsive to analgesic therapy.
Case: A 51-year-old woman was admitted to our Internal Medicine Unit for the onset of stupor. She had an history of hypertension treated with irbesartan. She didn't smoke. BMI 30. She had started estroprog-

estinic treatment since 2 months because of climacteric syndrome. Her sister referred that the patient was complaining of severe headache unresponsive to analgesic therapy since about 2 months. At admission the patient was stuporous. No focal neurological deficit was present. Vital signs were normal. Cranial CT-scan showed left temporal small intraparenchymal hemorrhage. Cerebral CT angiography was negative for cerebral artery aneurysm and/or arteriovenous malformation. When clinical conditions improved, patient referred headache. MRI-scan showed cavernous sinus thrombosis. Intravenous heparin was administered with clinical benefit. Thrombophilia screening, chest x-ray and abdominal ultrasound were negative. This condition of thrombophilia was referred to recent treatment with estroprogestinic.
Discussion: Estroprogestinic drugs have a procoagulant effect and could be a cause of cavernous sinus thrombosis. Severe headache unresponsive to analgesic needs always further investigations.

Crackles as the most important physical sign to begin aggressive antibiotic treatment

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Introduction: Gas gangrene is a severe soft tissue infection caused by anaerobic bacteria that produces gas in tissues. Gas gangrene can cause myonecrosis, sepsis, shock. A quick assessment and aggressive antibiotic treatment are essential. Here we describe a case of a patient with necrotic ulcers who developed gas gangrene.
Case: A 52-year-old man with an history of ischemic heart disease and diabetes complicated with ulcers of the right lower limb, was admitted to our Internal Medicine unit for the onset of fever. His medications included insulin, metoprolol, aspirin, nitrates and statin. At admission, vital signs were normal. He has fever (TC 37.6°C). At physical examination, a necrotic ulcers on the right foot and crackles were evident. Pedal pulse was palpable and abnormalities in sensory were present. A soft tissue infection caused by anaerobic bacteria was hypothesized. On this connection an empirical antibiotic treatment with piperacillin/tazobactam, metronidazole and vancomycin was started. Arterial and venous ultrasonography were negative for arterial stenosis and thrombotic events. Radiographs showed a Charcot arthropathy. A MRI-scan confirmed the suspect of gas gangrene showing subcutaneous and deep fascial emphysema of the foot. Ulcers' cultures were positive for Proteus mirabilis. Patient was subjected to surgical debridement with clinical benefit.
Discussion: Gas gangrene needs aggressive antibiotic treatment and surgical debridement. The finding of crackles is mandatory to start an antibiotic treatment against anaerobic bacteria before radiological confirmation.

Charcot neuroarthropathy in patients with chronic alcohol abuse

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Introduction: Charcot neuroarthropathy is a destructive condition producing a rockerbottom foot deformity with development of bony prominences, often associated with diabetes, and leads to ulceration and, ultimately, to lower extremity amputation. Here we describe a case of a patient with Charcot neuroarthropathy due to chronic alcohol abuse.
Case: A 43-year-old man, with a history of alcoholism lasting more than 20 years, hepatitis C infection, liver cirrhosis (Child A5, MELD 9), and ulcers of the lower limbs since 5 years, was admitted to our Internal Medicine unit for the onset of fever since two days. Clinical examination revealed two deep granular ulcers on plantar surface of left foot, and one on right plantar surface. Pedal pulse was palpable and abnormalities in sensory were present. Serum electrophoresis, cryoglobulinemia, B9 and B12 levels were normal. Arterial, venous and soft tissue ultrasonography were negative respectively for arterial stenosis, thrombotic and inflammatory events. Radiographs excluded signs of osteomyelitis and showed osteo-articular deformity of metatarsophalangeal joint, just like a picture of Charcot neuroarthropathy. Antibiotic therapy determinate the regression of the fever but no effects on ulcers were reached. Amputation of left foot had been necessary.
Discussion: Chronic alcohol abuse can be a cause of Charcot neuroarthopathy. Clinicians should screen alcoholic patients with severe neuropathy for Charcot arthopathy, to prevent further complications. The treatment includes abstinence and vitamin supplementation.

Elevated troponin and electrocardiogram alterations in patient with subarachnoid hemorrhage

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Introduction: Subarachnoid hemorrhage is a neurologic emergency caused by bleeding into the subarachnoid space. The main symptoms consist of severe headache, neck stiffness, vomiting, and decline in mental state. However, it may be associated with acute cardiopulmonary complications, like electrocardiographic changes.
Here, we describe a case of electrocardiographic alterations and troponin elevation in patients with subarachnoid hemorrhage.
Cases: A 87-year-old woman with a history of diabetes and hypertensive heart disease was admitted to our Internal Medicine unit for the onset of confusion and shortness of breath. Her BP was 190/100 mmHg, HR was 110 bpm, O2 Sat was 87%. She was afebrile. Capillary glucose was 218 mg/dl. Neurologic examination revealed a GCS of 3 and neck stiffness. Blood gas analysis has ruled out hypercapnia. ECG showed ST-elevation in DII, DIII, aVF and V4-V6. Troponin was elevated. Other blood tests were unremarkable. Ejection fraction was normal, and there were no wall motion abnormalities on echocardiography. Cranial CT-scan showed right parietal and frontal subarachnoid hemorrhage. Surgical intervention was not considered, because of high risk of bleeding complications. She died on the 7th day of follow up because of heart failure.
Discussion: Troponin elevation and ST-elevation are often detected in patient with subarachnoid hemorrhage, but these alterations don't indicate myocardial infarction. However, for their negative prognostic value a cardiological diagnostic work-up should be done in all patients with subarachnoid hemorrhage.

Neoplastic space-occupying mass: a rare case of secondary hypertension

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Introduction: Essential hypertension represents the most common cause of hypertension. In young patients, secondary hypertension must be excluded when high blood pressure persists despite treatment with antihypertensive drugs. Here we describe a case of a patient with secondary hypertension due to high intracranial pressure.
Case: A 51-year-old woman was admitted to our Internal Medicine unit for the onset of headache and high blood pressure. She had a history of hypertensive heart disease and diabetes and she was on chronic treatment with PPI, aspirin, bisoprolol, amlodipine, valsartan and atorvastatin. At admission the patient was alert. BP was 220/100 mmHg. Physical examination was normal. No focal neurological deficit was present. ECG showed a sinus bradycardia. Blood tests were unremarkable. Patient was treated with clonidine and antihypertensive therapy was optimized. However, headache and sinus bradycardia persisted. Renovascular hypertension was excluded at Doppler ultrasound. Thyroid and adrenal functions were normal. A cranial CT-scan showed hyperdensity at the choroid plexus/right hippocampus. Contrast-enhanced MRI-scan showed a cerebral neoplastic space-occupying mass. Fundus oculi showed papilledema. Headache improved and blood pressure normalized after surgical removal of the intracranial mass.
Discussion: Intracranial hypertension should be considered as a cause of hypertension when the patient is young, presents headache and/or some signs of Cushing's triad (bradycardia, hypertension and respiratory distress). Fundus oculi examination can support the diagnosis.

Tremor-induced electrocardiogram artefacts mimicking torsades de pointes

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Introduction: Torsades de pointes is a polymorphic ventricular tachycardia with the characteristic aspect of twisting QRS complex around the isoelectric baseline. It is an unstable arrhythmia and can produce sudden hypotension, chest pain, dizziness, syncope and dyspnea. Here we describe a case of tremor-induced ECG artefacts mimicking torsades de pointes.
Cases: A 72-year-old man was admitted to our Internal Medicine unit because the onset of dyspnea. The patient was affected by ischemic heart disease, chronic/obstructive lung disease and diabetes. He had an history of cardiac arrest caused by ventricular fibrillation. At admission the patient was alert. Vital signs was normal. There was dyspnea for mild exertion, but not at rest. Blood tests were unremarkable. During the hospitalization the patient referred malaise. On ECG recording, wide QRS complexes, suggestive of ventricular tachycardia with the aspect of torsades de pointes were observed, while an ECG performed at admission suggested the presence of sinus rhythm with narrow QRS complexes. At physical examination a high-amplitude right upper extremity tremor was present. On this connection magnesium-sulphate wasn't administered. A 2 weeks ECG monitoring had ruled out some arrhythmias.
Discussion: Tremor-induced ECG artefacts should always be considered when bizarre ECG changes are not associated to clinical signs or symptoms. In this case ECG electrodes should be placed on patient's shoulders instead of arm extremities. In summary, physicians should treat the patient, not the monitor!

