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ORAL COMMUNICATIONS

Non-invasive ventilation for acute respiratory failure in the elderly

D. Agostinelli[1], E. Martino[1], G. Bianchi[1], S. Celeste[2], C. Praticò[1], M. Zoli[1], M. Cavazza[2], R. Ferrari[2]

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Introduction: Non-invasive ventilation (NIV) is widely used for the treatment of acute respiratory failure (ARF) to reduce mortality and endotracheal intubation (TI) rates, and to improve dyspnoea, respiratory distress and gas exchanges.
Aims: To identify predictors for NIV success or failure for ARF in the elderly population.
Materials and Methods: Prospective observational study including every patient treated with NIV for ARF in the Emergency Department (ED). We compared different subgroups according to age, ventilation mode, ARF diagnosis and we focused on NIV as "ceiling treatment" (CT).
Results: 245 consecutive patients were included in 4 months; mean age was 81,8 years. Overall failure rate was 21.2% (6.3% TI, 19.6% mortality). In logistic regression,CT (O.R.: 50,592, p <0,001) and low SaO2 (O.R.: 0.95, p=0.005) showed to be predictive for failure. In the >80 years subgroup, failure cases showed lower systolic blood pressure (median 120 mmHg *vs* 135, p=0.005), higher creatininemia (mean 1.37 mg/dl *vs* 1.13, p=0.031), higher C reactive protein (median 5.04 mg/dl *vs* 2.28, p=0.009), lower SaO2 (median 84.1% *vs* 89.1, p=0.034), lower HCO3- (21.7 mmol/L *vs* 35,6, p=0.020) and higher lactates (3.1 mmol/L *vs* 1.4, p=0.001).
Conclusions: Our study confirms the efficacy of NIV in the treatment of ARF in the ED, even in the elderly. Aging per se does not affect the outcome. We identified different factors (to be in CT subgroup, severe metabolic acidosis, and lower SaO2 values) worsening the outcome in elderly patients aged >80 increasing NIV failure rate.

A gender analysis of COPD hospitalization's data in Puglia (Italy) from 2005 to 2016

I. Ambrosino[1], M.S. Gallone[2], F. Patano[2], E. Barbagelata[3], P. Gnerre[4], C. Politi[5], C.A. Germinario[2], A. Fontanella[6], A.M. Moretti[7]

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Background and Objectives: The prevalence, morbidity, mortality and disability of COPD has been a rapid increase among the women in Europe and worldwide over the last two decades. The aim of the study is to evaluate gender differences in COPD focusing on the number of admissions, average age, length of stay, hospitalized patients' mortality, re-hospitalization and comorbidities throughout the analysis of hospitalization data in Puglia between 2005 and 2016.
Methods: All the diagnoses and procedures performed during the hospitalization of those patients was analysed through the SDO, using its codification ICD-9, version 2007.
Results: There was a reduction of the number of hospitalizations for COPD from 2005 to 2016, but gender distribution changed strongly indeed the M:F ratio decreased from 2.6:1 in 2005 to 1.6:1 in 2016. In the last year analysed there was a higher number of females than males in geriatric departments. Female patients needed a longer length of hospital stay in all the examined years and wards. The respiratory therapy was more given during hospitalization of male patients in all the examined years and wards. The comorbidities were higher among female patients than male.
Conclusions: The percentage of female COPD patients admitted to hospital increased significantly during this period, such as female average age, female average length of hospital stay, female mortality and re-hospitalization. Women were treated less than men and had more comorbidities which can affect the clinical progression of COPD, combined with quality of life and survival.

Upper extremity superficial vein thrombosis: to treat or not to treat? Data from R.I.E.T.E. Registry

M. Amitrano[1], F. Cannavacciuolo[2], P. Di Micco[3], S. Vivolo[1], S. Mangiacapra[1]

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Background: Upper limbs veins study has lower relevance than other veins' one, because of the lower incidence of thrombosis in this site. From the '70s this incidence has grown up, because of the more and more frequent use of devices. Nevertheless, there are no guidelines and data in literature neither about upper limbs SVT management.
Materials and Methods: Since the lack of guidelines, Registries are usefull tools. We present data from R.I.E.T.E. Registry.
Risultati: From R.I.E.T.E. data about SVT we can observe that there is a significant number of upper limbs' SVT that develop in healthy veins. So this is not only a iatrogenic disease, due to the use of peripheral veins as vascular access. About upper limbs SVT on veins that are used as vascular access, non metastatic cancer is a risk factor (perhaps because of a lower use of antithrombotic prophylaxis). In healthy vein, instead, metastatic cancer is a risk factor. As regards the treatment, R.I.E.T.E. Registry shows the tendency to treat upper limbs' SVT harmacologically, rather than not to treat them.
Conclusions: The lack of data in literature causes a great disparity of clinical management in upper limbs' SVT. Data from R.I.E.T.E. Registry show a lower incidence of the upper limbs' SVT than the lower limbs' one. Moreover, there is a tendency to treat this kind of disease by anticoagulants. The real clinical benefit of this approach is still uncertain.

Resistive Index and integrated diabetes care in general practice setting

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Background and Purpose: Renal Resistive Index (RRI) is a mathematical parameter obtained using doppler ultrasound (normal<0,7). I Endpoints: applicability in General Practice (GP) using learning curves. II Endpoints: relationship between RRI and mean anamnestic-clinical data (from"Italian Integrated Diabetes Care-IDC").
Material and Methods: -Single-blind study. -Population: 105 patients affected by T2DM enrolled in IDC. -RRI samples: Min 3 max 6 for each patient. -All ultrasounds have been performed by one physician measuring the time needed to sample the 1st RRI. -Statistical significance for P<0,05. -Exclusion criteria: tachy/bradyarrhythmia, AF, renal a. stenosis, solitary kidney, compliance.
Results: RRI was ≥0,7 in 66,3% of the population studied. All three learning curves show improvement after 30 ultrasounds. This

study demonstrates linear correlation between RRI and age (P<0,0001), RRI and months since diagnosis of T2DM (P<0,0001), RRI and BMI (P 0,038). Renal function obtained from mean levels of creatinine has an inverse relationship with RRI both using linear regression (P<0,0001) and Student's t-test (P 0,0372 for MDRD and P 0,003 for CKD-EPI equations). Remaining data revealed non-significant results.
Conclusions: Considering scientific literature and our results, pathological RRI could be linked with increased mortality. Our results may suggest the opportunity of different/specific treatments for these patients (eg ASA, ACE-I, SGLT2). In view of the fast learning curve, this study highlights the potential of RRI in GP setting especially for chronic-complex patients.

Autoimmune neutropenia in an adult woman with pneumonia: report of a case

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Autoimmune neutropenia (AIN) is a rare disorder that may cause life-threatening infections. AIN is classified into two categories: primary and secondary. Primary AIN is relatively frequent in children, while secondary AIN is relative frequent among adults and is associated with different pathological condition, such as infectious and autoimmune disease, hematological malignancy, transplantation and drug allergies. We herein report a case of a 57-year-old woman visited a local hospital for cough, fever, asthenia, persisting for some weeks. Blood test revealed neutropenia and increased C reactive protein (CRP). A Chest x-Ray showed pneumonia so she started intravenous administration of antibiotics. She was suspected of having a hematological disorder and was referred to our hospital. Upon the initial visit she was afebrile, with vital sign in normal range. Neutropenia persisted while CRP was weakly positive and Chest x-Ray was already negative. Morphological dysplasia was not detected in any of hematological cell lineage, the screen for autoimmune disease resulted negative and the microbiological tests were unable to identify any pathogens. We began daily subcutaneous injection of G-CSF and corticosteroid therapy for some days. Her neutrophil count began increase immediately so that she was followed as an outpatient. A week later neutropenia appeared again. The indirect granulocyte immunofluorescence test detected antinuclear antibody against neutrophil antigen in her serum. The patient was diagnosed with primary AIN and restarted successfully corticosteroid therapy.

L'audit nella insufficienza respiratoria acuta da BPCO riacutizzata

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Premesse e Scopo dello studio: Nel 2017ciclo di Audit Clinico nei Reparti di Medicina Interna dell'ASLTO5per attivare un processo di miglioramento e rendere omogenei i percorsi per i pazienti ricoverati per Insufficienza respiratoria acuta o acuta su cronica da ABPCO.
Materiali e Metodi: Riunione plenaria (individuare e scegliere indicatori e standard), rilevazione dati sulle cartelle cliniche in relazione agli indicatori scelti per " fotografare " la situazione prima, individuazione delle criticità, delle strategie di miglioramento per raggiungere gli standard di qualità prefissati, successiva messa in atto nelle varie unità operative nei 6 mesi successivi, rianalisi dei dati a 6 mesi sulle cartelle cliniche, discussione in plenaria dei risultati.
Risultati: Dalla I alla II rilevazione è migliorata la % dei pazienti in cui era specificato in cartella grado di ostruzione/spirometria (27-44%) se in terapia inalatoria prima del ricovero (38-56%), stato nutrizionale. L'appropriatezza richiesta colturale su escreato,valutazione fisiatrica per gestione secrezioni, mobilizzazione e continuità FKT in post-ricovero, follow-up (26-46%), migliorata la gestione del paziente con Ipercapnia (aerosol, 02 terapia controllata, mobilizzazione precoce NIV).
Conclusioni: L'audit: strumento importante per migliorare la gestione del paziente con IRA da ABPCO in Medicina Interna. Punti fondamentali: verificare la corretta gestione paziente con ipercapnia, stratificare gravità paziente con BPCO, educazione terapeutica per terapia inalatoria, gestione secrezioni e ruolo riabilitazione respiratoria.

Score Padua and IMPROVE: what changes in management of venous thromboembolism prophylaxis in Internal Medicine?

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Introduction and Aim: The Guidelines of Regione Toscana have recently replaced the form FADOI with the Padua and Improve scores in the selection of patients to receive VTE prophylaxis. Aim of this study in retrospect was to verify the results obtained by using these scores in retrospect and evaluate a possible prognostic meaning of Padua score.
Methods: A group of hospitalized patients in our general medical unit for a six-month period was retrospectively evaluated. Patients receiving anticoagulants and/or with venous thromboembolism, and/or with active or suspected bleeding were excluded from this study. Based on results of the current form FADOI 230 patients were divided into two groups. Later, based on the use of Padua and IMPROVE scores they were divided into four groups. Hospital mortality and 3 and 6-month survival rates were compared.
Results: The use of Padua and IMPROVE scores highlighted 60% reduction of the eligibility for VTE prophylaxis. By using IMPROVE score is possible to identify patients with a very high mortality. In patients receiving prophylaxis per VTE a higher mortality rate was observed but the group with eligibility based on Padua score showed a remarkable higher mortality rate. By using Improve score it is possible to identify a subgroup of patients with a very high mortality rate.
Conclusions: A significant reduction of the number of patients eligible for VTE prophylaxis by retrospective application of Padua and IMPROVE scores was obtained. Prognostic value of Padua score was confirmed.

Good syndrome, not so good

C. Benatti[1], G. Partesotti[2], E. Turrini[3], S. Cagnacci[4], C. Gollini[4], A. Iattoni[3], F. Leonardi[4], F. Maselli[5], A. Pedrazzi[4], A. Renzi[4], L. Totaro[4], F. Vecchi[4], A. Zanasi[4], R. Serini[5], G. Sirotti[4], M. Grandi[4], S. Pederzoli[4]

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Good Syndrome (GS) is characterized by the simultaneous presentation of thymoma and immunodeficiency. We describe a case of a 66-year-old woman admitted for fever, dyspnea and cough. Her medical history included recurrent pneumonia, sinusitis and urinary tract infections. Her chest x-ray showed a left pneumonia. At laboratory test we observed severe hypogammaglobulinemia, lynmphopenia with decreased CD4 T-cell count and CD4:CD8 ratio. Computer thomography revealed an anterior mediastinal mass measuring 57x34 mm. Performed biopsy was consistent with thymoma, and a diagnosis of GS was established. The patient underwent thymectomy and a complete histological evaluation of the mass revealed a Masaoka stage II type AB thymoma. Thymectomy was followed by monthly intravenous G immunoglobulin infusion for persistent severe hypogammaglobulinemia, without infections recurrency. Immunodeficiency didn't disappear with thymectomy. GS is a rare condition with fewer than 200 cases reported in literature. Classically it is defined as a triad of thymoma, hypogammaglobulinemia, adult-onset immunodeficiency with low or absent B lymphocytes and derangements in T-lymphocyte func-

tions. The patients often present recurrent infections, mechanical symptoms related to the mass and autoimmune and hematologic conditions. Adequate surgical resection remains the key to favorable outcomes, whereas immunotherapy helps reducing postoperative complications and may improve survival. The immunodeficiency dosen't regress with surgery but rather somtimes worsen.

Outcomes and feasibility of the multidisciplinary management in patients with IBD-associated spondyloarthritis

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Background: Arthritis is the most frequent extra-intestinal manifestation in inflammatory bowel diseases (IBD) and has a relevant impact on patients' quality of life (QoL). Multidisciplinary management may be feasible and effective for the assessment, treatment and follow-up of these patients.
Methods: We enrolled 262 consecutive patients with IBD (166 Crohn's disease and 96 ulcerative colitis) and evaluated them in an integrated outpatient clinic. Among them, 80 (30.5%) patients were diagnosed to have an associated spondyloarthritis (SpA-IBD). Patients were followed-up for 2 years. At each visit, disease activity and patient's reported outcomes (PROs) were recorded.
Results: At baseline, patients with SpA-IBD had a significantly worse QoL than patients with IBD (as assessed by Sf-36/PCS and Sf-36/MCS, both with p<.001). After integrated evaluation, treatment strategy was changed in 70 (87.5%) of SpA-IBD patients. After 12 and 24 months of follow-up, compared to baseline, both gastrointestinal (in CD patients, as assessed by CDAI) and articular (as assessed by ASDAS-CRP, <.001) disease activity significantly improved, as well as QoL (Sf-36/PCS and Sf-36/MCS, both with p<.01). In patients with SpA-IBD, the main disease activity indexes and PROs were significantly correlated with each other (particularly ASDAS-CRP and Sf-36 summary scores).
Conclusions: Multidisciplinary assessment and long-term management of SpA-IBD patients is feasible and may represent a tool to improve patients' quality of life.

Placement and management of peripheral inserted central catheters or midline catheters in *Azienda sanitaria locale Biella*: a prospective observational cohort study

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Background and Aim: Peripheral Inserted Central Catheters (PICC) or Midline catheters are common in hospital medical setting, nursing home patients or oncological patients. Our data describe which patients receive these devices and what complications in this nursing practice exists in our hospital.
Methods: The authors conducted a prospective observational cohort study on adult patients admitted in our hospital during 2013 – 2017, patients for whom a catheter (PICC or Midline) was required to be placed. The authors examined trends of: numbers and rate of placement, prescription appropriateness, rate of immediate, early and late complications like infection, displacement, occlusion, thrombosis.
Results: Our cohort included 2248 patients undergoing placement of PICC or Midline. The total number of catheter use increased from 2013 (n=395, 3.1% of total hospitalized patients) to 2017 (n=507, 3.7% of total hospitalized patients). Global complication rate decreased from 20% of 2013 to 15.5% of 2017. There was a variability of global complications rate across PICC (13.5% in year 2017) and Midline (19% in year 2017). In the last year, the most frequent complications in PICC were displacement (2%) and Infection (2%), while in Midline were occlusion (4.3%) and thrombosis (3,5%).
Conclusions: In the qualitative analysis of this study, the reporting bias to suppression of information it's to be considered. However this report allows the organization to monitor proper nursing management of PICC and Midline catheters for define guidelines or procedure and improvement strategies.

Assessment of the CHA_2DS_2-VASc score in predicting new onset atrial fibrillation during hospitalization for community-acquired pneumonia

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Background: Cardiovascular events are common during hospitalization for community-acquired pneumonia (CAP), with new onset atrial fibrillation (NOAF) being the second most relevant complication.
Purpose: In this study, we aimed to investigate the role of CHA_2DS_2-VASc score in predicting NOAF during hospitalization for CAP.
Methods: This was a prospective study on patients admitted for CAP. The end-point of the study was the occurrence of any objectively documented episode of NOAF during hospitalization in people without preexisting atrial fibrillation (AF).
Results: Four-hundred-sixty-eight patients were enrolled (median age 78 years), of these 48 (10.3%) experienced NOAF during hospitalization. They were older, had a greater number of comorbidities, more severe pneumonia, and higher values of CHA_2DS_2-VASc (4.4±1.6 *vs* 3.4±1.9; p<0.0001). There was an incremental relationship between the progression in CHA_2DS_2-VASc score and the risk of NOAF. At ROC curve analysis, a CHA_2DS_2-VASc score >3 was the most accurate cut-off for the identification of NOAF (AUC 0.653; 95% CI 0.577-0.729; p=.001). Each CHA_2DS_2-VASc point increase and a score >3 independently amplified the risk of NOAF at multivariate analysis (HR 1.3; 95% CI 1.09-1.55; p=.003 and 2.3; 95% CI 1.19-4.44; p=.007, respectively).
Conclusions: CHA_2DS_2-VASc score is an accurate and independent predictor of NOAF in patients with CAP, and a score >3 features a population at high risk of AF during hospitalization. This simple and accurate tool could help to better identify patients at higher risk of NOAF, and should be incorporated in the thorough evaluation of people hospitalized for CAP.

The forgotten disease

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Case report: A male of 85 years old was admitted to Emergency Department (ED) for the onset two days before of dyspnoea associated to edema of right antero-lateral region of the neck, fever, odontalgia, dysphagia. His medical history was characterized by treated multinodular goiter.
A bed-side point of care ultrasound performed at arrival in our Medicine Department revealed right internal jugular vein thrombosis. Subsequently, a neck and thorax computed tomography (CT) scan confirmed normal trachea, thrombosis of jugular vein and highlighted right jaw edema. Clinically, patient displayed erythema and cellulite with spontaneous pus drainage. Subsequently was subjected to dental surgery with granuloma drainage. Based on the cultured examination carried out on the drained material, a positivity was found to Fusobacterium Necrophorum. Therapy with ceftriaxone and metronidazole was established, then confirmed by antibiogram result. Anticoagulation with enoxaparin then NAO treatment was started. Patient was resigned on 8th day in good clinical condition.
Conclusions: Lemierre's syndrome is a potentially fatal pathology classically described as an internal jugular vein thrombophlebitis, associated to oropharynx infection extended to the chest, often caused by Fusobacterium necrophorium. Since the introduction of pharyngitis treatment, incidence has drastically reduced, so far as it has been termed "the forgotten disease."

Day-to-day variability of fasting self-measured plasma glucose correlates with risk of hypoglycaemia in adults with type 1 and type 2 diabetes

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Aim: The relationship between hypoglycaemia and day-to-day variability of glycaemic control has not been well established. This post hoc analysis aimed to investigate the correlation between the day-to-day variability of fasting self-measured plasma glucose (SMPG) and hypoglycaemia in patients with type 1 (T1D) and type 2 diabetes (T2D).
Methods: A post hoc analysis was performed correlating day-to-day variability of fasting SMPG with hypoglycaemia in two double-blind, treat-to-target, crossover trials that compared insulin degludec once daily (OD) with insulin glargine U100 OD in adults with T1D (SWITCH 1) or insulin-experienced adults with T2D (SWITCH 2). Available pre-breakfast SMPG measurements were used to determine a weekly variance for each patient, using the log SMPG values to allow for relative comparisons. For each patient and treatment, the geometric mean of the weekly variance was calculated and these values were categorised into low, medium and high tertiles, as a measure for day-to-day variability. The effect of having low or high variability compared with medium variability was analysed in relation to overall symptomatic (severe or blood glucose <56 mg/dL) confirmed), nocturnal symptomatic (00:01–05:59, both inclusive), and severe (requiring third-party assistance) hypoglycaemia.
Results: Day-to-day SMPG variability was a significant predictor for the risk of overall and nocturnal hypoglycaemia in T1D and T2D, and severe hypoglycaemia in T1D.
Conclusions: Day-to-day glycaemic variability is associated with a risk of hypoglycaemia.

Reducing hospital readmissions in heart failure patients: preliminary data from Azienda USL Toscana Centro heart failure pathway

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Background: Acute heart failure (AHF) is a leading cause of hospitalization and death and an increasing burden on health care systems. A correct risk stratification of patients (pt) with AHF could improve their clinical outcome and facilitate their inclusion in a dedicated HF pathway.
Methods: A web-score (TAV centro HF SCORE) was created to identify high risk pt in order to include them in a close follow-up. The following score items were detected before discharge: heart rate, NT-pro BNP levels, eGFR, ejection fraction (EF), NYHA class, number of hospital admissions in the previous 6 months, and co-morbidities. We tested this score in pt admitted in 9 units of Internal Medicine and Cardiology of Azienda USL Toscana Centro.
Results: From January to December 2017, 226 consecutive pt (mean age 80.95±11.01 years, 103 men) were discharged with diagnosis of AHF. De novo AHF was diagnosed in 46% of pt. Mean NT-proBNP levels were 5343.9±6237.4 pg/mL on admission and 3707.3±4764.2 pg/mL at discharge. EF was >50% in 30% of pt, 40-49% in 28% of pt, 30-39% in 24.5% of pt, and <30% in 17.5% of pt. Mean score was 9,6±2,9. On the whole, 37 pt (16.4%) were readmitted within 30 days from discharge, in particular 3.6% of patients with score 3-7, 18.6% with score 8-10, and 23.3% with score ≥11.
Conclusions: Our data suggest that a score ≥11 seems to identify high risk AHF pt and that strategies providing an increased support at discharge along with a close follow-up are associated with lower readmission rates compared to those reported in recent studies (22.2% in 2014 SMIT study).

An innovative non-ionizing technique for bone status assessment: results of a multicenter clinical study comparing REMS and DXA

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Background: Diagnosis and management of osteoporosis are routinely based on DXA outcomes and evaluation of clinical risk factors. Recently, researchers in this field have turned their attention to ultrasonographic approaches for osteoporosis diagnosis directly applicable on proximal femur and lumbar spine.
Objectives: To evaluate diagnostic accuracy of REMS (Radiofrequency Echographic Multi Spectrometry) technology in assessing the bone status at femoral neck through the comparison with DXA.
Material and Methods: 1707 postmenopausal women aged 51-70 years were enrolled in seven Italian referral centers for osteoporosis management. REMS accuracy in osteoporosis evaluation was measured by performing in each clinical center two consecutive densitometric examinations for patient: one by using DXA device and the other one by REMS technology.
Results: By analysing the diagnostic agreement between DXA and REMS diagnostic output in discriminating osteoporotic *vs* non osteoporotic patients, REMS approach showed a sensibility of 85.6% and a specificity of 90.1%. These parameters, when considering only DXA and REMS acquisitions perfectly adherent to guidelines, achieved values of 94.4% and 95.6% respectively. Moreover, densitometric values provided by the two techniques showed an high degree of Pearson's correlation, with r=0.94, p<0.001.
Conclusions: REMS has been shown to be an accurate non-ionizing technology able to assess the bone status at femoral neck and to discriminate osteoporotic women from healthy ones as classified by femoral DXA, showing an high correlation with DXA measurements.

Ceftazidime-avibactam as a salvage therapy for infections caused by carbapenem-resistant enterobacteriacee. An experience from real life

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Introduction: Treatment options for carbapenem-resistant enterobacteriacee (CRE) are limited and mortality rates as high as 60% have been reported. Ceftazidime-avibactam (CAZ-AVI) is a new beta-lactam-b-lactamase inhibitor indicated for treatment of complicated urinary tract, intraabdominal and CRE.
Materials and Methods: We present a case series of 6 patients with infection caused by CRE who were treated with CAZ-AVI on a compassionate–use basis in a single Center.
Results: Sources of infection were: primary bacteremia (2), pneumonia (2), complicated IVU (2). All patients received CAZAVI as carbapenem sparing therapy, in 3 cases as a monotherapy. No in-hospital mortality was observed. All patients experienced clinical

and microbiological cure without relapses. In one case persistent bacteremia was detected due to DVA infection by a Klebsiella pneumoniae with a VIM pattern and resistance to CAZAVI at disk diffusion and resolved with device removal and combination therapy. Median duration of therapy was 14 days.
Conclusions: In our case series we observed no difference in outcome between mono and combination therapy. However monotherapy was reserved to less severe infections in most cases. Even if a selection bias was certainly present at the enrolment of patients, a high degree of acute illness was identified in 3/6 patients. Our data compare favourably with those reported in other studies and support CAZAVI as an important option in the treatment of patients with CRE infections, including those who are acutely ill.

A tenacious patient

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A 60 yo man presented to ED and was referred to our ward for a 1-week history of high fever and painful swelling of the right calf. He had no current or past medical history. He reported no fatigue, weight loss, sweating, itching, joint pain.
Clinical examination: A firm, tender oval mass was noted below popliteal fossa, anchored to muscles of the calf. Rest of physical examination was unremarkable.
Blood tests: mild macrocytic anemia (10.8 g/dl,MCV 110 fl), neutrophilia (30000/mmc), elevation of inflammation markers.
Instrumental tests: US exam of calf showed an intramuscular oval mass with hive structure and liquid content, no DVT. MRI confirmed these findings, providing no further clues.
Additional tests: Blood cultures resulted negative. Calf mass was drained to obtain a specimen for cultural exam, resulted negative. Fever decreased with antibiotics administration but reappeared in a short time associated with further increase of WBCs, circulating immature granulocyte and worsening anemia. Meanwhile several tender, firm and erythematous nodules appeared in lower limbs with quick evolution to ulcers. Autoantibodies and search for infectious agents were negative. Lymphocyte phenotyping gave a polyclonal pattern. A skin biopsy was performed showing subcutaneous histiocytes and granulocytes infiltration, compatible with panniculitis. Findings were suggestive for Sweet Syndrome. A bone marrow biopsy showed a hybrid myelodysplastic/myeloproliferative disorder, with highly cellulated bone marrow and increase of granulocytopoiesis with markers of reduced maturation.

Hospital acquired pneumonia: retrospective analysis of clinical and outcome variables between intensive care unit and non-intensive care unit acquired pneumonia

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Background: Hospital-acquired pneumonia (HAP) is one of the leading nosocomial infections and it is associated with high morbidity, prolongation of hospital stay and mortality. The majority of studies on HAP have been conducted in patients hospitalized in intensive care unit (ICU). This study focus on clinical features and outcome of patients acquiring HAP in a non-ICU wards (NIAP) in comparison to those with pneumonia acquired in ICU.
Methods: Retrospective analysis of cases of HAP from January to December 2017 at San Giovanni hospital in Rome.
Results: HAP occurred in 74 pts with an incidence of 0.45 case*1000 days of hospitalization; 21 cases were acquired in ICU and were ventilator associated pneumonia (VAP), 53 were in non-ICU wards. Mean age was 66 years in VAP and 70 years in NIAP. Major risk factors for VAP, in addition to VM, were steroid therapy (76.2%) and recent surgery (42.8%); steroid therapy (68%) and neoplastic diseases (24.5) were risk factors for NIAP. NIAP occurred after 16.3 days of hospitalization, VAP after 7.1. Microbiological diagnosis was obtained in 100% of VAP, but in only 45.3% of NIAP. Gram negative rods and S.aureus were isolated in 66.6% and 33.3% of VAP. In VAP a targeted therapy was started after 1.6 days. In hospital mortality was 29.7% (9.5% in VAP, 37.7% in NIAP).
Conclusions: Clinicians should suspect NIAP in patients with multiple and severe comorbidity hospitalized in non-ICU wards, in order to achieve a prompt clinical and microbiological identification of this disease and to choose the most effective antibiotic strategy.

Six-year efficacy and safety of azathioprine treatment in the maintainance of steroid-free remission in inflammatory bowel disease patients

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Background and Aims: Azathioprine (AZA) is widely used for induction and maintenance of remission in steroid dependent patients with inflammatory bowel disease (IBD). We investigated its efficacy and safety in maintaining steroid-free remission in steroid dependent IBD patients six year after the institution of treatment.
Methods: Data from consecutive IBD outpatients referred in our Institution, between 1985-2015, were reviewed and all patients treated with AZA were included.
Results: Out of 2722 consecutive IBD, AZA was prescribed to 415 patients, 227 (54.7%) were affected by Crohn's disease (CD) and 188 (45.3%) by ulcerative colitis (UC). One hundred and fifty-eight patients with a follow-up <72 months were excluded from the study. Two hundred and fifty-seven patients were evaluated, 143 (55.6%) with CD and 114 (44.4%) with UC. One hundred and forty-two (55.2%) were male. Six year after the institution of treatment, 130 (50.6 %) patients still were in steroid-free remission (85 CD *vs* 45 UC, 59.5% and 39.5%, p=0.0017), 71 (27.6%) had a relapse requiring retreatment with steroids (29 CD *vs* 42 UC, 20.3% and 36.8%, p=0.0048), 56 (21.8%) discontinued the treatment due to side effects (29 CD *vs* 27 UC, 20.2% and 23.7%). Loss of response from 1st to 6rd year of follow-up was low, about 20%.
Conclusions: Six year after the onset of treatment 50.6% of patients did not require further steroid courses. 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.

Should we rely on epidemiological cut-offs in real-world practice? An analysis of 90 *Escherichia coli* isolates

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Background: EUCAST has introduced epidemiological cut-offs (ECOFFs) to separate wild-type (WT) bacterial strains from those with acquired or mutational resistance mechanisms to a given antibiotic, but clinical utility remained uncertain. We examined in a sample of E. coli strains the susceptibility to β-lactams, focusing on WT for piperacillin-tazobactam (PTZ).
Methods: We evaluated in consecutive E. coli isolates (ECI) from patients admitted in Internal Medicine from October 2016 to January 2018 the susceptibility to ampicillin, amoxicillin-clavulanate, cefepime, cefotaxime, ceftazidime, PTZ. Susceptibility testing was performed using Vitek2 and interpreted according to EUCAST criteria. For E. coli both clinical breakpoint and ECOFF of PTZ are 8 mg/L.
Results: Of 90 ECI, 32.2% comes from blood, 62.2% from urine, 5.6% from other sources. All ECI but 2 were resistant to ampicillin: we performed the next analysis without considering it. 68/90 ECI (75.6%) were susceptible (and WT) to PTZ, 49 of these showing very-low MIC values (≤4 mg/L). 33 of these 49 were susceptible to

all tested β-lactams, the other 16 showing resistance to one o more agents. Only 1 isolate with PTZ MIC 8 mg/L resulted susceptible to all β-lactams.
Conclusions: Even if all categorized as WT, in our opinion ECI with very-low PTZ MIC should not be considered as those with MIC 8 mg/L, as only the former seem really not to have resistance mechanisms to overall β-lactams. We suggest that a PTZ MIC of 4 mg/L could better identify the true WT and fully susceptible ECI, more likely to respond to β-lactam therapy.

Epicardial fat thickness in patients with autosomal dominant polycistic kidney disease

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Background: Autosomal dominant polycystic kidney disease (ADPKD) is associated with early organ damage such as left ventricular hypertrophy (LVH) and higher cardiovascular risk when compared to essential hypertension (EH). Epicardial adipose tissue (EAT) is a new cardiovascular risk factor, but its correlation with LVH in ADPKD is unknown. We sought to evaluate the correlation of ultrasound measured EAT and LVH in a well-studied group of hypertensive patients with ADPKD in comparison with essential hypertension (EH) subjects.
Methods: We performed ultrasound measurement of the EAT and other echocardiographic parameters, such as left ventricular mass (LVM), left ventricular mass indexed by body surface area (LVMi), and left atrium size in 41 consecutive hypertensive patients with ADPKD, compared to 89 EH patients.
Results: EAT was significantly higher in ADPKD group respect to EH subjects (9.2±2.9mm *vs* 7.8±1.6mm, p <0.001), and significantly correlated with LVM, LVMi and left atrium size in the ADPKD group (r=0.56, p=0.005; r=0.424, p=0.022; and r=0.48, p=<0.001, respectively). Comparing EAT against body mass index (BMI), waist circumference (WC), systolic blood pressure (SBP), diastolic blood pressure (DBP) and age, we found that EAT is the strongest predictor of LVMi (B=0.59, p=0.036).
Conclusions: Our data shows that EAT is higher in ADPKD patients than in EH subjects and independently correlates with LVMi. EAT measurement can be as useful marker in the cardiovascular risk stratification in ADPKD.

Within-day variability based on 9-point profiles correlates with risk of overall and nocturnal hypoglycaemia in adults with type 1 and type 2 diabetes

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Background and Aims: Higher glycaemic variability has previously been linked to an increased risk of hypoglycaemia. This post hoc analysis investigated the correlation between clinical within-day glycaemic variability, based on 9-point profiles, and hypoglycaemia in patients with type 1 (T1D) and type 2 diabetes (T2D).

Materials and Methods: The correlation between within-day variability, based on 9 point profiles, and hypoglycaemia was investigated as a post hoc analysis in two double blind, treat-to-target, crossover trials comparing insulin degludec once daily (OD) with insulin glargine U100 OD in adults with T1D (SWITCH 1, n=501) or insulin-experienced adults with T2D (SWITCH 2, n=721). Within-day glycaemic variability was calculated as the relative fluctuation of the 9-point profile, defined through the integrated absolute distance from the mean. Variabilities were subsequently categorised into low, medium and high tertiles based on the geometric mean of the two 9-point profiles available per patient and treatment. Hypoglycaemia was defined as overall symptomatic (severe or blood glucose [<3.1 mmol/L (56 mg/dL)] confirmed), nocturnal symptomatic (00:01 05:59, both inclusive) and severe (requiring third-party assistance and confirmed by a blinded adjudication committee) events.
Results: Within-day variability was a significant predictor for the risk of overall and nocturnal hypoglycaemia in patients with T1D or T2D. However, no correlation was found for severe hypoglycaemia in this dataset.
Conclusions: In conclusion, within-day glycaemic variability is associated with a risk of overall and nocturnal hypoglycaemia.

Venous thromboembolism prophylaxis in hospitalized acute medical patients: a one year study

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Introduction and Purpose: Recent guidelines for venous thromboembolism prophylaxis suggests the use of clinical scores to stratify the VTE and haemorrhagic risk (PADUA, IMPROVE) in order to decide whether to use or not VTE prophylaxis in hospitalized acute medical patients, which is often applied only on clinical judgment-based strategy. To evaluate the use of VTE prophylaxis in our department, we performed a retrospective observational study.
Methods: Consecutive patients admitted to Internal Medicine 2 in Siena hospital from October 2016 to October 2017 were recruited. VTE and haemorrhagic risks were evaluated and use of prophylaxis was analyzed.
Results: 927 patients (51% women) were included. Mean age 80 years old, 75,5% over 85 years old. 27% had a severe acute renal failure. 57% was at high thrombotic risk and low haemorrhagic risk (67% of them received prophylaxis), 23% was at high risk, both thrombotic and haemorrhagic (47% received prophylaxis), 7,4% was at low risk, both thrombotic and haemorrhagic (but 24% received prophylaxis), 2,6% was at low thrombotic risk and high haemorrhagic risk (but 29% received prophylaxis). All in all, only 11% of the patients that had an indication to VTE prophylaxis did not receive it and 15,7% of patients that had not indication to prophylaxis received it.
Conclusions: Many patients in internal medicine were at high thrombotic risk and nowadays physicians use a correct VTE prophylaxis in most of them (67% *vs* 41,6% GEMINI 2009). However, the use of the scores allow to improve the prophylaxis' indications and decrease clinical errors.

Periendoscopic management of direct oral anticoagulants: a prospective cohort study

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Background: Recent guidelines on periendoscopic management of DOACs are available, but data on their safety and efficacy are still lacking.
Aim: To evaluate the incidence of complications in the periendoscopic management of DOAC in patients undergoing elective GI endoscopy, and the effectiveness and safety of guidelines by European Society of Gastrointestinal Endoscopy (ESGE).
Methods: Multicentre prospective cohort study conducted in 13 endoscopy centres in Italy. Patients on DOAC therapy undergoing elective GI endoscopy (stratified in low and high-risk of bleeding, according to ESGE) were enrolled. Patients were followed-up for 30 days.
Results: Of 529 enrolled patients, 202 (38%) and 327 (62%) underwent high and low-risk procedures. Six bleeding events and one transient ischemic event occurred in patients undergoing low-risk procedures. For high-risk procedures, the overall incidence of bleeding was 19.3%. Earlier lay-off of DOAC than ESGE indications did not reduce bleeding risk (10.8% *vs* 10.3%, p=0.99), but the risk of those who stopped DOAC later was higher (25% *vs* 10.3%, p=0.07). Anticipation of DOAC resumption than guidelines indications is associated with increased delayed bleeding (14.4% *vs* 6.6%, p=0.27). Bridging is associated with higher major bleedings (26.6% *vs* 5.9%,=0.017).
Conclusions: The bleeding risk in high-risk procedures in patients on DOAC is increased, mostly by post-procedural heparin bridging. Short-term interruption of DOAC, as recommended by ESGE, is safe and effective.

Management and outcomes of isolated distal deep vein thrombosis in hospitalized patients: a single centre retrospective cohort study

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Backgroud and Aim: There is no consensus regarding the management of isolated distal deep vein thromboses (IDDVT). We retrospectively evaluated therapy, extension to popliteal vein and mortality in a cohort of hospitalized patients (pts).
Methods: Medical/Surgical hospitalized pts at Maggiore Hospital with ultrasonographic diagnosis of IDDVT from January to December 2016 were included.
Results: Among 1549 ultrasounds screened 149 proximal deep vein thromboses (DVT) (37.3%) and 251 IDDVT (62.7%) were detected. Main risk factors for IDDVT were trauma and surgery. We considered 151 pts with IDDVT (100 pts with pulmonary embolism/atrial fibrillation were excluded). Of these, 77/151 (51%) received therapeutic anticoagulation; 74/151 (49%) received intermediate/prophylactic anticoagulation (55), ultrasound surveillance or a vena cava filter (19). A 30 day-follow-up evaluation was present for 90/151 pts (60%). Extension to the popliteal vein occurred only in 3/43 (7%) pts who did not receive therapeutic anticoagulation. Bleeding complications occurred in 2/47 pts at therapeutic dose (4.3%) *vs* 1/43 at non-therapeutic anticoagulation (2.3%). All cause-mortality at 20 months was not significantly different for IDDVT (49/251; 19.5%) and DVT pts (38/149; 25.5%) (P 0.1696).
Conclusions: Only 51% of IDDVT hospitalized pts received the treatment suggested by 2016 ACCP guidelines, for less than 3 months in 40%. Proximal extension was not frequent even in non-anticoagulated pts. The significantly lower mortality *vs* DVT reported in IDDVT out-patients was not confirmed in hospitalized pts.

Hematuria in KRAS mutated metastatic colorectal cancer treated with regorafenib: a case report

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Background: IgA glomerulonephritis occurs in patients aged 20 to 30 in 80% of cases often related to upper respiratory tract infections. Although it is reported as a benign condition, in 40% of cases it evolves towards progressive chronic renal failure.
Materials and Methods: Case report of a 74-year-old man affected by KRAS mutated metastatic colorectal cancer treated with regorafenib came to our attention for appearance of dark-red urine.
Results: Blood chemistry showed increase in serum creatinine (6.4 mg/dL), albumin 23.2 g/L. Urine microscopic test showed hematuria and nephrotic proteinuria. Immunological tests resulted negative (ANA, ANCA). No infectious episodes in recent months, well controlled arterial hypertension treated with olmesartan. Instrumental and laboratory examinations ruled out the presence of pre-and post-renal acute failure, so that a renal injury was investigated through renal biopsy, which showed presence of IgA-mesangial deposit. Following the diagnosis of IgA glomerulonephritis high doses methylprednisolone was started (10 mg/kg/daily for three days with tapering in the following weeks), with progressive improvement of renal function (serum creatinine of 2.7 g/dL). Urine lab test showed only persistence of proteinuria, with no hematuria.
Conclusions: IgA glomerulonephritis is an uncommon disease and can progress to irreversible kidney injury. An early diagnosis is important to avoid delay in initiation of steroid. Further evidences are needed to eventually relate this condition to regorafenib, since no cases are reported in literature.

Hepatocellular carcinoma in HCV cirrhosis treated with direct antiviral agents

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Introduction: Data emerged about the risk of hepatocellular carcinoma (HCC) after interferon free treatment are conflicting.
Aim: To assess the rate of de-novo or recurrent HCC among cirrhotics treated with DAAs in our center.
Materials and Methods: Between January 2015 and January 2017, cirrhotic HCV patients who received interferon free treatment were identifed. Clinical data about *de-novo* or recurrent HCC were retrospectively collected.
Results: We treated 135 cirrhotics (60 females and 75 males). Median age was 64 years. Score Child-Pugh-Turcotte was B in 7 patients while for the others was Child A. 13 patients (9.6%) had a previous history of HCC. 5 patients did not reach SVR24. Of 135 patients, 9 cirrhotics (6%) with SVR24 developed HCC. Onset HCC *de novo* was present in 5 patients and recurring HCC in 4. At diagnosis, CPT was A in 7 patients, B in one patient and C in another one patient. Median AFP of these patients was 212 ng/ml. HCC was diagnosed after a median of 24 weeks after the end of antiviral treatment. Cancer was single in 6 patients, bifocal in one patient and multifocal in 2 patients. 2 patients were treated with trans-arterial chemoembolization, 5 with radiofrequency ablation, 1 with resection and one patient received best supportive care because of portal vein thrombosis and ascites. Two patients were listed for liver transplant and 2 died for liver cancer.
Conclusions: Although our study is retrospective with a small population, based on our findings, rate of HCC after DAAs treatment is low.

An unusual case of hyperammonemia

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Hyperammonemia (HA) is a well-known cause of encephalopathy. Hepatic failure, congenital porto-systemic shunts, inborn errors of metabolism, protein overload, chemotherapy (CT), infections and cancers are the most common causes. We describe the case of a 72-year-old woman with an infiltrating lobular breast carcinoma, hormone receptor positive, G2, treated with left mastectomy and adjuvant hormonal therapy. Seven years after the diagnosis she underwent a right hemicolectomy with lymphadenectomy and omentectomy for bowel obstruction due to transmural colonic metastasis from her previous breast cancer. She then started systemic CT with capecitabine and vinorelbine. After three cycles she presented sudden mental confusion and lethargy. At admission at our Operative

Unit, EEG pattern was compatible with encephalopathy and blood tests showed ammonia=145 mcg/dl (ULN 75 mcg/dl). Brain and abdominal computer tomography scan didn't show any pathological findings and esophagogastroduodenoscopy was negative for varices. CT was stopped, as a potential cause of HA. Because of persistent HA (ammonia 152 mcg/dl), a mesenteric angiography was performed, that revealed the presence of a porto-systemic shunt involving superior mesenteric vein and inferior vena cava. The patient underwent embolization of the shunt with subsequent rapid normalization of ammonium levels and mental status. Post-surgical porto-systemic shunt is a rare cause of HA and it should be considered in patients undergoing abdominal surgery, once other causes have been excluded.

Real life management of PE in different countries: analysis from the RIETE registry

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Background: Various prognostic clinical scores have lead to the identification of low-risk (LR) pulmonary embolism (PE) patients eligible for outpatient treatment. Growing evidence suggests that outpatient care or early discharge is as feasible and safe as traditional inpatient care for selected PE patients.
Aim: To assess the proportion of outpatients with acute PE initially treated in-hospital, to evaluate the mean duration of hospitalization and to identify predictors for home treatment or early discharge.
Methods: Data from patients enrolled in several countries in the RIETE registry from January 2010 to December 2016 were analysed.
Results: 11,473 consecutive outpatients with acute PE were included. Patients at LR varied highly (ranging from 29% to 41%) according to different scores. Only 5% of the whole population (ranging from 1% in Israel to 16% in Italy) and approximately 7% of LR patients were entirely treated at home. Overall, median length-of-hospital-stay was 8 days and only 30.9% of patients were discharged within 5 days. On multivariate analysis, cancer and initial treatment with DOAC were significantly associated with out-treatment and early discharge. Low PESI (<85) resulted as a weak predictor of early discharge. A low RIETE (<1) score poorly predicts home treatment and early discharge.
Conclusions: Only one in every thirteen patients eligible for home treatment according to the PESI or RIETE scores was treated at home and less than half of the LR population was hospitalized for ≤5 days. Highly variable approaches were observed among different countries.

Patient-reported outcomes with insulin degludec/liraglutide *versus* basal-bolus therapy in patients with type 2 diabetes: DUAL VII trial

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Background: Basal-bolus insulin therapy is considered the gold standard regimen for treating patients with T2D who do not achieve glycaemic control with basal insulin, but fear of hypoglycaemia and weight gain are barriers to therapy intensification. The aim of this analysis was to see whether IDegLira could provide an alternative intensification option that was more acceptable to patients.
Materials and Methods: 26-week open-label trial, 506 adult patients with T2D, HbA1c 7–10% on metformin and 20–50 units insulin glargine 100 units/mL were randomised 1:1 to receive OD IDegLira or BB . Patients' perceived health status and treatment experiences were quantified using PROs questionnaires.
Results: Patients on IDegLira had an equal reduction in HbA1c, lower burden of hypoglycaemia, fewer injections/day, and weight loss *vs* BB. TRIM-D showed greater improvements in favour of IDegLira *vs* BB in all domains and Total Score. The greatest improvements were in diabetes management, treatment burden and compliance. SF-36 ETD was in favour of IDegLira *vs* BB for the mental component summary (1.83 [95% CI 0.26; 3.40] p=0.023), driven by an improvement in mental health (ETD 2.29 [95% CI 0.62; 3.96] p=0.0074). In a motivation survey 26 weeks after randomisation, 84.5% of IDegLira patients were willing to stay on study therapy *vs* 68.1% of BB patients 16.8% of IDegLira patients preferred pre-trial therapy *vs* 28.0% BB.
Conclusions: IDegLira induced greater improvements in PROs, mainly in diabetes management and treatment burden, whilst achieving similar glycaemic control *versus* BB in patients with HbA1c 7–10% switched from Met and IGlar U100.

N-terminal pro B-type natriuretic peptide is inversely correlated with low density lipoprotein cholesterol in the very elderly

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Background: Natriuretic peptides (NPs) affect lipid metabolism, according to previous laboratory studies on human adipose tissue and differentiated adipocytes. Few clinical studies in adults found associations between physiological levels of NPs and cholesterol. Aim: find an association between NT-proBNP and lipid profile in very elderly with a wide range of NT-proBNP levels.
Methods: Cross-sectional study on 288 very elderly hospitalized for medical reasons, in which increased NT-proBNP levels are common. NT-proBNP, total cholesterol (TC), HDL cholesterol (HDLc) and triglycerides (TG) were collected few days before discharge. Lipid-lowering therapy and admission diagnosis of acute heart failure were the main exclusion criteria. Calculated LDL-cholesterol (LDLc) was used for the analyses.
Results: Mean age: 87.7±6.2 years; female prevalence (57.3%). Median NT-proBNP: 2949 (1005-7335) pg/ml; mean TC: 145.1±40.3 mg/dl; mean HDLc: 38.4±18.6 mg/dl; median TG: 100 (75-129) mg/dl; mean LDLc: 84.0±29.5 mg/dl. We found inverse correlations between NT-proBNP and both TC and LDLc (p=0.008 and p=0.005, respectively). No correlations emerged between NT-proBNP and HDLc or TG. These associations were confirmed for NT-proBNP tertiles. The inverse association between NT-proBNP and LDLc was maintained even after adjusting for covariates.
Conclusions: Our real-life clinical study supports the hypothesis that NPs play a role on cholesterol metabolism, given the association found between LDLc and NT-proBNP even in very elderly patients where NT-proBNP values are often in the pathological range.

Direct oral anticoagulants in the acute phase of nonvalvular atrial fibrillation-related ischemic stroke in very old patients undergoing systemic thrombolysis and/or mechanical thrombectomy

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Background: The optimal timing for starting anticoagulation in the acute phase of nonvalvular atrial fibrillation (NVAF)-related ischemic stroke (IS) remains a challenge, especially after systemic thrombolysis and/or mechanical thrombectomy, and evidence for use of direct oral anticoagulants (DOACs) in this clinical setting is lacking.
Methods: We retrospectively collected data of consecutive patients with NVAF-related IS receiving DOACs after systemic thrombolysis and/or mechanical thrombectomy. We recorded National Institutes of Health Stroke Scale (NIHSS) at hospital admission, size of ischemic lesions, DOACs type, dose and time of first administration, and 90-days outcomes. Disability was assessed by modified Rankin scale (mRS).
Results: 35 patients, 67.5% females, median age 84(IQR78-88)years, started DOACs after systemic thrombolysis (80%), mechanical thrombectomy (8.6%) or both (11.4%). Median NIHSS was 11(IQR6-17); 58.4% of patients had large ischemic lesions. Median time of first DOACs administration was 6(IQR4-8)days; 40% of patients received full dose of DOACs; 17.1% started DOACs after hemorrhagic transformation (symptomatic in one case). No patient died during hospitalization. At 90-days one had non disabling IS recurrence, none died or had major or minor bleeding. Median mRS was 3(IQR1-4) at hospital discharge and at 90-days.
Conclusions: DOACs seem to have a good efficacy/safety profile in NVAF-related acute IS after systemic thrombolysis and/or mechanical thrombectomy, even in very old patients. Prospective studies and randomized clinical trials are warranted.

Valutazione di una casistica di 2 anni di ricoveri per ictus cerebrale ischemico in un reparto di Medicina Interna

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Premesse e Scopo dello studio: Valutare una casistica di 2 anni di ricoveri per Ictus ischemico in un reparto di Medicina Interna.
Materiali e Metodi: Abbiamo preso in considerazione 154 pazienti ricoverati nel nostro reparto per Ictus ischemico nel 2015-16. Abbiamo valutato, il sesso, l'età media, i deceduti durante il ricovero, quanti pazienti erano in Fibrillazione Atriale (FA) e come erano trattati, i principali fattori di rischio, la presenza di disfagia alla dimissione.
Risultati: Dei 154 pazienti (84 donne e 70 uomini), l'età media di 82,4 anni,103 pazienti avevano più di 85 anni e 41 più di 90 anni. Deceduti durante il ricovero 15, età media dei deceduti 88, 2 anni. Fattori di rischio presenti: ipertensione 135, dislipidemia 28, diabete 34, fumatori 41. La stenosi carotidea correlabile con la lesione ischemica era presente in 49 pazienti (stenosi >50%). Per quanto riguarda la FA era presente in 54 pazienti di questi 23 erano in terapia con Warfarin, 1 con DOAC, 30 non in TAO. Dei 23 pazienti in Warfarin all'ingresso in reparto ben 17 non erano nel range terapeutico. Per quanto riguarda la disfagia alla dimissione 38 pazienti erano disfagici ed alimentati attraverso sondino naso-gastrico.
Conclusioni: Gli aspetti più importanti evidenziati da questo lavoro sono:l'età media molto elevata, il numero di pazienti in FA e di questi l'alto numero di non trattati a domicilio e tra quelli trattati il basso numero di pazienti con range terapeutico corretto. Con l'uso sempre più diffuso dei DOAC questo problema dovrebbe ridursi e quindi nel tempo diminuire il numero degli Ictus nei pazienti con FA.

Anakinra for recurrent pericarditis: results from a real world European registry (BEAT registry)

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Anakinra is a promising new treatment for recurrent pericarditis after failure of conventional therapies. Limited data are available on its efficacy and safety. Aim of the present registry is to evaluate the efficacy of anakinra to reduce recurrences and hospitalizations and its safety. Data from patients receiving anakinra for recurrent pericarditis from 3 referral centres (Bergamo, Athens, Torino) were analyzed for baseline characteristics, recurrences, types of hospitalizations, side effects. 50 consecutive patients with refractory recurrent pericarditis (mean age 41.5±14.4 years,26 females) with mean duration of disease of 25 months. Aetiology: idiopathic 47 cases(94%), related to inflammatory disease 2 (4%), post-pericardiotomy syndrome 1(2%). CRP elevation was present in 49/50(98%), pericardial effusion in 43/50(86%). Baseline therapies before anakinra included NSAIDs in 45(90%), colchicine in 43(86%), corticosteroids in 49(98%). Anakinra was started at the mean dose of 100 mg/day, maintained for a mean time of 14 months, tapered in 32 cases(64%). After a mean follow-up of 28 months, mean number of recurrences was lowered by anakinra (before *vs* after: 6.0 *vs* 0.9; p<0.0001) like mean number of hospitalizations (before *vs* after: 2.96 *vs* 0.16 p<0.0001). Stable remission recorded in 32/60(64%). Corticosteroid was decreased by anakinra (before *vs* after: 49/50, 98% *vs* 22/50,44%). Side effects recorded in 24/50(48%). No severe side effects recorded; drug withdrawal in 3 cases for side effects. Anakinra is safe and efficacious to reduce recurrences and hospitalizations in refractory recurrent pericarditis after failure of conventional therapies.

A regional survey on non invasive ventilation use for acute respiratory failure in general medical wards

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Background: NIV reached an important role in treatment of Acute Respiratory Failure (ARF): it improves clinical/gasanalytic features, and may reduce intubation/mortality. Its use increased in last years also outside Intensive Care Units (ICUs) related to knowledge of effectiveness, physician confidence and lack of ICU beds. However, use of NIV in medical wards is largely incomplete with great heterogeneity in selection of patients, settings, training.
Methods: Multiple-choice questionnaire submitted to Medical Units of Emilia Romagna concerned with: hospital/ward characteristics, settings/modalities of NIV application, professional skills, monitoring, protocols, outcomes, technical/logistic aspects, complications.
Results: 31 medical units returned questionnaire. NIV is more used in peripheral hospitals especially for bilevel pressure ventilation (globally 68%, CPAP 90%). NIV is applied in traditional wards in 65%, only 35% in critical care areas. 64% have own ventilators. The average experience on NIV is 8 years. More common forms of ARF treated: exhacerbation of COPD, cardiogenic pulmonary edema, pneumonia, aspiration. In 58% monitoring isn't adequate, 48% have protocols for NIV (often incomplete), 21% a dedicated NIV team. Staff training is inadequate in 40%. Awareness of effectiveness is high.
Conclusions: Use of NIV in medical wards of our region seems to be effective and gradually increasing. Improvement in staff training/local organization, introduction of protocols, use of critical care areas for adequate monitoring could help to make this technique safer, more widespread and useful in this setting.

Declino cognitivo e depressione in una popolazione geriatrica affetta da disturbi del sonno: uno studio osservazionale retrospettivo

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Il 50% della popolazione anziana ha disturbi del sonno. Esiste correlazione tra sonno,declino cognitivo e depressione. Evidenze scientifiche mostrano che disturbi del sonno sono coinvolti nei meccanismi implicati nel declino cognitivo. Scopo dello studio è: valutare le funzioni cognitive e il tono dell'umore; analizzare la correlazione fra disturbi del sonno, declino cognitivo e depressione. Metodi: 451 pazienti.Età media 71.50±6,78 (M 247, F 204). Sottoposti a: poligrafia basale, scala della sonnolenza diurna (ESS), qualità e durata del sonno; MMSE, GDS. Criteri inclusione: Età >60 anni; Prima diagnosi per disturbi del sonno all'osservazione. Criteri di esclusione: Incapacità a fornire consenso informato; MMES<10; Diagnosi di depressione e disturbi del sonno in anamnesi. Esiste una correlazione statisticamente significativa tra disturbi del sonno e declino cognitivo.Non abbiamo ottenuto un risultato statisticamente significativo tra pazienti con insonnia e declino cognitivo, non avendo ancora uno strumento di misurazione obiettivo per la insonnia. Esiste una correlazione statisticamente significativa tra OSAS, breve durata di sonno (<6 ore), sonnolenza diurna e depressione. Non abbiamo avuto risultati statisticamente significativi tra insonnia, roncopatia, sintomi riferibili ai disturbi del sonno e depressione. C'è una forte relazione tra disturbi del sonno, declino cognitivo e depressione. I disturbi del sonno dovrebbero essere valutati e ricercati in tutti gli anziani per un precoce riconoscimento e trattamento con effetti positivi su disturbi cognitivi e depressione.

The Internist 3.0 and the new app FADOI for hyperglycemia

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Tai Chi is normally used in chinese hospitals for treating some chronic diseases as dementia, arthritis, diabetes. We evaluated the beneficial effects of Tai Chi combined with proper nutrition and dietary counseling in 36 DMT2 of the ambulatory for Dysmetabolic Diseases of our hospital with certified staff (nutritionists and experts of TaiChi certificated at European level). At time 0, 3 and 6 months we evaluated anthropometric and metabolic parameters and performed analysis of body composition, while at 0 and 6 months we evaluated 6MWT in two groups of patients comparable by gender, age, anthropometric and metabolic parameters. Pts were aged between 65±7.8 years (14 D, 2 M), at time 0 the BMI was 32.1±7.4 kg/m2, HbA1c 7.7±1.4%, HOMA index 2.7±0.9. There was no dropout and at 3 months patients had: BMI of 30.1±5.2 kg/m2 (p 0.005), HbA1c values of 7.2±1.0% (p 0.004), HOMA index 2.4±0.8 (p 0.005)). At 6 mo, patients had: BMI of 29.1±3.0 kg/m2 (p <0.005), HbA1c values of 7.0±1.0% (p 0.003), HOMA index 2.24±0.5 (p <0.004). At 6 mo the 6MWT showed a marked improvement in performance *vs* time 0 (100 meters at time 0, 500 meters at time 6). The BIA showed a reduction in body fat both at 3 (r=0.37, p=0.03) and at 6 mo (p=0.02), with an increase in lean mass (p=0.005). Results are due in part to the reduction of fat mass with improvement of metabolic parameters and 6MWT; probably a greater intensity of activity in Tai Chi is needed.

Ultrasound elastography: a new technique to distinguish between acute and chronic deep vein thrombosis

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Background: Ultrasound Elastography (UE) imaging is a novel sonographic technique commonly employed for relative quantification of tissue elasticity. Studies have demonstrated that UE is able to differentiate between diseased and normal tissue in a wide range of clinical applications. Thus, the aim of this study was to assess the role of UE in distinguishing acute from chronic DVT.
Methods: Consecutive patients with unprovoked acute and chronic (=3 months old) DVT were analyzed. The mean Elasticity-Index (E-Index) values of acute and chronic popliteal and femoral vein thrombosis were compared. The accuracy of E-Index in distinguishing acute rather than chronic DVT was also assessed and providing the sensitivity, specificity, positive and negative predictive values and likelihood ratios.
Results: 149 patients (mean age 63.9 years, SD 13.6; 73 males) with acute and chronic DVT were included. Mean E-Index of acute femoral DVT was significantly higher than chronic femoral DVT (5.09 *vs* 2.46 p <0.001) and mean E-Index of acute popliteal DVT was significantly higher than chronic popliteal DVT (4.96 *vs* 2.48 p <0.001). Age, sex and thrombus location did not significantly affect the E-Index. An E-Index value >4 resulted in a sensitivity of 98.9% (95% CI 93.3, 99.9), a specificity of 99.1% (95% CI 94.8, 99.9), a positive predictive value of 91.1% (95% CI 77.9, 97.1), a negative predictive value of 98.6% (95% CI 91.3, 99.9).
Conclusions: USE appeared a promising technique to distinguish between acute and chronic DVT. Other larger prospective studies are warranted so as to confirm our preliminary findings.

Assessment of a screening tool to recognize patients at high risk of delirium episodes in an Internal Medicine ward

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AIM: Delirium is a serious neuropsychiatric syndrome of acute onset and fluctuating course with a high incidence in the Internal Medicine ward. Episodes of delirium occur in most cases in frail elderly patients as a result of triggering causes which can often be prevented. Our aim was to prospectively assess the validity of a screening tool to recognize patients at higher risk of delirium during hospitalization, on which to apply strict prevention measures.
Methods: All the patients admitted in a sector of our Internal Medicine ward from Nov 1,2017 to Jan 31,2018 were assessed for the presence of high delirium risk. The screening test consists of 2 major (a: previous episodes of delirium; b: diagnosis of dementia or cognitive deficit) and 2 minor criteria (a: MEWS≥3; b: modified Barthel Index≤6); it was positive in the presence of 1 major or 2 minor criteria. Delirium episodes occurring during hospital stay, diagnosed with 4AT test, were recorded.
Results: 263 of 283 patients (92.9%) have been included in the study. Of these, 87 (33%) met the criteria to be considered at high risk of delirium and 176 (67%) did not . Nineteen of the 87 patients (21.8%) at high risk and 3 of the other 176 patients (1.7%) had 1 or more episodes of delirium (p<0.001).
Conclusions: These results suggest that the screening tool we used is able to identify the medical in-patients at high risk of delirium. If validated in a larger sample, this test will allow to apply strict measures of delirium prevention only in a selected group of hospitalized patients.

Point-of-care thoracic ultrasound for the detection of interstitial lung disease in scleroderma patients: a preliminary report

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Introduction and Objectives: The majority of scleroderma (SSc) patients develop interstitial lung disease (ILD) in their life; despite high costs and biological risks, high-resolution computed tomography (HRCT) of the chest remains the routine diagnostic tool for ILD. Studies showed that thoracic ultrasound (TUS) can recognize ILD, how-

ever, the proposed protocols are complex and heterogeneous among them. The objective of the present study is to evaluate the diagnostic accuracy of a point-of-care TUS (P-TUS) compared with chest HRCT for the diagnosis of ILD in SSc patients.
Materials and Methods: Consecutive SSc patients from Nov 2015 to Oct 2017 were included. P-TUS scans protocol explored 4 posterior and 2 anterior intercostal spaces for each patient; the operator was blinded for HRCT results. A radiologist blinded for P-TUS findings, assessed HRCT fibrosis extension using a computer-aided method.
Results: 32 patients (M/F 5/27, mean age 55) were included in the present study. After the evaluation of all the ultrasound features of ILD (n° of B-lines, thickening of pleural line, pleural line irregularity and subpleural nodules), none of them significantly correlates with the extension of fibrosis. Anyway, the presence in at least of one intercostal space of both pleural line irregularity and subpleural nodules showed a specificity of 86% (LR+: 4,3), whereas the concomitant absence of them has a sensibility of 90% (LR-: 0,2) to exclude fibrosis.
Conclusions: Despite a preliminary report, the P-TUS could represent one helpful tool for rheumatologists managing ILD in SSc patients.

New direct antiviral agents therapy in hepatitis C virus associated B-cell lymphoproliferative disorders

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Background and Aim*:* Hepatitis C Virus (HCV) eradication and remission of concomitant lymphoproliferative disorders (LPD) with antiviral treatment interferon-based highlight the etiologic link between the LPD and HCV infection. Few papers reported the efficacy of (DAAs) therapy in patients HCV with LPD.
Methods*:* We evaluated the virological and hematological response in 13 patients with chronic HCV-infection with LPD (indolent B-cell Lymphoma 6 cases, Monoclonal B cell lymphocytosis [MBL] 3 cases and B-cell monoclonal 4 cases) treated with DAAs. Flow cytometry in peripheral blood at baseline and at the 24 weeks after the end treatment was performed. The Mixed Cryoglobulinemia (MC) type II were found in 10 cases and type III in 1 case. In two cases MC was absent. Eleven patients received a Sofosbuvir–based regimen in combination with others DAAs. After four weeks of therapy, HCV viremia was undetectable in all patients and maintained in all cases 24 weeks after the end of the therapy. In 6 patients with indolent Lymphoma no haematological response was achieved. In one MBL patient the total lymphocytes count was reduced and CD19+ was decreased; the others MBL patients showed no haematological response. In two B-cell monoclonal patients a restricted clonality was detectable even at 24 weeks after the end therapy while in one case B-cell monoclonality became undetectable. Mild side effects occurred.
Conclusions: This study confirmed the power of the DAAs treatment in the HCV eradication. However the new antiviral approaches seem little effective in LPD HCV associated.

Nucleotide analogues in the treatment of chronic hepatitis B related cryoglobulinemic vasculitis: multicentre study

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Background: Data of clinical and therapeutic management of Hepatitis B virus (HBV) related Cryoglobulinemic vasculitis (CV) is not well known. Moreover, in the long-term effects of antiviral agent nucleotides (NAs) in HBV-related CV few studies are reported.
Aims: We describe the safety and efficacy of the treatment with antiviral agent nucleotides (NAs) in HBV-related CV.
Methods: In four Italian centres, 16 patients has been enrolled, 11 received entecavir, 2 tenofovir and 1 lamivudine.
Results: At the diagnosis the extra-hepatic manifestations were: purpura in 15 cases, asthenia 13 cases, arthralgias 12 cases, skin ulcers 4 cases, peripheral neuropathy 11 cases, glomerulonephritis MP 2 cases and indolent B-cell Non Hodgkin's lymphoma (NHL) 1 case. After one year of NAs therapy, HBV-DNA was undetectable in all patients and mantained undetectable in all cases at second year during the therapy. Moreover, after two year of the therapy,we observed complete remission of purpura in 10/15 cases, asthenia 10/13 cases, arthralgias in 7/12 cases, ulcers in 4/4 cases, peripheral neuropathy in 3/11 cases. At baseline, cryocrit median values decreased from 5% to 1%. Two cases with nephropathy did not response and the case with indolent B-cell NHL did not achieved hematological response, therefore treatment with Rituxmab has been used. No side effects was observed.
Conclusions: NAs therapy is effective to suppression the HBV and it seems associated to good clinical response in CV, however, for the nephropaty and B-cell NHL it was less effective after viral suppression.

Cardiac troponin is an important predictor of mortality and morbidity in patients without acute coronary syndrome

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Purpose: The hypothesis that hs-cTnT evaluation in the emergency room (ER) is a predictr of in-hospital mortality and morbidity in patients (pts) without ACS.
Methods: We assessed n=7807 assays of hs-cTnT in unselected pts aged >18 years (n=3566) admitted from January to December 2016.% The sample selected (n=906 cases) has been divided into two groups: group A with values of hs-cTnT positive and group B with negative values. The prevalence of hospital mortality and morbitlity respect levels hs-cTnT was evaluated using chi-square test.
Results: The overall mortality rate was 12.0% In group A (712 pts) mortality was 14.5% (103/712) In group B (194 pts.) mortality was 3.1% (6/194) 8.4%, in gr.A; 16.7% in gr.B), ischemic or hemorrhagic stroke (16.5%, in gr.A ; 16.7% in gr.B), sepsis (12.6%, in gr. A; no cases in gr.B), advanced malignancy (3,6.8% in the gr.A;16.7% in gr.B), sustained heart arrhythmias (5.8% in gr.A; in gr.B, 16.7%). Statistical analysis: positivity of hs-cTnT (Gr.A) correlated significantly with increased mortality compared to gr.B with normal hs-cTnT values ($p < 0.0001$).
Conclusions: The ER assessment of hs-cTnT performed in patients whit critical clinical conditions, in the absence of a confirmed final diagnosis of ACS, is useful to stratify the risk of in-hospital mortality and morbidity.

Disseminated *Mycobacterium chimaera* infection: a diagnostic challenge for clinicians

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Background: Mycobacterium chimaera (MC) may occur years after open heart surgery and represents a diagnostic challenge for clinicians. We describe a case of disseminated MC infection with thrombotic manifestations.
Materials and Methods: A 48 year-old man was studied in 2017 for FUO, weight loss, fatigue, recent pulmonary embolism and chronic renal failure. A faulty bicuspid valve and aortic root aneurysm were replaced with a bioprosthetic valve in 2014; a subcutaneous granuloma and a cutaneous fistula of the scar resolved with surgery and VAC in 2015. In 2016, recurrent perianal abscesses/fistulas required repeated surgery. Biochemical, microbi-

ological, pathological and imaging tests were performed by standard methods.
Results: Fever was unresponsive to several antibiotics. Infections workup was negative. US revealed marked splenomegaly with infarcts. Amyloidosis was excluded by periumbilical fat biopsy; Gaucher disease by quick test; atypical HUS by genetic analysis; hematological diseases by bone marrow biopsy; rheumatological diseases by autoimmune tests; endocarditis by US despite a PET-CT scan positive for hypermetabolism of the aortic prosthesis; perianal infection by MR. Worsening coagulopathy and inflammatory markers, pancytopenia with hemolysis and renal failure requiring hemodialysis were suggestive of thrombotic microangiopathy. Investigation of atypical mycobacteria on bone marrow revealed MC, confirmed by PCR.
Conclusions: Disseminated MC infection ought to be included in the diagnostic workup in patients with a history of open heart graft surgery.

Internal Medicine is not a lower intensity specialty: a picture from "SDO-database"

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Background and Objectives: Internal Medicine (IM) is the mother discipline of all medical specialties. Anyway, because of its "obscure" name and wide-ranging competencies misinterpreted as generalism, Internal Medicine Wards (IMWs) are often neglected and considered low-intensity wards. We performed the present study to evaluate IM activity per se and *versus* the other disciplines.
Materials and Methods: We utilized the national database 2012-13-14 of Hospital Discharge Forms (here called SDO).
Results: 22.663.986 SDO were eligible. The main findings were: IMWs receive 15% of all hospital admissions and 35% of medical ones; the first 20 DRGs cover a large spectrum of diseases reflecting wide competencies; the first 10 DRGs are conditions requiring high intensity care (*i.e.* respiratory failure); IMWs admit a larger proportion of heart failure than cardiology units (50% *vs* 25%) and of sepsis than infectious diseases (60% *vs* 10%); patients admitted to IMWS are older, come more frequently form ER (84.5% *vs* 64.9%), have more often complicated DRGs, secondary diagnoses (3.1 *vs* 2.9), higher comorbidity index (mean Charlson index 1.4 *vs* 1.3) and a slightly longer length of stay (10 *vs* 9 days); in-hospital mortality of IMWS is about 9%/year; IMWs maintain the same work load all the year.
Conclusions: IMWs are hard-working wards, as they receive the largest number of urgent admissions and complicated DRGs, as they care for more complex and acute patients, as they work constantly all the year. So, Internal Medicine can no longer be regarded as a lower intensity specialty.

Role of inferior vena cava and internal jugular vein ultrasound measurements in the assessment of central venous pressure in spontaneously breathing patients: a systematic review

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Background and Aims: Few reports tested the relation between the inferior vena cava (IVC) and the internal jugular vein (IJV) diameters respect the Central Venous Pressure (CVP) in spontaneously breathing patients. There are not review neither meta-analysis on this topic for the internal jugular vein. The aim of this review is to check the reliability and accuracy of the inferior vena cava (IVC) and the internal jugular vein (IJV) US diameters in predicting Central Venous Pressure (CVP) and to evaluate their correlation whit CVP in spontaneously breathing patients.
Methods: This systematic review was based on the PRISMA guidelines. Studies on the accuracy and reliability of the IVC and IJV ultrasound measures and studies exploring their correlation with CVP in adult spontaneously breathing patients were included. The studies' report quality was assessed by STARD and QUADAS 2 scales.
Results: A total of 16 studies were eligible for final analysis. The IVC maximum and minimum diameters (Dmax - Dmin) showed the best correlation with the CVP with a good inter-rater reliability and validity in predicting CVP . All measures of IJV showed good inter-rater reliability and validity in predicting CVP, but only the anterior-posterior IJV Dmax showed good correlation with CVP. The studies on IJV ultrasound measures showed the best quality in reporting.
Conclusions: The maximum IVC diameter could be a potential surrogate of CVP because of its good reliability and validity in predicting CVP value and its moderate correlation with CVP. The anterior-posterior IJV Dmax is a promising alternative in volume status assessment in this setting.

The benefits of bariatric surgery in patients with severe obesity

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Background and Aim of study: Obesity is increasing in the world population as well as deaths due to related diseases. Bariatric surgery is a treatment increasingly used to treat people with severe obesity for the result obtained in weight loss. The aim of this study was to collect the data concerning the candidates for bariatric surgery, verify the anthropometric, clinical and laboratory parameters before and after the operation, verify the benefits and complications of the procedures.
Methods: 42 patients were evaluated, of these 14 (10 females and 4 males) were eligible for surgery. To ascertain the suitability for surgery, all patients underwent an internist visit with specific nutritional assessment, a psychiatric visit and a surgical visit. Changes in glucose, hemoglobin, creatinine, total protein, albumin, transaminase, sodium and potassium levels before and six months after surgery were studied. Surgery treatements performed were Sleeve Gastrectomy and Gastric By Pass.
Results: Six months after surgery, patients lost an average of 31 kg, blood glucose was significantly reduced and transaminase values have normalized. Substantial stability of blood counts, plasma electrolytes, renal function, coagulation, total proteins, cholesterol and vitamins (vitamin B12, folate, vitamin D) was observed.
Conclusions: All patients have well endured the surgery. Bariatric surgery reduced weight significantly, improved glycemic profile and liver function in all patients.

A new semiautomated method to measure inferior vena cava collapsibility and caval index for the assessment of volemic state in Internal Medicine wards

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Background: Ultrasound (US) measurement of Inferior Vena Cava (IVC) collapsibility for the definition of volemic state is affected by several interfering factors, such as longitudinal or transversal scan, choice of measurement site, respiratory pattern, operator skill. We developed a semiautomated method to measure changes of the IVC to improve the ability to discriminate conditions of overload and volume depletion in a medical ward.
Materials and Methods: We enrolled 69 patients, in different volemic conditions at admission: 20 with volume depletion, 25 with heart failure and 24 with none of the above as control group. An US study of the IVC was performed by recording 15 seconds video clips of transversal and longitudinal scans. Variations of the section IVC area and multiple diameters along the vessel were calculated with a semiautomated software.
Results: Our method was able to measure IVC collapsibility in 91.3% patients. Irregular shape and behaviour of the IVC did not allow to obtain data in 6 patients (4 hypo- and 2 hypervolemic). The medianes of the maximum and minimum IVC sectional areas

decreased from 537 to 126 mm^2, 1030 to 525 and 1422 to 1031 in the hypovolemic, control and hypervolemic groups ($p<0.001$), with median Caval Indexes (mCI) of 0.77, 0.46 and 0.25 ($p<0.001$), respectively. Similarly, the longitudinal approach tested multiple IVC diameters, with mCI of 0.50, 0.30 and 0.18 in the same groups.
Conclusions: This semiautomated method was able to assess the volemic state of patients in different clinical conditions, overcoming some limits of standard US assessment.

Association between sarcoidosis and multiple myeloma: a case report and review of the literature

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Background: The association between sarcoidosis and malignancy, in particular lymphoma, is well known. Conversely, the association between sarcoidosis and multiple myeloma (MM) is rare and poorly understood.
Discussion: A 52-year old man with a history of monoclonal gammopathy of undetermined significance, was admitted for accidental finding of multiple micronodular pulmonary infiltration at a total body computer tomography, performed for follow-up. Blood test showed increase of the monoclonal protein. To characterize the pulmonary lesions, the patient underwent endoscopic examinations, cerebral magnetic risonance imaging and dermatologic evaluation which respectively excluded a primitive cancer of the gastrointestinal tract, of the skin and of the brain. Than, we performed a fluorodeoxyglucose (FDG) positron emission tomography which revealed an increased FDG uptake in the lungs, in multiple hilar, mediastinal, abdominal, inguinal lymphnodes and in the axial and appendicular skeleton. Therefore, the patient underwent bone marrow biopsy, which revealed MM, and biopsy of the inguinal lymphnode, histologically suggestive of sarcoidosis. The patient was, thus, referred to the Haematologist and started chemotherapy treatment.
Conclusions: Including ours, the association of sarcoidosis and MM has been reported in 15 patients. Our patient is younger and affected by IgA MM, rarer than IgG form. It has been postulated that the immune system dysregulation typical of sarcoidosis can lead to prolonged B lymphocytes stimulation, with the development of an autonomous plasma cell clone.

Clinical and pathologic features of a pancreatic neuroendocrine tumor series

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Background: NeuroEndocrine Neoplasias (NEN) are an heterogenous group of uncommon tumors characterized by immunohistochemical expression of general markers of neuroendocrine differentiation. Pancreatic NEN (pNEN) constitute approximately 20%. Given the complex nature of these disorders, pNEN are frequently treated by dedicated teams. We report the pNEN series of the province of Pavia.
Materials and Methods: Pathology was from surgery or tissue biopsies. Data were derived from clinical records.
Results: The Pavia series constitutes 26 pNEN observed between 2011 and 2017, with a median FUP of 40 months. 26% were gastrin-secreting (gastrinomas). According to Ki67 expression and the 2017 WHO classification, #12 were G1 (Ki 67≤3%; 46%), #12 were G2 (Ki67 ≥4%≤20%; 46%), #2 were G3 (Ki67>20%, both poorly differentiated). Ten of 26 (38%) cases presented with synchronous liver metastases (1/12 G1, 7/12 G2, 2/2 G3). Non metastatic cases at diagnosis (#17) were treated with pancreatic surgery (11/12 G1, 6/12 G2, 0/2 G3), however, 5/17 developed metachronous liver disease at prolonged FUP (4 G2 and 1 G1). Hence, G2 pNEN developed liver mts in 11/12 cases (91%). Data on other parameters and on treatments following recurrence will be presented.
Conclusions: The classification predicted the metastatic potential of pNEN and, hence, prognosis. Despite G1-G2 pNEN are less aggressive compared to their esocrine counterparts, the natural history of G2 pNEN is nevertheless characterized by recurrence and eventual death, although at a much lower peace. pNEN must be followed-up indefinitely.

Cardiovascular complications of Paget's disease of bone

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Background: Paget's disease of bone (PDB) is a focal skeletal disorder characterized by increased and disorganized bone remodeling, bone expansion and abnormal bone structure. The disease may affect one (monostotic form) or more (polyostotic form) skeletal sites. Among the several complications, increased cardiac output, arterial and cardiac valve calcifications have been described in a subset of cases.
Aims: The aim of the study was to assess cardiac function and carotid vascular damage in PDB patients compared to age-matched controls.
Methods: We enrolled 181 PDB cases (98 with polyostotic and 83 with monostotic PDB) and 153 controls. For each patient we perfomed Cardiac Eco- color doppler (Cardiac ECD) and Carotid eco color doppler (Carotid ECD).
Results: We identified 2 cases of high cardiac output heart failure associated with severe, untreated polyostotic disease. At cardiac ECD we did not observe any difference concerning ejection fraction, while we identified an abnormal diastolic ventricular pattern in PDB patients than in controls. Moreover PDB cases had an higher prevalence of cardiac valve calcifications and a greater intima-media thickness, as assessed by carotid ECD, than controls. All these alterations were more prevalent in polyostotic disease.
Conclusions: Taken together results of our study confirm and extend previous evidence indicating an increased risk of cardiovascular calcifications in PDB. Moreover we identified for the first time initial alterations of diastolic function that could be influenced by the extension and the activity of the disease.

Outcome of admissions for liver disease to an Internal Medicine unit 2013-2017: a prospective analysis

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Background: Liver disease is a frequent cause of admission to Internal Medicine Units due to a limited access to specialist gastrointestinal wards. In this prospective study, we analyse the admissions due to liver disease in a secondary hospital in Rome, Italy.
Methods: All admissions 2013-2017 were prospectively recorded along with demographic data, diagnosis, length of hospital stay and outcome. Patients with liver disease were selected and cirrhotic patients were further analysed for decompensation and clinical outcomes.
Results: 295 admissions to our Unit were included. Overall, 238 admissions (80.7%) were for cirrhotics. Etiology was HCV 31.1%, alcohol 29.4%, metabolic 14.7%, HCV+alcohol 5%, cryptogenic 5%, HBV 4.2%. Fifty-eight had concomitant hepatocellular carcinoma (HCC). Reason for admission was: ascites 31.9%, hepatic encephalopathy (HE) 20.2%, bleeding 10.9%, infection 8.4%, acute kidney injury (AKI) 5.9%, chronic liver failure 3.4%, HCC treatment 2.5%. Mean length of stay was 11.5±9.7 days, in-hospital mortality was 9.7%. Negative outcomes included death, transfer to hospice care (5.5%) or to ICU (1.3%). Patients admitted for HE had lowest hospital stay and negative outcomes (8.2±6.9 days, 8.3%) compared to AKI (14.1±10.5, 28.6%; $p<0.05$), ascites, or infection.
Conclusions: 90% of cirrhotic patients were admitted for cirrhosis complications, ascites being the most common. Worse outcomes

were associated with AKI and infection, while HE accounted for the shortest hospital stay. Cirrhotic patients presenting with AKI were the highest risk group for progressive organ dysfunction leading to death in over 28% of cases.

The Internist prolongs your life: highlights from the preliminary results of LIMS study

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Background: Defining hospital internists main tasks is crucial, due to epidemiological transition and increasing need to manage elderly patients, with comorbidity both during hospital acute phase and in territory chronic phase. To implement a complex acute patient management model and follow-up in lower intensity setting, a study has been designed using light monitoring systems for remote patients' control.
Methods: Prospective randomized controlled multicenter trial comparing critically ill patients management MEWS≥3 and/or NEWS≥5 with wireless monitoring *versus* traditional nurses monitoring in the first 72 h after Internal Medicine Unit (IMU) admission.
Primary end point: Major complications'reduction.
Secondary end points: Length of stay reduction; reduced monitoring nurse's time; intensity of care stratification, end-stage definition.
Preliminary results: Recruited 88 patients, mean age 80,5 years, CIRS-CI: 4, CIRS SI:2. Main DRGs: 127 (heart failure), 087 (respiratory failure), 576 (sepsis); end-stage disease 2,5%. 38% with BRASS≥20 indicating difficult discharge needing hospital-territory continuity of care. From 49 to 58 min minutes/day/patient reduction in nurses'vital parameters monitoring activity. On total 1998 annual admitted patients, only 5% were recruited out of the 27% eligible, because of impossibility to sign informed consent (dementia, coma, end-stage disease).
Conclusions: An IMU task is prolonging patients'life in conditions leading patients to death or palliative care. IMU also contributes to manage end-stage diseases procrastinating palliative care through achievement of new balance allowing discharge after acute phase.

Anti-RNA polymerase III subset of scleroderma patients: a monocentric study

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Background and Objectives: Systemic sclerosis (SSc) is an autoimmune disease and antinuclear antibodies (ANA) identify different clinical subsets and define the prognosis. Anti-RNA polymerase III antibodies (anti-RNAP) were defined as the third specific ANA of SSc, with anti-centromere (ACA) and anti-topoisomerase I (anti-Scl70). We investigated the visceral involvement and the concomitant malignacies in these group of patients.
Methods: In a cohort of 600 patients, we found 49 cases with anti-RNAP. They were compared with 50 ACA and 52 anti-Scl70 patients (demographics and clinical manifestations). Skin score, digital ulcers, arthritis and visceral involvement were assessed: lung (ILD), cardiac, gastrointestinal (GI) and renal (SRC). The presence and type of concomitant malignancies were evaluated.
Results: 53% of anti-RNAP had a diffuse cutaneous form with high skin score (ACA, p<0.001). We found in anti-RNAP: digital ulcers active (73.5%); arthritis (20.4% *vs* 4% in ACA, p<0.02); SRC in 24.4% (higher than ACA; p<0.005); ILD in 42.8% (lower than anti-Scl70, p<0.05 and higher than ACA patients, p<0.01); cardiac involvement (32.6%). GI disease was the most common manifestation in all subsets. Malignancies were found in 67.3% anti-RNAP, 36% anti-Scl70 and 14% ACA patients; the prevalence was breast (36%), lung (14%) and colon (10%). The risk of developing cancer was higher in anti-RNAP (*OR*:6.35).
Conclusions: Anti-RNAP antibodies identify SSc patients with severe clinical picture with severe visceral involvement. These patients showed an elevated risk of developing cancer.

Pneumonia in a medical ward: does the epidemiological classification still influence clinical practice and empirical therapy?

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Objectives: Evaluating the impact of pneumonia epidemiological classes on treatment, including coverage for multi-drug resistant bacteria (MDR).
Methods: Observational, prospective study (June 2016 to January 2017; June 2017 to January 2018). Records of patients discharged from our ward with a diagnosis of pneumonia were analyzed.
Results: 147 cases collected (Age±SD,79,9±13yrs). Community-Acquired Pneumonia (CAP), Healthcare-Associated Pneumonia (HCAP) and Hospital-acquired Pneumonia (HAP) represented the 41.5%, 39.4%, and 19% respectively. Length of stay was 14,6±9 days (12,4±8 CAP; 12±5 HCAP; 24±12 HAP). General mortality was 28,6% (9,8% CAP; 36.2% HCAP; 53,5% HAP). CURB-65 was 2,47±1,2 and 2,9±1 for CAP and HCAP (*p=0.06*). PSI was higher for HCAP (PSI_{HCAP} *vs* PSI_{CAP} 156±40 *vs* 131±41; *p<0,01*). Piperacillin/tazobactam, levofloxacin, ceftriaxone, and clarithromycin were most used in CAP (36%,36%,31%,23% respectively). 55% of HCAP had piperacillin/tazobactam as empiric therapy, while 1,7% started with MRSA coverage. 10% of HCAP had a microbiological diagnosis and a MDR was isolated in 83% of cases (MRSA:33%) of which 66% received an inadequate therapy. 82% of HAP received Gram negative early coverage (piperacillin/tazobactam: 82,6%; cefepime: 8,7%; meropenem: 8,7%); 17,8% of HAP got early MRSA coverage. Microbiological data was found in 32% of HAP (MDR:55,5%; MRSA:44,4%), of which 44% cases of inadequate therapy.
Conclusions: Early coverage for MDR high risk pneumonia is usually guaranteed, but not for XDR Gram negative bugs and MRSA.

Artificial nutrition and continuity of care hospital-home. Project of the ASL2 Savonese

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Introduction: Patients who need Artificial Nutrition (AN), Enteral (EN) or Parenteral (PN) often suffer from serious diseases. For the administration of AN specific devices are used (PEG, PORT). The aim of the project was to take care of the hospitalized patient and guarantee the continuation of medical and nursing care at home.
Materials and Methods: The Department of Medicine and the Department of Primary Care participated in the project. In the year 2017, 27 patients were followed: 19 in PN for cancer treated with CT or RT and 8 in permanent EN for CNS diseases. Patients were selected during hospitalization or in the ambulatory dedicated to Clinical Nutrition.
Objectives: AN home care management, prevention of complications, reduction of hospital access determined by the AN, therapeutic education for the patient and caregiver. Evaluation criteria and indicators: N°hospital readmissions/N°followed patients and N°infections of the devices/N°followed patients.
Results: Of the 27 patients 5 presented complications, 3 in EN and 2 in PN. They were treated at home. No patient has been hospitalized for complications arising from AN and no patient has developed infection of the devices.
Conclusions: The benefits of home care have been multiple. Residential care avoided hospitalization, care interventions as well as educational to allow the patient and caregiver the highest possible level of autonomy. Hospital-home continuity of care proved to be effective in the management of chronic diseases and efficient in terms of costs and rationalization of services.

A rare thrombocytopenia

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Introduction: Post-transfusional purpura (PTP) is a rare and potentially fatal reaction leading to severe thrombocytopenia, occurring 7-10 days after blood transfusions, and usually self-limited (remission was described after 1-4 weeks). It is due to alloimmunization against platelet antigens (HPA-1a most commonly). The diagnosis is not easy because PTP can be confused with heparin (HIT) or other drugs-induced-thrombocytopenia or autoimmune thrombocytopenia.
Case presentation: A 68-year-old-man presented with shock due to gastric bleeding vascular lesion (Dieulafoy), not responder to endoscopic treatment. After gastric wedge resection and transfusion of 25 packed red blood cell, he developed a progressive thrombocytopenia (nadir 3000/mmc) with surgical wound bleeding and hematuria, not improved after platelets supplementation. No heparin was made previously. The PT was 1.46 and aPTT was 1.6; fibrinogen was not consumed (473 mg/dl). The enzyme immunoassay did not shown antibodies to platelet antigens but the patients was treated with immunoglobulin (2 g/Kg for 3 days) obtaining a rapid recovery of the platelet count and bleeding resolution.
Conclusions: PTP it's an uncommon and frightening condition potentially life-threatening if not detected early. However PTP is often underdiagnosed because easily confused with HIT and the sierologic tests are difficult to identify and not always available. The history of blood transfusion, the timing of the onset of thrombocytopenia and its severity (<10 000/mmc) must address the clinical suspicion of PTP.

Pleural effusion: always heart failure or cancer?

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Yellow Nail Syndrome, also known as "primary lymphedema associated with yellow nails and pleural effusion" is a very rare disease characterized by pleural effusions, lymphedema and yellow dystrophic nails. It is also associated with chronic sinusitis, bronchiectasis and persistent coughing. It usually affects adults. A 83-year-old woman was admitted in our ward for left pleural effusion associated with exertional dyspnea, dry cough and lower limb swelling. She had also dystrophic nails, markedly thickened with yellow discoloration. CRP and WBC count were normal; markers of autoimmune disease and neoplasm were negative. The echocardiography excluded a cardiomiopathy. The chest CT scan showed no pulmonary nodules and pleural thickening. A thoracentesis ruled out bacterial or tuberculous infection and neoplasm. The presence of yellow nails, pleural effusion and lower limb swelling suggested us the diagnosis of yellow nail syndrome. Based on (few) evidence in the literature, a therapy with vitamin E was started. Two months after the discharge, the patient had a recurrence of the left pleural effusion; we performed a videotoracoscopy for the best etiological definition of the disease and talc-pleurodesis. The histological examination was compatible with the diagnosis for which we decided for the continuation of vitamin E supplementation. Currently, the patient is stable, without lymphedema or respiratory symptoms, and she has no longer required thoracentesis or hospitalization.

Evaluation of early postprandial suppression of endogenous glucose production with faster aspart *versus* insulin aspart

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Background and Aims: Fast-acting insulin aspart (faster aspart) is insulin aspart (IAsp) in a new formulation with added excipients providing faster early absorption and improved postprandial glucose (PPG) control. This randomised, double-blind, crossover trial investigated mechanisms behind the lower PPG seen with faster aspart *versus* IAsp.
Methods: Subjects with T1D (n=40; HbA_{1c} 7.3±0.7%) received identical doses of faster aspart and IAsp (individualised by subject; 0.06–0.28 U/kg subcutaneously) at the start of a standardised mixed meal (75 g carbohydrate labelled with [1-^{13}C] glucose). PPG turnover was assessed by the triple-tracer meal method using continuous, variable [6-^{3}H] glucose and [6,6-$^{2}H_2$] glucose infusion.
Results: Early insulin exposure was greater for faster aspart *versus* IAsp ($AUC_{IAsp,0–30min}$ treatment ratio [95% CI] 1.93 [1.59;2.34]; $AUC_{IAsp,0–1h}$ 1.32 [1.18;1.48], both p<0.001), leading to smaller PPG increment at 1 h (PG_{1h} treatment difference [95% CI] −10.6 [−21.5;0.3] mg/dL, p=0.055). The smaller PG_{1h} with faster aspart was due to greater suppression of endogenous glucose production ($EGP_{suppression,0–30min}$ 1.96 [1.13;4.43], p=0.017; $EGP_{suppression,0–1h}$ 1.12 [1.01;1.25], p=0.040) and higher glucose disappearance ($AUC_{Rd,0–1h}$ 1.23 [1.05;1.45]; p=0.012) with faster aspart *versus* IAsp during the first hour post-dose. Suppression of free fatty acid levels was greater for faster aspart *versus* IAsp ($AOC_{FFA,0–1h}$ 1.36 [1.01;1.88], p=0.042).
Conclusions: Faster aspart provides improved PPG control *versus* IAsp partly through earlier and greater EGP suppression.

Acquired hemophilia A: a late-responder patient with very high inhibitor titre

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Introduction: Acquired hemophilia A (AHA) is a bleeding disorder caused by spontaneous development of autoantibodies (inhibitors) against factor VIII in previously normal hemostasis. AHA can be idiopathic, related to drugs, pregnancy, autoimmune disorders, malignancies or dermatologic disease. AHA often leads to severe bleeding, mainly occurring into soft tissues, muscles and mucosae. The treatment is based on hemostatic control and inhibitors eradication.
Case report: A 92-year-old woman, with remote history of breast and renal cancer, was admitted for heart failure. She developed a spontaneous hematoma of the right arm, leading to anemia with need for transfusion. The aPTT was spontaneously prolonged. An acquired bleeding disorder was suspected; the diagnosis of AHA was confirmed by mixing test (no correction of aPTT), measurement of FVIII (undetectable) and high antibodies levels (975 BU/ML). The bleeding was stopped with Feiba (activated prothrombin complex concentrate). An immunosuppressive treatment was started, initially with corticosteroids alone, and subsequently in combination with cycloposphamide 100 mg/die for 15 days, with reduction of inhibitors titre but persistently undetectable FVIII. Rituximab was started (375 mg/m^2 dose for 4 times). The inhibitors significantly decreased (7,74 BU/ml), and one month after the end of the therapy FVIII returned detectable (2%).
Conclusions: An immunosuppressive treatment should be considered to eradicate anti FVIII antibodies. The initially very high inhibitor titre can be the reason of the late response to immunosuppression.