The diagnostic hurdle in case of an enduring dyspnea

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Introduction: Cough and dyspnea are very common symptoms; however, when they don't respond to an antibiotics trial, they can be a challenge for physicians. Here we discuss the case of a patient with long-standing dyspnea and muscles weakness.
Case: 51 years old man, affected by diabetes and hypertension, was admitted to emergency department for persistent dyspnea despite treatment with levofloxacine and ceftriaxone. Chest x-ray showed interstitial-alveolar infiltration. Patient also complained the onset of weakness of limb-girdle muscles. No chest pain was reported but T-troponin level was 0,4 ng/ml. Clinical examination showed fine crackles in both lungs and a scaly erythematous eruption of the knuckles. Spirometry showed a restrictive pattern; chest CT scan displayed a peribronchovascular 'ground glass' appearance. Since the suspicion of myocarditis, echocardiography and cardiac MRI were performed showing diffuse hypertrophy and inflammation in the antero-septal basal wall. Because of the limb muscles weakness and CK elevation an electromyography and muscle biopsy was done showing evidence of inflammatory myositis. All the features were compatible with a dermatomyositis with cardiac involvement, a clinical syndrome that retain an ominous prognosis. We started a treatment with prednisone (75 mg/die) and azathioprine (150 mg/die) with mild clinical improvement.
Discussion: When there is a clinical picture mimicking a pneumonia, but long-lasting and refractory to antibiotics, it is mandatory to consider a pulmonary fibrosis, especially in a young patient.

Risonanza magnetica delle spondilodisciti infettive

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Obiettivi didattici: Valutare il ruolo della RM nello studio del Paziente con sospetta spondilodiscite. Vengono analizzate e descritte le caratteristiche di imaging della spondilodiscite e le possibili diagnosi differenziale.
Introduzione: La spondilodiscite è un infezione della colonna vertebrale ad opera di microorganismi (solitamente batteri) che iniziano a distruggere il corpo vertebrale per estendere la loro azione litica ai corpi vertebrali sovra e sottostanti. La diagnosi si basa sulla risonanza magnetica dal momento che spesso la radiografia classica all'inizio della malattia non rileva nulla di anomalo.
Materiali e Metodi: Sono stati valutati retrospettivamente 42 indagini RM ottenute su Pazienti (27 maschi e 15 femmine) di età compresa fra i 17 e 89 anni. La localizzazione della spondilodiscite è stata dimostrata nelle seguenti sedi: 2 cervicale, 7 dorsale, 28 lombare e 5 lombosacrale. Nel 51,2% la diagnosi ottenuta con la RM è stata confermata dall'identificazione dell'agente patogeno sulla base di un emocoltura o di una biopsia TC guidata.
Conclusioni: La RM rappresenta il gold standard nella identificazione e nel bilancio di estensione delle spondilodisciti infettive permettendo altresì una diagnosi precoce.

Otosclerosi: ruolo della tomografia computerizzata multidetettore

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Obiettivi didattici: Illustrare l'aspetto normale e quello patologico delle regioni dell'osso temporale tipicamente sede di focolai otospongiotici; fornire al radiologo una guida per ottimizzare la diagnosi di otosclerosi fenestrale e/o cocleare.
Introduzione: L'otosclerosi è una malattia metabolica del labirinto osseo che spesso si manifesta immobilizzando la platina della staffa e perciò determinando una ipoacusia trasmissiva. I focolai di otosclerosi si localizzano con maggiore frequenza in alcune regioni anatomiche: fissula ante-fenestram, platina della staffa, finestra ovale, finestra rotonda e capsula otica pericocleare.
Materiali e Metodi: Vengono illustrate l'anatomia normale e quella patologica delle regioni tipicamente colpite da otosclerosi e, in particolare della porzione anteriore della platina, nota come fissula ante-fenestram, frequentemente sede iniziale del processo osteodistrofico. La TC evidenzia la sede della neoformazione ossea e ci consente altresì di formulare una diagnosi differenziale nei confronti di malattie che recano danno al tessuto osseo pericocleare come la malattia ossea di Paget e l'osteogenesi imperfetta.
Conclusioni: La conoscenza dell' anatomia TC normale dell'osso temporale e delle localizzazioni tipiche dei focolai di otosclerosi è necessaria per l'identificazione di tale patologia specie nelle forme fenestrali iniziali.

Severe bleeding in multiple myeloma: a case report

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Case description: A 87-year-old woman with multiple myeloma (MM) presented with painful swelling and tenderness of right calf. Clinical and ultrasonographic examination revealed a large intramuscular hematoma. Lab tests showed progressing paraprotidemia and prolonged PT and aPTT. Packed red cell (PRC) transfusions, IV tranexamic acid and vitamin K were administered. Further coagulation studies showed combined deficiency of multiple coagulation factors (FII 57%, FVII 35%, FX 63%, FXI 38%) with no evidence of inhibitors. On day +6, hypotension and right lower quadrant pain developed. CT scan revealed a retroperitoneal hematoma with active extravasation from a branch of the internal iliac artery. IV crystalloids, fresh frozen plasma and PRC were administered, and urgent endovascular embolization was performed. However clinical conditions did not improve and the patient died few hours after the intervention.
Discussion: Bleeding is an underrecognized complication of MM. Mechanisms of bleeding includes thrombocytopenia, hyper-viscosity, and acquired coagulation factor (CF) deficiency due to inhibitors or direct absorption onto amyloid fibrils. Other causes should be considered such as vitamin K deficiency, hepatic insufficiency or consumptive coagulopathy. We reported a case of complex coagulopathy due to multiple CF deficiency presenting with severe bleeding, which was fatal despite aggressive supportive care and endovascular embolization. In these cases, proposed treatments includes PCC, arFVII, immunosuppressive and PEX therapy. However, the cost-effectiveness of these interventions in elderly patients is uncertain.

Micromolecular myeloma presenting with cast nephropathy: a complex differential diagnosis

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Case report: A 66-year-old woman was admitted because of severe anemia and acute renal failure. She had a 2-year history of undifferentiated connective tissue disease with scleroderma-like pattern and monoclonal IgG-κ gammopathy. In the last 2 months, she had recurrent upper respiratory tract infection, weight loss and generalised malaise. Lab tests showed severe anemia, mild thrombocytopenia, severe renal failure, hypercalcemia, hypogammaglobulinemia and extremely high levels of both serum and urinary κ free light chains (FLC) and altered FLC ratio, pointing the presence of progressing micromolecular myeloma with cast nephropathy (CN). The diuresis was preserved. IV crystalloids were administered and bone marrow biopsy was performed, which revealed 40% plasma cells with κ light chain restriction. Given the high risk of rapidly progressive renal failure, the patient was referred to the nephrology Unit for further monitoring and treatment.
Discussion: Light chain CN is the most common form of acute kindey injury associated with multiple myeloma and is caused by filtered FLCs causing intratubular obstruction and damage. In the present case, differential diagnosis included scleroderma renal crisis, hemolytic–uremic syndrome, acute glomerulonephritis or other parenchymal nephropathies. The presence of high levels of serum monotypic light chain and other signs of active plasma cell dyscrasia confirmed the hypothesis of light chain cast nephropathy. In these cases, high-degree of suspicion is crucial because early diagnosis and aggressive treatment aimed at rapid lowering of FLCs may improve renal outcome and overall-survival.

Analisi statistica dei casi di intossicazione rilevati al pronto soccorso dell'Ospedale Sant'Antonio Abate di Trapani nel periodo 2010-2014

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Premesse e Scopo dello studio: Lo studio ha lo scopo di analizzare i casi di intossicazione presso il P.O. Sant'Antonio Abate di Trapani con l'obiettivo di stimare e identificare l'incidenza delle intossicazioni afferenti al Pronto Soccorso.
Materiali e Metodi: Sono stati raccolti dati individuali in un campione di 1220 soggetti, che presentavano un quadro sintomatologico da riferire in tutto o in parte all'intossicazione. Sono stati inclusi nello studio i casi da prodotti industriali, veleni per animali, antiparassitari, gas e vapori tossici, prodotti domestici, cosmetici, farmaci, prodotti chimici non farmaceutici, droghe e alcool, veleni animali e vegetali.
Risultati: I maschi sono 810 (66,4%), mentre le femmine sono 410 (33,6%). Le percentuali maggiormente rappresentative sono costituite da: alcool il 34,34% per uso voluttuario (20-49 anni), e farmaci il 19,18% non a scopo suicidario (con maggiore frequenza, l'amiodarone, la digitale, l'ACE-inibitori e i betabloccanti) (età >50 anni).
ConclusionI: Questo studio rappresenta un tentativo di definire l'incidenza delle intossicazioni con particolare riguardo a sostanze di abuso ma soprattutto a farmaci. Diventa ragionevole concludere come l'intervento del farmacista clinico per la valutazione della terapia farmacologica ma soprattutto delle interazioni che stanno poi alla base dell'inefficacia terapeutica o peggio ancora del sovradosaggio come la casistica riportata, oltre che la presa in carico del paziente per migliorarne l'aderenza terapeutica possa ridurre l'incidenza delle intossicazioni nei soggetti che ne fanno uso.

Impiego del sofosbuvir nel trattamento del virus da epatite C, in pazienti ospedalizzati presso l'Istituto Mediterraneo per i trapianti e terapie ad alta specializzazione di Palermo

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Introduzione: L'epatiteC è stata generalmente trattata con PEGinterferone associato alla Ribavirina per un periodo di 24-48 settimane in funzione del genotipo. L'Azienda Gilead ha sviluppato un antivirale per il trattamento dell'infezione cronica da HCV: il Sofosbuvir GS-7977. L'ISMETT di Palermo ha avviato nel 2014 l'utilizzo per i propri pazienti. Il farmaco verrà fornito gratuitamente dalla stessa azienda farmaceutica grazie al DM 8/5/2003.
Materiali e Metodi: Sono state valutate le cartelle cliniche informatizzate e condotta una ricognizione bibliografica su Pubmed e banca-dati AIFA.
Risultati: I candidati al trattamento con Sofosbuvir sono pazienti con cirrosi epatica HCV+ in lista d'attesa per trapianto e pazienti con ricorrenza di epatite HCV+ dopo trapianto di fegato. Presso l'ISMETT di Palermo 36 sono i pazienti in trattamento con Sofosbuvir 30 maschi e 6 femmine di età media 56 anni. 12 pazienti in lista d'attesa per il trapianto di fegato; 24 in post-trapianto. Non sono stati riscontrati ad oggi effetti collaterali attribuibili al Sofosbuvir ; invece si sono verificati 2 casi di anemia dovuti a Ribavirina, rientrati in seguito alla riduzione del dosaggio.
Conclusioni: L'utilizzo dei nuovi farmaci con attività diretta contro l'epatite C, di cui il Sofosbuvir è il primo ad essere introdotto nell'uso in Italia, consente di raggiungere la completa guarigione dall'infezione in oltre il 90% dei pazienti trattati. Si tratta di farmaci in genere ben tollerati assunti per os per periodi brevi. Il principale ostacolo all'utilizzo su ampia scala è rappresentato dal costo elevato.

✪ Internal Medicine and Orthopedic wards: five year of marriage

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Background and Purpose of the study: We reassume five years of activity of a new model of assistance in our Orthopedic Department. We dedicated an Internal medicine doctor as the main responsible of the assistance and not as simple consultant.
Materials and Methods: We monitored the common parameters of Department function (number of admissions, days of hospitalization, in-hospital mortality), consumption of selected Therapies (antibiotics, anti-psychotic, opioid, anticoagulant etc), number of specialist advices.
Results: During the last five years we observed a progressive reduction in the days of hospitalization, a reduction in in-hospital mortality, a reduce spending for antibiotics, an increased consumption of opioid, an increased consumption of drugs for osteoporosis, a reduction of all specialized advices, an improved use of NOAC, a reduced number of infective surgery complications.
Conclusions: We applied a new model of assistance where an Internal Medicine doctor works not as a consultant but as the main responsible of an Orthopedic hospital ward. The Internal medicine regular activity in an Orthopaedic Department improves the global medical assistance offering better support to high risk and complicated patients. The Hospitalist guarantees a correct utilization of antalgic therapies, antibiotics, antithrombotic and osteoporosis drugs. Reduction in post –surgical complications results in higher survivals and lower healthcare costs.

Unusal side effect of linezolid

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Background and Purpose of the study: We describe an uncommon side effect observed during a short course of therapy with Linezolid. We observed an important rhabdomyolysis and thrombocytopenia after a ten days therapy for pneumonia infection.
Materials and Methods: We consulted database Micromedex, AIFA, Medline to find similar case. We applied Naranjo algorithm to test our ADR (adverse drug reaction)
Results: We treated a woman affected by Pneumonia with Linezolid 600 mg /bid .We observed thrombocytopenia and increased CPK and myoglobin after ten days of therapy. We excluded other causes of muscular or medullary toxicity and other concomitant infective diseases. The clinical condition improved and so we stopped linezolid and we had a com-

plete normalization of platelet count, CPK and myoglobin in five days.
Conclusions: Medullary side effects are common during linezolid therapy (0,7-3% in adults 4,7-12.9 % in pediatric patients) and explained by immune-mediate mechanism or by inhibition of mitochondrial breathing. Rhabdomyolysis was described only in a case report but it was observed after a long cycle of Linezolid off- lebel therapy (Mycobacteria XDR).The supposed mechanism of action is the synthesis inhi bition of mytocondrial protein.

Klebsiella pneumoniae carbapenemase: control it to avoid it

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Background and Purpose of the study: We want to evaluate the incidence of KPC MDR infection in OEI Genoa and we organized control measures to prevent intra-hospital diffusion.
Materials and Methods: Since May 2014 we started an active control at the admission with a rectal swab for each patient at risk .We created a communication network between laboratory/Health Department/ Infectivologist/Nurse Epidemiologist/Clinical Departments. We set up a card for each patient reassuming clinical data and control measures used.
Results: Since May 2014 to December we observed 22 patients (1% of total in- hospital patients) with KPC MDR positive cultures (12 were infected and 6 colonized). We had a mortality of 25%. All patients were isolated and we applied measures to prevent intra hospital diffusion. We had 15 rectal swab , 10 blood cultures ,2 urine cultures, 2 skin swab and 1 peritoneal culture. The clinical ward affected: 50% Urology, 28% UTI, 17% Internal medicine, 5% Surgery.
Conclusions: We created an active control of KPC infection with a screening at the admission , dedicate channel and fast communication for each positive culture, strict contact isolation. We checked each patient with a form to reassume any clinical information. Our organization model permits a fast communication between Laboratory, Epidemiologist, Infectivologist and clinical wards, a fast clinical response and a prompt isolation.

Clinical characteristics and management in very elderly patients hospitalized with heart failure in internal medicine units

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Heart failure (HF) is a major cause of morbidity and mortality in elderly people. The prevalence of HF among the very elderly is expected to increase in the future. The objective of the study was to evaluate clinical characteristics, comorbidities and management of unselected very elderly pts hospitalized with HF because this information is limited in the literature. An observational study on pts consecutively hospitalized for HF between January 30th and February 28th 2014 in 32 Internal Medicine Units was performed. The pooled population (770 pts) was divided into two age group: <85 ys (group A 405 pts, mean age 76.3 ys) and ≥85 ys (group B 365 pts, 89.3 ys). χ^2 test was used for dichotomous variables, T-test for continuous variables. Female gender was less common among the younger pts (47.5 *vs* 64.9%, p<0.0001). In the very elderly (group B) a lower prevalence for diabetes (27.7 *vs* 41.4%, p=0.001) and an higher prevalence of renal failure (83.7 *vs* 61.2%, p<0.0001), dementia (45.8 *vs* 17.2%, p<0.0001) and of ≥3 comorbidities (78.2 *vs* 65.4%, p=0.001) was evident. At discharge in the group B a lower prescription of β-blockers, aldosterone antagonists, warfarin and statins (p<0.01 for all), a greater number of transfer in a nursing home, absence of echocardiogram and of follow-up program (p<0.01for all) were observed. This study revealed that the very elderly constitute 47% of pts hospitalized with HF. These pts, more often female, have a greater number of comorbidities, at discharge they are undertreated and more frequently without echocardiogram and follow-up program compared with younger pts.