Antimicrobial stewardship program in Internal Medicine department: the cost-effectiveness

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Introduction: Antimicrobial stewardship (ASP) programs in hospitals try to optimize prescription as well as reduce hospital costs and limit the spread of drug resistance. In Internal Medicine Department (Jesi, Area Vasta 2, ASUR Marche) an ASP was introduced since January 2015 including education of prescribers, creation of a formulary with restricted drugs, and review with feedback to prescribers.
Methods: Retrospective data were collected from an ASP that was gradually introduces since 2015 and the main outcomes measured were quantity of total antimicrobial use, quantity of restricted antimicrobial use, and antimicrobial drug expenditures. The prevalence of multidrug-resistant organisms was also analyzed.
Results: The ASP has demonstrated a 14% reduction in antimicrobial use. Prescription of restricted antimicrobials decreased by 30,8%. On the contrary, broad range antimicrobials rise to 4,8% compared to total doses at the beginning of the program. Cost analysis showed a decrease in global expenditure of 39,31% compared to total cost at the beginning of the program with a saving of up to 42.481 Euros. Since the introduction of the program, the prevalence of multidrug-resistance organisms has not changed significantly.
Conclusions: ASP programs not only lead to reduction in antibiotic use with reduced adverse events, but also allow significant cost savings.

Hospital discharge and re-admission

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Premises and Purpose of the study: Discharging patients from the hospital is a complex process. 67% of patients admitted for medical conditions are re-admitted within the year, 34% die within the year and only 37% of re-hospitalizations are relatively predictable. Purpose of the continuity of care is to ensure adequate care during hospitalization with stabilization of the patient, make protected discharges by identifying the correct setting of care at discharge and made e follow up post discharge.
Materials and Methods: In the Magenta's Hospital the sperimental Unit of transitional care identified 1000 patients (by Brass scale) that need an approache to improve the discharge process sach as 1) Pre discharge interventions: patients education, discharge planning, medication reconcilation and programmed follow-up; 2) post discharge interventions: made the follow up 3) brinding interventions : determining the post discharge site of care.
Results: 27% of patients are followed in ADI, 9.97% in RSA, 4.78% in hospice, 4.9% in intermediate care, 1.91% in rehabilitation and 32% in ordinary discharge and 12, 29% died.
Conclusions: The Brass scale is a suitable tool for assessing patients who need protected discharge. Protected discharge and post-hospitalization follow-up are useful for reducing the readmissions of complex medical patients. The hospital readmissions can negatively impact cost and patient outcomes. Premature discharge or discharge to an environment that is not capable of meeting the patient's medical needs may result in hospital readmission

Hyperglycaemia management in hospitalized patients on nutritional support: an observational study

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Background: Hyperglycemia is an undesirable event in patients (Pts) on nutritional support associated with an increased risk of in-hospital complications. The aim of this observational retrospective study was to compare the efficacy of different subcutaneous insulin (SCI) in Total Parenteral Nutrition (TPN) hospitalized Pts.
Methods: All adult Pts admitted to our medicine ward during last year treated with TPN and SCI during hospital stay were included. Estimated variables were Capillary Blood Glucose(BG),Standard Deviation of BG and Coefficient of Variation of BG(CV);any BG≤70mg/dl was considered hypoglycemia;we focused analysis from the day after the 1st in-hospital basal insulin administration(D_1)till the 8th day of hospital stay(D_7).Statistical analysis was performed by ANOVA
Results: Considering 111 Pts analyzed, basal insulin dose was not different in the IDeg (11U±2U/die) and in IGla treated patients (10U±2U/die). Statistically significant lower mean BG values were observed among IDeg (n52) *vs* IGla (n32) or SSI (n27) treated Pts for each day analyzed (P<0.05 by ANOVA). Most of IDeg Pts showed a mean BG ≤140 mg/dl. CV with-in-day intra-Pt and inter-Pts was statistically significant lower in IDeg *vs* IGla or SSI group for each day analyzed (P<0.05 by ANOVA). A BG ≤70mg/dl was detected in IGla (n3) and not in IDeg and SSI treated Pts.
Conclusions: Glycemic data suggest Pts in TPN treated with IDeg – an ultra long SCI - had lower glycemia in clinical practice during the 1st hospitalization week, and nearer to therapeutic target with no increased risk of hypoglycemia.

Risk factors for venous thromboembolism in pregnant women: results of a large nested case control study

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Background and Aim: Venous thromboembolism (VTE) is the most important cause of maternal morbidity and mortality in pregnancy in developed countries. Unfortunately, only a few studies have assessed potential risk factor for VTE in this setting and it is still not clear which women may benefit from antithrombotic prophylaxis.
Materials and Methods: In a nested multicenter case control study, prevalence of risk factors for VTE was evaluated in women who developed a DVT or a PE during pregnancy or puerperium and in women who had a normal pregnancy and puerperium (about 2 to 3 controls for each case).
Results: In 5 Italian Centers (Torino, Cuneo, Foggia, San Giovanni Rotondo and Varese) 496 women (141 VTE patients and 355 controls) were included. Mean age of included women was 33.8 years (SD 5.1 years). At multivariate analysis, family history of VTE (OR 10.8, 95% CI 2.4-49.7), bed rest (OR 6.1, 2.5-14.8), non-O blood group (OR 3.1, 1.6-6.0) and auto immune disorder (OR 3.1, 1.1-9.5) were significantly associated with an increased risk of VTE whereas previous abortion seemed protective (OR 0.4, 0.2-0.9).
Conclusions: In our large nested case control study we identified a number of potential risk factors for VTE during pregnancy or puerperium. In particular, considering its prevalence, non-O blood group seems to be critical to define the risk of VTE of pregnant women.

The role of Troponin I in the prediction of in-hospital death for sepsis or septic shock in Internal Medicine: the SOFA-T score

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Background: Sepsis and septic shock (SS) are often managed in internal medicine departments. SOFA score is used to predict prognosis. Troponin I (TnI) has been associated to worse outcomes in SS.
Patients and Methods: In the years 2015-2017 we enrolled all the consecutive patients admitted for SS in two Internal Medicine departments with expertise in critical care medicine. For each patient we evaluated, at the admission: (1) SOFA score (2) TnI level (3) sex, age and comorbidities. Main outcome was defined as in-hospital mortality. We chose the best cutoff value for TnI and in-hospital death with ROC curve analysis, adopting Youden index. Then we calculated SOFA-T score adding 1 point to SOFA score if

the admission TnI was above the calculated cutoff. Then we compared the ROC curves of SOFA and SOFA-T with DeHanley method.
Results: 390 subjects (age: 79,6±11,4; males: 49,2%) with 144 (36,9%) deaths; median SOFA score was 6 (0-15); mean TnI was 1,46 ng/ml (IQR:0,35). TnI predicted significantly the outcome (AUC: 0,61; 95%CI: 0,56-0,66; p=0,0003) with an optimal cutoff of 0,315 ng/ml: positive TnI had an increased risk of death for SS (OR: 2,28; 95% CI: 1,68-3,07; p>0,0001). SOFA score had a good predictive performance (AUC: 0,68; 95%CI: 0,64-0,73; p<0,0001), which was improved in SOFA-T (AUC: 0,70; 95% CI: 0,65-0,75; p<0,0001). The difference between SOFA and SOFA-T was significant (AUC difference: 0,15; p=0,001).
Discussion: The determination of TnI at the admission and its integration in a validated scoring system as SOFA can improve the prediction of in-hospital death of patients affected by SS.

ACLAP-D study: evaluation of survival prognosis in non-oncological patients

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Background: Short-term prognosis of bedridden, non-oncological patients is difficult to establish but it has important implications in planning the overall management, especially to avoid futile practices.
Objectives: To investigate the risk of 3-months mortality of non-oncological patients after discharge from internal medicine ward, with one or more of the following conditions: bedridden condition, creatinine clearance <35 ml/min, albuminemia <2.5 g/dL, hospital admissions in the previous 6 months, severe dementia, dysphagia.
Methods: ACLAP-D prospective study included all consecutive non-oncological patients admitted to internal medicine ward of Papa Giovanni XXIII Hospital in Bergamo from 20/01/2016 to 31/01/2017. The following parameters were recorded: bedridden condition, creatinine clearance at discharge, albuminemia at admission; hospital admissions in the 6 months before the index admission; severe dementia; presence of dysphagia.
Results: 998 non-oncological patients were included. 138 (13,8%) patients died within 3-months. ACLAP-D score was created, basing on the most significative parameters: bedridden condition+14.7; albuminemia <2,5 g/dl +8; creatinine clearance <35 ml/min+6.4; presence of dysphagia +5.7; male sex +3.9. For each patient, global score was calculated. An increasing risk of mortality is associated to increasing ACLAP-D score.
Conclusions: In non-oncological patients ACLAP score is a useful tool to predict short term survival prognosis.

Cardioembolic stroke and timing of anticoagulation: confidence in the use of direct oral anticoagulants in very elderly patients. A prospective two-center Tuscany study

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Timing of anticoagulation in acute phase of cardioembolic stroke represents a clinical challenge. In the last years, several studies have shown as an early starting of anticoagulation may be safe. However, few data are available in patients with 85 year-old or older. We report a study on use of DOAC in elderly patients hospitalized for acute cardioembolic stroke. We performed a prospective study enrolling patients with age ≥85 years admitted for cardioembolic stroke in two Internal Medicine wards from 1 January of 2014 to 31 December 2017. One-hundred-seventeen patients with a mean age of 89,2±3,4 years were enrolled. Females were 79,5%. In 67,5% of patients, DOACs were started during hospital stay, whereas in 7,6% DOACs were started during follow-up. Overall in-hospital and 90-day mortality were 6% and 19,7%. The mean time for starting DOACs was 6±3 days. A reduced dosage of DOAC was used in 87,5%. In patients receiving DOACs, the median NIHSS score was 8±7 *vs* 14±8 of patients without DOAC (p<0,001). The modified Rankin Scale score at hospital discharge was 3±1 in patients with DOAC *vs* 5±1 in patients without treatment (p=0,001). At the 90-day follow-up, in patients receiving DOACs, overall mortality was 7,6% *vs* 58,6% of patients without DOAC, stroke recurrence was 3,8%, and 3,8% of patients had bleeding. Our study suggests that the use of DOACs seems effective and safe in very elderly patients when started in the acute phase of stroke. Our studies will be needed to identify the precise profile of elderly patient to whom the DOAC can be administered safely.

Clinical features of heart patients with early hospital readmission in Internal Medicine (POST-SMIT Study)

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Background: Approximately 20% of Heart failure (HF) patients who have been hospitalized are readmitted within 30 days.
Methods: We enrolled patients who were discharged by 23 Internal Medical Units of Tuscany (POST-SMIT Study. Patients were followed over a 1 month period. We compared 30-days readmission group respect not 30-days readmission group to identify potential correlations between features of patients and early rehospitalisation.
Results: We recruited 451 patients (M=44.3%) with a mean age of 83±8.4 years. In 1 month follow-up 83 patients (18.4%) were readmissed for medical causes. In multivariate analysis, early readmission were not significantly correlated with: age (RR 0.99;P=0.50), sex (F *vs* M RR 0.87;P=0.54), diabetes (RR 1.11; P=0.65), hypertension (RR1.04; P=0.88), CRF (RR1.23; P=0.11), COPD (RR1.38; P=0.16); AF (RR 0.93; P=0.76), anemia (RR 1.40; P=0.15), NYHA class (RR1.19, P=0.46), LVEF<40% (RR 1.20 P=0.51) number of comorbidity (RR 1.01; P=0.93). Only previous hospitalization (<1 year) was significantly correlated with 30-days readmission (RR 1.38, p=0.02).
Conclusions: The only clinical features are not able to indicate which of HF patients discharged from Internal medicine units are at major risk of early readmission, but patients with previous hospitalization are more likely to be readmissed. Particularly for elderly patients, future study should assess the relative contributions of different data (*e.g.* caregiver presence, disability, psychological, environmental, social factors) to early readmission risk prediction.

ABSTRACTS

A proposito di un caso di gammapatia monoclonale di significato renale

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Introduzione: La MGRS è stata recentemente descritta: riportiamo un caso di nostra osservazione.
Caso clinico: Uomo di 76 anni in follow-up per MGUS (IgG/k) a basso rischio. Creatinina 1,4 mg/dL; GFR 53 ml/min e albuminuria 0,8 g/24 ore; esito negativo all'aspirato del grasso periombelicale. Un mese dopo albuminuria 3,60 g/24 ore e creatinina 1.9 mg/dL, GFR=37 mL/min. Esegue biopsia renale All'istologia: glomerulonefrite membrano proliferativa compatibile con glomerulonefrite da C3. In accordo con Ematologo e Nefrologo, inizia trattamento bisettimanale con Bortezomib+Desametasone. Tre mesi dopo, si registra albuminuria 0,9g/24 ore e creatinina 1,3 mg/dL con GFR 57 ml/min. Il paziente prosegue il trattamento.
Discussione: Nella glomerulonefrite membrano proliferativa tipo II i depositi elettrondensi subendoteliali e mesangiali, non organizzati, sono rappresentati dalla frazione C3 del complemento, per l'attivazione persistente della via alterna (disregolazione della cascata del complemento con iperproduzione di C3). Con il termine di MGRS vengono descritti vari quadri di patologia renale, associata alla presenza di gammapatia monoclonale di incerto significato tra cui, appunto, la glomerulonefrite da C3.
Conclusioni: Il termine MGRS va usato quando la MGUS esprime un ruolo diretto nell'insorgenza di una malattia renale e la biopsia renale è mandatoria. La letteratura scientifica è ancora carente e vi è necessità di dati scientifici per progettare protocolli terapeutici efficaci.

Endocardite infettiva, su valvola biologica aortica, sostenuta da *Streptococco gallolyticus*, complicata da infarto splenico e spondilodiscite lombare

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Introduzione: Riportiamo il caso di endocardite infettiva su valvola biologica aortica, complicata da infarto splenico e spondilodiscite lombare, sostenuta da Streptococco Gallolyticus (precedentemente denominato Streptococco bovis biotipo I).
Caso clinico: Uomo di 77, con valvola protesica biologica aortica, Da 1 mese episodi febbrili dopo biopsia prostatica per etp. Presenta acuto dolore in ipocondrio sinistro con evidenza di infarto splenico. Dolore in regione lombare che imputa alla sedentarietà. Parziale risposta al trattamento antibiotico domiciliare e recentemente sospeso. Al laboratorio: VES 63; PCR 17; GB 11.490 (N 73%; L 15%...); Hb 10,3; PLT 178.000; procalcitonina 0,24. All'RMN, tratto L3-L4, condizione di marcata spondilodiscite a carico della spongiosa, dell'anulus e tessuti molli adiacenti. Si prescrive busto ortopedico di sicurezza. Non diagnostica ETT, mentre l'ecografia TE conferma il sospetto di endocardite su valvola protesica biologica aortica. Primo set di emocolture negativo, mentre il secondo set isola lo Streptococcus Gallolyticus. Trasferito in Malattie Infettive per il monitoraggio clinico e della terapia antibiotica viene successivamente, inviato in Cardiochirurgia per i trattamenti di competenza.
Discussione: Lo Streptococco Gallolyticus, isolato nei ruminanti, si ritrova nel 2-10% di feci umane sane. Viene isolato fino al 25% dei casi in corso di endocardite infettiva. È riportata l'associazione tra adenocarcinoma del colon ed endocardite infettiva che, in alcune serie ha registrato frequenze superiori al 60%.
Conclusioni: In letteratura medica vi è una relativa mancanza di riferimenti sullo Streptococco Gallolyticus.

Vitamin D deficiency and fatigue. A case report

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Foreword and goals: Vitamin D has immunomodulatory activities. Deficiency of vitamin D might be associated with diseases of immune dysregulation, which manifestation could be excessive daytime sleepiness, chronic fatigue and muscle pain.
Case description: A 16yo caucasian girl presented with scoliosis and fatigue and daytime sleepiness. Her symptoms began gradually 2–3 months after the menarche, worsening to the point that she began having functional difficulties with her normal tasks. She denied changes in weight, new stressors, difficulty falling asleep or anxiety. All was normal apart from cholesterol (249 mh/dl) a light anemia and vit D (9.29). VitD supply was initiated with cholecalciferol 500-1.000 UI/die with few benefits (vitD raised to 10.5). After 6 months the vitD supply was implemented to 2k-3k/die and fructose was added to the diet in suspicious of mitochondrial disease which would also explain the cholesterol not to be converted into vitD. She reported improvement of his fatigue and daytime sleepiness within 2 weeks of start of vitD supplementation and resolution of the most of her symptoms within 3 months of vitD+fructose initiation.
Conclusions: vitD deficiency might be an easily reversible etiology of fatigue. Although a causal relationship cannot be confirmed by this case alone, the temporal relationship as well as biological plausibility makes this a possibility. Serum vitD levels in patients who present with daytime sleepiness/fatigue, nonspecific musculoskeletal pain, and risk factors for vitD deficiency should be checked as a routine.

Functional analphabetism as a factor of lacking adherence to therapy and augmentative communication as a means of help in therapeutic prescription to patient with high blood pressure

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Foreword and goal of the study: Adherence to therapy is a problem of high relevance both in prescription and control of symptoms. We wondered whether this could be due to functional analphabetism which is more underhand to be identified since it shows up also in educated young people with normal capacity of reading and writing. What lacks is the ability to understand the meaning of what is read, listened to, or even repeated. We decided to evaluate over a 6-month period all patients with diagnosis of high blood pressure who had had at least one visit in the two preceding months and coming back to the ER for high blood pressure episode or inability to control the pressure. We selected 6 patients (4 men, 2 women) of age 35-55 without any cognitive disorder or dementia. At the arrival at the ER they were given a white or green code since no direct life-treats were present. In these patients we verified the capacity of reading and in 5 cases out of 6 they couldn't repeat the prescription, neither after reading it several times.
Results: We tried, with these patients, the augmentative commu-

nication, with drawings representing the drugs and the times of the day; the understanding was double checked by the ER nurse and not the doctor. No one has come back to the ER in the following weeks.
Conclusions: We can suppose that poor compliance in young patients is due to functional analphabetism that can be one of the most important factors of lacking adherence to therapy. Augmentative communication could be a means to help these patients to follow prescriptions.

Treatment of bilateral dyshidrotic eczema with drugs *versus* nutritional and osteopathic treatment

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Foreword: Dyshidrotic eczema is a type of eczema that causes tiny blisters to develop across the fingers, palms of the hands and sometimes the soles of the feet. It can affect people of any age, but it's most often seen in adults under 40. DE can sometimes be confused with similar-looking conditions. See your GP if you have any sort of blistering skin condition. It usually starts as intense itching and burning of the skin on the hands and fingers. The palms and sides of the fingers (and sometimes the soles of the feet) then erupt into tiny itchy blisters that may weep fluid.
Description of the case: Two patients (white, male 37-year-old; white, female 50-year-old) showed the presence of dyshidrotic eczema, bilateral (the male on the hands and the lady on the feet). Both patients had been treated with cortisone and antistaminics for months with no success but controlling the symptoms. Both cases were initially treated with osteopathic manipulation and with re-educational nutritional habits. During the treatment drugs were systematically reassessed and decreased.
Conclusions: The role of postural distortion and nutritional assessment is unsure. When we recognize that these distortions have a profound effect on vital structures in the spine and intestine, we have a tremendous opportunity to create healing. It might seem strange that, in order to eliminate dyshidrotic eczema, we might have to treat the spine and the intestine. However, along with very specific structures in the spine it is important to look at all facets of the patient's lifestyle in order to solve the problem.

Treatment of borderline personality disorder with physical treatment

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Foreword: Borderline personality disorder is a mental illness with an ongoing pattern of varying moods, self-image, and behavior. These symptoms often result in impulsive actions and problems in relationships. People with borderline personality disorder may experience intense episodes of anger, depression, and anxiety that can last from a few hours to days. Sometimes alternative medicine can be just as effective, or even more effective, than mainstream medicine.
Description of the case: A BPD patient showed symptoms of distorted sensitiveness to what is happening around him. Constantly having fears of abandonment and unleashing his anger inappropriately. He had been in treatment for months with paroxetine and litium without any significant improvement. After few session of massage therapy his feelings of abandonment were significantly reduced.
Conclusions: Body and mind are inextricably linked so that they not only respond to stimulus from one another but also function as a seamless unit. Because of this, massage can be a powerful tool for maintaining mental health. The human touch aspect of massage can release serotonin and in addition to releasing serotonin, massage can lower one's stress level and anxiety. We should brush aside any thoughts that massage is only a feel-good way to indulge or pamper yourself, to the contrary massage can be a powerful tool to help you take charge of people's health and well-being, if they have a specific health condition or are just looking for another stress reliever. However, in BPD massage is not a substitute for mainstream medication.

A case of pernicious anemia presenting with pancytopenia and hemolysis

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Background: Pernicious anemia is an autoimmune disease with different clinical presentations. It is caused by the deficiency of vitamin B12 that is a crucial vitamin for DNA synthesis. Parietal cell antibodies destroy parietal cells, subsequently resulting in the loss of intrinsic factor.
Case report: A 72-year-old man was admitted for asthenia and confusion. He showed pale mucosa, icteric sclera and splenomegalia. The blood count revealed a megaloblastic anemia with hemoglobin level 6.6 g/dL, reduced leukocyte and platelet count and high reticulocyte levels. Further laboratory evaluations showed: unconjugated hyperbilirubinemia, elevated LDH and low haptoglobin. The direct Coombs test was negative and cytofluorometric analysis excluded the diagnosis of paroxysmal nocturnal hemoglobinuria. The serum level of vitamin B12 was decreased, with normal folic acid, and iron stores. Gastric parietal cell antibodies were positive. The patient received at first two units of packed red blood cells and then intramuscular cyanocobalamin with a resolution of the anemic state.
Conclusions: We describe a case of pernicious anemia presenting with pancytopenia and hemolytic features. It is important for a general internist to identify pernicious anemia as one of the cause of pancytopenia and hemolytic anemia, in fact B12 deficiency can have a multitude of presentations including strictly hematological abnormalities requiring differential diagnosis with autoimmune hemolytic anemia and myelodysplastic syndromes.

A heart without fuel

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Background: Short bowel syndrome (SBS) is a complex clinical picture, characterized by signs and symptoms of malabsorption and subsequent malnutrition. The amount and location of small intestine loss in SBS will generally define the degree of nutrient malabsorption and the likelihood of micronutrient deficiencies.
Case report: The patient was a 26-year-old boy with a history of short bowel syndrome. He presented at our hospital with acute distress, pallor, severe state of malnutrition (his weight was 35 kg) and generalized edema (anasarca). Laboratory results showed a hematocrit of 6.1% with evidence of severe microcytosis, iron deficiency, metabolic acidosis, multivitamin deficit, severe hypoalbuminemia and electrolyte alterations. The echocardiogram showed severe dilatation of the left ventricle with diffuse hypokinesia, a markedly reduced ejection fraction (38%) and the presence of a pericardial effusion.
Conclusions: Heart failure is multifactorial, but the available evidence suggests that the failing heart is an "engine out of fuel", so that altered energetics (coenzyme Q10, L-carnitine, thiamine and other small molecules) play an important role in the mechanisms of heart failure. Moreover, severe chronic anemia and malnutrition are associated with the development of heart failure, due to cardiac cachexia and a catabolic state. The case report confirms the correlation between malnutrition and development of heart failure. In fact, micronutrients are essential cofactors for energy transfer, biochemical maintenance and physiological heart function.

Fattori predittivi di successo e fallimento della ventilazione non invasiva per insufficienza respiratoria acuta in urgenza

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Introduzione: La ventilazione non invasiva (NIV) si è dimostrata efficace nel trattamento dell'insufficienza respiratoria acuta (IRA) da edema polmonare cardiogeno, riacutizzazione di BPCO e nell'immunocompromesso
Scopo del lavoro: Identificare fattori predittivi di successo o fallimento della NIV precocemente disponibili in urgenza
Materiali e Metodi: Studio osservazionale prospettico, svolto dal 1/3 al 31/5 2017: inclusi tutti i Pazienti consecutivi per i quali sia stata intrapresa NIV dal Pronto Soccorso, secondo giudizio clinico in riferimento ad un'istruzione operativa, analizzando dati anamnestici, clinici e strumentali
Risultati: Inclusi 151 casi (media di 1.64/die), con medie di età 81.61 anni e PaO_2 51.7 mmHg, con diagnosi convenzionale per la NIV del 72.85% e ricorso alla NIV come limite di trattamento nel 39,73%. Incidono sul fallimento in modo statisticamente significativo: la genesi multifattoriale d'IRA; ridotti valori di pressione arteriosa diastolica, pH, rapporto P/F e saturazione in O_2; elevati valori di PCR e lattati. L'elevato Charlson Comorbidity Index all'ingresso correla col fallimento dopo 48 ore
Conclusioni: Nella nostra casistica complessa e non selezionata il tasso di successo della NIV nel trattamento dell'IRA si conferma sovrapponibile ad altre esperienze. Sono precocemente predittivi dell'esito parametri relativi al versante ventilatorio, ma anche altri sul profilo emodinamico, perfusionale e metabolico del Paziente affetto da IRA, confermandone la complessità e la criticità delle fasi di valutazione e trattamento in urgenza

Trattamenti anticoagulanti in pazienti con fibrillazione atriale

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Premesse e scopo dello studio: La fibrillazione atriale è comune in ambito internistico ed il trattamento anticoagulante è percepito necessario a ridurre il tromboembolismo; abbiamo fotografato le abitudini di prescrizione dei vari trattamenti in atto nel nostro reparto.
Materiali e Metodi: in uno studio retrospettivo, nei pz con diagnosi 42731 in SDO, abbiamo registrato le altre diagnosi, età, sesso, durata degenza, terapia anticoagulante al domicilio e alla dimissione, i dati per CHA_2DS_2vasc, HASBLED e ATRIA., gli intervalli max/min di Hb e creat, la necessità di terapie interferenti con i DCA e nei pazienti in anti VK i valori in range e outrange di INR nel ricovero.
Risultati: I pazienti transitati nel periodo 1-1/30-6 2017 sono stati 297. La maggior parte dei pazienti di nuova diagnosi sono stati dimessi con DCA (63%) mentre nei pazienti già in trattamento anticoagulante la percentuale di DCA è stata molto più bassa (36%), anche in assenza di una maggior storia di sanguinamento o di funzione renale alterata. I valori di INR in range durante la degenza nei pz con antivitamina K, erano pari al 33%, mentre la frequenza globale di valori di hb inferiori ai limiti era del 44%.
Conclusioni: Nonostante la teorica superiorità nel ridurre eventi trombotici ed evitare sanguinamenti maggiori dei DCA, abbiamo rilevato una discreta inerzia a modificare una terapia con antivitamina k già in corso, pur nell'esperienza di valori di INR spesso outrange nel corso della degenza. Maggiore invece la propensione a prescrivere ex novo una terapia con DCA nei pazienti con FA di nuovo riscontro.

Bone mineral density and fragility fractures in lung or heart transplant recipients: a single centre longitudinal study

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Background and aim of the study: Bone loss and bone fractures are common complications after organ transplantation. Many factors contribute to the pathogenesis of transplant osteoporosis, such as bone disease preceding transplantation, immunosuppressive medications, nutritional and lifestyle factors. This study aimed to assess the BMD and the incidence of vertebral fractures before and after lung and heart transplantation.
Materials and Methods: This retrospective observational study analyzed 197 electronic medical records of patients who underwent lung transplantation (N=122) and heart transplantation (N=75) at Siena University Medical Center between January 2000 and June 2016.
Results: The prevalence of a pretransplant osteopenia or osteoporosis was 42.8% and 27.0%, respectively for heart candidates and 52.7% and 30.9% for lung candidates. In all subjects, post-transplant BMD decreased significantly at the femoral neck but not at the lumbar spine in the first year, with subsequent stabilization. Out of 122 lung transplant recipients, 18 patients (14.9%) had fractures pre transplantation. Moreover, 29 (23,8%) lung recipients developed a vertebral fracture within 18 months after transplantation. Similarly, out of 75 heart transplant recipient, 4 patients (5.3%) had fractures pre transplantation, and 11 patients (14,7%) heart recipient developed a vertebral fracture within 18 months after transplantation.
Conclusions: Bone loss and high fracture rates have been observed in organ transplant recipients, particularly during the early posttransplant period.

Increased risk of fracture and mortality after fracture in patients with type 2 diabetes mellitus compared to non diabetic patients

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Background: Osteoporosis and type 2 diabetes mellitus are common diseases, physiopathologically related, whose incidence is increasing, both being associated with worsening of disability and mortality.
Aims: We aimed to investigate the relationship between diabetes and bone metabolism, comparing the prevalence and the effects of fractures in community dwelling patients enrolled in the epidemiological study *Siena Osteoporosis* (n=1106) in comparison with diabetic patients, from the same geographic area, enrolled in the *Renal Insufficiency And Cardiovascular Events Study* (*RIACE*)(n=1537).
Methods: We assessed the incidence of osteoporotic fractures longitudinally in both cohorts over 10 years. The effects of diabetes on different bone parameters (bone markers, BMD and trabecular bone score) were also evaluated.
Results: Fragility fractures incidence was significantly higher in diabetic population (RR 1,84; $p<0.00001$) in comparison with non diabetic one. Patients with fracture presented, as expected, a significantly higher 10-years mortality rate compared to patients without fracture, but this mortality rate was remarkably higher in diabetic patients (30% *vs* 10%; $p<0.0001$). TBS was a better predictor of fractures than BMD in diabetic patients.
Conclusions: This study shows how dramatically higher is mortality after osteoporotic fracture in diabetic patients. Bone fragility represents a new and fearsome complication of diabetes that shouldn't be neglected.

Pulmonary alveolar proteinosis in an elderly woman causing respiratory failure

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Background: Pulmonary alveolar proteinosis (PAP) is a rare disease characterized by accumulation of a lipoproteinaceus, eosinophilic, periodic acid-Schiff (PAS) positive material within alveoli. There are three forms of PAP: congenital (2%), idiopatic (90%) and secondary (5-10%). Standard therapy is whole lung lavage, in particular in the most severe cases.

Case presentation: We describe the case of a 75-year-old not-smoker woman who for 6 years complained of progressive shortness of breath and dry cough. She had a history of work exposure to fertilizers for plants. A chest X-ray revealed hazy airspace opacification of the lower lobes bilaterally. Six years later a pulmonary function test revealed a restrictive pattern. High-resolution computed tomography revealed a "crazy paving pattern" in both lungs suggestive of PAP. She was admitted in our internal medicine unit for hypoxemic respiratory failure requiring non invasive ventilation. She underwent bronchoscopy with bronchoalveolar lavage (BAL). The fluid contained scattered globular Periodic Acid-Schiff positive material, with no malignant cells and the diagnosis of PAP was made. She needed Bi-level pressure support until she was transferred to an Intensive Care Unit, where she underwent whole lung lavage. The procedure resulted in a marked improvement of symptoms and exercise tolerance with improvement of pulmonary function parameters.
Conclusions: PAP is a unusual disease which is susceptible of successfully therapy and should be suspected in the presence of characteristic HCTR imaging and confirmed by BAL.

Non tutti gli edemi sono allergici

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Premesse: Spesso il medico Internista tratta pazienti che presentano edemi al volto, alle labbra e alle mucose (soprattutto palato molle e addome) rapidamente sviluppatisi con l'uso di antistaminici e corticosteroidi risolvendo quasi sempre il problema; in un numero esiguo di casi questa terapia non funziona costringendo il paziente a llunga permenza in ospedale a volte con drastico peggioramento dei sintomi
Caso clinico: Paziente di anni 40, da almeno tre anni si presenta in vari ospedali del Piemonte per edemi alle labbra, palpebre, palato molle con sensazione di "soffocamento"e forti dolori addominali; la terapia steroidea anche a dosaggi elevati e antistaminica non sortisce alcun beneficio costringendolo a restare in ospedale per oltre 72 ore e una volta sottoposto a studio laparoscopico per violenti dolori addominali risultato negativo. Giunto alla ns osservazione decidiamo di eseguire screening per angioedema ereditario Qui i valori: C1INH (0.07 g/l v.n. 0.21-0 39 metodo nefelometrico) C4 complemento 0.054 g/l (v.n. 0.100-0.400) Presritto e praticato Berinert P (C1 inattivatore purificato) e' migliorato in un ora con risoluzione completa dei sintomi.
Conclusioni: L'angioedema ereditario e' una malattia genetica a carattere autosomico dominante che colpisce 1/10000. La somiglianza con una condizione allergica spesso comporta l'uso steroidi ad alto dosaggio e antistaminicidel tutto inefficaci con talvolta progrssivo e drastico peggioramento del quadro clinico (l'edema della lingua mette a rischio la vita stessa del paziente) L'uso del C1 inattivatore purificato (Berinert P) risolve la crisi in un ora massimo due.

A case report: an example of logical-deductive reasoning applied to the diagnostic process of fever of unknown origin

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Introduction: It is known that the diagnostic process of Fever of Unknown Origin (FUO) represents a hard job for the physician. In the setting of the differential diagnosis of FUO in the rheumatological field, it is important to consider the Adult-onset Still Disease (AoSD).
Case report: A 31 year-old women was admitted in our unit with 10-day long fever, orticarioid skin rash during temperature spikes, sore throat, joint and muscle pain. The medical history revealed autoimmune thyroiditis and recent pregnancy. The lab showed leucocytosis, arising CRP and ferritin. Microbiology, autoimmune tests, oncomarkers were negative. There was no clinical response after large spectrum antibiotics. With abdominal ultrasound we found hepato-splenomegaly. Echocardiography and main joints radiography were normal. The biopsy of the cutaneous lesion showed neutrophilic orticarioid dermatosis. According to the suspicious of AoSD, we started with NSAIDs iv. The PET-scan documented ipercaptation of laterocervical adenopaties, with reactive aspect confirmed with neck ultrasound. Due to persisting fever, we started with high dose steroid iv, obtaining partial regression of symptoms and lab. With anakinra we reached a rapid and complete response.
Conclusions: In this case report, we want to show an example of application of a deductive strategy in order to face the thrill of FUO paradigm. We achieved the diagnosis of AoSD, which is based on a combination of clinical and lab features (Yamagutchi's criteria). In our experience, the process was complicated by the atypical cutaneous presentation.

Real-world evidence demonstrates comparable clinical outcomes of switching from insulin glargine 100 U/mL to insulin glargine 300 U/mL *vs* insulin degludec in patients with type 2 diabetes

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Background and Aims: This study compared clinical outcomes (endpoints: A1c change; hypoglycemia) of type 2 diabetes (T2D) patients switched from using insulin glargine 100 U/mL (Gla-100) to insulin glargine 300 U/mL (Gla-300) or insulin degludec (IDeg) in a real-world clinical setting.
Materials and Methods: This retrospective observational study used electronic medical records (EMRs) from the Predictive Health Intelligence Environment database. Inclusion criteria: adults with T2D; switched to Gla-300 or IDeg from using Gla-100 during 6 months before the switch (index date: first switch between 03/2015-12/2016); active in EMR for ≥12 months prior to index date and followed for 6 months after; A1C measures during 6 months before switching. Gla-300 and IDeg switchers were propensity score matched 1:1 on baseline characteristics.
Results: During follow-up, switching to Gla-300 (n=810) and IDeg (n=810) showed comparable hypoglycemia incidence (all: 11.9% *vs* 12.7%, p=0.45; requiring emergency department service: 4.4% *vs* 3.8%, p=0.80). Adjusted for baseline hypoglycemia, Gla-300 and IDeg showed similar hypoglycemia event rate during follow-up (all: p=0.88; requiring emergency department service: p=0.82). A1C decreased significantly from 8.95% to 8.46% for Gla-300 (n=364) and from 8.98% to 8.49% for IDeg (n=370) (both cohorts: p<0.01) during follow-up (comparable A1C reduction in both groups, p=0.97).
Conclusions: In a real-world setting, T2D patients on Gla-100 switching to Gla-300 or IDeg showed comparable glycemic control, hypoglycemia incidence and hypoglycemia event rate.

Glycaemic variability and risk for hypoglycaemia on insulin glargine 300 U/mL *versus* insulin glargine 100 U/mL in people with type 2 diabetes

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Background and Aims: It was observed that insulin glargine 300 U/mL (Gla-300) has a smoother 24-h pharmacokinetic (PK) and pharmacodynamics (PD) profile compared to insulin glargine 100 U/mL (Gla-100). Here we assess whether these PK/PD differences translate into differences between the daily profiles of glycaemic variability (GV) and risk for hypoglycaemia on Gla-300 *vs* Gla-100.
Materials and Methods: Edition2 (Ed2) and Edition3 (Ed3) are

12-month multicenter trials comparing Gla-300 with Gla-100 in type 2 diabetes. These trials collected self-monitoring (SMBG) daily profiles and records of documented symptomatic hypoglycaemia (DSH) from N=796 insulin users (Ed2) and N=839 insulin naïve patients (Ed3). GV metrics were computed from SMBG data, including the Low Blood Glucose Index (LBGI).
Results: The LBGI and the Night-time LBGI were lower on Gla-300 compared with Gla-100 ($p<0.001$ in Ed2; $p=0.09$ and $=0.02$ in Ed3), especially during the titration phase (mean LBGI Gla-300 *vs* Gla-100 =0.333 *vs* 0.507 in titration and 0.410 *vs* 0.498 in maintenance in Ed2; 0.241 *vs* 0.300 and 0.376 *vs* 0.410 in Ed3). Further, among the measures of glucose variability, the LBGI was the only metric significantly correlated with DSH.
Conclusions: Smoother PK/PD profile on Gla-300 compared to Gla-100 is associated with reduced daily GV and lower risk for hypoglycaemia, evaluable by LBGI. Thus, while Gla-300 and Gla-100 maintained similar average glycaemia, Gla-300 may be better suited for treatment intensification than Gla-100. This was recently supported by continuous monitoring data in type 1 diabetes.

A case of DRESS syndrome after rifampicin administration

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A 58-year-old man presented to our department with fever, macular rash, erytroderma, desquamation of soles , facial edema and generalised pruritus. One month before he started a therapy with rifampicine for a post traumatic skin ulcer complicated by S. Aureus infection. He had an history of nickel and chrome allergy. On physical examination inguinal and axillary lymphadenopathy. No hepatosplenomegaly. Blood tests showed 2,09 x 10^9/L eosinophils (range 0,00 - 0,70).Urinalysis, chest x ray and abdominal ultra-sound did not revealed any abnormalities. After infectious and malignant causes had been excluded, the DRESS syndrome was diagnosed.Endovenous corticoid therapy was started with markedly clinical and analytical improvement. DRESS syndrome is a severe, idiosyncratic reaction to a drug presenting with rash, fever, lymphadenopathy, internal organ involvement and haematological abnormalities, especially eosinophilia. The pathogenesis is not fully understood and may be multifactorial, involving immunological mechanisms and drug detoxification pathways. Cutaneous findings were present in the majority of cases (70-100%) and typically consist of an maculopapular eruption and, in some instances, vesicles, bullae, pustules, purpura, facial edema, cheilitis, and erythroderma. Treatment is supportive and symptomatic; corticosteroids can reduce symptoms of delayed hypersensitivity reactions. However, randomised controlled trials are lacking, and whether steroids should be administered remains controversial. Other immunosuppressants, such as cyclosporin,may also be required.

Dasatinib induce pulmonary hypertension in young woman with myeloproliferative disorder

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Pulmonary hypertension (PH) is defined hemodynamically as a mean pulmonary artery pressure >25 mmHg. PH can be classified into 5 groups according to pathogenetic mechanisms and clinical management. Group 1 includes precapillary PH that is idiopathic, heritable, drug-induced or associated with various conditions; group 2 corresponds to postcapillary PH; group 3 corresponds to PH due to chronic lung diseases or hypoxemia and group 4 corresponds to chronic thromboembolic PH. Group 5 consists of several forms of PH for which the pathogenesis is unclear or multifactorial. This group includes chronic myeloproliferative disorders that can cause PH by various potential mechanisms. Dasatinib is a multi TKI approved for first and second line of chronic myeloid leukemia. PH is a rare adverse but potentially fatal event of dasatinib treatment, and the increased use of the drug in the treatment of CML will certainly increase the number of patients at risk of developing PH. Although an improvement is generally observed after withdrawal of dasatinib, some patients remained symptomatic and showed persistent hemodynamic impairment several months after discontinuation of this agent. Physicians need to be aware of this complication to appropriately monitor and manage these patients, possibly with a multidisciplinary approach. Here, we present the case of a 30-year-old young woman, diagnosed with chronic myeloid leukemia, who developed PH with right heart failure after 4 years of treatment with dasatinib.

L'incidenza di pancreatite acuta nell'Isola di Ischia: dati del 2017 e confronto con la letteratura

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Premesse e scopo dello studio: L'esperienza clinica presso il PO "A. Rizzoli" di Lacco Ameno (NA), unico ospedale dell'Isola di Ischia, ha alimentato il sospetto di un eccesso di incidenza di pancreatite acuta (PA) nel territorio. In assenza di riscontri in letteratura, scopo di questo studio è quello di verificare l'effettiva incidenza di PA nella popolazione nell'anno 2017.
Materiali e Metodi: È stata condotta un'analisi retrospettiva su dati ematochimici e radiologici abbinata alla revisione delle relazioni di dimissione dei soggetti accettati in PS per "dolore addominale". La diagnosi di PA è stata assegnata in presenza di: dolore addominale; amilasemia e lipasemia >3 URL; TC addome positiva per PA.
Risultati: 3.278 soggetti ammessi per "dolore addominale". In 42 soggetti (1.12%, n=5 temporaneamente presenti) veniva identificata PA. Dei 37 soggetti presi in analisi [47% uomini, età 66 anni (IQR 53-75)], il 49% presentava colecistopatia, l'8% storia di etilismo. Per una popolazione stabile di 64.115 abitanti, l'incidenza di PA nel 2017 è stata di 37/64.115, ovvero di 57.8 casi per 100.000 abitanti. Questo valore è circa il doppio rispetto al dato di incidenza italiano disponibile (regione Veneto) e colloca l'area tra quelle a più elevata incidenza di PA in Europa (>40/100.000).
Conclusioni: Questo studio preliminare suggerisce un aumento significativo dell'incidenza di PA nella popolazione di Ischia. Studi prospettici sono necessari per confermare il dato e per la ricerca di eventuali fattori di rischio per PA specificamente presenti nella popolazione di riferimento.

Safety and efficacy of ferric carboxymaltose in internal patients with iron deficiency anemia: our experience

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Background: Treatment of iron deficiency anaemia (IDA) means identifying and treating its cause, and replacing iron may be only part of that. Oral iron is neither suitable nor effective in all patients; oral iron is poorly absorbed, and is not well tolerated because of adverse gastrointestinal effects. Intravenous iron preparations have included iron dextran, iron gluconate, or iron sucrose, and ferric carboxymaltose (FMC). Some, notably iron dextrans with higher molecular weight, have been associated with hypersensitivity reactions that have limited their use. FCM is a novel non-dextran-containing complex of iron that allows for administration of a large replenishment dose (≤1,000 mg of iron) over a short infusion period (15-30 minutes). We would like to share our experience concerning FCM treatment in IDA.
Materials and Methods: Over the last year, we have treated with

FCM 30 patients (median age 68 years; range 35-89) with IDA that had failed previous oral iron therapy, and all had pretreatment serum ferritin <12 ng/mL.
Results: The median pretreatment hemoglobin was 73 g/L (range 50-112) and the median post-treatment hemoglobin was 126 g/L (range 80-148) at >4 weeks after the initial FCM infusion. No case of urticaria, pruritus, or wheezing occurred.
Conclusions: We conclude that intravenous FCM seems to be safe and extremely effective. This real life data shows clear advantages of using this parenteral iron preparation: a reduction in the number of admissions and time spent in the day hospital is demonstrated and patient satisfaction was high.

A dysphagia ...to death

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Introduction: Achalasia is a very rare disease idiopathic disease that occurs as a result of inflammation and degeneration of myenteric plexi leading to the loss of postganglionic inhibitory neurons required for relaxation of the lower esophageal sphincter and peristalsis of the esophagus.
Case report: a 74-year-old women, was admitted in our ward for pneumonia. She had dysphagia (to solids and liquids), highlighted for the 1st time at the age of 70 and gradually became more frequent, chest pain during swallowing, food regurgitation, and nocturnal cough. We have performed contrast-enhanced X-ray examination of the esophagus that shows stricture of cardiac portion of the esophagus up to 1.5 cm, suprastenotic dilatation of the esophagus up to 4 cm, delayed evacuation of barium meal from the esophagus to the stomach and absence of gastric air bubble. The manometric finding of aperistalsis and incomplete LES relaxation without evidence of a mechanical obstruction solidifies the diagnosis of achalasia. The endoscopical dilatation (ED) was performed, but with bad results.
Discussion: In the early stages of the achalasia, dysphagia may be very subtle and misinterpreted as dyspepsia or stress. In the final stage, esophageal motility is irreversibly impaired. Complications may be caused by food that remains in the esophagus and is not transported any further. Food entering the trachea causes bronchopulmonary infections and even aspiration pneumonia in 7% to 8% of patients. These are typically caused by nighttime regurgitations while lying down.

An abscess... that comes from far!

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Case report: A 77-year-old man comes to our attention with a symptomatology characterized by asthenia, fever, profuse sweating, oliguria. In his medical hystory: Coronary By-pass on anterior descending branch; aortic valve replacement with mechanical prosthesis (for tight stenosis); ascending aorta substitution with Dacron tubular prosthesis; repair of pseudoaneurysm of ascending aorta (already substituted with prosthesis). Very hight is count of withe blood cells (GB 91.200/µl/Neutrophils 97.6%) and the inflammation markers (procalcitonin values of 58.61 ng/ml and PCR of 306 mg/L); impaired is the renal function (creatinine 2.59 mg/dl). Our antibiotic choices are been: Imipenem/Cilastatin at the dosage of 500 mg x 4/die e.v. and Teicoplanin 400 mg x 2/die e.v. After the onset of antibiotic therapy, resolution of fever. During the hospitalization appearance of fluctuating and painful collection on the anterior thoracic surface, at the level of the sternal body, site of scar from previous surgery. The chest TC has showed the collection around the ascending thoracic aorta (similar to previous chest TC two years before), but there was also a new collection, ventrally to the sternal wall, of 40 x 25 mm of size. The cultural exam collected was positive for staphylococcus aureus. The patient is transferred to the Cardiosurgery Unit with the diagnosis of systemic sepsis in patient with periprosthetic mediastinal abscess and skin fistula. He was treated with a replacement of the aortic prosthesis and enjoys good health.

A case of fat embolism syndrome

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Background: Fat embolism syndrome (FES) is an infrequent clinical consequence of fat embolism, which is characterized by the release of fat droplets into the systemic circulation following trauma.
Case report: A 72-year-old man, with a history of blindiness by retinitis pigmentosa and chronic motor axonal neuropathy for which he has frequently dropped in the last year, comes in Emergency Area for altered state of consciousness. On admission, fever, dyspnea, hypoxemia, respiratory failure and coma (GCS 7/15) were found. Successively there are been a petechial rash located in left eyelid, neck and anterior thorax. At the blood tests, thrombocytopenia and anemia have been shown. A ground-glass opacities and consolidations on a computed tomography scan of the chest was found and X-ray showed multiple fractures (left femur and right humerus and iliac branch). Because the brain TC was negative, we performed the brain MRI with evidence of multiple fat brain microembolies.Therapy with fundaparinus, albumin and blood red transfusions, antibiotic, corticosteroids and fluidotherapy, and ventilatory support with Optiflow mask were performed. Rapidly evolving coma and hypoxaemia have necessitated intubation and ventilation.
Conclusions: Based on the clinical presentation (the classic triad includes hypoxemia, neurological abnormalities and petechiae) and supportive imaging, is been do diagnosis of FES. Given the absence of a gold standard diagnostic test, the diagnosis is made by recognizing the characteristic clinical syndrome in the context of supportive imaging and a predisposing insult.

Un caso di polmonite lobare acuta bilaterale cavitaria, da causa batterica. Casistica ragionata e diagnosi differenziale con la tubercolosi cavitaria

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Premesse e Scopo dello studio: Il ricovero per dispnea acuta con febbre e dolore toracico è un evento abbastanza frequente in PS; riportiamo un caratteristico iter diagnostico di un caso di polmonite lobare acuta bilaterale, rivelatasi poi come polmonite cavitaria su base batterica, e interpretata per il quadro clinico di esordio come sospetta tubercolosi cavitaria.
Materiale e Metodi. il paziente giungeva al PS per febbre ricorrente con picchi serali, dispnea, dolore toracico, inappetenza, astenia profonda, tosse continua ed emoftoe. Si procedeva inoltre al prelievo dell'escreato rossastro per la ricerca del bacillo di Koch.
Veniva sottoposto alle indagini ematochimiche, ECG, Ecocardio, Rx Torace e a terapia farmacologica con antibiotici a largo spettro.
Risultati: L'Rx Torace evidenziava un opacamento bilaterale e disomogeneo dei lobi superiori polmonari in ambo i lati. L'evidenza di alcune piccole immagini aeree nel contesto induceva ad eseguire una TC, che evidenziava immagini cavitarie dei lobi superiori polmonari, suggestive per tbc.
Conclusioni: L'analisi semeiologica TC delle cavità aeree, dei margini, l'assenza di fibrosi pericavitaria e di altri reperti, in concomitanza con l'inquadramento clinico e la negatività per il micobatterio, orientavano la diagnosi per una polmonite batterica. Alla TC le cavità aeree erano suggestive per una infezione da stafilococco con formazione di pneumatoceli, in questo caso di gros-

solane dimensioni, i cui margini sottili, in assenza di fibrosi pericavitaria e di una spessa parete cavitaria, escludevano una diagnosi di tbc tisiogena.

Evaluation of pulmonary nodules is recommended not only for cancer

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Recommendations in guidelines suggest CT surveliance of solid nodule that measures from 8 to 30 mm in diameter, with different monitoring time depending on low, moderate or high probability of cancer. We observed a woman seventy-eight years old who underwent cholecystectomy for gallstones and had two solid nodules in chest-radiography. She was also studied with CT and than with FDG-PET, that was negative for malignancy. After 3 months CT described a new pulmonary nodule of 8 mm diameter in LIS. She was hospitalized in our division and studied with bronchoscopy for cytological and microbiological exams. We found positivity for Pneumocystis Jiroveci infection. A new evaluation of CT showed millimeter cystic peribronchiolar lesions associated to the known nodules. The patient was screened for HIV that was negative. The laboratory exams presented low level of IgM and normal IgG and IgA. We suspected selective IgM deficiency, an underestimated primary immunodeficiency. We treated our patient with intravenous sulfamethoxazole/trimethoprim and she was discharged with oral therapy and sent to haematologist. In conclusion evaluation and follow up of pulmonary nodules is useful not only for cancer diagnosis but can occasionally show a different aetiology. In our case an opportunistic infection, that was unexpected in a negative-HIV patient, allowed a rare primary immunodeficiency to be diagnosed.

Red cells distribution widht as a potential biomarker in COPD

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Red cells distribution width (RDW) is a routine laboratory parameter examined with the complete blood count test that indicates the heterogeneity in the size of circulating erythrocytes and is associated with mortality and poor prognosis in patients(pts) with pneumonia, heart failure, and connective tissue diseases. The objective of this study is to evaluate the role of RDW in COPD. Retrospective analysis was performed by using medical records of pts hospitalized for COPD exacerbation from January to December 2016. We evaluated 45 consecutive pts,28 were males, 21 in GOLD stage 4. The control group was of 20 healthy subjects matched for age and sex. RDW was significantly higher in COPD pts *vs* controls ($p<0.001$), and was positively associated with CRP ($r=0.375$, $p<0.01$), CAT Score ($R2=0.658$, $sy.x=2.226$; $P<0.01$), number of exacerbations ($R2=0.289$; $sy.x=0.86$;$p=0.002$), and GOLD score ($r=0.30$; $p=0.05$). In ROC curve, the area under the curve of RDW for the identification of frequent exacerbator was 0.730 (95% confidence interval, 0.62-0.84; $p=0.0001$).
Our findings suggest that RDW is associated with clinical score and might be a potential biomarker in COPD.

An unusual case of Miller Fisher syndrome

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Introduction: Miller Fisher syndrome (MFS), a rare variant of Guillan-Barré syndrome is characterized by ophthalmoplegia, ataxia, and areflexia. Although MFS is a clinical diagnosis, serological confirmation is possible by identifying the anti-GQ1b antibody. We describe an unusual case of MFS that presented with unilateral ptosis, proptosis and dysphonia.
Case presentation: A 57-year-old woman was admitted to our hospital for unilateral ptosis, proptosis, right VI c.n. paralysis, binocular diplopia, ataxia, hyporeflexia and dysphonia after flue-like synthoms. Similar symptoms had been experienced in two other hospital admissions: the first after a recent gastroenteritis, the other during cardio-surgery. She had a history of Hodgkin's syndrome, treated with CHT and RT which caused hypothiroidsm and CAD. Limbs elettromiography did not show any acute sign of demyelinating polyneuropathy. No significant results have been viewed at the cerebral/intracranial angiography/thorax CT scan. We registered negative results studying the anti-AChR and anti-MuSK antibodies. In addition, the Anti-GQ1b antibodies and all the know subtypes were negative. She turned up positive for the H1N1 flue. Because of the fast resolution of the symptoms, this has been her third documented relapse which did not need any specific medical treatment.
Conclusions: MFS is a rare disease that can present atypical synthoms and can relapse after stressing events. As far as the Anti-GQ1b antibodies are found in 90% of cases, the serum negativity we experienced cannot esclude the possibility of a clinical diagnosis of MFS.

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 an ultrasound method (US) can replace the WT to verify the correct placement of NG.
Materials and Methods: We prospectively evaluated consecutive inpatients requiring a NGT from September 2015 to January 2017. The correct positioning of NG was first tested with US (with and without 60 mL of air injected) by trained physicians as compared with WT performed by other physicians. 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: 235 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.

When medications are guilty

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A 62-year-old woman was admitted to our Hospital for the development of blisters and ulcers in the trunk and mucosal desquamation in the mouth and lips. She was healthy since ten days earlier when she began to take lamotrigine for chronic headache. Physical examination was unremarkable. Chest X-ray revealed no consolidation. Abdominal ultrasound did not show sources of infection. Laboratory tests showed no neutrophilic leukocytosis (8.400 WBC/mm3) and normal procalcitonin (<0,01 ng/ml) and C-reactive protein (<9 mg/l) values. The test for autoantibody on patient serum samples was negative. The above condition was suspected for Stevens-Johnson syndrome (SJS) and empirical corticosteroid therapy was administred. On the following days the patient showed a rapid improvement. SJS is a type of severe skin reaction with less than 10% of body surface area involved. The most common cause is medications but other causes can include infections or the cause may remain unknown. The diagnosis is based on patient's story and clinical features but a

skin biopsy can be helpful to identify other dermatological diseases. Initially, treatment is similar to thermal burns therapies, and continued care can only be supportive and symptomatic with intravenous fluids, analgesics and nasogastric or parenteral feeding. Beyond this kind of supportive care, no treatment is accepted and treatment with corticosteroids is controversial for the increased risk of long hospital stays and complication rates. SJS constitutes a dermatological emergency with a mortality rate of around 5%.

Studio retrospettivo del TEV nei pazienti neoplastici: nuovi risk score verso una tailored therapy

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Analisi retrospettiva di 47 pazienti ricoverati per TEV in 20 mesi, condotta per individuare se l'evento acuto potesse essere evitato con una profilassi primaria, utilizzando i *risk score* attuali e creandone altri *ad hoc* (*score* PP e PP Emo) per pazienti non tumorali e tumorali. Sono stati confrontati con 25 pazienti affetti da sola neoplasia. Solo ¼ dei pazienti effettuava profilassi domiciliare. I tumorali avevano un punteggio significativamente più elevato rispetto ai non tumorali in tutti gli *score* considerati. Tutti i pazienti hanno presentato un PP superiore al PP EMO. Lo score PP è risultato significativamente superiore nei neoplastici con TVP rispetto al gruppo di controllo (9 *vs* 7; p=0.009). Lo score PP EMO è risultato significativamente più elevato nel gruppo di controllo (6 *vs* 5; p=0.03). Lo *score* PP è risultato significativamente correlato a: Padua (R=0.79; p<0.00) e IMPROVE-VTE (R=0.62; p<0.00), non correlato al Khorana (R=0.13; p=0.53). Lo score PP EMO è risultato significativamente correlato all'IMPROVE-bleed (R=0.62; p<0.00). L'assenza di *score* specifici per soggetti non ospedalizzati è tra le principali cause della scarsa applicazione di profilassi primaria in comunità. Questa criticità è massima nei pazienti neoplastici. I nuovi *score* sono risultati significativamente correlati con gli altri a disposizione e potrebbero essere proposti per la stratificazione del rischio in comunità, ma necessitano di validazione. E' evidente la necessità di migliori strategie per implementare la profilassi primaria e mirare a una *tailored therapy*, soprattutto nei neoplastici.

Cognitive impairment in patients with atrial fibrillation: impact on survival and on treatment decisions

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Background and Aims: Dementia is a frequent comorbidity in elderly patients with atrial fibrillation (AF) and arouses difficult questions about benefits of therapy. Little is known about its impact on prognosis and on treatment choices.
Materials and Methods: We retrospectively collected data of patients with AF discharged from a Geriatric Division from 2012 to 2016 who have been evaluated through age and schooling adjusted Mini Mental Status Examination (MMSE). They were classified as severely, moderately and mildly or no impaired if MMSE was respectively ≤10 (n=78), between 11 and 20 (n=198) and >20 (n=422). Treatment at discharge and 2-years survival were recorded. Log rank test was used for survival analysis.
Results: Mortality after 2 years was 68, 51 and 33% (p<0.001) respectively among severely, moderately and mildly or no impaired patients. Oral anticoagulants (OACs) were prescribed respectively in 13, 26 and 41% of patients. OACs treatment was associated with better survival among moderately and mildly impaired patients (63 *vs* 45% p=0.02; 74% *vs* 60% p=0.01), while no difference was found among severely impaired ones (30 *vs* 32%, p=0.8).
Conclusions: Dementia severely affects overall prognosis. Higher prevalence of undertreatment is observed in cognitively impaired patients, since clinicians seem to reserve OACs to patients with better functional status and better estimated prognosis. Nevertheless, among severely impaired patients we didn't observe any survival difference, probably because the selection of patients is more difficult and benefits of therapy are smaller.

Infezioni urinarie correlate all'assistenza sanitaria: quali soluzioni al problema?

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Premesse: Le infezioni correlate all'assistenza (ICA) sanitaria, sono la complicanza più frequente e grave; più frequenti le infezioni urinarie (IVU): 35-40% di tutte le infezioni nosocomiali, nonostante abbiano un indice di gravità relativamente basso, hanno sul paziente un importante impatto. Possono essere prevenute con misure efficaci a ridurre il rischio di trasmissione di microrganismi potenzialmente patogeni nel corso dell'assistenza.
Materiali e Metodi: Si è stimata l'incidenza di (IVU) correlate a cateterizzazione. Sono state valutate 138 cartelle di pazienti ortopedici trasferiti in riabilitazione ove si è riscontrata IVU. 26 cartelle sono state escluse, 112 analizzate. L'88% è stato cateterizzato nel corso della degenza in Ortopedia, del 12% dei non cateterizzati il 66,6% erano maschi. I pazienti con IVU già presente all'ingresso in Riabilitazione erano tutti di sesso femminile (5,2%). I germi responsabili sono risultati per il 48.78% E. Coli, 21.95% Proteus M.
Conclusioni: C'è una correlazione positiva tra sesso femminile, età, seconda cateterizzazione e insorgenza di IVU. I dati ottenuti offrono una fotografia della nostra realtà e permettono delle riflessioni per ricercare soluzioni mirate al problema.

Cluster infezione da *Clostridium difficile* in reparto di Medicina: analisi epidemiologica alla luce delle misure correttive applicate

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Premesse: Le epidemie ospedaliere sono eventi rari, ma attesi; identificate tempestivamente,adottate appropriate misure di controllo,identificate le fonti e i meccanismi di trasmissione, è possibile ridurne significativamente l'impatto e modificare le pratiche non corrette che possono averne condizionato l'insorgenza
Materiali e Metodi: A seguito di un cluster epidemico di Clostridium Difficile (CD) verificatosi nell'UO di Medicina, un gruppo di lavoro ha eseguito una Root Cause Analysis, il risultato è stato presentato al personale, sono state pianificate azioni di miglioramento con la collaborazione dI Direzione Sanitaria e Ufficio Epidemiologico,quindi costituiti due gruppi operativi per valutare azioni riguardanti misure ambientali e di isolamento
Risultati: Rivalutare la terapia, in particolare con inibitori di pompa e antibiotici nei pazienti CD positivi. Riduzione delle ore di entrata in reparto a due fasce, 12-14 e 16-20. Disposizione di totem dispenser per lavamani all'ingresso del reparto e sul banco accoglienza. Organizzato incontro con cooperativa appaltatrice per rivalutazione capitolato. Richiamo sulla corretta e puntuale compilazione della cartella clinica, sia diario medico che infermieristico, puntualizzando che ogni aspetto deve essere riportato. Proposta modifica organizzativa/strutturale per aumento di stanze a stanza singola, unica non ancora attuata
Conclusioni: Dal cluster di CD abbiamo avuto 19 casi, 16 nosocomiali, 3 comunitari che si sono limitati al caso indice. Nessun cluster si è più verificato

Analisi sui nuovi casi di ricovero per morbillo con e senza complicanze nel 2017

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Premesse Cantù Nel 2017 è stata registrata in Lombardia un'epidemia di morbillo in linea col panorama nazionale. Nel primo semestre ci sono stati 686 casi, con tasso di incidenza superiore a quanto registrato nel 2016 e negli ultimi picchi epidemici del 2013 e del 2008. Le ATS più coinvolte sono state ATS Brianza, Valpadana, Insubria e Milano, meno coinvolte le altre ATS.Più coinvolta la fascia tra 0-4 anni, tra i 25 e i 34 anni,coinvolte anche le fasce tra 15-19 e tra 35-44 anni;rari i casi sopra i 60 anni. Maschi e femmine sono stati coinvolti in egual modo.
Materiali e Metodi: Da febbraio a settembre 2017nel nostro ospedale abbiamo registrato 10 casi di morbillo. L'età era compresa tra 6 e 45 anni.Il paziente di 6 aa afferito al pediatra è stato dimesso; 4 pazienti sono stati ricoverati, 2 nella nostra UO di Medicina Interna, 2 in Malattie Infettive; un paziente ha rifiutato il ricovero, 4 sono stati rinviati al curante. 4 pazienti presentavano una polmonite morbillosa,2 pazienti un'epatite con markers virali negativi,1 paziente una sovrainfezione da HSV.
Conclusioni: Confermate le diagnosi, è stato affrontato il problema dei contatti tra il personale. Una prima indagine è stata condotta sulla conferma di pregressa malattia, sono stati quindi dosati gli anticorpi a chi non ne aveva certezza o documentazione;ai non protetti è stata consigliata la vaccinazione.

Acquired haemophilia A: a serious and often unrecognized disease

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Acquired Hemophilia A (AHA) is caused by autoantibodies against factor VIII inducing an increase in the risk of spontaneous bleeding or haemorragies secondary to trauma, surgery or invasive procedure.In about half of the patients the cause of AHA is unknown and the mortality is up to 20%. It is a rare coagulation disorder that affect about 1.5 patients/million/year most of whom are elderly, aged 60 years or more. Haemorrhagic manifestations, located in soft tissues and muscles, expecially in the elderly with a negative bleeding history, concomitantly with a prologed aPTT are the main characteristic of the disesease. In this case we describe the history of a patient whose diagnosis of AHA has been made with a delay of about five months after several hospital admissions. AHA is not easy to recognize if clinicians did not known the patophysiology, laboratory and clinical appearance of thecoagulative disorders, and diagnosis is often delayed. Early suspicion, investigation, and confirmation of AHA are very important in order to avoid more serious bleeding,invasive approaches and waste of financial resources. Early diagnosis is crucial, and early treatment to control bleeding and to eradicate inhibitors can be life-saving. To help clinicians to prompt identify AHA it should be organized a periodical reminds on this rare disease which can cause mortality if the diagnosis is not made as early as possible.

Clinical nutrition from the territory to the hospital and from the hospital to the territory

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Premises and Study aim: Malnutrition is a state of functional, structural and developmental alteration of the organism due to discrepancy among needs, incomes and utilization of nutrients that lead to an increase in morbidity and mortality and/or an alteration of quality of life. The aim of this work is to try to ensure a quality of appropriate care by optimizing its continuity between hospital and territory and to outline a model that allows evaluating the personalized risk of malnutrition and the definition of a prevention path.
Materials and Methods: General practitioners and a nutritional team should guarantee the identification of a group of malnourished subjects or at risk of malnutrition inside the Azienda USL Toscana nord ovest in order to intervene on the malnutrition risk factor.
Results: The Malnutrition Universal Screening Tool suggested by the European Society of Parenteral and Enteral Nutrition will identify the subjects and it will be provided to general practitioners and department physicians. The subjects will be assessed by a nutritional team and then they will receive a nutritional program that may include oral and/or artificial nutrition. The nutritional team of the Azienda USL Toscana nord ovest will provide for a periodic evaluation and the results will be communicated to general practitioners.
Conclusions: Malnutrition is a misunderstood and/or underestimated problem, often already present before admission and that increases during hospitalization. Chronic diseases related to malnutrition impose a considerable burden on the economy and on the quality of life.

Un nuovo approccio emodinamico per l'Internista: progetto di ricerca

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Premesse e Scopo dello studio: Il monitoraggio dei parametri emodinamici permette di ottenere una visione globale dello stato di criticità/complessità dei pazienti ricoverati in ospedale, di segnalare precocemente l'insorgenza di eventi patologici e di ottenere informazioni per la migliore scelta assistenziale e terapeutica. Scopo del nostro studio è la valutazione della correlazione tra portata cardiaca e resistenze vascolari periferiche, anche in considerazione delle comorbilità dei pazienti, la relazione con la durata della degenza ospedaliera e con la prognosi.
Materiali e Metodi: USCOM (Ultra Sound Cardiac Output Monitor) sarà utilizzato quale strumento per la misura del flusso cardiaco; con il Doppler transcutaneo ad onda continua (CW) si otterrà la misura del flusso attraverso la valvola aortica e/o la valvola polmonare. L'analisi del tracciato Doppler misura, in modo non invasivo, un quadro emodinamico complessivo: frequenza cardiaca, picco della velocità, tempo di eiezione, integrale velocità-tempo, volume sistolico, gittata cardiaca, resistenze vascolari periferiche, trasporto di ossigeno.
Risultati e Conclusioni: Obiettivo dello studio è di documentare se l'utilizzo di USCOM può permettere un più accurato inquadramento diagnostico e prognostico, riduzione della mortalità, riduzione delle complicanze e della morbilità. La correlazione tra parametri emodinamici e valutazione clinica potrebbe portare alla riduzione della degenza media e ad una migliore prognosi quoad vitam a 6 mesi e 1 anno dal ricovero.

Ultrasound cardiac output monitor in gravidanza: uno strumento avanzato per monitorare la funzione cardiaca materno-fetale

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Premesse e scopo: Da qualche anno vengono utilizzati indicatori emodinamici quali Stroke Volume (SV), Cardiac Output (CO), Systemic Vascular Resistance (SVR) per monitorare la funzione cardiaca materno-fetale durante la gestazione. Scopo del nostro studio è valutare l'assetto emodinamico durante la gravidanza fisiologica e patologica e correlare sul piano prognostico portata cardiaca e resistenze vascolari periferiche con età materna, epoca gestazionale, incremento ponderale, profilo glicemico e pressorio ed esiti materni e perinatali.
Materiali e Metodi: USCOM (Ultra Sound Cardiac Output Monitor) sarà utilizzato quale strumento per la misura del flusso cardiaco; con il Doppler transcutaneo ad onda continua (CW) si otterrà la misura del flusso attraverso la valvola aortica e/o la valvola polmonare. L'analisi del tracciato Doppler misura, in modo non invasivo, un quadro emodinamico complessivo: frequenza cardiaca, picco della velocità, tempo di eiezione, integrale velocità-tempo, volume sistolico, gittata cardiaca, resistenze vascolari periferiche, trasporto di ossigeno.

Risultati e Conclusioni: L'uso della metodica USCOM durante la gravidanza potrebbe rivelarsi utile per esaminare le caratteristiche emodinamiche durante la gestazione, permettendo di selezionare le donne a maggior rischio di complicanze, soprattutto ipertensive e pre-eclampia.

Posterior reversible encephalopathy syndrome: a case report

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Posterior reversible encephalopathy syndrome (PRES) is a usually reversible neuro-radiological clinical entity characterized by headache, confusion, vision impairment up to blindness and seizures. A 85-year-old woman was admitted to our clinic for hemorrhagic shock from gastric ulcer bleeding with multi organ failure. During hospitalization she received blood transfusions, antibiotic therapy, pump inhibitors and hydroelectrolytic therapy, with basic conditions recovery. The course of admission was complicated by the appearance of left hemiplegia, gaze deviation to the right and next subsequent epileptic seizure. The brain CT, angio and perfusion CT were negative for ischemic or hemorrhagic lesions. Laboratory tests showed an increase in inflammatory indices. Vital parameters were normal, except for fever appearance. The performed lumbar puncture was negative. Brain MR-imaging showed cortical and subcortical hyperintense lesions in both cerebellar lobes with elevated diffusion and no angiopathy; imaging features related to vasogenic edema were consistent with PRES syndrome. Our patient PRES possible causes were transfusions and acute renal failure only. PRES is a rare clinical and neuro-radiological condition associated with hypertensive encephalopathy, eclampsia, renal failure, immunosuppressive therapy. More rarely it can be related to autoimmune disorders, thrombotic thrombocytopenic purpura, HIV syndrome, porphyria, blood transfusions and electrolyte disturbances. The aim of therapy is to control elevated blood pressure and to prevent seizures or promptly manage them.

An unusual case of epigastric pain

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Clinical case: A 47-year-old patient referred to emergency room due to epigastric pain with back irradiation. Medical history was negative and she was treated with oral contraceptive. The abdominal ultrasonography and the laboratory tests oriented on diagnosis of acute cholecystitis. Patient underwent videolaparoscopic cholecystectomy. Histology: nonspecific chronic cholecystitis. After surgery abdominal pain did not disapeared. The esophagogastroduodenoscopy was negative; laboratory tests were within limits if not for a mild neutrophilic leucocytosis. Fifteen days after surgery, patient was still symptomatic and inpatient in the surgical ward. The internist evaluation was requested with suggestion of abdominal venous circulation study. CT scan showed a filling defect in the right portal intrahepatic branch. Therefore anticoagulant therapy (LMWH and warfarin) was started obtaining an immediate improvement of the symptoms and disappearance of the epigastralgia.
Comments: Some data are lacking to define if the portal vein thrombosis (PVT) in this case occurred before or after surgery. Surely there is no habit of considering a PVT among the main causes of abdominal pain. Hence the importance, in presence of this symptom, of a widely clinical vision of the patient and of the etiopathogenesis of sympoms, like that of the internist; this case also emphasizes the importance of a careful ultrasound examination not only of the parenchymatous organs but also of the vascular structures.

Very high D-Dimer level: not only pulmonary embolism!

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Introduction: D-dimer (DD) is the smallest fibrinolysis-specific degradation product found in the circulation. The DD test is highly sensitive and poorly specific for clinical suspicion of venous thromboembolism (VTE). Otherwise we could find high DD levels in many pathological conditionsdifferent from VTE: intravascular coagulation, acute aortic dissection, arterial aneurysm, sepsis, active malignancy...
Clinical case: A 70-year-old woman presented to our Thrombosis Center due to very high levels of DD found on at least two times in the last six months. She referred also calf pain on the right. Pathological history: Acute myocardial infarction twenty years before; NH lymphoma 15 years before treated with CT and stem cell transplantation; recurrent superficial venous thrombosis. We detected a little gemellar thrombosis in the right leg by compressive ultrasonography; however, the typology and extent of thrombosis did not justify the high levels of DD. In consideration of the patients age and anamnesis were performed: a laboratory paraneoplastic screening with evidence of a slight increase in NSE; an abdominal ultrasonography without evidence of aneurysms or neoformations; a CT-scan that found dilatation of the ascending aorta (50 mm) with supravalvular dissection (no symptoms). Patient underwent surgical substitution of ascending aorta successfully.
Conclusions: High DD is not enough to formulate a diagnosis, but represents a challenge for the identification of serious and potentially fatal pathologies

An unusual recurrence of pulmonary embolism during well-conducted VKA therapy

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A 25-year-old man was admitted to pneumonia ward due to hemoptysis and minimal dyspnea. Pathological anamnesis: implantation of bicameral PM due to A-V block when he was 15 years old; hospital admission due to multifocal pneumonia three months ago. An angio-CT revealed a pulmonary embolism. The patient was treated with LMWH/VKA and discarged with improved respiratory compensation. One month later, he went to the local Thrombosis Center: he was pale, asthenic and dyspnoic for mild physical efforts and reported febrile episodes paracetamole treated. INR values had been stable and in range from discharge to visit. The echocardiography revealed pulmonary hypertension (PAPs 52 mmHg). He was readmitted to the hospital in cardiologic ward. A new angio-CT revealed images suggestive for recurrence of pulmonary embolism. Bilateral CUS was negative for DVT. A transesophageal echocardiography documented an extensive thrombotic formation adhese to the electrostimulator in right atrium; the electrostimulatory catheters in right ventricle appeared hyperechoic as from outcomes of infection and with vegetal formations. Broad-spectrum antibiotics were conducted until the outcome of blood cultures, hence targeted therapy. Finally patient was adressed to cardiac surgery ward to complete the therapeutic process: replacement of electrostimulatory catheters and pulmonary endarterectomy.
Conclusions: the case shows the importance of a multidisciplinary and case by case approach of patients with unexplained recurrence of venous thromboembolism despite an optimal anticoagulation.

A PANicking cause of abdominal pain

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Background: Several diseases may present with acute abdominal pain, one of the major reasons for hospital admission. Some rare causes are burdened with a worse prognosis than others.
Case description: A 58-year-old man was admitted for the abrupt onset worsening abdominal pain. The pain was rated 10/10 and was not eased by common painkillers. A contrast-enhanced CT performed in the ER showed intestinal parietal enhancement of the ileum, occlusion of the superior mesenteric artery (SMA) and suspect renal infarcts. Initial blood tests showed marked systemic

inflammation. Since the past history of the patient was unremarkable and he had no known risk factors, isolated degenerative mesenteric thrombosis was unlikely and systemic vasculitis was suspected. Among medium-size-vessel vasculitides, polyarteritis nodosa (PAN) is one of the most commonly associated with both renal and gastrointestinal involvement. Under this working hypothesis, serology for HBV was drawn and the results were suggestive of active infection, with high HBV-DNA (14.000 U/ml). Abdomen CT scan was repeated for the persistence of pain and revealed a pseudoaneurysmatic appearance of the SMA with focal dissection and the further involvement of iliac arteries. Antiviral therapy followed by high-dose systemic steroids and cyclophosphamide were administered, with gradual but slow clinical response during several weeks.
Conclusions: PAN is a rare systemic vasculitis most commonly associated with active HBV infection. A prompt recognition and treatment are required to improve the patients' prognosis.

Recurrent emission of turbid white urine: a case of late onset congenital chyluria

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A 59-year-old man was admitted to our Hospital for high fever (39,6°C) associated with cough and painful emission of turbid white urin. He had congenital anomalies in the limbs. A few months before he suffered from strangury and albinuria treated by his general practitioner with antibiotic therapy. Moreover he was affected by benign prostatic hyperplasia and nephrolithiasis. In the Emergency Department a urinary catheter was inserted for bladder globus, with the emission of white urin. Abdomen ultrasound showed prostate hypertrophy. During hospitalization patient alternated episodes of albinuria with the emission of transparent yellow urine. Urinalysis showed proteinuria (4,475 g/die) and the presence of triglycerides. Urine coltures and cytologic urinalysis were negative. Renal function was normal too. Computed tomography urography (CTU) showed lymphatic vessels dilation near celiac artery without the evidence of lymphatic fistula. Consultant urologist suggested an inferior abdomen magnetic resonance (MR) to evaluate the presence of a chyle fistula, but MR only confirmed the presence of lymphatic dilation. Eventually a retrograde pyelography demonstrated the presence of a fistula between lymphatic vessels and pyelocaliceal system. Chyluria is a common problem in tropical countries due to filarial infestation, while it's rare in West countries. Causes of nonparasitic chyluria ranges from stenosis of thoracic duct to post-surgery trauma and malignancy and lymphangioma. However in our patient congenital anomalies were probably responsible for the symptom.

Alterazioni cognitive e scompenso cardiaco: un esempio di complessità in Medicina Interna

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Premessa: Scompenso cardiaco e demenza spesso coesistono nell' anziano. Il decadimento cognitivo è dovuto a: fattori di rischio cv, aterosclerosi, ridotta FE, aritmie: determinano alterazioni cerebrovascolari e neurodegenerazione. L'associazione peggiora l'outcome. Le classi NYHA III-IV hanno maggiore compromissione cognitiva; non c'è correlazione diretta con mortalità.
Materiali: I dati 2017 del nostro reparto dimostrano che 87 pz su 179 con scompenso cardiaco (48.6%) hanno demenza; 39 maschi (45%), età media 83 aa; 49 donne (55%), età media 90 aa. Per la classe NYHA, 33% classe II e 49% classe III nel maschio; nella donna 55% classe II e 37% classe III. FE media pari al 35% in entrambe. Per le copatologie, nei maschi ipertensione arteriosa si ha nel 67%, fibrillazione atriale nel 62%, diabete mellito nel 49%, cardiopatia ischemica nel 49%; insufficienza renale nel 56%. Nelle donne, ipertensione nel 80%, fibrillazione atriale nel 61%, diabete mellito nel 33%, cardiopatia ischemica nel 22%, insufficienza renale nel 51%. Demenza vascolare nel 46%, degenerativa nel 28%, forma mista nel 26%. Diagnosi: clinica, valutazione neurologica (MMSE <24/30 nel 85%) e aspetti Tc.
Risultati: Netto incremento di ricoveri ripetuti, nei maschi 42% e nelle donne 26%, rispetto 15% della popolazione generale. Follow up internistico indicato nel 98%, con aderenza circa 70% (nettamente inferiore rispetto popolazione generale, 90%). Ridotta compliance per diuretici ed anti ipertensivi. Mortalità del tutto simile alla popolazione generale: 2%.
Conclusioni: Si confermano i dati della letteratura.

Dinner with crime....if you want!

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Introduction: Zucchini belong to the Cucurbitaceae family.When extremely bitter,their ingestion cause a rapid onset of diarrhea, hypotension and gastrointestinal bleeding.Our aim was to increase physician awareness of cucurbitacin poisoining to facilitate diagnosis and appropriate management.
Case report: An healthy 58-year-old woman was admitted with red code to Hospital for a severe hypovolemic shock and metabolic acidosis with an acute gastrointestinal bleeding.She needed flow resuscitation with great amounts of crystalloid and colloid solutions(6 litres)but no need of blood. An EGDS showed blood and gastropaty but no bleeding sources. A thoracic and abdominal CTscan confirmed blood and showed only a few thoracic linfoadenopathies; blood examinations showed high HTC and Hb,leucocytosis, transaminasis x 15 and troponine x 2 with a normal ecocardiograpy. During the recovery she quickly had improvement of all simptomps and blood examinations with no more bleeding, no need of transfusions and negative instrumental and blood investigations. Nothing was found except the fact that she had eaten old bitter zucchini in the few hours before the illness.
Conclusions: Cucurbitacin, produced in high levels under environmental stress,cause bitter taste of zucchini which prevents poisoning in humans. There is no known antidote, treatment is supportive. We believe that cucurbitacin toxic effect is not well known, especially in emergency departements and poison centres, and it must be considered in differencial diagnosis of hypovolemic shock of unknown origin.

Ovarian Leydig cell tumor causing hyperandrogenism and high serum levels of 17OH progesterone

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Introduction: Leydig cell tumors (LCT) are rare ovarian sex-cord stromal tumors. They are functional tumors, which produce testosterone (T), leading to hirsutism/virilization mostly in postmenopausal women. LCT usually have a benign behavior and reversion of symptoms after surgery. We report a case of LCT with unusual secretion of 17OH progesterone (17OHP).
Case report: A 70-year-old woman was referred to endocrine evaluation due to progressive worsening hirsutism (F&G score 18) and androgenic alopecia started two years before. Laboratory examination: LH 18.6 U/l, FSH 41.6 U/l, T 96.8 ng/dl, oestradiol 26.4 pg/ml, DHEAS 55.6 μg/dl, 17OHP 3.83 ng/ml, ACTH stimulated 17OHP 4.78 ng/ml, serum cortisol 10.1 μg/dl, cortisol after dexamethasone 0.9 μg/dl. CT scan showed left ovarian solid enhanced, 15 mm large nodule, confirmed by transvaginal US. Bilateral adnexectomy was performed and histologic examination revealed LCT of the left ovary. One year later, the signs of hyperandrogenism improved significantly (F&G score 10) and laboratory tests became normal: LH 38.6 U/l, FSH 80.3 U/l, T 4.6 ng/dl, 17OHP 0.84 ng/ml.
Conclusions: LCT represent an infrequent cause of androgen excess and are to be kept in mind in the presence of rapid progression of hirsutism and high serum T concentrations. The high serum levels of 17OHP represent a rare aspect of the LCT behaviour. It can de-

termine a diagnostic pitfall with congenital adrenal hyperplasia. The normalization of serum 17OHP levels after surgery has led us to hypothesize a deficiency of intratumoral 21-hydroxylase enzyme.

Ematoma surrenalico post traumatico: variabilità di presentazione clinica, tra medicina d'urgenza e patologia endocrinologica incidentale

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Premesse: La prevalenza dell'ematoma surrenalico (ES) nei traumi addominali è dello 0.15-4.9%. Il surrene dx è coinvolto molto più frequentemente del controlaterale. Spesso coesistono traumatismi a carico di altri organi intra ed extraddominali che condizionano la prognosi. I casi che descriviamo illustrano la variabilità di presentazione dell'ES, tra medicina d'urgenza ed endocrinologia.
Casi clinici: 1) M. 61 anni, ricoverato in terapia intensiva per trauma stradale. Alla TAC focolai lacero-contusivi epatici, pseudoaneurisma di alcuni rami dell'arteria (A) epatica, della splenica e renale dx, ES dx con spandimento attivo dall'A surrenalica inferiore dx, ematoma sottocapsulare epatico, splenico e perirenale dx. Decorso clinico favorevole dopo multiple embolizzazioni arteriose. A 4 mesi netta riduzione di dimensioni e densità dell'ES. 2) M. 49 anni, inviato a visita endocrinologica per tumefazione del surrene dx a densità indeterminata, ad una TAC, effettuata per trauma stradale, complicato da frattura di clavicola e scapola dx. In un anno di follow-up progressiva riduzione di dimensioni e densità della tumefazione. 3) M. 43 anni, valutato in ambulatorio per espanso del surrene dx, a densità indeterminata, scoperto ad una TAC, eseguita per trauma stradale non complicato. Due mesi dopo, la RMN evidenziava la quasi completa risoluzione della tumefazione.
Conclusioni: L'ES può costituire un'emergenza da riconoscere e trattare immediatamente. Non di rado si presenta all'attenzione clinica solo a posteriori, in diagnosi differenziale con altri incidentalomi surrenalici.

Diffuse large B-cell lymphoma presenting as an intra and extracranial mass

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Background: Primary central nervous system lymphomas (PCNSL) represent 2% of all brain neoplasms and are typically confined to the CNS. Most of PCNSL are B-cell lymphomas; the diffuse large B-cell is the most common type (90%) and often presents as a supratentorial lesion. Both intra and extracranial involvement is rare and poorly documented in literature. Symptoms are often rapidly progressive, related to intracranial hypertension and mass effect.
Case report: A 71-year-old woman was admitted to our hospital with a progressively growing swelling of the soft tissues of the top of the head. The patient had started to notice the mass 4 months earlier. In addition she had dysmetria and hypostenia of the right arm, low fever, weight loss and fatigue. Brain CT showed an intra and extracranial mass with brain compression with intense enhancement on brain MRI. The mass affected soft tissues, parietal head bone and pachymeninges determining brain compression on the parietal lobe. Head-thorax-abdomen CT was negative, while18F-FDG PET scan showed intra and extracranial areas of intense uptake. The mass biopsy revealed a large B-cell lymphoma.
Conclusions: Despite historically there has been a strong association with HIV/AIDS and other immunocompromised states, more recently we have noticed an increase in incidence of sporadic PCNSL in immunocompetent patients. Treatment is predominantly with methotrexate-based chemotherapy and whole brain irradiation especially in disease relapses. However these kind of tumors are often high grade, with a poor prognosis despite therapy.

Annual pressure ulcer prevalence in inpatients of ASL Biella (ASL BI): a cross-sectional study

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Background and Aim: Bedsores are one of major complications for elderly or vulnerable patients and their prevention is a major issue in nursing care. This study aims to assess bedsores prevalence of adult inpatients, ulcers characteristics and preventive measures related to bedosres prevalence and to determine the risk of develop bedsores about braden score.
Methods: We conducted a prevalence study on adult patients admitted in our hospital during 2009 – 2017. At the day of the study, trained nurses audited the total inpatients and their nursing care plan using a specific data collection instrument.
Results: The sample consisted of 2590 patients audited by 8 nurses. The results revealed a mean prevalence rate of +/-12% from 2009 to 2017. The prevalence was higher in intensive care unit (22%), followed by medical setting (16,7%) and long-care setting (14%). Half of the pressure ulcers were of grade 2. The rate of use of preventive devices compared to global number of patients with high risk of develop bedsores decreased from 78% (2009) to 54% (2017), instead the rate of mobilization plans compared to the same number increased from 45% (2009) to 72% (2017). We also analyzed site of bedsore and characteristics of inpatients.
Conclusions: A cross-sectional study of pressure ulcer prevalence is a common practice and has served as a tool to improve prevention procedures and the application of proper nursing care measures. In this study it's not possible evaluated a possible interference of Neyman bias because the "hospitalization day" data has not been collected and correlated.

Galectin-3 and left atrial volume index as markers reflecting cardiac remodeling in patients with heart failure with preserved ejection fraction and persistent atrial fibrillation. Preliminary results of an observational study

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Background: Galectin-3 (Gal-3) is increasingly recognized to be a biomarker reflecting profibrotic processes in both heart failure with preserved ejection fraction (HFpEF) and persistent atrial fibrillation (PAF). Left atrial volume index (LAVI) is considered a more confident echocardiographic parameter to assess structural changes in left atrium. Aim of this study was to investigate if serum Gal-3 and NT-proBNP levels as well as LAVI were elevated in pt with HFpEF and PAF. We report the preliminary results of the first 19 pt enrolled.
Methods: Both HFpEF diagnosis and PAF diagnosis were made according to 2016 ESC guidelines. Patients underwent measurement of serum Gal-3 and NT-proBNP levels by enzyme-linked fluorescent assay. Moreover, LAVI was calculated on transthoracic echocardiography by biplane method on the basis of the patient's body surface. Such parameters were compared with those of 35 age- and gender-matched pt with HFpEF and sinus rhythm (SR).
Results: Gal-3 and NT-proBNP levels as well as LAVI were significantly increased in pt with HFpEF-PAF (mean age 82.7 ±7.4 years, 7 men) compared to pt with HFpEF-SR (20.92±4.34 ng/mL *vs* 17.25±6.44 ng/mL, p=0.031; 2223±968.34 *vs* 1209.14±1127.09 pg/mL, p=0.0016; 44.29±17 ml/m^2 *vs* 28.11±8.15 ml/m^2; p=0.00002, respectively).
Conclusions: With regard to pt with HFpEF-SR, Gal-3, NT-proBNP and LAVI were significantly elevated in pt with HFpEF-PAF. Our preliminary results suggest that both Gal-3 and LAVI might be useful markers of the atrial remodeling process which contributes to the development of PAF in pt with HFpEF.

A rare case of left common carotid artery hypoplasia and internal carotid artery agenesis associated with complex abnormality of intracranial Willis circle

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Background: Absence, aplasia or hypoplasia of carotid artery are rare development abnormalities; up to now less then 200 cases were reported, frequently asymptomatic. Internal Carotid Artery agenesis is associated with intracerebral aneurysms suggested to be acquired, due to increased flow through the collateral vessels and altered flow dynamics; other conditions associated are tinnitus, ischemic stroke/TIA, migraine, Horner's syndrome and other rare syndromes.
Case report: We report the case of a 44yr old man who presented to the Emergency Department because of chest pain with muscoloskeletal features: the clinical examination documented difficult assessment of left carotid pulse, so further investigations were performed. Carotid doppler ultrasound showed at the left side a single vessel with absence of carotid bifurcation and enlarged vertebral artery. CT angiography showed a left carotid axis of extremely reduced diameter, the Common Carotid Artery in continuity with External Carotid Artery, absence of carotid bulb and of Internal Carotid Artery; intracranial assessment showed agenesis of left Anterior Cerebral Artery, Middle Cerebral Artery supplied by an enlarged left Posterior Communicating Artery and agenesis of right Posterior Communicating Artery.
Conclusions: A proper clinical examination can rise the suspicion of carotid agenesis that can be associated with complex abnormality of Intracranial Willis Circle. No corrective treatment is possible. NMR has been suggested as screening for cerebral aneurysms in such patients.

Bedside ultrasound for the management of a life threatening rheumatologic emergency

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Introduction: A 26-year-old man affected by systemic lupus erythematosus (SLE) was admitted to our emergency department due to 3 days of progressive dyspnea, fever, chest pain and cough. He was off-therapy from 8 months for his own choice.
Primary: Blood pressure was 180/70 mmHg, pulse rate 110/min, O_2 saturation 93%. He was tachypnoic, sweaty and aching in clinostatism. On auscultation, there were rare widespread teleinspiratory crackles. Oxygen therapy was administered.
Blood test showed elevated inflammatory markers and raised creatinine, while arterial blood gases revealed an hypocapnic respiratory failure and metabolic acidosis.
Outcome: Suddenly the patient became more dyspneic and hemoptysis developed. Bedside chest ultrasound showed widespread B lines and leopard blot pattern without gradient and pulmonary base atelectasis due to homolateral anechoic pleural effusion. Abdomen ultrasound revealed 24mm pericardial effusion without tamponade, a good heart kinetics and a cava at the upper limits of normality. Chest CT scan subsequently showed inflammatory lung thickening with an alveolar pattern, remarkable sign of hemorrhagic alveolitis, a fearful complication of SLE. The patient was transferred to the ICU after being intubated and treated with broad spectrum antibiotics, antifungals and a bolus of methylprednisolone, with a gradual clinical response.
Conclusions: Integrated bedside cardiopulmonary ultrasound is a useful tool applicable in urgent but also rare conditions. A well performed point-of-care lung ultrasound may substitute chest X-ray and reduce waste of time.

Abdominal wall hematoma during low-molecular-weight heparin therapy

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Introduction: Low-molecular-weight heparin (LMWH) can cause bleeding complications, which occur in 5% of individuals receiving prophylactic doses and in 10% receiving therapeutic doses.
Case report: A 78-year-old woman was admitted for congestive heart failure and atrial fibrillation. Her past medical history included cardiac transplantation 25 years before, hypertension and chronic kidney disease (stage III). She started a therapy with enoxaparin and warfarin. On the third hospital day she developed an abdominal wall hematoma complicated with hemorrhagic shock. Patient was treated with blood transfusions and embolization of epigastric artery, anticoagulation was interrupted. A successive computed tomographic angiography showed a small pulmonary embolus located in the upper lobe of the right lung. Patient was placed on low dose of fondaparinux but a new decrease of hemoglobin level imposed to stop the treatment again.
Discussion: The risk factors for developing an abdominal wall hematoma during treatment with LMWH included female sex, chronic kidney disease, older age, incorrect injection technique, trauma, cough and other conditions cause abdominal wall straining or stretching (obesity, pregnancy). The main symptom is an acute pain that may mimic other abdominal diseases. The diagnosis is made by ultrasound or computed tomography. The treatment of choice is conservative with fluid resuscitation, reversal of anticoagulation and pain control. Endovascular embolization or surgical intervention is recommended in individuals with hemodynamic compromise.