Una difficile gestione di un abbondante versamento pericardico

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Introduzione: In medicina esistono ancora molte "zone grigie" sulle quali le linee guida non riescono a far luce. E ciò è ancora più evidente quando si tratta di gestire severi versamenti pericardici che comportano non solo decisioni cliniche ma anche etiche.
Caso clinico: Descriviamo il caso di un maschio di anni 60 extracomunitario che giunge al P.S. per confusione e astenia. All'anamnesi veniva riferito "BPCO, Diabete mellito". All'ingresso egli era dispnoico, P. A. 100/60 mmHg. Al torace si rilevava ipofonesi basale bilaterale, toni cardiaci parafonici. L'ECG mostrava bassi voltaggi ed inversione dell'onda T nelle derivazioni inferiori. Gli esami del sangue mostravano leucocitosi, aumento degli enzimi cardiaci. L'EGA: alcalosi respiratoria. Un ecocardiogramma vedeva un severo versamento pericardico con collasso diastolico dell'atrio destro senza segni di tamponamento cardiaco. Si somministrava terapia a base di antibiotici, cortisonici, anti aggreganti, diuretici. Successivamente egli presentava un aggravamento respiratorio e sottoposto a TAC torace si mostrava: versamento pleurico, strie fibronodulari da esiti, pacchetto linfonodale paramediastinico dx e numerose linfoadenopatie che comprimevano i vasi mediastinici e deviavano verso sx il mediastino. Il paziente veniva trasferito in Cardiochirurgia e sottoposto a pericardiocentesi di circa 500 cc di liquido siero ematico.
Conclusioni: Un versamento pericardico acuto siero ematico è una causa rara di manifestazione di tubercolosi e linfomi; questo caso pone problemi gestionali per l'identificazione della eziologia.

Un insolito caso di angiosarcoma mammario

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Introduzione: L'AngioSarcoma Mammario è un tumore raro che può insorgere nella mammella. Ancora più rara è la localizzazione a livello dell'areola mammaria.
Caso clinico: Una donna di anni 63 giungeva alla nostra osservazione per modifica del colore dell'areola mammaria sx. All'E.O. si notava sull'intera areola un colore rosso violaceo. La consistenza dell'areola era dura parenchimatosa per cui veniva effettuata una biopsia che descriveva una proliferazione vascolare caratterizzata da vasi irregolari e aspetto "fissurante" nel derma con iperplasia dell'endotelio e lievi atipie. L'analisi istologica di un'altra biopsia deponeva per una proliferazione vascolare atipica con aspetti Kaposiformi. Un altro anatomopatologo evidenziava all'analisi immunofenotipica positività per marcatori endoteliali e negatività per HHV-8 ponendo diagnosi di angiosarcoma ben differenziato.
Discussione: L' angiosarcoma è un raro e aggressivo tumore che origina dell'endotelio e può localizzarsi alla testa e al collo; associarsi a linfedema cronico; su mastectomia; post-irradiazione; sui tessuti molli; al fegato; all'osso. Esso predilige il sesso femminile in rapporto 5:1 ed è caratteristico della terza e quarta decade. I fattori di rischi sono rappresentati da: terapia radiante, linfedema, gravidanza, menopausa, corpi estranei. La complessità del caso è rappresentata da: assenza di fattori di rischio, assenza di massa palpabile, assenza di ulcerazione, assenza di linfedema, assenza di linfonodi ascellari, età anziana, esami strumentali e biochimici nella norma, difficoltà di diagnosi istologica.

Opportunistic nocardia infection in a patient with anaplastic astrocytoma unresponsive to surgical and radiation therapy

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Background: Nocardiosis is a rare disease that can occurs as opportunistic infection. Lungs are the primary site of infection although CNS, skin or other organs can be affected. Anaplastic astrocytoma is a brain tumor usually treated with surgical resection, followed by radiotherapy (RT) and/or chemotherapy.
Clinical case: We presented the case of a Caucasian 58-yo male affected by frontal anaplastic astrocytoma, which was partially excised. Two months after surgery a MRI brain scan showed a suspected tumor progression that was treated with 30 RT sessions. During the following months there was a progressive clinical deterioration and the patient was admitted to our ward for epilepsy and emoftoe. A full-body CT scan showed the presence of multiple excavated pulmonary nodules, a liver lesion and progression of brain tumor. Transbronchial biopsies showed acute lung inflammation whereas the bronchoalveolar lavage was positive for Nocardia infection. An additional MRI brain scan showed multiple lesions with radiologic features indicative of infectious disease. After one month of antibiotics treatment (co-trimoxazole plus linezolid), we witnessed a clinical improvement associated with reduction in the size of abscesses. Unfortunately, we also found a local progression of brain tumor.
Conclusions: In our patient the progression of an astrocytic tumor was associated with Nocardia infection. The presence of this and other opportunistic infections should be always take into consideration in patients without clinical improvement after surgical and RT treatment of brain tumors.

Esami colturali e terapie antibiotiche in Pronto Soccorso in pazienti con sepsi

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Premessa: L'approccio in PS ad un pz con sepsi prevede l'esecuzione precoce di esami colturali e di una terapia antibiotica (TA) empirica.
Materiali e Metodi: Abbiamo analizzato retrospettivamente i dati di PS relativi a pz con "sepsi/shock settico". Sono stati valutati l'esecuzione di prelievi colturali (sangue, urine, broncoaspirato) e di TA in PS e dati microbiologici.
Risultati: In 121/175 pz (65%) è stata iniziata TA;91/121 con esami colturali:47 pz (52%) coltura positiva, 33 (36%) negativa;in 11 casi (12%) contaminazione. In 35/47 pz (74%) il germe era sensibile alla TA utilizzata, in 7 (15%) resistente. La TA era corretta (secondo protocolli in uso) in 62/121 pz (55%); fra i pz con TA non corretta, in 17 (29%) il germe era comunque sensibile alla TA usata. L'appropriatezza della TA non era associata a mortalità (55% deceduti con TA corretta *vs* 17%). La sensibilità dell'antibiogramma sembra sia correlata con un esito positivo:pz con antibiogramma sensibile *vs* tutti gli altri con neg., resist. o contam. hanno mortalità ridotta (26% *vs* 41%; X^2=1.6; p NS), in assenza di differenze per severità (MEWS e/o presenza di shock).
Conclusioni: Eseguire in PS colture e TA empirica è un'azione che può ridurre l'esito sfavorevole in pz con sepsi. La TA anche se non rigorosamente prescritta secondo i protocolli, può risultare comunque efficace (29% di sensibilità alla TA nei pz trattati non correttamente). La sensibilità alla TA potrebbe rappresentare un indiretto fattore prognostico favorevole poiché indicativo di un corretto trattamento, quando iniziato precocemente.

Venous thromboembolism in liver cirrhosis: a new complication?

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Background: LC has always been regarded as characterized by deficiency of coagulation therefore at increased risk of bleeding events, of which the most common is bleeding from ruptured of oesophageal varices.
Discussion: Recently 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, and portal vein thrombosis (PVT), the paradigmatic example. The cirrhotic patient 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 as some studies have shown. This therapy is important to correct the thrombotic phenomena that can worsen portal circulation and cirrhosis too. Moreover, they have new implications about the eventual therapy with the novel oral anticoagulants such as dabigatran, rivaroxaban and apixaban.
Conclusions: Thus, it is 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.

A rare association

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A 67 year old woman has been hospitalized 6 months before entry in our Division because of severe anemia. Laboratory findings disclosed a positive Coombs' test and an autoimmune hemolytic anemia with positive warm antibodies was diagnosed. Lymph node swelling was seen without any reticular shadows on both lung fields on a chest CT scan. No other lymph node enlargement was detected out of mediastinum and with the hypothesis of lymphoma the patient was submitted to a fine needle lymph node aspiration via bronchoscopy that yelded no result. The anemia was treated with steroid and cyclophosfamide with haemoglobin improvement but without any remission of mediastinal lymph node enlargement. The patient was referred to our Division for performing further diagnostic procedures. A fine needle node aspiration was possible via haesophageal endoscopy and sarcoidosis was diagnosed. She was continued with prednisolone only (1mg/kg) with no relapse of hemolyitic anemia. The association of sarcoidois and autoimmune hemolytic anemia or other autoimmune disease has been very rarely described and the development of such phenomenom is not completely understood.

Prima sincopi e poi shock: un (altro) caso di sindrome da iperpermeabilità capillare sistemica idiopatica

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Descriviamo un altro caso paradigmatico relativo a un paziente più volte ricoverato nel corso degli ultimi anni, prima per sincopi recidivanti di natura non determinata e poi per episodi shock "idiopatico" grave e complicato, cui è stata infine posta diagnosi di sindrome da iperpermeabilità capillare sistemica idiopatica o sindrome di Clarkson, malattia rara e assolutamente misconosciuta, dal comportamento imprevedibile e con incerte possibilità di trattamento.

A complicated case of systemic amyloidosis

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Background: AL amyloidosis is a plasma cell dyscrasia characterized by clonal immunoglobulin light chains deposition and organ dysfunction. Thrombotic complications are higher in patient with amyloidosis than in general population, because of endothelium damage, hyperviscosity, antithrombin III alteration and therapies as thalidomide. Fur-

thermore, therapy included immunosuppressive agents determining higher risk of infections.
Case report: A64 year old man with AL amyloidosis was admitted to our hospital for clinical evaluation before chemotherapy. At admission the patient presented with legs edema and crackling lung sounds. His medications included methylprednisolone and furosemide. During previous months pulmonary infection was diagnosed with isolation of Pneumocystis Carinii. A first TC evaluation revealed densification of right lung base. He underwent further exams, with a final diagnosis of pulmonary granuloma. We obtained positivity for Epstein Barr virus in pleural fluid and Candida albicans in throat swab; autoimmune panel and tests for sarcoidosis were negative. During hospitalization he developed swelling of both legs and worsening of breath, we performed ultrasound, showing deep venous thrombosis, and angioTC, which revealed pulmonary embolism and cardiac mural thrombosis. Thrombophilic screening was negative, he started heparin. He also developed skin lesions which were biopsied: the diagnosis was Kaposi Sarcoma.
Conclusions: This case report highlights the complexity of this disease, with frequent and unexpected complications and difficult management decisions.

Prevalence and cytology of thyroid nodules: data from a series of 225 patients studied at ultrasonography

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Background and Purpose of the study: Thyroid nodules represent a common ultrasonographic finding and their prevalence in the general population is assessed over 50%. The purpose of the study is to state the prevalence of thyroid nodules in a series of 225 patients studied by ultrasonography and review the cytology of these lesions, when available.
Patients and Methods: In our ultrasound laboratory we performed thyroid examination in 225 patients (47 men, 178 women). When one or more nodular lesions were detected, we carried out a follow-up in order to check retrospectively an eventual cytologic diagnosis obtained through a fine needle aspiration biopsy (FNAB).
Results: At ultrasonography we observed thyroid nodules in 128/225 patients (56,8%). The prevalence was higher in women (103/178, *i.e.* 57%) than in men (25/47, *i.e.* 53,1%). Only 47 patients with thyroid nodules (36,7%) underwent FNAB for cytology. The most frequent diagnosis was adenomatous hyperplasia, observed in 38/47 cases (*i.e.* in the 80% of specimens). In 3 patients a papillary carcinoma was found. Unfortunately, a cytologic diagnosis was not possible in 6 cases (12,7%) because of the inadequacy of the sample.
Conclusions: Our results confirm the high prevalence of thyroid nodular lesions at ultrasound (57% in women *vs* 53,1% in men). The majority of thyroid nodules are benign lesions; in fact adenomatous hyperplasia is documented in 80% of cytologic samples. On the contraty, malignancies are rare (only 3 in our experience). Moreover, in our opinion, too few patients with thyroid nodular lesions undergo a FNAB.

If polycystic kidney disease is a real "big" clinical problem

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Introduction: Autosomal dominant polycystic kidney disease (ADPKD) is a genetic disorder affecting kidneys characterized by the presence of a large number of fluid filled cysts in both kidneys. Apart from renal and extra-renal classical manifestation (renal failure, hypertension, hemorrhage, intracranial aneurysms, mitral valve prolapse) a small percentage of patients may get massively enlarged kidneys with resultant problems.
Case report: A 47-year-old man with medical history of ADPKD causing an end-stage kidney failure presented with persistent vomiting for more than 6 weeks not responsive to standard medical treatment. Physical examination was normal. Routine laboratory revealed stability of chronic kidney disease and mild elevation of pancreatic enzymes, which quickly normalized upon intravenous infusion of crystalloids. Infectivology tests and gastroscopy procedure were normal. Abdominal ultrasound revealed the presence of multiple cysts in the liver and marked enlargement of both kidneys. Total body TC confirmed the finding of enormously enlarged polycystic kidneys (23 and 27 cm in length respectively), which clumsily dislocated the other abdominal parenchymal organs, especially the liver and the stomach. We started a parenteral nutrition, with rapid and complete resolution of symptoms.
Conclusions: Due to the renal anatomy showed by TC causing persistent vomiting, we directed our patient to a laparoscopic procedure of unilateral nephrectomy.

From an abdominal pain to a neuroendocrine tumor: the curious paths of ultrasound

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Introduction: Neuroendocrine tumors (NETs) are rare epithelial neoplasms with neuroendocrine differentiation that most commonly originate in the lungs and gastrointestinal tract. They are a heterogeneous group of neoplasms usually associated with slow growth but a high rate of metastases.
Case report: A 61-year-old man with medical history of hypertension turned to the family doctor with complaints of upper right abdominal pain for ten days. Physical examination was normal. An abdominal ultrasound showed a hypoechoic round lesion with a diameter of 18 mm involving the superior mesenteric artery. Abdominal TC confirmed the ultrasound's finding and also revealed a 3 cm nodule close to an ileal loop. The gastroscopy showed two sessile polyps in the duodenal bulb. The pentetreotide scan positron emission tomography/computed tomography (PET/CT) showed a pathologic uptake in the superior mesenteric artery. Via ultrasound endoscopy (that showed four possible hypoechoic metastatic nodules in the liver) was performed a biopsy of one of the duodenal lesions and of a mesenteric lymph node. They both resulted positive for a mild differentiated neuroendocrine tumor. Routine laboratory revealed a mild elevation of NSE and noradrenaline, while chromogranin A, adrenaline and dopamine were normal. The patient meanwhile started to reveal flushing.
Conclusions: Due to the histologic diagnosis, we started a target therapy with a somatostatin analog (Octreotide) with a rapid and complete resolution of flushing.

Sindrome ipereosinofila: quando l'anamnesi è tutto (o quasi)

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Donna di 66 anni, ricoverata per dispnea e dolore toracico atipico, con riscontro di focolai polmonari multipli (in assenza di eziologia infettiva) e miocardite a coronarie indenni; dall'anamnesi emergeva una storia di ipereosinofilia periferica, pregresso episodio di polmonite eosinofila (1982), rottura di corda tendinea con sostituzione valvolare mitralica biologica (2009). Clinicamente non segni di malattia dermatologica, non adenopatie superficiali né splenomegalia, non segni di malattia infettiva o autoimmune; non evidenza di neoplasia solida o ematologica (TC torace-addome), nei limiti le sottopopolazioni linfocitarie. Si eseguiva biopsia osteomidollare, che escludeva una patologia mieloide, negativa la ricerca delle mutazioni di PDGFR su aspirato midollare. Si concludeva per sindrome ipereosinofila idiopatica e veniva intrapresa terapia cortisonica (1 mg/Kg per circa 2 settimane, quindi a scalare), con graduale miglioramento clinico e della cardiopatia. In conclusione: 1) la diagnosi di sindrome ipereosinofila implica un'ipereosinofilia severa (>1500/mmc) e prolungata, eventualmente associata alla documentazione bioptica di infiltrato eosinofilo, associata alla presenza di danno d'organo non altrimenti spiegato; 2) è necessario differenziare forme secondarie policlonali (malattie parassitarie, dermatologiche, autoimmuni, neoplasie solide, sindromi linfoproliferative) e primarie clonali (patologie mieloidi), per cui è fondamentale la biopsia osteomidollare; 3) è necessario ricercare le mutazioni di PDGFR, in quanto predittive di risposta ad imatinib.