Prevalence of metabolic syndrome in hypertensive patients affected by peri-implant diseases

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Background: Recently has been highlighted a correlation between metabolic syndrome (MS) and peri-odontal diseases. However, the evidences about a link between MS and peri-implant diseases are still debate. The aim of this study is to provide the prevalence of MS in hypertensive patients with dental implant(s) complicated by peri-implant diseases.
Methods: We enrolled 32 hypertensive patients ≥18 years old of age. All subjects with ≥1 dental implant(s) underwent to screening for MS, according to the NCEP ATPIII criteria and were submitted to the odontoiatric evaluation to determine the diagnosis of peri-implant diseases.
Results: 15 males and 17 females, with mean age 62±13 years, BMI 27±3 kg/m^2, mean systolic and diastolic blood pressure 126/77±2/2 mmHg at the 24h ambulatory blood pressure monitoring, have been studied. 90.6% was affected by peri-implant diseases; among these, diagnosis of MS was made in 18 (62.1%) subjects, presenting ≥3 NCEP ATP III criteria. The subgroup with MS, comparing patients without MS, showed significantly higher values of waist circumference and triglycerides (103.4±9.7 *vs* 92.2±11.0 cm, p=0.01, 147.5±62.2 *vs* 87.9±30.4 mg/dl, p=0.002, respectively), and lower HDL cholesterol levels (50.3±16.1 *vs* 66.8±14.5 mg/dl, p=0.01).
Conclusions: Patients with dental implants complicated by peri-implant diseases show increased prevalence of MS. In a clinical perspective, MS might be considered a risk factor for developing peri-implant diseases and a potential contraindication for dental implants placement.

A strange case of sore throat that didn't want to heal

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A 71-year-old woman presented to the hospital because of sore throat and diarrhea without fever few days before and subsequent

development of dysphagia, drooling and tongue edema not responsive to medical therapies. In her medical history hypertension, diabetes , previous tonsillectomy and adenoidectomy. Physical finding showed isolated bilateral palsy of the twelfth cranial nerve, tongue edema, rash on her upper chest and neck and left submandibular lymphadenopathy. The blood tests showed neutrophil leukocytosis; procalcitonin, C-reactive protein and C1-inhibitor levels were normal. Liquor exam, viral serology and immunophenotype were unremarkable. Computed tomography scan didn't show abnormalities of the oro-pharingeal district. She rapidly developed respiratory failure due to aspiration pneumonia requiring intubation, tracheostomy and percutaneous endoscopic gastrostomy. Repeated electroneuromiography showed isolated bilateral hypoglossal nerve palsy and nuclear magnetic resonance revealed tongue and laryngeal edema with reduction of the oropharyngeal lumen. During the next few months she had gradual recovery of swallowing with possibility of oral feeding. Tracheostomy was removed. In medical literature few cases of isolated bilateral hypoglossal nerve palsy are reported: two cases following acute Epstein-Barr virus and Herpes virus infections and other due to head overextension after whiplash injury or endotracheal intubation. These conditions were absent in the present case and etiology of the current case still remains unknown.

Ogilvie's syndrome and delirium in sepsis

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Premesse: Il delirium è estremamente comune tra gli anziani ospedalizzati ed impatta negativamente sugli outcomes di salute delle persone che ne sono affette aumentando i tassi di mortalità e i costi sanitari.
Il primo passo nella gestione del delirium è una diagnosi accurata; è raccomandato un breve strumento convalidato che valuta gli elementi nel CAM Confusion Assessment Method Algorithm. Dopo aver ricevuto una diagnosi di delirio, i pazienti richiedono una valutazione approfondita sulle cause reversibili; dovrebbero essere affrontati tutti i fattori che contribuiscono a correggere la situazione.
Descrizione del caso clinico: Uomo di 80 anni ricoverato in medicina per scompenso cardiaco, dopo due giorni presenta iperpiressia e delirium. Nonostante la terapia antibiotica e antipiretica, con esami ematochimici nei limiti, ad eccezione dell'aumento degli indici di flogosi,persistono i disturbi dell'attenzione a carattere fluttuante. L'addome teso e meteorico pone indicazione alla TC con il riscontro di notevole distensione gassosa del colon e del retto, fino alle anse ileali, reperto compatibile con ileo dinamico. La terapia endovenosa con neostigmina risolve in poche ore il delirium del nostro paziente.
Conclusioni: Il paziente confuso puo' presentare patologie gravi spesso misconosciute quindi è opportuno ricercare sempre patologie nascoste con indagini strumentali ed ematochimici.

Antibiotic treatment for complicated infections by carbapenemase-producing *K. pneumoniae*

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Premesse e Scopo dello studio: Carbapenemase-producing Klebsiella pneumoniae (KPC CPE+) complicated infections (CI) are associated with a high risk of mortality. The optimal antibiotic strategy to treat these infections is still controversial.
Materiali e Metodi: Case series of patients (pts) with KPC CPE+ CI followed from 11/ 2017 to 1/2018 in an Internal Medicine Unit.
Risultati: 5 pts had KPC CPE+ CI: 3 sepsis, 1 pneumonia and 1 urinary tract infection. They have been hospitalized for at least 4 weeks before developing KPC CPE+ CI (2 for heart failure, 1 for septic arthritis, 1 for fever of unknown origin and 1 for renal failure) and had already received unsuccessful large spectrum antibiotic treatment. All the pts had fever and increase of CRP; 4 increase of procalcitonin; 3 significant hypotension and 3 renal or hepatic failure when the treatment for KPC CPE+ CI was started. Antimicrobial treatment including intravenous fosfomicin (4 g 4 times/daily), colistin (loading+maintenance dose according to renal function) and double carbapenem (meropenem – 2 g 3/daily- and ertapenem 1 g/daily).The treatment duration was 6-21 days. Rectal swab got negative after 1 week in 2 patients (and both recovered). 3 pts fully recovery at the end of treatment and 2 died (1 for worsening of renal failure after 9 days and 1 for multiorgan failure -carbapenems were stopped after 6 days of treatment due to epileptic convulsions-).
Conclusions: A combined antibiotic treatment is mandatory for KPC CPE+ CI. When adequately tolerated, our combination strategy can be considered a valid option.

Tuberculosis and carbapenemase-producing *K. pneumoniae*: a clinical case

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Premesse: Carbapenemase-producing Klebsiella pneumoniae (KPC CPE+) infections are a possible complication of prolonged hospitalization, leading to an increasing morbidity and mortality in fragile patients. We report here the first case of sepsis by KPC CPE+ in a patient affected by abdominal tuberculosis.
Descrizione del caso clinico: A 47-year old man from North Africa was admitted to our Hospital for fever (T>40) and abdominal pain. Blood tests showed a significant increase of CRP (35 mg/dL, normal level <0,5), WBC (27000/mm^3) and hepatic enzymes (AST 123 U/L, ALT 74 UI/L). A wide spectrum antimicrobial therapy was started (piperacillin/tazobactam plus levofloxacin) with only partial response; an abdomen CT showed multiple lymphoadenopaties around the course of iliac vessels. HIV test was negative; quantiferon test was undeterminate. A lymph node biopsy was planned, showing Mycobacterium tuberculosis infection. Treatment with isoniazid, rifampicin and pyrazinamide was started with initial reduction of fever and normalization of blood tests; after 3 days, the patient developed fever with T >40; blood and urine cultures resulted positive for KPC CPE +.. Antimicrobial treatment including intravenous fosfomicin (4 g 4 times/daily), colistin (9 M UI as loading dose followed by 4,5 MUI twice daily) and double carbapenem (meropenem – 2 g 3/daily- and ertapenem 1 g/daily) was started with full recovery of symptoms.
Conclusions: This is the first case of sepsis by KPC CPE+in a patient affected by abdominal tuberculosis. No significant toxicity or drug interaction have been observed.

Uremia and warfarin: double risk for calciphylaxis

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Background: Calciphylaxis (CF), or calcific uremic arteriolopathy, is a systemic medial calcification of arterioles causing ischemia and subsequent tissue necrosis. CF is a severe complication of end-stage renal disease. Otherwise, the rarest non-uremic CF may be caused by hyperparathyroidism, connective tissue diseases, malignancies and use of some drugs. There is no codified treatment.
Case report: Caucasian female 69 y.o., obese, diabetic and hypertensive. Previous cardiac infarction and gastric bleeding. In the last three years hemodialysis and anticoagulation with warfarin (W). She was admitted because of thickening, extreme pain, ulceration and necrosis of an abdominal skinfold. Biopsy showed just steatonecrosis. Colture was positive for polimicrobic flora. 99mTc-oxydronate scan showed massive uptake in the involved skinfold. Healing was obtained by antibiotic treatment and stopping W.
Discussion: Prevalence of CF is 4% in hemodialyzed patients. Mortality rate is 60-80%, with sepsis being the leading cause of death. Risk factors are obesity, diabetes mellitus, thrombophilias. Hystology is the gold standard for diagnosis, but likewise useful is the bone scan. W-induced CF, probably due to lack of the vitamin K

dependent matrix GLA protein, is underrecognized. On account of double risk for CF, as well as for bleeding, and of discrepancies between cardiologic and nephrologic guidelines about the role of W in hemodialyzed patients to maintain vascular access or to prevent stroke by atrial fibrillation, we suggest the greatest caution in prescribing W to this subset.

Legionellosis and immunodeficiency: report of two cases

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Background: Since the first outbreak in 1976, nowadays legionellosis often occurs as sporadic infection, being responsible for 3-15% of all cases of pneumonia (P). Good's syndrome is a rare cause of immunodeficiency (ID) associated with thymoma (T), mainly characterized by hypogammaglobulinemia and lack of B-cells; it is probably autoimmune and persists even after thymectomy.
Case 1: Female 73 yo, suffering from myhastenia gravis with T (twice undergone to thymectomy). She was admitted for bilateral multifocal P. Legionella pneumophila (Lp) urinary ag was positive. IgG 1.09, IgA 0.26, IgM 0.17, CD19+ 1%. Healing was obtained by levofloxacin and IGIV.
Case 2: Male 64 yo, affected by dilatative myocardiopathy waiting for transplant. He was admitted for right massive P. Lp urinary ag and anti-HIV ab were positive. Healing was obtained by azithromycin, then the patient was sent to a specialized clinic.
Discussion: Despite Lp is increasingly associated to immunocompromised host and immunosuppressive regimens, we fail to consider it an opportunistic or a nosocomial infection. Our two case reports demonstrate that Lp must be tested in all patients with P, not only in case of environmental risk, but mostly in immunocompromised patients, in which the course is very severe. On the other hand immune response should be studied in all cases of Lp P, even in absence of previous recurrent infections. Lp is responsible for 20% of cases of P in HIV-patients, but also affects people with humoral ID: case 1 is, to our knowledge, the first reported case of Lp P associated with Good's syndrome.

Sopravvivere alla sepsi: utilizzo dei bundle per la gestione del paziente settico in Medicina Interna, impatto sulla mortalità e sulla stewardship antibiotica

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Premesse e scopo dello studio: La Surviving Sepsis Campaign 2016 sottolinea come la diagnosi di sepsi implichi danno d'organo. La mortalità correla con la gravità clinica variando dal 21 al 46%.
Materiali e Metodi: Introduzione di un "perfomance improvement program for sepsis" con l'applicazione clinica 4 care bundles: lattati al T0 e a 48 ore, colturali prima dell'inizio della terapia antibiotica empirica ragionata, cristalloidi se lattati >2,sepsi anche se non presente iperpiressia (Q-SOFa/ SOFA).I fattori di rischio considerati per infezione da ESBL o meticillino produttori: recedente ospedalizzazione, provenienza da strutture residenziali, terapia anti pseudomonas se BPCO, dialisi, sovrainfezione di MRSA nelle complicanze influenzali.
Risultati: 46 pazienti, età media 72 anni, 39% femmine, febbre nel 63%, valore medio dei lattati al T0 3.1 a 48 ore 2 (delta lattato).37% IVU complicate, 23% polmone, 21% infezioni intra addominali, 21% miscellanea. Isolamento del germe 65% dei casi: 40% E. Coli con 40% di ESBL, 17% K. pneumoniae, 10% E. faecalis, 7% Pseudomonas, 26% varie. Utilizzo amine 15%. Appropriatezza di terapia empirica 90%. Mortalità 8%.
Conclusioni: L'approccio strutturato al paziente settico ha portato un riconoscimento precoce e un trattamento empirico con appropriatezza del 90%. La mortalità autoctona 8% risulta inferiore ai dati della letteratura e quella dell'ospedale 40%. Questi dati preliminari suggeriscono che l'utilizzo del delta lattato a 48 ore potrebbe costituire un dato prognostico.

Analisi retrospettiva della casistica delle endocarditi mediante audit: dalle linee guida alla pratica clinica

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Premesse e Scopo dello studio: Valutazione standard diagnostico-terapeutici delle linee guida ESC del 2015 mediante revisione della casistica 2015-2016.
Materiali e Metodi: 18 cartelle di pazienti con diagnosi in dimissione di endocardite e verifica di adesione ai seguenti standard: dimensioni della vegetazione, ecocardiografia transtoracica e transesofagea, ripetizione transesofagea a 5-7gg, intervento chirurgico entro 24h (se SCC o bassa gittata, se presenti ascessi, aneurismi, fistole, se endocardite da candida, se vegetazione >10mm ed embolia in antibioticoterapia, se TIA o embolia cerebrale), presenza Criteri di Duke.
Risultati: 14 casi di endocardite, 6 valvola nativa (4 aortica), 8 valvola protesica (1 linkage). Mortalità:7%. Emocolture positive 8(3 MSSA, 2 streptococchi, 1 E.faecalis, 1 C.glabrata, 1 MRSA). 3/13 stima della vegetazione, 14 diagnosticati con ecocardiografia transtoracica, 8 anche transesofagea. 1/14 riportati criteri di Duke, 2 avevano ripetuto ecocardiografia transesofagea a 5-7 giorni, 2 sottoposti a chirurgia entro 24 ore (da UTI).
Conclusioni: Bassa incidenza di resistenze sulle endocarditi di valvola nativa: l'antibioticoterapia empirica può prevedere ancora l'associazione con beta lattamici. Sensibilizzazione all'utilizzo dei criteri di DUKE nel sospetto di endocardite non protesica. Costituzione di endocarditis team con coinvolgimento del consulente cardiochirurgo. Migliorare il tasso di trasferimento in 24h da reparti medici per intervento cardiochirurgico urgente. Brochure informativa per odontoiatri per corretto utilizzo della profilassi.

When TEE is not enough

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Incidence and mortality of infectious endocarditis (IE) remain stable despite recent diagnostic and therapeutic improvements. Transesophageal echocardiography (TEE) is pivotal for diagnosis of IE, with a sensitivity close to 98%. A 71-year old male was admitted to the ER for anemia, fever for a week and weight loss. History was relevant for diabetes mellitus, liver cirrhosis, arterial hypertension, carotid vasculopathy, and positioning of a biological aortic valve a few years before. Physical examination revealed spread systolic murmur, thoracic-abdominal purpuric lesions and small painful nodules on the left hand. Blood tests showed anemia, reduced haptoglobin and blood cultures positive for S. haemolyticus and S. salivarius. TEE and cardiac CT resulted negative for endocarditis. However, since clinical suspicion was high, we started treatment with iv ceftriaxone for 4 weeks. Interestingly, fever and anemia reappeared after antibiotic discontinuation. Since a repeated TEE was still unremarkable, we turned to cardiac PET-MR, showing focal hypermetabolism at the aortic valve plane, a sign consistent with endocarditis. Surgery was necessary to replace the aortic valve, and quite amazingly, histological examination revealed a degenerated bioprosthetic valve harboring a gross endocarditic lesion. This clinical case highlights the concept that clinical suspicion must be constantly pursued even if classical imaging tests are negative. Although our patient scored as possible IE according to Duke's criteria, a third-level diagnostic investigation was needed to reach a definite diagnosis.

Pancreatic insulinoma: clinical evaluation can lead to an apparently easy diagnose

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Introduction: Insulinoma is a rare islet cell tumor, virtually life-threatening for risk of severe hypoglicemia. We report a case of insulinoma with typical presentation.
Case: 54-year-old woman admitted for blurred vision, confusion, amnesia with hypoglycemia. Medical history: high protein, low fat/carb diet. Current drugs: none. Physical examination: overweight. Laboratory: normal. During fasting test severe hypoglycemia without appropriate insulin suppression, suggesting insulinoma. CT scan: lesion with contrastographic enhancement in arterial phase in pancreatic tail. She underwent surgery: histological essay consistent with diagnosis of insulinoma (well differentiated endocrine pancreatic neoplasia). No further hypoglycemia after surgery.
Discussion.: Hypoglycemia confirmed by Whipple's triad (plasma glucose <55 mg/dL, neuroglycopenic symptoms, resolution by raising plasma glucose level) may be due to drugs, critical illness, hormone deficiencies, tumors. Hyperinsulinemic hypoglycemia is suggestive of insulinoma, which is rare (estimated incidence 0.7-4/10^6/year, peak in 5th life decade), benign (90%), sporadic (90%), less common in male (40%). Diagnosis is confirmed by imaging: CT, MRI, CT+endoscopic pancreatic US get detection rate of 70%, 85%, near 100% respectively. 95-100% of sporadic insulinomas can be surgically cured.
Conclusions: Hypoglycemia (easy to diagnose, seldom unrecognized, virtually life-threatening) should be suspected in presence of nonspecific neurological symptoms. Clinical evaluation, driving further diagnostic steps, is pivotal for clarify etiology.

Ulcere e sepsi

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Premesse: Una paziente di 26 anni è stata ricoverata a giugno 2016 per febbre e ulcere genitali. In anamnesi solo recente faringotonsillite con afte orali trattata con antivirali (sospetto Herpes).
Accertamenti: All'ingresso paziente febbrile con vaste e dolorose ulcere vulvari e vaginali; indici di flogosi elevati (PCR 33mg/dl, VES 98 mm/h), leucocitosi neutrofila (GB 12910/mm3). Negativi colturali su sangue, urine, tampone vaginale sierologia per virus herpetici, HIV, autoimmunità. Impostata inizialmente terapia antibiotica e antivirale. Peggioramento significativo delle lesioni genitali con necrosi e dolore marcato e delle condizioni cliniche con desaturazione (PO2 34 mmHg, sat 978% AA). LA TC totaal body evidenziava estesi addensamenti polmonari bilaterali. La paziente viene trasferita in TI, sottoposta a ventilazione non invasiva, amine, antibiotici ad ulteriore spettro ampliato (positività di 2 nuove emocolture per Stafilococco aureus). La biopsia eseguita sulle lesioni vulvari evidenziava quadro di flogosi su possibile base "vasculitica" aspecifica. Negativa PET per vasculite dei grossi- medi vasi, visita oculistica per uveite e negativo HLAB51. La paziente ha terminato la terapia antibiotica, intrapreso steroide con beneficio. Sono successivamente comparse saltuarie artralgie migranti.
Conclusioni: La diagnosi di Behcet si basa solo su criteri clinici; le vaste lesioni ulcerate genitali sono state la porta di ingresso per germi patogeni e causa di sepsi severa. Attualmente le lesioni mucose sono guarite e la paziente assume azatioprina e steroide a scalare.

Young internist's trouble on weekend shift

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Introduction: Thrombotic thrombocytopenic purpura (TTP) has a devastating prognosis without adapted management, so a rapid diagnosis represents a major goal.
Clinical case: 60-year-old female was admitted with fever and bruises. Laboratory analysis showed thrombocytopenia (platelet count 13000/mm3) and hemolytic anemia (hemoglobin 6.8g/dL, elevated LDH and bilirubin levels), positive direct antiglobulin test (DAT) and moderate increase of troponin without ECG or echocardiographic signs of myocardial ischemia. These findings were initially attributed to Evans syndrome and patient was treated with transfusions, steroids and IV-Immunoglobulin. On day 3 she developed confusion and dysphasia: a magnetic resonance identified acute ischemic stroke and further analysis showed high schistocyte count. Suspecting TTP, therapeutic plasma exchange (TPE) was started. A total body computed tomography did not detect anomalies due to cancer; autoantibodies and complement levels were normal, blood cultures resulted negative. A severe ADAMTS13 deficiency was find, but no anti-ADAMTS13 antibodies was detected; however our patient recovered ADAMTS13 activity after TPE sessions, so we confirmed the diagnosis of acquired TTP. TPE was carried out until complete neurological manifestations and platelet count recovery. Afterward blood count remained normal and patient stayed asymptomatic without any further specific therapy.
Conclusions: TTP is frequently misdiagnosed with autoimmune cytopenias. A positive DAT should not systematically rule out TTP, especially when associated with organ failure.

Acute pancreatitis and posterior reversible encephalopathy syndrome: a case report

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Introduction: The differential diagnosis of acute neurological syndromes is often complex and includes disorders such as stroke, venous thrombosis, toxic or metabolic encephalopathy, demyelinating disorders, vasculitis or encephalitis. A correct diagnosis is of primary importance since the optimal treatment of these conditions can be very different.
Clinical case: A 61-year-old woman was admitted to our unit for acute necrotic-hemorrhagic pancreatitis requiring urgent surgery. During the observation period, high blood pressure associated with mental confusion, right hemianopsia and transient faciobrachiocrural hemiparesis appeared. The brain magnetic resonance imaging showed areas of bilateral and symmetrical T2/FLAIR hyperintensities in the subcortical white matter of the occipital and superior frontal regions, strongly suggestive for posterior reversible encephalopathy syndrome. The EEG showed epileptiform discharges in the posterior regions. A tight control of blood pressure was undertaken. 8 days later brain MRI showed complete reabsorption of subcortical edema. The patient underwent a complete recovery and no neurological sequelae were found.
Conclusions: PRES is characterized by vasogenic cortico-subcortical edema localized in the posterior cerebral hemispheres known to be more susceptible to hyperperfusion injury due to hypertension, gestosis or cytotoxic drugs. A correct diagnosis is crucial because the reversibility of the clinical and radiologic abnormalities depends on the prompt control of blood pressure and/or the discontinuation of the offending drug.

La tipologia del malato in cure subacute: analisi e flusso dei pazienti

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Premessa: Le Cure Subacute hanno come finalità il recupero da una fase di acuzie. Costituiscono una struttura ponte tra ospedale e territorio in grado di soddisfare le esigenze di una popolazione caratterizzata da età avanzata e polipatologia cronica. Riportiamo la esperienza delle Cure Subacute della Medicina dell'Ospedale di Varzi, un ospedale montano in territorio isolato e con popolazione molto anziana.

Materiali e Metodi: 15 letti, casistica 2017. Sono stati analizzati vari parametri clinici e del paziente.
Risultati: Sono stati ospitati 147 pz nel 2017 (7% proposti dai MMG territoriali, 93% da altri Ospedali dell'ASST-Pavia). Il 54% dalle Medicine e 22% dalle Chirurgie. La mediana di attesa era di 5 g. La età mediana dei pazienti era di 84 anni, il 65% presentava il più elevato Indice di Intensità Assistenziale (IIA=3), oltre il 70% dei malati era affetto da 3 o più patologie croniche, l'indice di Norton era inferiore a 12 nel 16% dei casi. La durata media della degenza era di 24 giorni, il 14% è deceduto in reparto. La degenza prolungata e la minore pressione alla dimissione hanno permesso di identificare nella quasi totalità dei casi, con la attiva partecipazione dei servizi sociali aziendali, soluzioni in un contesto di alto rischio di dimissioni critiche (51% dei pazienti presentava BRASS score >20).
Conclusioni: Le Cure Subacute hanno malati molto anziani, spesso complessi e fragili che richiedono un impegno infermieristico e medico elevato e stretta integrazione con i servizi sociali per l'elevata frequenza di dimissione critiche.

Reactivation of an old scar: inevitably...

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Background: Assessment of enlargement of thoracic lymph nodes may be challenging.
Case report: A 55 yrs old had a chest trauma. Chest radiography showed mildly enlarged mediastinal lymph nodes. A chest and abdomen contrast-enhanced computed tomography (CT) scan confirmed diffusely enlarged hilar and mediastinal lymph nodes (diameter 20-28 mm), showing also 8 subcentrimetric parenchimal lung nodules. The pt was currently asymptomatic. In the previous months he had had hypercheratosic inguinal skin lesion, spontaneously disappeared. Routine lab tests were normal. Clinical exam was normal, but the scar of an inguinal hernioplasty performed 10 yrs before was mildly inflamed: red and mildly swollen.
Conclusions: Reactivation of an old scar is a rare but highly specific manifestation of a definite disease. Particularly in certain areas of the body it may be easily underestimated. Biopsy of the scar is diagnostic.

Shock cardiogeno da infarto miocardico acuto e rottura del setto interventricolare

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Introduzione: La rottura del setto interventricolare (SIV) è complicanza rara ma potenzialmente letale dell'IMA da occlusione dell'arteria discendente anteriore (80% dei casi). La mortalità é elevata, ma ridotta nei pazienti trattati chirurgicamente. L'outcome dipende dalla diagnosi tempestiva mediante ecocardiografia e dalla stabilizzazione emodinamica del paziente.
Caso clinico: Uomo 68 aa. In anamnesi valvola meccanica aortica in TAO, ipertensione arteriosa, sindrome ansioso-depressiva. Lamenta epigastralgia e dispnea. ECG: BBSx non noto. Esami: TnI 13000. Rx torace: versamento pleurico bilaterale. Ecocardio TT: EF 20%, dilatazione ventricolare sinistra, acinesia apico-settale, ipocinesia laterale ed infero-posteriore. Inizia amine ev senza beneficio. Si procede a coronarografia con angioplastica di occlusione esclusiva del ramo discendente anteriore. Diagnosi di IMA anteriore esteso in classe Killip IV. Al controllo ecocardiografico shunt sinistro-destro del setto apicale secondario ad ampio difetto interventricolare (DIV), EF 15%. Il paziente viene stabilizzato emodinamicamente con contropulsatore aortico ed amine ev, quindi é sottoposto a correzione chirurgica del DIV con buon esito.
Conclusioni: La rottura del SIV avviene in genere al primo episodio infartuale in pazienti con malattia coronarica monovasale. La dimensione del difetto determina l'entità dello shunt sinistro-destro ed il grado di compromissione emodinamica. La diagnosi tempestiva mediante ecocardiografia e la stabilizzazione emodinamica del paziente condizionano le possibilità di sopravvivenza.

Chikungunya: la diagnosi ai tempi dello smartphone

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Premesse: Chikungunya è un virus veicolato da zanzare (*A. aegypti* e *albopictus*), causa epidemie in vari continenti con quadro aspecifico: febbre, poliartromialgie anche invalidanti, da cui il nome "che piega"; inoltre: rash cutaneo, cefalea, congiuntivite, nausea, vomito. Data l'aspecificità della presentazione, la diagnosi richiede il sospetto clinico.
Caso: Valutata in P.S. da dermatologo e infettivologo per febbre e rash cutaneo, si ricovera in reparto internistico in isolamento respiratorio sospettando morbillo o reazione allergica ad antibiotico. Dall'anamnesi: la paziente si trova in città da poco e arriva da una zona dove è in atto un'epidemia di Chikungunya, come scoperto "incidentalmente" dal medico di reparto leggendo un articolo di giornale. Riscontrata la positività di IgM e PCR per Chikungunya e la negatività di altre indagini sierologiche e radiologiche, si tratta con insetto-repellenti per limitare la trasmissione, oltre che con sintomatici. Dopo 12 giorni si dimette.
Conclusioni: Sospettare una malattia infettiva impone indagini su malattie emergenti, contatti e viaggi, non solo all'estero. Gli strumenti informatici sono fondamentali per avere dati su epidemie in atto: più che un singolo quadro sindromico, spesso sovrapponibile per più agenti patogeni, appare auspicabile conoscere fonti ufficiali che indirizzano la diagnosi. In questo caso bisogna riconoscere il ruolo della "fortuna", o, meglio, dell'occhio curioso sul mondo: il sospetto diagnostico è nato da un articolo di giornale online, letto sullo smartphone in pausa caffè.

Insufficienza mitralica acuta severa da rottura di corda tendinea e capo del muscolo papillare anteriore

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Introduzione: L'insufficienza mitralica (IM) acuta ischemica consegue a rottura dei muscoli papillari per IMA o trauma. L'ecocardiografia é la diagnostica di scelta per l'IM acuta, che può manifestarsi clinicamente con EPA o shock.
Caso clinico: Maschio, 53aa, dislipidemico, fumatore. Giunge per precordialgia intensa seguita da dispnea ingravescente. EO: MV ridotto ai campi medio-basali bilateralmente, riscontro di soffio sistolico mitralico 4/6. Esami ematici: d-dimero 2570ng/L, Troponina 1870ng/L. ECG: tachicardia sinusale con onde Q e T invertite in sede inferiore. Rx torace: congestione ilare e versamento pleurico bilaterale. Angio-TC negativa per TEP. Ecocardio TT indicativo di acinesia della parete infero-basale media, ipocinesia settale posteriore del ventricolo sinistro ed IM severa, confermata dal transesofageo evidenziante flail del lembo anteriore della mitrale da rottura di corda e capo del muscolo papillare anteriore. Alla coronarografia occlusione prossimale di CDx. Stabilizzato il paziente con impianto di contropulsatore aortico si é provveduto a correzione valvolare mitralica in urgenza.
Conclusioni: L'EPA o lo shock cardiogeno sono manifestazioni dell'IM acuta severa da rottura dei muscoli papillari in corso di IMA. La diagnosi di IM acuta é ecocardiografica e non deve essere ritardata soprattutto se reperito obiettivamente un soffio mitralico. L'IM acuta severa da rottura dei muscoli papillari ha prognosi sfavorevole se non precocemente individuata e sottoposta a correzione chirurgica in urgenza previa stabilizzazione emodinamica del paziente.

Fatal asthma... or almost!

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Premesse: Fatal asthma and near fatal asthma represent the two most serious phenotypes of asthma. They often need of mechanic ventilation and hospitalization in intensive care unit. Low therapy compliance is one of the most important element that exacerbate fatal asthma.
Descrizione del caso clinico: A 21-year-old male patient presented with GCS 4, cyanosis, but stable. Parents referred abdominal pain and dyspnea, followed by syncope and epilepsy. In our ED, still unconscious and in Oxygen therapy, he underwent hemogasanalysis which showed hypercapnia and hyperoxia. He suddenly received endotracheal intubation, and no edema of glottis was found. Clinical examination showed lively corneal reflex, whistles, reduced vesicular murmure, valid cardiac activity. In anamnesis allergy with asthma, treated with short-acting beta2 agonist and inhaled corticosteroids, but with low compliance to therapy. Methilprednisolone 40 mg ev, ephedrine 4 mg ev were administered. Given hyperglycemia and hypokalemia we infused 5 UI di rapid insulin ev and 20 mEq KCl in 500 ml saline solution. Toxic blood analysis were negative. Total body TC didn't describe any alterations. Patient was trasferred to Intensive Care Unit and he had spontaneous breath and stable clinical parametres after above 7 hours. In pneumology unit, he was studied and dismissed with a diagnosis of Near Fatal Asthma.
Conclusions: Acute asthma remain a clinical problem and emergency doctor should consider every possible complication and he should never delay an appropriate therapy. It is necessary a good oxygenation and to reduce airflow obstruction, considering the need of aminophillyne and/or adrenaline.

Abatacept in rheumatoid arthritis: results of a prospective multicentre study in Campania

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Background: Abatacept is a bio-technological drug able to selectively block T-lymphocyte co-stimulation (target: CD80/86 cells) and to give a positive therapeutic response in RA patients. Results of some international and national series are available but data coming from Campania region is still lacking.
Materials and Methods: Over the period January 2015-December 2016 126 patients suffering from RA were enrolled in five hospital and extra-hospital Centres of the Campania region (106 females, 20 males; mean age 59.8 years; mean disease duration: 8.6 years): All patients (50 naive, 76 in second line treatment) were treated with abatacept sc 125 mcg/week. Monthly tight control, according with EULAR criteria, was performed: CDAI, HAQ-DI, treatment adherence and adverse effects were analysed.
Results: Data were collected at baseline (T0) and at 3, 6 and 12 months (T3, T6, T12). CDAI score was at T0 16.5 and positively changed over the time: T3: 10.4, T6: 9.1, T12: 5.6; HAQ-DI score resulted 1.4 at T0 and decreased as follow: at T3: 0.9, T6: 0.8, T12: 0.6). Adherence to treatment was 98.3% at T3, 91% at T6 and 89% atT12; no relevant adverse effects were registered.
Conclusions: Results of our regional study showed the efficacy and reliability of abatacept treatment in AR patients; in particular, adherence resulted very high, superior than that reported in the main literature references.

Quantum medicine: entanglement between the patient and the health care provider

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Backgroud: Quantum entanglement is a physical phenomenon that occurs when pairs of quantum entities have interacted in ways such that the quantum state of each entity cannot be described independently of the others.This phenomenon has important implications in the relationship between patient P and health care HCP.
Aim: To analyze the possibility of a quantum entangled between P and HCP.
Materials and Methods: The entangled PHCP may be described by PHCP. The HCP can be viewed as being in the state of "functionality" (|HCP >) or "no functionality" (|HCP↓>), and P can be viewed as being in a state of "well-being" (|P ↑>) or "non-well-being" (|P↓>).
Results: The interaction can be described by the wave function: | PHCP>=(1/√2 (|P HCP >+|P↓HCP↓>). Basing on the quantum mechanics, there is a connection between the wave function (| >and its complex conjugate < |), the Ω operator (with the associated observations) and the results. These connections are linked to an expected value <(Ω)>: | Ω | >=<(Ω)>. The Ω can be used to describe the results of the entanglement PHCP, and the expected results are manifested by changes in the patient's symptomatology (S) represented by S: < PHCP| | PHCP>, where is the operator that represents the therapeutic space created by PHC, < PHCP and PHCP>.
Conclusions: The therapeutic space cannot be separated, broken away or considered as an independent entity. The PHC creates the conditions of the therapeutic space , reflecting and modulating the information provided by the P, and the P in turn can never be separated from response provided by PHCP.

Age no impediment to effective weight loss with liraglutide 3.0 mg: data from two randomized trials

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The benefits of a 5–10% weight loss to improve control of obesity-related diseases are well known in young adults; less is known about older individuals. While older people are believed to achieve less weight loss than younger people on a given pharmacotherapy, a paucity of trials conducted in older adults makes this difficult to substantiate. Liraglutide 3.0 mg, as an adjunct to a reduced-calorie diet and increased physical activity, is approved for chronic weight management in adults. We describe a post-hoc analysis of the efficacy and safety of liraglutide 3.0 mg in people aged ≥65 years *vs* those aged <65 years from the two largest randomized, placebo-controlled, double-blind SCALE Obesity and Prediabetes and SCALE Diabetes trials at 56 weeks. Body weightNo significant interaction between treatment and baseline age subgroup was seen in either trial for mean body weight or categorical body weight, indicating consistent weight-loss effects in both age subgroups. Secondary endpoints No significant interaction between treatment and baseline age subgroup was seen in either trial for most secondary endpoints, except for hsCRP in SCALE Diabetes , indicating consistent efficacy in age subgroups. Similar effects on glycemic endpoints were seen in each age subgroup in SCALE Diabetes. In SCALE Obesity and Prediabetes and SCALE Diabetes, liraglutide 3.0 mg, as an adjunct to diet and exercise, showed similar mean and categorical weight-loss efficacy in individuals aged ≥65 and <65 years. In each trial, similar effects on secondary endpoints were seen in both age subgroups.

A challenging case of fever of unknown origin

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Introduction: Fever of unknown origin (FUO) is challenging for physicians as there are more than 200 differential diagnosis of FUO. The diagnosis often requires numerous non-invasive and invasive procedures and sometimes the etiology remains unknown.

Clinical case: Our patient is a 24-year-old Caucasian female who presented the first time to the emergency department with fever (38,5°C) and stomach ache. Haematological parameters showed thrombocytosis (728000/mmc) and anemia (10,2 g/dl). Ultrasonography of the abdomen revealed a 4 cm hepatic angioma. She was diagnosed a gastropathy and treated with PPI. Then she was studied deeper because of elevated inflammation markers, persistent thrombocytosis and low-grade fewer combined with fatigue and stomach ache. Despite multiple blood and urine cultures, serology, autoimmune serology, bone marrow biopsy, echocardiography, PET/CT, total body CT, brain MRI scan, transvaginal sonography and gynecological examination no clinical focus could be identified. Esophagogastroduodenoscopy was negative but the histological examination was suggestive of mild celiac disease. Thus, this diagnosis was unlikely because serologic tests and haplotypes DQ2 and DQ8 were negative. Abdomen RMI was suggestive of a 4 cm hepatic adenoma. After surgical resection of the adenoma platelet count normalized and fever disappeared.
Conclusions: Hepatic adenoma is an uncommon liver tumor associated with use of oral contraceptive and can be a rare cause of FUO. MRI scan can be a useful tool to detect this tumor.

Appropriatezza prescrittiva. *Deprescribing* farmacologica in soggetti anziani

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E' ormai riconosciuto il problema della poli-farmacoterapia (11%) nel paziente anziano con multimorbilità. E' altresì noto che tali soggetti assumono mediamente almeno cinque o più principi attivi al giorno, con il rischio d'interazioni farmacologiche e reazioni avverse (ricordando che il processo d'invecchiamento si accompagna a modificazioni farmacodinamiche e farmacocinetiche in grado di modificare il rapporto rischio-beneficio del trattamento farmacologico). Studi recenti evidenziano come nel soggetto anziano prescrizioni inadeguate, scarsa aderenza terapeutica (46%), deterioramento cognitivo, fragilità e riospedalizzazione possano influenzare in modo rilevante e negativamente la qualità della vita e lo stato di salute. La possibilità quindi si sospendere un principio attivo inappropriato (deprescribing), al fine di ridurne i rischi rispetto ai benefici attesi, è tutt'oggi oggetto di studi d'interesse internazionale. In tale ottica l'Integrazione tra medici specialisti Geriatri/Internisti/Farmacologi, ospedalieri/ambulatoriali e medici del territorio assume un ruolo fondamentale nel redigere percorsi terapeutici *individuali–personalizzati*. A tale scopo è stato progettato un percorso formativo a valenza aziendale - territoriale, ripetuto in diverse edizioni, finalizzato a 1) migliorare la qualità della prescrizione che deve essere appropriata e sicura; 2) verificare l'aderenza terapeutica rivedendo periodicamente i principi attivi assunti dal paziente; 3) valutare i benefici farmaco economici del *deprescribing*.

Comorbidità nella broncopneumopatia cronica ostruttiva

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Molti pazienti anziani affetti da BPCO presentano problemi psicologici quali *ansia e depressione* come effetto della malattia e rappresentano le due comorbidità meno trattate nel capitolo di questa patologia. Lo scopo del presente studio è quello di verificare una possibile correlazione tra BPCO e depressione in soggetti anziani ambulatoriali.
Materiali: A tutti i pazienti affetti da BPCO giunti per valutazione specialistica con esecuzione di esame spirometrico presso l'Ambulatorio di Pneumologia del P.O. di Cuggiono dell'ASST OVEST Milanese nel periodo Ottobre 2016 - Dicembre 2017 veniva autosomministrato il Geriatric Depression Scale - J.Yesavage (GDS, score utilizzato in ambito geriatrico per evidenziare deflessione del tono dell'umore). Il gruppo era composto da nr. 162 soggetti M: 98 F: 64 con un età media 76, 2. Gli indici considerati in questo studio sono stati: FEV1- FEV1/fvc ed GDS. Abbiamo quindi voluto verificare una possibile correlazione tra gli indici sopra esposti. I risultati sono stati i seguenti: correlando gli indici tra di loro di tutti i soggetti studiati abbiamo ottenuto: FEV1 *versus* GDS 0,05524 , FEV1/fvc *versus* GDS 0,019986. Abbiamo poi suddiviso i soggetti in relazione alla gravità del GDS in tre gruppi. Un primo gruppo composto di 100 soggetti con GDS inferiore a 10, un secondo gruppo composto di 39 soggetti con GDS compreso tra 11-15 ed un terzo gruppo composto 21 soggetti con GDS maggiore di 15. Valutando le possibili correlazione abbiamo ottenuto i seguenti dati: I° gruppo: -0,02752 -0,138366, II°gruppo: 0,001789 - 0,02204, III°gruppo:0,130583-0,322169.

Clostridium colitis: what's new and unresolved issues

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I**ntroduction**: The epidemiological landscape of Clostridium difficile infection (CDI) has changed over the past 20 years. There has been a growing awareness of the increased incidence of CDI, the emergence of ribotype 027, the occurrence of outbreaks and spread of infection in long-term care facilities. As a result, improvements to surveillance and early diagnosis are strongly suggested.
Methods: Cases of CDI hospitalized from January to December 2017 at San Giovanni Hospital in Rome were reviewed after implementation of internal protocol for management of CDI and infection control.
Results: During the study period, we observed 116 cases of CDI, with a global incidence of 7.08 cases per 10000 pts-days. Epidemiological analysis revealed that 36 cases acquired CDI at our institution (2.1 cases per 10000 pts-days) and 80 developed CDI in other settings (25 in LTCF, 8 other hospital, 46 community-acquired). Sixty pts (51.7%) received an antimicrobial therapy before CDI (fluoroquinolone 20%, a cephalosporin 36.6%), and 100 pts (86.2%) received a proton pump inhibitor. Overall in-hospital mortality was 14.6%.
Discussion: In our institution, the strict adherence to protocol for management of CDI and infection control has allowed to reduce the incidence of cases acquired in hospital (3.1 cases per 10000 pts-days were observed in 2012). Greater efforts should be made to limit known risk factor and to implement measures of infection control in settings other than the hospital.

Difficulties and successes of a program for the management of nosocomial infections at tertiary care community hospital

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Background: Coordinated interventions designed to improve management of nosocomial infections (NI), appropriate use of antibiotics and infection control lead to improvement of patient outcomes, reduced adverse events, including *Clostridium difficile* infection (CDI), reduced rates of antibiotic resistance and optimization of resource utilization.
Methods: We report and discuss results of a program for management of NI active from 2016 at San Giovanni Hospital in Rome. Milestones of the program are: antibiotic restriction and preauthorization by infectivologists, intensification of infection control, antibiotic consumption and antimicrobial resistance data fed back to wards, educational activities.
Results: During the study period, approximately 3500 consultations were carried out. Implementation of antimicrobial stewardship program allowed a reduction of antibiotic consumption from 81.75 to 73.5 DDD*100 days of hospitalization, and a 50% re-

duction of carbapenem use. Infection control measures have allowed early detection of some critical issues: candidemias were reduced from 2.18 to 0.65 cases/1000 admissions, CDI acquired in our hospital decreased from 3.1 to 2.1 cases per 10000 pts-days. On the other hand, relational problems between the ward doctors and infectivologists have characterized the first periods of our experience.
Conclusions: Our experience shows that coordinated interventions for the management of NI are successful if adopted by a team approved by the hospital administrator and with a calm and persevering style.

Una rara, ma non troppo, ipomagnesemia ed ipocalcemia sintomatica

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Premesse: Gli inibitori di pompa protonica (IPP) sono largamente utilizzati nella popolazione generale. Tuttavia, in letteratura stanno emergendo segnalazioni di eventi avversi, fra cui l'ipomagnesemia, anche se i casi sintomatici risultano essere molto rari.
Descrizione caso clinico: Un uomo di 60 anni veniva condotto in PS per episodio di perdita di coscienza con segni di morsus. Per evidenza di QTc prolungato all'ECG veniva ricoverato in Cardiologia, dove emergeva una grave ipocalcemia ed ipomagnesemia per cui veniva sottoposto a reintegro ev e trasferito in Medicina Interna. Il dosaggio della 25(OH)D3 risultava moderatamente ridotto mentre il PTH era inappropriatamente normale. Non emergevano ulteriori alterazioni elettrolitiche ed urinarie significative. Vista la relazione descritta in letteratura fra ipomagnesemia ed utilizzo di IPP, veniva sostituito lansoprazolo con ranitidina. Seguiva progressiva normalizzazione degli elettroliti, in assenza di ulteriori episodi sintomatici, per cui veniva dimesso con reintegro per os. Al follow-up ambulatoriale veniva sospesa la supplementazione ed esclusi difetti tubulari. A distanza di sei mesi dall'interruzione di IPP il paziente presenta normali valori di Ca e Mg, confermando la diagnosi di ipomagnesemia secondaria a IPP.
Conclusioni: Questo caso clinico, raro per la sua presentazione sintomatica, sottolinea un potenziale effetto avverso della terapia cronica con IPP, che dovrebbe indurre il clinico a vigilare sulla comparsa di ipomagnesemia, vista la sua potenziale gravità e la reversibilità dopo sospensione.

Misura della densità ossea mediante la tecnica REMS e DXA in pazienti affette da osteoporosi con e senza fratture

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Background e scopo del lavoro: Le principali tecniche per la diagnosi dell'osteoporosi considerano i siti di riferimento "assiali": collo del femore e vertebre lombari. La tecnica più utilizzata per indagare tali regioni è la DXA ("Dual X-ray Absorptiometry"), il cui uso è tuttavia limitato a causa dell'emissione di raggi X. Il presente lavoro è focalizzato sull'impiego di una innovativa tecnica ecografica per la densitometria vertebrale, nota come REMS ("Radiofrequency Echographic Multi- Spectrometry") in donne osteoporotiche con e senza fratture.
Materiali e metodi: Sono state reclutate 90 pazienti di sesso femminile (età 45-75 anni) afferite all'ambulatorio dell'osteoporosi. Tutte le pazienti avevano effettuato un esame densitometrico a livello del rachide lombare e a livello femorale (collo femorale e femore totale). Le pazienti sono state sottoposte a livello del rachide lombare e del femore prossimale ad una scansione ecografica con tecnica REMS.
Risultati: I valori di T-score alla DXA sono risultati ridotti nelle pazienti che presentavano fratture rispetto alle non fratturate a livello del rachide lombare e delle sottoregioni femorali ($p<0.01$). Allo stesso modo anche i valori di T-score alla REMS sono risultati significativamente ridotti nelle pazienti che presentavano fratture rispetto a quelle senza fratture ($p<0.01$).
Conclusioni: I nostri dati dimostrano come sia DXA che REMS sono in grado di discriminare le pazienti con e senza fratture. Sono necessari ulteriori studi per confermare la capacità della tecnica REMS nella valutazione ossea nei pazienti fratturati.

Takayasu: una rara vasculite ad esordio subdolo

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Premesse: Le vasculiti sono un gruppo eterogeneo di malattie accomunate da un'infiamamzione dei vasi sanguigni di tipo autoimmune.L'arterite di Takayasu è una vasculite granulomatosa dei grandi vasi arteriosi. L'infiammazione interessa l'aorta, le sue maggiori diramazioni e l'arteria polmonare. Ne esistono 5 tipi diversi a seconda del tratto aortico interessato. Colpisce prevalentemente le giovani donne di età inferiore ai 40 anni.I sintomi che si manifestano sono di origine infiammatoria e ischemica. Si riscontrano febbre, artrite, artralgie, linfoadenopatia, dolore toracico e addominale.
Descrizione del caso clinico: Pz di 20 aa giunge per febbre, a domicilio terapia con amoxi/ac.clavulanico sopsesp per comparsa di eritema.Emocolture e urinocolture negative;sierologia negativa tranne per Clamydia; positiva del test coombs diretto e degli ANA; Eco collo: linfoadenopatie reattive confermate da biopsia;eco addome negativo; PCR e procalcitonicna elevati con leucocitosi e progressiva anemia; ecocardio Fe 47%, lieve versamento pericardico in noto prolasso della mitralica. Iniziata terapia con Indometacina, betabloccante e ACE-I. Eseguita PET total Body con riscontro di diffusa alterazione metabolica in ambito vascolare: tronchi sovraortici, ascellari, brachiali, aorta addominale, iliache, femorali, tibiali. Per la presenza di cefalea e nel sospetto di vasculite autoinfiammatoria iniziava terapia steroidea con netto miglioramento del quadro clinico con persistente apiressia, riduzione della cefalea e degli indici infiamamtori. Attualmente in trattamento con micofenolato.

STudio IPotensione Ortostatica in Medicina: valutazione della prevalenza e dei fattori di rischio per l'ipotensione ortostatica in Medicina Interna

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Premesse e Scopo dello studio: Il presente studio valuta la prevalenza dell'ipotensione ortostatica (IO), i relativi fattori di rischio e il regime farmacologico, a fronte di carenza di studi relativi all'argomento.
Materiali e Metodi: Lo studio di natura osservazionale descrittiva prospettica condotto nell'anno 2017 e autorizzato dal Comitato di Bioetica Provinciale, ha previsto l'arruolamento di pazienti ricoverati in medicina interna con età ≥ 65 anni e capacità di mantenimento della posizione eretta per almeno 3 minuti.
Sono stati rilevati i dati anagrafici, i fattori di rischio per l'insorgenza dell'IO, il regime farmacologico, il rischio di cadute, il grado di dipendenza assistenziale e le rilevazioni pressorie quotidiane.
Risultati: Nel campione composto da 85 soggetti, come numericamente necessario per le finalità statistiche, l'IO è risultata essere presente in modo persistente in 23 pazienti arruolati (27.1%) e in modo occasionale in 41 pazienti (48.2%); il restante 24.7% dei pazienti non ha manifestato nessun episodio di IO. Tra i pazienti con IO sono stati assunti mediamente 9.1 principi attivi durante la degenza mentre i pazienti senza IO hanno assunto mediamente 7.4 principi attivi; risultano relativamente omogenei nei due gruppi genere ed età.
Conclusioni: L'IO è una problematica rilevante nella popolazione

anziana che richiede di essere considerata nella pratica quotidiana. I risultati, in coerenza con altri studi da noi effettuati relativi al regime farmacologico, suggeriscono specifiche misure di gestione terapeutica ed assistenziale.

Panniculitis in agranulocitosis induced by antiepileptic drugs

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Background: Panniculitis is characterized inflammation of subcutaneous adipose tissue and can occur in any fatty tissue;symptoms include tender skin nodules and systemic signs.
Case report: A 52-year-old woman,known for epilepsy treated with phenytoin, came to us due to recurrence of papulo-pustular painful skin lesions associated with fever not responsive to antibiotics. Neutropenia, increased inflammatory indices and ANA positivity were documented but we found serum anti-Bartonella Ab. CT scan was normal. Osteomedullary biopsy documented reduced granulomonocytic series, immunophenotypic investigations were negative. Skin biopsy showed chronic inflammation with neutrophil granulocytes in the superficial layers,as a subcorneal bullosis.Bartonella searching was negative. PET-CT indicated a picture of panniculitis in adipose tissue of back and upper limbs. She started methylprednisone 50 mg/day rising in the number of neutrophils and skin lesions. Dermatologists closed for panniculitis caused by multiple skin abscesses in severe agranulocytosis caused by phenytoin.
Conclusions: Agranulocytosis is a rare side effect of phenytoin:some studies suggest a central role of T-mediated immunity. Our case suggest a double toxic and immuno-mediated mechanism: panniculitis appear to be caused by infectious overlap. We discussed the role of anti-Bartonella Ab: there weren't symptoms suspected for bartonellosis; false positive results might be explained in that some agents could stimulate crossreactive Ab to Bartonella

Catastrophic antiphospholipid syndrome

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Introduction: CAPS is a rare and fatal condition due to antiphospholipid syndrome (APS) characterized by venous and/or arterial thromboembolism within a short period of time in the presence of positive APS antibodies. We report 2 cases.
Case report 1: 55-old female affected by APS (excluded SLE), treated initialy with warfarin, due to DVT, then apixaban after a new EP,was admitted for dyspnea and neurologic impairment with evidence of post-ischemic alterations and a sensory-motor neuropathy. We started corticosteroids, unfractionated heparin and plasmaexchange but she quickly succumbed to her illness.
Case report 2: 59-old female affected by neuroSLE and APS with thrombocytopenia and recurring DVT/EP, treated with low dose methylprednisolone, iloprost and heparin (warfarin stopped for thrombocytopenia)was admitted for appearance of abdominal pain and worsening of platelet count. CT showed massive arteriovenous thrombotic obstruction; 2 days later she developed massive DVT of the left femoro-popliteo axis. We started unfractionated heparin, despite low platelet value, as rescue therapy but she worsened with progression of the arterial occlusions, until death, 3 days later.
Conclusions: CAPS can lead to acute multiorgan failure and can be associated with infections or SLE.Early recognition is essential for life-saving treatment. Management is complex,especially in those with thrombocytopenia. Anticoagulation, steroids and plasmaexchange are first line therapy but they are not always applicable and effective. New therapies (rituximab, eculizumab) may be options but time is a fundamental variable.

An unusual case of abdominal painful mass

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Introduction: A detectable mass at the abdominal level may indicate the presence of an enlarged organ, a dilated vessel, a fecal mass or a neoplasm. We report an unusual case of abdominal painful mass.
Case report: An 83-year old male reports two weeks abdominal pain, about 4 kilograms weight loss, recurrent fever and no vomiting or constipation. The abdomen appears tractable, with painful mass at profound palpation. Tomography scanning reveals a large midabdominal mass (measuring 22 x 17 x 24 cm) composed of mixed content that doesn't appear in proximity to the abdominals organs. Blood testing show neutrophil leukocytosis and increased inflammation markers. Surgical intervention is planned. The laparotomy highlights a mesenteric mass later completely removed with intact capsule. Post-operative course is regular, without complications. At the pathologic review, the tumor consists of melted or epithelioid cellular elements, sometimes sarcomatised, with atypical nuclei. Areas of ischemic necrosis and widespread endothelial vascularization are reported. Immunohistochemistry shows features compatible with perivascular epithelioid cell neoplasms (PEComa) framework. After six mounts the patient is healthy and doesn't have sign of recurrence of illness.
Discussion: The PEComas are mesenchymal tumors composed of perivascular epithelioid cells with unique histological and immunophenotypes properties. PEComas can variously be visceral, intra-abdominal, soft tissue, or bone located. Due to their rarity, diagnosis is difficult and treatment protocols are not available yet.

A case of fever and psychomotor agitation

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Introduction: For the internist it may be difficult to evaluate the patient with a history of psychiatric pathology, as every symptom or sign can be wrongly related to his psychiatric history.
Case report: A 66-year-old woman, admitted in a psychiatric clinic for bipolar syndrome, starts haloperidol therapy, with increasing doses, and promazine, but without good symptom control. For the appearance of fever, dehydration and dyspnea, she is conducted in the emergency room; diagnosis is made of respiratory failure, suspected left basal pneumonia, state of psychomotor agitation. Antibiotic therapy is started and, in agreement with the psychiatrist, haloperidol at high doses, and then clotiapine. Hospitalized in the medical department, the patient appears with fever, tachycardia alternating with bradycardia, hypertensive crisis, hypoxemia. She is alert but aphasic, with trismus and repetitive spastic muscular contractions. Blood tests show neutrophilic leukocytosis, hypernatremia, a clear increase in CPK. Diagnosis of neuroleptic malignant syndrome is made. The current therapy is suspended, and the patient is transferred to intensive care. After 15 days she resumes feeding and mobilizes; after 3 months she has a normal relationship life, without neurological sequelae.
Discussion: Neuroleptic malignant syndrome is a life-threatening disease. It is characterized by muscular rigidity, fever, instability of autonomic functions, high levels of CPK. Diagnosis and therapy are difficult because the manifestations can be confused with psychomotor agitation linked to psychiatric illness.

A rare case of extrapulmonary tuberculosis, with ocular involvement, appearing as systemic amyloidosis

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Background: In adults, the association of ocular tuberculosis (TB) with systemic amyloidosis has never been reported.

Case report: A 52-year woman from Northern Africa presented with abdominal painful swelling in the upper left quadrant, a personal history of bilateral nephrolithiasis complicated by recurrent pyelonephritis with progressive kidney failure. At the admission, the patient was hypotensive, with fever and anasarca. A corneal leukoma was detected leading to progressive blindness. Laboratory tests suggested sepsis, possibly related to relapsing pyelonephritis, which was successfully treated with antibiotics. Imaging studies disclosed enlarged left kidney and multiple abdominal and submandibular lymphadenopathies. ANA and ANCA antibodies, HBV, HCV and HIV serology were all negative; Quantiferon-Test was positive. Periumbilical fat biopsy was positive for amyloid aggregates in the setting of secondary amyloidosis. Blood amyloid A concentration was above the normal range. The findings of amiloid fiber at gastric biopsy, bone marrow and in left kidney histology further supported the diagnosis of systemic amyloidosis. A submandibular lymph node biopsy disclosed Mycobacteria. A final diagnosis of systemic serum A amyloidosis secondary to an atypical latent lymph nodal TB was made.
Conclusions: The diagnosis of ocular TB is based on positive TB test, compatible clinical findings, and exclusion of any other systemic diseases affecting eyes. Systemic amyloidosis should be considered in patients with otherwise unexplained progressive kidney failure.

Flash glucose monitoring: nuova valida frontiera dell'automonitoraggio glicemico nel paziente diabetico

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Premesse e Scopo dello studio: L'automonitoraggio glicemico è da sempre considerato parte integrante della terapia ipoglicemizzante nel paziente diabetico. Un'innovativa misurazione, che non comporta il dosaggio del glucosio ematico tramite stick capillare, si basa sulla misura continua del glucosio nel fluido interstiziale (Flash Glucose Monitoring-FGM), tramite l'applicazione di un sensore sul braccio. I valori glicemici sono visibili su un lettore che indica sia il valore puntuale che la tendenza del glucosio rispetto al valore precedente.
Lo scopo del nostro studio è stato quello di valutare l'efficacia del FGM sulla riduzione dell'HbA1c, delle ipoglicemie e del miglioramento glicemico in un gruppo di pazienti diabetici tipo 1.
Materiali e Metodi: 18 pazienti affetti da diabete tipo 1, 12 donne e 6 uomini, età media 45,8, sono stati valutati sia prima che dopo 6 mesi dall'utilizzo di FGM. L'HbA1c media iniziale era 8,2%, il numero di ipoglicemie medie 12,8, la percentuale di valori sopra (65,8%), sotto (12,5%) e all'interno (21,7%) dell'intervallo glicemico (140-90 mg/dl).
Risultati: Dopo 6 mesi di utilizzo: riduzione di HbA1c media di 0,4%; miglioramento dei valori glicemici con riduzione della percentuale sotto l'intervallo del 14,2%, ed aumento all'interno dell'intervallo del 8,5%. Le ipoglicemie in media sono ridotte del 23% a fronte di un aumento delle unità totali di insulina.
Conclusioni: L'utilizzo di FGM ha contribuito ad un miglior controllo glicemico, aiutando il paziente nella gestione giornaliera e soprattutto nella prevenzione degli eventi ipoglicemici.

A clinical case of pulmonary embolism and sarcoidosis: co-incidence or coexistence?

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Premise: Association between VTE and Sarcoidosis has been recently reported, but the real incidence/coexistence of this combination is unknown.
Clinical case: After recent abdominal surgery, we observed a 22 yr male patient from Africa, who presented with fatigue and weight loss. On examination he was haemodynamically stable, afebrile, with respiratory rate of 20/min and 95% of oxygen saturation on room air. Moreover, he presented bilateral axillary and inguinal lymphadenopathy; liver and spleen were palpable. Laboratory exam: LDH 710 U/L, ALP 169 U/L, D-dimer 4557 ng/ml, Ferritin 1646 ng/ml, PCR 63,30 mg/L, B2MG 4,26 mg/dl, Albumin 3,2 g/dl, IgG 2867 mg/dl, IgA 471 mg/dl, GGT 95U/L, GOT 148 U/l, GPT 53 U/l, WBC 6970/mmc, RBCs 3.520.000/mmc, Hb 9,9 g/dl, PLT 186.000/mmc, Tubercolin test (16mm), ACE 120 units, Haemocolture was negative. ABG revealed alkalosis and hypoxiemia (pH 7.50, pCO2 34 mmHg, pO2 73 mmHg). Ultrasonography revealed right ventricular hypertrophy with normal PAPs. Chest CT revealed pulmonary embolism and mediastinal and abdominal colliquative lymphadenophaty. MR Encephalography showed 2 solid nodules suggestive for tuberculomas. FNAB of axillary lymphonode demonstrate granulomatous lymphadenitis sarcoidosis-like.
Conclusions: FNAB and ACE level were diagnostic for Sarcoidosis, so we excluded paraneoplastic pulmonary embolism. Our patient presented only one risk factor for pulmonary embolism: recent abdominal surgery. Some authors reported a strength correlation between sarcoidosis and pulmonary embolism, and our case suggest this correlation.

Secondary haemocromatosis and epilectic seizures in a haemodyalisis patient: case report

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Premise: Secondary hemochromatosis is a complication of massive blood transfusions combined with erythropoietin therapy, used to correct the anemia. We report a case of hemosiderosis and seizures in a hemodialysis patient.
Clinical case: A 53-year-old woman was recovered for a severe anemia and seizures. At the age of 20, the patient was diagnosed with end-stage renal disease, so she underwent to regular hemodialysis, receiving blood transfusions and erythropoietin injections to correct the renal anemia. At the time of admission, she was apiretic 36.7°C, heart rate 70 bpm, blood pressure 100/55 mmHg and we observed severe skin hyperpigmentation. Laboratory evaluation showed a Hb of 5.8 g/dl and a total of RBC, WBC and PLT of 2.13×10^3u/L, 2.87×10^3u/L and 65×10^3u/L, respectively. Creatinine level was 3.07 mg/dl and ferritin 3.668 ng/mL, with transferrin saturation at 69%. Ultrasonography showed left ventricle hypertrophy and hepatomegaly. Computed tomography revealed high density liver, splenomegaly and osteodystrophy of the skeleton. No ischemic injury or focal lesions were found to the CT of head. EEG: n.s. Test for mutations of haemochromatosis gene and for Gaucher were negative. A diagnosis of secondary hemosiderosis was established and she started with iron chelation agents. The patient died so, we couldn't do a bone marrow biopsy.
Conclusions: Few data report that hemochromatosis may cause seizures, although some authors referred this correlation. So, the early identification of hemosiderosis is important to avoid multiple organ damage.

West Nile encephalitis: what else?

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A 64-yo male was admitted to the Hospital because of headache, vertigo, nausea, vomiting and mild psychomotor retardation lasting from a week. Past history was relevant for rheumatoid arthritis (RA) treated with salazopyrin, methotrexate (MTX) and methylprednisolone. Biochemistry showed macrocytic anaemia, thrombocytopenia, slight CRP increase, elevated D-dimer. Brain CT was negative. As hypothesis we considered a neurological and haematological MTX toxicity, a RA vasculitis, and an infective encephalitis. No clinical benefit followed MTX and steroid withdrawal. Brain MR ruled out vasculitis. Nevertheless, EEG (generalized and continuous slowing with spike-like activity) and a lumbar puncture (opalescent liquor with pleocytosis and

increased protein content) supported the infectious hypothesis. Therefore, we empirically turned to wide-spectrum antimicrobial therapy (ceftriaxone, ampicillin and acyclovir). Whereas microbiological assays on liquor and plasma resulted negative, serum West Nile IgM were positive. Notably, clinical, biochemical and EEG improvements were obtained allowing us to withdraw antibiotics, and to resume steroid therapy for RA. West Nile Virus is transmitted to humans through a mosquito's bite. It is mainly distributed in Africa, Asia and Europe; an area of higher prevalence is in Northern Italy, in the Po Valley. Clinical manifestations range from an asymptomatic disease, an acute flu-like illness, to a severe meningoencephalitis, possibly leading to a cognitive decline within the first year. Treatment is essentially supportive.

Acute hepatitis during rapid intravenous loading with amiodarone

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Aim: Acute hepatic damage after intravenous amiodarone, which can be fatal., is not well recognized.
Case report: We describe the case of a 74-year-old patient admitted for chronic recurrent brochopneumopathy and chronic ischemic heart disease. During the hospitalization he developed an episode of high-frequency atrial fibrillation. Liver function values were normal: GOT: 21 U/L and GPT:51 U/L. It was started a therapy with intravenous amiodarone. After the infusion of amiodarone were: GOT 2530 U/L; GPT 3272 U/L.
Interventions and measurament: Therapy with amiodarone drugs was immediately stopped and no other therapeutic measures were taken, as the heart rate remained stable a 100 bpm. The liver parameters significantly improved and after 4 days we found that liver transaminases were: GOT 640 UI/L and GPT 940 UI/L.
Conclusions: Acute hepatic injury after intravenous amiodarone is very rare but may cause severe liver damage and risk of life for the patient and it should be considered. Amiodarone is a highly effective antiarhythmic agent for the treatment and prevention of atrial and ventricular arrhythmias but liver function should be closely monitored especially in critically ill patients with comorbidities.

Mind the horns! A curious case of spondylodiscitis

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A 75 year old man presented with septic fever up to 40°C, rigoring, confusion and cervicalgia but no neck stiffness. Past medical history: T2DM, BPCO (GOLD stage II), ischaemic heart disease, bilateral hydronephrosis due to BPH, and mod-severe CKD. Two months previously he had suffered an injury to mouth and pharynx from a direct blow by a cow's horn. ENT report at the time: minor pharyngeal injuries only. On admission: CXR (acute bronchitis), CRP 197mg/L, WBC 18, PCT 26 ng/mL. After blood and urine cultures samples obtained, treatment was started with ceftriaxone 2g daily. But neither the pyrexia nor the confusional state improved. CT brain showed no focal lesions; CT neck, no fluid collection or abnormalities of peri-pharyngeal tissues; and new ENT assessment: retropharyngeal inflammation secondary to previous pharyngeal trauma. Three days later new onset of neck stiffness, no headache. Lumbar puncture showed mildly cloudy liquor with negative culture and no viral DNA detected. Blood cultures showed no growth either (6/6). So empirical treatment was started with meropenem and linezolid I.V.: on the following days inflammatory markers abating, no fever, some lethargy. MRI neck showed spondylodiscitis of C2-C3 with epidural fluid collection. Neurosurgical assessment did not recommend surgery. Linezolid was stopped due to thrombocytopenia. After one-month treatment, meropenem switched to ertapenem which will be continued in our Day Hospital for a further 2 months. At present inflammatory markers are back to normal and symptoms have completely resolved.

Sepsi addominale. Quando la ricerca del focolaio settico appare complicata

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Premesse: Paziente accede in DEA per vomito incoercibile. Pregressi accessi in altro DEA per colecistite acuta in calcolosi colecisto-coledocica. APR: BPCO, CAD (recente PTCA e DES su IVA), IRC. TD pantoprazolo, bisoprololo, clopidogrel, potassio, ASA, furosemide, ramipril, atorvastatina.
Descrizione del caso clinico: EO cute subitterica Addome teso, trattabile non dolente nè dolorabile Blumberg e Murphy neg. Eseguita TC diretta (non MDC per IRA): Non alterazioni a sede epatica. Colecisti distesa contenente formazioni calcolose, parete appare ispessita. Coledoco di dimensioni aumentate (15mm. contenete al suo interno numerose formazioni litogene. Stomaco disteso con fluidi nonostante sondino gastrico. Pancreas regolare. Amilasi 218 U/L, GB 22,000, HB 16,5, PLT 587, PCR 18,0. All' ecografia addome bedside: fegato steatosico, colecisti distesa con calcoli infundibulari, parete 22 mm leggermente slaminata Non dilatazione VB, dilatazione del coledoco. Presenza di formazione rotondeggiante provvista di parete a contenuto liquido disomogenea a carico del lobo epatico sx. La consulenza chirurgica non poneva indicazione ad intervento in urgenza per alto rischio operatorio. Contattato Radiologo Interventista e trasferito con diagnosi di Sepsi in corso di ascesso epatico e colangio-colecistite litiasica determinante pancreatite acuta. Eseguito drenaggio ecoguidato di 500 cc di materiale purulento e colecistostomia. Successiva ERCP.
Conclusioni: La valutazione ecografica bedside ha rapidamente evidenziato il focolaio settico, nonostante TC addome diretta non dirimente, mostrando superiorità in sensibilità.

Economic and managerial impact of an innovative integrate care management "network system" based of chronic obstructive pulmonary disease: the VE-LA (Velletri Lariano) project

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Conditions and Aim of the study: COPD is chronic disease involving high morbidity and mortality. In Italy affects 6 million people, his economic impact on public health exceeds 10 billion euros. The cost of hospital admission for COPD esacerbations is over 75%. Indirects cost are 7% and pharmaceutical cost is 18%. Correct diagnosis and pharmacotherapy improve quality of life reducing COPD exacerbations. Aim of this study is to analize at the baseline and for 1 year the clinical data from a prospective cohort for evaluate economic and managerial impact of an innovative integrate care management program for COPD based on network system involving healthcare professionals (HCPs) from Hospital, Local Health Organization and Primary Care in 2 countries of the Latium Italy.
Materials and Methods: 187 COPD patients 59% male mean age 70 years are given CAT test to collect clinical and anamnestic data. The severity degree was evaluated by the study board by all HCPs of the program, and were compared the observed severity distributions.
Results: 65%of patients on 187 showed cardiovascular comorbidity, evaluation of HCPs swowed trend of concordance in classification in 43%, gravity was undervalued from primary care HCPs in 46% and overvalued in 11%. Moreover at 1 year we observed no hospital admission for COPD esacerbation.

Conclusions: This health care program "network based" may contributes to the appropriateness of diagnosis and care of COPD, represent a goal for a correct performance towards the care promotion noticeably reducing management costs and it is a map of critical issues.

Effectiveness outcomes at 30 days in 30 cancer patients with venous thromboembolism. "EFEXEMB" study: comparative analysis using Cochran's parametric Q test for continuous variables

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Background and Purpose of the study: The "EFEXEMB" study - an acrostic arising from "EFicacy outcomes in 30 cancEr patients in treatment with rivaroXaban for acute vEnous thromboeMBolism", enrolled 30 patients with venous thromboembolism in the 2015-2017 period. The "EFEXEMB" study has the following objectives: to verify any relationship between the values of Recurrent VTE and VTE-related death; and to verify the statistical significance detected by applying the Cochran Q parametric test.
Materials and Methods: For the calculation of the χ^2 apply the following formula: χ^2=(K-1) [(kx) -y^2]/(Ky) z=20.95. Where "k" refers to the three variables considered, and "x" refers to the total of the squares of the 3 variables considered. "y" indicates the total number of clinical conditions. "y^2" refers to the square of the total clinical conditions. "z" indicates the total of the squares of the clinical condition. The relative value (RV) of χ^2 obtained is 60 with Degrees of Freedom (DF)=2. The critical value (CV) of χ^2 for p=0.001 is 13.816.
Results: The Cochran Q test shows how the clinical situation "N" (No recurrent VTE) detected for all patients is not due to chance, but takes a high statistical significance, as the relative value (RV) of χ^2 obtained is 60 with Degrees of Freedom (DF)=2 and the critical value (CV) of χ^2 for p=0.001 is 13.816. The differences of choice are, therefore, highly significant with p <0.001.
Conclusions: The data from the "EFEXEMB" study show in the follow-up at 30 days highly significant outcomes of effectiveness.

Safety outcomes at 30 days in 30 cancer patients with venous thromboembolism. SAFEXEMB study: comparative analysis with Cochran's parametric Q test for continuous variables

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Background and Purpose of the study: The "SAFEXEMB" study, an acrostic for "SAFety outcomes in 30 cancEr patients in treatment with rivaroXaban for acute vEnous thromboeMBolism", has 30 patients enrolled for the two-year period January 2015-December 2017. All the patients underwent initial treatment with LMWH/Fondaparinux switching with Rivaroxaban. The safety outcomes were evaluated at 30 days: fatal bleeding and major/non major bleeding. The "SAFEXEMB" study has the following objectives: to verify any relationship between fatal bleeding and major/non-major bleeding values; to verify any statistical significance observed by applying Cochran's parametric Q test as a comparative analysis test.
Materials and Methods: The following formula is applied to calculate χ^2: χ^2=(k-1)[(k x)-y^2]/(k y)-z=20.95, where "k" indicates the three variables considered, "x" indicates the total sum of the squares of the 3 variables considered, "y" indicates the total number of clinical conditions, "y^2" indicates the square of the total number of clinical conditions and "z" indicates the total sum of the squares of the clinical conditions.
Results: The Cochran Q test shows that the clinical situation "N" (no fatal or major/non major bleeding) found in all patients is not due to chance, but is of high statistical significance as the relative value (RV) of χ^2 obtained is 60 with Degrees of Freedom (DF)=2 and a critical value (CV) of χ^2 for p=0.001 of 13.816.
Conclusions: The "SAFEXEMB" study showed that there are highly significant safety outcomes in the group of 30 patients.

Rapid progression of peripheral artery disease may suggest a polyarteritis nodosa

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Background and Aims: Polyarteritis nodosa (PAN) is a vasculitis mainly affecting middle-sized arteries. We describe the vascular involvement of 6 patients with PAN and the therapy response.
Methods: From 2015 to 2018 we observed 6 patients with PAN, 5 females and 1 male, mean age 51. Clinical, biochemical and radiological features have been collected.
Results: In 5 out of 6 patients the first clinical sign was peripheral artery disease. Two patients had femoral and tibial arteries stenosis and received antiplatelet drugs and vasodilators with no improvement of the pain, two underwent femoral bypass, one had amputation of left leg. All the patients showed inflammation markers elevation. CT scan revealed involvement of visceral vessels with alternation of stenosis and aneurisms. Clinical and radiological findings were consistent with a PAN. Therapy with Cyclophophamide/Methotrexate plus Prednisone was administered with improvement of clinical and biochemical features. A reduction of visceral vascular stenosis was obteined. In those who had undergone vascular bypass, a restenosis was observed despite the therapy and additional immunosuppressive drugs, included Rituximab, was administered to prevent the disease progression.
Conclusions: according to our experience, a rapidly progressive peripheral artery disease could be the first clinical presentation of PAN, especially if associated to elevated inflammation markers. This suggest a more complex approach including visceral vessel evaluation and addition of immunosuppressive drugs to the conventional therapy.

A difficult case of PASH syndrome: efficacy of infliximab

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Background: PASH syndrome is a hereditary autoinflammatory disease characterized by pioderma gangrenosum, acne and suppurative hydradenitis associated with an over expression of IL-1 and TNF-α.
Case Report: We report the case a 44-year-old woman admitted to our Hospital for recurrent cutaneous abscesses and pyoderma gangrenosum. The patient had a history of suppurative hidradenitis and multiple cutaneous abscesses for which she had received antiobiotic and steroids. She also had had septic shock as a complication of skin infection by S. aureus and K. pneumoniae. The biochemical analysis revealed elevation of leucocyte, ESR e CRP. The HIV test, ANA, ANCA and BK tests were negative. Immunoglobulins count, lymphocyte flow cytometry phenotyping and neutrophils and monocytes oxidative burst and phagocytosis were normal. Meticillin resistant S. haemolyticus was isolated from the infection site. Antibiotics were administered with incomplete resolution of the lesions. A histologic exam of the skin revealed a chronic inflammation with giant-epithelioid cells and necrosis of subcutaneous tissue. According to all these data, the diagnosis of PASH Syndrome was made. The patient underwent a treatment with Infliximab 5 mg/kg day at 0,2,6 week and every 8 weeks with remission of the skin lesions.
Conclusions: Autoinflammatory diseases are rare and poorly understood illness and treatment options are lacking. In this case we have observed a long lasting response to Infliximab. A study on a large number of patients is necessary to find out the best therapeutic approach for these disease.

Hyperuricemia and carotid atherosclerosis: a cross-sectional study in an Internal Medicine ward

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Background: Carotid intima–media thickness (C-IMT) is a surrogate marker for atherosclerotic disease. Hyperuricemia (HU) has been found to be a cardiovascular risk factor. The possible contributory effect of HU to C-IMT or carotid plaque has not been clarified yet. The study was designed to assess the association between serum uric acid (SUA) levels and C-IMT or carotid artery plaque.
Methods: We studied 47 hospitalized patients (men 38%, mean age±S.D.: 63.6±15.9ys) with multiple cardiovascular risk factors or cardiovascular disease. All subjects were examined by B-mode ultrasound to measure the C-IMT or to detect the presence of carotid artery plaque. Multiple regression analyses were performed to determine the independent predictors of carotid plaque and IMT.
Results: In multiple regression analysis hyperuricemia was an independent predictor of presence of carotid plaque.
Conclusions: We have shown that higher SUA levels are associated with atherosclerosis independent from other cardiovascular risk factors.

Gender differences in heart failure in the department of Internal Medicine

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Introduction: Heart failure is is the main cause of hospitalization in the departments of Internal Medicine.
Objectives: Identify the related gender differences in heart failure patients.
Materials and Methods: In our retrospective observational study,we enrolled 150 consecutive patients (68 males, 82 females) (mean age 78±6) with heart failure. For each patient we performed a medical examination, vital parameters, blood samples (including BNP assessment), ECG, echocardiography and Rx Thorax.
Results: We observed that 71% of the pazients are *old*, and 20% are *very old*. We also reported that 56% of patients had dilated cardiopathy with FE <50%, 29% had coronary heart disease and 30% had valvular heart disease. We showed in our patients that dilated cardiopathy (30% F, 27% M) and ischemic heart disease (19%F, 10%M) are more common in women, whereas valvular heart disease is more common in men (17%M,14%F). However, we observed that 48% of women *vs* 34% of men presented a CIRS 4-5 and presented NYHA class III-IV in 51% of cases *vs* 40% of males.
Discussion: The data analyzed showed that the majority of patients with heart failure are very elderly. The analysis of the data showed that at recovery 90% of patients presented NYHA III-IV and 80% had RANKIN 4-5, more females.
Conclusions: Female were older, sicker, with more active comorbidity and *greater disability*. These preliminary data can guide the clinician in the management of gender related differences in the heart in internal medicine.

Gender differences in heart failure in Internal Medicine

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Introduction and Aim of the study: Heart failure is the main cause of hospitalization in the departments of Internal Medicine. Identify the related gender differences in heart failure patients.
Materials and Methods: In our retrospective observational study,we enrolled 150 consecutive patients (68M, 82F) with age>65 years (mean age 78±6) and heart failure. For each patient we performed a medical examination, vital parameters, blood samples (including BNP assessment), ECG, Rx Thorax and Echocardiography.
Results: We observed that 71% of the pazients are >80yrs and 20% are>90 yrs (M/F 1:2). At recovery 90% of patients presented NYHA III-IV (51%F,40%M)and 80% had RANKIN 4-5, more females.The comorbidity most frequently associated with HF are lung failure (58%), more in males (30.7%M,27.4F), diabetes and arterial hypertension (50%). In our patients 56% had DCM with HFrFE (30%F, 27%M), 29% had CHD (19%F,10%M) and 30% had VHD, (16.7%M,14%F). In particular 48% of women *vs* 34% of men presented a CIRS 4-5. We reported that women presented NYHA class III-IV in 51% *vs* 40% of males.
Conclusions: The data analyzed showed that the majority of patients with heart failure are very elderly. The main cause of heart failure in our patients was dilated cardiomyopathy followed by ischemic heart disease. Female were older, sicker, with more active comorbidity and greater disability. These preliminary data can guide the clinician in the management of gender related differences in the heart failure.

An unusual case of lower gastrointestinal bleeding

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Background: Splenic artery aneurysm is rare and its diagnosis is challenging due to the nonspecific nature of the clinical presentation. We report a case of a splenic artery aneurysm in which the patient presented with chronic dyspepsia and multiple episodes of melena.
Case presentation: A 73 year-old , previously healthy man, was referred from the emergency department with lower gastrointestinal (GI) bleeding (episodes of melena) and left upper quadrant abdominal pain lasting more than 6 months. He underwent an upper GI endoscopy that detected erosive duodenitis and a lower GI endoscopy that showed colonic diverticulosis. High-dose of proton pomp inhibitors was started but the patient manifested severe recurrent lower GI bleeding and sharp abdominal pain. A second upper GI endoscopy did not find gastroduodenal lesions. An Abdominal CT scan showed a 3.5 cm splenic artery aneurism located in the middle part. Endovascular stent-graft placement and coil embolization was performed. The patient became completely asymptomatic after the endovascular approach.
Conclusions: Splenic artery aneurysms can result in recurrent abdominal pain and GI bleeding. This case highlights the importance of prompt CT angiography if endoscopy fails to identify the cause of bleeding. Endovascular embolisation has been showed as a safe and effective alternative to surgery.

Analisi della correlazione delle teleangiectasie con una malattia vascolare più severa nei pazienti con sclerosi sistemica

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Scopo del lavoro: Determinare se il numero e le dimensioni delle teleangectasie siano correlate ad uno specifico pattern del microcircolo all'osservazione videocapillaroscopica e siano pertanto un marker di una più grave vascolopatia correlata alla SSc.
Metodi: Nel corso del 2015 sono state reclutate 88 pazienti di sesso femminile affette da SSc che presentavano teleangectasie. Sono stati raccolti tutti I parametri clinici ed è stata analizzata la presenza di teleangectasie in 11 differenti aree della superficie cutanea. Tutte le pazienti sono state sottoposte a videocapillaroscopia periungueale con apparecchio Videocap 3.0 (DS Medica) ed ingrandimento 200x.
Risultati: Teleangectasie a stella sono state repertate nel 24% dei pazienti, teleangectasie a tipo matting nel 34%, entrambe I tipi nel 42%. Una variante cutanea Diffusa è stata trovata in 22 pazienti (25,1,1%), una variante cutanea Limitata in 72 pazienti (81,9%); il punteggio totale della scala per il numero delle teleangectasie era di 7,07±0,72; un pattern capillaroscopico Early è stato diagnosticato in 22 pazienti (25,1%), il pattern Active in 50 pts (56,8%), il pattern Late in 16 pts (18,1%). 8 pazienti (9,7%) avevano ulcere digitali; 6 pazienti (6,8%) avevano subito amputazione digitale, 18 pazienti (20,5%) erano affetti da claudicatio intermittens ; un infarto acuto del miocardio è stato registrato in 6 pazienti (6,8%).
Conclusioni: Nel nostro studio le teleangectasie a stella sono state osservate soprattutto nella variante cutanea Diffusa della SSc ed abbiamo trovato una correlazione con il pattern capillaroscopico late, con aree avasculari >1,5 e con la severità della malattia.

Cambiamento delle cause di morte nei pazienti con sclerosi sistemica. Casistica di un singolo centro

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Scopo di questo studio è analizzare la sopravvivenza,le cause di morte e i fattori prognostici in una coorte di pazienti affetti da SSc.
Materiali e Metodi: È stato condotto uno studio osservazionale retrospettivo, su 295 (268 F/27 M) pazienti con SSc arruolati nella nostra S.O.C.di Medicina dal Gennaio 1994 al Dicembre 2016. Abbiamo condotto una valutazione globale dei pazienti ed abbiamo registrato i seguenti dati: Età, sesso, variante cutanea definita secondo LeRoy, durata di malattia Il rapporto F/M è stato di 9:1.L'età all'esordio della malattia era di 43,5±16 anni e l'età alla diagnosi di 47,61±14,7 anni.
Risultati: 41 pazienti (13,8%) sono deceduti con una età media di 51,6±13,9 anni, una durata media di malattia di 9,51±11,7 anni, e 26 patienti (63,4%) avevano una variante cutanea diffusa: 18 pazienti di sesso maschile su 27 (66,6%) *vs* 23 pazienti di sesso femminile su 268 (8,5%) p<001. Cause di morte sono state: fibrosi pulmonare (27,1%), scompenso cardiaco dx e/o sx e PAH(24,4%), sepsi (14,6%). 7 pazienti sono deceduti per cancro (17%),3 pazienti per crisi renale sclerodermica (7,23%), 2 pazienti con complicanze gastrointestinali (4,8%), per altre cause il 4,8%. La sopravvivenza era significativamente influenzata dell' età più avanzata al momento della diagnosi (p 0,011), dal sesso maschile (p 0,049),da una ridotta funzionalità ventilatoria polmonare e ridotta DLCO (p 0,001).
Conclusioni: Le complicanze cardiopolmonari sono state la principale causa di morte, la crisi renale sclerodermica e le complicanze gastrointestinali sono state meno frequenti rispetto alla mortalità degli anni 90.

Isolated dura mater neoplastic colonization in a patient with nonmetastatic signet ring cell gastric adenocarcinoma

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Introduction: Signet ring cell gastric adenocarcinoma (SRCGA) is an aggressive histotype with early metastasis and poor response to chemotherapy; cerebral metastatis are rare but possible, generally related to a leptomeningeal involvement or subdural hematoma due to dural vessels rupture.
Case presentation: A 37-year-old woman came to our department for repeated episodes of altered mental status. Her medical history included a SRCGA treated with total gastrectomy and adiuvant chemotherapy; PET and abdomen CT were negative for disease relapse. On arrival, the patient had generalized seizures and absences, and an electroencephalogram confirmed a diffuse brain suffering. Brain CT scan showed only a right parafalcal nodular lesion suspected for metastasis. Intravenous therapy with levetiracetam, valproic acid and lacosamide was started without clinical benefit, however a progressive neurological occurred. A liquor sample demonstrated a signet ring cell presence; cerebral MRI was positive for isolated diffuse dura mater neoplastic colonization without leptomeningeal involvement nor subdural hemorrhage. We considered intrathecal chemotherapy with metotrexate, not carried out because of further clinical worsening and subsequent death.
Conclusions: This is a rare case of isolated dura mater neoplastic colonization, presenting with isolated epileptic manifestations, in a nonmetastatic SRCGA since the clinical onset of all reported cases is related to spontaneous subdural hematoma or intracranial hypertension due to leptomeningeal carcinomatosis.

Non-alcoholic steatohepatitis as a precursor of increased risk of vascular events: the usefulness of the nutraceuticals in elderly patients

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Introduction and Objectives: In the elderly, fatty liver is often related to the presence of a metabolic syndrome and acute vascular events. To evaluate the use of pharmaceuticals based on Silymarin in a population of elderly patients with hypertransaminasemia caused by NAFDL/NASH.
Patients and Methods: 188 patients with ultrasound and biochemical diagnosis of hepatic steatosis [(both sexes, of age >68ys - range 68-100ys), admitted to geriatric nursing homes, in the absence of viral disease.51 also showed signs of cytolysis (ALT>40ml/mm) for more than six months. Both groups (400mg/die, 26 (52%) had already normalized amino transferases after three months of therapy and the responders had increased to 28 (55% p=0,01)at the end of the six months. All the 137 patients with only dietary regimen maintained amino transferases in the normal range (<40ml/mm). During the observation period (6 months of therapy and 6 months of follow-up), none of those treated with Silymarin showed new vascular events, while among untreated 13 (9.4% p=0,04) experienced acute cerebral events (TIA and/or Ischemia)of a nature wich required further therapeutic interventions.
Discussion and Conclusions: The clinical evolution of NAFDL/NASH towards liver failure is determined by oxidative stress and lipid peroxidation, which also involve the functionality of other vital organs (heart-kidney-brain). Hence the need to use drugs with proven adjuvant ability to prevent oxidative risk.

SIADH versus Cerebral Salt Wasting: an overlapping diagnosis in a case of late occurrence of post traumatic brain injury hyponatremia

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Introduction: Hyponatremia is the most common disionemia encountered in clinical practice. Despite often observed, diagnosis and management remain far from optimal. The differential diagnosis includes hormone disorders, medications and volume-related problems. In the brain injury setting, Syndrome of inappropriate ADH (SIADH) and cerebral salt wasting syndrome (CSW) are both reported as cause of hyponatremia. They share many similar laboratory and clinical findings.
Case presentation: A man, age 60, was admitted with a sodium level of 118 mEq/l. Personal history reported about 50 days prior brain injury. Drugs-related hyponatremia was excluded. A workup revealed low serum osmolality, high urine osmolality, normal serum creatinine level, urinary sodium of 202 mMol/l. TSH, random cortisol and ACTH levels were within normal ranges. The patient appeared euvolemic. NT-pro BNP was 861 pg/ml. He didn't respond either to infusion of saline or to water restriction. He responded to fludrocortisone at an initial dose of 0.1 mg, progressively increased to 0.3 mg, supplemented by oral sodium intake. Even without certainty, the diagnosis proposed was CSW, in relation to the response to mineralocorticoid. He was discharged with a sodium level of 139 mEq/l.
Conclusions: In clinical practice discriminating between SIADH and CSW as cause of hyponatremia is a real challenge, and often the diagnosis remains uncertain. Sharing so many common aspects, describing cases like ours that don't fit in either category, are SIADH and CSW two such distinct syndromes or are they two sides of the same coin?

Iatrogenic Cushing's syndrome secondary to intramuscular injection of triamcinolone acetonide: a case report

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Background: Cushing's syndrome (CS) is a metabolic disorder

characterized by endogenous or exogenous excess of cortisol. Endogenous hypercortisolism can be dependent or independent on adrenocorticotropic hormone (ACTH), whilst the exogenous form is usually due to the prolonged administration of steroid drugs. We report a rare case of iatrogenic CS due to use of intramuscular injection of Triamcinolone Acetonide (TA).
Case presentation: A 69-year-old woman presented to our Unit for uncontrolled blood pressure (BP) values during the last 3 months, despite adequate (three different kinds) antihypertensive therapy. On examination she had typical cushingoid appearance: round face, supraclavicular fat pad, hirsutism, proximal muscle wasting. She denied historical assumption of oral corticosteroids. Her BP was 160/90 mmHg and BMI 26.4 Kg/m2. Laboratory investigations showed low serum cortisol 57.4 nmol/l (n.v. 266-720) and urinary free cortisol 36.7 nmol/24h (n.v. 38-208), associated with suppressed ACTH levels (6.1 pg/ml, n.v. 10-90), suggesting iatrogenic CS. After history review, she admitted to assume TA (cycle for 4 months via i.m.) to treat back pain. A diagnosis of exogenous CS was made. After the diagnosis, she was prescribed cortisone acetate with taper off. Seven months later, her clinical signs and symptoms were improved and hypothalamic-pituitary-adrenal axis function gradually recovered.
Conclusions: This case report demonstrated that the intramuscular injection of TA may determine an exogenous CS, and the pharmacological anamnesis is crucial in cushingoid feature.

Light-microscopic examination of a stained bone marrow specimen from a patient with visceral leishmaniasis

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42 y.o. man with history of autoimmune hepatitis in immunosoppressive therapy. 3 months earlier hyperpyrexia, not responding to empiric antibiotic therapy. He was admitted to gastroenterology ward with fever and cough. Blood and urine cultures were negative, viral serology and Quantiferon TB test negative. Abdominal US showed no liver abnormalities, with slight enlargement of the spleen. He starts antibiotic treatment with piperacillin-tazobactam for 7 days without benefit. It was suspect an exacerbation of the autoimmune disease, so the immunosuppressive therapy with prednisone was increased and supplemented with azathioprine, without any change in liver function or inflammation markers. The patient developped progressive anemia. He was admitted to our ward. He showed fatigue, throat pain, epistaxis, intermittent fever, with morning peaks and resolution either spontaneous or with paracetamol. Blood test admission resulted in leukocytosis,increase of liver markers; ipoalbuminemia, and hypergammaglobulinaemia at serum electrophoresis. Subsequent blood test showed pancitopenia with raised markers of inflammation; clinically the fever was worsening. Meropenem and daptomycin were introduced, to no change. Blood coltures, viral serology and Mantoux test were negative. Autoimmune panel showed no alterations. PET scan showed increased glucose uptake in liver, spleen and the whole bone marrow. Bone marrow sample showed Leishmania amastigotes inside macrophages,confirmed with serology. Successful treatment with amphotericin B was started according to immunosuppressed scheme therapy.

Reversal of anticoagulation in patients on treatment with dabigatran experiencing a gastrointestinal bleeding: a case report and a review of the literature

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Background: Idarucizumab, a humanized monoclonal antibody, was developed to reverse the anticoagulant effect of dabigatran etexilate. We report a case of a patient who had a major gastrointestinal (GI) bleeding while she was receiving dabigatran. We also performed a review of the literature searching for other patients with GI bleeding treated with idarucizumab.
Case description: A 85-year-old woman was admitted to the hospital because of rectorrhagia. The patient was on treatment with dabigatran 110 mg BID for atrial fibrillation with a CHA2DS2VASc: 6 (last administration in the morning). She had high INR (4.13) and severe anemia (Hb 7.8 g/dL) at the blood tests requiring blood transfusion and hospitalization in Geriatric Unit for clinical surveillance. Because of rebleeding and high blood value of dabigatran (311 ng/mL), 5 g of iv idarucizumab was administrated with complete reversion of its anticoagulant activity (15 ng/mL) and cessation of bleeding. Subsequently, the patient underwent to esophagogastroduodenoscopy and colonscopy with diagnosis of diverticular bleeding and hemorrhoids. Other 11 patients treated with idarucizumab for dabigatran reversal in GI bleeding were identified in the literature. Hemostasis was achieved in all of them (100%, 95% CI 74, 100%), even if two of them died for other causes.
Conclusions: Idarucizumab appears to adequately reverse the anticoagulant activity of dabigatran as shown by normalization of haemostasis in patients with major GI bleeding. Other large prospective studies are needed to confirm our preliminary findings.

Closure of patent foramen ovale as potential secondary prevention strategy for cryptogenetic stroke: a case series

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We report 3 cases admitted to our hospital with juvenile cryptogenetic stroke. A 48 year-old man admitted to our ward for headache and left hemiparesis. The patient was a non-smoker,he suffered from hypertension, diabetes, coronary artery disease and was in therapy with aspirin-clopidogrel (DAPT). BP 140/80 mmHg, normal heart rate. Brain CT scan showed multi-territory cerebral infarctions complicated with hemorrhagic transformation. A 45 and a 41 year-old women referred to our ambulatory due to recurrent transient ischemic attacks while they already were in DAPT therapy. Carotid ultrasound did not detect stenosis in all cases. Holter ECG were negative for arrhythmias. The thrombophilia workup (homocysteinemia,antiphospholipid antibodies, protein S, protein C and anti-thrombin level, testing for factor V Leiden and prothrombin gene mutations) were unremarkable. Agitated saline contrast transthoracic and transesophageal echocardiography detected a PFO with large right to left shunt. All patients have undergone transcatheter PFO closure plus long-term with aspirin therapy.In a short follow-up no ischemic recurrences were observed.Contrasting with previous randomized trials, two trials have recently reported lower rates of stroke recurrences among patients assigned to PFO closure than those assigned to antiplatelet therapy alone in selected cases with a substantial shunt size or an atrial septal aneurysm as was in our patients. Longer term follow-up and larger sample sizes may confirm the efficacy of PFO closure in these selected cases with a large shunt and cerebral ischemic recurrences.

The 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 NAO in *real life* evaluating the effects of the treatment on 320 p. divided in 2 groups: 300 with AF and at least another risk factor treated with dabigatran, rivaroxaban and apixaban and 20 with DVT treated with rivaroxaban and dabigatran followed-up for 36 months.
Materials and Methods: D: 150 mg BID was administered to 140 p. with FA and to 2 patients with TVP; 110 mg doses 2 a day were administered to a p. sub-group (n° 17 of the 100 under treatment

with D) aged at least 86 or weighting not more than 60 kg; A: at a 5 mg dose 2 a day was administered to 70 p. R: at a 20 mg dose per day was administered to 110 p. belonging to the group with FA and to the 14 patients affected by acute symptomatic pulmonary embolism (PE) in order to prevent a thromboembolic relapse.
Results: The study proves the NAO effectiveness as regards the primary outcome. 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 36%; 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 the general 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 *trials*.

Association between Pneumocystis pneumonia and pulmonary alveolar proteinosis

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A 77-year old, smoker, male patient was admitted to our hospital with progressive dyspnea. The patient's history included hypertension, chronic atrial fibrillation, ischemic heart disease, COPD; he was admitted to another medical ward of our hospital in the past month for bilateral pneumonia. His arterial oxygen saturation was 97% while he was breathing FiO2 100%, and his chest radiograph showed bilateral alveolar and interstitial opacities. At laboratory testing we found neutrophilic leukocytosis, elevated CRP and NT-proBNP. CT scan of the chest showed bilateral ground-glass opacity with crazy-paving pattern. We performed flexible bronchoscopy and found typical findings (engorgement of alveolar macrophages with periodic acid shiff -PAS- positive material) of PAP (Pulmonary Alveolar Proteinosis). PCR for P. Carinii also resulted positive. The patient was then moved to an Intensive Care Unit and treated with trimetoprim/sulphametoxazol, ev steroids and flexible bronchoscopy with BAL. Unfortunately, the patient died after 3 weeks. PAP is a lung disease characterized by the accumulation of PAS-positive lipoproteinaceous material in the distal air spaces. PAP can be congenital, autoimmune or secondary to dust exposure, hematologic dyscrasias and infections (e.g. P. Carinii infection). Also, opportunistic fungal infections (such as P. Carinii infection) can complicate the course of PAP, due to impaired macrophage and neutrophil function. This clinical case highlights the connection between the two pathologies, which may each be the cause of the other, respectively.

Meningite meningococcica in giovane adulto: sospetto e diagnosi precoce salvavita

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Neisseria meningitidis ospite delle prime vie respiratorie. La percentuale di portatori asintomatici varia dal 2 al 30%. Esistono 13 diversi sierogruppi di meningococco, ma solo 5 (A, B, C, W135 e Y) causano meningite e altre malattie gravi; i sierogruppi B e il C sono i più frequenti in Europa. Nel 10-20% dei casi questo germe può causare delle forme settiche ingravescenti, con decorso fulminante che, può portare al decesso in poche ore. Maschio di 22 anni ha sempre goduto di buona salute. APP: accompagnato in PS per febbre fino a 39.7°C insorta 24 ore prima, associata a vomito, faringodinia, cefalea (rigor nucalis assente) e porpora cutanea dolente con rapida diffusione agli arti e al tronco. Gli ematochimici: PCT 15,15 ng/ml; PCR 21,47 mg/dl. RX torace nella norma. Veniva ricoverato c/o la nostra Medicina. Posto il sospetto di meningite meningococcica si eseguiva una TC del capo (diffusa obliterazione degli spazi subaracnoidei delle convessità emisferiche), emocolture e rachicentesi, a seguire terapia con ceftriaxone, in considerazione del liquor torbido. Le emocolture e le liquorcolture risultavano positive per Neisseria meningitidis. Il decorso clinico si complicava con una porpora da vasculite ischemica esitata in ulcerazioni, di cui due di grosse dimensioni e profonde, a livello del gluteo e della coscia. La vaccinazione costituisce un'efficace arma di difesa e non rappresenta una misura profilattica verso se stessi, ma anche verso gli altri: il vaccino antimeningococco limita la diffusione di Neisseria meningitidis, riducendo al massimo il numero delle vittime.

Systemic lupus erythematosus in a subject with previous large B-cell lymphoma: a case report

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Background: The diagnosis of SLE may be particularly difficult in subjects with a clinical history of lymphoproliferative disease.
Case presentation: A 62-year-old woman was hospitalized at the Infectious Diseases UO for fever and exudative pleural effusion. Medical anamnesis revealed an hystory of LNH-B large cells treated with R-CHOP (in remission), epilepsy, type II diabetes mellitus. Culture tests (blood and pleural fluid), the Quantiferon test gave negative results; serology assays suggested previous HBV epatitis. The echocardiogram showed a slight pericardial effusion and excluded endocarditic vegetations. Excluding infectious sources, the patient was transferred to the Internal Medicine Unit for further investigation. Blood tests revealed pancytopenia with absolute lymphopenia. There were no signs of hemolysis and tumor markers were within normal limits. A total-body/brain computed tomography (CT) excluded inflammatory outbreaks and lymphadenomegalies. Osteomedullary biopsy not revealed a lymphoma. The patient presented intermittent fever (38-39°C) partially responsive to steroid therapy, episodes of absence epilepsy for which antiepileptic drugs had started, worsening edema of the lower limbs. Nephrotic range proteinuria and high-titled positivity of antinuclear antibodies ANA (native anti-DNA) were assayed. SLE was diagnosed; immunosuppressive treatment with Mycophenolate was started.
Conclusions: Symptoms and treatments of LNH-B could have masked the manifestations of the SLE.

Gastrointestinal stromal tumor: a case report

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Background: GIST are rare tumors and are thought to derive from the cells of Cajal or their precursors, the pacemaker cells that control gastrointestinal tract (GIT) peristalsis. These tumors can occur anywhere in the GIT, expecially in the stomach. Generally they arise from muscular coat (IV layer). They can be localized or metastatic. Surgical approch is gold standard treatment for localized forms.
Case presentation: An 59-year-old woman was hospitalized at UO of Internal Medicine for digestive haemorrhage. Blood tests revealed a severe anemia (Hb 5.7 g/dl MCV 94 fl). Tumor markers (CEA, CA 19-9, NSE) were within normal limits. Upper gastroendoscopy showed an ulcerated subepithelial formation of the gastric bottom. Blood transfusion and intravenous proton pump inhibitors (PPI) were performed. An abdominal contrast-enhanced computed tomography (CT) showed a submucosal paracardial formation, non-metastatic localizations or pathological adenomegalies. Ecoendoscopy of the upper digestive tract revealed an hypoechoic and inhomogeneous lesion of 3 x 2 cm within the submucosal coat (III layer). Superficial biopsies were non-diagnostic. After 17 days from the haemorrhagic event, a needle aspiration

of the neoformation was performed; the histological diagnosis was for GIST. The patient underwent mass resection of the tumor.
Discussion: The prevalent extension within the submucosal tunic lays for an origin from the muscularis mucosae. It is indicate to include GIST in the differential diagnosis of gastrointestinal tumors with involvement of II and III layers.

Helicobacter pylori eradication rate is stable in a population of southern Italy: analysis of 15 years of follow-up

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Background: *Helicobacter pylori* (*H. pylori*) infection is a common worldwide infection possible cause of peptic ulcer and gastric cancer. Choosing a treatment for *H. pylori*, type of disease should be incorporated into the decision-making process. In the era of antibiotic resistance, we investigated the changing in eradication rate in a population of Southern Italy considering a period of 15 year of observation.
Methods: We reviewed the eradication rate obtained, in the last 15 years (2002-2017), with a standard first line regimen with pump proton inhibitors, amoxicillin and clarithomycin administered for one week in H. Pylori positive patients.
Results: Overall H. pylori eradication in the considering periods was of 77%, in absence of significant variation in the intervals of 5 years considering in the study design. Patients with active disease showed higher eradication rate in comparison to functional or inactive disease(p=0.0001).
Conclusions: Acknowledging that these data, we not have a decrease in eradication rate exposure. Patients with active disease seem to have high response to traditional antibiotics using in H. pylori eradication probably due to the great sensibility of bacterium when in replicative phase.

Chronic assumption of proton pump inhibitory agents is not associated with low level of vitamin D in a population of patients recovering for hip fracture

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Background: Proton pump inhibitors (PPIs) are among the most widely prescribed medications worldwide and their use is continuously increasing. Several studies attributes to PPI a increasing of incidence in risk of fracture but the underlying biological mechanism is uncertain and conflicting results are published in the last years.
Methods: We conducted a study including cases of hip fracture recovering in our Orthopedic Unit. PPI exposure was defined as 180 or more cumulative doses of PPIs. Statistical analysis was conducted to establish a relationship between use of PPI and hip fractures and to value a possible synergic role with vitamin D deficiency.
Results: We identified 180 cases, 72 with continuous use of PPI's and 108 not treated with PPI's. The median values of vitamin D in PPIs exposure was 10± 3.38 *vs* 8.1± 3.4 (t:1.18, p=0.25). Males with PPI's chronic use seems to have more hip fractures risk in comparison to males without PPI exposure (f:0.80, 95% CI 0.65-0.90, p=0.0001).
Conclusions: Use of PPIs does not increase the risk of hip fracture in patients influencing vitamin D concentrations. Males with use of PPI's seems to be affected to hip fractures with a mechanism independent to vitamin D concentration.

Sindrome di Budd Chiari: un caso ad esordio acuto ed eziologia multifattoriale

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Premessa: La sindrome di Budd-Chiari (SBC), caratterizzata da ipertensione portale, trombosi portale, necrosi epatocitaria, fibrosi, cirrosi., può essere causata da vari fattori. Descriviamo un caso ad esordio acuto nel quale sono stati identificati due fattori eziologici.
Materiali e Metodi: Un giovane veniva ricoverato in urgenza in UO chirurgica,per dolore addominale acuto. Rilevata ascite cospicua in assenza di epatopatia nota, splenomegalia, altre complicanze epatiche,neoplasie addominali, la valutazione internistica, integrata da esame u.s."bedside" , da un corretto raccordo anamnestico e da riscontri bioumorali, rilevava la presenza di stenosi marcatissima delle vene sovraepatiche, la comparsa di trombosi portale, una pregressa Trombosi dei seni Profondi cerebrali, un quadro ematologico compatibile con sindrome mielodisplastica.
Risultati: Veniva completata la diagnostica con TAC, B.O.M., ricerca dei fattori di Trombofilia genetica, esame di liquido ascitico, e diagnostica di routine. Veniva intrapresa terapia diuretica, ed indirizzato il paziente presso un Centro di Alta Specializzazione per impianto di T.I.P.S.S. Il paziente non ha sviluppato più ascite ed al momento viene trattato per le problematiche (ematologica ed epatologica) presso la nostra UO.
Conclusioni: Abbiamo voluto segnalare un caso di SBC, di per sè rara, per il suo esordio acuto, e per la coesistenza di due fattori di rischio. Si descrive la SBC, si sottolinea l'importanza di valutazione olistica del paziente, competenza multidisciplinare, valutazione ecografica bedside, in Medicina Interna.

Una polmonite a lenta risoluzione...

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Una donna di 74 anni si reca in pronto soccorso per astenia e anoressia.In storia riferito ipotiroidismo in terapia sostitutiva e una sindrome ansioso-depressiva in trattamento farmacologico. Quadro emogasanalitico di insufficienza respiratoria parziale. All'RX del torace esteso addensamento in campo medio sinistro e basale destro.Intrapresa ossigenoterapia e antibiosi con scarso miglioramento degli indici di funzione respiratoria nonostante anche la negatività degli indici infettivi (negativo anche il colturale su BAL), eseguita TC del torace con mdc con rilievo di consolidamento a livello dei campi medio-superiore bilateralmente compatibile con quadro di polmonite organizzata criptogenetica.Intrapresa terapia steroidea con graduale miglioramento del quadro e dimissione dopo 15 giorni di ricovero.A controllo TC a distanza di un mese netta riduzione degli addensamenti con conferma della diagnosi di polmonite organizzata criptogenica.La polmonite organizzata è una malattia polmonare infiammatoria caratterizzata da un quadro clinico-radiologico e patologico caratteristico (tessuto di granulazione negli spazi aerei distali). La comparsa dei sintomi (febbre, tosse, malessere, anoressia con perdita di peso e dispnea di norma lieve) avviene gradualmente ed in modo subacuto. Si distinguono forme secondarie (es. farmaci, neoplasie, disordini autoimmuni) e forme idiopatiche (Cryptogenic Organizing Pneumonia - COP).La terapia si basa sull'impiego dei corticosteroidi e la prognosi è di norma favorevole nelle forme criptogeniche seppure il rischio di recidiva è considerevole.

Optimization of heart rate in chronic heart failure

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The prevalence of heart failure in Italy is approximately 1-2% in the adult population, more than 10% in patients over the age of 70, representing a major cause of morbidity and mortality. An important negative prognostic factor is a high baseline heart rate. We have carried out our retrospective observational study on the control of heart rate with ivabradina. Heart failure (HF) is a clinical syndrome characterized by symptoms and signs caused by structural and/or functional cardiac abnormalities resulting in reduced cardiac output and/or high intra -cardiac pressure at rest or during stress. Ivabradine is a medicine that acting through a selective and specific inhibition of the current heart pacemaker If, which controls spontaneous diastolic depo-

larization in the breast node and regulates heart rate. We use Ivabradine to improve the prognosis of patients with heart failure. The results of our study were as follows: · There has been a clear reduction in the number of hospital admissions total heart failure in the year following the introduction of ivabradine (28 admissions) compared to the year before the drug was introduced (64 adm); A total reduction of 56%. There is a wide variability in response to ivabradine, with patients who have gone from 4 hospital admissions per year to 1 hospitalization/year and others who did not present substantial differences. · Half of the patients (20 out of 40 patients) report an improvement in symptoms with an increase in driving autonomy · In 21 patients, an optimal baseline heart rate (minus/equal to 70 bpm) was obtained without increasing bradycardia.

An unusual association between type 2 autoimmune polyghiandular syndrome and autoimmune enterophaty

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Case report: A 61-year-old woman with a hystory of Hashimoto thyroiditis presented to our hospital complaining fatigue, abdominal pain and vomit. Her physical examination was unremarkable except a generalized hyperpigmentation. The biochemical tests revealed severe hyponatremia, low levels of morning serum cortisol, aldosterone and DHEA-S, and increased ACTH and plasma renin activity, with diagnosis of primary adrenal insufficiency. CT scans of abdomen desplayed hypotrophic adrenal glands. Autoantibodies against GAD, ICA, IA2 and Transglutaminase were all negative. EGD was performed for the persistence of dyspepsia with the evidence of duodenal villous blunting and a celiac disease-like histologic pattern, HLA genotype analysis denoted a DR5-DQ7/DR5-DQ7 status excluding celiac disease, the anti-enterocyte antibodies supported the diagnosis of AIE. She started corticosteroid supplementation obtaining physical comforts and normalitation of plasma electrolytes.
Discussion: APS-2 is defined by the coexistence of Addison's disease with thyroid autoimmune disease and/or type 1 diabetes mellitus. Its immunogenetic basis is still debated. AIE is a rare disease in adults and its relationship with APS-2 is unusual. Systemic forms of AIE include IPEX or APECED with altered response involving $CD4^+$ T cells by which FOXP3 gene and AIRE gene mutations respectevely.
Conclusions: More knowledge of these syndromes and component diseases could elucidate the underlying pathogenic mechanisms and allow clinicians to recognize and prevent illness prior to morbidity.

Multiple biliary hamartomas mimicking diffuse liver metastases

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Case report: A 35-year-old male presented to our hospital due to recurrent unspecific abdominal pain for several weeks. Physical examination was unremarkable. The biochemical tests were normal. An abdominal ultrasonography showed a roundish complex cyst of the left kydney and multiple iso-hypoechoic micronodules within both liver lobes highly suspicious of diffuse liver metastases. CT scans was performed with evidence of multiple tiny hypodense lesions scattered throughout the liver with no enhancement and excluded a kidney neoplasm. A subsequent MRI depicted multiple small liver cysts of hypointense on T1 weighted images and hyperintense on T2 weighted images, not communicating with the biliary tree. These features were pathognomic of multiple biliary hamartomas (von Meyenburg complexes, VMCs).
Discussion: VMCs are a cluster of benign liver malformations including biliary cystic lesions, with congenital fibrocollagenous stroma. They are rare, usually incidental and clinically asymptomatic, but they can occasionally occur with episodes of liver sepsis and should be differentiated from Caroli's disease and liver metastatic disease. VMCs may be associated with cystic diseases and intrahaepatic cholangiocarcinoma.
Conclusions: VMCs is an overall rare finding of the liver with unique MRI appearance. Clinicians should be aware of this clinicopathologic entity, its clinical presentation and possibile malignant transformation, thus leading to the recommendation for periodical follow-up.

Pentraxin 3 as a marker of inflammatory status and cardiovascular risk in obese patients treated with laparoscopic adjustable gastric banding

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Aim: The long-term effects of laparoscopic adjustable gastric banding (LAGB) on metabolic syndrome (MetS) and pentraxin 3 (PTX3) is still unclear. PTX3 is a marker of inflammation, it could play a role in modulating cardiovascular (CV) system and it is inversely associated with BMI. The aim of this study was to investigate the long-term effects of LAGB on PTX3 levels.
Materials and Methods: 8 patients with severe obesity (median BMI 43,9) were studied before LAGB, 3-, 6-, 12- and 36-months after LAGB for serum levels of PTX3.
Results: BMI decreased from a median preoperative value of 43.7 kg/m^2 (IQR, 39.8–47.9 kg/m^2) to 34.7 kg/m^2 (32.9–38.4 kg/m^2) after 12 months ($P<0.0001$) and to 32.6 kg/m^2 (29.5-37.6) after 36 months ($P=0.007$) after LAGB. At these time points, plasma PTX3 increased by 214.9% (67.8– 678.6%; $P<0.0001$), at 12 months after LAGB, but decreased afterword and returned to baseline values after 36 months [-16% (-75% - +11%), $P=0.237$ *vs* baseline], despite weight maintenance after LAGB in all subjects.
Conclusions: PTX3 is increased at 1 year after LAGB to slowly return at baseline values after 3 years, despite maintenance of successful weight loss achieved with LAGB. Our results suggest that LABG-induced weight loss may positively affect several components of CV risk and MetS, including levels of PTX3, that emerges as a pro-resolving mediator counteracting inflammation and returning to baseline levels at distance from LAGB, in parallel with a stable adaptation of body weight and metabolic profile.

Arterial hypertension and psoriasis: a negative relationship

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Background: Several evidences suggest a link between AH, obesity, diabetes, dyslipidemia, cardiovascular disease and psoriasis. Aim of our work is to evaluate the prevalence of already known or diagnosed for the first time psoriasis in a group of AH patients as well as any interferences on cutaneous manifestations of anti-hypertensive drugs.
Clinical series: 112 patients (64f-48m), mean age 64± 5,5 years, with psoriasis and grade 2 AH, according to ESH/ESC 2013 guidelines, in treatment with ACE I, B-blockers, sartans, diuretics, Ca-antagonists, were evaluated.
Results: A total of 18 pts (11 F) had severe psoriasis, diagnosed more than 10 years before (9 presented also obesity and diabetes; 6/18 had already suffered from a cardiac or cerebrovascular event;) 28/112 presented moderate psoriasis. Antihypertensive therapy for the two group of patients included one of the classes of drugs with reported possible occurrence of hitch, severe skin desquamation and rash. The remaining 66 pts had mild psoriasis and were also on treatment with ACE-inhibitors and/or B-blockers Inhibitors, diuretics.
Conclusions: Psoriatic patients should be directed to blood pressure monitoring. Patients with psoriasis and AH need a close follow-up, with adherence monitoring. On this context, it must underline that some drugs for psoriasis (such as cyclosporin) may

cause AH and that, on the opposite, B-blockers and diuretics may play a role in development of psoriasis or lead to its exacerbation.

24-hour blood pressure ambulatory monitoring in elderly patients: considerations on a prospective not-at-target series

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Background: The aim of our work is to evaluate ABPM in a population of over sixty years patients with reported values of uncontrolled values of blood pressure (BP) according with ESH-ESC 2013 guidelines.
Materials and Methods: 120 patients were enrolled in 2017 (68 F and 52 M) , aged between 65 and 83 (mean age 73±4,5), who arrived at the Ambulatory for reported non control home BP (mean values of systolic BP: 145± 6 mm hg and diastolic BP 78±7,4 mmHg), despite pharmacological and non pharmacological treatment. All patients were reminded of dietary norms, the current therapy was not changed (at least two drugs) and 24 hours BPAM was applied.
Results: Of the 120 patients subjected to ABPM, 12 (10%) did not reach, twice, the percentage of valid records for an accurate reading. Of the remaining, 108 patients, 40 (30%, 25 F) showed high average BP values and an extreme variability of AP with increased DS. In this setting of patients there was therefore a masked uncontrolled AH.
Conclusions: ABPM has many advantages in clinical practice in the elderly population: a): assessment of effectiveness of antihypertensive treatment within 24 hours b): study of circadian variability of blood pressure values c): screening of both postural and post-prandial hypotension d): identification of white-coat hypertension and masked hypertension e) better basic investigation for a correct identification of the hypertensive patient and optimization of his therapy.

PhAHSE study: preliminary results. An integrated system project general practioners. Pharmacies for control of arterial hypertension with ABPM

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Objectives: To evaluate if the easiest access to the Ambulatory Blood Pressure Monitoring (ABPM) at the local pharmacies (territorial integration of General Practioner-Pharmacist) improves the control of blood pressure (BP).
Materials and Methods: We enrolled 631 pts with uncontrolled hypertension (UH) or non-known UH (BP>130/80, 125/75 if diabetic). In the intervention group (I) 337 pts were enrolled in the Control group (C) 294. BP were measured by General Practitioner (GP) at T0 and T6. In I performed ABPM T0 and T6 in pharmacies. All pharmacists used SPACELABS 90207.
Results: In I at T0 the mean values of SBP and DBP, measured by GP, are 141.81±12.16 mmHg and 85.81±8.29 mmHg; the ABPM SBP 130.66±12.43, DBP 79.94±8.89. At T6, the values are SBP 133.09±10.56 and DBP 80.46±7.19. ABPM values of SBP and DBP are 126.27±10.4 and 77.19±7.99. In C at T0 SBP ad DBP by GP are 143,99±10,32 and 86,41±7,10; at T6 SBP are 134,49±9,58, DBP are 80,96±6,30.
Discussion: The Italian law 3 October 2009, n. 153 and successive indicate services and activities of community pharmacies configured as "service structures". This new aspect can be considered as the Italian declination of Pharmaceutical Care applied to the local area. The integration with pharmacies, create easier access to the ABPM for better management of AH. Preliminary data do not show a statistical significance between the two groups, as regards the better control of the PA, but subgroup evaluations are underway to evaluate the percentage of white coat hypertension, masked hypertension and the variability of BP.
PhAHSE Study (Pharmacy-ABPM-Hypertension-Samnium-Evaluation).

Sindrome di Sjögren e manifestazioni extraghiandolari: descrizione di un caso clinico associato ad artrite reumatoide

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Premesse: La pSS è una malattia infiammatoria cronica autoimmune, caratterizzata dalla distruzione delle ghiandole esocrine mediata dai linfociti T con impegno delle mucose oculari, orali, genitali e delle vie aeree;un subset di pz sviluppa manifestazioni extra-ghiandolari. La precoce identificazione dei pz con impegno extra-ghiandolare è necessaria per un trattamento precoce ed aggressivo. Artromialgie e rigidità mattutina sono presenti in circa il 90% dei pz, mentre una franca artrite si riscontra fino al 17% dei casi. L'ecografia (US) rileva la sinovite erosiva se la malattia è associata ad AR.
Descrizione del caso clinico: È giunta alla nostra osservazione una donna di 34 anni, che già presentava da circa 3 anni una modesta xeroftalmia e xerostomia, associata da alcuni mesi ad artralgie ai polsi; alla nostra osservazione artrite simmetrica ad intrambi i polsi e chiari segni di xeroftalmia e xerostomia; flogosi elevata, con positività di ANA, ENA-SSB, RA e degli Anti-CCP; una US ha rilevato una carpite simmetrica senza erosioni. E' stata posta diagnosi di SS associata ad AR ed istituito trattamento con clorochina e MTX che hanno realizzato nelle 12 settimane successive una remissione dell'artrite ed un controllo dei sintomi ghiandolari che persiste tuttora.
Conclusioni: Il caso descritto evidenzia la necessità di una diagnosi precoce delle manifestazioni extra-ghiandolari nella SS al fine di individuare e trattare l'associazioni con l'AR,inoltre documenta l'efficacia di più DMARDs per il trattamento dell'artrite, risultando una efficace e sicura opzione terapeutica.

Artrite reumatoide ed interstiziopatia polmonare: descrizione di un caso trattato con etanercept

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Premessa: L'AR è una malattia infiammatoria cronica che impegna le articolazioni diartrodali con localizzazione simmetrica e polidistrettuale a decorso progressivo con inabilità e riduzione dell'aspettativa di vita; l'AR predilige la III e IV decade della vita. Cruciale è la diagnosi precoce per il tempestivo avvio delle terapie prima che la malattia realizzi danni irreversibili. Il trattamento prevede l'uso di DMARDs e dei farmaci biologici. Le ILD comprendono un gruppo eterogeneo di malattie caratterizzate da alterazioni infiammatorie su base immunitaria interessanti estensivamente l'interstizio alveolare con possibile coinvolgimento delle strutture bronchiali periferiche. Tali patologie hanno in comune l'alveolite e la fibrosi ma non un'unica eziologia,che nella maggior parte dei casi è sconosciuta. I pazienti con RA associata (ILD) tendono ad avere un definito fenotipo clinico che comprende l'età avanzata, i sintomi respiratori e un complessivo peggioramento dell'AR; inoltre in letteratura è segnalato che questi pazienti hanno anche un considerevole rischio di mortalità precoce. Circa il 10% dei pazienti affetti da RA ha un'interstiziopatia polmonare clinicamente evidente (RA-ILD), e un ulteriore 30% presenta sintomi subclinici dell'ILD alla TC del torace.Il rischio di morte per i pazienti con RA-ILD è tre volte superiore rispetto ai pazienti con sola RA.
Caso clinico e Conclusioni: descriviamo il caso clinico di un paziente maschio di 47 anni affetto da AR-ILD che, trattato con eta-

nercept ha realizzato una remissione dell'AR ed un miglioramento della condizione respiratoria.

Una salute...di ferro?

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Background: Gaucher disease (GD) is a autosomal recessive disease provoked by defective activity of the lysosomal glucocerebrosidase enzyme, leading to the accumulation of glycosphingolipids in lysosomes of the reticuloendothelial cells. The clinical expression of GD is various, including hematological and neurological manifestations.
Case description: A 60-year-old man with metabolic syndrome presented hyperferritinemia with normal iron and total iron binding capacity and slightly increased transaminases. Abdominal ultrasound showed steatosis and mild splenomegaly. Micro-macro steatosis and Kuppfer-cell siderosis were noticed in liver biopsy. Several causes of chronic liver diseases were excluded and a diagnosis of NAFLD was made. The patient was treated with therapeutic phlebotomy for 5 years. During the follow-up new onset thrombocytopenia and hypergammaglobulinemia emerged and abdomen MRI disclosed normal Liver Iron Concentration and multiple T2-weighted hyperintense splenic lesions. Diagnosis was reconsidered and Dried Blood Spot tests revealed Beta-glucosidase deficiencyband homozygous N370S GBA mutation suggesting Gaucher disease. Recently an inferior limbs and abdominal MRI has revealed diffuse bone marrow infiltration and confirmed multiple nodular splenic lesions consistent with gaucheromascomas. Patient started Enzyme Replacement Therapy.
Conclusions: Gaucher disease should be considered in patients presenting with hyperferritinemia and hepatosplenomegaly, especially in presence of multi-organ involvement.

A 48-year-old woman with intermittent abdominal pain of two months' duration

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A 48-year old woman with no previous significant medical history presented with intermittent abdominal pain, nausea, vomiting and fatigue that went worsening along 2 months, during which the patient progressively lost weight. At physical examination, she appeared chronically ill but afebrile, with BP 90/62 mmHg, HR 110/min, RR 25/min. The remainder of the exam was non-contributory, except for hyperpigmentation of extensor surfaces and palm folds. Full blood count with differential, liver biochemistry and coagulation studies were normal; plasma Na and K were 118 and 5,4 mEq/L, respectively. The differential diagnosis included gastrointestinal cancers, muscle diseases, infections, and depression; our leading hypothesis however was adrenal insufficiency. Plasma cortisol was 1.8 μg/dl at 8:00 AM and remained 1.7 μg/dl 30-min after cosyntropin challenge, establishing the diagnosis. Plasma ACTH was high, consistent with a primary disorder. Treatment with cortisone acetate and fludrocortisone resulted in rapid and sustained clinical improvement. Symptoms of adrenal insufficiency are often not specific: thus, diagnosis is delayed 1 year for a half of patients, though one fifth reportedly waits 5 years. Hyperpigmentation, hypotension, hyponatremia and fatigue are classic presenting features alerting the clinician for the possibility of diagnosing this rare disease, provided he/she maintains a high level of clinical suspicion. Nausea and vomiting, substantial hypotension, and severe debilitation precluding daily activities herald an adrenal crisis that can be lethal if left untreated.

18-year-old woman with fever, chest pain, dyspnea and mastoiditis

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An 18-year old woman presented with recurrent otitis and concurrent chest pain, dyspnea and malaise since 2 months. Physical examination was non-contributor: she was afebrile, with BP 110/70 mmHg, HR 114/min, RR 27/min. Chest x-rays showed multiple ill-defined opacities scattered on both lungs. She was admitted to another hospital and treated with multiple cycles of empiric antibiotic therapy for multifocal pneumonia and right mastoiditis. C-ANCA resulted negative. Due to persistent respiratory symptoms and fever, she was referred to us with a tentative diagnosis of right pulmonary abscess. A HRCT chest scan showed multiple necrotizing pulmonary nodules; a PET-scan demonstrated several pulmonary lesions and upper airways involvement. The patient underwent a nasal biopsy, which showed small foci of neutrophilic-and eosinophilic inflammation as well as features of chronic inflammation. C-ANCA turned positive, supporting a diagnosis of granulomatosis with polyangiitis (GPA) with pulmonary necrotizing nodules and upper airways mucositis. Treatment with methylprednisolone 250 mg iv for 3 days followed by prednisone 50 mg qd orally resulted in rapid clinical improvement. Diagnosis of GPA is based on clinical examination, serologic tests and histopathologic studies, but it is often considerably delayed because GPA is a rare disease (10 cases per million per year). Most patients however suffer from ear, nose or throat (ENT) symptoms that provide important clues for this difficult-to-diagnose condition, often seen in first instance by ENT and/or infectious disease specialists.

A 78-year-old man with chronic hepatitis C and interstitial pneumonia

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A 78-year-old man with chronic hepatitis C, ischemic cardiomyopathy, atrial fibrillation on amiodarone, and a mechanical aortic valve was admitted to the hospital for worsening dyspnea, orthopnea and cough in the last week. At physical examination, body temperature was 37°C, BP 125/75 mmHg, HR 135/min, RR 23/min. Crackles were audible at the bases bilaterally. Blood gas analysis demonstrated pH 7.40, PaO2 42, PaCO2 29, HCO3- 20; C-reactive protein was 13 mg/dl, white blood cell count 15×10^9/L. Chest X-ray showed diffuse pulmonary thickening and bilateral opacities. A first-line antibiotic regimen for community-acquired pneumonia was started but the patient did not improve, requiring non-invasive ventilation. HIV serology turned negative. A HRCT chest-scan showed significant interstitial lung disease (ILD), with multiple parenchymal opacities and lymphadenopathy. Broncho-alveolar lavage fluid yielded P. Aeruginosa and P. Jirovecii. Introduction of intravenous ciprofloxacin, trimethoprim/sulfamethoxazole, and corticosteroids was followed by a slow but sustained clinical recovery. Three months after discharge, full-blown polyarthritis and positivity for cyclic citrullinated peptide antibodies (CCP) led us to formulate a diagnosis of rheumatoid arthritis (RA). ILD, though a frequent extra-articular manifestation of RA usually diagnosed late in the course of the disease, is rarely a presenting feature of RA and may be complicated by opportunistic infections. The case underlines the difficulty of the differential diagnosis of ILD in the presence of polymorbidity and polypharmacy.

Cerebral vessels atheromasy detected by trans-cranial ultrasound

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In the acute phase of stroke is of primary importance early detection of etiology in order to set the correct therapy. In our Emergency Department, we have designed a diagnostic trial that involves ultrasound screening for all patients who are suspected of acute cerebrovascular accident. CT scan without contrast medium that is performed in the acute phase of the stroke allows to exclude the

presence of a cerebral hemorrhage but, is not able to identify the etiology of an ischemic event. Vascular ultrasound, in fact, is an economic, repeatable, versatile investigation that allows to locate the site of the obstructive process and to lead the healthcare in the best immediate therapeutic way. The presence of atheromasia of an intracranial vessel can be diagnosed, with the contribution of transcranial ultrasound, in a very short time. This is extraordinarily important considering that it is a pathology that can cause disabling strokes. Moreover, transient ischemic attacks due to the stenosis of a cerebral artery, are at high risk of evolving towards a severe stroke, Transcranial Color-Doppler sonography may be considerated a synergic tool to be applied with neuroradiological diagnostics used in the acute phase of cerebrovascular events.

Ateromasia cerebrale precoce nei pazienti affetti da sindrome metabolica

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La Sindrome Metabolica (SM) costituisce una patologia complessa che determina, un rischio maggiore di incorrere in eventi cardiovascolari. Obiettivo del lavoro, studiare con Ecografia Trans-Cranica (TCCD) eventuali compromissioni della morfologia ed emodinamica delle arterie cerebrali in un gruppo di pazienti con SM (Gruppo SM), comparati ad un gruppo controllo (Gruppo N).
Metodi: I 2 gruppi, ciascuno composto da 50 pazienti di sesso maschile (età 50±10), con assenza di pregressi eventi cardiovascolari - sono stati sottoposti ad ecografia transcranica. I parametri TCCD esaminati sono stati campionati a livello dell'arteria cerebrale media destra.
Risultati: Nei pazienti affetti da SM, la TCCD, ha evidenziato alterazioni della morfologia delle arterie cerebrali medie in assenza di compromissioni emodinamiche. In 6 Pazienti SM coesistevano alterazioni dei parametri emodinamici Nel gruppo N, assenza di alterazioni parietali.
Conclusioni: La Sindrome Metabolica è una condizione patologica che predispone al rischio di incorrere in eventi cardiovascolari. Si puo' ritenere che la coesistenza di patologie tra le quali l'ipertensione arteriosa possa determinare direttamente e con 'attivazione del sistema renina-angiotensina, di processi infiammatori e mediante fattori neuro-umorali, una precoce compromissione della morfologia vascolare. Da ciò potrebbe derivare una successiva compromissione dell'emodinamica cerebrale predisponente allo stroke. La TCCD, permette in modo non invasivo il monitoraggio di molteplici parametri che consentono di studiare la circolazione cerebrale.

Real life real dissection

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A 40-year-old, hypertensive patient come to our unit complaining of dysarthria and right side hemiplegia started in the early afternoon. The Ct scan performed at the admission excluded the presence of cerebral hemorrhage. In the norm ekg. Hyperglycaemia and mild renal impairment by laboratory tests. The cervical vessels ultrasound showed absence of significant atheromas. A careful analysis of the bulbar region of the left carotid district allowed to observe the tear of the intima along the posterior wall of internal carotid artery, with the characteristic flap pathognomonic of dissection. The bulbar carotid dissection seat is rather rare and atypical. In most cases, dissection affects the distal part of the internal carotid artery. Posterior to the flap, the ultrasound survey showed the presence of an anechoic area constituted by the hematoma and, at the same time, the beginning of the intravascular revascularization processes. The etiological diagnosis took less than an hour, making it possible to transfer the patient to the stroke unit for appropriate treatment. This clinical case is a further confirmation of the need for the work of a medical team in the management of complex pathologies, such as stroke.

Stroke acute phase

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In the acute phase of stroke is of primary importance early detection of etiology in order to set the correct therapy. In our Emergency Department, we have planned a diagnostic pathway that includes ultrasound screening for all patients who are suspected of acute cerebrovascular accident. CT scan without contrast medium performed in the acute phase of the stroke allows to exclude the presence of a cerebral hemorrhage but, is not able to identify the etiology of an ischemic event. Vascular ultrasound, is an economic, repeatable, versatile investigation that allows to locate the site of the obstructive process and to lead the healthcare in the best appropriate therapeutic way. The presence of atheromasia of an intracranial vessel can be diagnosed, with the contribution of trans-cranial ultrasound, in a very short time. This is extraordinarily important considering that it is a pathology that can cause disabling strokes. Moreover, transient ischemic attacks due to the stenosis of a cerebral artery, are at high risk of evolving towards a severe stroke, Transcranial Color-Doppler sonography may be considerated a synergic tool to be applied with neuroradiological diagnostics used in the acute phase of cerebrovascular events.

Infezione da Citomegalovirus con polmonite ed epatite in paziente trattata con anticorpo monoclonale ustekinumab

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Premessa: L'infezione da citomegalovirus (CMV) in pz. immunocompromesso causa importante morbilità e mortalità; nell'ospite immunocompetente spesso asintomatica, occasionalmente può comportare gravi complicanze organo specifiche; la trasmissione può avvenire anche per contatto ravvicinato come documentato da siero conversione tra membri della famiglia.
Caso clinico: Uomo di 61aa, con dispnea e dolori articolari; exfumatore, pregressa SCA con ST sopraslivellato e albero coronarico privo di lesioni, pregresso versamento articolare del ginocchio dx senza reperti suggestivi per artrite erosiva all'Rx. All'EO: non artrite in atto; dolore nei movimenti attivi e passivi delle metacarpofalangee bilateralmente; modesta tumefazione e limitazione funzionale del ginocchio dx. Al torace mv ridotto e crepitii bibasali. Toni cardiaci validi, ritmici non rumori patologici. Esami ematochimici: (PCR 1,80 mg/dL, VES 26mm/h); non leucocitosi; Fattore Reumatoide (FR) 382.0 UI/mL (rif <15) Ab-anti peptide ciclico citrullinato 221.8 UI/mL (rif. <20). RX torace: normale. All'ecocardiogramma versamento pericardico. RX mani e polsi: assenza di alterazioni compatibili con RA; RMN mani e polsi: rilievo di erosioni a carico delle ossa del carpo bilateralmente, delle articolazioni metacarpo-falangee con modesto versamento articolare compatibili con RA.
Conclusioni: La contemporanea presenza del FR e degli anti-CCP altamente predittiva di precoci erosioni deve indurre alla conferma con imaging (RMN) più sensibile, anche di fronte ad una clinica non tipica e ad insorgenza tardiva.

Leucemia mielomonocitica cronica: diagnosi occasionale in paziente con colecistite acuta e sepsi

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Premessa: LMMC: rara sindrome mielodisplastica/mieloproliferativa (incidenza: 0.3/100.000) si verifica in anziani (età media 65-75aa), con sintomi e segni non specifici, variabile citopenia con monocitosi >1000 mm³, splenomegalia nel 25% dei casi; è tra le leucemie croniche più aggressive.
Caso clinico: Uomo di 58 aa, si presenta con dolore addominale e febbre da 7 gg (temperatura≥38°C); per colecistite acuta e calcoli viene sottoposto ad intervento chirurgico urgente. Agli esami: leucocitosi 33.66 x10³/uL con neutrofilia 24.97 x10³/uL e mo-

nocitosi 7.27 x10^3/uL, Hb 9.9 g/dl, piastrine 148 x10^3/uL. Dopo 10 giorni dall'intervento persiste monocitosi assoluta 3190 mm³, anemia con Hb 9.0 g/dl e piastrinopenia 124.000 mm³; eritropoietina sierica 56.49 mUI/ml (vn 2.59-18.50); evidente splenomegalia (Ø max C-C: 20 cm). Alla BOM: proliferazione della linea eritroide con diseritropoiesi granulocitaria e scarsa tendenza maturativa con componente monocitica (blasti CD34+: <5%) e megacariocitica con microforme; cellularità midollare 40-50%, aumento focale delle fibre reticolari (MF1); reperto indicativo di sindrome mieloproliferativa/mielodisplastica tipo leucemia mielomonocitica cronica (CMML-0).
Conclusioni: La particolarità del caso sta nella diagnosi occasionale in pz. non anziano avvenuta a seguito di ricovero ospedaliero per infezione acuta e sepsi con spiccata leucocitosi; l'attenta rivalutazione dell'emocromo dopo la risoluzione dell'episodio infettivo con evidenza di monocitosi assoluta ha permesso il sospetto e la conseguente diagnosi.

Sepsi da *Staphylococcus aureus* in paziente con addensamento polmonare ed insufficienza mitralica grave per rottura di corde tendinee

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Premessa: Lo Staphylococcus aureus (S. aureus) è tra le principali cause di batteriemia acquisita in comunità e ospedale; i pz. sviluppano complicanze con mortalità tra 20 e 40%; l'incidenza di endocardite in corso di batteriemia da S.aureus è del 10-15%; CAP da S. aureus può osservarsi in pz. anziani e più giovani in corso di influenza.
Caso clinico: Uomo di 39 aa già in buona salute, si presenta con febbre da 3 gg (T: ≥39°C), tachicardico, tachipnoico, dispnea moderata; esami e clinica permettono la diagnosi di sepsi: GB 8.18 x10^3/uL, Hb 11.1 g/dl, PLT 97 x10^3/uL, creatinina 1,46 mg/dl, Na 123mEq/L, PCR >19 mg/dl, lattati 2,25 mMol/L; emocolture positive per S. aureus; all'Rx torace: addensamento polmonare basale destro; all'ETT: insufficienza mitralica massiva da fail del lembo posteriore; l'ETE conferma e precisa: lembo posteriore ridondante ed ampiamente prolassante con max. prolasso in P2 con fail da rottura di corda tendinea maggiore e fail gap 1 cm; atrio e ventricolo sin. dilatati; non evidenza di vegetazioni endocarditiche. Indicazione a riparazione mitralica che avviene senza posizionamento di anello; 4 corde tendinee rotte; non vegetazioni; atrio e ventricolo sin. ingranditi come per insufficienza mitralica già prima dell'attuale ricovero; all'esame colturale della valvola S. aureus.
Conclusioni: Si evidenzia la gravità delle complicanze con cui l'infezione si è manifestata in adulto giovane non tossicodipendente; l'ecocardiogramma rappresenta un esame prioritario nella diagnostica precoce in caso di sepsi e mandatorio se emocolture+per S. aureus.

Sideropenic anemia due to obscure/occult gastro-intestinal bleeding: from a clinical case to a potential algorithm

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Introduction: Sideropenic anemia (SA) is sometimes due to occult Gastro-Intestinal Bleeding (OGIB) which persists or recurs after an initial negative endoscopic evaluation.
Clinical case: Female. 67. SA, stool occult blood test (SOBT): positive. Endoscopic tests: Positive HP gastropathy, proctitis, hemorrhoidal disease.
Despite the treatment of these conditions, SA and SOBT persisted. Because of diagnosis of OGIB with indication of the study of the small intestine, the patient, for the impossibility of being subjected to examination with video-capsule, practiced small bowel MRI. It was found: "Expansive lesion downstream of the Treiz ligament with tight stenosis and satellite lymphadenopathy". Compatible diagnosis with jejunum adenocarcinoma. Confirmation from histological exam of the operative piece.
Discussion and Conclusions: SA due to OGIB may underlie rare and potentially severe diseases as well as above. Small bowel tumors represent 0.3% of all tumors and slightly more than 2% of gastro-enteric tumors, incidence: 1 in 100,000 and prevalence: 0.6%. The late or inaccurate diagnosis is frequent, both due to the rarity of the disease and to the unclear symptoms (sometimes SA alone). Furthermore it is necessary to consider the difficulty of detecting these lesions through common instrumental investigations. Recent innovative technologies can offer valuable support to the diagnostic path in a context of a diagnostic algorithm that starts from the careful selection of patients without forgetting the hospital reality in which we operate.

Nuove biotecnologie utilizzate nel trattamento del piede diabetico

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Negli ultimi anni sono stati sviluppati prodotti medicali e dispositivi in ambito biotecnologico importanti per la riparazione dei tessuti. Nel nostro Dipartimento abbiamo raggiunto interessanti risultati attraverso l'utilizzo di biovetro (sostituto osseo sintetico), collagene ricombinante umano di tipo I prodotto da piante di tabacco bioingegnerizzate e microinnesto con tecnica della disgregazione meccanica. Dal marzo 2017 al gennaio 2018, abbiamo seguito complessivamente 16 pazienti: 10 affetti da osteomielite trattati con innesto di osso sintetico dopo debridement chirurgico, 2 affetti da diastasi post-chirurgica con applicazione di collagene ricombinante umano e 4 affetti da lesione cutanea cronica con apposizione di microinnesti cutanei autologhi. Tutti i pazienti erano affetti da diabete mellito (età media: 65,73; durata di malattia: >10 anni), non ischemici (tutti con TcPO2 >40 mmHg), operati per flemmone, osteomielite oppure con ulcere cutanee aperte da almeno 2 mesi. Sono stati ricoverati per il trattamento chirurgico e poi seguiti in ambulatorio con medicazioni avanzate. Solo in 2 casi non è stata ancora raggiunta la completa riepitelizzazione, mentre negli altri 14 casi si è ottenuta la chiusura delle lesioni in tempi variabili da 6 a 20 settimane. Durante il follow-up non si sono verificate recidive, nè eventi avversi. Queste metodiche rappresentano nuove opportunità nel trattamento di lesioni in pazienti complicati. Sono necessari trial multicentrici controllati per poter confermare la loro efficacia.

Un caso di sarcoma di Kaposi dell'anziano

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Donna di 88 anni si ricovera per scompenso cardiaco e "ulcere" arti inferiori.
Anamnesi e EO: Paziente con deficit cognitivo vascolare, semi-allettata, affetta da cardiopatia ipertensiva. Clinicamente al torace segni di scompenso cardiaco e presenza di papule blu-violacee agli arti inferiori con ulcerazioni. All'ECG presenza di FA di nuova insorgenza.
Decorso clinico: La paziente è stata trattata per lo scompenso e per la concomitante insorgenza di febbre legata alla sovrainfezione delle ulcere da Gram - ed è stata sottoposta a biopsia delle lesioni nel sospetto di Sarcoma di Kaposi, risultata poi positiva (HHV8+). Date le precarie condizioni non si è proceduto con terapie specifiche per il Sarcoma.
Conclusioni: Il Sarcoma di Kaposi nasce da cellule endoteliali vascolari e linfatiche. La forma classica ha progressione non dolorosa e lenta. La causa principale è l'infezione da HHV-8. Si manifesta con una proliferazione vascolare multicentrica, caratterizzata dallo sviluppo di papule che successivamente evolvono in placche e poi in noduli blu/rosso che colpiscono la cute, più frequentemente le estremità inferiori, o le mucose e i visceri (apparato gastroenterico, genitale o, più raramente, polmonare). Il loro incremento è lento sia nella misura che nel numero, diffondendosi comunque alle aree più prossimali. La scelta del trattamento ri-

sulta pesantemente influenzata dal numero e dalla posizione dei sarcomi, dalla gravità dei sintomi, dallo stadio di progressione della malattia e dal grado di immunosoppressione del paziente: crioterapia, radioterapia, immuno e chemioterapia.

Recanalization rate in patients with proximal vein thrombosis treated with the new direct oral anticoagulants

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Background: It is still unknown if there is a difference in the recanalization rate in patients with proximal deep venous thrombosis (DVT) of the legs treated with the direct oral anticoagulants (DOAC) or Vitamin K antagonists (VKA)
Methods: the rate of residual vein thrombosis (RVT) at three to six months was evaluated in patients treated with VKA and in patients treated with DOAC. In both cohorts, RVT was defined as the ultrasound persistence of thrombotic material resulting in a diameter of at least 4mm of incompressibility of the proximal veins.
Results: in this interim analysis 128 patients were included (49 VKA, 79 DOAC). Maen age at diagnosis was 73.6 years (SD 7.72 years), 64 patients were women (50.0%) At the end of follow up RVT was detected in 46.9% of VKA treated patients and in 29.1% of DOACs treated patients respectively (p 0.04). Other significant risk factors for RVT at univariate analysis were age and extension of DVT (femoro-popliteal) (p 0.05 and <0.001 respectively). At multivariate analysis extension of DVT only remained significantly associated with an increased risk of RVT (OR 4.71, 95% CI 1.91, 11,57).
Conclusions: In patients with proximal DVT treatment with the DOAC and VKA appeared associated with a similar rate of complete recanalization at 3-6 months of follow up.

Spondylodiscitis and infective endocarditis coinfection

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The diagnosis of an infective endocarditits by a spondylodiscitis is rarely observed.Spondiloscitis is the main presentation of hematogenous osteomyelitis in patients over fifty years. Streptococcus sp.(third most frequent cause of non-tuberculous spondylodiscitis after staphylococci and gram-negative bacteria) and enterococcus sp. were strongly associated with infective endocarditis in elderly patient.We report a clinical case where the diagnosis of spondylodiscitis preceded that of infective endocarditis. A 79-year-old male was admitted to the general ward for breathlessness, coughing and worsening of the persistent backpain.Past clinical history was characterized by:arterial hypertension, aortic valvular stenosis.On examination: sinus tachycardia,systolic murmur,anckle swelling,pulmonary crepitations.The clinical course revealed unknown diabetes mellitus.Three samples blood culture showed Enterococcus faecalis.A MRI scan of the thoracic-lumbar spine showed typical spondylodiscitis findings.CT-guided bone biopsy on vertebral interspace D11-D12 noted the presence of Enterococcus faecalis.A transesophageal echocardiogram described an infectious endocarditis on aortic valve in dilated cardiopathy with left ventricular dysfunction.The patient,treated with targeted antibiosis,was referred,for haemodynamic impairment induced by endocarditis,to immediate aortic valve replacement surgery with St.Jude Trifecta bioprosthesis with therapeutic success.

Insulin degludec/liraglutide is efficacious and safe in patients with type 2 diabetes with normal, mild or moderate renal impairment: analyses from phase 3 trials

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Background: The DUAL I–V clinical trials investigated the efficacy and safety of IDegLira *versus* different comparators; basal insulin, glucagon-like peptide-1 receptor agonist (GLP-1 RA) and placebo. This post hoc analysis aimed to evaluate the effects of IDegLira *versus* comparators in patients with type 2 diabetes (T2D) as a function of baseline renal function.
Materials and Methods: Patients were grouped by their baseline renal function (normal, mild or moderate impairment, with estimated glomerular filtration rates [eGFR] of ≥90, ≥60–<90 and ≥30–<60 mL/min/1.73 m^2, respectively).
Results: HbA1c reductions from baseline to end of trial were significantly greater with IDegLira *versus* comparators in all baseline renal function groups. Across renal function groups, hypoglycaemia rates were lower with IDegLira *versus* basal insulin but higher *versus* GLP-1 RA and placebo, and eGFR was unchanged at the end of trial for all treatments. Adverse event rates (per patient-year of exposure) were similar for patients with normal, mild and moderate renal impairment, respectively (IDegLira [4.1, 3.8 and 4.6]; basal insulin [3.6, 3.6 and 3.5]; GLP-1 RA [4.8, 4.9 and 4.5]; placebo [3.0, 4.1 and 4.6]).
Conclusions: In conclusion, IDegLira is safe and more efficacious than comparators in patients with T2D with mild or moderate renal impairment with lower hypoglycaemia rates when compared with basal insulin. The results resemble those observed in patients with normal renal function.

Pancitopenic combination

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72-year-old female presented to emergency department with four-day fever and profuse asthenia. In anamnesis RCU in therapy with corticosteroids, mesalazina, and azathioprine (AZA) started 15 days before. Furthermore, patient has been in therapy for five days with trimethoprim sulfametoxazole for urinary tract infection. Laboratory hemogram showed Hb 4,2 g/dL (RBC 1.240.000/ mmc), standard index for coagulation, PCR 200 mg/L and procalcitonin 1,9 ng/ml. She underwent to bone marrow aspiration, resulted compatible with aplastic framework; no aberrant phenotypes and/or clonal cells were found. Microbiological assessment was negative. Therapy with filgrastim was established because of febrile neutropenia, as well antibiotic therapy (piperacillin+tazobactam) and, because of positivity for Candida tropicalis, with caspofungine. Patient received transfusion and, after a progressive improvement, she was discharged home with the diagnosis of iatrogenic pancytopenia
Conclusions: Azathioprine is widely used in chronicle intestinal disease, however, adverse effects occur in 9-28% of patients, for which reduction or suspension of the dose may be necessary. Myelotoxicity is a common side effect of AZA, however myelosuppression with pancytopenia is quite rare. Literature data show that association between Merthotrexate (MTX) and trimethoprim sulfametoxazole can lead to potential drug interaction which increases the toxicity of MTX. Less known are data about association between AZA and Trimethoprim, however considering the myelotoxicity of both drugs.

An electric storm

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Aim: Brugada syndrome leads to sudden death, due to severe ventricular rhythm abnormalities.
Case report: 46-year-old male patient presented to emergency department with a story of hypertension, chronic HCV-related liver disease and toxic addiction in substitution treatment. Patient, during hospitalization for sleep apnea, had a cardiac arrest, so he was subjected to cardio-pulmonary resuscitation(CPR). Patient had three new episodes of VF, so he underwent to CPR again, and to therapy with 300 mg of amiodarone, with restoration of sinus rhythm. Patient was stable, alert and collaborating, BP 150/80 mmHg, O2Sat. 98%, hemogasanalysis showed low values of potassium (2,1 mEq), so therapy with KCl 20 mEq was started. Blood chemistry tests showed rise of troponin T, with value of 81 pg/ml (normal range 0,0-14 pg/mL), normal value of CK-Mb, mild increase in creatinine and transaminases. The echocardiogram revealed good kinetics, with normal shaped heart chambers. The 12-lead electrocardiogram showed elevation of the ST segment in V1 e V2, so suspicion of Brugada syndrome was raised. Patient was admitted to coronary intensive care unit and subjected to coronarography, which didn't show any obstruction. He was exposed to stimulation test with Isoprenalina, so confirming Brugada Syndrome.
Conclusions: Brugada syndrome is a disorder characterized by sudden death, associated with one of several ECG patterns characterized by incomplete right bundle-branch block and ST-segment elevation in the anterior precordial leads, in the absence of cardiac ischemia.

Un raro caso di vasculite sistemica con interessamento istero-annessiale

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Premesse: Presentiamo il caso di una paziente di 78 anni, affetta da una forma di vasculite sistemica con interessamento istero-annessiale.
Descrizione del caso clinico: All'esordio comparsa di febbre serotina, poliartralgie, metrorragia; riscontro di piometra (Acinetobacter +). Durante ricovero in Ginecologia effettuava indagini clinico-strumentali (inclusa TC torace-addome ed ecocardio, negative, riscontro di ANA+ e Reumatest +) e diverse linee di terapia antibiotica, inefficaci sulla febbre. Sottoposta ad istero-annessiectomia, riscontro di vasculite ovarica e uterina (infiltrati linfoplasmacellulari e neutrofili con aggregati di macrofagi e rarissime cellule giganti multinucleate in endometrio e miometrio e ai piccoli vasi, con focale necrosi fibrinoide). Trattata con steroide a basse dosi, a distanza di sei mesi allo scalaggio del cortisone recidiva di febbre e comparsa di artrite non erosiva, simmetrica, delle articolazioni MTF e delle caviglie, e disestesie agli arti inferiori; alla PET, eseguita sotto steroide a dosaggio medio, non segni di captazione dei vasi di grosso-medio calibro; rilievo EMG di polineuropatia mista assonale e demielinizzante di grado marcato. Negativi ENA, antiDNA, ANCA, crioglobuline, HBV e HCV; complemento non consumato.
Conclusioni: Miglioramento clinico e laboratoristico dopo terapia con steroide a dose medio-alta e methotrexate. Persistono disturbi neuropatici periferici. Questo è il primo caso descritto di vasculite sistemica dei piccoli vasi con artrite simmetrica non erosiva, polineuropatia mista ed interessamento istero-annessiale.

Nimesulide-induced leukocytoclastic vasculitis

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Background: Nimesulide is an anti-inflammatory drugs (NSAIDs) considered a contentious medication due to its hepatic and renal toxicities.
Case presentation: A 70-year-old woman with history of COPD and osteoarthritis was admitted to our Internal Medicine ward with palpable purpura. The rash developed 5 days after the intake of nimesulide for joint pain. The eruption was associated with pruritus, severe malaise and low-grade fever. Physical examination revealed a diffuse, symmetric purpuric papules in the legs and necrotic and ulcerated skin lesions involving the thighs and buttocks. Blood tests showed slight leucocytosis and elevation in inflammatory serum biomarkers. Renal function, screening for autoimmune diseases, serology for hepatitis B and C and HIV, cryoglobulin and coagulation tests were negative. Chest X-ray and abdominal ultrasound did not show abnormal findings. Skin biopsy showed areas of leukocytoclastic vasculitis with neutrophil infiltration within small vessels, fibrinoid necrosis and red blood cell extravasation. Based on the clinical history, laboratory, and histology findings the diagnosis of hypersensitivity vasculitis was established. The patient was treated with systemic corticosteroids (methylprednisolone 1 mg/Kg IV for 5 days followed by oral prednisolone in dose tapering). Gradually there was a clinical improvement with disappearance of the skin lesions.
Conclusions: Although hypersensitivity vasculitis is rarely reported, clinicians should be also aware of the risk of leukocytoclastic vasculitis associated with nimesulide intake.

Ecografia del colon nella colite pseudomembranosa

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La colite pseudomembranosa è una severa colite infettiva. L'agente eziologico è il Clostridium difficile,un bacillo Gram+ anaerobio,la cui infezione è favorita dall'assunzione di antibiotici(penicilline,cefalosporine, clindamicina e lincomicina). Colpisce il retto e colon sinistro (77-80%), mentre il trasverso, il colon destro e il ceco in un 5-19%. La diagnosi si basa su: esami di laboratorio, studi di imaging, endoscopia e istologia. Tra gli studi di imaging vi sono: rx diretta addome, TC addome e la PET con leucociti marcati con Indio. Negli ultimi anni si è affiancato l'utilizzo dell'ecografia addome con studio del colon. Paziente di 96 anni accede al PS per dispnea, febbre e diarrea con riscontro di polmonite per cui era già in terapia con ceftriaxone e levofloxacina. Per la diarrea nel sospetto di un'infezione da clostridium difficile sono state prelevate le copro colture e l'antigene fecale. All' ecografia a livello di tutto il colon riscontro di ispessimento(8-10 mm)della parete intestinale con perdita completa della stratificazione con lume intestinale virtuale e iperecogeno e ispessimento del mesentere con minima quantità di liquido libero. Dai riscontri colturali delle feci positività per l'antigene e tossina del clostridium difficile. Dopo terapia specifica con metronidazolo e vancomicina miglioramento dei reperti ecografici del colon. L'ecografia del colon,in pazienti con una colite pseudo membranosa,è un esame non invasivo,eseguibile a letto del paziente e economico. È fondamentale per valutare il grado, l'estensione e l' evoluzione della colite.

Studio osservazionale di accuratezza diagnostica e compliance terapeutica in pazienti con asma bronchiale

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Premesse e Scopo dello studio: L'asma è una malattia caratterizzata da una infiammazione bronchiale cronica. È definita da una storia di sintomi respiratori quali respiro sibilante, dispnea, sensazione di costrizione toracica e/o tosse, insieme a una variabile limitazione al flusso espiratorio. Lo scopo del nostro studio è stato quello di osservare l'accuratezza diagnostica e la compliace terapeutica in pazienti adulti che accedevano in PS con sintomi come dispnea, tosse, sibili respiratori con o senza pregressa diagnosi di asma.

Materiali e Metodi: Da gennaio 2017 a dicembre 2017 abbiamo reclutato 18 pazienti con dispnea, tosse, respiro sibilante in assenza di febbre, broncopolmonite,segni di scompenso cardiaco, embolia polmonare e diagnosi di BPCO.
Risultati: Tra questi 18 pazienti 12 sono donne e 6 uomini con un età media di 39 anni. I pazienti con una pregressa diagnosi di asma bronchiale erano 5 e 13 non avevano una diagnosi pur avendo sintomi respiratori da anni o mesi. Tra i 5 pazienti con asma bronchiale solo 2 erano in terapia con ICS/LABA; 2 non eseguivano terapie e 1 eseguiva terapia con SABA. I 13 pazienti senza diagnosi sono stati sottoposti a spirometria con conferma di asma bronchiale a 8 di questi. Tra questi pazienti 5 eseguivano terapie inalatorie(cortisone e beta agonista a breve durata) prima della nostra valutazione.
Conclusioni: Tale patologia è ancora molto sottostimata e la compliace terapeutica risulta molto bassa.

La "Struttura Integrata Socio-Sanitaria": un modello sinergico di cura ospedale-territorio, centrato sul paziente

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Premesse e Scopo dello studio: Da alcuni anni, la regione Campania pone l'attenzione sulla necessità di riorganizzare i servizi assistenziali ospedale-territorio nelle aree geograficamente decentrate, per favorire l'accessibilità alle strutture sanitarie in territori geomorfologicamente disagiati.
Materiali e Metodi: La riorganizzazione del territorio e della sua rete (D.C.M. 11-12-2015 "Potenziamento dell'offerta extraospedaliera e territoriale") portano ad una riorganizzazione che ricolloca in una unica struttura territoriale, "Struttura Integrata Socio-Sanitaria" (SISS), l'offerta sanitaria territoriale, MMG, PLS e specialistica ambulatoriale, in una ottica di continuità Ospedale-Territorio.
Risultati: Le SISS erogano prestazioni per garantire l'assistenza ed il recupero funzionale di pazienti in post-acuzie, ma che hanno necessità di ulteriori interventi, non erogabili, in maniera efficiente, presso lo stesso domicilio del paziente. Si tratta, quindi, di una struttura pubblica ad accesso gratuito inserita nell'ASL territorialmente competente, che supera il modello strutturale oggi vigente e che dovrà avere una vocazione multifunzionale e a gestione multiprofessionale/multidisciplinare. La riconversione delle strutture Ospedaliere di Cerreto Sannita e di San Bartolomeo in Galdo sono sintonici con le esigenze socio-sanitarie territoriali.
Conclusioni: L'assistenza erogata in SISS consente una maggiore relazione con i familiari ed utilizzare in modo efficace i servizi territoriali per gestire al meglio la cronicità e le eventuali cronicità residue in post-acuzie.

Studio caso-controllo: anomalie dell'emodinamica cerebrale in pazienti con cardiopatia ischemica prematura

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Premesse e Scopo dello studio: L'arteriosclerosi è responsabile di anomalie nei meccanismi di regolazione del flusso ematico anche in assenza di lesioni stenosanti, gli AA. hanno voluto esplorare le anomalie dell'emodinamica cerebrale in pazienti con cardiopatia ischemica prematura.
Materiali e Metodi: ecografia ad alta risoluzione e Doppler PW con analisi spettrale. Sono stati selezionati 30 pz. (età=50±5) e 32 sogg. sani (età=48±6) in cui è stata misurata con Doppler trans-cranico la velocità sistolica, telediastolica e media dell'arteria cerebrale media calcolandone l'indice di pulsatilità, indicatore delle resistenze vascolari cerebrali.
Risultati: Le velocità del flusso ematico cerebrale sono risultate nei pazienti e nei controlli: per la VS 70±12 e 78±13, per la VTD 34±5 e 40±7 ($p<0.01$), per la VM 47±7 e 54±7 ($p<0.05$). Il PI è risultato pari a 0.78±0.11 e 0.70±0.09 ($p<0.05$). L'estensione ed il grado di severità delle lesioni arteriose a livello della biforcazione carotidea sono risultati più alti nei pazienti rispetto ai controlli ($p<0.001$). L'analisi spettrale non ha evidenziato alcuna stenosi emodinamicamente significativa.
Conclusioni: È stata documentata una diffusa compromissione arteriosclerotica del distretto carotideo associate a ridotte velocità del flusso ematico a livello delle arterie cerebrali medie. I dati confermano l'esistenza di un aumento delle resistenze vascolari cerebrali nei pazienti coronaropatici, verosimilmente in conseguenza di alterazioni dei meccanismi di vasodilatazione.

La malattia di Fabry, un "grande impostore"

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Premesse e Scopo dello studio: La malattia di Fabry (MF) è una patologia d'accumulo lisosomiale X-linked causata da mutazioni del gene GLA e carenza dell'enzima α-galattosidasi (α-Gal); il fenotipo dipende dal livello di attività dell'enzima: quando bassa o nulla determina la forma classica con neuropatia, telengectasie/angiocheratomi, opacità corneali, cardiopatia ipertrofica (LVH), coinvolgimento cerebrovascolare, renale, gastroenterico; quando ridotta determina la forma ad esordio tardivo (variante cardiaca e variante renale).
Materiali e Metodi: Descriviamo il caso di un uomo di 56 anni con potus attivo e LVH a genesi non chiarita ricoverato per TIA, angor con alterazioni ECG e iperestesie diffuse. Il quadro di LVH e le manifestazioni cliniche portavano ad eseguire ulteriori approfondimenti; la RM cardiaca e il dosaggio dell'attività di α-Gal ponevano il sospetto di MF con coinvolgimento cardiaco e neurologico, diagnosi confermata dalla genetica; alla CGF patologia di IVA trattata con PTCA e DES.
Discussione: La variante cardiaca (con LVH) è la forma più comune ad esordio tardivo. E' in genere accompagnata da patologia del microcircolo, ma anche di vasi epicardici. Il caso descritto presentava inoltre patologia cerebrovascolare e neuropatia periferica tipica con dolore urente a livello delle estremità.
Conclusioni: La MF è sottodiagnosticata per le manifestazioni cliniche aspecifiche e pertanto definita "il grande impostore". Va ricercata in quei pazienti con un sintomo caratteristico e la diagnosi prevede il dosaggio dell'attività di α-Gal e la conferma genetica.

Thrombocytopenia during sepsis

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85year old woman hospitalized for fever with a clinical presantation of exacerbated COPD with hypoxemic respiratory failure. In medical history chronic AF in aspirin for related intolerance to Warfarin and Apixaban, third stage CRF, PM for second degree AVB. Aerosol therapy with corticosteroids and bronchodilators therapy was initiated and also ceftriaxone and levofloxacin IV for posiviteblood culture for Morganella Morgani, diuretics and corticosteroids IV, and prophylactic dose LMWH. Subsequent haematochemical tests show significant thrombocytopenia (44,000), potentially related to treatment with LMWH: persistence of thrombocytopenia even after drug withdrawal. In following days emergence of lower limb edema with a marked elevation of the D dimer, at the doppler-ultrasonography, shows bilateral femoropopliteal DVT; therapy with Edoxaban was started and normalization of thrombocytopenia followed. For presence of mild hyperthermia with alteration of the bioumural indexes of inflammation, positive blood culture for Staphylococcus Aureus, it's initiated antibiotic therapy with Teicoplanin, with improvement of the clinical picture. The clinical case induces to pay attention to the possible etiopathogenetic factors involved in the onset of thrombocytopenia during heparin therapy; in particular, in this case, it can be reasonably assumed that the thrombocytopenia

is correlable to the "consumption" of platelets in the context of a DIC induced by sepsis condition; the concomitant DVT, favored by the septic state, could also represent a clinical manifest correlated with the DIC.

Una rara associazione di endocrinopatie autoimmuni

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Introduzione: La poliendocrinopatia autoimmune tipo 2 (sindrome di Schmidt) è definita da almeno 2 tra malattia di Addison, tireopatia autoimmune e diabete mellito tipo 1 (DM1), con eventuale associazione con altre malattie autoimmuni.
Caso clinico: Un uomo di 46 anni con DM1 e artrite reumatoide giovanile in remissione veniva ricoverato per marcato peggioramento di dispepsia, vomito, dolore addominale e calo ponderale. Il paziente era stato recentemente ricoverato in altra sede ove aveva effettuato TC addome (pancreas ipotrofico e disomogeneo, Lnmegalie peripancreatiche reattive), ecoendoscopia (EUS - che confermava reperti TC), MRCP (microlitiasi della colecisti), EGDS (gastrite lieve). Durante il nostro ricovero all'ecografia addome+tiroide si confermavano i reperti addominali già noti ed un quadro di tiroidite (anti-TPO positivi, ipotiroidismo subclinico), venivano esclusi insufficienza pancreatica esocrina e neoplasie pancreatiche (incluso linfoma con esecuzione EUS+FNAB). Dopo un mese di benessere tornava ricoverato. Oltre ai noti sintomi erano presenti ipotensione (85/50 mmHg) e iponatremia (123 mEq/l), per cui è sorto il sospetto di m. di Addison (a esami riduzione di aldosterone e cortisolo, elevazione renina e ACTH). Gli anticorpi anti-surrene sono risultati positivi, come da sindrome di Schmidt. Il trattamento sostitutivo ha normalizzato anomalie biochimiche, valori pressori e cenestesi. Una revisione a posteriori del primo ricovero ci ha mostrato che iponatremia e ipotensione in effetti erano già presenti (132 mEq/L e 90/60 mmHg), un mese e mezzo prima.

L'applicazione di un protocollo diagnostico-terapeutico assistenziale può, accanto al miglioramento dell'accuratezza diagnostica e terapeutica, ottimizzare in maniera virtuosa la qualità dei DRG ad esso correlati?

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Premesse e Scopo dello studio: Verificare se il nostro PDTA sulla bronco-pneumopatia cronica ostruttiva riacutizzata (BPCOr – DRG 88) potesse incidere positivamente sulle performances cliniche ed anche su quelle amministrative (*Peso Relativo*, *Fatturazione di DRG*) dei pz dimessi dalla nostra UO Internistico-Geriatrica.
Materiali e Metodi: Abbiamo valutato i parametri relativi al miglioramento dell'appropriatezza diagnostico-terapeutica di tutti i pz inseriti nel PDTA e *n°*, *peso relativo* e *fatturato* dei DRG 87 (insufficienza respiratoria), 88 e 127 (insufficienza cardiaca) degli anni pre e post-PDTA.
Risultati: Il miglioramento dell'accuratezza diagnostica ha fatto ridurre le diagnosi errate di BPCOr del 62% nel 2014 e di un ulteriore 57% nel 2017. L'appropriatezza terapeutica alla dimissione (=prescrizione di ICS+LABA o triplice) è cresciuta dal 55% (2012) ad oltre l'80% (2017). Le diagnosi di insufficienza respiratoria sono incrementate del 23% nel 2014 e di un ulteriore 77% nel 2017. Le diagnosi di scompenso cardiaco sono aumentate del 52% nel 2014 e di un ulteriore 66% nel 2017. Il *Peso Relativo complessivo* dei DRG (PRc) è aumentato dell'88% (PRc 383 nel 2012 e 720 nel 2017). Il *fatturato* relativo ai DRG, dal 2012 al 2017, è raddoppiato.
Conclusioni: L'applicazione del PDTA ha migliorato significativamente l'accuratezza diagnostico-terapeutica incrementando *PR* e *Fatturato* dei DRG correlati, con dimessi totali ridotti nel 2014 (-5%) e di poco aumentati nel 2017 (+7%), non in grado, quindi, di giustificare l'incremento di PR e fatturato

Incoercible hiccups in a 69-year-old diabetic patient

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Hiccupping may be a symptom of many underlying conditions, including nerve irritation, metabolic disorders, drug side effects and central nervous system damage. A 69-year-old male, heavy smoker, presented to our hospital because of incoercible hiccups, lasting about 48 hours, interfering with his daily activities. He had a history of type 2 diabetes with vascular complications, as a result of which he underwent many surgical procedures, such as aorto-popliteal bypass and bilateral carotid endarterectomy. Physical examination didn't offer any significant clue. Chest X-ray revealed a severe enlargement of the cardiac silhouette with clear lung fields. An ECG showed sinus rhythm and signs of left ventricular hypertrophy. We performed an HRTC, which showed a pericardial effusion, up to 3 mm in size. Cardiological follow-up consultations and transthoracic echocardiography confirmed the existence of acute pericarditis, and we decided to start an anti-inflammatory treatment with acetylsalicylic acid and colchicine.We ran some test focusing on autoimmune and viral causes, and we detected a possible recent Epstein Barr infection. As a matter of fact, the patient recalled having a fever a couple of weeks before. After 8 days of treatment, the patient was discharged to continue his therapy at home, with a significant reduction in the effusion volume and disappearance of symptoms. This case illustrates a peculiar presentation of a somewhat common condition. The complex and multifaceted history of the patient could lead to consider varied causes to explain his hiccupping, but eventually the cause was a disease that showed no sign of its existence whatsoever.

A challenging fever

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Background: Despite advances in medicine, fever of unknown origin (FUO) remains a big challenge.
Case report: A 50-year-old man was admitted to our hospital because of 3-month low-grade fever without other symptoms. About 15 years before, he underwent to cholecystectomy and biliary stenting because of cholelithiasis complicated by liver abscess. Later he was in good health until he had a viral myocarditis presenting with chest pain, fever, increased troponin levels and confirmed by MRI. Despite MRI resolution of myocarditis, fever persisted. Physical examination, abdominal ultrasound (US) and chest X-ray were normal. Blood test revealed high levels of PCR, while troponin was normal. Blood and urine culture, comprehensive infectious and autoimmune tests and procalcitonin were negative. Patients underwent to FDG-PET demonstrating a high FDG uptake in a 7 cm lesion in the V and VI segments of the liver (SUV max 13). A CT-guided biopsy was performed, resulting negative for neoplasm, but positive for inflammatory tissue. At the US follow up, the lesion appeared progressively more evident, hypo echogenic and with an abscess-like behavior at CEUS. We hypothesized a reactivation of the previous liver infection because the lesion had the same localization. Intravenous antibiotics (piperacillin plus tygecycline) leaded to clinical and laboratory resolution. Finally, PET was repeated showing a significantly decrease of SUV (3.4).
Conclusions: An accurate methodological approach, including a detailed patient history, is crucial for a correct etiological diagnosis of FUO.

Streptococcus anginosus bacteremia: diagnostic and therapeutic approach

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Background: *Streptococcus anginosus* group (SAG), consists of

3 distinct species of streptococci, *i.e. S. intermedius*, *S. constellatus*, and *S. anginosus*. The propensity to produce abscesses clinically distinguishes this group from other viridans streptococci.
Case presentation: An 83 year-old man presented with a 2-day history of fever, vomiting and altered mental status. Blood check showed neutrophilic leukocytosis, alteration of liver function tests and a procalcitonin of 10.7ng/ml. Chest X-ray was normal. The patient was started on IV piperacillin/tazobactam and admitted to our internal medicine ward. Blood cultures grew *S. anginosus*. This finding prompted us to perform additional diagnostic tests, in an attempt to identify the source of infection. An abscess of the IV hepatic segment was identified by a CT scan, along with thrombosis of the middle hepatic vein and of a branch of the right portal vein. The abscess was drained percutaneously and antibiotic treatment was streamlined to IV ceftriaxone. Ecocardiography ruled out endocarditis, colonscopy showed diverticulosis with no evidence of intestinal infection or cancer. The patient was treated with ceftriaxone for 2 weeks, followed by oral amoxicillin for 3 weeks, with complete clinical recovery.
Discussion: The present case confirms the ability of *S. anginosus* to cause invasive pyogenic infections. Isolation of SAG species from blood cultures warrants a thorough search for an underlying deep abscess. Intravenous b-lactam antibiotics are the mainstay of treatment; the presence of an abscess warrants surgical draining.

Effetti dell'iperglicemia sull'intervallo QTc e sulla variabilità della frequenza cardiaca in pazienti diabetici afferenti in DEA

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Premesse e Scopo dello studio: L'iperglicemia nel DEA è tipica dei pazienti critici con DM noto, ma può esserlo anche in soggetti con diabete non diagnosticato o riscontrato in risposta ad una condizione acuta (SIH). Scopo dello studio la valutazione sull'assetto glico-metabolico-infiammatorio e sull'intervallo QTc/QT dispersione e sull'equilibrio simpatico-vagale (LF/HF) in due gruppi di soggetti diabetici.
Materiali e Metodi: I dati sono stati ottenuti su 20 pazienti, 10 I, critici con valori glicemici da correggere con insulina iv e 10 N, con buon compenso metabolico negli ultimi sei mesi. Entrambi i gruppi sono stati sottoposti a ECG basale per la valutazione della durata dell'intervallo QT/QT dispersione. Entrambi i gruppi sono stati sottoposti a monitoraggio ECG delle 24 ore per l'analisi della Variabilità della Frequenza Cardiaca.
Risultati: nel gruppo I si osservava un incremento del tono simpatico, dell'intervallo QT/QT dispersione, con riduzione significativa dopo infusione di insulina e stabilizzazione dei valori glicemici. I valori dell'intervallo QTc/QTc dispersione erano maggiori nel gruppo I rispetto ai pazienti del gruppo N. L'analisi dell'HRV indicava che gli indici nel dominio di tempo erano inferiori nei diabetici scompensati. L'analisi spettrale dell'HRV ha rilevato differenze sia nell'analisi delle 24 ore sia nei periodi sonno-veglia.
Conclusioni: l'iperglicemia aumenta l'intervallo QTc; la stabilizzazione dei valori glicemici migliora tali indici determinando una maggiore stabilità elettrica e un ridotto rischio aritmico.

Cytomegalovirus infection in immunocompetent adult

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This case documents a presentation of CMV infection in immunocompetent adult patient. Case report: a 47-year-old man presented to the emergency department with a 1-week history of fever, cough, headache and myalgia, not responsive to antibiotic therapy. His physical examination revealed bilateral inguinal lymphadenopathy. Laboratory tests showed thrombocytopenia, C reactive protein was 4.3 mg/dl (normal <0.7 mg/dl) and transaminases levels increased to almost three times the upper reference limit. He was admitted to internal medicine ward. To determine the cause of fever, blood and urine cultures were performed, which were negative. Serological tests for EBV and B and C hepatitis were negative. CMV serology showed positive IgM titers, and blood polymerase chain reaction revealed 5 x 10^4 copies/ml of CMV DNA. Both primary and acquired immunodeficiencies were excluded by a negative HIV test and normal concentration of IgG, IgA and IgM; excluded also autoimmune diseases and malignancies. A total body CT scan identified jugular, celiac and inguinal lymphadenopathy, bilateral pleural effusion and hepatosplenomegaly. At PET modest increase in uptake at jugular lymph nodes. A few days later, symptoms of dyspnea started. At this time patient began ganciclovir, with gradual improvement of condition (resolution of fever and dyspnea) and progressive correction of hepatic dysfunction. The patient was discharged. He was re-evaluated periodically. Pleural effusion showed resolution, as well as hepatosplenomegaly. IgG titers increased, with documented seroconversion.

A strange case of tuberculosis

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A 77-year-old man presented to the emergency department with a 1-week history of fever. He has history of COPD, pulmonary infiltrate in the right upper lobe and mediastinal adenopathy in follow-up for two years and rheumatoid arthritis in steroid therapy (in the past immunosuppressive therapies). Laboratory tests showed leucopenia with elevation of CRP (22.8 mg/dl), anemia of chronic disease and elevated transaminases, GGT and alkaline phosphatase. He was treated with multiple lines of antibiotic therapy obtaining a resolution of fever which reoccured when antibiotics were discontinued. We did not observe any improvement after the increase in steroid dose. To determine the cause of fever, blood and urine cultures were performed and were negative. Serological tests for EBV, HIV, Chlamydia, Legionella, Bartonella, Salmonella, Brucella and B and C hepatitis were negative; we excluded also other autoimmune diseases and malignancies. QuantiFERON was positive. Intensively elevated CD64 exam. A total body CT scan identified hepatic nodules, with mild increase in uptake at PET, suggestive for infection, and the presence of parietal thickening of the right upper lobar bronchus. Therefore an endoscopic study was carried out using the EBUS technique, with evidence of histiocytic granulomas at the lymph node level. In the suspicion of atypical mycobacteriosis/TBC, ex-adjuvantibus, we started a therapy with isoniazid, pyrazinamide, rifampicin, azithromycin and ethambutol. It should be noted that the response to therapy is still being evaluated, as well as mycobacterial cultures.

Ambulatory blood pressure monitoring phenonotypes in very elderly subjects: reproducibility and connections with pharmacological therapy changes

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Objectives: White coat effects (WCE) and white coat hypertension (WCH) are common conditions that, especially in elderly, may lead to overtreatment with consequent hypotensions and side effects. Ambulatory blood pressure monitoring (ABPM) helps differenciating WCE and WCH subjects from those really needing therapeutic upgrading. This study evaluated reproducibility of ABPM phenonotypes in very elderly.
Design and Methods: 734 subjects >75 years repeated 2 ABPMs within a year. Subjects were diveded in the the 4 classic phenotypes (normotensives, hypertensives, WCH and masked). WCE was defined as the mean of the first and the last hour of recording >daytime mean pressure and masked effect if lower. In each group we evaluated phenotypic persistence or variation at the second recording, according to treatent and its modifications. A further subanalysis was conducted in smokers, diabetics and for age groups.
Results: The most represented phenotypes were hypertensives

(40%) and normotensives (33%) followed by WCH (21%); negligible percentage (6%) were masked with a slight prevalence among smokers (11%) and diabetics (9%). Constant increase in WCE was identified with the increasing age. Second recordings showed normotension increase with therapy upgrading and a lower increase in hypertensives when therapy was downgraded. WCE/WCH seemed to be more indipendent from pharmacological therapy variations.
Conclusions: ABPM is an important tool to guide therapeutic strategies especially in elderly subjects, in consideration of the high prevalence of white coat patients among this age group.

A case of cryptogenic pseudocirrhosis causing acute liver failure: when clinic and radiology work together

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A case of acute liver failure rapidly worsening came to our attention becoming a challenging diagnosis. A 46-year-old otherwise healthy woman complained about one month lasting abdominal pain and at the clinical examination the abdomen was suspected for the presence of ascites with signs of cholestasis. Ultrasounds revealed a pseudocirrhosis subversion of liver. Main infective etiology including echinococcosis, and autoimmunity were excluded. A contrast CT total body showed multiple pseudonodular lesions in the liver, no dilatation or suspicious areas in bile ducts, peritoneal thickening with probable diffusion throw thoracic diaphragm. In order to confirm a primitive liver or bile ducts neoplasm, a MRCP was performed documented a desmoplastic reaction in liver parenchima with multiple secondary lesions. Surprisingly a thoracic scan point out the presence of two spiculated left breast lesions (6 and 10 mm) with contrast enhancement. Considering the complexity of the case, we dosed neoplastic markers, confirming the possibility of a primary breast cancer (Ca 15-3: 9407). Meantime we performed a liver biopsy which gave us the chance to make diagnosis of glandular neoplasm with sclerosis. We planned a breast biopsy but unfortunately the patient died the day before the exam. At our knowledge this is the first case of breast cancer metastasis which show up itself as pesudocirrhosis while in literature this is described after chemotherapy.

Trombosi venosa del circolo splancnico: vecchi legami e nuove strategie

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Premesse: Scopo del caso è stabilire il work up diagnostico, l'outcome e le opzioni terapeutiche nelle trombosi venose a sedi atipiche
Descrizione del caso clinico: Uomo di 62 anni, con anamnesi familiare di malattia mieloproliferativa, pregressa TVS dell'arto inferiore sinistro, accede per febbre e dolore addominale con riscontro di trombosi portomesenterica. Le indagini di primo livello dimostrano leucocitosi, aumento della PCR e del Ddimero. La TC toraco-addominale evidenzia trombosi del circolo splancnico, ispessimento delle anse digiunali e splenomegalia. Eseguita gastroscopia e pancolonscopia negative. Le indagini di secondo livello dimostrano markers tumorali e anticorpi antifosfolipidi negativi, mutazione del gene della protrombina G20210A allo stato eterozigote e positività del JAK2. Viene avviata terapia con fondaparinux e poi il paziente viene inserito nel protocollo di studio sul rivaroxaban RIVASVT100, che ne prevede l'utilizzo nelle trombosi venose splancniche alle dosi impiegate nel trattamento del TEV. La TC evolutiva dimostra la ricanalizzazione dei rami principali della vena porta con formazione del cavernoma portale. Pur in assenza di MPS conclamata su consulenza ematologica viene avviata terapia citoriduttiva ed è tuttora in corso il follow up.
Conclusioni: Il caso clinico pone analizza due problematiche: l'impatto dei NOAC nella terapia delle trombosi venose splancniche, ancora in fase di studio data l'esigua casistica, e la correlazione tra trombosi venosa del circolo splancnico ed MPS, con indicazioni sul follow up diagnostico e terapeutico.

Problemi diagnostici nell'endocardite infettiva

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Uomo di 68 anni che accede in PS per elevata e sudorazione profusa notturna. Il paziente aveva eseguito un primo ciclo di terapia antibiotica (amoxicillina/ac clavulanico) senza miglioramento. Anamnesi patologica remota non significativa.All'arrivo non alterazioni significative all'EO e agli esami ematici PCR 4,51. Prelevate emocolture ed iniziata terapia empirica con piperacillina/tazobactam Rx del torace negativa. In ecografia clinica addensamento subpleurico alla base sn. Durante la degenza non febbre nè sudorazione PCR 2,48Viene dimesso con terapia antibiotica domiciliare (augmentin e levoxacin) e programmata visita di controllo in day service che esegue dopo 3 giorni: paziente afebbrile in buone condizioni generali per cui si sospende la terapia antibiotica. Non ancora pervenute le risposte delle emocolture (positive per *S. gallolyticus* R ad aminoglucosidi). Dopo 3 settimane accesso in PS per riferita febbre elevata da 1 settimana. In Ps esegue esami ematici con rilievo di leucocitosi e incremento della PCR 4.05) e TC torace negativa, prelevato nuovo set di emocolture risultate positive anch'esse per *S. gallolyticus* Ecografia cardiaca: vegetazione a livello del lembo mitralico anteriore confermato da eco tranesofageo. Inizia terapia antibiotica con ceftriaxone 2 gr /die In attesa di eseguire valutazione cardiochirurgica e colonscopia. L'endocardite infettiva rappresenta ancora oggi una diagnosi insidiosa per l'andamento spesso subdolo e i sintomi aspecifici. La positività alle emocolture, con il reperto ecografico, rappresenta un criterio maggiore secondo Dukes.

An unusual swelling on the scalp

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A 70-year-old woman with arterial hypertension, osteoarthritis and previous gastric ulcer, bladder neoplasm, DVT and smoke exposure, came to our hospital for a growing erythematous swelling on the scalp, present for three months, associated with low-grade fever, asthenia, hyporexia and weight loss. Clinical examination showed right arm dysmetria. Differential diagnosis included infectious and neoplastic lesions. Head CT scan and MRI revealed a massive extra-axial expansive lesion with intra- and extracranial involvement, which caused mass effect, lateral shift of the midline structures and bone involvement. The lesion was compatible with lymphoproliferative neoplasm, primary meningioma or secondary tumor. Surgical biopsy was performed and histological exam revealed large B-cell lymphoma. Chest-abdomen CT scan didn't detect any further tumor locations. Diagnosis was therefore made of primary cutaneous lymphoma. Our patient was treated with antibiotic therapy and poli-chemotherapy (R-CHOP) was started. Primary cutaneous lymphomas (PCLs) are a heterogeneous group of NHLs affecting skin. 65% of them originate from T cells (CTCLs), 25% from B cells (CBCLs) and the remaining part from NK cells. Prognosis depends on histological subtype and stage. Staging evaluation is necessary for therapeutic decision. Therapeutic approach includes mono or polichemotherapy, radiotherapy and surgical removal. CBCLs usually present with erythematous infiltrated plaques, nodules or tumors. A probable correlation has been hypothesized between Borrelia burgdorferi or EBV infection and CBCLs.

An unexpected cause of myelopathy

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A 59-year-old man with smoke and cocaine exposure, previous

TIA, diffuse spondylotic myelopathy with previous neurosurgical interventions with residual upper and lower limbs paresthesia and unilateral lower limb hyposthenia, came to our hospital for worsening and extension of paresthesia to the trunk, constipation, blunted defecation urge and lack of sensation to urinate. Abdominal imaging showed colon coprostasis. Blood tests revealed macrocytic anemia and elevated total bilirubin, AST and LDH levels. HIV and syphilis tests were negative. Spine MRI showed reactive bone marrow and abnormal hyperintensities on T2WI of the posterior and antero-lateral columns in cervicothoracic spine, suggestive of subacute combined degeneration (SCD) due to vitamin B12 deficiency. New blood test revealed severe vitamin B12 deficiency and positivity for anti-gastric-mucosa Abs. Histological exam of EGDS specimens revealed chronic atrophic gastritis. Our patient was treated with high-dose IV vitamin B12 and showed early improvement in neurological symptoms. Diagnosis was therefore made of myelopathy due to vitamin B12 deficiency. Vitamin B12 is necessary for development, myelination and normal function of CNS. A deficiency can result in demyelination disorders, such us SCD (degeneration of the posterior and lateral columns of the spinal cord, with characteristic hyperintensity on T2WI). Many patients with severe deficiency present with mainly neurological symptoms. The most frequent cause of deficiency is a lack of intrinsic factor due to autoimmune chronic gastritis called pernicious anemia.

Un'ascite che viene da lontano

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Premises: 52-year-old patient was admitted for recurrence of symptoms present from almost 1 year –mild dyspnea, sense of abdominal tension, lower limb edema. Comorbidity was a recent AF (rivaroxaban on course) with several failed cardioversion attempts. In the last year two cardiologic and hepatologic evaluations were not conclusive. Noteworthy in the past history was an episode of acute pericarditis 20 years earlier and a nephew with a history of cardiomyopathy.
Clinical case description: The patient has mild ascites, mild bilateral pleural effusion, mild dyspnea, hepatomegaly, elevated jugular venous pressure. Hematologic tests suggested a liver disease evolved in cirrhosis. At the gastroscopy esophageal varices F1 was found. BNP and clinical presentation suggested a concomitant cardiac dysfunction. On abdominal US mild ascites, severe dilatation of the suprahepatic veins, hypertrophy of the left lobe was evident. Cardiac US showed an EF of 32%, a normal PAPs, no echocardiographic criteria for constrictive pericarditis, but the thorax CT showed pericardial calcifications. The patient was referred for right heart catheterization that confirms constricting patterns and suspects superimposed tachy-induced cardiomyopathy. Liver Stiffness on Fibroscan was 35 KPa.
Conclusions: The patient undergoes pericardiectomy on month later with a marked improvement in the symptoms and EF, resolution of ascites and edema. As expected liver Stiffness on performed 2 months later was 23 KPa.

Paracetamol induced rhabdomyolisis in a young man with family history of malignant hypertermia: a case report

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Introduction: Rhabdomyolysis is a sindrome due to the necrosis of skeletal muscle cells and the subsequent release of intracellular proteins and electrolytes into the blood stream.
Case report: A young man with family history of malignant hypertermia was admitted to the department of Medicine of Policlinico Tor Vergata for rhabdomyolisis and myoglobinuria after taking paracetamol in therapeutic doses (2gr for the first day and 3 gr for the next 2 days). While the patient's sister was certainly suffering from malignant hypertermia, this diagnosis was ruled out in our patient due to a previous negative muscle biopsy. At the time of admission the patient was fully oriented and alert. Temperature, blood pressure and oxygen saturation were normal. The patient complained pain on palpation of the muscles. Heart sounds, lung and neurological examination were negative. Chest radiography was normal. The abdomen was treatable, painless and no signs of peritonism were detected. Blood tests showed a strong increase of CPK (>14000), Myoglobin (12000), LDH(>4000 U/L), AST(4201 U/L) and ALT (643U/L). During hospitalization, to prevent kidney damage, the patient underwent intravenous fluid therapy with physiological solution obtaining a progressive resolution of the clinical picture and normalization of the blood tests.
Conclusions: Rhabdomyolisis is not included among the possible adverse reactions to paracetamol. Indeed the data in literature related to the appearance of this event are very limited. In this case report an unpredictable adverse reaction to this drug is described.