Trattamento dell'epatite autoimmune in corso di infezione da HCV: un'arma a doppio taglio

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Donna di 24 anni con epatite cronica HCV relata genotipo 1, sottoposta a terapia con Ribavirina ed Interferone (IFN), in risposta virologica alla fine del trattamento; contestualmente flare epatitico severo con compromissione della funzione epatica, scompenso ascitico, ittero e coagulopatia. Dagli esami ipergammaglobulinemia policlonale e positività ad alto titolo degli anticorpi anti-muscolo liscio (ASMA) ed anti-LC1. Si concludeva per epatite autoimmune tipo 2 scatenata dall'interferone (score IAIGH=6). Si intraprendeva terapia steroidea ed acido ursodesossicolico, con rapido beneficio clinico e laboratoristico; tuttavia, a distanza di un mese, nuovo lieve flare epatitico associato ad HCV-RNA circolante. La paziente rimane in buone condizioni ed è in attesa di intraprendere nuovo trattamento antivirale "IFN free". Conclusioni: 1) la patogenesi dell'epatite autoimmune implica una predisposizione (verosimile disregolazione del sistema immunitario cellulo-mediato) su cui triggers ambientali (nel nostro caso IFN ed HCV) possono innescare il danno acuto immunomediato; 2) nei pazienti con epatopatia HCV relata è bene trattare prima l'epatite autoimmune; nel caso di riattivazioni virali sono da preferire regimi IFN-free di ultima generazione; 3) l'associazione fra epatite autoimmune ed epatopatia HCV è sporadica; il rilievo di autoanticorpi è considerato conseguenza della disregolazione immunitaria indotto da HCV, piuttosto che espressione di epatite autoimmune sintomatica. Un'ipergammaglobulinemia policlonale, senza cirrosi epatica, deve far sospettare una forma autoimmune.

Aneurysm of the kinked extracranial internal carotid artery. Case report and review of the literature

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A 77 years old asymptomatic woman with an history of venous thromboembolism was evaluated for a left carotid bruit. There was no history of cervical trauma, cerebrovascular symptoms or neck pain. A Doppler ultrasound revealed fusiform left internal carotid artery (ICA) aneurysm that measured 15 mm. Magnetic Resonance Angiography (MRA) showed that the aneurysm was localized to the proximal kinked ICA segment. After a vascular surgeon evaluation, the patience was scheduled for intervention. Aneurysms at the external portion of the ICA are rare disorders, in most cases involving the common carotid bifurcation. One of the main etiological factor is atherosclerosis, as well as trauma might be one of the other causes[2]. This vascular disorder usually presents as a parapharyngeal pulsatile mass but small aneurysms might be asymptomatic. Aneurysms can be partially or completely thrombosed, therefore can cause embolization or compression of neuronal vasculature. Digital subtraction angiography (DSA) is the gold standard (GS) method which gives essential informations regarding the localization and morphology of the pathology. Since DSA has some risks, many clinicians hesitate to submit patients to this techniques, thereby MRA could represent an alternative, noninvasive approach. The natural history of carotid aneurysm (CA) is unknown but retrospective studies suggest that nonoperative treatment is associated with a stroke risk as high as 50%. Hence, most experts currently recommend repair of CA, even in the absence of symptoms. Direct repair is the GS for the treatement of CA.

Small bowel obstruction due to anisakiasis infection

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Introduction: Anisakidosis is the result of accidental human infection with the larval stage of Anisakis simplex. Some rare cases have been described in Europe. Small bowel obstruction is a rare complication.

Case report: A 45-year-old man presented with severe abdominal pain and vomiting. On admission, the physical examination revealed expired conditions. The patient appeared suffering with skin and mucosae dry. The temperature was 38.9 °C, blood pressure 120/70 mmHg, pulse rate was 120 /min and the respiratory acts 18/min. Increased white blood cell count (16,43/mm3; neutrophils 88,9%) and index of inflammation (CRP 6.0 mg/dl) were present. On physical examination, the abdomen was poorly negotiable with signs of peritoneal reaction. The patient underwent to an abdominal radiography and an abdominal–TC, which showed the presence of marked air-fluid levels. The diagnosis of small intestinal obstruction was made and the patient underwent surgical approach. A retrospective clinical interview was performed where the patient referred to have eaten raw fish (sushi) five days before the beginning of symptoms. Anisakis antibodies IgG and IgA were tested and resulted both positive. Based on these findings, a diagnosis of small bowel obstruction caused by anisakiasis was made. Therapy with albendazole (800 mg daily) for 10 days was administered. The patient recovered well and was discharged 7 days after the operation.
Conclusions: In this case, the larvae were removed during the operation and, soon after, the patient's symptoms have disappeared.

Double-duct sign

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Introduction: A "double-duct sign" is the dilatation of both the common bile duct (CBD) than the main pancreatic duct (MPD), often caused by cancer of the head of the pancreas. The first description of this sign was made using endoscopic retrograde cholangiopancreatography (ERCP). This sign can also be seen with other modalities such as Magnetic Resonance cholangiopancreatography (MRCP), Computed Tomography and ecography.
Case report: A 75-year-old male was referred to our Unit for jaundice (serum bilirubin value of 5.6 mg/dL). A MR-cholangiography revealed dilatation of both the common bile duct (CBD) than the main pancreatic duct (MPD). A computed tomography (CT) showed a mass of about 3 cm in the head of the pancreas. Moreover, an increase of CA19-9 was observed (CA19-9 214 UI/ml, normal range: 0-37 UI/ml).He underwent ERCP using a side-viewing endoscope (TJF 140, Olympus Optical®, Hamburg, Germany), under sedation with propofol with the position in the main bile duct of an expandable metallic stent (10 mm × 94 mm, Wallstent®, Boston Scientific Corp., Natick, Massachusetts, USA). The patient recovered well and was discharged three days after.
Conclusions: The two most common causes of the "double duct sign" are carcinoma of the head of the pancreas (focal mass) and carcinoma of the ampulla of Vater. Other malignant causes are cholangiocarcinoma of the distal common bile duct, lymphoma, or metastasis. Benign causes include chronic pancreatitis and ampullary stenosis. Nowadays, MRCP readily depicts this sign.

Afferenza cittadini stranieri presso il servizio di endoscopia digestiva di Roma, Asl Roma B

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Premesse e Scopo dello studio: La normativa italiana prevede per i cittadini stranieri, comunitari (UE, Unione Europea) e non, tutta l'assistenza sanitaria prevista dal nostro ordinamento.Sono state estrapolate le nazionalità di nascita non italiane/straniere più frequentemente riscontrate nel corso degli esami endoscopici, dal 1.02.04 al 30.08.2014.
Materiali e Metodi: Sono state prese in considerazione le seguenti aree geografiche: UE (Romania), Europa non UE (Albania, Ucraina), Asia (Bangladesh, Cina, Pakistan, Filippine, Russia), Africa settentrionale (Egitto, Libia), Sud America (Perù).
Risultati: Sono stati analizzati un totale di 2.056 pazienti cumulativi: F 1.075 (52.3%), M 981(47.7%). Di questi, 1.116 pazienti(54.3%)

(F 535, M 581) provenienti da stati al di fuori dell'UE, escludendo 940 pazienti (45.7%) (F 540, M 400) provenienti dalla Romania (UE). Le provenienze sono risultate essere le seguenti: 439ptsdall'Asia [Bangladesh197 pts (F 49, M 148), 98 pts dalla Cina (F 33, M 65), Pakistan 21 pts (F 7, M 14),Filippine pts 93 (F 62, M 31), 30 pts dalla Russia(F 27, M 3)]; 723 pts dall' Europa non UE: Ucraina 131 pts (F 108, M 23) e 153 pts Albania (F 70, M 83);295 pts dall'Africa Settentrionale: 192 ptsEgitto (F 52, M 140) e103pts Libia (F 48, M 55);pts 98 dal Perù (F 79, M 19) (Sud America).
Conclusioni: L'aumento del numero degli stranieri residenti in Italia è frutto in larga misura dei provvedimenti di regolarizzazione del 2002. Parallelamente all'incremento numerico, si è assistito ad aumento delle prestazioni sanitarie richieste, come nel nostro caso.