Peritoneal tuberculosis: a diagnostic challenge

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Introduction: Peritoneal tuberculosis (PT) occurs in 3 forms: wet type with ascites, dry type with adhesions and fibrotic type with omental thickening. Early diagnosis is difficult as routine findings are rarely diagnostic.
Case report: A 43-year-old Chinese man was admitted for abdominal pain, asthenia and a weight loss of 5 Kg during the last month. Physical examination revealed ascites in the lower quadrants of the abdomen. Blood exams showed a normal WBC count with lymphocytopenia, high RCP (126 mg/l), normal NT-proBNP levels and hypoalbuminemia. Quantiferon and serology for HIV, HCV, HBV, Schistosome, Leishmania and T. pallidum were negative. A thoracoabdominal CT scan confirmed the abdominal effusion. EGD and colonoscopy didn't show any evidence of lesions. We performed a paracentesis and the cytologyc examination of the ascitic fluid didn't find atypical cells but the presence of lymphocytes. PCR and microscopic examination for M. tuberculosis were negative. The patient underwent exploratory laparotomy with biopsies of nodularity involving intestinal loops and the histological examination revealed necrotizing granulomatous phlogosis with a positivity of PCR for M. tuberculosis. Coltural examination of the ascitic fluid yelded M. tuberculosis only after two week of incubation.
Conclusions: The diagnosis of PT should be considered in case of ascites with lymphocyte predominance, especially in immigrants, immunosuppressed patients, CAPD, AIDS or cirrhosis. Ascitic fluid cultures have low yields, but laparoscopy with biopsy or cultures frequently confirm the diagnosis.

Successful treatment of a severe arterial thrombotic HIT-like clinical picture complicated by acute kidney injury

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Introduction: Heparin-induced thrombocytopenia (HIT) is a rare but potential life-threatening complication of heparin treatment due to antibodies to complexes of platelet factor 4 (PF4) and heparin. In the more severe forms arterial or venous thrombosis occur, and in the presence of renal failure the standard of treatment is argatroban infusion, APTT range 1,5-3. A diagnosis of HIT however cannot be made without laboratory evidence of anti-PF4/heparin antibodies.
Case report: A young man, 8 days after splenectomy for traumatic rupture, and 6 days from LMWH start, developed an acute severe thrombocytopenia (<20.000/ml) associated with CT findings of extensive aortic thrombosis involving the origin of the main arterial branches. At the same time he showed acute renal failure (creat >5 mg/dl) after CT contrast administration. In the hypothesis of HIT heparin was stopped and Argatroban infusion initiated at the

dose of 2 mcg/Kg/min together with ev fluids and high dose furosemide. After two weeks of treatment both thrombocytopenia and acute kidney injury reversed, argatroban was stopped and warfarin started. Anti-PF4 (immunoessays) were negative on two separate testing. The patient was discharged with warfarin INR range 2-3 and at follow-up no thrombocytopenia nor renal failure relapsed.
Conclusions: The clinical diagnosis of HIT rests on demonstrating thrombocytopenia and/or thrombosis in temporal association with heparin therapy while excluding other causes of thrombocytopenia. Our case could be regarded as a typical HIT but for the lack of anti-PF4/heparin antibodies.

Prognostic role of neutrophils to lymphocytes ratio in patients with acute pulmonary embolism: a systematic review and meta-analysis of the literature

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Background: The prognostic assessment of patients with acute pulmonary embolism (PE) is essential to drive its management. The search for new prognostic factors is a central issue for a more accurate estimate of short-term adverse events. Circulating neutrophils/lymphocytes ratio (NLR) has been suggested as prognostic biomarker for different cardiovascular diseases. Given the central role of inflammation and in particular of neutrophils in the pathogenesis of VTE and its clinical history, NLR could represent a prognostic tool also in this setting.
Objectives: We performed a systematic review and meta-analysis of the literature to assess the prognostic role of NLR in patients with acute PE.
Methods: MEDLINE and EMBASE were searched up to 2017, week 21. A bivariate random-effects regression approach was used to obtain summary estimate of accuracy of the high-NLR adjusting for inter-study variability.
Results: Six studies for a total of 1424 patient were included. High-NLR had a weighted mean sensitivity of 77% (95%CI 68-83) and a weighted mean specificity of 74% (95%CI 68-79). High-NLR positive and negative predictive values were 24.4% (95%CI 20.4-28.3) and 96.7% (95%CI 95.6-97.8) respectively.
Conclusions: The relevant impact of NLR on short-term mortality after an acute PE makes it a promising biomarker to better stratify patient prognosis.

Prognostic value of residual pulmonary vascular obstruction after an acute pulmonary embolism diagnosis: a meta-analysis

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Sacubitril/valsartan in heart failure: preliminary results of a selected series

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Background and Aim of study: The ARNI Sacubitril/Valsartan (S/V) demonstrated its superiority over Enalapril in improving the prognosis of patients (pts) with heart failure (HF). We report the results of S/V efficacy and safety in a small series of pts with HF and multiple comorbidities.
Materials and Methods: We treated 12 pts with S/V (6 M and 6 F, mean age 66.3 y), with EF*r*HF, in NYHA class II-III, (7 with 100mg/day; 5 with 200mg/day). Treatment efficacy was assessed by observing changes in the NYHA class, quality of life (KCCQ), proBNP and EF, between data at baseline and after 4 months. The behavior of blood pressure, renal function and K were recorded. The main comorbidities were hypertension (H), COPD, diabetes and renal failure.
Results: All pts had an improvement in symptoms and quality of life (KCCQ+1.62); in 5 a change from the III to II NYHA class was observed; in 6 there was an increase in the EF (+ 18.5%) and in 4 a reduction of proBNP. No patient experienced significant adverse events. In 5 it was not possible to increase the posology of S/V for low pressure values. In one case the dosage of the mineralocorticoid receptor antagonist had to be reduced and then its simultaneous administration was suspended due to progressive increase in K. No patients was re-hospitalized in a 4-months follow up.
Conclusions: Our first limited experience confirm the great potential of S/V that also seems to be able to interfere with the age-related continuum between hypertension and HF in the older populations, a type of patient frequently observed in the Internal Medicine.

End-of-life care in Internal Medicine: usefulness of "Surprise-Question" screening tool

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When addressing the issue of end-life there can be embarrassing fears of inadequacy and uncertainties among health workers, forced to confront the serious responsibility of awareness and communication about this situation. Inadequate education about end of life can lead, in fact, significant stress in doctors and great suffering to the patient's relatives. An approach to awareness of death can be represented by the "Surprise Question", screening tool to identify low survival patients: *"Would you be surprised if this patient died within the next months, weeks, days?"*. This method allows the doctor to be more aware of the time course towards the unfortunate event and, therefore, to understand which communicative and therapeutic strategies may be the best. Several studies have shown that the SQ about the survival between 7-30 days and 12 months proved to be a good predictor in some cases like patients with advanced neoplasm. A more recent study carried out in the US in 2016, however, has questioned the value about chronic diseases different from neoplasms. It would be desirable for Internists to be able to use tools as accurate as possible for a safer awareness of the psychological and social problems in the near future, so that they don't make any communication and control mistakes. The technique of the SQ seems to be promising and its own prospective evaluation is certainly opportune in Internal Medicine.

When anemia is multifactorial...

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Introduction: Anemia is a common health problem affecting our patients admitted to Internal Medicine Unit. According to the World Health Organization (WHO), it is defined as hemoglobin (Hb) levels <12.0 g/dL in women and <13.0 g/dL in men. Since anemia is often multifactorial, underlying pathological mechanism and patient history should be taken into account.
Materials and Methods: A 56-year old African man was admitted to our Hospital because of asthenia finding severe microcytic anemia (Hb 6.4 g/dl MCV 68 fL). He denied alcohol use. His medical history included diabetes, hypertension, past ictus, lower extremity arterial disease, dyslipidemia and chronic renal failure. Exams revealed: WBC 5360/mmc, PLT 329000/mmc, INR 0.9, CEA 186 microg/L, creatinine 1.6 mg/dl, iron (ferritin 8 microg/dl) and folate deficiency, haptoglobin 131 mg/dl, ALT 23 U/L, total bilirubin 0.4 mg/dl, test for thalassemia was negative while faecal occult blood and test for sickle cell disease (SCD) were positive.
Results: The patient was transfused with 2 RBC then we started iron and folate suppplementation. We did not observe signs of hemolytic anemia and we initiated hydration iv and LWMH sc. EGDS showed gastric adenocarcinoma while thorax CT underlined bilateral pulmonary embolism and abdomen CT abdominal lymphadenopathy. For his comorbidities, surgeon sent the patient firstly to Oncologyst.
Conclusions: Internist should pay attention to all causes of anemia for a correct diseases's treatment.

HCV RNA monitoring during interferon free treatment: does it really matter?

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Introduction: Data on viral kinetic to predict SVR (sustained virological response) during DAA therapy for HCV infection are scarse. The aim of our study was to assess if HCV monitoring can be useful for Hepatologyst.
Materials and Methods: Between January 1, 2015 and January 1, 2017, 180 patients were treated on the basis of AIFA rules. Values of HCV RNA quantitative at baseline, 2, 4, 8, 12, 24 weeks (if the duration of treatment was 24 weeks) of treatment and 4, 12, 24 weeks after the end of therapy were retrospectively collected.
Results: Of 180 patients (84 F, 96 M, median age 62 years old), 6 patients (3.3%) relapsed after 12 weeks post treatment and one patient after 4. Genotype 1 infection was most prevalent (63%), followed by genotype 2 (22%), genotype 3 (8%) and genotype 4 (7%). 96 patients were never treated (naive) while 84 were experienced to previous antiviral treatment. Ribavirin treatment was prescribed in 112 patients. 132 patients had LSM (liver stiffness measurement) equal to F4, 42 pts to F3 and 6 pts to F0-F2 with extrahepatic manifestations. Median HCV RNA baseline was 1746407 UI/ml. HCV RNA at TW2 was not detectable in 30 patients. In 128 (71%) patients HCV RNA was negative at 4 week while in the others (29%) HCV RNA was detectable (median value 197 UI/ml). All patients were negative at TW8, TW12 and TW24 and we did not observe virological breakthrought. There was an absolute concordance between SVR4, SVR12 and SVR24.
Conclusions: HCV RNA monitoring could be neglected by clinicians because it is not useful predictor of ultimate virological response.

Acute hepatitis B: when to treat?

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Introduction: Although the introduction of vaccine against hepatitis B virus has reduced the prevalence of acute and chronic hepatitis B, few cases of acute hepatitis B in Italy still occur.
Materials and Methods: A 40-year-old man was admitted to our Department because about one week before he experienced a symptomatic pattern characterized by malaise with fever, abdominal pain, diarrhea and jaundice. He was a binge drinker but personal history was negative for intravenous drugs or herbal medicine intake. He reported an unprotected sexual intercourse with a woman two weeks before. He did not take any type of medication and he was always in good health.
Results: Routine serum biochemical tests showed WBC 6760/mmc Hb 15.6 g/dl PLT 844000/mmc creatinine 0.98 mg/dl total bilirubin 12.6 mg/dl direct 9.8 mg/dl INR 2.1 ferritin 3037 ng/ml ALT 1723 U/L GGT 384 U/L albumin 2.8 g/dl HBsAg positive HBsAb negative HBcAb IgM positive HBeAg positive HBeAb negative HCV Ab negative HCV RNA negative HIV Ab negative HAV Ab negative delta Ab negative HBV DNA 12340000 UI/ml genotype E ammonium 24 microg/dl. Abdomen ultrasound showed liver with regular size in absence of liver lesions, no ascites, longitudinal diameter of spleen 10 cm, diameter portal vein 8 mm, edema gall bladder without gall-stones. Because of severe acute hepatitis we started entecavir 1 mg/die with gradual clinical and biochemical improvement.
Conclusions: Patients with severe acute hepatitis B characterized by coagulopathy or protracted course should be treated with NA and considered for liver transplantation.

Causes of auditory hallucinations...: don't forget epilepsy!

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Introduction: Auditory hallucinations are uncommon phenomena often associated with psychiatric illness, focal brain lesion, epilepsy and intoxication/pharmacology.
Materials and Methods: A 61-year-old man was admitted to Emergency Room because he reported auditory hallucinationsincluding hearing voices and musical hallucinations without others symptoms. His history revealed diabetes and hypertension. His family history was negative for psychiatric disorders. Home therapy included: aspirin, metformin, pioglitazone, ramipril, calcium antagonist and diuretic treatment. He denied alcohol or drugs. His exams were normal except for sodium value that was equal to 124 mEq/L. Head CT and colordoppler TSA were negative and Neurologyst concluded for hallucinations in dehydration with hyponatriemia and he was admitted to our Department of Internal Medicine.
Results: We started intravenous hydration but after 72 hours the patient experienced generalized tonic-clonic seizures. He was transferred to Neurology Department. Later, head MR imaging, EEG and lumbar puncture were negative.
Conclusions: Epilepsy is a common neurological disorder but it can hide various clinical manifestations. For a correct diagnosis, it is necessary clinical observation and to collect accurate medical history.

Analisi economica e multifattoriale dell'ictus cerebrale in fase acuta

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Premesse e Scopo dello studio: In Italia l'ictus cerebrale rappresenta la terza causa di morte. Si stima che circa 910.000 italiani all'anno convivano con le conseguenze di questa grave patologia. La necessità di razionalizzare la spesa sanitaria richiede una valutazione dell'impatto socio-economico e la stima delle singole componenti che su di esse incidono.
Materiali e Metodi: L'analisi, basata sulle Linee Guida Spread per l'ictus, ha considerato i pazienti provenienti dal PS e ricoverati presso l'UOC di Medicina Interna. Sono state utilizzate schede di

valutazione che tenevano conto dell'impatto economico stimato sulla durata della degenza, sulla terapia farmacologica e riabilitativa attuata.
Risultati: I 60 pazienti (28 M e 32 F) colpiti da ictus nel periodo aprile-luglio 2017, presentavano una degenza media di 10±2 giorni, con un trattamento terapeutico, riferito alla sola fase acuta della patologia, stimato pari a circa 5.000±550 €.
Conclusioni: Vari sono i fattori che incidono sul costo globale dell'ictus in fase acuta quale il trattamento farmacologico riabilitativo ed il peso assistenziale del grado di disabilità residua. Tuttavia la componente organizzativa, ovvero un modello integrato rete stroke, può essere determinante per limitare i danni provocati dalla malattia, in modo da poter intervenire tempestivamente, riducendo mortalità e disabilità, con relativa ottimizzazione dei costi socio-sanitari.

Eosinophils blood count and reversibility in COPD patients

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Introduction: Eosinophils (eos) are increased in the circulation and sputum of some asthma and COPD patients, but their role in the development of reversibility in COPD patients is less established.
Aim: To evaluate correlation between reversibility and Eos blood percentage in patients with COPD.
Methods: In this multicenter ongoing study, consecutive COPD patients were enrolled at the time of spirometric diagnosis. For each patients blood cell count was obtained. Reversibility was defined in case of ≥12% postbronchodilator improvement in forced expiratory volume in 1 s from the baseline spirometry.
Results: This interim analysis included 25 outpatients (16 males, 64%; mean age 73.6±7,7 years); 32% were active smokers, 52% ex smokers; 32% had reversibility. Prevalence of eos ≥ 2%, was similar in patients with and without reversibility (5/8, 62.5% *vs* 10/17 58.8%; p 0.99) and we did not find any significant correlation between Eos and levels of postbronchodilator reversibility (r 0.21 p 0.31).
Conclusions: No association was found between eos ≥ 2% and reversibility or between eosinophil percentage and reversibility after salbutamol, suggesting a limited role of eosinophils in this setting. However, our conclusion should be interpreted with caution since this study is still ongoing and other large prospective studies are needed to confirm our preliminary findings.

La sindrome di Tolosa-Hunt: una rara causa di cefalea da non dimenticare

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Introduzione: La sindrome di Tolosa-Hunt è una rara forma di cefalea causata da flogosi del seno cavernoso o della fessura orbitaria superiore che si manifesta come cefalea intesa con localizzazione orbitaria-periorbitaria scarsamente responsiva a FANS e difetti di oculomozione. La terapia è basata su terapia steroidea.
Caso clinico: Un uomo di 45 anni è stato ricoverato per intenso dolore orbitario dx, diplopia e fotofobia. L'episodio veniva riferito come estremamente insolito per caratteristiche (riferiva cefalea muscolo-tensiva ma ad usuale localizzazione occipitale) ed assente risposta ad analgesia assunta (FANS). A valutazione iniziale si presentava inoltre midriasi fissa areagente dell'occhio dx e deficit dell'adduzione omolaterale. E' stato valutato da oculista che ha inizialmente sospettato la presenza di stupor pupillare quale seguito di attacco acuto di glaucoma, nonostante a 24 h da esordio ed in più occasioni successive non vi fosse ipertensione oculare, mentre ed il deficit pupillare e motorio permaneva. A valutazione neurologica veniva suggerita RMN cerebrale che non ha mostrato alcuna alterazione del tessuto cerebrale o del nervo oculomotore, mentre ha mostrato la presenza di segni di sinusite fronto-mascellare dallo stesso lato. Per riscontro di sinusite è stato posto il sospetto di sindrome di Tolosa Hunt, e pertanto è stata intrapresa terapia steroidea che ha portato rapido beneficio su dolore (risoluzione del dolore in circa 48h), mentre il deficit di oculomozione e di miosi ha presentato una più lenta risoluzione, come spesso accade in tale sindrome.

Atypical presentation of vasculitis: a case report

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Introduction: Vasculitis present with a wide spectrum of symptoms. Therefore, diagnosis may be difficult and often tardive.
Clinical case: A 82 year-old woman was hospitalized for severe bronchopneumonia. In the last few months she experienced weight loss, faecal occult blood positivity and anemia; gastroscopy and colonoscopy resulted negative. At total body CT scan showed ischemic outcomes in the left kidney, accentuation of the aortic wall as well as of renal, splacnic and thoracic arteries; it also showed multiple mediastinal and axillary lymphadenopathy. A new CT scan was performed, confirming the previous findings and revealing ectasia of the ascending aorta. In the suspicion of autoimmune inflammatory disease, we requested a PET- CT scan that showed hyper-fixation in ascending aorta, aortic arch, thoracic aorta, axillary, brachial, carotid, vertebral and femoral arteries. Lab tests were positive for ANA antibodies. The ecocolordoppler of temporal and succlavial arteries showed wall edema. In the suspect of diffuse vasculitis such as Horton gigantocellular vasculitis, the patient was initially treated with methylprednisolone (16 mg pd) and then with methotrexate (10 mg per week). Her case was entrusted to the Immunologist, with significant improvement.
Conclusions: Horton's disease may have atypical presentation such as weight loss and anemia in the absence of headache or mandibular claudication. Imaging and laboratory tests are necessary for the diagnosis; specific immunosuppressive therapy may lead to complete recovery.

Recurrent infections diseases related to immunoglobulin deficiency: a case report

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Introduction: Immunogolobulin deficiency can cause recurrent infectious diseases.
Case description: A 72 year-old woman had been suffering for months from non-specific symptoms, consisting in fever, weight loss, asthenia, slight wheezing, night sweats and cough. In the last 3 years she experienced frequent bronchopneumonic episodes, for which she has been treated with multiple cycles of steroid and antibiotic therapy, without significant improvement of symptoms. The patient comes to our attention for diagnostic pourpose. At the total body CT scan, skull and abdomen were normal; the thoracic scan revealed flogistic outcomes and some fibro-disventilating parenchymal bands. Echocardiogram resulted normal.
She performed a phoniatric examination with evidence of important signs of gastroesophageal reflux. The picture of recurrent infections led us to inspect the immunoglobulin assay. Lab test showed very low levels of immunogolobulins; serum immunofixation demonstrated mild hypogammaglobulinemia (IgG and IgM). The dosage of IgG subclasses showed severe deficit of IgG 1, IgG 3 and IgG 4. The patient was then entrusted to the Immunology Clinic for intravenous Ig therapy with excellent clinical response.
Conclusions: Immunoglobulin assay is necessary in case of frequent infectious diseases and endovenous Ig administration is indicated for prevention of further episodes.

Oesophageal disease and its association with systemic sclerosis

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Objectives: To evaluate the impact of gastro esophageal reflux (GER) in a consecutive and non selected series of patients with SSc and its clinical relevance. **Methods**: A total of 142 (122 W-20 M) unselected consecutive pts. with SSc were included in our study. They had mean age 51.2 years (range 13-84), disease duration 12.2 years±7.5 (range 1-24). GER was diagnosed as moderate/severe heartburn or regurgitation ≥ 1day a week. All the patients with GER received an upper endoscopy.
Results: The prevalence of GER was 43, 6% (62/142 patients). Among the 62 patients, by endoscopic examination, 57 were diagnosed with reflux esophagitis, the other five endoscopic negative patients were considered to have non-erosive reflux disease. By HRCT of the chest only 15 patients (24, 1%) experienced an expansion of the esophagus. There was no significant difference in age, gender or disease duration between patients with GER (Group A) and without GER (Group B). Comparing 62 pts. with GER (group A) *vs* 80 pts. without GER (Group B) we revealed: SCL-70 28 pts. (A) *vs* pts. 8 (B) p<0,01; Raynaud's phenomenon in 60 pts. (96,7%) (Group A) *vs* 72 pts. (90%) (Group B) p<0, 045, Fingertip Ulcers in 34 pts. (54, 8%)(A) *vs* 40 pts. (50%) (B) P<0, 027, Rodnan Skin Score 22.3±5.3 (A) *vs* 9.6±2.5 (B) p<0, 32. Comparing the 62 pts. with GER, the nail fold capillaroscopic analysis revealed: 8 pts. with capillaroscopic score <1 and mRSS 9.6; 26 pts. with capillaroscopic score 1,5 and mRSS 14,9; 28 pts. with capillaroscopic score 2,12 and mRSS 22.8.In this group we registered 6 deaths (4 male sex).

Greetings from Madeira

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Introduction: Management of patients with Immune Thrombocytopenia (ITP) not responding to standard therapy can be frustrating and terrifying for clinicians and patients. Much of the evidence in this area is limited to case reports.
Clinical case: Man, 82 years old, in the past medical history hypertension, diabetes mellitus type 2, previous ischemic stroke, psoriatic arthritis. He was hospitalized after the onset of skin petechiae and severe thrombocytopenia (platelet count 4000/mm3). The laboratory tests revealed vitamin B12 deficiency, 49% reticulated platelets. Autoantibodies, tumoral markers, virus serology (except for anti-HBc positivity) and hp faecal antigen were negative. Bone marrow aspiration was normal. Provisional diagnosis of ITP was made. We treated patient with cyanocobalamin injection, prednisone and IV-Immunoglobulin without clinical response. According to hematologist's consultation, we decided to treat the patient with Rituximab; the use of Thrombopoietin Receptor Agonists was contraindicated due to the previous stroke and elective splenectomy was judged an higher-risk option because of patient's age. We administrated Rituximab 375 mg/m2 IV once a week for 4 weeks and lamivudine daily. A complete response (platelet count 58.000/mm3) was achieved and patient was discharged. Recently we received a postcard with his greetings from Madeira.
Conclusions: There is currently no consensus on how is best to manage refractory ITP. Rituximab has been widely used off-label as a second line treatment, but in Italy its use remains off label.

Multiorgan toxicity of cocaine abuse: a case report

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Introduction : Cocaine is the second commonest illicit drug used and the most frequent cause of drug related deaths. Its use is associated with both acute and chronic complications that may involve any system, the most common being the cardiovascular system. Many cocaine users have little or no idea of the risks associated with its use. We intend to report a case of a young man with renal, cardiovascular and gastrointestinal complications of cocaine abuse.
Case report: A young man with no significant past medical history, was found on the ground in his flat in psychomotor agitation after cocaine abuse. He reported respiratory insufficiency with respiratory acidosis, marked rhabdomyolysis with acute renal injury and metabolic acidosis, multiple gastric ulcers with digestive bleeding, myocardial damage with elevation of high-sensitivity cardiac troponin concentrations and echocardiographic regional wall motion abnormalities, and acute hepatitis. He presented, furthermore, an increase of procalcitonin without evidence of bacterial infection. He was treated with supportive therapy (hydration, antibiotics, proton pump inhibitor, benzodiazepine) with progressive improvement of multiorgan toxicity.
Conclusions: To date this is the first report that decribes simultaneusly so many effects of cocaine abuse in a single patient. Cocaine is a strong vasoconstrictor and a powerful stimulant of the sympathetic nervous system by inhibiting catecholamine reuptake; most of direct toxic effects are mediated by oxidative stress and by mitochondrial dysfunction.

Una vera febbre di origine sconosciuta

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Premesse: Un paziente di 57 anni giungeva in reparto per febbre continua da circa 7 giorni, associata ad artromialgie diffuse. Riferiva di essere portatore di valvola aortica bicuspide calcifica. Un mese prima aveva eseguito cure ortodontiche senza profilassi antibiotica.
Indagini: L'obiettività risultava completamente negativa. Gli esami ematici dimostravano rialzo degli indici di flogosi, leucocitosi neutrofila, ipertransaminasemia ed iperferritinemia. Gli accertamenti microbiologici (emocolture, urinocoltura, Weil-felix, Widal-Wright, Quantiferon, betaglucano, sierologia per B. Quintana, T. Gondi, EBV, HIV, CMV) e le indagini immunologiche (ANA, ENA, ANCA, FR) risultavano negativi, così come una TC total-body. Nell'ipotesi di endocardite si avviava terapia antibiotica ad ampio spettro con scarsissimo beneficio sulla febbre e si eseguiva ecocardiogramma transtoracico e transesofageo (dubbio per la presenza di calcificazioni valvolari). Si richiedevano inoltre una PET-TC e una TC cuore, risultate negative per vegetazione o ascessi valvolari. A completamento diagnostico si eseguivano un agoaspirato e una biopsia osteomidollare (negativi) e RMN encefalo e cervicale (inversione della fisiologica lordosi a livello di C5-C6).
Conclusioni: Secondo i Criteri di Yamaguchi si formulava diagnosi di Morbo di Still dell'adulto e si intraprendeva terapia steroidea, con rapida defervescenza della febbre, miglioramento clinico e laboratoristico. A 2 mesi dalla dimissione il paziente assume prednisone per os (5 mg/die) ed è asintomatico.

The strange couple

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A 79-year-old woman was admitted to our hospital for recent onset of epistaxis e mucositis. In her history: diabetes mellitus. Physical examination was normal except for pale skin and widespread petechiae. At blood tests: leukocytosis (WBC 30.04*10^3/ µl, monocytes 38.8%), severe thrombocytopenia (PLT 0 x 10^3/ µl) and moderate anemia (Hb 10.5 g/dl, MCV 94.7 fl). We saw previous tests with only mild anemia and monocytosis (normal platelets). We transfused three platelet units without benefit. At cytofluorimetry on peripheral blood: increased mature monocyte population (CD14+/CD11b+/CD64+), with immature myeloid cells <20%. In the suspicion of autoimmune genesis (LAM was excluded and there was refractoriness to platelet transfusion) we started empiric corticosteroid therapy (Metilprednisolone 2 mg/kg) e immunoglobulins infusion (40 g/day for 2 days) with normalization of platelet count. At further tests we found positive Coombs test, antinuclear antibodies (low title) and anticardiolipin antibodies; iron, bilirubin, haptoglobin and oncologic markers were normal; an abdominal ultrasound detected mild splenomegaly (Ø 13 cm). In the suspicion of myeloproliferative disease we tested Jak2 mutation (normal), we

performed bone marrow biopsy and in the meantime we started therapy with hydroxicarbamide. The definitive diagnosis was chronic myelomonocytic leukemia with immune thrombocytopenic purpura. We started Azacytidine therapy obtaining normal platelet count and reduction of WBC and monocytes and we stopped corticosteroid therapy without complications.

Utilizzo della FDGPET-TAC nella patologia non oncologica: nostra esperienza personale

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Premesse e Scopo dello studio: La PET, utilizza molecole biologiche marcate con atomi emettitori di positroni, valuta aspetti biologici e biochimici ed offre una diversa prospettiva delle malattie permettendo una diagnosi più precoce e più precisa. La prevalente applicazione clinica è stata quella oncologica per i limiti dell'imaging morfologico, la possibilità di rilevazione total body in unico esame, la caratterizzazione biologica del tumore. La PET TAC, che integra aspetti morfologici (TC) e funzionali (PET), permette con un tempo di acquisizione più breve, una più precisa localizzazione anatomica, e lo staging in un solo "step". Viene utilizzata sia per la diagnosi che per la valutazione prognostica, in patologia oncologica ed ematologica.
Materiali e Metodi: La PET-TC ha un suo spazio anche nel percorso diagnostico di numerose patologie non tumorali. Nel presente studio, abbiamo riportato e descritto la nostra esperienza, su 20 pazienti studiati consecutivamente da luglio a dicembre 2017, in cui la PET-TC ha permesso di giungere alla diagnosi.
Risultati: Attraverso il ricorso alla PET-TC, abbiamo diagnosticato, in pazienti con FUO, 3 Arteriti, 4 Crohn ileali, 4 sacroileiti, 6 ascessi muscolari, 3 spondilodisciti.
Conclusioni: La casistica permette di delineare il percorso diagnostico in casi di FUO in pazienti con sintomatologia dolorosa e febbre. Si sottolinea l'importanza del ricorso all'esame FDG-PET-TC, e dell'approccio multidisciplinare come momento di confronto del clinico con gli specialisti dedicati alle procedure diagnostiche d'imaging e di Laboratorio, per la definizione diagnostica e la terapia più appropriata.

Utilità della PET-TC nel follow-up della malattia di Takayasu: descrizione di un caso

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Premesse e Scopo dello studio: L'arterite di Takayasu è una malattia infiammatoria cronica che interessa principalmente l'aorta e le sue diramazioni principali, le coronarie, e le polmonari. L'incidenza è stimata in 2.6 casi/milione abitanti/anno. Sembra sia scatenata da un'infezione in presenza di una predisposizione genetica.
Case report: Donna di 73 anni, studiata per FUO. Al ricovero, dopo l'esame clinico, venivano eseguiti esami ematici e strumentali (RX, U.S., TC, esami endoscopici), venivano eseguite ripetute emocolture, test sierologici completi con indagini virologiche, oncologiche, ed autoimmunità. La i.d.r. di Mantoux risultava debolmente positiva, Il Quantiferon era negativo. L'EGdscopia evidenziava una gastrite cronica positiva per H.Pylori (HP). Per il susseguirsi degli episodi febbrili, controllati dalla somministrazione di steroidi, si procedeva a completare l'iter per febbre di incerta origine, con una PET. Questa evidenziava la tipica deposizione di tracciante e permetteva la diagnosi. Veniva iniziata terapia d'attacco con sterodidi, e, quindi mantenimento con MTX. Nel corso del follow-up oltre agli indici di flogosi, ed alla scomparsa della febbre, venivano eseguite PET di controllo, con evidenza di scomparsa delle localizzazioni precedentemente visualizzate.
Conclusioni: Il caso presenta caratteri peculiari: età della paziente, positività per contatto con BK ed infezione da HP, estensione della lesione vasculitica. Si trae spunto dal caso singolare per rivedere i percorsi diagnostici e la terapia della arterite di Takayasu.

Severe symptomatic hyponatremia after cardiac catheterization: a case report

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Introduction: Hyponatremia, defined as a serum sodium concentration below 135 mEq/L, is a common electrolyte imbalance in Medical Departments. A generally asymptomatic acute reduction in sodium level can be seldom observed shortly after cardiac catheterization; the cause appears to be related to the administration of hypotonic fluids together with impaired urinary dilutional capacity.
Case report: A 75-year-old woman was admitted for nausea, malaise and headache that started seven days after a short hospitalization for elective cardiac catheterization performed without any complication. Two days before admission she suffered confusion and instability. The patient was not treated with diuretic or sodium-disperdent drugs. Blood tests in the emergency room showed severe hyponatremia (115 mEq/L). Plasma osmolarity was reduced (244 mOsm/L) and volemia normal. There was no acid-basic disturbance and dietary solute intake was correct. Sodium excretion was 93 mEq/L, potassium, cortisol and thyroid hormons were normal. We suspected syndrome of inappropriate ADH secretion (SIADH) and she was treated with fluid restriction and hypertonic (3 percent) saline. Clinical and neurological conditions quickly improved and sodium normalized in four days.
Conclusions: We describe a rare case of SIADH with neurological impairment onset occurring late after cardiac catheterization. The diagnosis of acute hyponatremia should be considered in any patient who develops neurologic manifestations following cardiac catheterization. Prompt diagnosis and treatment avoid permanent neurologic damage or death.

When mononucleosis doesn't mean simply a "kiss disease": atypical presentation of a common clinical condition. Case report

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Woman with medical history of hypertension was admitted to our M.D. for asthenia, jaundice developed in the previous few days associated with emission of dark urine. Patient denied any bleeding events. She didn't take any medication. Vital signs and general examination were normal. Blood tests revealed hyperbilirubinemia (2.2 mg/dl) mostly unconjugates, normocytic anemia(Hb 6.7 g/dl), leucocytosis with neutrophilia and monocytosis, LDH 2053 UI/l, elevation of systemic inflammation markers with creatinin 1.52 mg/dl, BUN 114 mg/dl, procalcitonin within range. Reticulocytes 9.7%. To exclude post haemorrhagic anemia the patient underwent endoscopic procedures without detection of macroscopic pathologic findings. Total body TC demonstrated the absence of blood or lymphatic system disorders. In consideration of elevated levels of unconjugates bilirubina, acute anemia and high urobilinogen at urinalysis, we assessed more specific tests including haptoglobin (27 mg/dl), direct and indirect Coombs(negative). Deepening her medical history, we discovered that she suffered in the previous week of a gastroenteritis characterized by diarrhea, abdominal pain, vomiting and fever. We investigated post-infectious nature of the anemia: CMV and M. Pneumoniae sierology was negative, while EBV turned positive for a recent primary infection (IgM 37,10 U/ml;IgG 750 U/ml). Final diagnosis of self-limiting hemolityc anemia with negative Coombs ongoing EBV infection was put and steroid therapy was started. She was dismissed in good conditions, with stable haemoglobin (Hb 10 g/dl), without need of blood transfusions.

Ten-year changes in ambulatory blood pressure parameters and prognostic role of ambulatory pulse pressure in older hypertensives

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Background: Age-related blood pressure (BP) changes and risk factors associated with pulse pressure (PP) increase in elderly have rarely been studied with ambulatory blood pressure monitoring (ABPM). Aim: evaluate 10-year ABP changes in older hypertensives, focusing on PP and its association with mortality.
Methods: Observational study on 119 older hypertensives evaluated at baseline (T0) and after 10 years (T1). We considered clinical parameters at T1 only in survivors (n=87 patients). Patients with controlled ABP both at T0 and T1 were considered as having sustained BP control. Change in 24h-PP between T0 and T1 (24h-PP) and a 24h-PP cut-off of 55 mmHg were considered for the analyses.
Results: Mean age at T0: 69.4±3.7 years; female prevalence: 57.5%. Significant decrease in all diastolic ABP ($p<0.05$) coupled with an increase in all ambulatory PP ($p<0.05$) were observed at T1. Sustained daytime BP control was linearly associated with 24h-PP ($p=0.037$). Non-sustained BP control was associated with higher risk of having 24h-PP≥55 mmHg after 10 years ($p<0.05$). Patients who died during the 10-year period (n=32 patients) had higher 24h, daytime and nighttime PP at T0 compared to survivors (all $p<0.001$). Fifty-five mmHg was the cut-off which best predicted mortality in our population (sensitivity=91%, specificity=54%).
Conclusions: ABPM reveals age-related BP changes and ABP control predicts ambulatory PP increase over 10 years, demonstrating the role of hypertension in the progression of vascular damage. Ambulatory PP≥55 mmHg predicts mortality in our study.

Blood pressure and metabolic evaluation in overweight/obese patients with obstructive sleep apnea before and after 3-month continuous positive airway pressure therapy

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Background: Obstructive sleep apnea (OSA) is related to hypertension and altered metabolism of glucose/lipids. Overweight is a key risk factor. We evaluated blood pressure (BP) and metabolism in adults with OSA before and after 3-month continuous positive-airway-pressure (CPAP) therapy.
Methods: Prospective study on 56 patients (T1) of whom 13 were re-evaluated after 3-month CPAP therapy (T2). Inclusion criteria: BMI≥25 kg/m², Apnea-Hypopnea-Index (AHI)≥15. Study evaluations: 24-hour BP monitoring, home polygraphy, 72-hour metabolic monitoring, glycemia, insulinemia, HOMA-index to test insulin resistance (IR), total cholesterol, HDL cholesterol, triglycerides.
Results: Mean age (T1):57.2±10.4 years. Males: 89%. Mean BMI:31±4 kg/m²; mean waist:110.8±7.7 cm. Mean AHI:44±15. Hypertension:87.5%; dyslipidemia:67.9%; diabetes mellitus:14.3% (IR:78.3%); Non-dipper BP profile:58.9%. Patients with AHI≥30 had higher risk of IR than those with AHI≥15 (OR=4.5, $p=0.047$). No significant variations of either BMI or glycemic/lipid profile were found at T2. Baseline metabolism was quite reduced at T2 ($p=ns$) and correlated with oxygen-desaturation-index at T1 ($p=0.007$). Nighttime BP was also reduced at T2 ($p<0.05$), regardless anti-hypertensive therapy.
Conclusions: OSA in overweight/obese patients is often coupled with hypertension and altered glucose/lipid metabolism. CPAP therapy improves nighttime BP, which affects cardiovascular risk. CPAP may reduce basal metabolism, by improving sleep quality, but does not affect body weight or glucose/lipid profile, unless coupled with lifestyle changes.

Prosthetic joint infection da *Staphylococcus aureus* MRSA

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Le infezioni di protesi articolare (PJI) rappresentano una grave complicanza in chirurgia protesica ortopedica. La frequenza di tale evento è quantificabile in 1 caso per 100 interventi/anno per la protesi d'anca e 1,5 casi per quella di ginocchio; recenti studi dimostrano un tasso di infezione pari a 1,6% per la protesi d'anca e pari al 1,3% per quella di ginocchio. I patogeni più isolati sono gli stafilococchi (57%) aureus o epidermidis. Uomo di 79 anni. APR: diabete mellito tipo 2. Dislipidemia. Pregressa artroprotesi ginocchio sinistro (2010). Ipertensione arteriosa. APP: in ottobre intervento di artroprotesi totale del ginocchio destro. Dopo venti giorni dalla dimissione giunge in PS per artrosinovite del ginocchio sinistro associata a febbre. Prescritta terapia con FANS e paracetamolo. Per il persistere della sintomatologia dopo tre giorni si ripresenta in PS ivi ricoverato in Medicina. Eseguite emocolture ed artrocentesi, quindi intrapresa terapia antibiotica con cefepime e vancomicina. Contattati dalla microbiologia, positività a *stafilococco aureus* MRSA sia su sangue sia da liquido sinoviale. Richiediamo un'ecocardio transesofageo (negativo per vegetazioni) e tamponi nasali. Il paziente viene inviato per l'espianto della protesi del ginocchio sinistro. La corretta e precoce diagnosi delle infezioni protesiche è importante per diversi motivi: per i prolungati tempi di trattamento, per l'antibioticoresistenza nel caso si dovessero utilizzare in modo inidoneo gli antibiotici e nel caso di infezioni precoci, la diagnosi tempestiva può evitare il ricorso all'espianto.

Venous thromboembolism related acute infection: a case report of Lemierre syndrome

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Lemierre syndrome is a dangerous potential sequela suppurative thrombophlebitis of the internal jugular vein caused by oropharyngeal infections such as tonsillitis and dental infections. The thrombosis of the internal jugular vein remains locally silent and produces emboli-associated pathologies therefore a high index of suspicion is needed to consider this diagnosis in the workup of pharyngitis and should be aggressively treated once identified. We illustrates the presentation, evaluation, and treatment of case report of Lemierre syndrome.

Combined therapeutic approach in hepatocellular carcinoma treatment increase survival even in advanced-stage disease

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Introduction: Hepatocellular carcinoma (HCC) is a common solid cancer with a bad prognosis. New available drugs could significantly modify this scenario. We report about a case of HCC in which the combination of surgery and new drugs dramatically changed the history of the disease.
Case report: A 67-year-old man came to our attention for a relapsing advanced HCC. He received the diagnosis of HCC five years before and underwent a bisegmental liver resection. In the next two years first a right adrenal recurrence then multiple local recurrences, were treated with surrenalectomy and locoregional treatments respectively. Three years later he began systemic therapy with sorafenib due to a new left adrenal metastasis. Nevertheless the subsequent imaging documented the further disease progression: a dimensional increase of the adrenal lesion and the evidence of a new lung metastasis along with arising value of aFP. We enrolled him in the randomized trial RESORCE (regorafenib *vs* placebo) and started regorafenib. The baseline consisted in a 56 mm adrenal lesion, an 11 mm lung lesion with aFP=99587 ng/ml. Follow-up imaging showed reduction of the adrenal metastasis (67->40mm), disappearance of the lung nodules and a drop of aFP. As the additional CT scan, 4 years after the diagnosis of HCC, documented a new increase of the adrenal metastasis, he was consequently treated with left surrenalectomy. At this moment there is no evidence of relapse.

Conclusions: The natural history and the proteiform presentation of HCC often affect an individualized therapeutic approach. Treatment combination allows getting impressive results.

Un intricato caso di encefalite acuta

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Premesse: L'encefalite autoimmune è una patologia spesso misconosciuta. L'impossibilità di una rapida diagnosi di certezza può comportare un ritardo terapeutico con possibili conseguenze cliniche rilevanti.
Descrizione caso clinico: Una donna di 47 anni giungeva alla nostra osservazione per insorgenza di mioclonie facio-brachiali. Una TC encefalo escludeva aspetti ischemici ed emorragici in acuto. L'EEG non mostrava anomalie epilettiche. Per persistenza della sintomatologia e comparsa di disartria ingravescente si richiedeva una RMN cerebrale con mdc che evidenziava multiple aree compatibili con piccoli focolai ischemici. Gli esami laboratoristici escludevano diatesi trombofilica ed autoimmune mentre l'imaging non rilevava fonti emboligene. Stante il peggioramento del quadro neurologico, si introduceva terapia anticoagulante, antiaggregante e levetiracetam, senza alcun miglioramento clinico. Nel sospetto di sofferenza del tronco encefalico su base immuno-mediata o infettiva si effettuava rachicentesi. Veniva quindi introdotta terapia steroidea ad alto dosaggio con parziale regressione della sintomatologia. Le indagini su liquor mostravano un elevato titolo IgG, mentre le ricerche microbiologiche risultavano tutte negative. In base a questi risultati e alla buona risposta clinica alla terapia immunosoppressiva si poneva diagnosi di encefalite su base autoimmune.
Conclusione: L'encefalite autoimmune è gravata da una prognosi infausta quando non trattata precocemente. E' quindi fondamentale che il sospetto clinico conduca nel minor tempo possibile ad una terapia tempestiva.

Benign multicystic peritoneal mesothelioma presenting as ascites of uncertain origin

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Benign multicystic peritoneal mesothelioma (BMPM) is a rare tumor with indolent clinical course, occurring predominantly in women during their reproductive age. It's generally asymptomatic except for voluminous lesions; diagnosis is difficult, requiring distinction from other neoplastic or inflammatory cystic lesions.
We describe the case of a 34 years old celiac multipara woman suffering from polyserous effusions and portal hypertension of uncertain origin since 9 years. She referred to our Medicine Department for abdomen distention, recurrent abdominal pain and long standing abdominal fluid collection (CT 2008). We suspected a polyserous effusion recurrence or a lymphoproliferative disorder, but US, CT and MR showed surprisingly a large, multiloculated cystic mass (14x22 cm) localized in the right paracolic recess, displacing contiguous structures, associated with peri-hepatic, peri-splenic and pelvic ascites and bilateral pleural effusion. Autoimmunity and parasitic infestation were ruled out by laboratory tests, while digestive neoplasms were excluded by endoscopy. Thus, the patient underwent cystic mass resection, right adrenalectomy, total hysterectomy and bilateral salpingo-oophorectomy. Histopathology revealed a multilocular peritoneal inclusion cyst of retroperitoneum, involving ovaries and the left round ligament. Diagnosis of intra-abdominal cystic masses is very challenging before surgery, which is also crucial to evaluate possible malignant progression. After surgery, regular follow-up must be performed, because BMPM may recur in up to 50% of cases.

Insulin degludec shows consistent risk reductions across hypoglycaemia definitions *vs* insulin glargine U100 in the SWITCH 1 and 2 trials

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Aim: The risk of HYPO with IDeg *vs* IGlarU100 was compared in two trials in patients with type 1-SWITCH1 or type 2 diabetes-SWITCH2 in a range of clinically relevant definitions of hypoglycaemia (HYPO).
Methods: Two double-blind, treat-to-target crossover trials compared the risk of overall (severe or blood glucose (BG)[<56mg/dL] confirmed) symptomatic HYPO, nocturnal (severe or BG confirmed; between 00:01 and 05:59am) symptomatic HYPO and severe HYPO with IDeg *vs* IGlarU100. Post hoc analyses investigated the risk of asymptomatic hypoglycaemic episodes, HYPO during sleep, and the ADA criteria of symptomatic confirmed (BG ≤70.2mg/dL) HYPO between treatments. All endpoints were analysed in the 16 week maintenance period and in the 32 week full treatment period.
Results: SWITCH1 and SWITCH2 had significant reductions in overall symptomatic HYPO and nocturnal HYPO with IDeg *vs* IGlarU100. SWITCH1 had a significant reduction in severe HYPO with IDeg in the maintenance and the full periods; in SWITCH2 the rate ratio of severe HYPO was significantly lower with IDeg in the full period. Significant risk reductions with IDeg *vs* IGlarU100 were found in the maintenance period for overall and nocturnal HYPO. By expanding the definition of the nocturnal period to 10:01pm–07:59am, rate of HYPO during sleep was significantly lower with IDeg *vs* IGlarU100 in the maintenance period. Significantly lower rates of HYPO in the maintenance period with IDeg was retained using the ADA criteria of symptomatic HYPO.
Conclusions: HYPO reductions were consistent across HYPO definitions in SWITCH1 and SWITCH2.

Fragility fracture day 2017

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Background: Hip fractures are a major cause of mortality and disability in the geriatric age. Due to the high incidence of hip fractures in patients over seventy-five years old (in Italy 8.5 cases/year per 1000 inhabitants), it is clear what impact these have in the short and long term on health costs, on resources and on the quality of life of patients. An intensive rehabilitation, started early, allows to obtain good functional outcomes and a reduction in mortality. The multicenter study called "Fragility Fracture Day 2017" has been realized by the main geriatric societies (SIGG,SIGOT,AIP).
Aim: Describe patients with hip fractures and their rehabilitation.
Methods: Evaluate all patients admitted to our unit in one index day: 2/2/17 for hip fracture. For all eligible patients the collected informations were: age, date of admission, type of intervention and postoperative management and multidimensional geriatric evaluation.
Results: 12 patients were enrolled; average age was 76 years old; 6 were women and 6 males. 10 patients underwent endoprothesis surgery (83%) 2 had osteosynthesis. Patients were taking 8.5 drugs on average. 8 (66%) patients lived alone, 4 patients in family.
Conclusions: Our results represent only an osservational study of the type of patients with hip fracture admitted to a rehabilitation unit; moreover, the data are affected by the small number of patients enrolled. The results of multi-center national study will allow to evaluate risk factors of falls in the fractured patients and the modalities of rehabilitation in the different settings.

Delirium day 2017: a geriatric unit data

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Background: Delirium is an acute confusional state, triggered by clinical problems and leads to adverse outcomes (disability, institutionalization, costs and mortality). The multicenter "Delirium Day" study evaluates the prevalence of delirium in different settings and the main Geriatric and Internal Medicine scientific societies (AIP, SIGG,FADOI) was involved to this study.
Aims: To evaluate the prevalence of delirium in one day through the application of 4AT and his association with the duration of hospital stay.
Methods: We evaluated all patients admitted to our unit on September 27th 2017. All eligible patients were evaluated through the CGA (Comprehensive Geriatric Assessment) and for cognitive screening we used the 4 AT test.
Results:12 patients were enrolled in the study according to the eligibility criteria. The median age was 81.5 (+/-7). The Charlson index was 3.7. The BADL preserved were 2.9/6 of average, drugs taken were 7.6 (+/-3). At the 4-AT test 4 patients had delirium (2 patients had hypokinetic delirium, one hyperkinetic and one mixed type). Patients with delirium had a median hospital stay of 34 days (+/-12).
Conclusions: Our prevalence of delirium was 33% (18-36%) similar to data of current literature. In our patients the delirium has affected the length of stay, there weren't deaths, probably due to the rapid diagnosis and the correct therapeutic management. Delirium remains a marker of patient frailty and clinical instability.

Reported rates of pregnancy outcomes of Gla-100 and Gla-300: results from a post-marketing survey of pharmacovigilance data

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Background and Aims: Maintenance of normal glycaemic levels, including with use of exogenous insulin, is recommended to minimize the risks of foetal and maternal complications during pregnancy. Currently, there are no randomized controlled trials specifically designed to investigate the rate of birth defects in pregnancies where insulin glargine 100 U/mL (Gla-100) or 300 U/mL (Gla-300) is administered.
Materials and Methods: Using Medical Dictionary for Regulatory Activities terms, a cumulative search of Sanofi's global pharmacovigilance database was performed to identify pregnancy outcomes for women using insulin glargine.
Results: 2695 cases of exposure to Gla-100 during pregnancy and 43 for Gla-300 were identified. Reporting rates for adverse events of specific interest were 29.5/1,000,000 pt-yrs with Gla-100 and 73.3/1,000,000 pt-yrs with Gla-300. Congenital, familial and genetic anomalies were rare with Gla-100 (82, 3.1%) and absent with Gla-300. The rates observed for Gla-100 were consistent with the rate of birth defects reported for the general population. Spontaneous abortions with insulin glargine were also rare (4.3% with Gla-100, 0% with Gla-300) and consistent with miscarriage rates observed in the general population (10%).
Conclusions: Rates of spontaneous abortions and congenital anomalies were low for Gla-100 and Gla-300 and consistent with rates in the general population. These results indicate the use of insulin glargine during pregnancy is not associated with any specific adverse effects on pregnancy and no specific foetal malformations or neonatal toxicity.

Achievement of HbA1c targets in the Diabete Unmet Need with basal insulin Evaluation real-world study

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Background and Aims: The association between achievement of individualized glycemic targets and hypoglycemia risk in the real-world setting is unknown. The present study aimed to assess individualized HbA1c target achievement and its association with symptomatic hypoglycemia (occurrence/frequency).
Materials and Methods: Diabetes Unmet Need with basal insulin Evaluation (DUNE) was a 12-week, prospective, observational, multinational, real-world study (conducted Feb 2015-Jul 2016) in adults with type 2 diabetes newly (at time of enrollment) or recently (<12 months) initiated on basal insulin (BI) therapy.
Results: Of 3,139 evaluable participants, 99.7% were set individual HbA1c targets by their physicians (57% set at 7.0-7.4%). At week 12 both insulin-naïve and prior BI participants showed a mean HbA1c decrease from baseline (all: -1.1%) with limited uptitration of insulin dose (all: +0.08U/kg/day); only 28% and 27%, respectively, achieved individual HbA1c targets, with an average insulin dose of 0.31 U/kg/day at week 12. Overall, symptomatic hypoglycemia was reported by 16% of participants. Univariate logistic regression analysis showed a positive association between the occurrence ($p<0.001$) and frequency ($p=0.004$) of symptomatic hypoglycemia and HbA1c target achievement.
Conclusions: Results from this real-world study show that, while HbA1c levels fell substantially, most participants did not achieve individual HbA1c targets (mostly 7.0-7.5%), consistent with other real-world evidence. Participants who reached target were more likely to experience symptomatic hypoglycemia.

Aspergillosi in paziente con linfoma non Hodgkin e prolungata neutropenia, un caso clinico

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Donna di 74 anni giunge in PS per astenia e dispnea. Riscontro di anemia, ipotensione e linfoadenopatie palpabili, esegue TC tb che evidenzia multiple adenopatie sovra e sottodiaframmatiche e splenomegalia. Nella nostra UO la pz presenta febbre, incremento degli indici di flogosi, procalcitonina e presepsina, anemia normocitica; emocolture positive per S. Epidermidis ed E. Faecium. Impostata terapia con Linezolid su antibiogramma; urinocoltura positiva per C. albicans, per cui assume Fluconazolo. Eseguita biopsia linfonodale ("LNH follicolare") e BOM (infiltrazione midollare del 10%). Durante la degenza la pz sviluppa pancitopenia, con neutropenia severa e linfocitosi assoluta perdurata più di una settimana. Dopo un iniziale miglioramento, per la ricomparsa di febbre associata a crepitii e rantoli con soffio anforico in campo polmonare medio dx, leucocitosi neutrofila ed opacità parailare destra cavitata all'rx torace, eseguita TC torace-addome con riscontro di "multiple lesioni rotondeggianti escavate del dm di 5 cm ad entrambi i polmoni; infarti splenici; area ipovascolarizzata in corrispondenza del terzo superiore del rene sx di tipo infartuale". Eseguita ricerca di anticorpi ed antigeni di Candida, Criptococco ed Aspergillo, quest'ultimo positivo, con diagnosi di aspergillosi sistemica. Le condizioni cliniche della paziente non hanno consentito una broncoscopia, abbiamo quindi iniziato terapia con Voriconazolo. Dopo una settimana, comparsa di diarrea profusa, febbre e leucocitosi neutrofila, seguita da shock settico ed insufficienza renale acuta, esitate in exitus.

Cardiac amyloidosis: diagnosis is in the details

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Introduction: Amyloidosis, a diseases characterized by the deposition of fibrillary proteins in the extracellular compartment, may be systemic or localized. Isolated cardiac amyloidosis is rare and its diagnosis can be difficult.
Clinical case: A 84-year-old man with history of hypertension and

type 2 diabetes was admitted with fatigue and weight loss. Esophagogastroduodenoscopy and colonscopy were normal. A total body CT detected a pleuropericardial effusion, not other significant abnormalities. Laboratory values showed normal blood count, normal renal function and elevated NT-pro-BNP levels. Electrocardiogram (ECG) revealed low voltage QRS complexes in all leads. Transthoracic echocardiogram showed severe left ventricular hypertrophy with "sparkling" myocardial texture, low ejection fraction and impaired relaxation with restrictive mitral inflow pattern. A diagnosis of cardiac amyloidosis was strongly suspected. Patient was treated with beta blockers and diuretics. The subcutaneous fat pad biopsy was nondiagnostic for amyloid deposition. Furthermore a 99m-technetium pyrophosphate scintigraphy (^{99m}Tc-PYP) was performed and the radioisotope was selectively taken up by the heart, to suggest a myocardial amyloid infiltration. Patient was referred to the Cardiomyopathy Unit of Careggi University Hospital.
Conclusions: The gold standard for definitive diagnosis of cardiac amyloidosis is endomyocardial biopsy, an invasive procedure performed only in specialized centers. Characteristic findings on ECG, echocardiogram, cardiac magnetic resonance or ^{99m}Tc-PYP can assist in diagnosis.

Una tumefazione del collo dal comportamento bizzarro

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La DD delle tumefazioni della regione del collo è molto importante, per la grande variabilità nell'eziologia e nella prognosi delle stesse e quindi del trattamento.
Paziente di sesso femminile, 37 anni, giungeva in DEA per riscontro di tumefazione non dolente a livello sopraclaveare sinistro di forma ovale con diametro massimo di 3 cm, margini netti, consistenza molle, cute sovrastante indenne. La paziente riferiva comparsa nel mese precedente di tumefazione simile, omosede, per cui era stata ricoverata con diagnosi di fissurazione della vena giugulare interna. Nel sospetto attuale di trombosi venosa, veniva impostata terapia anticoaugulante e disposto il ricovero in medicina interna. Alla nostra osservazione, la paziente appariva asintomatica, negava traumi nella zona interessata. In anamnesi episodio analogo all'età di 20 aa risoltosi spontaneamente. Niente da segnalare all'EO, esami ematici nella norma. All'ecografia del collo, assenza di fenomeni trombotici in atto con imbibizione dei tessuti e rilievo di piccole variazioni nelle dimensioni della lesione in base al decubito assunto. Considerata la storia della paziente, veniva eseguita un'angioRM, che documentava una malformazione cistica del dotto toracico poco prima dello sbocco nella confluenza venosa. Le malformazioni del dotto toracico sono in genere riscontrate entro i 2 anni e in letteratura sono descritti pochissimi casi diagnosticati in età adulta; sono benigne e, in assenza di sintomatologia eclatante, non vi è indicazione chirurgica, che viene posta solo per motivi estetici o nel rischio di chilotorace.

Menopausal women with low LDL cholesterol, atherogenic lipoprotein subfractions and carotid atherosclerosis

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Background: Levels of LDL-c (low-density lipoprotein cholesterol) are declining in the population with increasing adherence to healthy lifestyle and statin therapy. However, cardiovascular disease events remain prevalent among subjects with low or normal LDL-c, a phenomenon referred to as residual risk.
Patients and Methods: To evaluate the association between atherogenic lipoprotein subfraction and carotid atherosclerosis, we studied 73 post-menopausal women (not taking statins) who participated to "Progetto Atena" and had low (<130 mg/dL) LDL-c. They underwent an advanced lipoprotein profiling, using the Lipoprint® system and a standardized ultrasound testing of carotid arteries.
Results: VLDL-c (very-low-density lipoprotein cholesterol) had a statistically significant linear association with carotid IMT (r^2 0.29; p <0.001), that remained significant after adjustment for age, smoking, systolic blood pressure, glucose and body mass index (p<0.001). A significant association was found between carotid IMT and LDL-c (p <0.02, after adjustment for main CV risk factors), while no association was detected between IMT and IDL-c and HDL-c.
Conclusions: In post-menopausal women with low concentrations of LDL-c , the cholesterol carried in VLDL lipoproteins was strongly associated with carotid atherosclerosis. VLDL-c may represent new clinical targets for risk prediction and potential therapeutic intervention in the prevention of atherosclerotic CVD, particularly among women with low levels of LDL-c.

La miocardite a cellule giganti: risposta a terapia immunosoppressiva di combinazione di una patologia immunomediata rara, grave e "orfana": un caso clinico paradigmatico

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Premesse e Scopo dello studio: La miocardite a cellule giganti (o gigantocellulare) è una miocardite primitiva autoimmune rara grave e ad esito spesso rapidamente progressivo e fatale. Viene presentato un caso clinico esemplare che evidenzia la complessità clinica e la risposta ad un trattamento immunosoppressivo.
Materiali e Metodi: Un giovane di etnia caucasica si è presentato al Pronto Soccorso per dolore retrosternale intenso e fisso, astenia e febbricola. Durante il ricovero si è assistito a rapido e grave scompenso cardiaco (Frazione d'Eiezione, FE, ridotta al 35%). La diagnosi di miocardite a cellule giganti è stata posta con esame istologico di biopsia endomiocardica. La forte gravità clinica ha imposto la prescrizione immediata di terapia immunosoppressiva con l'associazione ciclosporina, azatioprina e prednisone.
Risultati: L'inizio della terapia immunosoppressiva è stato seguito da un rapido e progressivo miglioramento dello stato di compenso miocardico con Frazione d'Eiezione aumentata al 53% già dopo 12 giorni. Il trattamento è stato ben tollerato con nessun evento indesiderato durante il follow-up, arrivato alla 30° settimana.
Conclusioni: La miocardite gigantocellulare è una patologia cardiaca idiopatica autoimmune a prognosi spesso infausta a breve termine per la quale non vi sono strategie terapeutiche approvate definitivamente. L'ottima risposta del paziente al trattamento prescritto è a supporto dell'efficacia terapeutica della terapia immunosoppressiva di combinazione e, in particolare, dell'associazione ciclosporina, azatioprina e prednisone.

La mastite granulomatosa, una rara patologia primitiva infiammatoria immuno-mediata: un caso clinico

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Premesse e Scopo dello studio: La mastite granulomatosa idiopatica è una mastopatia infiammatoria rara ed orfana di terapie approvate. Viene presentato un caso clinico che mette in evidenza le problematiche cliniche e terapeutiche di tale patologia.
Materiali e Metodi: Una donna pakistana di 26 anni, diabetica, viene inviata per mastite granulomatosa primitiva fistolizzata al quadrante infero-esterno di destra (diagnosi istologica) recidivata

dopo resezione mammaria. La terapia con prednisone è stata interrotta dopo pochi giorni per diabete scompensato. Viene prescritta terapia con trimetoprim 160 mg-sulfametoxazolo 800 mg per os due volte al giorno.
Risultati: Il trattamento con trimetoprim-sulfametoxazolo ha determinato un significativo miglioramento già dopo 3-4 settimane e una remissione clinica dopo 12 settimane. Nella fase di mantenimento la posologia è stata dimezzata senza osservare recidive. Dopo 28 settimane la terapia con trimetoprim-sulfametoxazolo è stata interrotta. Durante il follow-up (arrivato a 60 settimane) non sono state registrate recidive.
Conclusioni: La mastite granulomatosa idiopatica è una mastopatia primitiva rara immunomediata che pone significative problematiche di diagnosi differenziale. Le strategie terapeutiche non sono codificate: sono stati proposti approcci chirurgici e/o farmacologici (es. steroidi, immunosoppressori). Il presente caso clinico suffraga il potenziale ruolo terapeutico, in casi selezionati, di trimetoprim-sulfametoxazolo, combinazione già nota per il suo potere immunomodulante in altre patologie granulomatose.

Il pemfigoide cicatriziale: una rara patologia immunomediata e orfana. Casistica clinica della nostra unità operativa

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Premesse e Scopo dello studio: Il pemfigoide cicatriziale è una patologia primitiva immuno-mediata caratterizzata da coinvolgimento infiammatorio bolloso e ad esito atrofico-cicatriziale a carico di congiuntive e/o cavo orale e/o genitali. E' una patologia rara ed orfana di terapie approvate. Descriviamo l'esperienza su 4 pazienti (maschi di 68 e 75 anni, femmine di 64 e 72 anni) con pemfigoide oculare cicatriziale refrattario a terapia steroidea locale.
Materiali e Metodi: I pazienti sono stati inviati per pemfigoide oculare cicatriziale refrattario a colliri cortisonicia. A due pazienti viene prescritta terapia immunosoppressiva sistemica con metotressato (15 mg sc a settimana); agli altri due pazienti viene prescritto micofenolato mofetil (1000 mg per os 2 volte al giorno).
Risultati: Il trattamento immunosoppressivo sistemico è stato seguito da arresto del danno tessutale: il miglioramento clinico si è manifestato dopo un intervallo medio di 12 settimane (range 4 – 24). Non sono state registrate progressioni durante il follow-up (medio: 50 settimane, range 28 – 84).
Conclusioni: Il pemfigoide oculare cicatriziale è una patologia infiammatoria immuno-mediata potenzialmente grave. Le strategie terapeutiche non sono codificate. Nei casi refrattari a cortisonici topici si impone la prescrizione di farmaci immunosoppressori. La nostra casistica suffraga il potenziale ruolo terapeutico di metotressato o micofenolato nella gestione di pazienti con malattia grave e progressiva refrattaria a steroidi topici e/o con intolleranza-controindicazioni a cortisonici per via sistemica.

Medication non-adherence: a pervasive medical problem

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Introduction: Medication non-adherence is common among patients with chronic diseases. In clinical practice, assessment of adherence is performed through interviews, which are strongly affected by the quality of the doctor-patient relationship and often do not provide an accurate estimate. The aim of our study was to detect variables influencing treatment adherence (TA).
Methods: Seventy (30 M, 40 F; mean age: 67.9±10.6) ps. filled out a 4-items validated questionnaire (MMAS-4) used for DV's measuring. Scores (NoA:0-2; A:3-4) were normally distributed (2.9±0.9; =.047; =.21). We set up a univariate factorial ANOVA btw-subjects (sex; age, 40-69 *vs* 70-90; morbidity, moderate:1-2 *vs* severe:2). Four groups were structured for each level of gender: 40-69 *vs* MODm/SEVm; 70-90 *vs* MODm/SEVm (eight conditions).
Results: NS main effect of sex ($F(1,68)=.12$; $p<.99$), age ($F(1,68)=.16$; $p<.69$) or morbidity ($F(1,68)=.21$; $p<.65$) was found. There was NS interaction both btw. age and sex ($F(1,68)=2.3$; $p<.13$) and btw. sex and morbidity ($F(1,68)=.05$; $p<.83$). Interaction btw. age and morbidity ($F(1,68)=4.3$; $p<.04$) was observed. Sidak's Simple Effects Analysis suggested that interaction effect was due to a significant difference btw. SEVm and age ($F(1,66)=4.3$, $p<.043$; =.06). Ultimately, a Multiple Regression showed as follows: =.06, p<.27.
Conclusions: Poor TA is associated with an increase in mortality and it should present positive correlation with the patient's age, number of concurrent illnesses and number of drugs prescribed. Our work does not support this working hypothesis.

A case of black hands

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Introduction: Vascular acrosyndromes, primary or secondary, vasospastic or obstructive, involve cutaneous microcirculation of the extremities and can led to severe skin manifestations, ulcer and gangrene. They include Raynaud's phenomenon (RP), embolism, cryoglobulinaemia, cold agglutinin disease (CAD) and others. The differential diagnosis is very important for a correct management.
Clinical case: A 58-year-old man, ex smoker, tire repairer, came to our attention for dry gangrene of the fingers. Blood tests documented hemolytic anemia, positive direct antiglobulin test, high titer cold agglutinins and monoclonal IgM antibodies. Cryoglobulins were absent. Angio CT scan, doppler US and bone marrow biopsy were normal. We ruled out myelo-lymphoproliferative, infectious, neoplastic and most of autoimmune disorders. Given the occupational exposure, hand-arm vibration syndrome, RP due to prolonged exposure to vibration, was supposed but the presence of hemolytic anemia led to the diagnosis of CAD. The patient was treated with transfusions, steroids, antiplatelets and LMWH. The hemolysis stopped. Since the fingers were already necrotic, we didn't use other drugs.
Conclusions: CAD is characterized by cold-reactive antibodies (usually IgM) directed against red blood cells, hemolytic anemia, cold-induced circulatory symptoms and, rarely, cutaneous necrosis. It may be primary or secondary to infection, malignancy or immune disease. Treatment include transfusions, plasmapheresis, steroids and rituximab, alone or in combination with fludarabine. It's important to avoid cold exposure.

Supernumerary admissions Italian survey

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Background and Objectives: In public health system, economic crisis, hospital beds cut and increasing social/medical complexity, have led to the new phenomenon of "supernumerary admissions" (SA), including additional beds and/or stretchers and/or admission of pts in clinically inappropriate wards (outliers). The present study is aimed to evaluate size and impact of SA.

Materials and Methods: With the support of FADOI Scientific Society network, a mailing list of contact persons from interested medical wards has been arranged. Every month from December 2017 to April 2018, an online survey about number of admissions and SA, relative mortality and place of death is being sent. Moreover, baseline information about ward/hospital and solutions implemented in wards without SA have been included.
Results: We sent 130 emails, with 42 (32%) respondents in the first 2 months. Ten wards have no more SA, so they only provided their solutions. In November 2017 23 eligible wards reported a total of 3670 admissions and 521 SA (14%). Mortality among SA was almost double (11.5% *vs* 5.9%). In December 2017 the sample reduced to 14. SA proportion was confirmed (15.8% of all admission), but not higher mortality. Outliers were more frequent than additional beds or stretchers with no difference about the place of death (medical or surgical ward).
Conclusions: Preliminary results show a small response rate (32 to 25%); a proportion of SA higher than that reported in literature (15 *vs* 7-8%); conflicting mortality data; prevalence of outliers. Further research is needed to clarify the effect on mortality.

Classical variant of Kaposi's sarcoma with visceral involvement related to human herpesvirus 8 in non HIV patient

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Background: Kaposi's sarcoma (KS) is a mucocutaneous neoplasm of endothelial origin. Four main variants: classic KS (CKS better prognosis), AIDS-associated (worst prognosis), iatrogenic/post-transplant, endemic/African (HIV+/HIV-). Localization: skin (more common) lymph nodes visceral (spleen gastrointestinal lung). Human herpesvirus 8 (HHV8) DNA were identified in KS.
Case report: A 72-year-old woman from Sardinia with diabetes thalassemia minor rheumatoid arthritis (chronic steroid tp) was admitted after hospitalization in ICU due to ARDS associated to Candida Glabrata sepsis. Hyporexya, low grade fever were present: no skin lesions. Laboratory test: increase of ESR, autoantibodies neg. Chest x-ray BrainCT and Heart US: normal; Abdominal US: splenomegaly (14cm). During hospitalization gastrointestinal bleeding: Colonoscopy/EGDS: normal. A PET/CT scan with FDG showed multiple bilateral hypermetabolic adenopathies+ splenomegaly. Inguinal lymph node biopsy showed KS with Immunohistochemical detection of HHV-8. HIV negative.
Discussion: CKS is rare and mild. It affects elderly of Eastern European/Mediterranean areas. It's more common in men (17:1). it has indolent course, isn't related to HIV but to HHV8, doesn't require aggressive therapy. Some pts with CKS may be at risk for others neoplasms. Multiple purple-blue-brown plaques/nodules appear on hands/feet and progress over decades, involving viscera in 10% (exclusive visceral involvement is further rare). Median age at diagnosis: 64 yrs. HHV8 can be transmitted sexually and by blood products transplanted organs maternal/infant. Treatment include surgery chemotherapy radiation IFN.

Clinical presentation, evaluation and diagnosis of pulmonary embolism in patients with syncope

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Background: Pulmonary embolism (PE) is included in differential diagnosis of syncope (SY) but studies for prevalence of PE in pts hospitalized for SY are lacking. Guidelines(GL): no clear indications for diagnostic workup for PE in pts admitted to hospital for SY. On the other hand PE may escape diagnosis if symptoms are non-specific. Most pts with PE is normoxaemic and SY is infrequent.
Case report: 75-year-old man found unconscious with head trauma: rapid recovery of consciousness with confusion amnesia. Parameters ECG brainCT+angiogram normal no neurological signs. Hospitalized:"possible TIA". Carotid massage neg, no orthostatic hypotension. ECG+Holter chestXray abdCTscan brainMRI EEG venousUS lab (troponin BNP PaO2): normal. HeartUS (HU)→PAPs 38mmHg mild hypokin/dilatation of right ventricle (RV): d-dimer high CTPulmonaryAngiogr→bilateral PE. Rivaroxaban started he was discharged.
Discussion: →difficult diagnosis of PE with non-specific symptoms - gaps of current GL. GL on SY: pt was considered low risk: could wrongly lead to outpatient management. HU should have been performed only if structural heart disease was suspected: but initial evaluation wasn't conclusive about cause of SY. Prevalence of PE among pts hospitalized for SY isn't well established (2-17%). GL on PE pt had low probability of PE (Wells/Geneva). He was normoxaemic, SY was the only symptom (prev 6%). Acute PE may lead to RV dysfunction detected by HU with negative predictive value (PV) 40–50%. On the other hand RV dysfunction may also be found without PE (card/resp disease). RV dilation found in 25% of pts with PE. In GL on PE HU isn't recommended in stable pts with suspected PE.

Psoriatic spondyloarthritis: an unsual presentation

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A 77-year-old man with a left hip prosthesis developed arthritis of hands and shoulders and psoriasis. Acute phase reactants were high. Oncomarkers negative. Chest X Ray was normal. MRI showed bilateral synovitis of metacarpophalangeal joints. It was made diagnosis of Rheumatoid Arthritis. Methotrexate was started with good response. Three months later, patient presented inflammatory low back pain. Prosthesis mobilization was excluded by bone scintigraphy. Ultrasound showed right hip joint synovitis. MRI of the lumbosacral column with contrast enhancementshowed evident bone oedema with contrast enhancement of L4-L5 interapophyseal segments, of the spinous processes and of the para-spinal soft tissues. Findings were in the first hypothesis related to a rheumatic disease but was necessary to exclude the infectious etiology. Acute phase reactants were persistently high, procalcitonin was normal; QuantiFERON-TB Gold test was positive. Three months later MRI was reperformed showing a worsening. Fine needle aspiration-guided computed tomography was performed of radiologic abnormalities. RT-PCR for M. tuberculosis complex was negative. Culture research for mycobacteria, aerobic, anaerobic bacteria and fungi were negative. Cancer cell research was negative. Cytological findings were compatible with chronic inflammatory disease. Diagnosis was reformulated in Psoriatic Spondyloarthritis; nicizine and golimumab were started. The 12-month control MRI was normal. Cytological-histological examination is necessary in the atypical cases of spondyloarthritis with inconclusive imaging.

Ankylosing spondylitis can lead to amyloidosis?

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A 65-year-old woman underwent to our clinic for inflammatory low back pain onset many years before treated with NSAIDs daily. Patient had chronic kidney failure (III-IV stage). Physical and X-ray examination was compatible to long standing Ankylosing Spondylitis. Acute phase reactants were increased; autoimmune profile was negative. HLA B27 test was positive. Infliximab was started. Three months later Infliximab was stopped because of adverse events, switching to Etanercept with a good clinical response. However we observed a progressive worsening of renal function in the presence of persistent increase of acute phase reactants and progressive reduction of level of hemoglobin. Nephrologists decided to start hemodialysis twice a week. In the suspect of Acquired Sys-

temic Amyloidosis reactive to chronic inflammation in long standing spondiloarthritis we performed serum dosage of Apolipoprotein serum amyloid A that resulted increased. Periumbilical fat biopsy confirmed diagnosis of Acquired Systemic Amyloidosis**).** Echocardiogram excluded the typical hypertrophic cardiomyopathy. Switch from Etanercept to Adalimumab in association to average dose of steroid was made in order to reach the objective (concentration of SSA <=10 mg/L). In the presence of persistent elevated acute phase reactants without arthritis clinically evident in long standing Rheumatic Disease, it is mandatory to execute serum dosage of SSA and eventually a periumbilical fat biopsy to exclude Acquired Systemic Amyloidosis reactive to chronic inflammation.

Long-term bisphosphonate therapies: what about safety?

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A 90-year-old woman with dorsal-lumbar vertebral osteoporotic fractures was treated with alendronate from 2007 until November 2013 without interruptions. On July 2013, patient reported left thigh pain that increased on load in the absence of trauma. Bone scintigraphy revealed lateral cortical thickening and increased uptake in the subtrochanteric region of the left femur. X Ray of lower limbs showed a beaking on the lateral cortex of the left femur and a black line representing the incomplete fracture of the lateral cortex. A computed tomography scan of the lower limbs was made confirming the impending fracture of the left diaphyseal femur excluding atypical monostotic Paget. We have diagnosed an incomplete bisphosphonate atypical femoral fracture stopping bisphosphonate and prescriving analgesias. We administered Calcium and vitamin D. PTH 1-34 therapy was excluded because of low creatinine clearance levels and its controversial use in literature. Orthopedic suggested radiologic follow up to evaluate potential worsening at six months. After 6 months X-Ray didn't show any worsening of impending fracture. Orthopedic recommended a conservative approach; surgery was contraindicated due to her age and several comorbidities. We exhort specialists to an appropriate use of bisphosphonates, as high-doses of antiresorption therapy have been shown to inhibit bone remodeling and elevate microdamage accumulation leading to collateral events such as atypical fractures. When subtrocanteric fractures occur, it is strongly recommended to stop antiresorption therapy.

A deceiving case of anorexia

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A 33-year-old woman referred to the Emergency Department (ER) for weight loss, vomiting, loss of appetite, progressive fatigue. A month before a diagnosis of depression had been done; citalopram with alprazolam started. In the ER the psychiatrist suggested nervous anorexia. The patient was admitted to the Internal Medicine Unit to start parenteral nutrition. Clinic examination revealed hypotension (blood pressure [BP] 75/45 mmHg), dehydration, generalized blackish hyperpigmentation of the skin and oral mucosa. Laboratory tests showed hyponatremia (116 mEq/L) and hyperkalemia (5.5 mEq/L). The suspicion of primary hypoadrenalism was promptly confirmed by blood cortisol test, which resulted undetectable. Thus, intravenous hydrocortisone with 0.9% saline were immediately started. Further investigations were done: low levels of aldosterone and DHEAS, high ACTH level confirmed Addison's disease; CT Scan and Mantoux test were negative; primitive hypothyroidism with high levels of thyroid auto-antibodies was found; the screening for other autoimmune diseases resulted negative. In few days, BP levels and electrolytes normalized. Oral cortone acetate associated with L-tiroxine were started. Discharge diagnosis was "Type 2 polyglandular autoimmune syndrome". During follow-up the patient gained weight, and presented normal BP and electrolyte levels.

Conclusions: Addison's disease is rare and often the diagnosis is delayed: the association of weight loss, hypotension, vomiting, and electrolyte imbalance must drawn to clinic suspicion, in order to promptly start the proper treatment.

A case report of mediastinal syndrome

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A 27-year-old overweight woman referred to the ED twice in few days complaining for swelling of neck and face, despite antibiotic treatment and cortisone prescribed for a suspected pharyngitis. The patient was admitted to the Internal Medicine Unit for further investigations. Clinic examination revealed an apple-shaped body type: when specifically questioned, the patient lamented weight gain (10 kg in the last month), with the need for larger T-shirts and bras, without any problems with pants. She showed mild orthopnea, hoarseness, edema of the face, neck, both upper limbs, and of the upper third of the thorax; no edema was found at the lower limbs. The patients underwent immediately a CT scan, which showed bulky mediastinal lymph nodes, extended to the vascular structures, causing imprint with reduction in the diameter of superior cava vein, of the right pulmonary vein, and with a mild imprint on the left and right atria. She was started prophylactic subcutaneous low-weight heparin, oxygen, intravenous fluids, and rasburicase. Within 24 hours she underwent mediastinoscopy with biopsy of the lymph nodes. Afterwards, she was promptly started intravenous de-bulking desametasone (40 mg for 4 days), with quick improvement of clinic conditions. Further investigations were performed: whole-body glucose PET, and bone biopsy. Final diagnosis was "Diffuse Large B-cell Lymphoma". The patients was started immunochemotherapy according to CHOP-R scheme. After 2 weeks the patient was discharged in good clinic conditions. The weight at discharged was 85 kg (*versus* 96 at admission).

The role of Internist in the project of chronicity medicine

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Background and Objectives: DM 70 reorganized the hospital of Grottaglie in post-acute rehabilitation and management of chronic diseases in the integrated hospital-territory network. The aim was to manage patients with polypathologies in Day Service to define: DS appropriateness, reduction of inappropriate admissions and waiting lists.

Materials and Methods: In November 2017 the DS medicine of chronicity was established with an internist doctor and a nurse, with 2 beds, electrocardiograph, spirometer, setting for withdrawals.

Results: In 70 days 200 DS were opened only on the indication of the internist: 104 F and 96 M (mean age of 63 years) with pathologies: 70% hypertension, 48% COPD, 25% OSAS, 40% heart failure; taken within 5 days and closed within 15 days; 200 ECG reports, 140 fundus, 104 spirometries and 195 withdrawals in complete autonomy; appropriateness of echocardiogram (58%), abdomen (12%) and carotid (15%) ultrasound. Reduction of hypertension admissions by 2620% compared to 2016 (131 *versus* 5 in 2017), resulting in the hospital of Grottaglie the most appropriate for the LEA hypertension among all those of Taranto and the province. Furthermore, it was possible to stratify the early and high risk of patients.

Conclusions: The centrality of the non-specialized, sectorial management of chronic diseases with flexible and individual care has given a good health response as the appropriateness of the LEAs and the inclusion of patients in an integrated hospital-territory path would lead to the early identification of flare-ups by avoiding inappropriate hospitalizations.

Prevention of respiratory diseases: RESPIRIAMOCI project

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Background and Objectives: The constant increase of respiratory diseases requires a greater screening of those patients who present cough, phlegm and other related symptoms and to identify them in an early manner it is important to perform a spirometry. On the basis of these premises the RESPIRIAMOCI Project is born.
Materials and Methods: The Medical Onlus for San Ciro carried out, in January 2018, a day of prevention and awareness of the correct lifestyles of respiratory diseases through the clinical history with COPD Assessment Test (CAT) and the execution of spirometry.
Results: We enrolled 34 M (average age 60, BMI 28, 40% smokers) and 36 F (average age 46, BMI 25, 58% smokers). Males have a FEV1 of around 75 with a mean CAT of 12 and among smokers FEV1 has dropped to 72 with an increase of CAT to 18. In females, we have detected an FEV1 of 78 with CAT of 6 and among smokers FEV1 arrived at 75 with CAT of 11. We identified 15% of altered spirometry in patients with suspected bronchial asthma and 25% of patients with COPD who had discontinued therapy because they had not been recognized chronically.
Conclusions: With the RESPIRIAMOCI Project we wanted to demonstrate how important the constant work of sensitization on the suspension of smoking is and how the execution of spirometry together with the CAT test allowed to evaluate the impact of COPD on an apparently healthy population.

Survey on the awareness of asymptomatic hyperuricemia without urato deposits as a cardiovascular risk factor

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Background and Objectives: In recent years, the scientific evidence has confirmed the interesting acquisition that asymptomatic hyperuricemia without urate deposits can expose patients to an increased risk of developing cardiovascular, renal and cerebral diseases. The purpose of this survey is to know the state of awareness of this risk factor and to standardize its management.
Materials and Methods: 11 general practitioners have responded to a survey concerning hyperuricemia in some important points: diagnosis cut-offs, targets to be attained and appropriate therapy with limits.
Results: 78% of doctors use the cut-offs of uricemia >7 mg/dl; 89% believe that the treatment of hyperuricemia has beneficial effects on cardiovascular risk; 100% believe that hyperuricemia is a risk factor of the metabolic syndrome, that to reduce cardiovascular complications it is necessary to reach <6 mg/dl and that allopurinol is used as the first choice; while 77% use febuxostat for allopurinol intolerance and finally 55% use allopurinol at 150 mg and 45% at 100 mg in patients with renal filtrate <50 ml/dl.
Conclusions: This survey made it possible to evaluate the awareness of hyperuricemia for better therapeutic management in compliance with the current rules of prescriptive appropriateness.

An atypical case of fever of unknown origin

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Introduction: Fever of unknown origin (FUO) is a nosological entity whose prevalence is difficult to estimate. In 15-30% of cases it depends on infections and rarely on infectious mononucleosis. We will describe an atypical case of FUO.
Case description: A young patient was hospitalized for persistent high fever (39-40°C), with only response to steroids. The exames indicated a recent EBV infection (Ab antiVCA IgM pos, Ab antiVCA IgG pos, EBNA neg), with negativity of other microbiological, immunological examinations and no evidence of myelo/lymphoproliferative disorders. Echocardiography, abdominal echography with lymphnodes exams, gastroscopy, colonscopy, TB CT scan, TB PET and brain MRI showed a nasopharyngeal uptake. At biopsy: waldayer ring hyperplasia. The osteo-medullary biopsy was negative. After about 2 months the following antibodies were measurable: IgG anti-VCA (136 KUA/l), IgG anti-EA (68 KUA/l), EBV DNA (4200 copies/ml), with negativity of IgM anti-VCA and IgG anti-EBNA.
Conclusions: Patient's antibody panel is compatible with Chronic Active Epstein–Barr Virus infection, characterized by increase of anti-EA, absence of anti-EBNA, symptoms for 1 year, no evidence of immune deficiencies or other recent infections. This complication is more common in Asian countries where it is accompanied by a poor prognosis (MOF, DIC, lymphomas, EBV-HLH), caused by T-cell proliferation, while it is poorly represented in Western countries. Nowadays, further studies are needed to better characterize this pathology.

White matter lesions e depressione vascolare nell'anziano

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Pazienti anziani con fattori di rischio cerebrovascolari presentano lesioni della sostanza bianca cerebrale. Tali lesioni dette anche "white matter lesions" si dividono in: profonde, collegate a malattia dei piccoli vasi cerebrali; periventricolari, dovute a fenomeni ischemici distrettuali.
Scopo: Verificare l'associazione tra le lesioni della sostanza bianca e lo sviluppo di depressione ad esordio tardivo (>50 aa) su base vascolare. Sono stati selezionati 18 pazienti (11 M, 7 F età media 78 aa) con fattori di rischio cardio-celebro-vascolare. Sono stati sottoposti a risonanza magnetica dell'encefalo, GDS per la diagnosi di depressione e MMSE per escludere il declino cognitivo.
Risultati: Esiste una correlazione statisticamente significativa tra lesioni profonde della sostanza bianca e depressione, mentre non esiste una correlazione statisticamente significativa tra lesioni periventricolari della sostanza bianca e depressione. Tali lesioni infatti si associano maggiormente a decadimento cognitivo, deficit motorio e incontinenza urinaria.
Conclusioni: Il riscontro di depressione ad esordio tardivo può far sospettare una malattia vascolare cerebrale cronica. La presenza di alterazioni cerebrali su base vascolare può modificare il tono dell'umore in senso depressivo. E' importante il controllo dei fattori di rischio cardio-cerebro-vascolare per prevenire il danno cerebrale vascolare e conseguentemente la depressione vascolare.

The role of ultrasound compression in the early detection of deep vein thrombosis in patients with neoplasia

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Background: Venous thromboembolism still occurs in a considerable number of oncologic patients. Screening with conventional ultrasound imaging to detect asymptomatic deep vein thrombosis (DVT) has been suggested as a strategy to improve management of such patients. We evaluated the ability of compression ultrasound in the detection of asymptomatic DVT in high-risk oncologic patients.
Materials and Methods: We prospectively evaluated bilateral compression in 45 patients who had a cancer diagnosis and

asymptomatic DVT. 30 patients receive anticoagulant prophylaxis therapy. DVT risk were evaluated with Wells and Padua scores. D-Dimer were detected in all patients.
Results: Patients were staged as high risk in 55% and 85% according to Wells and Padua scores respectively. D-Dimer detection didn't show any clinical or diagnostic utility. DVT were diagnosed in one case.
Conclusions: Compressive ultrasonography has a good accuracy for the detection of DVT in patients who have cancer.

Acute kidney injury due to ciprofloxacin

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Background: Ciprofloxacin is an antibiotic of the fluoroquinolone class. It is widely used in clinical practice for treatment of gastrointestinal, respiratory and genitourinary infections. Common adverse effects may be nausea and vomiting, less frequently it may cause central nervous system symptoms, tendon rupture, cardiac arrhythmia and renal side effects. Several cases of crystal-induced acute kidney injury has been reported in literature.
Case presentation: Here we present an elderly woman who developed oliguric acute kidney injury (AKI) in a 72- hour period after receiving oral ciprofloxacin for upper respiratory tract infection.
Discussion: AKI secondary to ciprofloxacin treatment is caused by intratubular precipitation of crystals. Ciprofloxacin induced crystalluria typically occurs in alkaline urine, resulting in acute interstitial nephritis. In our patient, few days after ciprofloxacin treatment, serum creatinine increased to 3.3 mg/dl and progressively rised up to 6.4 mg/dl. Ciprofloxacin was immediately discontinued and serum creatinine returned to baseline within 15 days. Ciprofloxacin crystal nephropathy was diagnosticated clinically based on the characteristic urine sediment showing stellate shaped crystals that were birefringent to polarized light. More caution should be taken when considering renal function using estimated GFR to recognize underlying renal disease. In conclusion, renal function should be closely monitored in patients receiving ciprofloxacin therapy, especially if other potentially nephrotoxic drugs are prescribed concomitantly.

Glomerulonefriti nel paziente diabetico

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Premesse e Scopo dello studio: La reale incidenza della nefropatia diabetica o delle nefropatie associate al diabete mellito (DM) è sottostimata a causa del ridotto numero di biopsie renali eseguite sui pazienti diabetici. Le maggiori indicazioni alla biopsia sono il rapido peggioramento della funzionalità renale o della proteinuria. Abbiamo valutato la prevalenza della malattia renale cronica (CKD) in una popolazione di diabetici e le indicazioni alla biopsia renale.
Materiali e Metodi: Abbiamo esaminato 3043 pazienti con DM2, nel periodo 2013-2017. L'età media era di 65.8 anni (range 40-90) M 45%. Il 72% dei pazienti con CKD era in terapia con ACE-i nel 90% dei casi. La prevalenza dei pazienti con CKD e macroalbuminuria era la seguente: 425 pazienti con GFR <45 ml/min (stadio IIIb) (14%), 109 pazienti con macroalbuminuria e GFR >45 ml/min (3,6%). Tra i pazienti con GFR <45 ml/min, il 20% apparteneva allo stadio IV ed il 3,5% allo stadio V. La proteinuria nefrosica era presente nel 2,3% dei casi ed è stata effettuata la biopsia renale nell'1,7% dei casi. Diagnosi istologiche: 3 nefropatie diabetiche, 1 amiloidosi tipo A, 1 GNF membranosa, 1 nefroangiosclerosi, 1 LCDD, 3 GNF extracapillare, 1 ESRD, 1 nefrite tubulo-interstiziale acuta, 1 GNF da IgA.
Conclusioni: Questi dati confermano che la prevalenza dell'insufficienza renale nel diabete è elevata, in particolare nel DMT2, con importanti ripercussioni sulle comorbidità e sulla necessità di ricovero ospedaliero. La biopsia renale è risultata utile nell'individuare la presenza di altre nefropatie non diabetiche.

Thrombosis, sepsis by *Escherichia coli* and diabetes mellitus type 2: an interconnected trio. Case report and literature review

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Conditions: The aim of the study was to investigate the interplay and possibly the causal links between three pathological conditions - previously unknown diabetes mellitus type 2, sepsis due to E. coli, and acute thrombosis of the right upper limb - in a 73-years-old white woman without a prior history.
Description of the case: First, we have clinically ruled out a cardiogenic or neoplastic origin of the thrombosis through electrocardiogram, Doppler echocardiography, and serum levels of tumor markers. Then, a review of the latest literature showed the following. Hyperglycemia modified the intestinal mucosal adherence permitting the translocation of E. coli to the blood. Thus, lipopolysaccharides (LPS) caused a "*metabolic bacteremia*", which led to the sepsis status. Moreover, hyperglycemia reduced the physiological antibacterial activity of neutrophils co-operating in sepsis status. Furthermore, two factors assisted in establishing the thrombosis: both hyperglycemia and LPS increased serum level of some coagulation factors – such as tissue factor -, whilst hyperglycemia lowered physiological levels of fibrinolysis due to the increase of plasminogen activator inhibitor 1 (PAI-1). In addition, the serum level of LPS found in patients with Impaired Fasting Glucose (IFG) magnified the physiological platelet aggregation.
Conclusions: On balance, according to the clinical medicine and the recent literature, we assumed that the sepsis owing to E. coli and the simultaneous state of latent hyperglycemia could have led to a thromboembolic diathesis that caused the acute ischemia.

Eziopatogenesi multifattoriale in un caso di declino cognitivo giovanile

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Giunge alla nostra osservazione una donna di 37 anni, con quadro di declino cognitivo. Non noti dati amnestici, la paziente, senza fissa dimora, riferisce storia di potus, nega uso di farmaci e droghe. Alla TC cerebrale diretta, esiti ischemici multipli confermati dalla RMN encefalo senza MdC che mostrava multiple alterazioni gliotico-malaciche, in particolare in regione fronto-insulo-temporo- parietale destra (di maggiore entità), in sede temporo-occipitale sinistra e frontale sinistra, espressione di un quadro di encefalopatia vascolare su base embolica polidistrettuale. All'ecocardiogramma: DIA con shunt sinistro-destro, atrio destro severamente dilatato (40 ml/mq) ed ipocineisa del setto anteriore e posteriore e della parete inferiore con FE 42%. Riscontro di insufficienza renale di grado moderato, con protenuria, in sospetta glomerulonefrite membranosa (la paziente ha rifiutato la biopsia renale), di deficit di antitrombina III (15%), HBV in fase replicativa e iperomocisteina (48,5 micromol/l). Negativa la ricerca per patologie autoimmuni, neoplastiche e altre complicanze tromboemboliche. Introdotta terapia medica con warfarina, losartan, folina, bisoprololo. In base ai dati laboratoristici e strumentali a nostra disposizione, il quadro di declino cognitivo in vasculopatia cerebrale cronica è da correlare a fenomeni tromboem-

bolici dovuti al deficit severo congenito di antitrombina III (il valore di 15% è stato confermato su 3 controlli), complicato dall'epatopatia cronica, dall'insufficienza renale cronica con sindrome nefrosica e dalla presenza del DIA con severa dilatazione atriale.

Acute lithiasic cholecystitis with atypical presentation

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82-year-old man, hospitalized, for phlegmon flank dx. In anamnesis chronic cerebral vasculopathy, ischemic heart disease, severe cognitive impairment. Not reported hyperthermia and abdominal pain at home. Ultrasound shows in subcutaneous and above the muscular bundles a large discoidal abscess of 7cm and thickness of 2cm. Blood chemistry showed CRP 16.02 mg/dl, neutrophilic leukocytosis WBC 11.94. N 95%; it was performed drainage of the abscess; positive bacteriological test for Enterococcus Avium and initiated antibiotic therapy with Ceftriaxone and Ciprofloxacin IV; transferred to surgery; CT abdomen with contrast showed a 2.7 stone in the gallbladder, in close contact with the thoracic wall below the anterior portion of the seventh rib where it determines a decubitus communication with the wall and presents a gaseous layer around gallbladder. Laparotomy shows evidence of voluminous hepato-colecistic inflammatory tumor fused with the thoracic wall and involving the right flexion of the colon and the duodenal C. Lysis of thoracic adhesions shows the size of a mandarin at intercostal site. There is also evidence of fistula with colonic flexure and duodenum. The postoperative course, sufficiently regular in the early days, was complicated subsequently by the onset of pneumonia, probably from inhalation, which led the patient to the exit. The clinical case shows how an apparently superficial abscess collection can underlie a clinically serious morbid condition that not even the most advanced imaging techniques allow to define entirely in its complexity and gravity.

A high "tension" case

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Introduction: Coarctation of the aorta is a pathologic narrowing of the descending thoracic aorta typically located at the insertion of the ductus arteriosus just distal to the left subclavian artery. In most cases the origin of the left subclavian artery is proximal to the coarctation, resulting in hypertension in both arms.
Clinical case: A 60-year-old woman was hospitalized for hypertension (PA 250/150 bilaterally) not responding to the usual antihipertensive drugs. She had previous history of hospitalization for hypertensive crises complicated by ischemic stroke with residual right hemiparesis. Her blood pressure values were persistently elevated at upper limbs and the cardiovascular examination showed systolic murmur on the cardiac base and jugulum and systolic murmur at supra-umbellical level. All tests to exclude secondary forms of hypertension (doppler of renal arteries, dosage of renin aldosteron, plasmatic ad urinary metanefrines) were negative. We also excluded autoimmune diseases, such as LES, scleroderma, vasculitis. The echocardiogram proved hypertensive cardiopathy with preserved sistolic function. A CT scan of thorax and abdomen showed aortic narrowing compatible with aortic coarctation. The cardiosurgeon consulted gave indication to surgical correction consisting in dilatation by BEGRAFT without complications.
Conclusions: The diagnosis of aortic coarctation typically occurs in childhood-juvenile age. In adults hypertension is the typical presenting sign. Regardless of age it should always be suspected in all cases of multi-drug resistant arterial hypertension.

The bitter woman

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Introduction: Anesthetics and several other drugs, in the presence of predisposing factors, have been implicated in the development of transient high anion gap acidosis in adults.
Clinical case: A 87-year-old woman with history of heart failure and diabetes was hospitalized in our Medical Ward for high anionic metabolic acidosis arising in the second postoperative day after abdominal surgery for intestinal occlusion in choked laparocele. The most common causes of acidosis with increased anion gap, like as diabetic ketoacidosis, have been excluded. We found at labtests neutrophilic leukocytosis with increased inflammatory markers; liver and renal functions were in range. A chest x-ray showed cardiomegaly and signs of congestion of the small circle. During the post-surgical stay, she took analgesic therapy with paracetamol and ketorolac as needed**.** Problably the close administration of anesthetics and analgesics in an elderly woman with multiple comorbidities has been at the basis of the onset of metabolic decompensation.
Conclusions: Pyroglutamic acidemia is a rare cause of high anion gap metabolic acidosis that should be suspected in patients presenting sepsis, hepatic and/or renal dysfunction who are receiving drugs such as anesthetics, after the more common causes of a high anion gap acidosis have been excluded.

Direct oral anticoagulants in treatment and secondary prophylaxis of venous thromboembolism in patients with hereditary thrombophilia

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Deficiency of natural anticoagulants (PC, PS and AT III) and genetic polimorphisms as FV Leiden and FII 20210A mutation are associated with higher risk of early onset thrombosis. In literature few case reports have described the efficacy of therapy with direct oral anticoagulants (DOACs) in the treatment of thromboembolic events occurring in patients with hereditary thrombophilia, so, the initiation, intensity and duration of anticoagulant therapy do not differ in patients with or without hereditable thrombophilia and the diagnostic evaluation should be delayed till the end of management of acute thrombotic episode as was in our case. In fact our patients discovered to be thrombophilic after they underwent therapy with DOACs for 3-6 months. In our setting, since March 2014, we identified 8 patients (2 M e 6 F) who have suffered from early onset thrombosis. VTE was treated with DOACs in all cases (6 Rivaroxaban, 2 Apixaban) and after 3-6 months of anticoagulant therapy a complete screening for hereditary thrombophilia detected 2 AT III deficiency, 2 PC deficiency, 1 PS deficiency, 2 FV Leiden and 1 F II 20210A. Four patients underwent anticoagulant therapy for a variable period of 6-24 months before stopping, therefore, the other 4, for the severity of the disease, were assigned to a lifelong therapy. During the follow up, either recurrences of thromboembolic events or haemorragic episodes were not observed. This report demonstrate the efficacy and safety of therapy with DOACs in the treatment and secondary prophylaxis of VTE in patients with hereditary thrombophilia.

Antibiotic therapy in Internal Medicine

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Background: MDR infections are common in Tuscany due to the use of broad-spectrum antibiotics that contributes to the development of resistence. In order to curb this phenomenon a group of internists and infectious from USL Toscana Centro wrote raccomandations for empirical therapy addressed to hospital doctors, based on local epidemiology, in order to direct the choice towards the most suitable antibiotic with less impact for resistance development.
Methods: We performed a retrospective analysis on the patients admitted to Setting A of Internal Medicine of Pescia Hospital in

December 2017 collecting data about the type and timing of antibiotic therapy from the charts; we evaluated the suitability based on USL recommendations
Results: 58/131 patients (85F, mean age 76.6 years) required antibiotics. The beginning of the therapy was on average 1.5 days of hospitalization and average duration was 7.96 days. A total of 14 germs (10.57%) were isolated from culture tests; only 1 was MDR (E. coli). From the retrospective evaluation emerged that 43/58 patients (74%) received the recommended treatment. The most used antibiotics were penicillins (18/58) and cephalosporins (17/58). Penicillin and macrolide have been the most commonly used scheme in combination therapies.
Conclusions: Infections are common in Internal Medicine and, even if in our experience MDR germs aren't frequent, is mandatory to suspect it in more severe deseases and when there're risk factors. Raccomandations about empirical antibiotic therapy can contribute to standarize the use of antibiotics in Hospital

The prevalence of overweight and obesity state in T2DM patients evaluated in the World Diabetes Day 2017

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During the "World Diabetes Day" in Nov. 2017 held in various italian squares, gazebos with health promotion programs were installed, in our city too. One was dedicated to visitors eating habits and how to teach them healthy eating via interviews with qualified doctors and nutritionists. 600 subjects were recruited and screened; our study focuses on 217 pts who completed the questionnaire and underwent a nutritional-dysmetabolic examination. They (86 F and 131 M), age 45+8 years, were affected by DMT2 for 10+5 years and were treated with oral hypoglycemic agents and/or insulin. A team of doctors antropometric parameters and glycemia with the Point of Care (POC). Questionnaires showed: 19% (n 41) had normal weight, 27% (n 59) was obese. The majority were overweight (54%, n 117). Overweight/obese pts share the same bad habits non-fractioning of meals, eccess carbohydrates and animal fats such as dairy products and sausages and daily consumption of alcoholic drinks such as beer and wine. Interesting data are correlation between nutritional state and HbA1c in a smaller group of 76 diabetics with anamnestic report of of HbA1c of the last 3/6 months. In the normal weight group (18) HbA1c was 6.7%±0.6; in the overweight (26 people) was 7.6%±0.4; in the obese (32 people), is 8.2%±0.8. Thesa data show that wrong eating habits correlate to poor metabolic state and higher HbA1c.

TaiChiQuan and nutritional counseling: first experience of an "alternative" "Educational Structured Therapy" in T2DM patients

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Tai Chi is normally used in chinese hospitals for treating some chronic diseases as dementia, arthritis, diabetes. We evaluated the beneficial effects of Tai Chi combined with proper nutrition and dietary counseling in 36 DMT2 of the ambulatory for Dysmetabolic Diseases of our hospital with certified staff (nutritionists and experts of TaiChi certificated at European level). At time 0, 3 and 6 months we evaluated anthropometric and metabolic parameters and performed analysis of body composition, while at 0 and 6 months we evaluated 6MWT in two groups of patients comparable by gender, age, anthropometric and metabolic parameters. Pts were aged between 65+7.8 years (14 D, 2 M), at time 0 the BMI was 32.1+7.4 kg/m2, HbA1c 7.7+1.4%, HOMA index 2.7 0 0.9. There was no dropout and at 3 months patients had: BMI of 30.1+5.2 kg/m2 (p 0.005), HbA1c values of 7.2+1.0% (p 0.004), HOMA index 2.4+0.8 (p 0.005)). At 6 mo, patients had: BMI of 29.1+3.0 kg/m2 (p <0.005), HbA1c values of 7.0+1.0% (p 0.003), HOMA index 2.24+0.5 (p <0.004). At 6 mo the 6MWT showed a marked improvement in performance *vs* time 0 (100 meters at time 0, 500 meters at time 6). The BIA showed a reduction in body fat both at 3 (r=0.37, p=0.03) and at 6 mo (p=0.02), with an increase in lean mass (p=0.005). Results are due in part to the reduction of fat mass with improvement of metabolic parameters and 6MWT; probably a greater intensity of activity in Tai Chi is needed.

Fever of undetermined origin in a young woman: a rare case in rheumatological prospective

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Background: Fever of undetermined origin (FUO) is a challenge for internists. This report illustrates an intriguing case of FUO resolved through a multidisciplinary approach.
Materials and Methods: A 49-year-old woman presented with a 2-week history of fever with peaks at 39°C accompained by laterocervical lymphoadenitis, asthenia, arthralgia of ankles and knees, and not responding to antibiotics. First level evaluation (blood tests, emocolture and urinocolture, thoracic X-ray, abdominal ultrasound, echocardiography, ECG) documented neutrophilic leucocytosis (17490/ml, N 85%) with C-reactive protein elevation (9.8 mg/dl),Ferritin increases (1050 mg/dl). No infectious pathogens emerged, including parotitis virus, HIV, CMV, EBV, enterovirus, adenovirus, and also Dengue, Zika, Toscana and Chikungunya viruses. Rehumatologic tests were positive only for a low-titer speckled ANA 1:80. Since fever in the meantime did not resolve, second and third line diagnostic tests have been performed.
Results: Total body CT-scan demonstrated the presence of a mild pleural, pericardia, and abdominal effusion indicating polysierositis. A total-body PET-TC scan was performed to rule out hidden hypermetabolic areas. A diagnosis of adult onset Still's disease (AOSD) was made in accordance with Yagamuchi criteria of 1992, and a treatment with prednison and metotrexate resulted in a progressive symptom relief at nine-month clinical evaluation.
Conclusions: AOSD is a rare systemic inflammatory disease and the diagnosis is typically by exclusion of other causes of fever.

Clinical ultrasound: the experience in a rural hospital of Zimbabwe

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Background: Modern medicine recognizes high utility of Ultrasound Scan (US) in clinical practice and in urgency setting. Since 1980 World Health Organization has highlighted the potential role of US in developing countries, for its clinical impact and cost-effective.
Materials and Metods: In a rural hospital of Zimbabwe, we evaluated the feasibility of US use as aid for physicians to inpatient and outpatient assessment, a training for local physicians, the participation of people invited to a free check, the principal pathologies detected.
Results: During 8 days, we have evaluated 182 subjects (70% women; 68% <60 ys) and conducted 178 abdomen US, 85 neck US. Approximately 60% of the USs were performed to volunteer citizens. US integrated the management of 5 cases of heart failure, 4 urinary tract infections, the follow-up of 10 chronic renal failure, 2 cirrhosis. In pediatric field, US helped diagnostic work up of 1 case of fever, 1 of lymph nodes enlarged of the neck, 3 bowel dis-

eases. Uterine and ovarian pathology has been identified in 11 cases. 19 subjects under 60ys would deserved a needle biopsy or monitoring because of thyroid disease. A local physician gained confidence with basic US features.
Conclusions: US is helpful in areas with scarce tools. The efforts to provide equipments, to organize training to local nurses and doctors, in particular about Point-of-Care US and gynecological ultrasound, they could be a mean of active subsidiarity. The high participation of population showed the wish to improve life and health conditions when possibilities are offered.

Use of new device with sensor for monitoring of elderly patients: experiences

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Background: Diabetes is a disease model where compliance and the need for daily blood sugar control may require a careful monitoring of patients, to achieve the goals.
Materials and Methods: New monitoring systems have recently approved (Flash Glucose Monitor) and equipped with a software able to continuously collect blood sugar, visualize real time and organize them in graphs showing daily glycemic patterns.We report our experience of 10 geriatric patients (mean age 67 years) with type 2 diabetes (6 in hypoglycaemic therapy, 3 in insulin therapy and 1 in triple oral therapy and multi-injective insulin).
Results: All patients had the prescription of the kit (FreeStyle Libre®), including the sensors.At the end of 3 months, they reported satisfaction, expressing the desire to continue.The system has been found not very painful and extremely practical for the purposes of personal cleansing and social relationships.Only one patient required a sensor change for a malfunction of the device due to the blood interference with the measurement.There were no infectious or allergic complications.
Conclusions: In our experience, the Flash system has been well accepted by patients and potentially able to ensure a significant improvement in the acceptability and continuation of insulin therapy, adherence to the therapy and personal motivation.There remain critical points such as high cost (possible aggravation for the SSN), as well as clinical results (improvement of the glycemic control, reduction of hyper/hypoglycemic episodes) to be assessed on large case series and designed trials.

Padua prediction score and thrombotic risk assessment. Correlation with self-reported and performance based measures of functional ability

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The identification of the patient at high risk of VTE, becomes a key element to avoid a large part of the events that normally complicate a hospital stay. The thromboembolic risk assessment is performed through the calculation of the Padua Prediction Score (PPS). The objective of the study is to find a correlation between high scores obtained with PPS and the psychophysical status of the subject.
Methods: This is an observational study.The evaluation of the time course of health-related quality of life (HRQoL) was measured with the Medical Outcomes Study 36-Item Short-Form Health Survey (SF-36) and functional outcomes Barthel Index. We computed the Padua Prediction Score (PPS) for every patient, and analyzed the data accordingly. In total 100 patients were included in the study. The mean age was 70±15. years. The average PPS was 4.86±2.26, and 51.% of the patients had a positive PPS. Only 34.8% of the patients received anticoagulant prophylaxis during their hospital stay. A significant correlation was found between high scores of PPS and poor functional status. The physical abilities and the patient's psychic sphere affect the risk of venous thromboembolism. For this reason it is useful to investigate these aspects in order to have a complete view of the picture and to carry out a more accurate risk stratification. The performance status of each patients could be added to PPS to better assess the global thromboembolic risk of these patients into a reduction of thromboembolic events that are usually recorded in hospital wards.

Patients with cardiovascular disease in Internal Medical division. Correlation with self-reported and performance based measures of functional ability.

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The association of cardiovascular diseases with patients' health status (*e.g.*, quality of life, symptoms, and functional status) in patients hospitalized for all causes is poorly defined.
Obiectives: To evaluate the level of health status, life satisfaction in people with cardiovascular diseases.
Methods: All Patients admitted to our Internal ward were enrolled in this prospective observational study. A questionnaire survey was completed by patients with unstable angina, atrial fibrillation, myocardial infarction, or heart failure. The questionnaire included the Short Form 36 (SF36) and The Barthel Index was used to assess daily activities. A correlation analyses was conducted to examine the relationship between the self reported measures of functional ability and the cardiovascular diseases. The study population included 100 cases with (mean age, 70±15.5 years; 58 men and 42 women) The majority of our patients had an impaired quality of life with an average score of 55 (SF36) and extremes of 25 and 94. There was a positive linear relationship between physical and mental components of the SF-36 and gender, age, BMI, co-morbidity and long of stay. We confirmed the SF-36 and Barthel index are a valid instrument for evaluating the performance status in patients with cardiovascular diseases. Heart failure is the pathology that can predispose more to a longer hospital stay in a hospital ward, confirming the pathology that more than others can have a weight on the patient's quality of life.

Hospital admission of cancer patients: is always necessary care?

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Cancer patients are frequently admitted to hospital due to acute conditions or refractory symptoms. This occurs through the emergency departments and requires medical oncologists to take an active role. The use of acute-care hospital increases in the last months of life.
Patients and Methods: We performed an retrospective analysis designed to evaluate the burden of patients admitted in our Internal Department for all causes with active cancer within a 12-months period with respect to patients and tumor characteristics. Diagnostic procedures, therapies, comorbidities, and in-hospital outcomes were collected.
Results: A total of 809 admission was analysed. The majority of admission were urgent (60%). Pain occurred in 45%, dyspnea in 18,3%, fever in 20%. The majority of hospitalization resulted in discharge to home (55,8%), in 15,8% patients died and 22,5% was transferred to hospice.
Conclusions: Optimization in the structured palliative care of oncological patients could reduce the number of hospitalization.

Necrotizing infective pneumonia mimicking metastatic neuroendocrine tumor: a case report

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Background: Primary intracranial neuroendocrine tumors (PNET) are extremely rare malignant tumors with few reports of

extracranial dissemination in literature. A suspected extracranial involment should be therefore carefully considered.
Case report: A 40-year-old man with recent diagnosis of primitive leptomeningeal neuroendocrine carcinoma treated with CHT and RT was admitted to our hospital due to fever and dyspnea. The chest X-ray revealed multiple lesions suggestive for nosocomial pneumonia, confirmed by CT. Multiple empiric antibiotic therapies were unsuccessfull. Therefore, the patient underwent a fiberoptic bronchoscopy and a galactomannan polysaccharide positivity on bronchial secretion was found. Specific antimicotic theraphy with amphotericin B was started with clinical but no radiological improvement, leading to the suspicion of PNET's pulmonary metastasis. Therefore, patient underwent surgical lung biopsy with evidence of necrotizing pneumonia, probabily due to Aspergillus, at the hystological examination.
Conclusions: Few data are available about extracranial involvement of PNET. Given the relevant prognostic implications, any extracranial lesion of unclear origin should be considered as a potential neoplastic localization, until proven otherwise.

A strange case of low back pain

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Case report: A 67-year-old man referred to our department for 4-month fatigue, persistent low back pain, mild dyspnea and shaking serotine shivering. History was notable for ischemic heart disease, metabolic syndrome and sleep apnea. Upon admission, lab tests showed normochromic normocytic anemia, ESR and CRP increase, hyperferritinemia and neutrophilic leukocytosis. Our main hypotheses were lymphoproliferative disorder, cancer and pneumonia. We requested EGDS and colonoscopy, both without significant findings, and a chest-abdomen CT scan, that showed a thrombotic ulceration of the posterior thoracic aortic wall and splenic ischemic lesions. During hospitalization, the patient presented a single febrile peak at 38.5°C. Two sets of blood cultures were drawn, both positive for *Streptococcus mutans*. Therefore, we decided to begin antibiotic treatment with intravenous vancomycin and a transthoracic echocardiogram (TTE) was performed, but it was negative for endocarditic vegetations. In any case, we decided to make transesophageal echocardiogram (TEE), also for the presence of splenic lesions that could be considered septic embolism. Moreover, for the persistent low-back pain an MRI showing right sacroiliitis, probably septic, had been performed. TEE confirmed endocarditis with perforation of the mitral and aortic flaps, resulting in severe aortic insufficiency. We adapted the antibiotic therapy associating vancomycin, gentamicin and oxacillin. Once the infection was controlled, the patient was transferred to the cardiac surgery ward for further treatment.

Cough as initial symptom of Waldenström macroglobulinemia

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Herein we describe the case of a 51-year-old man who came to our observation for persistency of cough for the last two months. His family doctor had previously prescribed a chest X-ray that showed hepatization of left lower lung lobe. He was administered two subsequent courses of antibiotic therapy without any improvement. At recovery in our Medical Division, a chest CT-scan was requested, which confirmed the presence of lung hepatization, while routine blood analyses showed the presence of an IgM lambda monoclonal component (MC) of 3140 mg/dL. To confirm the diagnosis of WM and to make the differential diagnosis of the lung mass, we then performed a bone marrow biopsy, which surprisingly was negative for any monoclonal lymphoid infiltrates, and a CT-guided lung biopsy which was diagnostic for localization of Limphoplasmocityc Lymphoma. WM is a rare cancer (3 cases per million people/year), twice as common in man as it is in women, with an average age at the time of diagnosis in the mid-60s. Usually it is localized in the bone marrow and spleen but, as all lymphomas do, it can be localized in any organ or tissue. Single pulmonary lung involvement is rare and WM is a rare cause of pulmonary opacities, but it can be suspected in the presence of an IgM MC. This patient falls in the low risk category according to the IPSSWM (<65 years, no anemia, normal platelets and -2 microglobulin, IgM <7000 mg/dL), so his overall 5-years probability of survival is 87% and the median survival is 12 years.

Emphysematous pyelonephritis in a patient with diabetes mellitus type 2 on oral hypoglycemic treatment with dapagligflozin

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Emphysematous pyelonephritis (EPN) is a serious condition with significant mortality.EPN is commonly associted with diabetes mellitus especially in females. A case of EPN in a 86-year-old female, with diabetes mellitus type2 on oral hypoglycemic treatment(dapagligflozin, with history of nephrolithiasis. She presented in emergency with acute abdominal pain with nausea and fever of four days duration. On examination, her blood pressure was 90/60 mmHg and pulse rate was 156/minute, her Tc 39°C, with tenderness in her right flank region. On investigation, her Haemoglobin was 14g/dl; Total Leukocyte Count (TLC) 1,12/μl with 62,5% neutrophils; platelet count, 90×10³/μl, random blood sugar 222 mg/dl; serum creatinine 1,16 mg/dl and serum potassium 4,31 mEq/l. She had a septic shock. Blood cultures isolated e. coli bacteria. Computed Tomography of abdomen showed an enlarged and oedematous right kidney with multiple pockets of air in the pelvicalyceal system,renal parenchyma with nephrolithiasis. A suggestive case of EPN Class II. She was treated with intravenous antibiotics (meropenem+piperacillina/ tazobactam), insulin and ureteral stent type DJ. Clinical and radiological evolution was excellent with renal preservation. Therapy with glycosuric may have facilitated the presence of EPN in patient with risk factors. Emphysematous pyelonephritis is a rare and serious complication, especially in diabetic patients. Diagnosis is based on CT scan. Surgical treatment should be conservative in most cases, apart from severe forms,especially in diabetic patients who have potential risk of chronic renal failure.

Liver abscess: when conservative therapy is better

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Background: Liver abscess (LA) is a rare condition classified in pyogenic (PLA, 80%), amebic (10%) and mycotic (10%). The most frequent LA symptom is fever but an afebrile presentation is possible. Other symptoms are chills, right upper abdominal pain, anorexia/weakness, nausea/vomiting.The PLA may be cryptogenetic but main causes are biliary diseases followed by: intraabdominal infections, bacteriemia, liver trauma, diverticolitis.
Case report: A 74-year-old man was admitted for AKD after fever with nausea and vomiting. His previous clinical history included: CAD with secondary HF, aortic valve replacement, ablation for AF and PM/ICD implantation. An abdomen US showed a 10 cm heterogeneous, well define mass in the liver with multiple low reflective loose nodules, confirmed by a CT scan. The blood cultures done withouth fever went negative as well as tests for campylobacter, yersinia, amoeba and faecal parasites; the pt underwent iv antibiotic (metronidazolo, meropenem) for 28 days and then per os antibiotic (ciprofloxacina) for 14 days. The later US controls showed the asbscess reduction. A colonoscopy bared multiple diverticula.
Discussion: The pt high cardiovascular risk in the case of warfarin not intake and the sepsi risk related to invasive procedures suggested to avoid percutaneous aspiration/drainage.
Conclusions: Clinicians must be aware of PLA/microabscess because not always the PLA origin is clear (maybe unknown diverticula in this pt) and the symptoms are mostly aspecific but a proper therapy, therby conservative, can save the pt's life (5-30% mortality).

Quello strano dolore alla mano sinistra: un caso di fascite necrotizzante in paziente affetta da artrite reumatoide

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Premesse e Scopo dello studio: Donna di 70 anni con infezione dei tessuti molli con comorbilità.
Metodi: Paziente diabetica in trattamento con Repaglinide e da artrite reumatoide in trattamento con metotrexato, deltacortene. Giunge in pronto soccorso per edema della mano sinistra e dolore intenso, nega traumi, apirettica, parametri stabili il medico pratica fans con scarso beneficio, (non si fa altro) si prescrive una dose doppia di deltacortene per 7 giorni, nel sospetto di artrite reumatoide riacutizzata. La paziente ritorna dopo 2 giorni con edema dell'arto superiore sinistro flittene sul dorso della mano, marezzatura al tronco, ipotesa anurica, aggiunge "era stata punta da un insetto alla mano sinistra"E.O. edema arto superiore sin con vescicole siero ematiche pa 80/50; fc 100/m; sao2 93%;ega in aa ph 7,120; pco2 52; hco3 16.1; creatinemia 2,36; pcr 38; procalcitonina 100.
Risultati: La paziente stabilizzata ha effettuato prelievi per emocolture poi terapia antibiotica con meropenem e vancomicina, somministrato vaccino, immunoglobuline antitetano. Ricoverata in medicina d'urgenza per shock settico in possibile fascite necrotizzante.
Conclusioni: La fascite necrotizzante è un'infezione acuta, rapidamente progressiva, delle fasce muscolari con possibile coinvolgimento dei tessuti molli circostanti che evolve spesso in sepsi, una fase iniziale con dolore sproporzionato al riscontro obiettivo contribuisce a ritardare la diagnosi. L'uso del LRINEC score10 strumento validato permette un miglioramento diagnostico significativo contenendo il ricorso a esami strumentali complessi.

Guillain-Barré syndrome: an unusual case

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Background: Guillain-Barré Syndrome (GBS) is an acute immunomediated polyneuropathy.It's important to recognize the variety and severity of the neurologic symptoms associated with GBS.
Case presentation: A 68 year-old woman presented to the emergency department with right sided facial weakness and walking difficulty. She had influenza-like illness two weeks before. In emergency department,on examination there was evidence of a right facio-brachio-crural hemiparesis. Cranial CT and laboratory findings were normal. She went in our internal medicine department and we observed right facial hemiparesis,dysartria and weakness in lower limbs, areflexia and ataxia. Albuminocytologic dissociation in the cerebrospinal fluid analysis and reduced motor and sensitive conduction studies of the both lower extremities were detected. These findings supported a diagnosis of GBS. The patient received a 5-day course of intravenous immunoglobulin with good neurological recovery.
Discussion: GBS is an acute, acquired, autoimmune polyradiculoneuropathy. Progressive weakness of more than one limb and areflexia are considered essential features for its diagnosis. Sometimes GBS may present with clinically variant findings,as the pharyngeal-cervical-brachial variant and Fisher syndrome. Patients with GBS, on a first observation,are very often misdiagnosed as having brainstem stroke or myasthenia gravis.
Conclusions: It's important for clinicians to know usual and unusual presentation of GBS, to differentiate it from other conditions:an early treatment can prevent major complications and improve the recovery.

Capecitabine-induced paralytic ileus. Case report

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Introduction: Capecitabine is a prodrug of 5-fluorouracil (5-FU) commonly used in breast and colorectal carcinomas; few cases of Capecitabine-induced paralytic ileus have been reported. We describe the case of a 61-year-old female receiving Capecitabine 1.500 mg daily, as chemotherapy regimen, after left hemicolectomy for colon carcinoma.
Case report: At our observation the patient complained of diarrhea, vomiting and oliguria; we found arterial hypotension, sinusal tachycardia, dry skin and mucous membranes, swollen and slightly distended and painful abdomen with markedly torpid peristalsis. Standard laboratory parameters showed: neutrophilic leukocytosis; hyperazotemia (up to 184 mg/dL), high serum creatinine (up to 4.67 mg/dL), hyponatremia (127 mEq/L), hypokalemia (2.7 mEq/L) and severe metabolic acidosis. Abdominal radiography showed hydroaeric levels and gaseous intestinal distention, confirmed by abdominal computerised tomography, without signs of mechanical obstruction. Intestinal decompression was obtained by nasogastric tube and rectal probe; parenteral nutrition, hydroelectrolyte replacement and antibiotic therapy have allowed to reach, in 9 days, clinical improvement, recovery of intestinal peristalsis and complete normalization of laboratory alterations.
Conclusions: Pathway and mechanisms of Capecitabine-induced paralytic ileus are not well clear; however, a transient autonomic neuropathy induced by 5-FU metabolites could be involved. In cancer patients, this rare but severe side effect of Capecitabine must be considered for timely diagnosis and treatment.

Nuovi farmaci in reumatologia: apremilast nella terapia dell'artrite psoriasica

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Introduzione: L'artrite psoriasica (APs) è una patologia infiammatoria articolare ad elevata prevalenza con una spiccata evoluzione erosiva. Oltre alla terapia con FANs, DMARDs ed anti TNF-alfa attualmente il clinico ha a disposizione, nel proprio armamentario terapeutico, gli Inibitori della Fosfodiesterasi 4, specifica dell'adenosina monofosfato ciclico (Apremilast).
Materiali e Metodi: Abbiamo seguito quattro pazienti affetti da APs secondo i criteri CASPAR, non responsivi a precedente terapia e abbiamo valutato la risposta clinica, ematochimica ed ecografica alla terapia con Apremilast dopo 3 mesi (T1). Tutte le pazienti mostravano all'inizio della terapia (T0) un DAS 28 elevato (6,3), marcato incremento di VES (76) e PCR (24). L'infiammazione articolare era avvalorata da un esame ecografico di mani e polsi eseguito con sonda lineare ad alta frequenza mediante scansioni multiplanari
Risultati: Ottenuto il consenso informato scritto, le pazienti iniziavano la terapia con Apremilast 30 mg mattina e sera. Al T1 le pazienti presentavano una riduzione del DAS28 (4,11) e dei parametri ematochimici di infiammazione (VES 41; PCR 11). Inoltre all'esame ecografico si osservava: "risoluzione della sinovite proliferativa radioulnocarpica, assenza di segnale power-doppler". Durante la terapia non si è riscontrato alcun aumento dei parametri di funzionalità epatica e renale.
Conclusioni: In queste 4 pazienti la terapia con Apremilast si è dimostrata sicura ed efficace come documentato dal miglioramento dei parametri clinici, laboratoristici ed ecografici.

Are opioids the best therapy for pain in polyarticular osteoarthritis?

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Introduction: Italian law 38/2010 has highlighted the importance of measuring pain and treating it adequately in order to improve life's quality of patients suffering from several types of painful diseases. The aim of this study is to assess how doctor's therapeutic attitude has changed in relation to pain therapy in rheumatic pathologies before and after 2010.
Materials and Methods: We compared the outpatient records of 350 osteoarthritis patients followed at our rheumatology clinics in

the period 2009-2010 (group A) with the data of 420 osteoarthritis patients followed at the same rheumatology clinics in the period 2015-2016. The populations were similar in age and sex.
Results: We did not find differences in VAS pain before the onset of therapy in both groups (group A 6.4 *vs* Group B 6.1). The therapy prescribed in group A was: Acetaminophen 52%, 24% NSAIDs, SYSADOA 14% and nutraceuticals 10%; By contrast in group B was: Acetaminophen 38%; FANS 21%; SYSADOA 8%, nutraceuticals 13% and minor opioids 20%. The mean of VAS pain after three months from the beginning of therapy was 3.7 in group A and 3.2 in group B.
Conclusions: Perception of pain in patients suffering from polyarticular osteoarthritis has not been substantially altered after law 38/2010 despite the increase in opioid therapy. The low percentage use of NSAIDs/Coxibs in an essentially inflammatory pathology and minor opioids' side effects could explain our results.

Lung ultrasonography in the work-up of a pregnant patient with pneumonia

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Premises: Pneumonia is associated with a significant increase in the morbidity of both the mother and the fetus. Lung ultrasonography (US) could be included in the work-up of pregnant patients with pneumonia.
Clinical case description: We describe the case of a 39-year-old woman, 29 weeks pregnant, with a history of bronchiectasis, who comes to our observation for left chest pain but without fever, cough accentuation and sputum changes. The general conditions at the entrance were fair, the first-level blood tests were normal except a rise in inflammatory indices (WBC, VES, PCR). After careful clinical examination, we founded crackles in the basal left hemithorax, so we performed a chest X-ray that showed a pulmonary consolidation in this site, 6 cm large, confirmed by lung ultrasonography. Sputum culture: Pseudomonas A. CTG: normal. We started antibiotic therapy with cefazidime IV+azithromycin IO (for state of pregnancy). In the follow-up, the patient was monitored both with careful clinical examination and with US. At the 15-day ambulatory US check, the consolidation was reduced to 4 cm and the inflammatory index decreased. At the check after 4 weeks the ultrasound finding showed a further reduction (2 cm) with inflammatory indexes normalization.
Conclusions: Lung ultrasonography is doubtless one of the emerging tools in the diagnosis of pneumonia in pregnancy. Our case demonstrate its usefullness of US, not only in the initial diagnosis but also in the follow-up, to avoid the negative effects of excessive X-rays exposure on the fetus (on both short and long term).

An atypical presentation of adenocarcinoma

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Background: A subclass of lung adenocarcinoma is the bronchiolo-alveolar type, which can differ for types of growth: peripheral nodules or simulating a multiple focal pneumonia because of a great mucus production that fills the inter alveolar spaces, that can also create areas of pseudo-cavitation.
Discussion: A 25 year old woman came to the ED because of a three-week-persistent cough; she reported loss of weight(5 Kg in 5 months). The RX showed an important interstitiopathy so she started an antibiotic treatment with no benefit. We performed a chest CT that confirmed the important interstitiopathy and the presence of a little pseudo-cavitation near the pulmonary ileum. The urinary search for pneumonia was negative; the Ig and Ag for Chlamydia and Mycoplasma were negative, as well as the Manthoux Intradermoreaction. No viruses were found. By using videocapillaroscophy, no sclerodermic pattern was identified. The PET pointed out the interstitial alteration, with pleural thickening, multiple nodular lesions and captant limphonodes. A biopsy was suggested: it showed the presence of a pulmonary adenocarcinoma (cK+,TTF1+,p40-).The patient started a treatment with Ensartinib 225 mg.
Conclusions: This is an atypical presentation of adenocarcinoma. This neoplasm is generally imagined as a nodular lesion, but in few cases it mimics an interstitial infection. A fast detection of this illness can lead to a prompt clinical intervention by the means of new generation therapies, whose efficacy is constantly growing.

Portomesenteric venous thrombosis and diverticulitis: a rare association

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Case presentation: A 65-year-old woman affected by diabetes mellitus, arterial hypertension and recent episode of diverticulitis was admitted to our department for acute abdominal pain. Upon admission, physical examination was normal except for achiness of lower abdominal quadrants. Contrast-enhanced computed tomography of the abdomen documented complete occlusion of the superior mesenteric vein, the extension of acute thrombus into the portal vein, moderate ascites and severe diverticular disease. On blood tests, liver function was normal. Malignancies, including myeloproliferative neoplasms, are the most common causes among prothrombotic disorders associated with mesenteric venous thrombosis**,** but in our patient JAK2 mutation was negative. There was not clinical, laboratory or instrumental evidence of autoimmune diseases or neoplasms. Thrombophilia testing was negative, including antithrombin III, Protein S and Protein C, Methylenetetrahydrofolate reductase, factor V Leiden and factor II. Anticoagulation with low molecular weight heparin was initiated. We observed a progressive clinical improvement with the disappearance of abdominal pain and ascites.
Discussion: Prothrombotic states, surgery, inflammatory bowel disease and malignancy are common risk factors for the development of portal-mesenteric thrombosis. In our patient the only thrombophilic factor emerging from the workup was the recent episode of diverticulitis. Very few cases are described in the literature. After the complete recanalization of the venous axis, a colic resection should be considered by a multidisciplinary team.

Recurrent pleural effusion in cirrhosis

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Background: A 73 yo woman came to our attention for exertional and resting dyspnea and leg swelling. Medical history was characterized by previous colecistectomy, Bell palsy, and obesity. Physical examination showed lung sounds reduction at the base of right lung field. A chest-X-ray confirmed a right pleural effusion. Blood analysis highlighted reduced platelet count, albumin, increased INR and gamma-globulin. HbsAg was positive. An abdomen ultrasound showed a hypertrophic caudatum lobe and a liver compatible with a diagnosis of cirrhosis. No ascitic fluid was present. She underwent thoracentesis and pleural fluid resulted a trasudate. Spironolactone and furosemide were started and induced a marked weight loss. Dyspnea improved. Echocardiography ruled out a cause of concomitant heart failure. Thorax Abdomen ct-scan were negative for other findings. The patient was discharged but in few weeks for the same symptoms was hospitalized and treated with steroids and antimicrobials in another hospital. Pleural effusion was considered as infectious or autoimmune and not related to cirrhosis because ascitic fluid never was documented. However, symptoms persisted and came again to our attention. Diuretics were increased and several thoracentesis performed. The effusion always resulted as a trasudate and never completely disappeared. Microbiological culture were always negative.
Conclusions. We made diagnosis of hepatic idrothorax, a challenging clinical manifestation in cirrhosis which can be present even without ascites. Diuretics and thoracentesis are the mainstay of treatment.

Transition from acute to chronic pancreatitis: a pathogenetic link in a rare and peculiar clinical case

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Background: Recurrent cases of acute pancreatitis (AP) can lead to a chronic pancreatitis (CP) condition. This pathogenetic link has been described in hereditary form, in alcohol-related acute attacks, in cystic fibrosis-associated forms, rarely in biliary necrotizing (because of scares on the pancreatic duct) and autoimmune forms. We report a peculiar case in whom the connection between AP and CP was due to a very rare occurrence.
Case report: A 74-year-old male patient was admitted because of abdominal pain. He denied alcohol use; anamnesis revealed a surgically-treated pulmonary neoplasm, ischemic heart chronic disease, type-2 diabetes mellitus and three previous hospitalization with AP diagnosis. The patient underwent an extensive diagnostic work-up: necrotizing pancreatitis with multiple fluid collections, haemorrhagic pseudocyst at the body of the pancreas (5x5 cm) and congenital variant of the pancreatic duct system (pancreas divisum) were discovered. Medical treatment was performed with a positive clinical response and stabilization of the pseudocyst size. The pseudocyst determined a compression of the Santorini duct leading a significant dilation of the upstream segment with the presence of a little stone at the tail level.
Conclusions: Ultimately, the final diagnosis was: acute necrotizing pancreatitis due to pancreas divisum with haemorrhagic pseudocyst at the body of the pancreas determining chronic obstructive pancreatitis because of its compression on the dorsal pancreatic duct.

Raro caso di sepsi da *Acinetobacter baumannii* da ascesso del legamento epatoduodenale

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Premesse: Acinetobacter baumannii è uno dei batteri ospedalieri responsabile delle infezioni nosocomiali più difficili da eradicare vista la sua farmacoresistenza.
Descrizione del caso clinico: Un uomo caucasico di 74 anni, con epatopatia cronica tossico-metabolica, giunge per febbre, aumento degli indici di flogosi e decadimento delle condizioni generali. Venivano eseguiti approfondimenti diagnostici radiologici, emo ed urinocolture (risultati tutti negativi) e, dopo 7 giorni di degenza, per il persistere della febbre e per l'ulteriore aumento degli indici di flogosi, abbiamo modificato la terapia antibiotica introducendo imipenem e vancomicina con parziale miglioramento del quadro clinico. Una concomitante TC total body ha mostrato, nel legamento epatoduodenale, formazione a densità liquida di 7 cm di diametro. L'agoaspirato della raccolta, per via ecoendoscopica, ha riscontrato cocchi Gram negativi. Probabile conseguenza della procedura è stato lo shock settico con emocolture ed il broncoaspirato positivi per A. baumannii MDR, per il quale veniva introdotta terapia con colistina e meropenem. Dopo 20 giorni le condizioni cliniche erano in miglioramento con emocolture e broncoaspirato negativi, e a 40 giorni la TC addome mostrava la quasi totale scomparsa della lesione ascessuale con sospensione della terapia antibiotica a 60 giorni.
Conclusioni: La setticemia da A. baumannii secondaria al drenaggio della lesione ascessuale, risulta correlata alla possibile localizzazione del bacillo nella raccolta stessa e in letteratura sarebbe il primo caso in questa sede anatomica.

An unusual case of dementia in an elderly patient

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Introduction: Prion diseases are neurological disorders with long incubation period and progress inexorably. Creutzfeldt-Jakob (CJD) is the most common although it is still rare; sporadic (sCJD), familial, iatrogenic, and variant forms of CJD. The mean age for the onset is between 57 and 62 years, rare cases over 80 years.
Clinical case: A 80-year-old woman with a history of hypertension developed a progressive postural instability associated with bradykinesia and decreased arm swing. First head CT scan showed an hypoxic ischemic encephalopathy and the first diagnosis made was lower body parkinsonism. No benefits with melevodopa/carbidopa. Cortical hyper intensities were found in the first brain MRI. Because of the rapid neurological deterioration (several falls, apathy,myoclonus, severe disphagy) the patient was admitted in hospital supported by neurologists. Blood tests: no signs of systemic infection, autoimmune or neoplastic disease. No infection at the analysis of cerebrospinal fluid. EEG: signs of diffuse cerebral dysfunction. A new MRI: T2: hyperintensity in basal ganglia, thalamus, cortex, white matter and persistent restricted diffusion in DWI. According to these findings suggesting sporadic CJD, CSF was tested for 14.3.3 and tau protein resulted positive. Clinically the patient showed a slightly improvement in disphagy, but a worsening in cognitive impairment and cerebellar symptoms.
Conclusions: Although is a rare disease, especially in elderly, a rapid cognitive and motor deterioration associated with specific alteration in brain MRI is a strong marker of sCJD

How to choose appropriate direct oral anticoagulant for the internist patient with non-valvular atrial fibrillation: a retrospective analysis

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Background and Aims: The direct oral anticoagulants (DOACs) are becoming more common in clinical practice for the stroke prevention in non-valvular atrial fibrillation (NVAF). The availability of several DOACs offers more selection, but requires specific knowledge to make a good choice. The aim was to determine the prescribing pattern of patient that may affect DOACs efficacy and safety.
Materials and Methods: This was a retrospective, observational study to monitor the 2-year outcomes following DOACs treatment for NVAF patients. Risks of stroke and bleeding were calculated using CHADsVASc and HASBLED scores. Continuous variables were expressed as mean ±SD, and compared using analysis of variance. Comparison between categorical variables was performed using the Chi-Square test.
Risults: A Total of 112 patients (22% men and 78% women) were analysed (mean age 80.4±8.6 years). Rivaroxaban accounted for the majority of DOACs prescriptions (73.0%). The average of CHADsVASCs, HASBLED and eGFR values were 5.8±0.85, 4.1±0.4 and 54.7±18.3 respectively. Two patients experienced minor adverse effects as acute anaemia (requiring blood transfusion due to an undiagnosed uterine neoformation) and hepatitis.
Conclusions: The internist patient with NVAF seems to have a risk pattern higher than those observed in the all DOACs trials. In the real-world, the use of rivaroxaban confirmed the safety and efficacy outcomes observed in the ROCKET AF. Clinicians should be careful when prescribing DOACs taking into account as the «main criterion» of choice the global risk pattern of the patient.

Mixed cryoglobulinemia, clinical data and therapy options of 246 cases: monocentric study

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Background and Aim: Data on the clinical and therapeutic management of mixed cryoglobulinemia (MC) are few.
Materials and Methods: We enrolled 246 patients consecutively with MC from January 1993 to February 2017.

Results: The median age was 60 years (range 26-83). The aetiology of the MC was HCV in 95%, HBV in 3% and "essential" in 2%. HCV genotype 1b was in 57%, genotypes 2-3 in 43%. MC was type II in 87% cases and type III in 13%. Clinical manifestations: purpura 72%, arthralgias 58%, peripheral neuropathy 21%, cutaneous ulcers 3%, chronic liver disease 70%, glomerulonephritis 35%, non-Hodgkin lymphoma (B-NHL) 15%. Treatments were interferon or Pegilated-IFN alone or plus Ribavirin in 41% cases, steroids with or without alkylating agents 13% cases, Rituximab 3%. From 2015 we used IFN–free antiviral treatment (DAAs) alone or plus Ribavirin in 9% cases with MC HCV-related. After four-weeks DAAs therapy, all patients became HCV-negative. Moreover, after 48 weeks, sustained virological response was achieved in all cases with minor adverse events. DAAs therapy was most frequently associated to complete clinical, virological and immunological responses. Severe infections were associated to high dose steroids and to alkylating agents. At 10 years, the overall survival was 71% in type II MC and 84% in type III ($p<0.053$).
Conclusions*:* DAA therapy showed safety and efficacy in HCV with MC, satisfactory clinical response in mild/moderate cryoglobulinemic vasculitis but not in B-NHL. The steroids, alkylating agents and Rituximab should be considered as a second-line therapy.

Association between thyroid diseases and pulmonary arterial hypertension in patients with systemic sclerosis

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Objectives: Several studies have evaluated a possible association among thyroid disorders and clinical findings of SSc. We aimed to evaluate the relationship between serum thyroid hormones and systolic pulmonary arterial pressure (PAPs) by echocardiography in SSc patients compared to healthy controls.
Methods: Thirty pts. (21 Limited, 9 Diffuse SSc) were enrolled 27 F- 3M with a mean age 56 years and mean disease duration of 6 years and 30 age and sex matched healthy subjects have been included. We explored associations of disease subset, antibody profile, organ involvement, Raynaud's phenomenon duration, treatment and we measured serum TSH and free thyroxin (FT4) concentrations. PAPs were determined by echocardiography based on the peak velocity of velocity of tricuspid regurgitation.
Results: Among SSc patients 9/21 (43%) had PAPs values >36 mmHg. In these 9 SSc patients serum FT4 was higher than in those with PAPs values <36 mmHg (13,1± 2,4 *vs* 10,6±2,1 pm/L; p=0,012. A direct correlation was observed between PAPs values and FT4 serum levels both in SSc patients (n=21; p=0,015) and in healthy subjects (n=30; p=0,042). In the SSc patients with a FT4 serum concentration ≥12, 4 pmol/L we found PAPs values ≥ 36 mmHg
Conclusions: Our findings suggest that thyroxin may have direct effects on pulmonary vascular function. Higher FT4 levels seem to be associated to pulmonary hypertension in SSc patients and the two parameters are significantly correlated.

Digital ulcers in patients with systemic sclerosis: possible marker of mortality for cardiovascular event

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Objectives: To determine the clinical burden of severe digital vasculopathy ,moreover our aim was to evaluate the mortality by cardiovascular events of patients at 31 December 2016.
Methods: A total of 31 (24 Women- 7 Men) unselected consecutive SSc pts. with history of digital ulcers and using combined therapy (Iloprost-Bosentan) were included in our study from 15 September to 31 December 2011, and were reviewed during a 6-month period. They had mean age 51.2 years (range 13-84), disease duration 12.2 years±7.5 (range 1-24). And according skin cutaneous subsets: 18 pts. (58.7%) with Limited cutaneous SSc, 13 pts. (41.3%) with diffuse cutaneous SSc.
Results: During the 6-month period, 7 new DU were detected in our patients' series (7/31; 22.5%). (Group A with new digital ulcers 7 pts. Group B without new digital ulcers 24 pts.) In-group A: 4 of patients were male and 3 were female. All patients were given bosentan for a mean of 14(±10,3) months. 2 patients (F) were classified as limited and 5 (4 M /1F) as diffuse cutaneous SSc. Anticentromere autoantibodies (ACA) were positive in 3 patients, anti-Scl-70 antibodies in 4 patient and antiphospholipid antibodies (APLA) in one. At the follow-ups at December 2016: 4 patients (57,1%) (Group A) were died *vs* 1 pts. (group B)(4,1%) p<0,001.In group A, 3 patients(2 M, 69 and 62 years old- 1 F, 42 years old) were died for coronary heart disease, one patient (F, 77 years old) for cerebrovascular disease. In-group B one patient (F, 50 years old) for gastric cancer.
Conclusions: Digital Ulcers in SSc are markers of mortality for cardiovascular events.

Malacoplachia: un caso

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Premesse: La malacoplachia è una rara malattia infiammatoria cronica caratterizzata da un deficit di attività fagolisosomiale. L'accumulo citoplasmatico di elementi batterici parzialmente digeriti determina una reazione granulomatosa che si sviluppa in lesioni pseudotumorali, la cui manifestazione a carico dell'apparato urinario è frequente. L'elemento patognomonico è il riscontro di corpi di Michaelis-Gutmann (inclusioni batteriche calcificate) sull'esame istologico.
Descrizione del caso clinico: Donna di 79 anni ricoverata per febbre associata a dolore lombare sinistro con anamnesi positiva per intervento chirurgico imprecisato a carico delle vie urinarie e recente Tvs. La UroTC, eseguita nel sospetto di pielonefrite, ha mostrato una voluminosa massa renale sinistra con aree necrotiche infiltrante il muscolo psoas omolaterale. Dopo posizionamento di drenaggio percutaneo e terapia antibiotica mirata, nel sospetto di neoplasia ascessualizzata la paziente è stata sottoposta a nefrectomia sinistra ed asportazione di ulteriori localizzazioni di malattia a livello peripancreatico, splenico e del muscolo ileo psoas. L'esame istologico sui frammenti operatori è risultato diagnostico per forma estesa di malacoplachia.
Conclusioni: A seconda degli organi colpiti, la malacoplachia si pone in diagnosi differenziale con tumori primitivi o metastatici, masse infiammatorie o processi infettivi. Pur avendo un decorso favorevole è necessario un attento monitoraggio in corso di terapia antibiotica e le forme più estese possono necessitare di trattamento chirurgico.

Bendamustine treatment in follicular lymphoma and development of Ogilvie syndrome: a case report

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Bendamustine is an multifunctional cytotoxic agent that exhibits structural similarity to alkylating agents and purine analogs. The combination of anti-CD20 monoclonal antibody (Rituximab)/Bendamustine has activity in relapsed/refractory non-Hodgkin's Lymphoma (NHL) and in advanced low-grade NHL or Mantle Cell Lymphoma (MCL) and FL. In general, Bendamustine is associated with a high overall response rate and a durable response. The most common adverse events are haematological (CD4 lymphopenia and neutropenia) or gastrointestinal. Herein we describe the case of a 74-year-old man affected by a FL, grade IIIa, low FL prognostic index. The patient was treated with radiotherapy (36 Gy) 6 years before on right inguinal lymphadenopathy. He have not previously received specific therapy because the disease was stable for many years. After this period there was a progression of the FL, with 18F-FDG PET/CT scan showing multiple lymphadenopaties (axillary, mediastinal, abdominal and inguinal); the patient was submitted to the first cicle of Bendamustine (90 mg/mq) on day 1 and 2. Rituximab was not administrated on day 3 because he developed an OS, a

life-threatening massive colon dilatation in the absence of a mechanically obstructing lesion. On the operative table finding of mucosal tearing and ischaemic colitis necessitated treatment with colectomy and colonstomy. Microbiological and histopathological analyses proved negative for inflammatory, obstructive and infectious colites. This is one of the few evidence of colon toxicity of Bendamustine with development of OS.

Safe treatment of refractory neoplastic hypercalcemia with pamidronate in a patient with multiple myeloma and acute renal failure in hemodialysis: a case report

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ARF in MM patients can occur due to dehydration, hypercalcemia, side effects of medications or tumor lysis syndrome in addition to cast nephropathy, amyloidosis and light chain deposition disease. Around 50% of patients with MM have ARF at presentation, and up to 5% require hemodialysis. Based on their activity in inhibiting bone resorption by direct and indirect actions on osteoclasts, inhibiting the production of cytokines such as IL-6 by bone marrow stromal cells, and possibly altering tumor cell adhesion to the stroma, bisphosphonates have been used in the treatment of MM; yet they have been associated with deterioration of renal function and they are usually controindicated in ARF. Herein we describe the case of a 52-year-old man diagnosed with MM in III stage B sec Durie and Salomon, admitted to our Division for ARF (creatinine 15 mg/dL) and hypercalcemia (11.88 mg/dL). The patient was started on hemodialysis, Desametazone plus Thalidomide continuously and Bortezomib on days 1,4,8,11. There was a rapid worsening of hypercalcemia (14.12 mg/dL), despite forced hydration and diuretic therapy. Because on life threatening hypercalcemia he was started on Pamidronate 30 mg/day for two days in slow infusion (the usually approved dose is 90 mg/day in single administration) with reduction of calcemia and creatinine and no side effects. In patients with RF stage 4 and 5, literature data are very limited regarding the use of bisphosphonates. This case report underlines the safe use of Pamidronate in ARF on hemodialysis using the drug at reduced dose and slow infusion.

Management of dabigatran overdose with two doses of idarucizumab plus hemodialysis: a case report

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Dabigatran is a reversible direct thrombin inhibitor (DOAC) recently approved for stroke prevention in patients with non valvular atrial fibrillation (AF). DOAC are cleared by the kidney in different proportion, magnifying the importance of appropriate patient selection, dosing, and periodic kidney function monitoring. Herein we describe the case of a 65-year-old man with AF on Dabigatran 110 mgx2/die and a previous ischemic stroke. He had moderate RF, no past medical history of bleeding events, and no concomitant use of other medications increasing bleeding risk. The patient entered the emergency room for frank ematuria, requiring blood transfusions, and acute heart failure. At blood tests acute RF (creatinine 5 mg/dL) was found. The serum was not coagulable. The coagulation factors II, V, VII, X were frankly suppressed with reduction of fibrinogen and AT III. The blood dosage of Dabigatran was very high (3200 ng/mL). Since about 80% of Dabigatran is cleared unchanged by the kidneys, the patient was started on continued hemodialysis and was treated with frozen fresh plasma, four-factors prothrombin complex concentrate (40 UI/kg) and Idaracizumab 10 g in two administrations. Idarucizumab is a monoclonal antibody that rapidly reverses the anticoagulant effect of Dabigatran. With hemodialysis and administration of Idaracizumab he slowly resumed clinical stability with subsequent PT and aPTT values within their normal ranges in 20 days. The case herein described magnifying the importance of Idaracizumab in reversing situation of hypercoagulation due to Dabigatran.

Andamento dell'aderenza al trattamento con statine nella ex USL 11 negli anni 2013-2017

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Premesse: Nel 2014 l'AIFA ha dichiarato che "Maggior aderenza significa minor rischio di ospedalizzazione, minori complicanze associate alla malattia, maggiore sicurezza ed efficacia dei trattamenti e riduzione dei costi per le terapie".In Europa la mancata aderenza alle terapie causa circa 200.000 morti e grava sulla spesa sanitaria per circa 80 miliardi di euro l'anno. Ad oggi la migliore strategia per migliorare l'aderenza alle cure è *l'alleanza terapeutica*.
Materiali e Metodi: Nella ex USL 11 dal 2012 al 2017 sono state svolte diverse attività formative/informative rivolte ai MMG circa l'importanza dell'aderenza alla terapia.L'accesso alla banca dati Farmastat® (Marno srl), alimentata dalla lettura ottica delle ricette, ci ha permesso di valutare l'andamento dell'aderenza alla terapia con statine negli anni 2013-2017.
Risultati: La serie storica mostra un aumento rilevante dei pazienti con aderenza >80%, passando da 5909 (31,12%) a 7533 (35,52%). Una maggiore attenzione ai pazienti con aumentato rischio CV ha comportato un aumento nel numero di pazienti trattati (18982 *vs* 21205). Tale aumento non ha generato un incremento proporzionale dei costi, grazie alla riduzione dei pazienti con 1-2 confezioni/anno (12,0% *vs* 10,3%) e con aderenza <20% oltre all'utilizzo di farmaci a brevetto scaduto (€1.879.189 *vs* €1.979.317, pari a €318/pz aderente *vs* €263).
Conclusioni: Gli interventi formativi sui MMG migliorano l'aderenza dei pazienti alla terapia e al tempo stesso sembrano aumentare l'appropriatezza senza incremento dei costi.

Listening as a part of the clinical standard necessary to good medical service and reduce legal complaints

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Aim of the study: This study aims to provide contingency and epistemological elements to locate and discuss the question of responsibility in clinical medicine. The clinical importance of listening in medical practice as a major benchmark for considerations of medical liability and the care dimension from a perspective that is not restricted to diagnostic practice.
Materials and Methods: the contingent and epistemological processes of medical responsibility under the view of the contemporary literature we may point the problem presented in medical clinic when its fundament is forgotten: the listening.
Results: The review explicits that without the ability to listen effectively, messages are easily misunderstood. As a result, communication breaks down and the sender of the message can easily become frustrated or irritated. Therefore, we should not think that, in our society, the person is passively dragged into a condition of mere scientific object. Listening is essential to build a strong relation with the patient and this is usually the secret to reduce legal complaints by the patients.
Conclusions: If medicine moves away from its clinical place, it then gives in to the scientific demands and loses its moral and ethical value. It marginalizes itself in what it has of essential: its work with each individual, the clinic of each case. It is fact that the scientific advances have provided undeniable contributions to the treatment of patients. It's essential that the importance of clinic listening is kept in mind to prevent medicine from losing the fundamental of his specificity.

L'impatto della gestione integrata del diabete nella Medicina Generale sulla mortalità e sulla morbilità

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Premesse e Scopo dello studio: Lo scopo di questo studio osservazionale è stato valutare la mortalità e la morbilità dei pazienti

con diabete di tipo 2 in base al tipo di sistema di assistenza ricevuta, differenziando i pazienti inseriti nel progetto di Gestione Integrata Diabete (GID).
Materiali e Metodi: Sono stati identificati 285 pazienti dai MMG mediante il portale della salute dell'ASL TO2 (149 in GID). Le informazioni relative alle cause di morte sono state recuperate dai gestionali dei MMG. La fonte dei dati sui ricoveri e sugli accessi in PS sono stati forniti dal Sistema Informativo Sanitario Regionale. Il collegamento dei dati è stato effettuato in maniera anonima. Il follow up è iniziato il 01/01/2013 ed è terminato il 01/10/2016 per la mortalità, mentre per i ricoveri e gli accessi in PS è terminato il 31/12/2015. Risultavano persi al follow up 10 pazienti per cambio medico.
Risultati: Analizzando la mortalità nei due gruppi si può notare come questa sia stata minore nel gruppo di pazienti in GID (7/146; 2,5%) rispetto al gruppo non in GID (23/129; 8,3%); in particolare risulta più evidente la diminuzione di mortalità per causa cardiovascolare (1.8% contro 6.5%). I dati sulla morbilità non sono risultati statisticamente significativi, seppur evidenziando un minor costo per ricoveri e accessi in PS per i pazienti in GID.
Conclusioni: Il presente studio ha dimostrato che un approccio coordinato tra MMG e specialista, secondo il modello della Gestione Integrata Piemontese, è efficace nel ridurre la mortalità dei pazienti diabetici ed è economicamente vantaggioso.

COPD and its comorbidities

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Introduction: By the term COPD we refer to a chronic pathological condition related to the respiratory system, is usually associated to other sorts of chronic disease, called comorbidities.Apart from performing in calcium homeostasis and in bone metabolism, vitamin D also carries out multiple regulatory activities on other organs and systems.Its contribution to the immune response in the respiratory system has been widely proven;it modulates bronchial inflammation, inhibits the production of metalloproteinases and shields from some systemic effects of the COPD.
Purpose of the study: This study is aimed at proving that comorbidities have remarkable effects on a patient suffering from COPD. Moreover, hypovitaminosis D has been frequently found in patients affected by COPD.
Materials and Methods: Our study has been conducted on a male patient, aged 71 and a regular smoker.This patient suffering from chronic ischemic heart disease, diabetes mellitus, chronic renal failure and COPD.Blood tests showed:Hb 8.7,ESR 87,CRP 19.9,Ca 7 mg/dl,vit D 17,PTH 207.Echocardiogram records.
Conclusions: The COPD is a systemic disease, whose evidence is often traced outside the respiratory system, including: reduced mineral density of the bones.Our clinical case is the demonstration of how this chronic disease is disabling not as a single respiratory disease but as one with negative impact on various organs and systems

Systematic review of respiratory approach to the quadriplegic patient in the acute stage. The role of the respiratory physiotherapist

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Introduction: Pulmonary complications in spinal cord injury are the most common cause of death in the acute phase.During the acute stage is usually managed with two different approaches: the invasive approach, by having the patient undergoing tracheotomy and invasive ventilation or the non-invasive approach, which involves prematurely extubating the patient, supporting him with non-invasive ventilation (NIV) and manual or mechanical cough assistance.
Purpose: The aim of the study was to investigate among the recently published articles, which would be the choice of respiratory care to the patient with a complete cervical spinal cord injury in the acute phase.
Methods: A systematic review was performed selecting articles where the number of tracheotomy and non-tracheotomy in patients with a complete cervical spinal injury.
Results: 19 articles were selected. Six articles show a preference to the non-invasive approach with a percentage of non-tracheotomy patients less than 50%. 13 articles have a percentage of tracheotomies greater than 50%. No study offers a randomized clinical trial in which the two interventions are compared.
Discussion: It is preferable to carry out an early tracheotomy, considering it to be a faster and safer approach. Non-invasive ventilation prevents the infections and to short and long-term complications related to the presence of a tracheal cannula.
Conclusions: NIV is therefore a valid alternative to invasive ventilation in the spinal cord injured patient but it requires a well-trained team where the respiratory physiotherapist plays a fundamental role.

A case of acquired haemofilia

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Introduction : Acquired haemophilia is a rare disorder caused by the development of autoantibodies inhibitors directed against factor FVIII. Typically occur in older adults, presents with haemorrhages into the skin, muscles. aPTT Prolongation is gold-standard laboratory test for diagnosis.
Clinical case: Male 80-year-old, nothing remote anamnesis, none therapy, last week onset spontaneous and large haematomas, extensive ecchymoses and anaemia. Coagulation tests showed a prolonged activated partial thromboplastin time (aPTT) and a normal prothrombin time, aPTT remained extended after correction test. Homocysteine, Lupus anticoagulant antiphospholipid antibodies was negative, FVIII not measurable, inhibitors directed against factor FVIII positive, at TC/Chest abdomen no neoplasia. It is diagnosed for Idiopathic Acquired Haemophilia. Is practised therapy with plasma, blood transfusion, prednisone, recombinant FVII, cyclosporine with clinical improvement and normalization laboratory test. The patient is in follow up at specialized unit.
Conclusions : Acquired haemophilia can be an emergency case clinic for bleeding risk and shock, for this reason is important make an early diagnosis. Acquired haemophilia al must be suspected in all cases with: sudden presence of large hematomas or extensive ecchymoses in an elderly individual without significant trauma or known bleeding disorder. GOLD standard for the diagnosis is aPTT Test.

Cluster epidemico di infezione da *Clostridum difficilis*

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Introduzione: Il Clostridium Difficile (CD) è la principale causa di infezioni correlate all'assistenza, responsabile di diarrea e colite di varia gravità. Il CD è Bacillo Gram+,sporigeno,tossinogeno,ubiquitario,presente nel 20% della popolazione generale. L'infezione è oro-fecale per ingestione di spore. Terapia antibiotica prolungata, età avanzata sono i principali fattori di rischio per esposizione, colonizzazione e virulenza di CD.
Caso clinico: Riportiamo 6 casi di infezione da CD che hanno determinato un Cluster Epidemico nei mesi di novembre e dicembre del 2017 presso la nostra Unità di Medicina. Trattasi di 4 donne e 2 uomini, con età compresa tra 70 e 95 anni, 4 pazienti provenivano da precedenti ricoveri ospedalieri/lunga degenza con esposizione a terapia antibiotica. Due infezioni sono avvenute all'interno del nostro reparto. I sei pazienti presentavano colite e diarrea. Ricerca nelle feci delle tossine positiva. Sono stati trattati con terapia antibiotica: Vancomicina e/o Metronidazolo. Due casi di reinfezione trattati con Fidaxomicina. Sono state attuate misure

di isolamento da contatto, spaziale e di coorte. La guarigione si è avuta in tutti i casi.
Conclusioni: Il problema più importante nell'infezioni nosocomiali da CD, oltre la gestione terapeutica corretta, è prevenire la diffusione intraospedaliera. Nel nostro caso la corretta, tempestiva e rigorosa applicazione delle misure di prevenzione della trasmissione da contatto ha permesso di limitare i casi intraospedalieri e debellare l'epidemia in due mesi.

Head and heart occasionally together

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Background: Cardiac amyloidosis is a threatening illness that may occur in three main types (acquired monoclonal light-chain, hereditary transthyretin and senile amyloidosis). We report a case of senile amyloidosis occasionally associated to familial hemiplegic migraine, a genetic form of migraine headache.
Case description: A 66-year-old man was evaluated to our office for effort dyspnea and ankle edemas. He reported atrial fibrillation and past echocardiography with marked left ventricular hypertrophy and systolic function preserved (EF 55%). He also reported an episode of coma in adolescence thereafter linked to diagnosis of familial hemiplegic migraine, a type of genetic migraine associated with hemiparesis and coma; our patient was found to be positive for a variant (Thr263Arg) of ATP2, a Na+/K+ATPase of the neuroglia. ECG showed I degree AVB and a poor R-wave progression in the precordial leads. Furosemide and ramipril were started for heart failure. Echocardiography confirmed marked hypertrophy with brilliant speckled appearance, light pericardium effusion and moderate reduction of EF (40%); plasma light chains and proteinuria were not relevant, but ^{99}TC scintigraphy complies with the hypothesis of amyloidosis. DNA analysis for transthyretin and apolipoprotein A mutations were negative and a diagnosis of senile amyloidosis was then done.
Conclusions: Our case shows unusual association of cardiac amyloidosis and ATP2 mutation, never reported in the past; probably an occasional linkage.

Il "sommerso" broncopneumopatia cronica ostruttiva in Medicina Interna: rilevazione spirometrica mediante AIRSMART

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Premesse e Scopo dello studio: Lo studio è rivolto a intercettare nei pazienti ricoverati in Medicina Interna con qualunque causa di ammissione indipendentemente da problematiche respiratorie forme misconosciute di BPCO.
Materiali e Metodi: Presso il Dipartimento Medicina Interna Area Vasta 2 ASUR Marche, nel periodo 1-31 Marzo 2017, 206 pazienti consecutivi ospedalizzati sono stati sottoposti ad esame spirometrico con AIRSMART (dispositivo portatile con turbina monouso FlowMir) in grado di rilevare FEV_1, FVC ed indice di Tiffenau, nonché ad una valutazione di gravità della dispnea attraverso il questionario mMRC.
Risultati: Sono stati analizzati 91 donne (44%) e 115 uomini (56%), etaà <50aa (10%) >50aa (90%) in cui le patologie ricorrenti risultavano ipertensione, scompenso cardiaco, FA e diabete. 63 esami spirometrici pari al 31% sono risultati validi con PEF>65%. In 12 pazienti (19% dei 63) è risultato FEV1 >50% <80%, FEV1/FVC <0.70, mMRC >2
Conclusioni: Con AIRSMART un'ostruzione funzionale mai diagnosticata prima è risultata nel 19% delle indagini affidabilmente eseguite consentendo una diagnosi precoce di BPCO, successivamente confermata mediante spirometria globale. I 12 pazienti con un FEV1/FVC inferiore a 0,70% hanno un'età media di 78 aa, sono sintomatici e presentano patologie cardio-metaboliche. Sulla base dei risultati emersi emerge inoltre l'opportunità di un migliore know how internistico circa i dati spirometrici ed di un training infermieristico continuativo sulle modalità della procedura stessa.

The perfect serotoninergic storm: how drugs can work in phase provoking catastrophe

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Background: Serotoninergic syndrome (SS) is a life-threatening adverse drug reaction characterized by seizure, neuromuscular, cognitive and cardiovascular alterations. It is usually triggered by association of two or more drugs with serotoninergic action.
Case description: A 75-year-old man was admitted to our hospital for syncope followed by shakings and subsequent stupor with snoring breath. Shakings relapsed short after and were treated with diazepam. Brain CT e neurologic examination were unremarkable, no history of seizures was declared. Chest x-ray showed right pneumonia and pleural effusion; slight elevation of neutrophils, CRP and creatinine were present; ECG and troponin T were normal. History was marked by idiopathic pulmonary fibrosis, ischemic heart disease, diabetes, prostate cancer and anxious-depressive disorder with fibromyalgia treated with amitriptyline 50 mg per day, trazodone 100 mg, tramadol 200 mg and gabapentin 900 mg. Patient was treated with crystalloid, benzodiazepines, steroids and antibiotics; trazodone and tramadol were immediately stopped, amitriptyline drastically reduced and quickly suspended. EEG was negative and a second brain CT was unchanged; pneumonia gradually resolved and patient remained asymptomatic until he was discharged.
Conclusions: Our case is emblematic of how SS is a not rare serious complication of pharmacologic treatment with anti-depressives, especially when inappropriately combined with opiates or other neuromodulatory drugs.

Early skin Graft Versus Host Disease post liver transplantation: a case report

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A 60-year-old man presented to a local emergency department reporting myalgia and acute onset agitation, started a 2 days earlier. He underwent liver transplant two weeks earlier for hepatocellular carcinoma due to HBV-related cirrhosis, and received immunosuppressive treatment with oral tacrolimus, micofenolate, prednisone (5 mg/daily). On the arrival, the patient was agitated, confused, afebrile. Physical examination, laboratory values, C-reactive protein, liver and kidney function test revealed normal findings. One day after admission he developed flu-like symptoms and an erythematous maculopapular exanthema, which blanched on pressure appeared on abdomen and back with a white-spotted enanthem in his mouth. Serology and RT-PCR for HHV6-7-8, parvovirus, adenovirus, CMV, HSV, measles, HBV were performed and broad-spectrum antibiotics were administered whilst immunosuppression therapy was reduced. On day 4, the rash rapidly spread around the body with bullae, which evolved in rupture with generalized desquamation. Fluorescent *in situ* hybridization on peripheral blood revealed a mixed chimerism with XX chromosomes in 78% of peripheral cells from the female's liver donor, supporting the idea of Graft *versus* Host Disease. Methylprednisolone was increased to 1.5g/die and immunosuppression was intensified. On day 16, he developed severe pancytopenia and due to hemodynamic instability he was admitted to ICU where the patient died for hemodynamic instability.

Acute renal failure and thrombocytopenia in a patient with multiple myeloma

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Background: Thrombotic microangiopathyes (TMA) are clinical syndromes with common features, but with possible different treatment.
Clinical case: A 74 –year old woman with multiple myeloma in treatment with lenalidomide and enrolled in a double-blind trial taking proteasome inhibitors (ixazomib) or placebo. She came at Emergency Department because of syncope after diarrhea and vomiting, with associated fever. Blood chemistry showed acute renal failure (creatinine 4.25 mg/dl) with thrombocytopenia 61.000 mm/c). Hb was 11.4 g/dl.PT and aPTT were normal. Despite aggressive rehydration, patient became oliguric and creatinine continued to increase (6,58 mg/dl) requiring dyalitic treatment. Her K/lambda ratio was 1.15, Bence Jones was negative, the suggesting tubular acute necrosis and not a cast nephropathy. Platelets continued to decrease (from 61.000 on 22/12 to 9000 on 27/12). Hemoglobin slowly dropped from 11,4 to 8,8 on 27/12 ;dosage of aptoglobin was <30mg/dl and schistocytes were high (30/1000 GR), with normal Coombs test. Diagnosis of TMA was made, plasmapheresis was started without significant improvement. Dosage of ADAMTS 13 was 55%, thus excluding thrombotic thrombocytopenic purpura, so complement mediated TMA was made and started treatment with eculizumab. Patient's clinical conditions deteriotated because of septic shock leading to death.
Conclusions: We describe a case of TMA in a patient with Multiple myeloma with acute renal failure,; the diagnosis was challenging and the possibility of an involvement of ixazomib as a causative agent could be considered.

Recurrent stroke in a patient with suspected Rendu-Osler syndrome: diagnostic and therapeutic challenges

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Background: Rendu-Osler syndrome is a genetic disorder clinically characterized by arteriovenous malformations in the lungs and multiple telangiectasia. Ischemic stroke due to paradoxical embolism may occur. We describe a patient with recurrent stroke and the diagnostic and therapeutic challenges both in the acute phase and for the definitive treatment.
Clinical case: A 54 year old woman with a familiarity of Rendu-Osler disease was admitted because of minor stroke. Basal CT scan and after 24 hours were normal. All the investigation were normal. A brain MRI showed acute ischemic lesion in frontal right cortex.Because of self reported familiarity of Rendu Osler disease she underwent a CT scan of the chest that showed lesions in the lower lobe of the right lung attributable to pulmonary arteriovenous fistula; a genetic evaluation confirmed diagnosis of Rendu Osler disease. After few days, she was admitted at emergency department because of recurrence of dysarthria and left arm weakness. CT scan was normal and thrombolysis was performed with complete recover. A transesophageal echocardiography showed appearance of contrast medium into the left atrium. Contrast transcranial Doppler detected micro embolic signals, thus confirming significant right-to-left shunt. The definite treatment was embolization with occlusion of the feeding arteries
Conclusions: We describe a rare cause of stroke in young patients to be considered in the differential evaluation. To our best knowledge this is the first patient with Rendu-Osler syndrome treated with rt-PA without hemorrhagic complication.

Spondilite anchilosante resistente al trattamento: una possibile opzione terapeutica

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Introduzione: La Spondilite Anchilosante (*SA*) è una malattia infiammatoria cronica che colpisce soprattutto le articolazioni sacroiliache e la colonna vertebrale, ma può colpire anche altri distretti.
Caso clinico: Uomo di 27 anni. Alla nostra osservazione nel 2013, col seguente quadro clinico: lombalgia, artrite anca e ginocchio dx e sacroileite bilaterale. Laboratorio: VES 34, PCR 19, FR -, BASDAI 4.5, BASFI 60. Rx bacino: sacroileite bilaterale, grado 2. RMN bacino: "Edema osseo ad entrambe le sacroiliache". Viene posta diagnosi di SA e prescritta terapia con: golimumab 50 mg fl s.c. ogni 28 gg e salazopirina 500 mg 2 cp x2/die. Dopo circa tre anni: in seguito a peggioramento, si introduce adalimumab 40 mg fl s.c. ogni 14 gg. Successivamente, dopo un anno, per la persistenza del dolore lombare e rigidità mattutina, si introduce secukinumab150 mg fl s.c. Al controllo clinico dopo 3 mesi: miglioramento della sintomatologia e riduzione della rigidità mattutina. Non effetti collaterali. Esami di laboratorio: VES 24, PCR 1.50, BASDAI 2.5, BASFI 20, ASDAS Score –, PCR 1.6.
Discussione e Conclusioni: Il secukinumab è un anticorpo monoclonale umano che neutralizza l'interleuchina 17A circolante, inibendone l'interazione col recettore espresso su diversi tipi di cellule ed il rilascio di citochine proinfiammatorie, chemochine e mediatori di danno tissutale nelle malattie autoimmuni. La combinazione di secukinumab e salazopirina, nel nostro caso clinico, si è dimostrata efficace con miglioramento sia clinico che laboratoristico nella malattia non responsiva ad altri farmaci biologici.

Modello assistenziale per intensità di cura in Medicina Interna: indici di risultato per l'area ad Alta Intensità di cura in un centro di riferimento

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Premesse e Scopo dello studio: L'organizzazione per Intensità di Cura parte dalle esigenze clinico-assistenziali del paziente per aumentare l'appropriatezza terapeutica, con conseguente uso ottimale delle risorse. Come è possibile dimostrare l'appropriatezza terapeutica e l'efficienza di un'area ad Alta Intensità di Cura in una UO di Medicina Interna?
Materiali e Metodi: Un indicatore è una misura sintetica di un fenomeno; può essere costruito per misurare diverse dimensioni della performance di una UO ospedaliera. Ricavando i dati dalle SDO, è stato calcolato un indice di complessità (il peso medio del ricovero nei primi 3 mesi del 2017) e due indici di efficienza (la degenza media nei primi 3 mesi del 2017 e la degenza media standardizzata per patologia (DRG 87: insufficienza respiratoria) nel 2016) dell'Area ad Alta Intensità (AI con 7 posti letto) e della Degenza Ordinaria (DO con 59 posti letto) della UO di Medicina Interna dell'Ospedale Santa Croce di Fano.
Risultati: Nei primi 3 mesi del 2017 per l'AI (43 pazienti) e la DO (496 pazienti) il peso medio era pari a: 1,47 e 1,1; la degenza media 14,1 e 11,6 giorni. Nel 2017 la degenza media standardizzata per DRG 87 per l'AI (19 pazienti) e la DO (153 pazienti) era pari a: 12,4 e 13,1 giorni.
Conclusioni: L'AI rispetto alla DO presenta ricoveri di maggiore complessità, come appropriato e come dimostrato dal maggiore peso medio dei ricoveri, ed una maggiore efficienza per patologia, come dimostrato da una minore degenza media per l'insufficienza respiratoria (trattata con NIV solo in quest'area di degenza).

Adrenal crisis: when trivial can be fatal

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Premises: Adrenal crisis, a life-threatening medical emergency, is a condition underlying a severe cortisol deficiency. A common trigger of adrenal crisis is simple infection, as a flu. Under these circumstances, cortisol replacement therapy must be implemented.
Description of the clinical case: A 56 year-old man was admitted

to the hospital for gastrointestinal illness, with fever, vomiting, abdominal pain and confusion. The patient has been diagnosed with type 2 diabetes after surgical resection of "ectopic pancreas" many years ago. Moreover, he failed radiotherapy for meningioma. Finally, after adrenalectomy for "black adenoma" he developed adrenal insufficiency, which has been treated with hydrocortisone. On examination, blood pressure was 90/60 mmHg and blood chemistry showed severe hyponatriemia. At home parenteral hydrocortisone (100 mg) has been administered. Intravenous access has been obtained, and fluid resuscitation with normal saline (1 L/h for 2 h) as well as hydrocortisone continuous infusion for 24 h were administered. Blood glucose control required a "basal-bolus" insuline injection.
Conclusions: Although adrenal insufficiency is a treatable disease, failure to recognize an adrenal crisis and initiate appropriate and timely intervention may lead to preventable deaths. All physicians should be familiar with increased doses required in illness or stress. Patients may not respond to early parenteral hydrocortisone administration, and referral to an emergency department is warranted.

Peroxidation by-products of polyunsaturated n-6 fatty acids accumulate in the "diabetic" fat and may act as novel diabetogenic adipokines modulating adipogenesis

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Context: Increased oxidative stress in accumulated adipose tissue (AT) emerges as a potential instigator of obesity-linked metabolic dysfunctions. Here we tested the hypothesis whether peroxidation by-products of polyunsaturated *n-6* fatty acids (ie, 4-hydroxynonenal;): 1) are detected and accumulate in the dysfunctional ("diabetic") fat; and, 2) modulate adipogenic differentiation of adipose-derived precursor stem cells (ASCs).
Methods: Subcutaneous abdominal AT (SCAAT) biopsy of healthy subjects and obese patients with type 2 diabetes (OBT2D) were obtained. 4-HNE expression (western blot), adipocyte cell size and isolation of adipose precursor cells (APC) were then evaluated. Adipogenic differentiation and "canonical" Wnt and MAPKs signaling were finally investigated in primary cultures of ASCs after treatment with 4-HNE.
Results: When compared with nondiabetic individuals, OBT2 patients displayed increased adipose cell size as well as higher 4-HNE-protein adducts expression in SCAAT ($p<0.01$). Challenging ASCs with lipid peroxidation by-product led to a time- and concentration-dependent decrease in cell viability. Meaningfully, at levels resembling those found *in vivo* (ie, 1 μM), 4-HNE did not affect ASCs viability, but hampered adipogenic differentiation by activating in a time-sensitive manner Wnt/ -catenin, p38MAPK, ERK1/2- and JNK-mediated pathways.
Conclusions :Peroxidation by-products of polyunsaturated *n-6* fatty acids accumulate in the "diabetic" fat and may act as novel diabetogenic adipokines through regulatory effects on ASC differentiation.

Tobacco smoking effects on lung function: gender differences

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Background: The prevalence of chronic obstructive pulmonary disease (COPD) in women is increasing faster than in men. It has been hypothesized that women may be at greater risk of smoking-induced lung function impairment for the same level of pack/years. Our study aims to verify this hypothesis.
Materials and Methods: Between 2015 and 2017 one hundred twenty-one patients were selected admitted as outpatient at the Internal Medicine 3 of the AORN "Antonio Cardarelli" of Naples or hospitalized. They had a history of COPD or Chronic Bronchitis with a large prevalence of smokers [Smoker (S), non-Smoker (NS)]. The selected cohort (mean age=69.38±6.34) included 59 females and 62 males. Cigarette smoking was a proven risk factor in 68% of females and 73% of males.
Results: Spirometry (Cosmed Pony fx) has showed persitent airflow limitation in 65% of males (5 NS) and 66% of females (2 NS). Based on spirometric abnormality, the patients were classified in GOLD 2 (60 pts.) and GOLD 3 (19 pts). In NS males with persitent airflow limitation professional exposures were detected. In Smokers, pack year (lifetime tobacco exposure) was lower in females (42,24 *vs* 52,63). This could suggest a greater gender-specific vulnerability to smoking effects.
Conclusions: COPD is characterized by a higher prevalence in smokers and males. In recent years, the prevalence in females has increased substantially. Certainly sociocultural factors play an important role, but we can not underestimate possible gender differences as our study would seem to confirm.

Osteoporosis, pathological fractures and comorbidity in endocrinological outpatients

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Introduction and Aim of the study: Osteoporosis is the first metabolic bone disease by prevalence; among its complications, pathological fractures worsen quality of life and life expectancy. Aim of the study is evaluate the prevalence of pathological fractures, osteoporosis and comorbidity in endocrinological outpatients.
Methods: We analysed bone mineral densitometry (BMD) in endocrinological outpatients enrolled in UOSD Malattie Endocrine, del Ricambio e della Nutrizione, Ospedale del Mare, Napoli, in the period May-July 2017. It has been evaluated their clinical and pharmacological history. A radiologist revised vertebral radiographies searching for undiagnosed pathological fractures.
Results: We enrolled 23 Caucasian patients (average age of 63.6±9.4). They were female for the 92%, (95% menopause). We found 3 undiagnosed vertebral fractures in osteoporotic patients (13%). All of these took drugs with interaction with bone remodelling. The 26% (6/23) had a positive family history for osteoporotic fractures. Sixteen patients had BMD alterations (44% were osteoporotic). 87% (20/23) had an endocrinological disease (diabetes mellitus 13%). Other comorbidities were cardiovascular (39%), musculoskeletal (21%) and gastroenterological diseases (17%).
Conclusions: There is an elevated prevalence of undiagnosed pathological vertebral fractures among endocrinological outpatient with a suspected diagnosis of osteoporosis. Some drugs used to treat osteoporosis' comorbidities may worsen bone health. It appears very important improve clinicians' knowledge about osteoporosis.

The prevalence of undiagnosed vertebral fractures in 300 patients hospitalized in a period of nine months in a Neapolitan hospital

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Introduction and Aim of the study: Vertebral fractures are one of the most important complications of osteoporosis. There are few studies investigating undiagnosed vertebral fractures. The aim is evaluating the prevalence of undiagnosed vertebral fractures in a cohort of hospitalized patients.
Methods: We analysed chest radiograms in a cohort of 300 patients, with a median age of 50 years, of both genders, hospitalized in a Neapolitan Hospital of ASL NA1 Centro in the period January-Sep-

tember 2016. A radiologist evaluated radiograms in blind. We calculated for every patient affected by a vertebral fracture the FRAX index.
Results: The radiologist discovered 11 spontaneous asymptomatic vertebral fractures (3,7%); 8 were males (72%). All subjects had a mean age of 69,5±9,2 years. Only one patient was previously diagnosed for osteoporosis. Comorbidities were type 2 diabetes (18%), COPD (18%), cardiovascular diseases (36%), neoplasms (36%), liver diseases (36%). Almost all patients (91%) had a 10-year fracture risk greater than 20%. No one of these patients was discharged with a diagnosis or a therapy for osteoporosis.
Conclusions: Asymptomatic vertebral fractures are an underestimated problem in hospitalized patients. In particular, hospitalized patients present an increased 10-year fracture risk. The great majority of risk factors for fractures is a modifiable one. Among these patients, nobody is evaluated for fracture risk or treated for osteoporosis. Larger studies are needed to evaluate the knowledge level of the medical class about osteoporosis and risk factor for fracture.

Botulismo, una malattia antica conservata sott'olio

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Introduzione: Il botulismo è una malattia rara, ma con importanti implicazioni cliniche e riguardo l'igiene pubblica.
Caso clinico: Giunge in reparto già con diagnosi di "sospetta intossicazione botulinica" uomo di 32 anni, che accusa deficit nella visione da vicino, secchezza delle fauci, difficoltà alla deglutizione, stipsi. I sintomi sono insorti circa 10 giorni prima, 2-3 gg. dopo l'assunzione di tonno sott'olio di produzione domestica. Il paziente, dopo l'invio di campioni di siero e feci, nonché dell' alimento, presso il Centro di Riferimento dell'Istituto Superiore di Sanità (ISS), riceve flacone di siero antibotulino, la cui somministrazione viene ripetuta il giorno dopo, quando l'esame elettromiografico rafforza il sospetto. Sui campioni ematici e fecali e nell'alimento viene poi individuata tossina botulinica di tipo B. Il paziente è dimesso dopo tre giorni in miglioramento.
Discussione: La diagnosi di botulismo richiede sempre una conferma strumentale (esami neurofisiopatologici) e soprattutto di laboratorio (identificazione della tossina). Già in presenza del sospetto, la terapia specifica con siero antibotulino deve, però, essere instaurata prima ancora della conferma diagnostica, in raccordo con Centro Antiveleni (CAV) e con Ministero della Salute e ISS. Fondamentale è la segnalazione dei casi sospetti anche agli uffici competenti della ASL, ai fini della circoscrizione di un possibile focolaio. Infine, riguardo alla prognosi, in questo caso essa era sin dall'inizio favorevole, per il lungo tempo intercorso fra l'assunzione del cibo sospetto e il ricovero.

Quando la meningite batterica parte "dal basso"...

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Introduzione: Le sepsi che si sviluppano dopo procedure limitrofe al rachide lombare rappresentano un piccolo sottogruppo di meningiti, con possibile decorso mortale, come nel caso qui descritto.
Caso clinico: Giunge in reparto, per la comparsa poche ore prima di febbre, stato soporoso- confusionale, anziana di 81 anni. Per il dolore lombare cronico (affetta da artrosi e discopatia), la paziente 6 giorni prima si era sottoposta a seduta di "neuroprolote-rapia", consistente nell'infiltrazione cutanea con aghi di soluzione glucosata nelle sedi interessate da affezioni dolorose. La paziente è soporosa, con spiccato dolore nei movimenti del collo e degli arti. Viene sottoposta a emocoltura, rx torace e tc cerebrale (negative), elettroencefalogramma (anomalie diffuse lente), rachicentesi (liquor torbido con 870 cellule per campo con l'87.7% di neutrofili e iperprotidorrachia (173.0 mg/dl). Nonostante la terapia medica, il decorso è rapidamente evolutivo con necessità di IOT e exitus a 24 ore dall'ingresso. Le colture mostrano poi, sia su sangue che su liquor, sviluppo di Staphylococcus Aureus ss. Aureus (STAAUR).
Discussione: Il rapporto causale fra la metodica di alcuni giorni prima e lo sviluppo dello stato settico con interessamento meningoencefalitico e multiorgano sembra in questo caso evidente.
La diffusione delle procedure parachirurgiche, per il trattamento delle manifestazioni dolorose della colonna lombare (artrosi, ernia del disco, osteoporosi) consiglia una particolare attenzione nell'osservazione del paziente per il rischio di sepsi a diffusione endorachidea.

Un infarto miocardico e una grave insufficienza renale acuta curate...a domicilio!

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Introduzione: Le cure domiciliari hanno avuto notevole diffusione per gli anziani e i pazienti oncologici in fase avanzata. Non sono molte le evidenze riguardo l'outcome della gestione domiciliare di eventi acuti.
Casi clinici: Descriviamo due situazioni morbose acute verificatesi in due anziane. Il primo è un infarto miocardico verificatosi poche ore dopo stress acuto in anziana di 83 anni, ipertesa con pregresso ictus. La diagnosi è avvenuta con criteri clinici, ecografici e di laboratorio; la gestione, a domicilio per volontà della paziente, si è basata su terapia medica, controlli enzimatici e elettrocardiografici, ecocardiografia. L'outcome è stato favorevole con normalizzazione di troponina (4 gg.) e ECG (alcune settimane). Nel secondo caso un' anziana di 76 anni, diabetica, ipertesa, dislipidemica, dopo virosi intestinale ha sviluppato una grave insufficienza renale da disidratazione con riscontro EAB di severa acidosi metabolica. La gestione è stata interamente a domicilio, con esami ematochimici, EAB quotidiano, terapia idratante e bicarbonati e.v.. In circa 5 giorni si è ripristinato l'equilibrio acido-base con regressione dell' acidosi metabolica e dell'ipercreatininemia.
Discussione: L'ospedalizzazione di un anziano in un evento acuto non sempre è possibile. Una gestione integrata fra specialista ospedaliero e medico di medicina generale e il ricorso a una diagnostica domiciliare, può far realizzare un soddisfacente outcome, perché la minore intensività di viene bilanciata dalla riduzione di altri eventi avversi, come delirium, infezioni ospedaliere, cadute.

N-acetil-cisteina nell'epatite acuta da funghi: fu vera gloria?

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Introduzione: L'epatite acuta da funghi velenosi è evenienza grave con possibile evoluzione verso l'insufficienza epatica fulminante. Le evidenze di efficacia della N-acetil-cisteina (NAC) sono limitate.
Caso clinico: Descriviamo il caso di due coniugi, che hanno sviluppato circa 12 ore dopo l'assunzione di funghi diarrea e vomito con accesso al P.S. a circa 48 ore dall'evento iniziale. Gli esami ematochimici iniziali hanno evidenziato severa ipertransaminasemia (GOT 3386 u/lt GPT 3540 u/lt , GOT 4858 u/lt GPT 6304 u/lt rispettivamente), allungamento del PT (INR rispettivamente 2.04 e 1.57), insufficienza renale (creatininemia 6.14 mg/dl e 4.97 mg/dl rispettivamente). All'EAB acidosi metabolica. Non si è riusciti a reperire campioni del fungo consumato per l'identificazione micologica. E' stata iniziata terapia con alte dosi di NAC (bolo e successiva infusione continua per 72 ore); già al primo controllo, si è evidenziata riduzione delle transaminasi. L'insufficienza renale, invece, ha avuto un nuovo peggioramento a 10 giorni dall'ingresso, senza però necessità di emodialisi. Entrambi

sono stati dimessi a 25 giorni con completa normalizzazione dei parametri epatici e solo lieve insufficienza renale.
Discussione: Per l'uso della NAC nell'intossicazione da funghi sono scarse le evidenze di efficacia di livello I, per la difficoltà di eseguire studi clinici randomizzati che privino una metà dei pazienti di una terapia probabilmente utile. Questa nostra segnalazione sembra confermare e supportare l'efficacia delle alte dosi del farmaco.

"MALA" tempora currunt: an year of metformin-associated lactic acidosis

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Introduction: Metformin-associated lactic acidosis (MALA), formerly considered rare, is, instead, a possibility to bear in mind for the emergency physician.
Casuistry: In the last year we found 20 cases of patients with a diagnosis compatible with MALA. The typical patient corresponds to a diabetic elderly woman, who continues to take metformin, despite precipitating conditions prohibited the assumption (fasting, acute infections, gastrointestinal manifestations). There was a favorable survival outcome with normalized metabolic parameters and succeeding discharge in 16 out of 20 cases (for 8 of them the dialytic treatment became necessary), while in 4 cases the exitus occurred in the early hours (in 3 out of 4 cases of death there was no time to start the dialytic treatment).
Discussion: The interest for this casuistry derives from the high number of MALA cases we found. We consider that two factors have affected this: more attention from our department in the analysis of the anamnestic aspects, that, with laboratoristic dates, are essential for the diagnosis; then, the propensity to use more this drug in the last years. Furthermore we stress the overall favorable outcome, thanks to the early diagnosis and to the timely initiation of dialysis.
Conclusions: Maintaining a high state of attention for MALA, that starts from metabolic acidosis with hyperlactacidemia at ABG analysis and anamnesis, is the assumption for an early diagnosis and helps to improve an overall serious prognosis. The availability of metformin dosage could further increase the number of diagnosed cases.