Questionario di gradimento rivolto ai pazienti afferenti allo screening del cancro del colon-retto

M. Zippi, E. Mattei, A. Cocco, I. De Felici, I. Febbraro, R. Pica, G. Traversa, L. D'Amato, C. Raguzzini, P. Acchione, B. Del Citto, C. Flores, M. Giustini, N. Pellegrini, E. Rizzo, M.L. Mangia, G. Occhigrossi

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Premesse e Scopo dello studio: Migliorare l'informazione ed il comfort verificando il gradimento del Servizio di Endoscopia Digestiva.
Materiali e Metodi: Studio prospettico inerente i questionari somministrati dopo gli esami endoscopici dal 1.10.14 al 31.12.2014.
Risultati: Sono stati arruolati 90 pazienti: 49 M (54.4%) e 41 F (45.6%), 39 (43.3%) tra 50/60 anni e 51 (56.7%) tra 61/74 anni. Risposte: 1) Le informazioni ricevute nel colloquio prima dell'esame sono state: poco chiare (2=2.2%), chiare (37=41.1%), molto chiare (51=56.7%); 2) Ha avuto difficoltà a comprendere le istruzioni fornite riguardo alla preparazione per la colonscopia?: nessuna difficoltà (88=97.8%), alcune difficoltà ma superate (2=2.2%); 3) Ha avuto problemi con l'assunzione del purgante?: si (1=1.1%), no (82=91.1%); 4) Ritiene che le informazioni relative alla colonscopia siano state (89 risposte=98.9%): chiare (48=53.9%), molto chiare (41=46.1%); 5) Ha avuto dolore durante l'esame (89 risposte=98.9%):? No (50=56.2%), poco (24=26.9%), abbastanza (12=13.5%), molto (3=3.4%); 6) L'assistenza durante l'esame e dopo è stata (89 risposte=98.9%)? adeguata (30=33.7%), molto adeguata (59=66.3%); 7) Come le è parsa l'equipe (84 risposte=93.3%).?: per niente unita (1=1.2%), unita (20=23.8%), coesa e collaborante (63=75%); 8): Se consigliato, aderirà al follow-up endoscopico (80 risposte=88.9%)?: si (78=97.5%), no (2=2.5%).
Conclusioni: Lo studio ha aiutato ad individuare i punti di forza e di debolezza del nostro operato attraverso varie fasi (prima, durante ed alla fine dell'esame).

Esperienza Asl Roma B, centro regionale screening colonretto: percorso di formazione "itinerante e condiviso"

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Premesse e Scopo dello studio: Dal 2012 è iniziato lo screening del CCR. Fino ad allora i medici e gli infermieri del nostro Centro si occupavano principalmente di attività diagnostica (CUP regionale).
Materiali e Metodi: Percorso di formazione sul campo: 2 site visits (medici+infermieri+operatori del Centro) presso 2 Centri Screening con particolare riguardo agli aspetti organizzativi, accoglienza dell'utenza, modalità e tecnica di esecuzione delle procedure endoscopiche. Ogni figura (medico, infermiere e operatori del Centro) si confrontava con il suo collega omologo sulla propria attività (gestione FOBT positivo e comunicazione, visita pre-endoscopica, accoglienza e sedazione, procedura endoscopica, impostazione follow-up, percorso gestionale).
Risultati: Creazione sedute endoscopiche dedicate con 2 infermieri per sala, schede infermieristiche, schede anamnestiche, archivio dei pazienti con indicazione di follow-up, sala risveglio. Programmazione per il 2014 di aggiornamento condiviso medici e infermieri: corsi intensivi di mucosectomia con tutor, incontri in sede con esperti endoscopisti, site visits presso centri di endoscopia di Roma e Firenze, seminari interni con anestesisti del nostro presidio.
Conclusioni: Il percorso di formazione "itinerante e condiviso" ha permesso a tutti i componenti del nostro Servizio l'acquisizione contemporanea di un'organizzazione di tipo dinamico: gestione di nuove strategie di lavoro e loro messa in atto.

Ambulatorio endoscopico: indicatori di monitoraggio della qualità

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Premesse e Scopo dello studio: L'attivazione del Programma di Screening del Carcinoma del Colon-retto (CCR) ha determinato un aumento del numero di procedure selezionate e quindi appropriate. Tutto questo ha motivato l'esigenza di un aggiornamento tecnico ed organizzativo dato l'aumento del numero delle procedure endoscopiche.
Materiali e Metodi: Si è proceduto a: attivare sedute dedicate con 2 unità infermieristiche per sala, rimuovere polipi difficili nella corso del primo esame, migliorare la gestione di farmaci anestetici per la sedazione, migliorare la strategia comunicativa per la preparazione intestinale, migliorare la qualità di assistenza (scheda anamnestica, scheda infermieristica e sala risveglio).
Risultati: Dal 2012 al 2014, si è assistito ad un progressivo aumento delle colonscopie di Screening appropriate (nel 2012 n. 250, nel 2013 n. 450 e nel 2014 n. 625). La qualità della preparazione intestinale, il miglioramento delle tecniche di sedazione e l'acquisizione di nuove capacità operative ha permesso il raggiungimento del cieco nel 94% dei casi con rimozione completa durante la prima seduta delle formazioni polipoidi riscontrate nel 85% dei casi. Il numero di accessi in DH si è ridotto da n. 84 a 23 giornate.
Conclusioni: L'aggiornamento tecnico ed organizzativo del nostro Centro ha determinato un notevole aumento del numero e della qualità delle procedure endoscopiche operative con riduzione della necessità (e quindi dei costi) di degenza e della ripetizione di una seconda procedura.

Characteristics of colon polyps among asymptomatic patients undergoing first time colorectal cancer screening colonoscopy

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Background and Aim: In order to reduce the incidence of CRC, screening programs were carried outfrom January 2012. After the adhesion of the population to faecal occult blood test, colonoscopy is mandatory.
Materials and Methods: A partially descriptive retrospective study of patients undergoing first-time screening colonoscopy, with the contemporary removing of polyps, was performed.
Results: 200 pts (F 116, M 84), mean age 63.8 years (range: 50-75). A total of 312 polyps were removed with a median of 1.6 polyps per patient (range: 1-5). Polyp shape was the following: 202 sessile (64.8%) and 110 pedunculated (35.2%). Polyp size: <0,5 cm=75, ≥0,5-1 cm=116, >1-2 cm=87, >2-3 cm=24, >3 cm=10. The localization was the following: left-colon in 223 cases (71.5%) (46 rectum, 138 sigma, 34 descending colon, 5 left transverse colon) and right-colon in 89 cases (28.5%) (15 right transverse colon, 49 ascending colon, 25 cecum). The sigma was involved in nearly the half of all cases (44.2%). Three polyps have not been recovered. Polyp tissue type: inflammatory 4 (1.3%), serrated 7 (2.3%), hyperplastic 43 (13.9%) and adenomatous 255 (82.5%) [tubular 95 (37.2%) and tubular-villous 160 (62.8%)]. In these last ones, dysplasia was: low-grade in 210 (82.4%) and high-grade in 45 (17.6%).
Conclusions: Our data show that polyps, diagnosed during colonoscopy screening program, are more frequent in female and prefers the left-colonic localization, especially the sigma. Among these, adenomas were the most representative with risk feature for progression to colon cancer.