Iperpiressia intermittente associata ad erisipela agli arti inferiori

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Introduzione: Le FUO rappresentano una importante sfida per il medico. Noi presentiamo il caso di una donna di 67 a.
Caso clinico: Storia di K uterino trattato con chirurgia e radioterapia 5 anni prima. Non altre patologia degne di nota. Da 3 mesi episodi "parossistici" apparentemente senza cause scatenanti di febbre associata ad erisipela agli arti inferiori ed a "discomfort addominale". Tale quadro si risolve di regola nell' arco di pochi gg impiegando macrolidi per os ed antipiretici. Ma poiché gli episodi sono sempre più frequenti la pz viene alla ns osservazione. La routine ematochimica, i marcatori dell' autoimmunità e virali, gli indici di flogosi, l' rx torace, l' ecografia addominale e gli esami endoscopici non hanno evidenziato nulla di dirimente né durante l' episodio febbrile né nei periodi di benessere. Però quello che insospettiva era la "mancata leucocitosi" in corso di febbre-erisipela. Effettuato uno striscio periferico non veniva evidenziato nulla di patologico. Seguendo la pz nel tempo mediante es. emocromo settimanali abbiamo osservato lo sviluppo graduale di pancitopenia. La BOM consentiva la diagnosi di leucemia mieloide acuta. Nonostante adeguata terapia medica specialistica la paziente decedeva 6 mesi dopo la diagnosi.
Conclusioni: La peculiarità di questo caso sta nella presentazione alquanto atipica di una patologia ematologica letale camuffata da un banale erisipela. Solo il follow-up attento ha condotto alla diagnosi completa. Talvolta piccole sfumature rappresentano preziosi segni guida.

Febbricola intermittente in colite microscopica e ipogammaglobulinemia con componente monoclonale di tipo IgG-Lambda in zona foretica gamma/3

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Introduzione: L'anziano è spesso un paziente complesso. Noi presentiamo il caso di una donna di 84 a.
Caso clinico: In anamnesi FAP, colelitiasi e diarrea acquosa. Da 2 mesi febbricola intermittente e anemia. L'ampia batteria di esami fatti evidenzia albumina 2.78 gr/dl, IgG 512 mg/dl con debole componente monoclonale di tipo IgG-Lambda in zona foretica gamma/3, IgE tot. 223 IU/ml e anemia normocromica normocitica. EGDS–Colonscopia con biopsie multiple: colite microscopica overlap fra colite collagenasica e linfomonocitaria-granulocitaria anche eosinofila; TC torace-addome-pelvi e Colangio-RM: interstiziopatia polmonare con micronodulia, cisti epatica, colelitiasi, pancreas in involuzione fibroadiposa, ectasia focale di un ramo biliare intraepatico sx -II segmento-, cisti parapieliche multiple renali bilaterali e fibromatosi uterina.
Conclusioni: La revisione della letteratura ci dimostra come la colite microscopia non solo sia più frequente di quanto si pensi ma si caratterizza per una presentazione clinica in cui oltre la diarrea vi può essere febbre come iperpiressia o febbricola intermittente. Anche ipoalbuminemia-ipogammaglobulinemia possono, a seconda dei distretti intestinali coinvolti, essere presenti e complicare il quadro con sovrapposizioni infettive. Nel caso in questione la presenza di una componente monoclonale complica ulteriormente la definizione eziopatogenetica della febbricola. La terapia medica con budesonide ha migliorato il quadro clinico con scomparsa della febbricola. È in follow-up per la gammopatia monoclonale.

Epatocolangite e diarrea complicata da insufficienza respiratoria acuta ipossiemica normocapnica

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Introduzione: Tutt'altro che raramente capita nella pratica clinica che l' impegno simultaneo di più organi abbia un comune denominatore. Noi presentiamo il caso di un uomo di 60 a.
Caso clinico: Storia di ipertensione arteriosa essenziale da 10 anni trattata con ramipril, tiroidectomizzato per gozzo e adenoma prostatico. Successivamente ad episodio "influenzale" che sembra essere a lenta risoluzione per il persistere di astenia , facile affaticabilità, inappetenza, dimagramento e turbe dell' alvo, il paziente si sottopone a routine ematochimica che evidenzia raddoppio di AST-ALT, GGT, modesta iperbilirubinemia mista associato ad incremento degli indici di flogosi configurando un quadro clinico-laboratoristico di epatocolangite. Dopo circa 7 giorni il pz peggiora, "la facile affaticabilità" si trasforma gradualmente in insuff. respiratoria severa (SpO2 in AA a riposo 80%) e le turbe dell' alvo in diarrea franca. La TC HR polmonare evidenzia una polmonite interstiziale bilaterale, la colonscopia e l' ecografia epatobiliare sono negative. Veniva riscontrata positivita per EBV IgM/IgG. Abbiamo ottenuto la risoluzione del quadro clinico mediante terapia con prednisone 0.5 mg/Kg/die per 7 gg e successivo decremento progressivo fino a sospensione.
Conclusioni: L'interesse di questo caso scaturisce dalla presentazione atipica di una infezione da EBV simulante dapprima l' influenza, ma l' interessamento simultaneo multiorgano, e l'attenta valutazione clinica hanno consentito la corretta diagnosi.

CHA_2DS_2-VASc and HAS-BLED scores do not predict NVAF-related events in a population of critically ill patients

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Background: Non-valvular atrial fibrillation(NVAF) is common among critically-ill subjects and is associated to worse outcomes.NVAF-related morbility is associated to thromboembolic and haemorragic complications.Guidelines suggest stratifying the thrombotic risk with CHA2DS2-VASc and the haemorrhagic risk with HAS-BLED. These scores are not validated for the critically-ill, and guidelines are not able to suggest any evidence-based approach.
Patients and Methods: Single-cohort, perspective study enrolling all the consecutive patients admitted to our department for a critical illness and affected by NVAF. We excluded patients admitted for trauma or surgical pathologies. Embolic outcome(TE) was defined as the occurrence of embolic manifestations at the admission or during the hospitalization. Haemorragic outcome(MH) was defined as the occurrence of major haemorrhage according to ISTH criteria during the hospitalization or at the 12-months follow-up. For each patient, we evaluated age, sex, admission diagnosis, comorbidities, CHA2DS2-VASc, HAS-BLED, TE and MH.
Results: 519 subjects[age:75.6(±11.9);males:50.3%;comorbidities:2(0-6)].38 MH(7,3%),80 TE(15,4%).HAS-BLED: median of 2(0-5),CHA2-DS2-VASc:median of 3(0-6);among MH, HAS-BLED: median of 3(1-4), CHA2-DS2-VASc:median of 2(1-3);among TE,HAS-BLED: median of 2(1-3), CHA2-DS2-VASc:median of 3(1-4);CHA2DS2-VASc had an AUC of 0.56[95%CI:0.50-0:63 (p=0.06)] for TE;HAS-BLED had an AUC of 0.53 [95%CI:0.44-0:62(p=0.53)] for MH.
Discussion: In this population, CHA2DS2-VASc and HAS-BLED had limited predictive value for TE and MH.

Cancer and thrombosis: when it rains it pours

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Case description: A 64-year-old woman presented with left calf swelling, fever and dyspnea; clinical and echographic assessment revealed popliteal vein thrombosis and a liver mass; TC scan showed bilateral pulmonary embolism; anticoagulation with LMWH was then started; liver RMI revealed a large neoformation in the 4th liver segment; liver biopsy was suggestive of poorly differentiated adenocarcinoma of presumed biliary origin; before any oncologic assessment was possible, further thrombotic complications occurred, including (i) critical limb ischemia (percutaneous embolectomy), (ii) inferior STEMI due to thrombosis of right coronary artery (pPCI+BMS), and (iii) recurrent infero-lateral STEMI due thrombotic occlusion of obtuse marginal artery (thromboaspiration) despite ongoing triple antithrombotic treatment; any active antineoplastic treatment was excluded due to progressive worsening of her performance status and the unpredictable effects on the hemostatic balance; palliative therapy was then started and she was discharged with corticosteroid and opioid treatment.
Discussion: Thrombosis and cancer are linked by numerous pathophysiological mechanisms; in the clinical setting, patients with cancer-associated thrombosis are more likely to have advanced disease and poor prognosis. LMWH or fondaparinux are the standard therapy for cancer-related VTE, but novel oral anticoagulant agents may be a viable alternative. In the present case, the rapid reccurence of thrombotic event despite intensive antithrombotic therapy was a marker of very aggressive disease and unfavourable outcome.

Correlation between fragility and mortality at 30 days in elderly patient with hip fracture: preliminary data

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Introduction: The hip fracture represents a rising social and economic problem, especially in frail patients. Frailty is a common clinical syndrome in older adults that carries an increased risk for poor health outcomes including falls, incident disability, hospitalization, and mortality. The aim of our study was to evaluate the relationship between fragility and prognosis.
Methods: Beginning in October 2017, all patients ≥65 yr admitted to the Orthopedic department of Hospital S.S. Trinità of Cagliari for hip fractures, have been subjected to a Comprehensive Geriatric Assessment (CGA) and Frail's questionnaire.
Results: There have been recruited 94 patients (20 M, 74 F, average age 83±7.3 yr), of whom 67 have had a 30-day follow-up, of these, 62.7% of patients have been found frail, 31.3% pre-frail and 6% not frail. None of the non-frail or pre-frail incurred mortality, re-hospitalization or institutionalization at 30 days, while among the frail patients the 22.5% has deceased and the 23.8% has been re-hospitalized. The fragility is significantly correlated with the level of mortality (P=0.0111), re-hospitalization (P=0.0068) and disability (P<0.0001).
Conclusions: The fragility is a factor that increases the risk of mortality, re-hospitalization and disability, so, would be desirable a pre-operative multidisciplinary screening aiming to identify the fragile patient and set-up a targeted diagnostic and therapeutic process, that could improve unfavorable outcomes.

Impact of nutritional status on prognosis at 30 days in patient with hip fracture: preliminary data

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Introduction: An important number of patients admitted at the hospital with hip fracture show a status of protein-energy malnutrition. During the recovery, the situation may get worse because of the increase of energy requests, the inadequate intake of food, due to pre-op fasting and post-op vomit not properly treated. The aim of our study was to evaluate the relationship between nutritional status and mortality.
Methods: Beginning in October 2017, all patients all patients ≥65 yr admitted to the Orthopedic department of Hospital S.S. Trinità of Cagliari for hip fractures, has been investigated using the Mini Nutritional Assessment (MNA).
Results: There have been recruited 94 patients (20 M, 74 F, average age 83±7.3 yr), of whom 23.5% presented insufficient nutritional status (MNA <17), 46.8% an increased risk of malnutrition (MNA 18-23,5) and only 29.3% presented an adequate nutritional status (MNA ≥24). Sixtyseven patients (71% of the cohort) have had the 30-days follow-up: 41 (61%) presented an altered nutritional status (MNA <24), of these, the 29.9% incurred death, the 24.3% re-hospitalization and the 4.8% institutionalization. None of patients with adequate nutritional status incurred death, re-hospitalization and institutionalization.
Conclusions: The data collected so far shown a high prevalence of altered nutritional status in patients admitted for hip fracture. This data confirms the importance of nutritional status as a factor able to affect outcomes.

Impact of delirium on the 30-days prognosis in patients with hip fracture: preliminary data

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Introduction: Delirium is a frequent complication during acute disease in elderly patient and frequently observed in surgical procedures. It is defined by a status of mental confusion at acute onset and fluctuating trend, characterised by a disturbance in attention, self-consciousness and cognitive state. Although linked to higher rates of mortality, institutionalisation and dementia, it remains underdiagnosed. The aim of our study was to evaluate the relationship between delirium and prognosis.
Methods: Beginning in October 2017, all patients patients ≥65 yr admitted to the Orthopaedic Department of Hospital S.S. Trinità of Cagliari for hip fractures, has been subjected to a structured interview focusing on the most prominent clinical symptoms of delirium: the Confusion Assessment Method (CAM).
Results: There have been recruited 94 patients (20 M, 74 F, average age 83±7.3 yr), 30 (32%) patients have shown delirium: 10% hypokinetic form, 66% hyperkinetic and 23.4% mixed. Of these, only 23 patients have had a follow-up at 30 days; 30% incurred death and 26% incurred re-hospitalization. Among patients that have not shown Delirium only 2% is deceased and 9% has been re-hospitalized.
Conclusions: The delirium increases the risk of mortality, re-hospitalization and disability; therefore, in the management of an orthogeriatric patient, would be desirable the implementation of a multidisciplinary approach with the aim of identifying, at an early stage, patients with delirium and set-up a targeted diagnostic and therapeutic process.

An orthogeriatrics experience

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Introduction: Femoral fracture is one of the most important cause of increased mortality and loss of self-sufficiency in the elderly pts. Orthogeriatrics is a model of integrated and multidisciplinary intervention created to manage the complexity of the fractured elderly pts in order to optimize management and care pathways.
Description: From February 2017, a collaboration has begun between Geriatrics and Orthopaedic Units of the Hospital "SS Trinità" of Cagliari: all pts >65 yo with fractures are evaluated at the entrance in order to identify fragile pts and manage any critical issues that could delay the intervention or complicate hospitalization. Daily a geriatrician resident takes part in the briefing and visits in the Orthopaedic Unit, ensuring continuity of care, with a commitment of about 15 hours a week and involving geriatricians consulent to handle the most complex cases. 264 preoperative evaluations were performed, some of these were re-evaluated during hospitalization (36% pharmacological reconciliation, 19% delirium, 13% respiratory pathology, 9.5% heart failure, 22.5% other). The selected cases were discussed collegially among orthopaedics and geriatrics, in order to identify the best therapeutic and management strategies for each patient.
Conclusions: Orthogeriatrics is the multidisciplinary approach to manage complex pts to reach the best possible outcome. The data collected support orthogeriatric collaboration to improve outcomes: surgical timing, re-hospitalizations and length of post-op stay (respectively reduced by 5%, 8% and 13% in the first 9 months).

La gestione dell'alimentazione nell'anziano istituzionalizzato con demenza

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Premessa: L'invecchiamento e alcune malattie, come la demenza, influenzano la capacità di alimentarsi in autonomia, la percezione del gusto, il senso di sete. Il progetto nasce dall'esigenza di sperimentare un programma nutrizionale volto a limitare i fenomeni di malnutrizione e disidratazione e all'aumento del Daily Intake.
Materiali e Metodi: I pazienti sono stati selezionati secondo i seguenti parametri di inclusione: demenza in fase intermedia/avanzata (CDR 3 e 4), BMI <21 o calo ponderale >5% in tre mesi o 10% in sei mesi. Lo studio prevede il monitoraggio del BMI, degli indici nutrizionali e la compilazione di un report quotidiano. Vengono somministrati pasti a consistenza modificata, in origine liofilizzati, bevande gelificate e aromatizzate, entrambi erogati da un Distributore Automatico. Il menù è personalizzato e l'utilizzo della macchina consente di calibrare le porzioni con il valore nutrizionale necessario a soddisfare il fabbisogno giornaliero.
Risultati: Al momento dell'invio lo studio è in corso. I risultati attesi sono il mantenimento/incremento del BMI e la stabilità/miglioramento degli indici nutrizionali.
Conclusioni: L'azione dello studio è mirata sul Daily Intake, modulato secondo le principali direttive protesiche del modello Gentlecare, adottando l'orologio nutrizionale delle 24h. La consistenza modificata, associata al mantenimento delle qualità dell'alimento (profumo e sapore) e alla ridotta quantità necessaria per assumere i nutrienti, dovrebbero rallentare il processo di malnutrizione migliorando l'aderenza ai pasti e la qualità di vita del paziente.

Microcirculatory alterations in patients with disthyroidism: videocapillaroscopic assessment of angiogenetic events

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Background and Aim of the study: The vascular endothelial growth factor (VEGF), a glycoprotein with a powerful angiogenic activity, is overexpressed in the thyroid in different diseases (Basedow disease (BD) and Hashimoto's thyroiditis HT). Nailfoldvideocapillaroscopy (NVC) is nowadays considered one of the best diagnostic techniques of non-invasive imaging, able to study the microcirculation *in vivo*. We carried out our study to evaluate angiogenic changes in patients (pts) with thyroid disease (TD) by means of NVC.
Materials and Methods: We examined 42 pts with TD (4 BD, 10 post-surgical hypothyroidism (HYT) and 28 HYT after HT) (36 F and 6 M), aged 42.5 years (range 15-69) and 40 healthy subjects (HS) with overlapping demographic characteristics using a VideoCap 3.0 (DS Medica), equipped with 200 x optics. We have considered as expression of angiogenesis capillary alterations characterized by a variety of tortuosity, consisting of multiple crossings (>2) of the loops. Therefore we compared the mean of the n° tortuous loops/n° normal loops ratio of the two groups.
Results: We observed a statistically significant difference in angiogenic manifestations, consisting of extremely tortuous capillaries, between the group of pts with TD (0.64) and that of HS (0.17) ($p < 0.001$).
Conclusions: Our data demonstrate that angiogenic phenomena affect the microcirculation of patients with TD and confirm that the NVC represents a useful and reliable technique to identify the alterations of the microcirculation also in other fields of Internal Medicine, in addition to Rheumatology.

L'ipertensione come fattore di rischio determinante dell'aumento del rischio cardiovascolare in menopausa

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Premessa: Ogni anno muoiono circa 120mila donne per eventi cardiovascolari (CV). Durante il periodo fertile le donne sono protette dall' "ombrello estrogenico", dopo la menopausa il rischio CV aumenta.
Materiali e Metodi: Durante la "I giornata di sensibilizzazione cardiovascolare e alimentare per le donne in menopausa" ab-

biamo raccolto l'anamnesi familiare, patologica e ostetrico-ginecologica delle partecipanti, alle stesse abbiamo prelevato un campione venoso, misurato la pressione arteriosa, l'altezza e il peso corporeo.
Risultati: Dal campione di 122 donne (età media di 55,48 anni, 26 fertili 96 in menopausa) emerge che in menopausa aumenta il rischio CV, tangibile dall'aumento degli eventi cardio e cerebrovascoalri nelle donne in menopausa. Le donne in menopausa presentano valori di pressione arteriosa sistolica (PAS) significativamente più alti (circa 11 mmHg) rispetto alle donne in età fertile. Il 4% delle donne fertili e il 14% delle donne in menopausa presentavano valori di pressione alti alla nostra misurazione, senza avere in anamnesi storia di ipertensione. Il colesterolo LDL non risulta differente tra le donne in età fertile e quelle in menopausa, nonostante il 48% delle intervistate dichiarasse di essere affetta da dislipidemia, indice di un buon controllo dietetico/farmacologico dell'ipercolesterolemia.
Conclusioni: L'aumento della PAS è il maggior determinante dell'aumentato rischio CV nelle donne in menopausa. L'elevata percentuale delle donne ignare del proprio stato ipertensivo, le rende maggiormente esposte ad eventi CV maggiori.

Una febbre particolarmente dolorosa

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Premesse: Il problema dell'immigrazione è sfidante anche dal punto di vista sanitario, ponendoci di fronte alla necessità di riconoscere e trattate adeguatamente patologie fino ad ora considerate rare.
Descrizione del caso clinico: Uomo africano di giovane età, senza patologie familiari o personali di rilievo, a partire dall'estate 2017 effettua ripetuti accessi in ospedale per dolore addominale, all'ecoaddome riscontro di lieve ispessimento della colecisti e litiasi multipla; agli esami di laboratorio moderato incremento degli indici di flogosi associato a un'iperbilirubinemia *indiretta* e una lieve anemia normocromica normocitica, viene comunque posta diagnosi di colecistite e data indicazione a colecistectomia che viene effettuata in novembre senza complicanze. Dopo 6 mesi il paziente si ricovera nuovamente per febbre elevata resistente a terapia antibiotica e artromialgie diffuse, prevalenti agli arti e che ne impediscono la deambulazione. Agli esami di laboratorio persiste l'iperbilirubinemia indiretta e l'anemia: Hgb 10.4, MCV 87, PCR 232.7, Bil. tot 3.58 (dir 0,56), ALT 26. La ricerca dell'Ag pneumococcico urinario risulta positivo. L'ipotesi di crisi falcemica in corso di infezione viene confermata dal riscontro di omozigosi per HgS con il 74% di Hb patologica.
Conclusioni: L'anemia falciforme è una patologia rara alle nostre latitudini, ma diffusa nell'area subsahariana e deve essere sospettata in pazienti provenienti da tale area che si presentano con crisi dolorose in corso di infezioni, anemia, iperbilirubinemia indiretta o colelitiasi precoce.

Phase I-II study of feasibility and effectiveness of a home-assistance telemedicine program for patients discharged from an Internal Medicine Unit of a third level hospital

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Background: Because of the presence of coexisting pathologies and/or advanced age, numerous internal medicine patients (pts) require prolonged hospitalization that could be Telemedicine consent adequate monitoring and consultation of specialized Internists in-home and therefore a shortening of hospitalization.
Methods: Phase I-II study, to evaluate the feasibility and effectiveness of a home-assistance Telemedicine program for patients discharged from the Internal Medicine unit of a third level hospital.
Inclusion criteria: *All of the following criteria: 1.* one of the following pathologies: a) heart failure; b) hypertensive urgencies/emergencies; c) pneumonia; d) atrial fibrillation; e) acute respiratory infections, chronic obstructive pulmonary disease; f) urinary tract infections; g) dehydration and electrolyte imbalance; h) venous thrombosis; i) stabilized pulmonary embolism with favorable prognosis and risk criteria; j) delirium, mental confusion, agitation in ³ 70 years old pts); k) fever in low-risk oncology or hematology oncology patients; 2. pts and caregivers informed consent; 3. Internet connection at home.
Exclusion criteria: One of the following: shock; acute pulmonary edema; HIV infection; acute leukemia or having had autologous/allogeneic organ transplant; life-threatening arrhythmia or arrhythmia requiring intensive monitoring or needing a pacemaker; absence of consensus or of Internet connection.
Results: Results of feasibility, effectiveness and of pharmaeconomical analysis will be presented according to the progress of the study.

Sviluppo subdolo e progressivo di apnee miste

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Il pz F.C., di 65 anni, è affetto da OSAS in CPAP e, da aprile 2011, da atrofia multi sistemica con parkinsonismo. A maggio 2017 la moglie del pz ha segnalato ripresa delle apnee nonostante CPAP: la polisonnografia ha confermato numerosi brevi eventi (AHI 113) tutti di tipo centrale con andamento periodico quindi è stata impostata in prima battuta ventilazione in modalità Bilevel al posto di CPAP. Prima di ulteriore controllo il pz è stato ricoverato in agosto 2017 presso l'Ospedale di Portogruaro per tromboembolia polmonare e dimesso con terapia anticoagulante orale ed ossigenoterapia. Si è proceduto quindi a ricovero In Reparto. Prima di impostare un Servo-ventilatore previa misura della frazione di eiezione, è stata impostata ventilazione in modalità Bilevel spontanea/temporizzata. La polisonnografia ha evidenziato pressoché totale remissione degli eventi apnoici/ipopnoici e la normalizzazione della saturazione ossiemoglobinica. Si segnala che nelle fasi di sonno profondo il pz non presentava atti respiratori autonomi ma si verificavano solo atti mandatori. In questo pz dapprima solo con apnee ostruttive ed in seguito anche con apnee centrali per l'insorgenza di una comorbidità neurologica, la ventilazione meccanica in modalità Bilevel spontanea/temporizzata è stata in grado di risolvere il problema.

Pulmonary embolism and sarcoidosis: a causal or casual association? A case report

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Background: Sarcoidosis is a systemic disease of unknown cause that is characterised by the formation of immune granulomas in various organs. The association between sarcoidosis and venous thromboembolism has been reported in literature, although it is still not clear if sarcoidosis is a risk factor for VTE.
Case report: A 56-years-old woman was admitted to hospital due to intense asthenia, acute dyspnea and right leg pain. A compression ultrasound of the inferior legs excluded a deep venous thrombosis, while a bilateral segmental pulmonary embolism was diagnosed through a CT pulmonary angiography. Thoracic lymphadenopathies were a collateral finding of the CT imaging in the absence of solid tumoral lesions. Than the patient underwent a 18-fluorodeoxyglucose positron emission tomography/computed tomography (18F-FDG PET/CT) which revealed an increased FDG uptake in multiple laterocervical, mediastinal and abdominal lymphnodes. A laterocervical lymphnode biopsy showed histological features of non-necrotizing granulomas, suggestive for sarcoidosis. The patient was referred to our rheumatological centre and started corticosteroid therapy, as well as anticoagulant treatment.
Conclusions: We believe that inflammation is the bridge between sarcoidosis and VTE. In fact, chronic inflammation is known to provoke a hypercoagulable state through several mechanisms, as a consequence it can predispose patients with sarcoidosis to the development of VTE events.

A case report of warm autoimmune haemolytic anemia: could a reactivation of an Epstein-Barr virus infection play a role in its aetiology?

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Background: Autoimmune haemolytic anemia (AIHA) is an immune disease characterized by antibodies directed against autologous red blood cells. Various conditions are responsible for the development of AIHA including viral infection, autoimmune disease, immune deficiency status, lymphoproliferative and neoplastic disorders and drugs.
Case report: We describe the case of a 53-year-old woman who was admitted to our hospital due to palpitations. Her blood exam showed a severe anemia (haemoglobin 6 g/dl) with parameters consisting of haemolysis. Both direct and indirect anti-globulin (Coombs) test were positive and confirmed a warm AIHA. She was initially treated with high dose of corticosteroids. The clinical and laboratoristic response was only partial with a slow rise of reticulocytes count and subsequent evidence of low platelet count, suggestive for bone marrow paresis. She was treated with a 5 day course of intravenous immunoglobulin with improvement of haemoglobin levels. She underwent a total body CT and a bone marrow biopsy which excluded lymphoadenopathies and a lymphoproliferative disorder, respectively. In-depth blood tests only revealed an increased serum titre of EBV with serology suggesting a reactivation of previous infection.
Conclusions: A primary EBV infection is a well-known cause of AIHA. We believe that EBV reactivation might have played a role in the development of AIHA in our patient. Two possible mechanism are implicated: haemolysis, due to cross-reactivity between viral and self-antigens, and EBV suppression of erythropoiesis in bone marrow.

A case report of a 66-year-old woman with chronic diarrhea

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Background: Chronic diarrhea is defined as looser stool for more than 4 weeks. Compared to acute diarrhea, there are many differential diagnosis to be considered as the possible cause of chronic diarrhea, which is commonly categorized into three groups, watery, fatty and inflammatory diarrhea.
Case report: A 66-year-old woman was admitted to our hospital because of watery diarrhea, present for more than one month, vomiting and abdominal pain. She never underwent abdominal surgery and had no history of pancreatic disease. We excluded a possible pharmacological cause and she denied history of antibiotic therapy or travels in the previous months. Her blood tests suggested a malabsorption syndrome. We evaluated a possible infectious cause through fecal cultures that resulted negative. Than the patient underwent a colonscopy and an abdomed CT. They both showed colon diverticular disease; the abdomen CT also evidenced thickening of duodenal walls and mesenteric lymphoadenopaties. Given the results of these exams, we suspected celiac disease. A blood test for celiac-specific antibodies (anti-transglutaminase and anti-endomysial) resulted positive and the histological exam of duodenal biopsy confirmed the diagnosis. The patient started a gluter-free diet with complete remission of diarrhea.
Conclusions: Although celiac disease is usually diagnosed in young people, it should always be considered in the diagnostic assessment of chronic diarrhea. In fact, an early diagnosis is essential to prevent possible dangerous consequences of celiac disease.

Is recurrent pericarditis an autoinflammatory disease? A case report

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Background: Recurrent pericarditis occurs in 10-13% of patients following a first episode of acute pericariditis. The incident rate of recurrences increases to 50% after the first recurrence in patients not treated with colchicine.
Case report: We present a case of recurrent pericarditis in a 53-year-old man with a ten year history of seronegative psoriatic arthritis treated with corticosteroids. The first episode of pericarditis was diagnosed in 2017. After 6 months a recurrence of pericariditis was diagnosed and treated with FANS for one week. Two months later the patient was admitted to hospital complaining of chest pain and fever. The ECG changes in the acute phase (a widespread PR depression), the echographic finding of a pericardial effusion and the description of the chest pain (sharp and pleuritic) all stand for a recurrence of pericarditis. We exclude a possible infectious and neoplastic aetiology, as serology for atypical pneumonia bacteria, for HIV, Quantiferon-TB and tumor markers were all negative. The patient was successfully treated with FANS and colchicine, the latest to be used for at least 6 months.
Conclusions: Whether recurrent pericarditis is an autoinflammatory disease is still a matter of debate. The rapid clinical improvement with colchicine in most cases, as in our patient, supports the immune-mediated aetiology of the disease. Patients with recurrent pericarditis should also be closely monitored to detect the first signs of a constrictive evolution, which is a possible, although rare, serious complication.

A (modest) proposal for a safe continuity of care in the treatment of the chronic pain with opioids

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Although lately there has been a reversal trend, Italy remains conservative compared to the rest of Europe towards opioids use in chronic non-cancer pain (CNCP), particularly in elderly patients. This is due to both low knowledge and high prejudices about opioids use despite they play an essential role in the management of CNCP being effective and safe as long as a number of conditions are met like: analysis of the causes of pain, treatment options evaluation, drug titration and repeated and careful long-term follow up (record of pain intensity, adverse events, treatment adherence). We developed two pre-printed forms to be attached to the discharge letter, one addressed to general practitioners (GPs) the other to patients and caregivers (CVs), with recommendations drawn from international guidelines and from indications done by GPs for GPs, intended to spread a shared culture among people involved in the management of patients with CNCP.
GPs have the task to perform follow up preventing serious adverse events like overdoses or improper use of the drug; besides some other serious adverse events can only be prevented when patients and CVs are involved in an active surveillance action. Aim of our proposal is to establish a frank dialogue between hospital doctors, patients CVs and GPs sharing instructions to the use of the drug and moreover an advice to the GPs to monitor the patient over time and with a high level of awareness. Last but not least the forms could also be a reference for good clinical practice to any physician involved in the treatment of CNCP, internist included.

An unusual presentation of spondyloarthritis

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Case report: A 60-year-old man was hospitalized for cutaneous vasculitis, mainly pronounced in the lower limbs with petechial spots, and musculoskeletal widespread pain. He was suffering from musculoskeletal pain for about four months, started at his hips then extended to the arms and neck, sometimes low-grade fever and CRP 6-7 mg/dl; inconclusive several outpatient clinical investigations. He had been taken without significant benefit prednisone, 25-50 mg/day for a month, NSAID particularly ketoprofen,

and glucosamine. Unknown drug hypersensitivity. On physical examination we found, besides cutaneous vasculitis, strong pain caused by pressure on multiple tender points fibromyalgia-like. Metilprednisolone 20 mg/day improved skin injuries, without considerable pain relief, that required additional treatment with oxycodone-naloxone and duloxetine. Laboratory tests confirmed the inflammation, showed tumor markers into the normal range and found HLA-B27 phenotype. The patient underwent bone scintigraphy and PET-CT, showing multiple sites uptake, consistent with enthesopathy, without sacroiliitis. This clinical picture of spondyloarthritis was also supported by vertebral magnetic resonance and effectively responded to etoricoxib.
Conclusions. This case shows features distinguishing from usual clinical pictures of spondyloarthritis: resistance to steroid treatment, probably given for mistaken diagnosis of polymyalgia rheumatica; lack of true arthritis, particularly sacroiliitis; predominant picture of multiple enthesitis.

Urgenze ed emergenze ipertensive: quale ruolo per ramipril e irbesartan per via orale?

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Urgenze (U) ed emergenze (E) ipertensive sono caratterizzate da aumento acuto della pressione arteriosa (>180/110 mmHg), rispettivamente in assenza (U) oppure in presenza (E) di danno d'organo acuto. Nell'ambito di uno studio retrospettivo sugli accessi al Pronto Soccorso del Policlinico San Matteo di Pavia negli anni 2014 e 2015, sono stati identificati i pazienti trattati con ACE inibitore (ramipril) o antagonista recettoriale dell'angiotensina II (irbesartan) per via orale, allo scopo di evidenziare un potenziale ruolo di questo approccio terapeutico nelle urgenze ipertensive. Su un totale di 96108 accessi, lo studio ha arruolato 923 pazienti, 661 (71,7%) dei quali presentavano una urgenza ipertensiva (donne: 67%; età media: 67 anni). L'ipertensione era già nota nel 75% dei casi. Il 73,4% dei pazienti è stato dimesso (640/661 U), con una incidenza di accessi successivi in Pronto Soccorso pari al 22,8%. Dei 661 pazienti con U ipertensiva, 78 pazienti sono stati trattati con ramipril e 55 con irbesartan. Rispetto agli altri pazienti, tale trattamento è risultato associato ad una maggiore aderenza alle Linee Guida in termini di rapidità (230 *vs* 190 min; p<0,05) ed entità del calo pressorio (-40% *vs* -27%; raccomandazione da Linee Guida: 25% del valore iniziale). Non si sono osservati effetti collaterali di rilievo. Tale dato evidenzia un ruolo favorevole di ramipril ed irbesartan per via orale nelle urgenze ipertensive, situazioni nelle quali è importante che l'efficacia antiipertensiva sia ben calibrata una volta esclusa la presenza di danno d'organo acuto.

Papilledema in patients with primary aldosteronism: an unusual case report

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Background: Primary aldosteronism (PA) is the most frequent form of secondary hypertension. A timely diagnosis, followed by a target treatment are important to reduce the risk of cardiovascular complications. Visual field defects and papilledema are rarely reported in PA patients.
Case report: We report a case of patient with papilledema and PA. A 50-year-old woman referred to the Hospital with a history of hypertension, recurrent hypokalemia, headache, and papilledema. The combination of hypokalemia, metabolic alkalosis with hypertension raised the suspicious of inappropriate mineralocorticoids secretion. Plasma renin activity was suppressed (0.3 ng/ml/h) with an increase of plasma aldosterone (PAC) (38.3 ng/dl) and urinary aldosterone concentrations (39 ng/24h), with a high ARR (127 ng/dl:ng/ml/h) suggesting an aldosterone-producing adenoma (APA). CT scan showed a nodule (28x21x21 mm) in the left adrenal gland. Adrenal venous sampling was performed. PAC in the left and right adrenal veins were 26 ng/dl and 22 ng/dl, respectively. ^{131}I-19-norcholesterol scintigraphy demonstrated intake in the right adrenal gland. Adrenalectomy was performed and histologic examination confirmed APA diagnosis. Five months after the patient was asymptomatic; the laboratory analysis and BP were normalized and at the retinal angiography the papilledema was disappeared.
Conclusions: We present an unusual case of PA due to adrenal adenoma presenting with papilledema. The prompt diagnosis after adrenalectomy restored mineralocorticoid hormone values and BP associated to disappearance of the papilledema.

Rapidly fatal West Nile virus meningoencephalitis in an immunocompetent patient: a case report

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Case report: A 81-year-old man was admitted with fever since last 6 days, fatigue, nausea, hiccough and mild cognitive impairment referred by his family. His medical history was significant for: type 2 diabetes, arterial HTN, permanent PM for type 3 AV block. At admission examination, the patient was aware and spatial and temporal oriented. The remaining physical examination was normal. His vital signs were: BP 150/70 mmHg, HR 88/min, SpO2 97%, RR 24/min, T 38 . Lab tests: Hb 12.5 g/dL, Hct 34.4%, WBC 7000/mm^3, PLT 171000/mm^3, CRP 0.6 mg/dL, Glc 293 mg/dL and Na 130 mEq/L. Chest X-ray showed a bad-defined retro cardiac opacity. Empiric levofloxacin was initiated for suspected community acquired pneumonia. Blood and urine cultures were negative. Pneumococcal and Legionella urinary antigen tests were negative. On the third day of admission the patient began lethargic. A head CT scan showed no acute lesions. An EEG was performed with the evidence of diffuse brain injury. Analysis of cerebrospinal fluid (CSF) demonstrated 14 cells/µL with a predominance of lymphocytes and monocytes, 229 mg/dL protein, 118 mg/dL glucose and 3.1 mmol/L lactate. CSF culture was negative for bacteria, fungi and mycobacteria. PCR analysis of CSF did not detect common virus, bacteria or yeast. On the advice of Infectivologist we started therapy with acyclovir 750mg t.i.d. and dexamethasone 3g q.i.d.. The patient died the next day, on the fifth day after admission. Finally liquor serology showed the presence of immunoglobulin (Ig)M and IgG against West Nile Virus.

Davidson's disease: a rare intestinal disorder typical of Navajo population in a caucasian coeliac subject!

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Introduction: Davidson's disease also called Microvillous Inclusion disease (MVI) is a very rare autosomal recessive inherited disorder of intestinal microvillous, due to the mutation of MY05B gene, characterised microscopically by total or subtotal absence of microvillous and clinically by severe refractory diarrhoea and malabsorption. Diagnosis is histologic by biopsies of small intestine.
Clinical case: A caucasian 29-year-old woman was admitted for intense asthenia, abdominal pain resistant to antispastic drugs, vomiting, diarrhoea and weight loss. She appeared tachypnoic, bradycardic, hypotermic, hypotese with painful abdomen. History: hyporexia, nausea, relapsing abdominal pain with ballooning, diarrhoea and weight loss, moderate anaemia since she was a child, anorexia and immunodeficiency. Laboratory data: severe anaemia, hypokalaemia, hyponatraemia. She was immediately treated on salt solution, plasma expander, potassium, steroids, antispastic drugs, O_2 and heating obtaining fairly improvement of clinical conditions. Gastroscopy, histology

of biopsies and Ab-antiendomisium and Ab-antitransglutaminase dosage resulted coherent with diagnosis of coeliac disease (CD). The patient started gluten-free diet only improving symptoms, but with no any increase of weight. A new histological evaluation at scanning electron microscopy revealed surprisingly the presence of concomitant MVI.
Discussion: The HLA aplotypes related to CD of our patient resulted positive (DR3-DQ2) and further testing of MY05B gene alteration is currently underway.

A pernicious otitis disclosed the presence of cerebral hypoxic areas in a coeliac patient with relapsing hypoglycaemic crises!

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Introduction: Coeliac disease (CD) can be associated with epilepsy, cerebellar ataxia, peripheral neuropathy, multiple sclerosis, cerebral atrophy which can better or disappear on gluten free diet.
Case report: A 38-year old coeliac, non-diabetic, non-alcohol user, woman was admitted for severe asthenia, elevated fever, left ear pain with hypoacusia. History: misdiagnosed celiac disease since infancy, in long-life gluten free diet only since 5 years, relapsing daily hypoglycemic crises in the last years. Laboratory data: leukocytosis, moderate anaemia, rise of ESR and -globulins, but normal parameters of coagulation and autoimmunity markers. Brain-NMR showed the presence of 3 right cerebral small lacunar areas probably hypoxic in nature; Doppler evaluation and NMR-angiography resulted negative. Normal resulted cardiac evaluation with BP, Holter AP, EKG, echocardiography. The otolaryngologistic evaluation with speech audiometry, impedenziometry, auditory evoked potentials, electron-nystagmography, showed a left haemorragic bullous otitis wih loss of hearing. She started therapy on antiviral drugs, steroids per os, intravenous mannitol 10% and hyperbaric treatment with resolution of symptomatology. The patient was discharged with therapy on iron, vitamin B6 and folic acid per os, gluten free diet.
Discussion: The diagnosis of hypoxic cerebral areas in our report was occasional: brain-NMR was made to exclude cerebral causes of hypoacusia. The cause of these cerebral abnormalities is mysterious and unclear: could they be due to relapsing hypoglycemic episodes?

A sudden syncopal episode revealed an insidious and potentially fatal myocarditis...

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Introduction: Myocarditis is an inflammatory disease of the myocardium due to infections, exogenous agents, autoimmune disorders. Clinically it presents with fatigue, breath-shortness, palpitations, tachycardia-arrhythmia, chest pain, fever, joint pain. Diagnosis is made on the basis of clinical picture, echocardiography, EKG, possible myocardial enzymes alteration, although the endomyocardial biopsy is the criterion standard of myocarditis diagnosis.
Case report: A 40-year-old male patient was admitted for sudden syncopal episode preceded by dyspnoea, asthenia, chest pain, precordial discomfort, cardiopalmus in the last days. History: renal lithiasis; ex-smoker. At cardiac evaluation: no presence of pathological heart sounds; normal B.P.110/60 mmHg, H.R. 85 B/min, T 37°C, at EKG slight ST and V1-V2 T-waves changes. Normal Chest-X-ray. Laboratory data: slight leucocytosis, negative myocardial enzymes with troponin and myoglobin. Six weeks later, at periodic EKG control he presented ST and T-waves changes in V1-V6 derivations and echocardiography showed myocardial hypokinesis of apex and septum and slight systolic dysfunction (FE 50%) as in acute myocarditis, while coronarography was normal, moreover the IgM-Ab anti-Coxackie virus B1-type test resulted positive. Treated on indomethacin he gradually improved and six months later he was still in healthy.
Discussion: Oligosymptomatic myocarditis can be misdiagnosed and in some cases it can determine dilated cardiomyopathy, acute and chronic heart failure and sudden death. Due to this, early diagnosis is fundamental!

A gambling addiction induced a desperate diabetic subject to attempt suicide by deliberate self-poisoning...

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Introduction: The uncommon intentional metformin poisoning can determine abdominal pain, nausea, vomiting, diarrhoea, pancreatitis, hypoglycaemia, hypothermia, hypoxia, hypotension, tachypnea, tachycardia, CNS depression, confusion, seizures, coma with profound lactic acidosis, acute renal and liver failure and fatalities despite medical intervention.
Clinical case: A 68-year old diabetic and hypertese man on metformin and enalapril, was admitted tfor suicide attempt by ingestion of 200 tablets of metformin. He complained abdominal pain and nausea since two hours and appeared polypnoic, tachycardic, hypothermic and scarcely orientated to time and space with slow speech and progressive consciousness loss until lethargy and coma. Normal BP and EKG; oxygen saturation of 97% on room air. At cardiac, respiratory and abdomen evaluation there was nothing important. Initially, glycaemia was 290 mg/dl but later it decreases at15 mg/dl! The other laboratory data showed slight leucocytosis, rise of urea and creatinine with normal electrolytes; gas analysis revealed severe lactic acidosis with pH 7.06, pO2 135.2 mmHg, pCO2 15.4 mmHg, HCO3 2.9 mmol/l, base deficit 22 mmol/l with rise of anion gap and lactate level. He was immediately successfully treated on gastric lavage, activated vegetable charcoal, 50% dextrose solution, sodium bicarbonate iv, haemodialysis.
Discussion: Biguanides accumulation determines a severe lactic acidosis with important pH decrease in the blood. Despite prompt and aggressive medical care, mortality in intentional metformin poisoning is elevated.

Both abdominal pain and acute delirious psychosis disclosed a rare disease complicated by another rare disorder in an unlucky woman!

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Introduction: Acute Intermittent Porphyria AIP is a rare inherited alteration of haeme and porphyrin synthesis due to porphobilinogen deaminase defect with consequent storage of -amino levulinic acid ALA and porphobilinogen and damage of CNS, PNS, ANS, Syndrome of Inappropriate ADH Secretion SIADH. Acute porphyric attack can be due to fever, fast or drugs for activation of ALA synthetase with storage of haeme precursors. Therapy consists on haematin (inhibitor of ALA synthetase) administration.
Clinical case: A 37-year-old was admitted for sudden onset of acute delirious psychosis, abdominal pain and fever. She presented with fever, abdominal pain, dehydration signs and behaviour disturbance; normal BP, at EKG altered repolarization signs. Laboratory data: normal glycaemia, urea, uricaemia and creatinine; hyponatraemia and hypokalaemia, reduced plasma osmolarity, FT3, FT4, prolactin, gonadotropins, ACTH, serum and free urinary cortisol; dark reddish brown urine, low urinary SP, osmolarity of 600 mOsm/kg, presence of -ALA, porphobilinogen. Normal resulted brain and pituitary-NMR. We diagnosed SIADH associated with AIP and treated her on supportive care and iv haematin and glucose, oral demeclocyclin, tetraiodothyronine and hydrocortisone obtaining the stop of porphyric attack and improvement of clinical conditions.

Discussion: We hypothesize that in our patient the hypopituitarism might have been a consequence of hypothalamic-hypophysis damage due to AIP rather to SIADH, or, alternatively, it represented an association AIP-SIADH, rarely previously reported.

A diagnostic challenge: a case report of stroke associated with skin alteration!

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Introduction: Sneddon's syndrome (SS) inherited with autosomal dominant pattern, etiopathogenesis of which is unknown, presents in adult women and is defined as association of livedo reticularis with cerebrovascular accidents. It can be associated with both systemic lupus erythematosus and Antiphospholipid syndrome.
Case report: A 46-year-old woman, smoker, was admitted for recurrent left-sided sensory-motor symptoms, vertigo, diplopia, and imbalance. History included headaches, labile hypertension, previous left leg venous thrombosis treated on anticoagulants, mother died for stroke. She presented hypertese and tachycardic with livedo reticularis and left hemiparesis. Laboratory data: slight leucocytosis, ALT, and triglycerids, homocysteine, IgG ACA rise, but normal glycaemia, urea, creatinine, electrolytes, PT, APTT, fibrinogen, ATIII, C and S proteins dosage of Icc but normal FT3, FT4, TSH, TPO, ATA, Ab Antiendomisium and Ab-anti-trans-glutaminase, C3-C4 dosage, ANA, AMA, ASMA, anti-DNA, P-ANCA, C-ANCA, ENA, LA. Normal resulted EKG, Echocardiography and EEG. At brain-MRI: right frontal, left parieto-occipital and pontine ischaemia signs. We suspected a case of SS confirmed by dermatological evaluation. She started therapy on carbamazepine, long-term anticoagulation, steroids, antiplatelet agents and rehabilitative program with recovery.
Discussion: SS is a generalised disease often accompanied by arteriosclerosis, hypertension, valve heart disease and presence of antiphospholipid antibodies. Therapy is based on warfarin, ASS or heparin, ACE-inhibitors, prostaglandine.

A fatal acute hemorragic leukoencephalitis due to Weston-Hurst syndrome...

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Introduction: Acute disseminated encephalomyelitis (ADEM) is a very rare cerebral disease due to viral, bacterial or parasitic infection or vaccination, characterized by multiple inflammatory lesions in the brain and spinal cord, particularly in the white matter with demyelination. Symptoms include fever, headache, drowsiness, seizures, coma. Therapy is based on steroids or anti-inflammatory, immunosuppressive drugs, mitoxantrone and cyclophosphamide. plasmapheresis, iv immunoglobulins.
Clinical case: A 42-year-old woman, smoker, was admitted for severe headache, dysarthria and left sided paralysis preceded by a fever episode. Brain-CT and MRI scan showed an enhancing extensive lesion involving multiple lobes of the right hemisphere, midbrain, pons and corpus callosum with diffuse oedema. Brain CT-guided stereotactic biopsy with liquor analysis was coherent with encephalitis. She started therapy on mannitol, iv methylprednisolone and phenytoin but she unluckily acutely became lethargic due to the worsening of cerebral oedema. Within few days the patient developed gross haemorrhage and necrosis. She died despite left frontal lobectomy and decompressive craniectomy with drainage, aggressive therapy on iv corticosteroids and plasma exchange sessions. Autopsy demonstrated the isolated severe necrotic lesion consistent with AHL.
Discussion: Acute hemorrhagic leukoencephalitis (AHL) or Weston-Hurst syndrome is a hyperacute and frequently fatal form of ADEM (2%) with high rate of mortality (70%). AHL may be fatal even despite early, aggressive immunomodulatory therapy.

A severe and rare kind of headache drastically reduced the quality of life of a young unfortunate woman...

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Introduction: Short-lasting Unilateral Neuralgiform headache attacks with Conjunctival injection and Tearing (SUNCT) is a syndrome characterised by headache especially in daytime with unilateral moderate to severe in intensity pain in the ocular area with ipsilateral conjunctival injection, lacrimation, rhinorrhoea.
Case report: A 32- year-old woman was admitted for recurrent short-lasting pain episodes in the left orbital region with conjunctival injection, tearing, rhinorrhea, ptosis and periorbital sweating since the last years precipitated by chewing, stress, hot or cold food intake or cold breeze on the frontal region. Initially she had been treated on carbamazepine-CMZ, later on oxcarbazepine-OCZ with a little improvement. Unluckily, a sudden head trauma worsened the clinical picture of the patient who started to complain more of 100 head pain attacks per day! Haematological radiological investigations, Brain MRI and SPECT did not reveal abnormal findings. She started successfully therapy on lamotrigine-LTG arbitrary ceased later with the consequence of exacerbation of her headache. It was administered therapy on prednisolone, gabapentin-GBP, LTG and transcutaneous electrical stimulation (TENS), trigeminal block, topiramate, indomethacin, amitriptyline combination with only partial recovery.
Discussion: The SUNCT syndrome is a distinctive rare condition with less severe pain but marked autonomic activation, which interestingly, worsened in severity and frequency of attacks, in our unlucky patient, after head frontal trauma, despite our efforts to treat her!

Black esophagus: a rare presentation of a rare disease

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Background: Acute Esophageal Necrosis (AEN) is a rare condition characterized by a circumferential black esophageal mucosa, stopping at the Gastro-Esophageal Junction (GEJ). Its etiology arises from a combination of ischemia, impaired mucosal defences, gastric contents backflow. Male sex, older age, chronic medical conditions, malignancy, malnutrition, cardiovascular compromise and trauma are risk factors for AEN. Gastrointestinal bleeding is its most frequent manifestation. Major complications are stenosis, perforation, mediastinitis and death.
Case report: A 60-year-old woman with type I diabetes mellitus was admitted for DKA after enteritis with no daily insulin assumpion. She was treated for DKA. After few hours she developed melena; an EGD showed a "black esophagus" from top to GEJ. An aggressive PPI infusion was started toghether with TPN which was manteined for 15 days. A torax TC scan showed no perforation/mediastinitis but an antibiotc therapy was started. An EGD done 15 days after poited out an iperemic esophagus without necrosis.
Discussion: AEN therapy isn't standardized: a conservative approach with intravenous PPI, TPN, nil-per-os and underlying condition aggressive treatment are recommended. Antibiotics are mandatory in esophageal positive cultures, suggested in perforation, fever, clinical decompensation, immunodepression but may be not necessary in sterile necrosis.
Conclusions: DKA rarely causes AEN but its recognition is essential to reduce mortality/morbidity; clinicians must be aware with this rare syndrome and its therapy as its prognosis is very poor.

Diagnosis related groups in medical area: critical issues in control systems and value

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Background: Using a remote and ex-ante method as PRUO (Review Protocol of Hospital Use) to evaluate congruity and remunerability of hospitalizations not allows to take into account the actual path of patients with acute symptomatology managed by Emergency Department (ED) determining only at the end whether the patient needed or not hospitalization.
Main issues. 1. Risk of inappropriateness. Diseases treated in Internal Medicine Units (IMUs) have a major impact on the ED activity and patients are admitted mainly to exclude acute illnesses that ED is not able to rule out. 2. Remuneration system does not take into account end-stage of neoplastic and non-neoplastic pathologies.. 3. Epidemiological transition resulted in increased mean age and comorbidities impacting heavily on clinical path, therapy, length of stay.4. Progressive dismantling of National Health System inadequate to respond effectively to aging and complex population surviving after repeated acute episodes.
Characteristics of the remuneration system: Iso-resources and non-isoseverity to allow comorbidities valorization.
Repeated hospitalizations: Considered inadequate penalizing Internists that are the main specialists taking care of complex poly-pathologic patients subjected to ongoing exacerbations of already diagnosed pathologies.
Conclusions: To ensure an ethical resources allocation, two activities are being studied:1. Adequate valorization of DRGs by using APR-DRG (All Patient Refined DRG) considering comorbidities. 2. Introduction of a complexity coefficient to be applied to medical DRGs to appropriately enhance activity of poly-pathologic patients taking care.

New light monitoring technologies and health professionals perceptions: a qualitative study using focus groups and in-depth interviews

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Background: The focus group together with in-depth interviews has gained considerable popularity as a means of gathering qualitative data in health professionals (HPs) research. Little is known about how HPs, particularly nurses, react to new technologies embedded in daily practice to improve patient management. To analyze the nurses perspective in the use of a new devices to monitor acute patients admitted in Internal Medicine Unit tested through a multicenter randomized prospective study (LIMS Light Monitoring Study), a qualitative study was setting up in parallel.
Materials and Methods: Qualitative study using focus groups and in-depth interviews was realized in November 2017, 8 months after the start of LIMS study. Participants: a total of 9 nurses participated in three focus group sessions followed by in-depth interviews. Setting: Internal Medicine Unit, Manerbio Hospital ASST-Garda.
Results: 1. Users perception: According to nurses the device appears useful, allows immediate intervention and increase patients' safety. Training was effective and the protocol clear. Important is patients' selection because of lack of compliance in elderly with delirium or dementia and the accidental detachment of device modules. 2. Outcomes: Wireless monitoring reduces nurses time dedicated to vital parameters control and appears useful in emergency management reducing patients' risks.
Conclusions: Qualitative data are needed to design educational methods to guide health personnel in a positive and constructive attitude and represent a tool to improve introduction of technological innovations.

Immunosoppressive therapy: guilty or not guilty for development of autoimmune pancreatitis?

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Background: Autoimmune pancreatitis, also called AIP, is a chronic inflammation that is thought to be caused by the body's immune system attacking the pancreas.
Case report: A 44-years-old woman suffered of previous thrombosis of the portal and superior mesenteric vein, at the 12th week of gestation, and was affected by psoriatic arthropathy from 2015. She was treated with low dose of steroid, Methotrexate and Sulfasalazine (stopped for inneficacy). In 2016 she started anti-TNFa drug (Adalimumab) with clinical improvement. It was stopped in 2017 for wash-out and switch to other biologic drugs for persistent enthesitis. Epigastralgia with pain radiated to the dorsal region appeared after 2 weeks from the suspension. At the CT and MRI abdomen there was evidence of enlargement of the head of the pancreas and pericephalic edema, thrombosis of portal, mesenteric and splenic veins. We excluded viral, bacterial and neoplastic causes. Pancreatic amylase and lipase were normal, slight increase of inflammation indices. The patient was treated with steroids (Prednisone1 mg/kg/day). After 3 days the CT scan and MRI showed radiological improvement of pericephalic edema of pancreas. The diagnosis was of AIP. After 6 month she stopped steroids with flare of AIP. Actually she is wainting to start immunosuppressive therapy.
Conclusions: Anti-TNFa therapy may have maintained AIP in remission. The suspension could have led to the flare of autoimmune pancreatitis in genetically predisposed patient.

A "CRIMYNE" case

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Background: Critical illness myopathy and polineuropathy (CRYMINE) is a frequent complication of severe illness involving both motor and sensory axons and skeletal muscles.
Case report: A 69-year-old woman suffering of cardiogenic shock in a pleuro-pericardial effusion (uremic nature), intestinal ischemia and acute renal failure was correctly treated and then referred to a physiokinesitherapy cycle. After one week she presented hyperpyrexia responsive to antibiotic therapy with imipenem, thrombosis of right lower limb and aneurysmal lesions at the common iliac artery and aorta in the sub-renal region.Progressively the patient showed: marked asthenia, tetania at the hands (normal value of serum calcium) and bilateral flaccid paralysis in the upper and lower limbs without involvement of the cranial nerves. At the blood chemistry tests we found an increase in CPK serum and procalcitonin with renal and hepatic acute failure. Instrumental investigations (CT and MRI) were performed without the occurrence of acute organic lesions (cerebral, pulmonary, cardiac and abdominal). Cephalorachidian fluid analysis was not pathological. The EMG of the upper and lower limbs showed sensory and motor polyneuropathy. Other neurological causes such as Guillain-Barré syndrome and electrolytes alterations have been excluded. We started steroid therapy intravenously in addition to antibiotic therapy. Despite therapy the patient underwent a rapid clinical worsening for multiple organ failure occurring.
Conclusions: The diagnosis was CRIMYNE syndrome due to the septic state and multi-organ failure.

Differential diagnosis in vanishing Byle Ducts syndrome

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Background: The term "Vanishing Byle Duct Syndromes" (VBDS) refers to a group of acquired liver diseases associated to progressive destruction and disappearance of intrahepatic bile ducts. Differential diagnosis is not often simple, requiring a concordance of clinical, laboratory, imaging and histological data.
Case report: Male 35-year-old patient. Hospitalized for three months astenia, nausea, hyperchromic urine. Regular life habits. He had jaundice and mild hepatomegaly. Blood tests showed ALT 2088 U/l, AST 1044 U/l, gammaGT 422 U/l, total bilirubin 2.07 mg/dl. TORCH, EBV, anti HCV , anti HIV were negative; markers

HBV compatible with previous vaccination. Ceruloplasmin, a1-antitripsin, ferritin were normal. Autoimmunity negative. Ultrasound and CT abdomen highlighted hepatic angiomas. RM of biliar tract was normal. Liver biopsy showed chronic hepatitis, fibrosis with port to portal bridging and flare-up aspects. Main bile ducts were destroyed by lymphocytic infiltration, plasmacells were present sometimes in aggregates and newly formed bile ducts were in portal spaces. AMA negativity, normality of biliar tract in RMN study and histologic features oriented us to autoimmune cholangitis (AC) diagnosis. Prednisone 1 mg/kg die was started, slowly reduced to current 5 mg/die with UDCA 15 mg/kg die, obtaining rapid normalization of ALT, AST and gammaGT.
Conclusions: AC is one of the disease grouped into the VBDS more responsive to steroid+UDCA treatment. A correct diagnosis is mandatory to initiate adequate treatment and delay progression in end-stage liver disease.

Pneumatosis cystoides intestinalis: a case of pneumoperitoneum without intestinal perforation

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Introduction: Pneumatosis cystoides intestinalis (PCI) is a rare disease characterized by the presence of air in the intestinal wall. The etiology is unknown, various theories have been made: mechanical irritation, small intestinal bacterial overgrowth, chemo or immunotherapy. Treatment is related to the cause, it may be medical or surgical, hyperbaric oxygen therapy has recently been proposed.
Description: 72-year-old man. History of ankylosing spondylitis treated with etanercept. After the appearance of ascites, he performs USG which shows free abdominal fluid. The CTS confirms subdiaphragmatic air. Undergoes VLS: PCI without intestinal perforation. The investigations exclude the hepatic genesis of ascites. Subjected to 7 sessions of hyperbaric oxygen therapy. CTS-control: reduction of the cysts in the colon wall. Six months later, ascitic effusion associated with intestinal occlusion reappears and is treated with antibiotic therapy and parenteral nutrition. MRI confirms the pneumatosis of ileum which appears extended and convoluted, and pneumoperitoneum. Undergoes surgery that documents numerous diverticula of the small intestine, the presence of two adherent ileal loops, with inflammation and pneumatosis of the wall and of the peritoneum, cecal appendix with chronic abscess. In 2018 (post-surgery): USG-control excludes ascites.
Conclusions: In our case report ascites was probably secondary to peritoneal irritation and pneumoperitoneum caused by microcysts rupture. It will be interesting to follow the radiological evolution of PCI at a distance from the surgery.

Cocaine lung disease

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Introduction: Effects of cocaine on the lungs depend on the route of administration (oral, nasal, intravenous), dose, frequency and presence of adulterant substances. Eosinophilic lung diseases are a group of disorders with eosinophilic infiltration of lung airways, alveoli or interstitium. Although eosinophilic granulomatosis with polyangiitis and eosinophilic empyema after cocaine use have been described, Acute Eosinophilic Pneumonia (AEP) is far more common in the cocaine users.
Case presentation: A 38-year-old man, cocaine addicted, presented with fever and cough. Chest auscultation showed diffuse crackles on bilateral lung fields and an oxygen saturation of 90% on Venturi mask at 28% FiO2. Urine toxicology was positive for cocaine. Laboratory studies revealed a white blood count of 11.500/microl with elevated serum eosinophils 6.7%; PCR was 12.4 mg/dl and Procalcitonin negative. The HIV and Quantiferon were negative as well as urine Streptococcal and Legionella antigens. Computed Tomography scan showed diffuse ground-glass opacity with peripheral predominance. The bronchoalveolar lavage (BAL) revealed a clear fluid with 36% eosinophilis, no bacterial, viral, or acid-fast-bacilli were present. As the patient reported a recent use of crack cocaine a diagnosis of AEP was made.
Conclusions: AEP, as an hypersensitivity pneumonia, represent one of the pulmonary manifestations of cocaine abuse. The diagnosis of cocaine-induced pulmonary disease remains challenging for clinicians and radiologists, especially in urban hospitals.

Un unusual claudication

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Introduction: Leg pain may be related to a range of muscoloskeletal, neurogenic and circulatory abnormalities determining intermittent claudicatio (IC). The most common cause of IC is atherosclerotic peripheral artery disease (PAD), but other causes must be suspected especially in young patients.
Case presentation: A 68-year-old woman presented with a 3-months history of burning leg pain and livedo reticularis. The medical history was positive for hypertension, but she had never smoked and her family history was negative. Her medications included ramipril and aspirin. The ankle-brachial index was 0.8 suggesting a PAD. Doppler ultrasonography and angiography showed a rosary-shaped appearance at bilateral tibial arteries (>to the left), without the possibility of surgical approach. The suspicion of arteritis was made (anomalous findings, erytrocyte sedimentation rate 120 mm and C-reactive protein 8 mg/dl), confirmed by positron-emission-thomography (hypercaptation along the thoracic aorta and subclavian artery). Temporal artery biopsy showed only a slight periavventitial chronic inflammation (in giant arteritis the temporal arteries may be spared in up to 40% of patients) whereas ANCA antibodies were positive. Therefore a vasculitis of medium-large size vessels was diagnosed. Steroid and Cyclophosphamide were started.
Conclusions: The most common cause of PAD in elderly is atherosclerosis. An absence of risk factors and a rapid progression as well as the involvement of areas generally spared from atherosclerosis suggest a different cause of CI, such as arteritis.

Median arcuate ligament syndrome, a rare case of abdominal pain

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Background: The median arcuate ligament syndrome (MALS) or Dunbar Syndrome is a rare disease characterized by abdominal pain, nausea, vomiting, weight loss, caused by the external compression of the celiac artery by the median arcuate ligament (MAL). Once suspected on color Doppler ultrasound (CDUS), MALS is diagnosed by angiographic computed tomography (ACT) and magnetic resonance angiography (MRA). Surgical treatment is indicated, but given the non-specific symptoms, these patients are often in the Departments of Internal Medicine where the diagnosis may be unknown. We present a case of a patient with MALS admitted to our Internal Medicine Division.
Case report: A 44-year-old woman presented to the emergency room with epigastric abdominal pain. The patient reported a 2-year history of intermittent abdominal pain, nausea and weight loss. The physical examination revealed mild epigastric tenderness to palpation. Laboratory tests were normal. Esophagogastroduodenoscopy showed erosive gastritis, colonoscopy was normal. CDUS revealed increased celiac artery velocities during forced expiration. Suspecting MALS, an ACT was done, which showed stenosis of the origin of the celiac artery caused by MAL. These findings confirmed the diagnosis of MALS. The patient was referred to the surgeons for a six-monthly follow-up.

Conclusions: MALS is a syndrome that has to be considered, especially in young women with abdominal pain of unclear etiology; evaluated by CDUS, in the presence of elevated hepatic artery velocities during forced expiration, the confirmatory test is ACT or MRA.

Abdominal tuberculosis mimicking an IBD, role of ultrasound: a case report

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Background: Abdominal tuberculosis (ATBC) is a rare extrapulmonary manifestation of TBC which involves: gastrointestinal tract, peritoneum, abdominal lymph nodes. The differential diagnosis with inflammatory bowel diseases is difficult especially in low endemic Countries. We describe the case of a young immigrant patient with ATBC in which initially only ultrasound (US) signs made us think of an ATBC.
Case report: A 17-year-old boy from Africa, who had been living in Italy since several months, was admitted to Internal Medicine Division for abdominal pain and weight loss, BMI 14, TC 37.5 °C. Physical examination showed abdominal tenderness to palpation in right iliac fossa. Blood tests showed: Hb 8.8 g/dl, ferritin 339 ng/ml; fecal calprotectin and QuantiFERON-TB Gold tests were positive. US showed ascites, irregular peritoneal and spleen surface thickening, ileum bowel loops thickened and dilated, enlarged lymph nodes. Colonoscopy and ileocaecum and large intestine biopsies showed a picture compatible with Crohn's Disease. However, the US signs and the QuantiFERON-TB Gold test positive made us hypothesize the diagnosis of ATBC that was confirmed by positive polymerase chain reaction for *Mycobacterium tuberculosis* in the intestinal biopsies. Chest CT was negative. The patient was treated with anti-tubercular therapy with an excellent response.
Conclusions: ATBC is a difficult diagnosis especially in our low endemic Country. However, US signs such as enlarged lymph nodes, thickened or dilated bowel loops and especially peritoneal thickening, should alert to a diagnosis of ATBC.

Implementation of an orthogeriatric hip fracture program in "Infermi" Rimini's hospital: adherence to guidelines and impact on mortality

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Introduction: E with HF are a burden for health service and they represent the paradigm of frailty for whom comprehensive geriatric assessment(CGA) is the ideal approach(1). From 2013 to 2017 in Rimini's "Infermi" hospital an orthogeriatric pathway(OP) based on CGA has been applied to E inpatients with HF from access in Emergency Department to discharge. The outcomes were: to evaluate if treatment of HF is online with recommendations and to estimate if mortality rate is under national average (2.5%)(1).
Materials and Methods: In this analysis 876 E with HF were submitted to OP in orthopedic ward by a multiprofessional team composed by geriatricians, internists, orthopaedists, anesthesists and geriatric nurses. OP is based on access on orthopaedic room within 48 hours, perioperative CGA (ADL, IADL, Cumulative Index Rating Scale-CIRS-and Comorbidity Complex Index-ICC) and daily assessment to encourage mobility, to reduce complications /mortality and to help fast discharge.
Results: Median length of stay 12 days, middle age 85, median ADL-CIRS-ICC, respectively, 3.2-33.7-6.6. Surgery within 48h in 73.6% E while conservative therapy in 2%. Mortality rate 0.9%
Discussion: In our analysis E with HF are very old with disabilities and comorbidities. Surgery within 48hs is applied in an high percentage of cases. Complications are under control by multiprofessional team and reciving CGA while hospitalized is associated with a low risk of mortality

Selective pituitary hormone deficiencies during treatment with anti-programmed cell death-1 inhibitor: a case report

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Endocrine toxicity is the 4th most common adverse event during anti-programmed cell death-1 (PD1) therapy. Hypothyroidism and hyperthyroidism account for 6.5% and 2.5% of cases; hypophysitis and primary adrenal insufficiency are rarer (0.4 and 0.7%). We report the case of a 64-year-old woman that, in 2016, was diagnosed with stage IIIB (cT3pN3M0) EGFR wild type, KRAS mutated lung adenocarcinoma. Six cycles of chemotherapy with cisplatin/gemcitabine were administered, obtaining a stable disease as best response. After 6 months, due to liver, bone, pleural and node progression, nivolumab 3 mg/kg every 2 weeks was given. After 4 months low TSH level was noticed (0,01 mu/ml) while baseline thyroid function was normal; FT4 and FT3 values were unremarkable and anti - thyroid antibodies were absent. Thyroid ultrasound and 99mTc-pertechnetate scintigraphy were indicative for destructive thyroiditis. We also performed an assessment of the anterior pituitary function at baseline and after hypothalamic hormone provocative tests: low secretions of ACTH, FSH and LH were found. A diagnosis of secondary, drug-related insufficiency of the gonadotropic and adrenal axis was made. The patient started a replacement dose of cortisone acetate (12,5 mg twice a day) whereas thyroid function recovered without specific treatment; nivolumab was continued with partial response. Considering that adrenal dysfunction can be life threatening, we suggest a baseline screening of both thyroid and adrenal function and, even in absence of symptoms, their periodic evaluation during anti-PD1 treatment.

A strange pulmonary embolism

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Background: Pulmonary artery sarcoma is a malignant, rare tumor.
Case presentation: A 69-year-old woman was admitted to the Internal Medicine Unit for dyspnea in smoker, asthenia and weight loss. Vital signs were normal. Blood tests revealed an increase of troponin and D-dimer. Echocardiogram showed enlarged right sections. CT revealed bilateral diffuse ground glass opacities, massive vascular obstruction of the main and segmental branches of the pulmonary arteries, absence of cleavage plain between esophagus wall and pulmonary artery, micronodules. Treatment with fondaparinux was undertaken. Brain CT and ECG holter monitoring, performed for a syncopal episode, showed no pathological findings. The patient remained stable hemodynamically but had to perform low flow oxygen therapy. After 15 days the echocardiogram revealed a worsening of pulmonary hypertension. There was an intense F-FDG activity in vascular obstruction. Edoxaban was prescribed at discharge. After 1 month, the patient was admitted to the Pulmonary Unit for symptom recurrence. Due to recurrent syncopal episodes, hemodynamic instability and the worsening of pulmonary pressures, thromboendoarterectomy was performed. The histological diagnosis was for "intimal sarcoma with chondrogenic differentiation".
Conclusions: Clinical manifestations and imaging findings induced to a diagnosis of pulmonary embolism. The absence of cleavage, the obstruction of the main pulmonary branches, the intense F-FDG activity, the absent improvement despite appropriate therapy were suggestive of another diagnosis.

Riduzione del rischio cardiovascolare nell'iperlipemia combinata familiare. Metodologia diagnostica e approccio terapeutico

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Premesse: L'iperlipidemia combinata familiare viene trasmessa con modalità autosomica dominante, ma in molti pazienti la causa della malattia è costituita da una combinazione di difetti genetici.
Descrizione del caso clinico: Maschio, 49 anni, con familiarità per IMA. Ex fumatore (15 sigarette/die). Riferisce occasionali incrementi di colesterolo e trigliceridi. Nega altre malattie. Ricoverato per dolore precordiale costrittivo. PA 165/90 mmHg, FC 67 bpm, BMI 28 Kg/m^2, Col-totale e Tgl >290 mg/dL, glicemia a digiuno 120 mg/dL. Altri esami nella norma escludono iperlipidemia secondaria. Il test al cicloergometro mostrava un sottolivellamento (>1 mm) del tratto ST in antero-laterale con inversione dell'onda T. L'Ecocolor-Doppler TSA presentava sclerosi parietale diffusa con placca disomogenea (stenosi >30%). La terapia attuata (ASA, Ace-inibitori, nitrati, dieta) non modificava i valori iniziali. L'aggiunta di fibrato riduceva solo i valori dei Tgl. Dopo un periodo di esclusivo regime dietetico si associava statina. I controlli evidenziavano una riduzione di Col-totale, Tgl ed aumento di C-HDL.
Conclusioni: Un'accurata analisi familiare ha portato alla diagnosi di iperlipidemia familiare combinata (ipercolesterolemia isolata in padre e fratello infartuati, ipertrigliceridemia isolata in una sorella e forma mista in un'altra sorella). Nel caso in esame il cambiamento dello stile di vita associato ad idonea farmacoterapia ha fatto regredire la sintomatologia, negativizzare il test da sforzo, riducendo il rischio di IMA.

BPCO: stratificazione diagnostica secondo Linee Guida Gold

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Premesse e scopo dello studio: In questo studio gli AA hanno analizzato la casistica della BPCO dell'UOC di Medicina Interna sulla base delle Linee Guida GOLD.
Materiali e Metodi: sono stati selezionati i pazienti affetti da BPCO come patologia principale, ricoverati in reparto negli anni 20016-2017. I dati raccolti sono stati classificati secondo le LG GOLD.
Risultati: Di 1984 pazienti ricoverati presso l'UOC di Medicina Interna, residenti in zone limitrofe all'ospedale, 452 casi presentavano BPCO, di cui 318 presentavano BPCO associata a patologie multisistemiche. 285 erano maschi di cui il 70% fumatori di età avanzata (>60 aa.). La metà delle donne ricoverate erano fumatrici tra i 20 ed i 50 anni di età. 113 casi osservati presentava una BPCO allo stadio II (forma moderata), allo stadio III corrispondevano 304 casi con iniziali complicanze di natura cardiovascolare. Allo stadio IV (BPCO molto grave) corrispondeva la restante quota che necessitava di supporto respiratorio (ossigenoterapia, ventiloterapia e riabilitazione respiratoria). Non sono stati osservati casi nello stadio I, inoltre non sono stati individuati casi da esposizione lavorativa a sostanze chimiche o polveri.
Conclusioni: La riduzione del flusso aereo espiratorio, che si verifica già al II stadio (VEMS/CVF <70% e 50% ≤ VEMS <80% del predetto) della BPCO, impone una valutazione clinico-strumentale approfondita prima che il paziente, negli stadi più avanzati, debba aver bisogno di supporti respiratori per il peggioramento della qualità della vita, determinando un maggior impatto socio-economico.

Mononeuropatia craniale multiplex. Case report

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Introduzione: La mononeurite multiplex è una neuropatia periferica asimmetrica, sensoriale e motoria che interessa almeno due distinte aree nervose. Colpisce in genere soggetti con diabete, vasculiti, PAN, artrite reumatoide, LES, granulomatosi di Wegener, sclerodermia, epatiti virali, amiloidosi, infezioni da Herpes simplex, parvovirus B-19. Può anche essere paraneoplastica.
Caso clinico: ♀ di 79 anni con NIDDM, IRC stadio III, cardiopatia ipertensiva, obesità I. Recente nefrectomia dx per rottura spontanea di angiomiolipoma renale. Al ricovero deficit motori e sensitivi del III, V e VII n.c. di dx. Sveglia, orientata, con dolore e parestesie all'emivolto destro. Non lesioni cutanee nè altri deficit sensoriali e motori. Apiretica. Emocromo, QPE normali. VES: 91, PCR: 0,77 mg/dl, HbA1c: 8,1%. Autoimmunità, TORCH, markers reumatologici ed oncologici negativi. Alla TC cranio vasculopatia cerebrale cronica. Alla RM encefalo note atrofiche corticali con microareole degenerativo-gliotiche a sede fronto-parietale bilaterale. La ENG dei muscoli frontali, mentali, orbicolari dell'occhio e della bocca evidenziava ritardo di conduzione sensitivo-motoria compatibile con neuropatia diabetica. Dopo 6 settimane con pregabalin, cianocobalamina e FKT parziale miglioramento dei deficit neurologici.
Conclusioni: In letteratura si ritrovano casi di mononeuropatie craniali diabetiche a carico del III, IV, VI e VII n.c. Nel nostro caso si è avuto il raro interessamento del V n.c. Considerazioni cliniche e strumentali e l'esclusione di altre patologie hanno suggerito l'eziologia diabetica.

Cryptogenic stroke: a case report

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Introduction: 25% of ischemic strokes are cryptogenic, *i.e.* they do not recognize an univocal cause, or present more than one possible cause (TOAST classification). This type of stroke often poses diagnostic-therapeutic problems of not always easy interpretation to the clinician. An example of this articulated path is offered by the clinical case presented below.
Clinical case: Male, 50-year-old, smoker. Hypertension and dyslipidemia, in treatment with ramipril 10 mg, ASA 100 mg, atorvastatin 20 mg. Recent hospitalization for acute cerebro-vascular insufficiency with left hemiparesis, regressed almost completely in 48 hours. Imaging tests documented the ischemic nature of the brain injury. ASA was confirmed at increased dosage (300 mg/day). Further specialist consultation after discharge: double anti-aggregation therapy (ASA+clopidogrel) was introduced. Subsequently, the patient came to us for clinical follow-up. We completed diagnostic procedures, with documentation of episodes paroxysmal silent atrial fibrillation (PSAF), and then introduced therapy with DOAC.
Discussion: PASF can be an undervalued and often controversial risk of thromboembolism. In this regard, we have to consider: duration of arrhythmia, duration of monitoring and time interval between index event and start of registration.
Conclusions: The management of the patient with ischemic cryptogenic stroke remains a gray and developing area, which requires a careful evaluation of the clinicians, always aware of the possible need to review their positions.

The Gange river sometimes is just around the corner

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Acute gastroenteritis is a very common cause of admission in Italian Emergency Departments (ED) ranking seventh in a recent survey. In 2017 a 37-year-old Bangladeshi man researched urgent medical attention complaining of 3-days diarrhea and vomiting. His medical history was unremarkable, he has lived and worked in Italy since 2008, he just returned from the annual visit to his family in the country the day before. At presentation the patient was febrile and anuric. Blood exams showed acute renal failure (creatinine>3mg/dL) and severe acidosis (pH 7.047, pCO2 29mmHg, HCO3 10mmol/L). The patient responded well to volume restoration associated with ciprofloxacine. After admission antibiotic therapy was prolonged to 10 days owing to

the positivity of an hemoculture for E. coli. Due to the absence of rapid dipstick test the diagnosis of cholera was obtained by sendig a stool sample for culture to the reference laboratory and took 5 days from the presentation at ED. All other blood and stool-cultures tested negative. People visiting friends or family in the native land are often unaware their loss of immunity to endemic diseases. Cholera is endemic in 52 countries with approximately 1,3 billion people at risk. The aim of this report is to rise attention on neglected tropical diseases knocking at the doors of our hospitals.

A catastrophic case of fever of unknown origin

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Background: Pancytopenia is a feature of many life-threatening conditions, ranging from drug-induced bone marrow hypoplasia, infection disease to severe hematologic disorders.
Clinical case: 38-year-old woman was referred to the clinic for fever associated with epigastric pain and vomiting. She had a history of three months intermittent fever. In the Emergency department: pancytopenia, impaired hepatic function and increase of D-dimer. In our clinic at subsequent laboratory tests: haptoglobin consumed, hyperferritinemia, hypertriglyceridemia, hypofibrinogenemia, high IL6 values, beta2-microglobulin, EBV-DNA positivity, peripheral blood lymphocyte typing suggestive for chronic lymphoproliferative disorder T. Total body CT showed bilateral pleural effusion, diffuse lymphadenopathy, marked hepato-splenomegaly. It was decided to perform BME (aspects of hemophagocytosis and peripheral T-cell lymphoma nos) and to start immediately supportive and HLH specific therapy. During the 5th night, progressive respiratory failure so she was intubated and transferred to the ICU, where she died the day after.
Conclusions: Hemophagocytic lymphoistiocytosis (HLH) is a rare condition characterized by a poor prognosis. Most common causes of secondary HLH are malignancies. As no single clinical manifestation is diagnostic for HLH, the diagnosis require high index of suspicion. The early recognition and treatment of this clinical condition are essential elements in the management of this pathology, although burdened by a high mortality rate.

Il valore aggiunto dell'hospitalist nel nuovo ospedale dell'ASLCN2

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Premessa e Scopo dello studio: Il nuovo ospedale dell'ASLCN 2 prevede la fusione dei due presidi di Alba e Bra con conseguente sovrannumero di internisti. Lo studio si propone di dimostrare che destinare un internista in sovrannumero al ruolo di hospitalist nel reparto di ortopedia permetterebbe di migliorare la qualità e l'appropriatezza delle cure dei pazienti ortopedici e di ridurre i costi medi di ricovero.
Materiali e Metodi: Analisi delle schede SDO 2016 dei due reparti di ortopedia dell'ASLCN2, valutazione dei consumi di prestazioni radiologiche, analisi di laboratorio, richieste di consulenze in regime di ricovero. Analisi delle evidenze di efficacia presenti in letteratura riguardanti l'hospitalist nei reparti ortopedici
Risultati: Applicando i dati disponibili in letteratura possiamo prevedere una riduzione della degenza media dei pazienti ortopedici da 9 giorni a 7.8, un risparmio limitatamente ai soli pazienti con frattura di femore di circa 301.600 euro/anno, una riduzione delle complicanze internistiche da 117 a 61, dei trasferimenti interni da 28/anno a circa 16, delle consulenze per le specialità mediche da 1056 a 740
Conclusione: L'introduzione dell'Hospitalist nel reparto di ortopedia del nuovo ospedale dell'ASL CN2 favorirebbe un'allocazione efficace ed efficiente delle risorse umane già disponibili.

IDegLira improves cardiovascular risk markers in patients with type 2 diabetes uncontrolled on basal insulin: analyses of DUAL II and DUAL V

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Background: The efficacy and safety of IDegLira has been demonstrated in patients with T2D uncontrolled on basal insulin, with superior HbA1c reductions *vs* basal insulin. The CV benefit of liraglutide *vs* placebo has also been shown in the LEADER CV outcomes trial. This post hoc analysis examined the effect of IDegLira *vs* IDeg (DUAL II) and *vs* IGlar U100 (DUAL V), both with metformin for 26 weeks, on CV risk markers.
Materials e Methods: DUAL II was a 26-week, randomised, double-blind, TTT trial; 413 patients with T2D on basal insulin and Metf were randomised 1:1 to OD IDegLira or IDeg. DUAL V was a 26-week, randomised, open-label, TTT trial; 557 patients with T2D treated with IGlar U100 and Met were randomised 1:1 to OD IDegLira or IGlar U100.
Results: In both trials, there was a greater decrease in SBP with IDegLira and small but statistically significant increases in mean heart rate were observed with IDegLira *vs* comparators. IDegLira was associated with weight loss *vs* weight gain with comparators. Lipid profile improved with IDegLira in both trials; total cholesterol and LDL-cholesterol were significantly lower. In DUAL II, Apolipoprotein-B and Brain Natriuretic Peptide were significantly lower with IDegLira *vs* IDeg (ETR 0.92 [0.88; 0.95]95%CI p<0.0001 and 0.66 [0.55; 0.79]95%CI p<0.0001 respectively), while high-sensitivity C-reactive protein was similar after 26 weeks of treatment (ETR 0.90 [0.78; 1.04]95%CI p=NS).
Conclusions: IDegLira is associated with a general improvement in CV risk markers *vs* basal insulin, which is likely attributable to the liraglutide component.

An apparently immunocompetent 66-year-old man with fever and altered mental status: a case report

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Introduction: Differential diagnosis of fever is probably one of the most challenging arguments in Internal Medicine, especially if not associated with specific symptoms or signs. Altered mental status can be related to the underlying infectious disease or be a symptom itself.
Description: A 66-year-old man was admitted to the Emergency Department with high fever, urinary incontinence, asthenia and altered mental status characterized by drowsiness and lethargy from the previous night. No acute neurological signs were observed, while the chest X-ray showed a right basal reduced transparency and solitary pulmonary nodules already known and considered as expression of asbestosis. A diagnosis of right basal pneumonia complicated by delirium was made and an empiric antibiotic therapy with Ceftriaxone plus Azithromycin was started. As patient's conditions did not improve in the following 48 hours, a lumbar puncture was performed, with the microbiological isolation of *L. monocytogenes*. According to the indications of the infectious disease consultant, a new antibiotic regimen with Ampicillin/Sulbactam plus Gentamicin was introduced. The chest CT performed as further examination revealed right pleural thickening highly suspicious for mesothelioma. The patient was discharged after 4 weeks with no neurological deficits.
Conclusions: This case emphasizes the need of considering *L. monocytogenes* meningitis in the differential diagnosis of fever and altered mental status in any patient, even if immunocompetent, especially in the elderly, due to its high mortality rate.

Point-of-care ultrasound in hospitalized elderly patients with renal failure: ECHO-RPC protocol

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Purpose: Renal failure (RF) is common among hospitalized elderly patients; prognosis and treatment depend on the etiopathogenetic definition, for which point-of-care ultrasound (POCUS) can be performed to define at least the pre-, intra- or post-renal pattern.
Materials and Methods: 98 elderly people with RF, admitted for different causes in departments of Geriatrics or Internal Medicine, underwent abdominal POCUS: age 70-97 years; 42 M, 56 F; serum creatinine >1.2 mg/dl (mean 1.8). The following three ultrasound patterns were considered (Echo-RPC Protocol). 1) Renal (R): mean renal longitudinal diameter of the two kidneys <9 cm or>13 cm or mean parenchymal thickness <12 mm or >18 (marker of intra-renal pathogenesis); 2) Pyeloureteral (P): mono- or bilateral dilatation of the urinary tract or renal pelvic diameter >2.5 cm (marker of post-renal pathogenesis); 3) Caval venous (C): maximum diameter of the proximal inferior vena cava <1.5 cm (C1, marker of hypovolaemia) or >2 cm (C2, marker of venous hypertension).
Results: Prevalence of these patterns, isolated or combined, was as follows: R 12, P 9, C1 12, C2 4, R+C1 28, R+C2 5, R+P 11, C1+P 7, C2+P 6, R+P+C1 2, R+P+C2 2.
Conclusions: In the elderly, the prevalent pathogenesis of RF is multifactorial (61; 62%), at the same time intra- and/or pre- and/or post-renal. The Echo-RCP protocol allows for individual patients to define pathogenic factors, isolated or combined, at least partly treatable, such as hypovolaemia, urinary retention, congestive heart failure, renal infections, addressing specific therapeutic intervention.

An example of integration between hospital and territory: the diagnostic-therapeutic run of the diabetic foot in district 32 ASL Napoli 1

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Introduction and Aim: In Italy diabetes is the first cause of amputation of the inferior limbs. The complexity of this condition asks for a multidisciplinary approach. Our aim is the institution of a PDTA for diabetic foot to guarantee the access of any patient in a pre-established diagnostic-therapeutic run.
Methods: There have been individuated critical points necessary for the creation of the PDTA. The Generalist is the case manager of I level, responsible for prevention and educational therapy; the Diabetes Center is the case manager of II level, and it is responsible for the early diabetic foot diagnosis and treatment; the Hospital Center is the case manager of III level, responsible for therapy of advanced diabetic foot lesions, with the integration of different kinds of specialties. It has been created the diagnostic-therapeutic run according to previous criteria in the territory of ASL Napoli 1 District 32. The III level center was UOSD Endocrinologia, Malattie del Ricambio e della Nutrizione, Ospedale del Mare.
Results: Eighteen patients affected by diabetic foot were recruited between September 2017 and February 2018 in the III level center; they all presented an infection of the lesions, treated according to culture and susceptibility test. Three patients needed revascularization. In all cases there were neurological complications. Eight patients have completely healed, ten are improving.
Conclusions: The PDTA of the diabetic foot represents a constant reference for diabetic patients and helps to select patients who need a superior diagnostic-therapeutic care.

Effectiveness, certainty and tolerability of SGLT-2 inhibitors in decompensated diabetic patients given in a regime of hospital admission

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Introduction: Diabetes mellitus is a chronic pathology. The hospital therapy for diabetic patients mainly consists of insulin. The purpose of the study is to evaluate effectiveness and tolerability of SGLT-2 inhibitors given to unbalanced diabetic patients type 2, during hospital admission.
Methods: There have been selected 18 patients hospitalized in the departement of Endocrinologia e Malattie del Ricambio, Ospedale del Mare, between july and december 2017, to which was added on their home therapy a SGLT-2 inhibitor, on the first day of admission. It has been evalueted the difference between average of glycemia during the hospital admission, the incidence of hypoglicemia (capillary glicemia <70 mg/dl or symptoms), arterial hypotension (≤ 90/60 mmHg) or symptomatic infections of the genito-urinary tract.
Results: All the patients were diabetic since 5 years and aged between 37 and 71 years. They had HbA1c in entry ≥ 7%. The 94.4% of them was already in treatment with metformin, the 11.1% with gliclazide, the 33.3% with ultrarapid analogues of insulin anf the 61% with basal insulin. The somministration of SGLT-2 inhibitors on the first day of admission produced a reducing average of glycemiaa (about 21.5 mg/dl), reducing in the 61% of the patients; 22% of patients was affected by bacteriuria or leucocyturia, and only one was symptomatic. No cases of hypoglicemia or hypotension were observed during the admission.
Conclusions: The SGLT2-inhibitors are effective and safe antidiabetic drugs, but their hospital use is still underestimated. Further studies are necessary.

Patients' self-reporting pain assessment and the satisfaction level of the treatment our experience with the American Pain Society, patient outcome questionnaire

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Introduction and Purpose: For sometime now we have been talking about hospital without pain, and there are various scales used to evaluate it. The aim of the study is to evaluate the patient's perceived satisfaction with the treatment of pain in relation to the care received.
Materials and Methods: We used the American Pain Society - Patient Outcome Questionnaire (APS-POQ) proved valid and reliable even in Italian. An easy-to-impart tool consisting of 16 items provided by the psychologist to the patients through an interview. This project analyzed a sample of 35 hospitalized pts, aged between 48-82 years. Patients with cognitive deficits, psychiatric or psychophysical that do not allow the questionnaire completion were excluded. The aim was to verify the presence of pain in its intensity and impact in different areas of activity; patient satisfaction for pain management and reasons for satisfaction/dissatisfaction; the presence of erroneous pain management beliefs.
Results: The reported average intensity of pain was 6/10. The highest pain intensity of hospitalization was 8/10. Patients reported the highest level of pain impact on general activities while the lowest level on walking. The satisfaction with the treatment of pain was positive both for the modalities with which the nurses and the doctors responded.
Conclusions: In the future it would be advisable not only to check the effectiveness of the treatment of pain but also the patient's perception. It would be a further indicator of the quality of treatment as a feedback of the interventions carried out.

The perception of the health worker in the relationship with the suffering of the patient admitted to a UO of Internal Medicine

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Introduction and Purpose: The health worker every day deal with the disease but also with emotions, feelings, experiences that belong to the "sick" person. The process of treatment inevitably activates various mechanisms in the operators that arise from the observation, from listening, from the physical and emotional proximity of the patient. The objective of the survey is to study the perception of nurses, doctors and O.S.A. when they come into contact with the suffering of the patient taken care of.
Materials and Methods: All U.O staff. of Internal Medicine was provided a self-imparted questionnaire. The sample of audience consists of 23 health workers (6 doctors, 13 nurses, 4 O.S.A.) for each person have been found role, age, sex, years the role. There are three main aspects considered: 1. emotional breakdown/satisfaction deriving from the work done. 2. feelings in the interaction with the patient. 3. feeling related to their competence and to the work done in the team.
Results: The aim of the research was to detect the attitude of the individual to work, the operators shown emotional involvement with the patient; the sense of self-efficacy perceived together with the perception of the functioning of the working environment is good.
Conclusions: Suffering represents a condition of crisis that determines a "cost" in terms of operator stress. In addition to diagnosis and treatment it is necessary to "approach" the emotional dimension. This is an approach still difficult to be implemented despite several years of service.

Paroxysmal nocturnal hemoglobinuria with aplastic anemia: an unusual presentation with polmonary tromboembolism

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Background: Paroxysmal nocturnal hemoglobinuria (PNH) is a clonal hematopoietic stem cell disorder manifesting with hemolytic anemia, bone marrow failure and thrombosis, characterized by chronic intravascular hemolysis caused by uncontrolled complement activation. It is frequently associated with aplastic anemia or low-risk myelodysplasia.
Case report: We describe a 35-year-old female case with severe hemolytic anemia and dyspnea.
Discussion: Complete blood count showed severe anemia (Hb 38 g/L) with pancytopenia (WBC 0,9x10^9/L –Neutrophils 0,6x10^9/L– Platet count 5x10^9/L), she had hemoglobinuria and laboratory evidence of hemolysis. Arterial blood gas analysis revealed respiratory alkalosis. Chest CT scan and pulmonary perfusion scintigraphy showed rare segmental perfusion defects. Peripheral blood flow cytometry assays detected a positive PNH clone; bone marrow biopsy confirmed a severe hypoplasia. Patient was treated in the acute phase with i.v. immunoglobulin, high-dose steroids and transfusion support. Anticoagulants were not administred due to thrombocytopenia. According to hematology consultants, we decided to treat aplastic anemia before PNH, giving priority to immunosuppressant (IST) with antithymocyte globulin and cyclosporine A, and then start eculizumab.
Conclusions: PNH is not a simple binary diagnosis. Decision therapy of treating with eculizumab, IST or HSCT is best made on a case-by-case basis following the heterogeneous natural history of the disease. In case of thrombosis, attention needs to be given to the balance between bleeding and thrombotic tendencies.