Incidental diagnosis of parasitic diseases by endoscopy

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Introduction: Enterobius vermicularis is the most common intestinal parasite almost always asymptomatic. In fact, only in the 33% of patients, perianal itching may occur especially during the night. This report describes a case of worm infection documented during colonoscopy and confirmed by microscopy.
Case report: A 51-year-old man presented, during last few months, diarrhea without blood or mucus and isolated incidents of anal itching. His past medical history was unremarkable. Blood tests were normal. Also antibodies for celiac disease, stool examination and Scotch-test resulted negative. The colonoscopy conducted until the cecum was normal, except for the presence of a little white thin worm (of about 2-3 cm in length) and mobile in the ascending colon. This last one was removed with forceps biopsy and microbiological examination confirmed an adult male of enterobius vermicularis. Therapy with mebendazole (100 mg daily) in a single dose, repeated after 14-days, was administered. At follow-up examination, after a month, the patient had no more change in bowel habit.
Conclusions: The utility of stool examination is limited since worms and eggs are not generally passed in stool. Visualization of the worms by endoscopy is unusual. Simultaneous treatment of the entire household is warranted, given high transmission rates among families.

Una inusuale complicanza durante la rimozione della sonda da gastrostomia endoscopica percutanea

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Introduzione: La Gastrostomia Endoscopia Percutanea (PEG) è una procedura endoscopica che collega la cavità gastrica verso l'esterno mediante un tubicino di 5-7 mm di diametro. La PEG è una procedura che viene utilizzata nei pazienti in cui sia presente un'incapacità temporanea (superiore ad un mese) o permanente ad alimentarsi per bocca.
Caso clinico: Una donna di 75 anni, affetta da demenza secondaria a malattia cerebrovascolare cronica, si è recata presso il nostro Servizio di Endoscopia Digestiva per rimuovere la PEG ostruita, posizionata 5 mesi prima. Tale PEG era dotata di un fermo interno (bumber) a fungo rigido. Durante la rimozione endoscopica, si è proceduto a tagliare la parte esterna del tubo mentre la parte interna col bumper è stata afferrata con ansa da polipectomia, ritirata nello stomaco e poi nell'esofago, per essere rimossa attraverso la bocca. La rigidità del bumper non ha permesso il passaggio a livello del cricofaringeo. La paziente è stata sottoposta a TC-torace che mostrava la PEG in esofago senza segni di lacerazione esofagea. Successivamente, in camera operatoria, con paziente intubata, sotto visione endoscopica è stata riposizionata la PEG in cavità gastrica ed è stata rimossa dalla stomia con pinza chirurgica. Al termine è stato posizionato un bottone ("bottoni" MIC-KEY®, INNOVAmedica, Milano, Italia). Dopo 3 giorni di ricovero la paziente è stata dimessa in buone condizioni.
Conclusioni: Secondo la nostra esperienza, durante la rimozione endoscopica della PEG, questo è il primo caso di un tubo con bumper rigido ritenuto in esofago.

Diagnosis of inflammatory bowel diseases during colorectal cancer screening

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Background and Aim: The screening for early detection and removal of cancerous lesion reduces the incidence of colorectal cancer (CRC). After the adhesion of the population to faecal occult blood test (FOBT), colonoscopy is mandatory.
Materials and Methods: The program for the screening of CCR is operating from October 2011 in the district II of the ASL RMB. The program is aimed at people aged between 50-74 years with biennial periodicity. Patients (pts) with FOBT positivity who have performed colonoscopy (CS) were included in the study. Patients having an IBD, Crohn's disease (CD) and Ulcerative colitis (UC) were defined according Montreal Classification.
Results: From 14 November 2011 to 31 December 2014, 926 CS have been performed at the first round. Ten pts (1.1%) had a diagnosis of IBD (6 F, 4 M, mean age 61.8, range:73-53), 2 CD and 8 UC. Pts with CD were classified as following: 1 M (62 yrs) with A3 (> 40 years) L2 (colonic localization) B1 (non-stricturing, non-penetrating behavior), and 1 F (62 yrs) with A3 (> 40 years) L1 (ileal localization) B1 (non-stricturing, non-penetrating behavior). Pts with UC were classified as following: 1 M (68 yrs) with E3 (extensive/pancolitis), 6 pts E2 (left-sided colitis) (1 M 73 yrs, 1 M 62 yrs, 1 F 73yrs , 1 F 57 yrs, 2 F 53 yrs) and 1 F (55 yrs) with E1 (proctitis). We have not considered the disease activity at the diagnosis, because all patients had only FOBT positivity and were asymptomatic.
Conclusions: Present study show that 1.1% of patients with FOBT positivity have and IBD without clinical manifestation.

Stent thrombosis following platelet transfusion in a patient with myelodysplastic syndrome

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Introduction: The myelodysplastic syndromes (MDS) is one of the most common hematologic malignancies affecting adults. The incidence ranges from 3.5-12.6/100,000 per year. The natural history of these syndromes ranges from a chronic course that may span years to a rapid course of AML. Thrombocytopenia is a risk factor for hemorrhage, and platelet transfusion reduces the incidence of bleeding.
Case presentation: A 88 years old woman arrived to the ED with abdominal pain and diarrhea. Her medical history included MDS, diabetes,hypertension IHD with past History of STEMI and PTCA with stents implantation. Few days before admission she had stopped to take aspirin. The physical examination revealed tenderness in the left iliac, Hematologic examination showed WBC count: 8990; Hb: 11.6 g/dL, PLT: 15000/μL. The day after her laboratory findings showed PLT: 8000/μL, Hb: 8.7g/dl. Due to suspected bloody diarrhea the hematologist recommended platelet transfusion. Therefore, transfusion of 6 pints of platelet concentrates was performed. 8 hours later she developed chest pain. The ECG and the cardiac markers have confirmed the diagnosis of NSTEMI. The day after coronary angiography demonstrated total occlusion of the stent in the left anterior descending (LAD). PTCA has been performed.
Discussion: The MDS is heterogeneous hematopoietic disease associated with bone marrow failure, peripheral Cytopenias. The incidence of IHD and MI in patients with MDS and chronic thrombocytopenia is very low. There are few reports of stent thrombosis associated with blood component transfusion. In our case, the patient was with severe thrombocytopenia due to MDS and bloody diarrhea,platelet transfusion was done inevitably. 8 hours later she developed NSTEMI with stent thrombosis.
Conclusions: Our observations in patients with coronary stent implantation, platelet transfusion is a risk factor for occlusion of the stent.

Incidence and clinical features of patients with acute artery pulmonar hypertension after acute pulmonary embolism: a tertiary center experience

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Background: Actually the real incidence of Pulmonary Arterial Hypertension (PAH) after an acute event of Pulmonary Embolism (PE) is not well established.
Methods: We analysed clinical data from 67 consecutive patients,

(39 male and 29 female, mean age 67.19±14.90), admitted to our Cardiology Department, in Rovigo General Hospital.PE was confirmed in all subjects with Computed Tomography Angiography (CTA). We excluded from the study patients with comorbidities suggesting post-capillary hypertension (PH). All subjects underwent Transthoracic Echocardiogram (TTE). TTE criteria for PAH were one or more of the following: 1) estimated systolic pulmonary artery pressure of 35 mmHg or over; 2) indirectly estimated mean pulmonary artery pressure of 25 mmHg or over 3); 3) Pulmonary Acceleration Time (AcT) under 120 or AcT/right ventricular ejection time (RVET) under 0.40.

Results: PAH was diagnosed in 23.8% of patients. No differences were observed about gender, age, systolic and diastolic blood pressure, respiratory rate and length of hospitalization between patients with and without PH. Subjects with PH had a greater body mass index (BMI) (31.86±9.27 *vs* 27.35±4.86, p=0.013), showed more frequently positive levels of Troponin I (81.2% *vs* 18.7%, p=0.005), while less frequently showed cardiogenic shock at admission (25% *vs* 75%, p =0.03).

Conclusions: Acute PAH patients in our series showed an higher BMI, had more frequently positive levels of Troponin I and remained hemodynamically stable during hospitalization.

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1. Laliberté F *et al.* Impact of once-daily versus twice-daily dosing frequency on adherence to chronic medications among patients with venous thromboembolism. *Patient* 2013;6(3):213–224.

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