Celluliti recidivanti? No, sindrome di Sweet

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Premessa: Un uomo di 47 anni, affetto da asma, vitiligine e orticaria da pressione è stato ricoverato per sospetta cellulite all'avambraccio destro associata a bolle cutanee grossolane. Nelle precedenti settimane aveva presentato simili lesioni agli arti inferiori venendo trattato a più riprese con antibiotici, con apparente miglioramento e poi ricomparsa di aspetti cellulitici su altri arti; in un ricovero in altro ospedale era stato sottoposto a esami colturali, sierologici e reumatologici, tutti risultati negativi.
Caso clinico: Il pz era apiretico, con emocromo e biochimica normali, PCTI negativa e solo lieve rialzo della PCR (4,39 mg/dL). Visto il fallimento dei precedenti cicli antibiotici e visto lo scarso incremento degli indici di flogosi nel sospetto di Sindrome di Sweet, è stata avviata terapia steroidea sistemica: le lesioni si sono prontamente risolte. Ulteriori indagini laboratoristiche sono risultate negative e la biopsia, ha mostrato un quadro istologico compatibile con la S. di Sweet. Lo screening oncologico (striscio, PSA, SOF, TC con mdc) è risultato negativo.
Conclusioni: La S. di Sweet, nota anche come dermatosi acuta febbrile neutrofila, è una rara malattia caratterizzata da lesioni cutanee eritemato-violacee dure, febbre, neutrofilia e un infiltrato neutrofilico nella zona superiore del derma senza segni di vasculite. Un pattern cellulitico migrante dovrebbe far insorgere il sospetto diagnostico. Può essere idiopatica, iatrogena o paraneoplastica (20%) per cui è importante uno screening oncologico.

Cyclic Cushing's syndrome: a clinical challenge

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Background and Aim of the study: A high suspicion of Cushing's syndrome (CS) is placed in patients with classic symptoms or signs of CS, but in those with normal or fluctuating cortisol values or with aberrant responses to dexamethasone suppression test a careful management is required.
Materials and Methods: A 65-year-old woman with hypertension uncontrolled by bisoprolol 2.5 mg/daily and dyslipidemia referred weight gain, progressive fatigue and emotional lability. She noted to have intermittent changes in the "shape of face" associated with flushing and bruises. Her blood pressure was 146/98 mmHg and BMI was 26 kg/m^2. The clinical examination not revealed signs of CS and two 24-h urinary free cortisol (UFC) tests were normal.
Results: Three of five consecutive UFC samples, performed after a hypertensive crisis, resulted increased (*i.e.* 273, 1330 and 12.000 mmol/24h). Her plasma ACTH level was 26 pg/ml (n.v. 5–27 pg/ml). A 1mg overnight dexamethasone suppression test revealed a morning serum cortisol concentration of 3.6 mg/dl (n.v.<1.8 mg/dl), and high-dose (8 mg) overnight dexamethasone suppression test revealed a pre-treatment serum cortisol level of 21 mg/dl, which was suppressed to 5.4 mg/dl. Pituitary MRI was suggestive of central hypointense lesion (3 cm). Patient underwent trans-sphenoidal surgery and CS disappeared.
Conclusions: Cyclic CS is a rare but well-defined and probably under-reported entity, which poses a greater diagnostic challenge. Clinicians should be aware that hypercortisolism can manifest in a cyclic fashion.

Aspergillosi polmonare e virus influenzale, una relazione pericolosa

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Si descrive un paziente di 55 anni, fumatore, recente inizio di rituximab per artrite reumatoide. In anamnesi mielodisplasia, m. di Basedow in terapia con tapazole, antiHBc positivo in terapia con lamivudina. Ricovero per iperpiressia ed emoftoe. Alla TC torace

addensamenti peribronchiolari multipli - aspetto tree in bud - e lesione escavata del lobo superiore destro. Inizia terapia con ceftazidima e azitromicina, al laboratorio positività per IgM antiChlamidia pneumoniae e positività di tampone faringeo per influenza B; introduce terapia con oseltamivir. Quantiferon e microscopico di escreato sono negativi. In 3° giornata esegue broncoscopia e BAL che mostra fragilità mucosa. In 4° giornata per emottisi significativa autolimitantesi, ripete broncoscopia, che mostra coaguli nel bronco lobare medio.
In 6° giornata compare emottisi severa che richiede IOT e ventilazione meccanica, alla TC torace sanguinamenti bronchiali multipli; dopo arteriografia con embolizzazione selettiva delle arterie bronchiali risoluzione del sanguinamento. Dall'analisi del BAL emerge positività del colturale per *Aspergillus fumigatus*, confermata al BAL eseguito dopo emottivi massiva; inizia terapia con voriconazolo. Successiva stabilità clinica, miglioramento degli scambi respiratori, paziente dimesso in 20° giornata. L'infezione polmonare da *Aspergillus* è una complicanza delle terapie immunosoppressive causante severa insufficienza respiratoria quando non prontamente trattata; si confermano i dati di letteratura che mostrano sinergismo nell'aggravamento clinico nella coinfezione con virus influenzale.

Un caso di ernia di Bochdalek con esordio di dispnea acuta ingravescente e dolore toracico in Pronto Soccorso. Iter diagnostico e approccio clinico-strumentale

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Premesse e Scopo dello studio: Il ricovero in PS per disnea acuta è un evento frequente, e l'approccio si basa sulla valutazione clinica ed esami diagnostico-strumentali, tra cui l'Rx del Torace. Nel nostro studio riportiamo un caso singolare di dispnea acuta da causa insolita ed extra-compartimentale toracica, dovuta a migrazione del contenuto addominale in cavità toracica, e con quadro clinico misconosciuto nei primi due giorni di ricovero in PS.
Materiale e Metodi: Riportiamo l'iter diagnostico di un caso di ernia di Bochdalek ad esordio dispnoico in paziente anziano e con quadro clinico-strumentale inizialmente occulto. il paziente veniva sottoposto a Ecocardio, ECG, esami LAB, a terapia farmacologica e a Rx Torace. L'esame TC del torace eseguito 3^ giornata risultava dirimente per la natura della dispnea, la cui origine sarebbe rimasta altrimenti misconosciuta con altre tecniche di imaging.
Risultati: L'Rx Torace evidenziava un opacamento simil-pleurico in regione polmonare, ma per il peggioramento della dispnea veniva richiesta TC del torace, che dimostrava chiaramente una ernia di Bochdalek con sindrome compressiva e ingombro cardio-toracico.
Conclusioni: Il riconoscimento dell'ernia di Bochdalek risulta difficile in prima istanza sia da un punto di vista clinico che radiologico, specie se l'esame di primo approccio è rappresentato dal solo Rx Torace. Essa può essere sospettata soprattutto se alla dispnea ingravescente si associa un opacamento simil-pleurico con immagini disomogenee aeree o simil-anse nel contesto, e la tipica sede basale polmonare sinistra.

Point of care ultrasonography, an intriguing challenge for clinicians

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Point-of-care ultrasonography (POCUS), is defined as a diagnostic or procedural guidance ultrasound, performed and interpreted by a clinician during patient evaluation at the bedside to guide, in real time, clinical decision making for further management and treatment of the patient. Is a goal-directed ultrasound exam focused to answer brief and important clinical questions, narrowing the differential diagnosis. Clinicians, regardless their specialization, should use it during their clinical practice. Aim of this the study is define POCUS competence in a third level hospital starting from state of art in lung ultrasound.
Methods: Analysis of lung ultrasound competence in the different departments of the AOU Careggi Hospital in Florence, through an interview with the medical staff.
Results: The survey indicates that lung ultrasound is widely used in the critical area: ED, HCU, HDU, even if not uniformly (range from 33 to 100%); it's spreading in medical departments thanks to recent cultural effort (range from 29 to 75%), with exception in geriatric wards (18%), but it is still not widespread in other specialist departments (neurologist and nephrologist 0%) including surprisingly pneumologists and thoracic surgeons (range from 7 to 44%). Moreover, radiologists don't have any competence in lung ultrasound (0%).
Conclusions: Pocus is a disruptive innovation designed to improve clinical practice and establish new and higher standards of care. This change is already underway: internists are keen to embrace this revolution and may represent the engine of change for other specialist.

A strange case of low back pain

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A 71-year-old woman came to the hospital after a month of prevalently serotine fever that did not respond to FANS or empiric antibiotic therapy, epigastric pain of a piercing nature to the back and unintentional weight loss. The pathological anamnesis revealed a previous valvular aortic substitution with bioprotesis for tight stenosis. A fast-abdominal ultrasound was negative for aortic dissection. Lab results were characterised by increase in systemic inflammation markers,neutrophilic leucocytosis, procalcitonin negative. E.O. did not detect any significant element other than tenderness to deep palpation in the epi-mesogastric area. BP150/70; HR 105 R; SpO2 97%,T.C. 37.5°C. Blood cultures resulted positive to the S. viridans group. Suspecting infective spondylodiscitis as a secondary localization of bacteric endocarditis,after an echocardiogram we excluded valvular vegetations. A spinal TC confirmed the presence of thickened walls and an aneurismatic dilatation of the suprarenal aorta, in absence of hydroureteronephrosis. Autoimmune panel turned negative for vasculitic etiology. A PET-TC did not find any record of spondylodiscitis, but it displayed intense hyperfixation of the radiochemical localised in the periaortic area confirming the first hypothesis of flogistic phenomena. The diagnosis was of "inflammatory aneurism in the suprarenal abdominal aorta". The interposition of numerous splenetic vessels prevented a percutaneous biopsy. An ex-adiuvantibus therapy with high dosages of corticosteroids was prescribed, resulting in a rapid improvement of the clinical-laboratoristic framework.

Once upon a time a right pleural effusion: an unexpected diagnosis

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A 66-year-old man with hypertension and past viral myocarditis was admitted to ER for fever, dyspnea, weight loss, cough with chest pain exacerbated by breathing unresponsive to antibiotic therapy; a recent HRCT showed right pleural effusion and contiguous parenchymal atelectasia. At admission to the Hospital, vital signs and general examination were normal, except for abolished pulmunar sounds in right medium-basal side. The laboratory tests were remarkable for increased ESR and CRP with hyperferritinemia

and slight elevation of liver cytolysis and cholestasis markers; procalcitonin and NT-proBNP within range. The A.B.G. showed hypoxemia with normocapnia; EKG documented RBBB and inverted T waves in inferior leads. The echocardiogram revealed mild circumferential pericardial effusion, normal right chambers and systolic function. In order to investigate the etiology of subacute pleuralpericarditis, laboratory screening for infectious, autoimmune and neoplastic causes was performed, which turned out negative. Thorax-abdomen CT was obtained and showed right pulmonary thromboembolism and a mass occupying the right hepatic lobe with infiltration and thrombosis of inferior vena cava. Liver biopsy was performed. At the end paraneoplastic pulmonary thromboembolism and pleural-pericarditis secondary to bulking intrahepatic cholangiocarcinoma was diagnosed; prednisone and enoxaparin therapy was started and the patient was referred to the surgical oncologist.

Artrite da Neisseria...vizio di famiglia

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L'infezione da Neisseria meningitidis deve essere presa in considerazione nei pazienti che presentano artrite settica, specialmente se si osservano i diplococchi Gram-negativi sulla colorazione Gram.
Introduzione: Primitive manifestazioni articolari in corso di infezione da Neisseria Meningitidis sono rare e sono state descritte come diretta conseguenza di batteriemia o di reazioni immunomediate. Descriviamo un caso di oligortrite da meningococcemia senza altre localizzazioni d'organo in un paziente affetto da diabete mellito in adeguato compenso.
Caso clinico: Un uomo di 78 anni si presenta al dipartimento di emergenza lamentando febbre con dolore e gonfiore al ginocchio destro e alla mano destra presenti da circa 2 giorni in assenza di segni di irritazione meningea. Agli esami ematici evidenza di leucocitosi, moderata piastrinopenia, aumento della PCR e della procalcitonina. Esame obiettivo caratterizzato da ginocchio destro tumefatto e dolente con cute calda e minimo rossore, polso destro tumefatto e dolente con cute non arrossata. In base alla clinica e al referto bioumorale veniva praticata antibioticoterapia empirica, previe emocolture, idratazione e analgesia. Miglioramento delle condizioni generali, riduzione della tumefazione dolente al ginocchio e polso destro ma interessamento aggiuntivo dell'articolazione della caviglia sinistra. Per l'esigue quantità di liquido sinoviale non fu possibile eseguire drenaggio articolare. In quarta giornata isolamento di Neisseria Meningitidis. Alla luce dei suddetti risultati veniva avviata antibioticoterapia mirata.
Conclusioni. Successiva normalizzazione delle alterazioni laboratoristiche ponendo diagnosi definitiva di oligoartrite in corso di setticemia da neisseria meningitidis. Inoltre il batterio venne successivamente tipizzato come appartenente al siero gruppo W 135.

Case report omozigosi HbEE e trombocitopenia HPy+

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Introduzione : Uomo di origine Pakistana, si recava in Pronto Soccorso per pirosi e algie addominali diffuse. Agli esami ematici evidenza di anemia e trombocitopenia pertanto veniva ricoverato in reparto di medicina per le indagini del caso.
Materiali e Metodi: All'esame emocromocitometrico con formula confermata anemia microcitica in normosideremia, poliglobulia e piastrinopenia. Ricerca Helicobacter Pylori positiva. Al cromatogramma HbA2 fortemente aumentata da sovrapposizione di variante emoglobinica per cui richiesto approfondimento con analisi molecolare riscontrando omozigosi per la mutazione HBB:c.79G>A (HbE). Agli altri esami eseguiti non alterazioni (BOM, autoimmunità, LAC, test di Coombs, HBV, HCV e HIV). Pertanto veniva posta diagnosi di Emoglobinopatia positiva per Omozigosi HbEE e Piastrinopenia autoimmune in corso di infezione da HPy. Normalizzazione del quadro emocromocitometrico dopo antibioticoterapia eradicante per HPy e terapia endovenosa con Immunoglobuline.
Discussione e Conclusioni: Quadro ematologico secondario a infezione HPy in portatore di omozigosi per emoglobina E (HbE). L'HbE è poco conosciuta in Italia nonostante sia, per frequenza, la seconda emoglobinopatia dopo l'emoglobina a cellule falciformi (HbS). E' comune nel Sud-Est asiatico, luogo da cui proveniva il nostro paziente. I soggetti omozigoti per l'HbE sono per lo più asintomatici o con un quadro più o meno grave di beta-thalassemia.

Non il solito sanguinamento, non la solita terapia

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Premesse: Un uomo caucasico di 57 anni veniva ricoverato per approfondimenti in merito a mialgie diffuse associate a febbricola. In anamnesi: BPCO asmatiforme; sarcoidosi polmonare; ipertensione arteriosa. Fumatore attivo.
Descrizione: Durante il ricovero comparivano ematomi muscolocutanei diffusi in assenza di traumatismi riferiti. Non anamnesi personale né famigliare di patologie emorragiche ereditarie. Gli ematochimici tuttavia, già in P.S. mostravano un lieve incremento dell'aPTT; restanti esami nei limiti. L'ecografia addome poneva il dubbio di raccolta retro-peritoneale; la successiva TC toraceaddome documentava uno spandimento emorragico prevertebrale esteso dalla regione esofagea all'origine dell'arteria mesenterica superiore; non sanguinamento attivo. Sorgeva il sospetto di una coagulopatia acquisita a carico dell'emostasi secondaria ed interessante la via estrinseca (visto l'allungamento elettivo dell'aPTT: 1.5 ->2.88 ratio). Il test di mixing con plasma normale non correggeva il difetto; si documentava poi la presenza di un inibitore (26 Unità Bethesda) con attività residua del FVIII<1%.
Conclusioni: Si poneva diagnosi di Emofilia A acquisita, patologia rara (1-4 nuovi casi per milione/anno) che si trova associata, tra le altre, anche a patologie oncologiche e disturbi autoimmuni preesistenti, tra cui proprio la sarcoidosi. Si avviava trattamento emostatico con FVII attivato, associato poi ad immunosoppressione a lungo termine con prednisone e ciclofosfamide, inizialmente ad alte dosi, con beneficio stabile.

Central pontine myelinolysis in a chronic alcoholic

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Background: Pontine Myelinolysis is usually associated with severe hyponatremia and its rapid correction. Chronic alcoholism and malnourishment are also common underlying conditions, since they lead to a severe central demyelination
Case report: 47-year-old homeless man was brought to ER because of confusion, hyperpyrexia (38°C) and alcoholic halitosis. Blood tests showed type 1 respiratory failure with hyperlactacidaemia, leukopenia, thrombocytopenia, mild hyponatremia (Na=129 mEq), PCR and procalcitonin elevation and slight troponin movement. He had signs of chronic liver disease and bilateral pneumonia. The course was complicated by Tako-tsubo syndrome. Because of worsening of neurological conditions, neuroimaging was performed, with detection of CMP. Reviewing blood tests, we noticed a level of Sodium of 153 mEq/L the day after admission.
Conclusions: Most cases of CMP are associated with rapid correction of severe hyponatremia. In our case the maximum fluctuation in the range of sodium was 24 mEq within 24 hours, starting from a just mild hyponatremia. Chronic alcoholism and malnourishment played a key role in determining CMP, since the initial level

of sodium was almost normal. Moreover, chronic alcoholism with liver disease and malnourishment have the same harmful properties on neurons as electrolyte alterations. Since no therapy allows a complete recover of nervous damage, prevention of the causes represent the central key of CMP management.

Il sommerso dell'ipertrofia prostatica benigna in Medicina Interna: *cross-section analysis*

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Introduzione: L'IPB rappresenta una patologia di crescente osservazione in Medicina Interna dove una valutazione precoce specifica rappresenta la miglior prevenzione di condizioni cliniche di maggiore severità e impegno assistenziale (ritenzione urinaria acuta, sepsi, chirurgia urologica, ecc).
Materiali e Metodi: presso il Dip. Med. Interna Area Vasta 2 ASUR Marche, nel periodo 1-30 Maggio 2017, 115 pz consecutivi sono stati sottoposti ad un questionario su presenza di sintomi del basso tratto urinario (LUTS), terapia in atto e impatto sulla qualità di vita, nonché ad un Quick Prostate Test (QPT) preliminare, la cui positività ha richiesto un successivo IPSS (International Prostatic Symptoms Score).
Risultati: L'età mediana è risultata di 79 anni (40-95) con un n. di comorbidità mediano di 3 (1-9). LUTS erano presenti nel 41% dell'intera popolazione testata. Nel 39,1% la diagnosi di IPB era nota ed il 78% di questi presentava LUTS. Nei pz senza diagnosi nota, il 18,5% presentava LUTS. Il 66,6 delle diagnosi note effettuava alfalitico, il 33,4% 5ARI, il 29% terapia di associazione e nessuno fitoterapia. Il QPT è risultato positivo nel 66% dei pz totali, mentre l'IPSS ha evidenziato che il 42,6% di quest'ultimi presentava una sintomatologia moderata-severa. Tra i pz con IPB nota, l'IPSS era >3 (insoddisfatto) nel 30% dei casi.
Conclusioni: Una accurata valutazione dei LUTS ed un semplice questionario come il QPT sono elementi importanti per individuare i casi misconosciuti di IPB.

Staphylococcus aureus and granulomatosis with polyangiitis

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Introduction: Granulomatosis with polyangiitis (GPA) is one of the antineutrophil cytoplasmic antibody (ANCA)-associated vasculitides. The affected tissues may develop areas of inflammation called granulomas. GPA, have annual incidence rates of 2.1–14.4, per million in Europe. Clinical evidence shows that, the Staphylococcus aureus, is a risk factor for disease relapse, suggesting its involvement in the pathogenesis of GPA.
Case report: A 50-year-old female with bronchiectasis and frequent Staphylococcus aureus bronchus infections, was admitted to Emergency department for airway obstruction and severe hypoxic hypercapnic respiratory failure. Pulmonary infiltrates are evidenced by chest computed tomography and showed extensive laryngeal thickening with edema. Laryngeal biopsy showed an inflammatory pattern (MPO ANCA positive); she was treated with corticosteroid and symptoms fully resolved in 1 month.
Conclusions: Despite clinical evidence suggesting that Staphylococcus aureus may be implicated in the pathophysiology of GPA, laboratory investigation of the possible mechanisms by which Staphylococcus aureus is involved in GPA is still debated. Moreover, there are data available *in vitro* on the effect of Staphylococcus aureus on B and T cells, monocytes, neutrophillic granulocytes, and epithelial cells. In GPA, immune dysbalance can eventually lead to vascular damage, and Staphylococcus aureus as a trigger and mediator of various pathophysiologic mechanisms is a very attractive target for investigation.

Transitional care model: an analysis of innovation policies in the ASST Ovest-Milanese

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Aim: The ASST Ovest-Milanese has developed an experimental model of management of chronic diseases with the creation of a transitional care department run by the internist. The realization of long-term personalized care projects is guaranteed, taking into account the patient's clinical, welfare and social needs. The latter are welcomed in the continuity care department when they are still in the acute phase in order to ensure a greater efficiency of the resources and an improvement of the outcomes of the disease. Purpose of our study was to verify the most suitable routes by implementing the network and guaranteeing a takeover through appropriate and effective follow-up for the patient between 2016 and 2017.
Materials and Methods: 200 patients who were received in the department were stratified through the Charlston comorbility index and an index of instability that was determined with factors that facilitate re-admission (access in ps and multitherapy).
Results: This study showed that these scores do not direct the typology of the setting of discharge that, instead, is influenced by the patient's setting, by the presence of the caregiver and by the social conditions. These scores are, instead, very useful for identifying the correct timing of the follow up.
Conclusions: The international literature tells us that follow-up is effective to avoid hospital re-admission at 30 days when it occurs within 7 days from discharge for highly complex patients and within 14 days for those with moderate complexity

Miocarditi e autoimmunità: correlazioni cliniche e revisione della letteratura

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Premesse e Scopo dello studio: La miocardite è una malattia infiammatoria a componente immunomediata, clinicamente multiforme, spesso a prognosi favorevole, spesso dovuta a un'infezione virale e alla conseguente reazione infiammatoria immunomediata.
Materiali e Metodi: L'eterogenea presentazione clinica rende difficile la determinazione della reale incidenza. I dati in letteratura spesso derivano da case report o registri che non permettono la creazione di database omogenei e comparabili. Pertanto l'esperienza clinica diventa un'indicatore gestionali decisivo.
Risultati: Tra le indagini diagnostiche, la ricerca di autoanticorpi (fattore reumatoide, anti-nucleo,anti-DNA, anti-muscolo liscio, anti-mitocondri, anti-microsomi, anti-endomisio,anti-citoplasma dei neutrofili, anti-tireoglobulina, anti-tireoperossidasi, anti-tiroide, anti-transglutaminasi) è utile per inquadrare quelle forme nel contesto di malattie autoimmuni dove il coinvolgimento cardiaco rappresenta la prima manifestazione. In alcune (cirrosi biliare,epatite autoimmune, psoriasi, Hashimoto,polimiosite) l'interessamento del miocardio (aritmie o cardiomiopatie) di solito precede il coinvolgimento muscolare.
Conclusioni: L'approccio diagnostico deve includere i marcatori di danno cardiaco e disfunzione ventricolare, il profilo virologico ed autoimmunitario guidati dalla clinica al fine di ottenere le migliori informazioni per una diagnosi circostanziata. I dati della RM cardiaca guidano il clinico nella decisione di eseguire la biopsia endomiocardica orientandolo verso una terapia specifica. La ricerca degli anticorpi anticuore va riservata a casi selezionati in centri di comprovata esperienza.

Emofilia acquisita in corso di UTI: case report

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Premesse e Scopo dello studio: L'emofilia acquisita è una patologia emorragica in soggetti senza precedenti personali o

familiari di alterazioni coagulative. L'origine è autoimmune, dovuta ad autoanticorpi diretti contro i fattori coagulativi *("inibitori")* a sviluppo spontaneo in soggetti con normale funzione coagulativa, a differenza degli *alloanticorpi*, presenti nei deficit ereditari. L'incidenza è di circa 1,4 casi per milione/anno ed aumenta con l'età (14,7 casi in over 85) sottostimata perché non sempre diagnosticata.
Materiali e Metodi: Donna di 80 anni ricoverata per UTI in terapia mirata. Il giorno seguente comparsa di ecchimosi diffuse e vasto ematoma dorsale. Gli esami mostravano anemia e aPTT>100 sec, test di Coombs indiretto positivo, markers oncoematologici e profilo autoanticorpale negativo. Persistendo l'aPTT allungato furono dosati i fattori coagulativi (fattore VIII ridotto ed inibitori del fattore VIII positivi a titolo elevato).
Risultati: Praticati fattore VII attivato ricombinante (eptacog-α 90 μg/kg) e prednisone (100 mg/die/os).Trasferita al Centro Emofilia proseguì la terapia per 3 settimane con risoluzione del quadro clinico e coagulativo.
Conclusioni: Le condizioni associate allo sviluppo di autoanticorpi anti-FVIII sono la gravidanza, le malattie autoimmuni, le neoplasie solide ed ematologiche; le malattie dermatologiche, le malattie infiammatorie croniche intestinali, il post operatorio o farmaci (IFN, penicillina, sulfamidici, clopidogrel). Il 50% dei casi sono idiopatici. La particolarità del caso risiede nell'assenza dei fattori predisponenti e nella rapida comparsa post trattamento mirato per UTI.

Ocular and cerebral lesions: a strange case still to be resolved

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Case description: An 85-year-old man came to our observation for weight loss and blindness for a month in suspected ocular metastatic lesions. He had a history of myasthenia gravis in steroid therapy, diabetes mellitus type II, phacoemulsification on both eyes, he denied prevoius otitis, sinusitis or dental abscess. He was apyretic and complained bilateral ocular pain, headache, with conjunctival chemosis and hyperemia. WBC count was 13,000/microL, PCR 17,5 mg /dL, procalcitonine negative. Total body CT scan with contrast was normal. Encephalic MRI showed bilateral retinal lesions, two small left temporal-occipital lesions surrounded by edema compatible with brain abscesses confirmed by body scan with marked leukocytes. No evidence of valvular vegetation at the transthoracic echocardiogram. Quantiferon, toxoplasma, HIV, beta-di-glucan, syphilis serology were all negative. No microorganisms were recovered on blood cultures, CSF culture or microarray, water humor and viterous samples. An empiric regimen of metronidazole and ceftriaxone was started with a clinical improvement of ocular lesions. The patient died suddenly after 3 weeks of antibiotic therapy. A fatal arrythmia was considered the cause of death at the preliminary autopsy, purulent material, not yet analyzed, was found in the eye bulbs and in the brain.
Conclusions: Is it possibile that cerebral lesions are originated from the eyes?

Staphylococcus aureus acute endocarditis: a serious disease sometimes undiagnosed by transthoracic echocardiography

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Introduction: Acute Bacterial Endocarditis (ABE) is infection of the endocardium, usually with bacteria (commonly streptococci or staphylococci) or fungi. A predisposing abnormality of the endocardium is typically required for ABE but massive bacteremia or virulent microorganisms can affect normal valves. Even with treatment, death is more likely and the prognosis is generally poorer for older people and people who have an underlying disorder or consequences.
Case report: A 51-years-old woman with a history of breast cancer and psoriatic arthritis came in with dyspnoea and left chest pain; she was recently discharged from the hospital for CAP. A physical examination showed ankle swelling and crackles in the lung bases; normal S1 and S2; no murmurs, rhythm was regular. Chest X-ray and transthoracical echocardiography were negative and blood tests resulted within normal limits. After few days a high fever with hemiplegia occurred. A head CT was performed ad showed multiples cerebellar ischemic areas; in the suspicion of heart embolization a transesophageal echocardiography was performed and showed aortic valve vegetations; meanwhile S. aureus was find in blood culture. Instead of antibiotic therapy, patient went into cardiogenic shock and died.
Conclusions: In this case signs and symptoms of ABE were insidious and nonspecific; only clinical presentation of heart failure was present at the admission but heart auscultation and TTE didn't show abnormalities. Unfortunately the diagnosis has been confirmed when septic embolization already occurred and this delay led our patient to death.

Persistent high fever in a young male patient. A case of measles with atypical presentation

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A 42-year-old man presented to our attention complaining high fever (40°C) and cough. He was known to have history of hypercholesterolemia treated and hypertension. Physical examination revealed normal findings with the exception of diffuse harsh lung sounds. Routine blood tests were normal with the exception of a CRP value increase (31,3 mg/dl) with a normal white blood cell count. Chest X-ray showed normal findings. Blood cultures and urine culture were negative. A bedside lung ultrasound was performed showing a white lung pattern (diffuse B-line pattern) with the presence of multiple small subpleural areas of consolidations. A fast US assessment of the cardiac function showed normal findings. It was then performed a chest high resolution CT which showed findings suggestive of interstitial pneumonia. Respiratory viruses tests rwere negative. A IV antibiotic therapy with piperacillin/tazobactam and levofloxacin was started. After a few days serological tests shown a high positivity of IgM for measles. IV antibiotics were suspended and given the good general patient's condition he was treated only with antipyretics and oral levofloxacin (to reduce the risk of possible bacterial superinfection) with a rapid remission of symptoms in the following days. Our case is characterized by an unusual clinical presentation of measles with a complete lack of skin and mucous signs and underline also the importance of bedside lung ultrasound in the evaluation of patients with respiratory symptoms and normal chest X-ray.

The clinical usefulness of bedside lung ultrasound in the diagnosis of pneumonia in the complex Internal Medicine patient: a 3-years double center experience

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Background: Patients admitted to internal medicine wards often present features such as advanced age, bedriddening, dementia and lack of cooperation. Because of this the diagnostic accuracy of conventional imaging technique can be importantly reduced. Numerous studies showed the effectiveness of Lung Ultrasound (LUS) in the diagnosis of several pulmonary diseases including pneumonia. The purpose of our study was to confirm the clinical usefulness of bedside LUS in the diagnosis of pneumonia in the

internal medicine uncooperative or bedridden patient.
Materials and Methods: We enrolled patients admitted to the internal medicine ward of the "Ospedale Civile di Voghera" in Voghera (Pavia, Italy) and to the internal medicine ward of the "S. Martino Hospital" of Mede (Pavia, Italy) which had a high clinical suspect of pneumonia and which were also bedridden or presented psychomotor agitation (evaluated by using the RASS).
Results: LUS was carried out in all the 87 patients. 75 patients were subjected also to chest X ray (42 of this required sedation due to psychomotor agitation). In 12 patients was not possible to carry out a diagnostic chest X ray due to severe psychomotor agitation despite pharmacologic sedation. In 74 of the patients we found ultrasound signs of pneumonia. In patients undergoing both chest X-ray and lung US this latter technique showed to have at least the same efficacy in diagnosing pneumonia.
Conclusions: Our double-center 3 years experience confirms the effectiveness of LUS in the diagnosis of pneumonia in the internal medicine complex patient.

A case of acute toxic hepatitis after exposure to a very high doses of red pepper

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Background: Many conventional drugs as like as complementary and alternative medical therapies all well recognize as potential causes of acute hepatotoxicity. Rarely even some foods especially if taken in excess can cause acute liver injury. We describe a case of hepatotoxicity due to alimentary ingestion of a large amount of red pepper. Capsaicin is what gives to red pepper its spicy taste and although it is generally considered beneficial and healthy for liver it can cause hepatotoxicity in high dose.
Case report: a 42 years-old man presented to our attention complaining jaundice; his past medical history was unremarkable. During the collection of the medical history the patient reported having eaten large quantities (over 700 grams) of red peppers in the previous days, no other relevant information emerged. Physical examination revealed normal findings with the exception of intense jaundice. Routine blood tests showed a normal blood cell counts, elevation of liver enzymes (ALT 2356 IU/mL, AST 1600 IU/mL, GTT 899 IU/ml, ALP 633 IU/m, total bilirubin 9,37 mg/dl with a predominance of direct bilirubin (Dbil=8,22 mg/dl). Coagulation was normal. Serological markers for major and minor hepatotropic viruses were negative. An abdominal US showed normal findings as like as a subsequent CT scan and cholangio MRI. The patient was treated by the infusion of glucose solutions, glutathione and acetylcysteine for hepatoprotection closely monitoring liver function tests which showed a progressive improvement until almost complete normalization at the time of the discharge.

A dangerous rhinitis: rhino-liquoral fistula in a woman presenting with high fever, case report

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A 56-year-old woman patient presented to the ED of our hospital complaining high fever and headache. She was known to have history of hypertension and obstructive apnea syndrome. Physical examination revealed normal findings with the exception of T 39,3°C. BP was 140/80 mmHg, HR 90. Chest X-ray was normal. The patient was subjected to neurological evaluation in the suspicion of meningitis but this was excluded by the neurologist for the absence of rigor nucalis and of significant neurological objective signs. Routine laboratory tests revealed elevated inflammatory markers (WBC 21550/ L with neutrophilia, CRP 40,2 mg/L) with a normal liver and renal function. The patient was then admitted at the internal medicine ward and IV ceftriaxone and levofloxacin were administered. Blood cultures and urine culture were negative. During the collection of the medical history the patient reported she has been taking oral prednisone in the last three which was prescribed by her family doctor for a persistent clear nasal discharge in the suspicion of allergic rhinitis. A head CT was then performed revealing an empty saddle with severe cerebral atrophy and a subsequent head contrast MRI showed the presence of a large rhino-liquoral fistula. Lumbar puncture was not performed (considering the risk of the procedure in a patient with a significant depletion of CSF). Patient's condition improved rapidly after the initiation of the antibiotic therapy and then the patient was transfered to the otolaryngology department for the surgical correction of the fistula.

Mental confusion and dysarthria as the initial manifestation of polycythemia vera: a case report

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Background: Polycythemia vera is a myeloproliferative disorder characterized by increased red cell mass with frequent thromboembolic complications. The clinical manifestations of polycythemia vera are mainly related to the development of a hyperviscosity syndrome with possible ischemic damage to numerous organs and tissues. Common signs and symptoms include pruritus, burning pain in the hands or feet and a reddish or bluish skin coloration.
Case report: A 77-year-old man presented to our attention complaining mental confusion and dysarthria. He had a history of hypertension and type 2 diabetes. Physical exam was unremarkable. Chest X-ray and EKG were also normal. A head CT scan performed at the emergency was negative for acute hemorrhagic and ischemic alterations. Routine blood tests showed hemoglobin 27,5 g/dl (14.0-18.0), RBC 7,55 x10^6/µL (4.50–6.00), WBC cells 15550/ L, PLT 658000/µL. An abdominal ultrasound showed also normal findings. A subsequent control head CT scan was also negative for pathological changes. A bone marrow aspirate was then performed showing trilineage hematopoiesis. The polymerase chain reaction (PCR) study for JAK2 V617F mutation revealed a positive mutation status. A diagnosis of polycythemia vera was then established. The patient was treated by the administration of antiaggregation (acetylsalicylic acid 100 mg/daily), bloodletting and hydroxyurea with a gradual reduction of the hemoglobin value up to 18,1 g/dl and an hematocrit of less than 50%. A complete remission of the symptomatology was observed.

Persistent fever as the only symptom of multiple myeloma: case report

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Background: Multiple Myeloma (MM) is a monoclonal plasma cell neoplasm characterized by the possible production of monoclonal immunoglobulin (Ig). The clinical manifestations of MM are extremely variable and related both to the production of paraproteins as like as to the direct invasion and damage of organs and tissues. The malignant plasma cells can produce monoclonal Ig (mostly IgG) but also light and or heavy chains that can deposit in tissue causing AL amyloidosis and organ failure (eg renal or cardiac): the neoplasm clone can also directly invade tissues causing local

manifestations (eg pathological bone fractures). In some cases the disease may remain asymptomatic for a long time.
Case report: A 77-year-old man presented complaining as the only symptom persistent fever for at least three weeks. The patient was known to have a history of hypertension and he was taking oral levofloxacin without benefit. Physical exam at the admission was unremarkable. Chest X-ray and EKG showed normal findings as like as laboratory blood tests with the exception of an increase of the ESR (98 mm/hr) and CRP (13,2 mg/L) with a normal blood cells count as like as liver and renal functions. Blood culture and urine culture were negative as like as serological tests, autoimmunity screening, a CT scan of the abdomen and thorax and echocardiography. Serum and urine immunofixation was also performed revealing the presence of kappa free light chains. Then a bone marrow biopsy was performed which demonstrated the presence of clonal plasma cells. A diagnosis of IgG MM was established.

A sudden inguinal swelling. Case report

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A 78-year-old man presented to the emergency department of our hospital complaining of high fever and dysuria. He was then admitted to our internal medicine ward. The patient was known to have history of type 2 diabetes mellitus, hypertension and prostate cancer which was treated surgically and by radiotherapy about six months before the admission. Physical examination at the admission revealed normal heart and lung sounds. Blood pressure was 100/60 mmHg, HR 92, T 38,4 °C. Routine blood tests revealed elevated inflammatory markers (WBC 31550/ L with neutrophilia. CRP 48,2 mg/L) with a normal liver and renal function. Chest X-ray and EKG showed normal findings. Blood cultures and urine culture were positive to E. coli. A IV antibiotic therapy with piperacillin/tazobactam and levofloxacin was started with rapid resolution of fever and improvement of general clinical conditions. However, during the hospitalization we appreciated the sudden appearance of a palpable right inguinal tumefaction. An ultrasound examination was then performed revealing the presence of a solid mass of 8 x 6 cm with a heterogenous echostructure and which was apparently located within the muscular wall. A soft tissue contrast MRI was then performed revealing the presence of a bladder-muscular fistula which we believe probably caused by the weakening of the muscular wall due to the previous radiotherapy. The patient was then transferred to the urology department for the surgical correction of the fistula.

Not a simple exacerbation of COPD: a case report

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A 82-year-old man presented to the emergency department of our hospital complaining persistent fever and cough despite a prolonged antibiotic therapy with amoxicillin/clavulanic acid prescribed by his family doctor. The patient had a past medical history of hypertension, type 2 diabetes mellitus, chronic obstructive pulmonary disease (COPD) and obesity. He was then admitted to our internal medicine ward due to exacerbation of COPD. Physical examination at the admission revealed diffuse coarse crackles at the lung auscultation and paraphonic heart tones. Splenomegaly and hepatomegaly were also appreciated. Blood pressure was 100/60 mmHg, HR 92, T 37,8 °C. outine blood tests revealed elevated inflammatory markers (WBC 45550/ L with with preserved formula, CRP 24,2 mg/L) with a normal liver and renal function. Chest X-ray showed diffuse interstitial thickening. EKG revealed sinus rhythm with a complete right bundle branch block. Blood cultures and urine culture were negative. Antibiotic therapy with piperacillin/tazobactam and levofloxacin was administrated with a rapid clinical improvement. An abdominal US was performed confirming the presence of hepatomegaly and splenomegaly (bipolar spleen diameter of 21,5 cm). A subsequent total body computer tomography showed multiple pathological lymph nodes in different location (neck, supraclavicular region, axilla, pelvis and abdomen). Then peripheral blood lymphocyte typing, bone marrow biopsy and the biopsy of an axillary lymph node were performed and a diagnosis of B cell diffuse non Hodgkin's lymphoma was established.

Use of direct oral anticoagulant agents in a cohort of onco-hematological patients during chemotherapeutic treatments

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Introduction and Aim of study: Cancer patients with venous thromboembolism (TEV) and Sopraventricular Arrhythmia (Atrial Flutter or Atrial Fibrillation, AF) are elderly, have multiple comorbidities and often can develop hemorrhagic events and drug interactions. This is the reason why usually physicians may prefer low-molecular-weight heparin or warfarin over direct oral anticoagulant agents (DOAC). In this retrospective analysis we would like to understand if it is safe to mantain DOAC treatments also in patients undergoing chemotherapy by recording the number of bleeding.
Materials and Methods: In our multidisciplinary Cardioncology Unit, from 01/01/2013 and 05/01/2018, 131 oncohematological patients were prescribed DOAC treatments (dabigatran, rivaroxaban, apixaban, edoxaban at suitable dosage), including 39 patients undergoing chemotherapy during treatment. Cardiological diagnosis was TEV or AF. CHA2DS2VASC score was ≥2 and HASBLed score was ≤ 3. The patients have been treated with different regimens of chemotherapy: classic, target therapy and immunotherapy.
Results: In the double-treatment patients group (39 patients) we have observed the following data: 23 patients were males - 16 were females, the median age was 76.68 years old; during the observation period with variable but regular follow-up, minor bleeding occured in 1 patient.
Conclusions: The rate of hemorrhagic events was low in our analysis even in high-risk patients. The role of DOAC treatment in oncological patients is yet unclear but these observations open the way to interesting new applications.

The Impact of Baseline BMI and HbA1c on glycemic control after treatment with fast-acting insulin aspart in individuals with type 2 diabetes

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Baseline characteristics related to disease severity can be predictors of a treatment's HbA_{1c}-lowering effect. The impact of baseline BMI and HbA_{1c} on the efficacy and safety of mealtime fast-acting insulin aspart (faster aspart) in type 2 diabetes (T2D) was assessed in a *post hoc* analysis of two randomized phase 3a trials: a 26-week, double-blind, treat-to-target trial with mealtime insulin aspart (IAsp) in a basal–bolus regimen as comparator (onset 2), and an 18-week, open-label trial with basal insulin alone as comparator (onset 3). All individuals were taking metformin. Estimated treatment difference (95% CI) for change in HbA_{1c} in each trial was similar for all BMI and HbA_{1c} subgroups with faster aspart *vs*

IAsp. Change in HbA_{1c} according to baseline BMI <25, 25–<30 and ≥30 kg/m^2 was −0.21 (−0.61;0.19), 0.01 (−0.21;0.23) and −0.01 (−0.17;0.16), respectively, in onset 2; and −0.85 (−1.55;–0.15), −0.67 (−1.06;–0.28) and −1.12 (−1.43;–0.81) in onset 3. Change in HbA_{1c} according to baseline HbA_{1c} ≤7.5, >7.5–<8.0 and ≥8.0% was −0.07 (−0.28;0.15), 0.13 (−0.14;0.40) and −0.06 (−0.24;0.12) in onset 2; and −0.77 (−1.18;–0.37), −1.07 (−1.54;–0.61) and −1.03 (−1.37;–0.69) in onset 3. No major differences between treatments were observed in risk of hypoglycemia or insulin dose across subgroups in either trial. Neither baseline HbA_{1c} nor BMI altered the glycemic response to faster aspart in individuals with T2D.

Egg of Columbus: a history of anemia in an elderly woman

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Introduction: Malnutrition refers to deficiencies, excesses, or imbalances in a person's intake of nutrients. Micronutrient deficiencies (MNDs), understood as lack of vitamins and minerals, are often under-recognized and for this reason also called ''hidden hunger".
Case description: A 67-year-old woman was admitted to Geriatric Clinic after a syncope. Blood analyses revealed normocytic anemia (Hb 6,5 gr/dl), with low ferritin and normal vitamin B12, folate and haptoglobin levels. She had a 2 years history of severe dysgeusia following radiotherapy for a fully resected oral cancer. Since several months she tolerated only a cup of milk with biscuits at breakfast, 2 raw eggs for lunch and 2 for dinner. One month earlier a purpuric rash involved her lower limbs and confluent ecchymoses subsequently developed with no reported trauma. A bone marrow biopsy showed a myelodysplastic syndrome with megakaryocytic dysplasia. According to eating habits of the patient, ascorbic acid blood level was dosed and was found low; she subsequently performed a skin biopsy which demonstrated severe reduction of the connective tissue. These findings were consistent with the diagnosis of scurvy, so oral ascorbic acid supplement was started with progressive clinical improvement.
Conclusions: Scurvy is one of the oldest-known nutritional disorders of humankind caused by a dietary lack of vitamin C (ascorbic acid). In high income countries scurvy is rare but may still be seen however in elderly adults and in individuals who follow restrictive or imbalanced diets.

Sistema assistenziale a gestione integrata in reti dinamiche per il management della cronicità©. Proposta di nuovo modello organizzativo.

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Premesse e Scopo dello studio: Migliorare i processi organizzativo assistenziali attraverso un modello di presa in carico multidisciplinare per i pazienti cronici strutturato per livelli di complessità ed organizzato in reti dinamiche integrate tra ospedale e territorio nel contesto dell'assistenza primaria e delle cure intermedie per garantire la continuità assistenziale e l'appropriatezza delle cure in setting a maggior efficacia e minor impatto economico.
Materiali e Metodi: Sono stati analizzati modelli di riferimento presenti in letteratura confrontandoli con i modelli italiani Stadiazione dei pazienti secondo livelli di complessità e di rischio. Predisposizione del registro territoriale delle patologie croniche. Introduzione del case manager internistico e del care manager infermieristico sul territorio in affiancamento al MMG. Costituzione di due Strutture Operative Ospedale e Territorio.Costituzione di TEAM multiprofessionali variabili per livelli di intensità di cure. Confronto comunicativo degli attori assistenziali attraverso strumenti informatici condivisi e briefing mensili.
Risultati: Aumentare appropriatezza e qualità dell'assistenza ridurre le riospedalizzazioni, il ricorso improprio all'ospedale al pronto soccorso e il rischio migliorare la qualità di vita del paziente, contenimento della spesa sanitaria.
Conclusioni: La sperimentazione a livello regionale e/o locale valuterà attraverso specifici indicatori di processo e di esito la validità del progetto per verificarne la possibile estensione e applicazione nelle diverse realtà territoriali.

Trattamento preventivo con ialuril in pazienti affetti da carcinoma superficiale della vescica sottoposti a terapia endovescicale

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Premesse e Scopo dello studio: Nel 80% dei casi la neoplasia vescicale al suo esordio non coinvolge la tunica muscolare e pertanto si parla di tumori non muscolo invasivi (NMI). Il loro è rappresentato dalla resezione endoscopica trans-uretrale, ma per ridurre il rischio di recidiva, può essere necessaria l'instillazione endovescicale di prodotti ad azione immunostimolante locale (BCG) o chemioterapici. Tali farmaci non sono scevri da effetti collaterali. Tra i vari integratori utili nelle cistiti chimiche, vi è lo Ialuril che grazie alla coniuga la capacità riparativa della parete uroteliale a quella antinfiammatoria. Nel nostro studio verifichiamo la qualità di vita dei pazienti sottoposti a terapia endovescicale e che utilizzino ialuril in profilassi.
Materiali e Metodi: Da gennaio a dicembre 2017 i soggetti sottoposti a trattamento endovescicale, hanno assunto ialuril durante le sei settimane di terapia di induzione.La valutazione della qualità di vita è stata effettuata al tempo 0 e al termine del trattamento usando appositi questionari.
Risultati: Sono stati arruolati 40 pazienti L'età media dei pazienti era di 69 anni, 38 erano uomini e 2 donne. 24(58%) pazienti avevano una malattia monofocale e 16(42%) plurifocale. 30 pazienti hanno effettuato terapia con BCG, 10 con chemioterapici. I pazienti hanno risposto a tutte le domande. Tutti i pazienti hanno concluso il trattamento e pe tutti si è registrato il mantenimento di una buona qualità di vita
Conclusioni: Il discomfort procurato dalle terapie endovescicali può essere ridotto con l'uso in profilassi di ialuril.

L'organizzazione per intensità di cura in Medicina Interna: risultati a lungo termine

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Premesse e Scopo dello studio: L'organizzazione assistenziale in Medicina Interna (MI) per Intensità di Cura (IC) è in grado di migliorare gli esiti clinici quali aggravamenti con trasferimento presso reparti intensivi e mortalità precoce (<72 ore) rispetto ad una organizzazione non-IC. Lo studio si è proposto di verificare se l'organizzazione per IC ha determinato un cambiamento strutturato in grado di mantenere tali risultati a lungo termine.
Materiali e Metodi: Sono stati analizzati i ricoveri in MI dell'Ospedale di Trento: è stata confrontata l'attività effettuata in 2 anni con modalità di assistenza standard, non-IC con ricovero nel "posto letto libero" (2.846 casi, anni 2012 e 2013) con l'attività di 4 anni con modalità IC con ricovero in diversi setting in base alla gravità clinica (5.992 casi, anni 2014-2017). Sono stati studiati con la metodica del Trend analisi i seguenti esiti: trasferimenti per aggravamento in reparto intensivo, mortalità precoce e mortalità totale.
Risultati: L'organizzazione IC *vs* non-IC ha permesso di ridurre in modo significativo e costante negli anni il numero dei trasferimenti in reparti intensivi (dal 4.2 al 1.6%, p<0.001), la mortalità precoce (dal 3.5 al 2.2%, p<0.002) ed anche la mortalità totale (8.7 al 7.0%, p <0.019).
Conclusioni: I risultati indicano che il modello organizzativo per IC conferma di migliorare gli esiti dell'assistenza nei pazienti ricoverati in MI e evidenzia che tali risultati di mantengono a lungo termine indicando un cambiamento organizzativo strutturato dei meccanismi assistenziali.

L'organizzazione per intensità di cura in Medicina Interna, il paziente post acuto dal setting ospedaliero al setting territoriale delle cure intermedie, esperienza di sei mesi

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Premesse e Scopo dello studio: L'organizzazione della Medicina Interna (MI) per intensità di cura oltre a migliorare gli esiti clinici nel malato acuto è in grado di identificare i pazienti post acuti che necessitano di un setting assistenziale a bassa intensità di cura (Cure intermedie territoriali, CI) propedeutico al rientro a domicilio. Scopo del lavoro è quello di valutare sul campo l'efficacia di un nuovo setting di cure intermedie.
Materiali e Metodi: Sono stati studiati i dati di attività di sei mesi del 2017 di una struttura di CI integrata con la MI dell'Ospedale di Trento: setting organizzativo di degenza ad assistenza infermieristica e con sorveglianza medica. Criteri di accesso: pazienti (pz.) con percorso diagnostico terapeutico definito con necessità di un recupero clinico e della ripersa della abilità funzionali e/o di una organizzazione assistenziale domiciliare. Parametri valutati: numero pz. trattati, degenza media, dimessi a domicilio, rientri in ospedale, mortalità.
Risultati: Sono stati trattai in CI 126 pz. post acuti (età media 80 anni, 56% femmine), 8.7% dei ricoveri in MI (1435 del 2017): degenza media 16.9 giorni, dimessi a domicilio 89.6% (108), rientri in ospedale 4.7% (6 casi), decessi 2.4% (3 casi), altro 3.1% (4 casi).
Conclusioni: Il setting di CI ha dimostrato di essere il completamento dell'organizzazione per intensità di cura tra ospedale e territorio e di poter gestire in modo efficace e sicuro i pazienti post acuti inviati della MI: rientro a domicilio per l'89% dei casi, rientro in ospedale nel 4.7% dei casi e mortalità del 2.3%.

An unusual presentation of metastatic colon cancer

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Thyroid metastases from colorectal cancer are generally considered very rare. In this report, we present a case of metastases to the thyroid in a 54-year-old woman who was diagnosed with a colon cancer 5 years ago. During follow-up she showed persistence of cough and hoarseness, not responsive to common therapies, associated with a rapidly growing mass in the anterior region of the neck and dysphagia. FNAC of the thyroid revealed adenocarcinoma compatible with a diagnosis of metastases from colon cancer. No other metastases were present on a contrast-enhanced CT scan. After thyroid surgery, the patient experienced immediate resolution of symptoms and currently there are no signs of illness.

Ascesso epatico dopo tatuaggio...

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Premesse: In Italia 1 milione e mezzo di persone hanno almeno 1 tatuaggio, il loro numero è in forte ascesa. Non vi è una legislazione precisa e definita per l'etichettatura e la composizione degli inchiostrii,sulle confezioni mancano informazioni quali data di scadenza, avvertenze, conzidioni d'uso, la garanzia di sterilità del prodotto.Una complicanza riscontrabile nel primo periodo dopo la tatuatura sono le infezioni.
Caso clinico: Uomo di 23 anni, anamnesi muta, recente esecuzione di tatuaggio; giunge in PS per cefalea, toracoalgia e febbre. Ricoverato nella nostra UO di Medicina con diagnosi di sepsi. Dalle 3 emocolture isolato Streptococcus intermedio. Trattato inizialmente con piperacillina/tazobactam poi sostituito con ceftriaxone e metronidazolo per dubbia intolleranza. All'eco addome presenza di lesione tondeggiante di non univoca interpretazione. Eseguite TAC e RMN addome con riscontro di ascesso epatico S8. Sottoposto a drenaggio percutaneo ecoguidato. Il paziente è stato inizialmente trasferito ai subacuti per proseguire terapia antibiotica e dopo 9 giorni ha rimosso il drenaggio; dimesso in terapia con amoxicillina/clavulanato, metronidazolo e ciprofloxacina. Seguito ambulatorialmente all'evidenza ecografica di completa risoluzione della lesione ascessuale, sospesa ciprofloxacina, prosegue con Metronidazolo e Amoxi/clavulanato fino al prossimo controllo degli ematici.

Hyperglycaemia management in hospitalized patients: an observational study

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Background: Hyperglycemia is a marker of poor hospital outcome in acute hospitalized patients(Pts). The aim of our observational retrospective study was to compare the efficacy of different subcutaneous insulin(SCI)in hospitalized Pts.
Methods: All adult Pts admitted to our medicine ward during last year treated with SCI during hospital stay were included. Estimated variables were Capillary Blood Glucose(BG),Standard Deviation of BG and Coefficient of Variation of BG(CV);any BG≤70mg/dl was considered hypoglycemia;we focused analysis from the day after the 1st in-hospital basal insulin administration(D_1)till the 8th day of hospital stay(D_7).Statistical analysis was performed by ANOVA.
Results: Considering 222 Pts analyzed, the basal insulin dose was not different between IDeg and IGla group(11U/die). Since D_1 and for each day till D_7 statistically significant lower mean daily BG values were observed in IDeg group(n86) *vs* IGla(n72)or SSI groups(n64)($P<0.05$). The mean daily BG values at D_7 were 121mg/dl in IDeg group *vs* 166mg/dl in IGla group, and 163mg/dl in SSI group. Most of IDeg Pts showed a mean BG≤140 mg/dl. CV with-in-day intra-Pt and inter-Pts was statistically significant lower in IDeg group *vs* IGla or SSI group($P<0.05$ since D_1). 14 hypoglycemic events were detected, 10 in IGla, none in IDeg. Length of Stay were shorter in IDeg group(14.5 days)*vs* IGla group(16.4 days)or SSI group(17.8 days).
Conclusions: Glycemic data suggest Pts treated with IDeg – an ultra long SCI - had lower glycemia in clinical practice during the 1st hospitalization week, and nearer to therapeutic target with no increased risk of hypoglycemia.

ABI and microalbuminuria easy and significant indicators of cardiovascular disease in diabetic patients

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Purpose of the study: To evaluate the correlation between ABI (ankle-arm pressure index) and vascular risk indexes in a cohort of diabetic patients
Materials and Methods: 37 patients (25 M and 12 F), aged 66 years, were examined; all have been assessed glyco-metabolic assessment, body weight, height and rating of BMI, determination of ABI (with sphygmomanometer and doppler with linear probe) on anterior and radial ipsilateral tibial arterial, assessment of creatinine and microalbuminuria. Statistical analysis for unpaired data was conducted
Results: Patients with ABI>0.9 have values of microalbuminuria (10.4 *vs* 131.8 mg/24h, p <0.001), maximum blood pressure (137.7 *vs* 154.1 mmHg, p <0.007) and triglycerides (101.2 *vs* 133.5 mg/dl, p <0.004) significantly reduced compared to patients with ABI <0.9; the minimum arterial pressure, even if it was reduced in the first group, did not reach statistical significance (72.9 *vs* 78.6 mmHg, p <0.09). The values of BMI, total and HDL cholesterolemia, glomerular filtrate, baseline glycemia and glycated hemoglobin did not reach statistical significance
Conclusions: The assessment of ABI, microalbuminuria and blood pressure allows to easily and economically stratify diabetic patients on the basis of cardiovascular risk.

Gastric adenocarcinoma infiltrating the ostomy of the previous gastric resection

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Patient 65-year-old, hospitalized for poorly productive cough and fever. As adolescent: gastro-resection and post-traumatic splenectomy. A former smoker and drinker, he refers a sense of

nausea,inappetence and weight loss. At his entrance BP 130/80, normal ECG, leukocytosis, increase in PCR. Chest x-ray: Right para-cardiac basal thickening. Patient starts antibiotic therapy. Abdominal ultrasound: biliary lithiasis. EGDS: ascending and incontinent cardias, extensive gastro-resection with fasting gastro-ostomy that presents congestion at the level of the ostomy with presence of outcropping vessel and signs of recent bleeding, afferent and efferent loops well functioning,presence of stomitis and gastritis of the stump. The metal clip is positioned on the vessel and multiple biopsies are performed;occult blood positive; Chest X-ray control:slight volumetric reduction of the right paracardiac opacification area. Biopsy report:fragments of gastric mucosa with infiltrating gastric adenocarcinoma. Total body CAT with contrast:ateletassic thickening of the right intermediate lobe,modest periscissural pleural thickening, multiple bubbles of bilateral apical medium emphysema. High density foreign body at the antral gastric mucosa level,diffuse thickening of the mucosa at the gastric bottom. The patient is discharged with a diagnosis of: gastric adenocarcinoma infiltrating the ostomy of the previous gastric resection. Ateletassic thickening of the right intermediate lobe. Perisissural pleural thickening. Middle bilateral apical emphysematous bubbles. Axial hiatal hernia. Gastro-esophageal reflux disease.

Ischemic stroke, left hemiplegia in subject with voluminous thyroid goiter

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66-year-old. Hospitalized for sudden hypostenia of left arm and leg, difficulty in keeping upright and in walking. The patient is a smoker and a drinker. Voluminous thyroid goiter with hypothyroidism in treatment with L-thyroxine. At his entrance, the patient was vigilant, oriented in time and space, with deficit of strength left half, positive Bambiski on the left, HP: standard; ECG: sinus rhythm, brain CAT and control, multi-cardiac encephalopathy and right parietal subcortical hypodensity, chest X-ray: no pleuro-parenchymal lesions; Eco Thyroid: thyroid goiter with compression and dislocation of tracheal air ribbon; Echocardiogram: mild mitral insufficiency, aortic root ectasia; SAT echocolordoppler: technically difficult due to the presence of voluminous goiter but not significant atherosclerosis. Cerebral stroke in subject with voluminous thyroid goiter. Neck CAT: voluminous non-homogeneous thyroid goiter due to the presence of multiple hypodense nodulations and calcifications, considerable deviation of the trachea to the left with compression and compression of the vascular structures of the neck. Laboratory investigations: deleted TSH. The patient is treated with acetylsalicylic acid, Low Molecular Weight Heparin, Statin, L-thyroxine. The patient is discharged with a diagnosis of ischemic cerebral stroke in the right parietal site with left hemiplegia; Multi-infarct encephalopathy; Voluminous thyroid goiter with hypothyroidism in treatment and compression of the vascular structures of the neck and marked deviation of the trachea to the left. Nocturnal hypoxemia.

Anti-PCSK9: the right targeting of a new weapon against ipercholesterolemia and cardiovascular disease

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Introduction: PCSK9 inhibition is an innovative therapeutic approach to improve control of elevated LDL-C levels. Several clinical study with different monoclonal antibodies against circulating PCSK9, either alone or in addition to statin therapy, have confirmed reductions of LDL-C levels up to 60%. These antibodies are employed in very high cardiovascular (CV) risk patients who have elevated LDL-C on maximal statin/ezetimibe therapy; LDL-C threshold values for considering anti-PCSK9 therapy are based on absolute cardiovascular risk. Too much patients are recently proposed for Anti PCSK9 treatment and we need adeguate instruments to make an appropriate choose.
Methods: We realized a check list for general pratictioners and hospital doctors to select patients to submit to our centre for anti-PCSK9 treatment, based on AIFA's raccomandations and according to all the prescribing centers from USL Toscana Centro. Patients at very high CV risk, patients with etherozigous familiar hypercholesterolemia on maximally tolerated dose of first and second line therapy and/or in apheresis and who are 'statin intolerant' with persistent high levels of LDL-C are reasonable candidate for the use of these drug. Results: the check list allow to select only the real eligible patients for anti-PCSK9 treatment especially the group with verified statin intolerance according to EAS Consensus Panel for defining statin-associated muscle symptoms (SAMS). The best accuracy in defining eligibility of patients will allow to achieve the best cost-effectivenes of anti-PCSK9 treatment

Performance in bodybuilders is linked to their inner emotions

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Foreword: Exercise may become physically and psychologically maladaptive if taken to extremes or if it doesn't turn out as expected. One example is the frustration reported by some individuals who engage in weight training. The current case explored potential psychological, motivational, emotional and behavioural concomitants of bodybuilding outcomes, with a particular focus on suppressed emotions for weight training.
Description of the case: A young man came to observation as he could not progress in his competitions since he wasn't able to lift more than 150kg. Regardless what training we tried he hadn't been able to go beyond the limit of 150kg, but only during competitions, during normal training he was able to lift a lot more than 150kg. After a medical check up to be sure that nothing was physically wrong we explored his emotions and dealt with them through counselling sessions. After 4 sessions we was able to overcome his limit and lifted more than 150kg.
Conclusions: While it was not possible to determine direct causality with his past life, the joint roles of variables that influence, or are influenced by, bodybuilding performance are clear. Results highlight unique motivation for bodybuilding and suggest that performance could be a result of, and way of coping with, stress manifesting as repressed emotions. A potential framework for future research is provided through the demonstration of plausible causal linkages among these variables.

A rare anti-TNF adverse event in psoriasic arthritis

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Background: Tumor necrosis factor alpha (TNF-α) inhibitors (expecially adalimumab) effectively treat sarcoidosis but it has been occasionally reported the onset of sarcoidosis and pulmonary interstitiopathies in patients undergoing this treatment.
Case report: A 47-year-old man, affected by psoriasis since 2005, previously treated with MTX and cyclosporine, in 2016 started adalimumab: opportunistic pathogens, TBC and hepatits were excluded by the screening. Thorax X-ray was negative. Anti-TNF was effective and maintained; in 2017dyspnea appeared: we documented a diffuse X-ray interstitial framework, confirmed in CT-scan. Symptoms were not responsive to antibiotics and antiviral therapies and serological opportunistic infections and virus were excluded. Lung fibroscopy with alveolar broncholavage showed lymphocytic alveolitis. Prednisone 25 mg/daily was started, without clinical response. After another month CT-scan abnormalities persisted: a transbronchial parenchymal biopsy showed gigantocellular granulomatous inflammation not necrotizing compatible to sarcoidosis. Prednisone 1 mg/kg/daily was

started with benefit. None other sarcoidosis localization was founded.
Conclusions: In literature there have been reports about 50 anti-TNF- associated cases of sarcoidosis, with a good response to corticosteroid treatment after stopping anti TNF; it is possible that this phenomena could be viewed in the context of a cytokine imbalance due to prolonged TNF suppression.

Atypical chest pain

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Case report: A 85-year-old woman was admitted to Emergency Department (ED) for the onset of acute epygastralgia and chest pain. Trend of symptoms was atypical with colic pattern. Her medical history was composed by arterial hypertension, obesity and NSAID-treated arthralgia. EKG, echocardiogram and troponins were entirely normal. Upper endoscopy revealed erosive reflux esophagitis covered by pseudomembrane, so inhibitor pump therapy was started. In the following days patient complained persisting acute-colic pattern epygastralgia despite iv ipp, with resolution only after administration of butylbromide and calcium channel inhibitors, suggesting spastic origin of the disease, thus patient was resigned on 5th day and referred to gastroenterological examination for manometry.
Conclusions: Esophageal spasm is an understimated disease characterized by non-propulsive contractions or high pressure of the lower esophageal sphincter. Confirmation of the esophageal origin of symptoms is difficult and other causes of chest pain must be excluded.
Manometry represents the definitive tool for the diagnosis of this condition, which can be succesfully treated with calcium channel inhibitors and spasmolytics.

Acute NSAID-induced colitis

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Case report: A 71-year-old woman was admitted to Emergency Department for the onset of abdominal pain and stipsis. Her history was composed by NSAID-treated arthralgia, COPD. Exams showed mild leukocytosis, increase of CRP and severe ipokaliemia. Abdomen x-ray performed in ED revealed colonic distension with air-fluid levels; diagnosis of intestinal subocclusion was hypothesized so patient was admitted to our Department where she began fasting, iv hydrosaline therapy and broad spectrum antibiotics. In the following days clinical status worsened with persisting and diffuse abdominal pain associated to disorientation, fever, passage of blood per rectum with new-onset anemia. A CT abdomen was subsequently performed and revealed abnormal colonic dilatation with rectal sparing; thus patient was transferred to Department of Surgery to be submitted to colectomy.
Conclusions: Toxic megacolon, described in 1950 by Marshak and Lester, represents a potentially life-threatening disease consisting of acute toxic colitis with concurrent colonic dilatation and may complicate inflammatory, infectious, ischemic colitis. As in our patient, some cases may be secondary to ulcerative colitis due to NSAID abuse, especially in those with rectal sparing. Pathogenesis is unclear and probably linked to direct toxicity or to inhibition of cyclooxygenase and prostaglandin synthesis.

Spontaneous dissection of the celiac artery in the young: a case report and systematic review of the literature

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Introduction: The spontaneous isolated celiac artery dissection (siCAD) represents a challenging cause of abdominal pain and complete information regarding incidence, etiology and risk factors in the young is still lacking. In this study, we report a case of siCAD occurred in a young woman and we systematically searched for information on siCADs in literature databases.
Methods: PubMed/Embase and Cochrane were searched for, using the following terms: Isolated celiac trunk dissection, isolated celiac artery dissection, celiac artery dissection, celiac trunk dissection. Patients were included if they were younger than 50 years, if they had a spontaneous etiology and a selective involvement of the celiac artery (with or without involvement of its branches).
Results: 180 studies were found, and 18 remained after screening. Twenty-one patients (male=19, female=2) with siCADs were included. Mean age was 44.71±3.61 years. Hypertension was the most prevalent comorbidity. All patients presented with abdominal pain, more often located in the epigastrium (n=11). Almost all patients underwent CT to confirm the diagnosis. A conservative treatment was adopted in 13 patients while an invasive approach was adopted in 8 patients (endovascular approach in 7).
Discussion: siCADs represent a rare but important cause of vascular dissection in the young. Uncomplicated cases can be safely treated with conservative strategies. The surgical or endovascular repair is indicated when dissections complicate or symptoms persist despite an adequate conservative treatment.

Predicting in-hospital death for sepsis and septic shock: the role of Troponin I

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Background: Sepsis and septic shock(SS) are often managed in internal medicine departments. A validated tool for prognosis is SOFA score. Troponin(TnI) I has been proposed as a marker of worse prognosis for SS in some studies: we aimed to evaluate if TnI could predict in-hospital death independently of SOFA score.
Patients and Methods: in the period 2015-2017 we enrolled all the consecutive patients admitted for SS in two Internal Medicine departments with expertise in critical care medicine. For each patient we evaluated, at the admission: (1) SOFA score (2) TnI level (3) sex, age, PCR and procalcitonin(PCT) (4) length of in-hospital stay. The main outcome was defined as in-hospital death for SS. We chose the best cutoff value for TnI and in-hospital death with ROC curve analysis, adopting Youden index. Then we prepared a Cox proportional Hazard model adopting (a) length of stay (b) in hospital death, as predictors (c) SOFA score (d) TnI and sex, age PCT and PCT as covariates.
Results: 390 subjects (age:79,6±11,4;males:49,2%) with 144 (36,9%) deaths. The optimal cutoff value for TnI was >0.315ng/ml. Cox proportional hazards model showed (1) one-unit increase of SOFA score was associated to an increased risk of in-hospital death (HR:1.208;95%CI:1.134-1.287), (2) TnI predicted in-hospital death independently of SOFA score (HR:1.925;95%CI:1.278-2.902), even correcting for age, sex, PCR and PCT.
Discussion: TnI can predict in-hospital death among patients affected by SS independently of SOFA score, age, sex, PCR and PCT.

Una febbre insolita di ritorno dalla vacanza: quando l'anamnesi e l'intuito clinico fanno la differenza

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Donna di 41 anni ricoverata per cefalea fronto-parieto-temporale sinistra associata a febbre quotidiana intermittente e fotofobia durante episodi febbrili, presenti da 5 giorni. Rientrata dalla vacanza in Oriente da 8 giorni per vacanza. Si associavano dolori lombari e muscolari. In PS riscontro di leuco-piastrinopenia (GB:3400, PLT:98000) con incremento dell'LDH (565 UI/l); PCR: 0,2 mg/dl. In Ps riscontro di eritema al viso, al décolleté e dorso mani. Non artrlagie né sintomi a carico delle vie urinarie. Obiettivamente, soffio olosistolico II/VI in focolaio mitralico. All'ingresso

la paziente è stata isolata e ha sospeso terapia antipertensiva in atto per PA ai limiti inferiori. Durante la degenza si segnalava un episodio febbrile per cui sono state prelevate emocolture,risultate poi negative. Ecocardio negativo per vegetazioni/reperti patologici, così come rx torace, ecoaddome e TC encefalo. HIV 1-2 negativi. Test rapido per Dengue eseguito in 2° giornata risultato positivo (4° episodio segnalato nella regione Marche nel 2017): il caso è stato notificato. Lo striscio di sangue periferico all'ingresso non ha mostrato forme immature circolanti,con leucociti e piastrine in calo al controllo del giorno successivo (esclusa CID), da ascrivere verosimilmente all'infezione virale, in assenza di clinica emorragica. La paziente veniva trasferita presso la Clinica di Malattie Infettive. Presentazione tipica di una malattia infettiva tropicale a presentazione rara in Italia:caso esemplificativo dell'importanza dell'anamnesi in Medicina Interna.

A rare case of heart failure

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Background: Amyloidosis is a systemic disorder due to extracellular tissue deposition of insoluble fibrils composed of a variety of serum proteins (amyloid), resulting in multiple organ damage.
Discussion: A 83-year-old man with personal history of colic neoplasia, was admitted for asthenia and dyspnea. Blood tests (BT) showed worsening of renal function, troponin elevation and a peak of gamma light chains at serum electrophoresis. The ECG showed sinus rhythm and left ventricle (LV) overload. The patients underwent echocardiography examination that revealed increased LV wall thickness, preserved LV ejective fraction and no significant valves dysfunctions. With loop diuretic therapy, we observed a progressive improvement of circle compensation and after a week the patient was discharged. However, after 6 days, he was admitted again for nausea, diarrhea and dyspnea. BT showed worsening of renal function, elevated brain natriuretic peptide and cholestasis indices. To exclude a relapse of colic neoplasia, we performed a fluorodeoxyglucose positron emission tomography, that was negative. Given the LV hypertrophy at echocardiography and the previous results at serum electroforesis, in suspicion of systemic amyloidosis, we required Red Congo staining of gastric biopsy, that was positive. Despite the therapies clinical conditions progressively worsened and the patient died
Conclusions: Heart failure due to amyloid cardiomiopathy is usually not responsive to traditional therapies and should be suspected in presence of unexplained left ventricle hypertrophy and elevated serum light chain.

A medical device application based on annurca apple polyphenolic extracts effective on fecal cholesterol excretion

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Background: Cardiovascular diseases are preferential targets of preventive medicine through a straightforward therapy on lipid profile.Today a number of novel lipid-targeted therapies are emerging with unexpected toxicities.Thus, complementary and/or alternative safe substances, able to correct impaired lipid profile, are still in great demand.To evaluate the *in vitro* and clinical effects of a novel nutraceutical product (AMD) formulated with Annurca apple polyphenolic extracts on the intestinal cholesterol micellar solubility.
Methods: Gas chromatography-Mass Spectrometry (GC-MS) analysis and Nuclear Magnetic Resonance (NMR) spectroscopy were used to elucidate AMD molecular mechanisms of action;a randomised, double blind,placebo-controlled, crossover study, was designed to evaluate the effect of AMD on the fecal cholesterol excretion in 50 subjects (20 women,18-83 years of age) divided into 2 subgroups (25 pts e.o.), who underwent a washout period of 7 days before the intervention period of 10 days, according to a 35 days crossover plan.
Results: AMD was able to decrease *in vitro* cholesterol micellar solubility by about 85.7%, while NMR experiments allowed to hypothesize dimeric procyanidins as potential responsible compounds for this effect; clinical data indicated that fecal cholesterol excretion was significantly increased (about +35%) in the AMD period compared with placebo period (P <0.01).
Conclusions: AMD may be regarded as a novel complementary and/or alternative safe remedy with clinical relevance as potential device in the primary cardiovascular disease prevention.

Novel foods for nutraceutical applications with beneficial effects on plasma triglyceride levels

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Introduction: Nowadays, cardiovascular disease (CDs) are preferential targets of preventive medicine through a straightforward therapy on lipidS. Today, a number of novel lipid-targeted therapies are emerging, together with unexpected toxicities. Thus, complementary and/or alternative safe substances,able to correct impaired lipid profile in humans, are still in great demand. The aim of the present work was to test a novel chia seed based nutraceutical formulation, named CSBNF, on healthy subjects with moderate dyslipidemia, for its potential effects on plasma triglyceride levels.
Materials and Methods: A cohort of 52 PTS (24 men AGE 18-83) assumed daily 4 capsules of CSBNF, each one containing 500 mg of cryo-micronized chia seeds and 15 mg of vitamin E, for 8 weeks according to a randomized, monocentric, double blind, placebo controlled, population based cohort trial.
Results: Data showed a variation of mean values: triglycerides (TG), -27.5% (95%CI:-2.54, *P*=0.0095); total cholesterol (TC), -8.0%(95%CI:-3.41, *P*=0.0019); H.D.L-5 cholesterol, +5.7% (95% CI: -1.22, *P*=0.0042); Low Density Lipoprotein cholesterol (LDL-C), -10.2% (95%CI:-2.17, P=0.0021); glucose, -3.2%, (95%CI:-3.07, P=0.0018).
Conclusions: The administration of CSBNF for two months had an equivalent or even superior TG lowering outcome than that of most conventional drugs or natural formulations indicated for dyslipidemia, without any side effect. Specifically, CSBNFmay be regarded as a novel complementary and/or alternative safe remedy with clinical relevance in the primary cardiovascular disease prevention.

Un raro caso di anemia emolitica

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Premesse: L'anemia drepanocitica è una rara malattia del sangue su base genetica, 80% dei casi si verifica in Africa. La falcizzazione dell' eritrocita si ha in detereminate condizioni: aumento acidità, innalzamento temperature ecc.
Descrizione del caso clinico: Pz di 44 anni razza nera giunge alla nostra osservazione per febbre e dispnea. In anamnesi diabete tipo 2 e ipertensione arteriosa, recente viaggio in Senegal (terra natale del pz) per cui ha eseguito profilassi per Malaria. Alla radiografia del torace riscontro di polmonite destra e iniziata terapia con levofloxacina con successo. Agli ematici legionella, pneumococco, plasmodium negativi. Per quanto riguarda l'anemia il dosaggio di ac folico è risultato normale mentre ferro e B12 sono risultati al di sotto dei valori di norma (ferro 18 mcg/dl ; ferritina 711 ng/ml e B12 <159 pg/ ml) è stato pertanto richiesto dosaggio Hb anomale e striscio con riscontro di presenza di variante emoglobinica HbS in forma eterozigote (39,8%).

Una rara complicanza di una malattia reumatologica misconosciuta

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Premesse: La S. di Felty (FS) è una rara patologia che insorge in circa 1-3% dei Pz con artrite reumatoide in media dopo 10-15 anni dalladiagnosi.
Descrizione del caso clinico: Pz di 85 anni giunge alla nostra osservazione per anemia e leucopenia di ndd All'ingresso Hb 8,2 e GB 1680 con neutrofili 150/mm3, quadro già presente in esami del 2014 e del 2016. All'obiettività riscontro di aspetto delle mani da artrite reumatoide con storia di artralgie datata da circa 10 anni con progressiva deformità articolare, mai indagata. Agli ematici di approfondimento: B12 e folati nella norma , riscontro di VES elevata e TSH ai limiti inferiore con quote libere; ANA positivo pattern citoplasmatico omogeneo 1: 640 (vn<1.160); anticorpiantiDNA nativo 33,1 UI/ml (<95 assenti); ENA 0,35 (<0,8 assenti); C3 66 -C4 20 (entrambi nella norma); FR 146 UI/ml (vn <20) ; Anticorpi anticitrullina >800 UR/ml (vn<5) ; ab antitireoglobulina 6,97 UI/ml (vn <4,11) con antiperossidasi negative e TSH ai limiti inferiori con normalità delle quate libere.Ecografia addome: splenomegalia (13 mm). Visto l'orientamento per FS è stata iniziata terapia steroidea alla dose di 1mg/kg con progressiva risalita dei GB e dei neutrofili.
Conclusioni: La S. di Felty pur essendo una patologia rara deve essere tenuta in considerazione anche in quei pazienti con Artrite reumatoide misconosciuta.

Usefulness of energy balance for the prognostic stratification of very old patients hospitalized in Internal Medicine wards

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Background and Aims: Older adults are more vulnerable to adverse events during hospitalization. Malnutrition linked to starvation, acute illness or chronic disease/disability leads to the further deterioration of functional abilities and inability to recover from the disease. Our study aimed to evaluate the energy balance (EB), in a cohort of the oldest old hospitalized patient in a Medicine Department.
Materials and Methods: This retrospective study was performed in 328 consecutively elderly hospitalized patients, classified into two groups: the *younger-older* (YOld), n=248 (72%), mean age 75,26±6,93, *range* (65-85) e the *oldest-old* (OOld), n=80 (28%), mean age 89,01±3,27, *range* (85-100). Total Energy Expenditure (TEE) was measured with Harris-Benedict formula and daily caloric intake was estimated with weighed food records. EB resulted from: Energy Intake − TEE. Demographic data, length of hospital stay, the *Simplified Acute Physiology Score* as a severity of disease score, the *Charlson comorbidity index (*CI) and mortality rate were considered for statistical comparison.
Results: The OOld group *vs* YOld presented: a) a higher CI (p <0.0001); b) a lower Energy Intake, TEE e BE (all p<=0.0001); c) a higher mortality rate 27% *vs* 18% of the YOld group,(ns). In the OOld group, the EB was significantly correlated with EI, albumin and mortality.
Conclusions: A negative EB in elderly patients hospitalized in Internal Medicine wards is a factor that influences the mortality rate. Our retrospective results warrant a further prospective analysis on a larger series.

Acute pancreatitis with a possible multiple etiology: a clinical challenge

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Background: An acute pancreatitis (AP) episode needs a prompt and correct etiological assessment to avoid dangerous recurrences. Management problems arise in clinical practice when multiple possible causes are simultaneously present in the same patient.
Clinical series: 5 patients over the last two years were observed in our Unit because of an AP episode with multiple possible etiological factors (2 edematous and 3 necrotizing form). Patient 1 presented pancreas divisum, paravaterian diverticulum and type II-IPMN; patient 2 presented gallbladder stones with dilatation of the common bile duct and congenital variant of the ductal pancreatic (at *uncus*); patient 3: stenosing odditis with choledocus stones and type II-IPMN; patient 4: pancreas divisum with edematous AP of the ventral pancreas, chronic obstructive pancreatitis of dorsal pancreas and gallbladder stones; patient 5: pancreas divisum and occasional and critical alcohol abuse. In all cases, the treatment was medical with the resolution of the acute episode; from the etiology standpoint, the procedures were: cholecystectomy (patient 2), endoscopic biliary sphincterotomy (patient 3), endoscopic sphincterotomy of minor papilla with a temporary prosthesis (patient 5); observation only was planned in the other two cases.
Conclusions: In this series, the right *challenge* consisted in recognition of the individual etiological role. The management was performed according with the pathogenic weight of the different predisposing pathological conditions as well as from comorbidity evaluation.

Caratteristiche sociodemografiche dei caregivers di pazienti affetti da diabete mellito

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Premesse e Scopo dello studio: Il numero di pazienti con polipatologia e politerapia.e la loro età media è in progressiva crescita. In questi casi frequentemente la terapia è somministrata da un caregiver (CG). Le persone con diabete mellito spesso assumono politerapie somministrate da CG. Obiettivo dello studio è des- crivere le caratteristiche sociodemografiche dei CG di un gruppo di pazienti affetti da diabete mellito tipo 2.
Materiali e Metodi: Sono stati valutati 65 pazienti diabetici, consecutivamente ricoverati in Medicina Interna per cause diverse dallo scompenso metabolico, la cui terapia era somministrata da un CG. Sono stati raccolti per ciascun CG i seguenti dati: età, sesso, nazionalità, scolarità, grado di parentela con il paziente. E' stata valutata l'Hb glicata (HbA1c) di ogni paziente.
Risultati: Età media dei CG: 55,5 anni(26-86). 48 (74%) CG erano donne, 17 (26%) uomini. 42 (65,%) erano di nazionalità italiana; 16 (25%) provenienti da paesi europei , 7 (10%) di paesi extraeuropei. Scolarità: 15 (23%) laureati, 28 (43%) con diploma scuola superiore, 18 (28%) con diploma scuola inferiore, 3 (4,5%) con scolarità elementare, 1 (1,5%) nessuna scolarità. Il CG in 15 (23%) casi era il coniuge, in 21 (32%) un altro familiare, in 29 (45%) casi il CG non aveva alcun grado di parentela con il paziente. HbA1c media dei pazienti: 52,8 mmol/mol.
Conclusioni: I pazienti la cui terapia è gestita da un CG hanno un buon controllo metabolico. La grande maggioranza dei CG è di genere femminile, ha una scolarità di livello elevato, ha un rapporto di parentela con il paziente.

Unrecognized subcapsular splenic haematomas: case series in an internal ultrasound ambulatory, with the aid of contrast-enhanced ultrasound

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Background: Spontaneous splenic hematomas are not uncommon and often associated to pathology (infectious, tumor, hematological).
Case series: In 1 year we observed 3 cases. A 56-year-old man with abdominal pain. Medical history was negative for significant diseases, trauma, treatment except for aspirin. US showed splenomegaly (13.3 cm), hypoechoic lesion (4 cm), slight effusion. CEUS revealed poor peripheral uptake of lesion in arterial phase, without progression in venous. CT confirmed subcapsular

hematoma. Embolization is performed, then partial splenectomy. One year later, the patient is fine. A 65-year-old man presented for follow-up of polycythemia vera (JAK2), in treatment with HU, aspirin, phlebotomy. Traumatic episodes was absent. US showed mild splenomegaly and subcapsular hypoechoic area (4x2cm). CEUS revealed poor peripheral uptake in arterial phase. Abdomen CT confirmed hematoma. Conservative therapy was performed. After 6 months the patient is fine. A 55-year-old man presented for follow-up. Anamnesis was positive for large LNH B, IV stage, treated with VERAL protocol. US showed splenomegaly (20 cm), hypoechoic area (9 cm), minimal effusion. CEUS revealed poor peripheral uptake in arterial phase. CT confirmed hematoma. He was submitted successfully to splenectomy.
Discussion: Spontaneous splenic hematoma is often lethal. A real time technique in the hands of clinician allows to associate images to predisposing factors (in our case haematological disease or antiplatelet therapy).Splenic haematomas may be difficult to identify with conventional US, especially if isoechoic, however easily using CEUS.

Unrecognized gastroenteropancreatic neuroendocrine tumors: case series studied with abdominal US and CEUS in one year, in a Internal Medicine unit

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Background: Neuroendocrine tumors are unusual disease, misunderstood for aspecific symptomatology and cognitive bias. Real-time predictive test could guide the clinician and speed the diagnostic process.
Case series: A 46-year-old woman presented for asthenia and diagnosis of pancreatic angioma. Given the inusuality, CEUS was performed and showed slow centripetal peripheral wash-in in arterial and venous phase (15 mm). We performed NET markers (negatives) and Ga-PET, positive. Cytological test: NET, Ki67 1%. Lesion is unvaried at 3 years. A 58-year-old patient presented for abdominal pain and multiple hyperechoic liver lesions, interpreted as angioma. He had chronic hepatitis B. CEUS showed evident wash-in in early phase and fast venous wash-out. Hepatic histology: NETmetastasis,GRAD1,KI67 2%. Ga-PET was positive for ileal uptake. Sandostatin was prescribed and subsequent ilectomy was performed. A 4-year patient was fine. A 69-year-old man presented for hypertension. US showed casual large inhomogeneous lesion of the left liver (7 cm). CEUS demonstrated fast, centripetal, irregular arterious wash-in, progressive venous wash-out. Ga-PET was positive in ileum and liver. Hepatic histology: NET G2, KI67 3-5%. Sandostatin therapy was initiated and patient was sent to the surgical evaluation.
Discussion: CEUS is a real time and predictive method in NET diagnostic process. In literature, as in our cases, in patients with primary P-NET CEUS pattern correlates with tumor grading and in patients with NET liver metastases increased arterial wash-in is similar to hepatocellular carcinomas and opposite of other metastases.

Progetto pilota di integrazione medico-infermieristica per la continuità assistenziale: il contributo della primary nursing associata alla valutazione interprofessionale della scheda di Brass

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Background: La complessità dei pazienti in Medicina Interna è legata all'invecchiamento ed alla pluripatologie con aumento di degenza e peggioramento degli outcomes. La primary nursing (PN) è un modello alternativo, orientato alla qualità dell'assistenza (attribuzione individuale di responsabilità nel processo decisionale, assegnazione con metodo dei casi, comunicazione diretta interpersonale, identificazione di case manager).
Metodi: Abbiamo introdotto il modello PN combinato alla valutazione interprofessionale della scheda di Brass dal gennaio 2018 allo scopo di migliorare la continuità assistenziale e l'integrazione medico-infermiere. Secondo il modello before-after, effettueremo un confronto sulla gestione dei pazienti nei 3 mesi precedenti e nei 3 successivi all'introduzione del modello, valutando su pazienti ricoverati, in continuo, nella nostra UO (n. tot previsto circa 600 pazienti): - Outcomes primari (nursing sensitive outcomes: secondo definizione Ipasvi) - Outcomes secondari: organizzativi (diminuzione tempo di degenza media, rericoveri a 15 giorni, inappropriatezza delle richieste al NOA), professionali (grado di compilazione piani di assistenza /scale di valutazione). Il presente progetto non è esente da limiti, quali durata dello studio e presenza di bias confondenti, in particolare la naturale resistenza al cambiamento, che potrebbe alterare i risultati nel preliminare periodo di raccolta di dati. Si configura, pertanto, come iniziale progetto pilota pragmatico da implementare e da integrare ad altri modelli sperimentali (applicazione del complimed).

Un insolito caso di polineuropatia associata a positività per Ab antiGM1

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Premesse: Le polineuropatie sono patologie complesse sia nella patogenesi che nelle manifestazioni cliniche potendo far parte di sindromi notevolmente differenti.
Case report: Descriviamo il caso di un paziente di 81 anni giunto alla nostra osservazione per atassia ingravescente da circa due mesi con ipomiotrofia. In anamnesi: diabete mellito, cardiopatia ischemica ad evoluzione ipocinetica (FE 30%), vasculopatia cerebrale cronica. L'esame EMG degli arti inferiori ha evidenziato polineuropatia ad impronta sia assonale che demielinizzante e l'ENG dei quattro arti polineuropatia prevalentemente sensitiva ed assonale agli arti superiori. Emocromo: anemia e piastrinopenia. Alla TAC torace ed addome angiomatosi della milza, minimo versamento pleurico bilaterale, cisti renali bilaterali, ipertrofia prostatica. Ricerca di sostanza amiloide, crioglobuline, markers epatite B e C, Ab anti nucleo, Ab anti tessuto, ANCA, TPHA, Ab anti HIV negativi. Hb glicata 5.1%. Positività per Ab anti GM1 (IgM) a medio titolo, negatività per gli Ab anti MAG. Biopsia midollare: diseritropoiesi. E' stata effettuata terapia con Ig vena 0.4 g/Kg per 5 giorni e dopo un mese la sintomatologia è apparsa in miglioramento, mentre invariato l'esame elettromiografico.
Conclusioni: Il quadro polineuropatico del paziente è atipico e misto (metabolico e disimmune), non essendo assimilabile a multineuropatia motoria come è dato osservare in caso di positività agli Ab antiGM1 e rappresenta un interessante caso di diagnosi differenziale delle polineuropatie. Il trattamento con Ig vena è risultato efficace.

Trombosi della vena porta associata a mutazione del gene JAK2

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Premesse: La trombosi venosa può rappresentare l'esordio o la complicanza prognosticamente negativa di diverse patologie. La trombofilia è una condizione che può essere sia congenita che acquisita.
Case report: Descriviamo il caso di una paziente di 69 anni giunta in DEA per epigastralgia e ricoverata nel sospetto ecografico di neoplasia pancreatica con associata trombosi della vena porta. L'eco-endoscopia e la RMN dell'addome hanno escluso lesioni focali del pancreas, ma evidenziato disomogeneità del parenchima come da esiti flogistici, trombosi della vena porta fino alle diramazioni intraepatiche e trombosi della vena mesenterica superiore. Agli ematochimici: D dimero 4.01 (VN <0.50), Hb 12.1, Ht 37.1, PLT 249.000; INR, PTT, Proteina C ed S, Resistenza alla APC, ATIII, amilasi, lipasi, bilirubina, AST, ALT, CEA, Ca 19.9 nella norma; Ab anti nucleo, Ab anti tessuto, LAC, Ab anti cardiolipina

ed anti beta 2-GPI negativi. La ricerca della mutazione V617F del gene JAK2 è risultata positiva in maniera significativa: 11%. Biopsia midollare: materiale non diagnostico. E' stata iniziata terapia anticoagulante orale ed a distanza di un anno i valori emocromocitometrici sono rimasti stabili.
Conclusioni: Questo caso conferma il dato dell'associazione tra la trombosi venosa in sedi atipiche e la mutazione del gene JAK2. In questi pazienti l'anomala funzione delle piastrine sembra indipendente dal loro conteggio. In questo contesto lo sviluppo della trombosi portale appare molto lento e può avere un decorso asintomatico con riscontro occasionale.

Incidenza degli eventi trombotici in pazienti affetti da cirrosi epatica: analisi retrospettiva di una coorte

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Premesse e Scopo dello studio: La cirrosi epatica causa una ridotta sintesi dei fattori della coagulazione, a cui spesso si associa piastrinopenia. Per questo il paziente cirrotico viene percepito come un soggetto ad elevato rischio emorragico. Recenti evidenze mostrano che in questi pazienti non mancano gli eventi trombotici, ma l'incidenza di queste complicanze non è stata studiata a fondo. L'obiettivo del nostro studio è di valutare retrospettivamente l'incidenza degli eventi trombotici venosi e arteriosi nei pazienti affetti da cirrosi epatica afferenti all'ambulatorio di Malattie Epatiche dell'Ospedale di Cremona.
Metodi: Per individuare la coorte sono stati valutati i soggetti afferenti all'Ambulatorio di Malattie Epatiche dell'Ospedale di Cremona dal 2013 al 2017, tra questi abbiamo selezionato coloro che nello stesso periodo presentavano un ricovero per "cirrosi epatica" e successivamente per "trombosi arteriosa o venosa".
Risultati: Nel quinquennio 2013-17 sono stati visitati 2496 pazienti, di questi 190 avevano almeno un ricovero per cirrosi epatica. Tra i pazienti cirrotici, nel periodo in esame, gli eventi trombotici sono stati 14 (7.3%): 9 trombosi della vena porta e 5 eventi trombotici al di fuori del distretto portale e splancnico (2.6%), di cui 2 sindromi coronariche acute e 3 trombosi venose profonde.
Conclusioni: Con i limiti dovuti all'analisi retrospettiva e monocentrica, nella nostra coorte l'incidenza di eventi trombotici è bassa ma non trascurabile, riteniamo che siano necessari ulteriori studi per confermare la validità di questo dato.

Infezioni e trombofilia: epatite acuta da CMV con pileflebite in immunocompetente. Descrizione di un caso e revisione della letteratura

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Introduzione: La pileflebite è la trombosi portale secondaria a infezioni intraaddominali. Spesso è scatenata da diverticoliti e appendiciti ed è ad eziologia polimicrobica. I sintomi tipici comprendono addominalgia, non sempre severa, e febbre. La diagnosi si basa sulla dimostrazione TAC della trombosi portale in paziente piretico con batteriemia. La terapia consta di un trattamento antibiotico dapprima empirico e poi mirato. L'anticoagulazione non è solitamente necessaria, se non in presenza di una diatesi trombotica. L'associazione tra infezione acuta da CMV e tromboembolismo venoso, anche severo, è descritta in letteratura in almeno 28 casi dal 2001. Nella metà di questi si è trattato di trombosi portale, quasi tutti sono stati anticoagulati, ma solo un quinto di essi è stato trattato con terapia antivirale.
Descrizione del caso: Donna di 55 anni con febbre a picchi serali di 38°C da oltre 1 settimana. All'ingresso si rileva aumento delle transaminasi e presenza di linfociti attivati allo striscio periferico. L'ecoscopia evidenzia una cisti splenica settata di 3cm. Una TAC addome rivela la trombosi del ramo portale sin, che si tratta con enoxaparina. La ricerca di CMV-DNA isola 15538 copie/mL. Il ganciclovir, motivato dalla complicanza trombotica, risolve rapidamente la piressia. La paziente viene quindi dimessa con rivaroxaban. A 6 mesi, in assenza di clinica, la TAC mostra risoluzione delle pileflebite.
Conclusioni: L'infezione da CMV è una causa di trombofilia acquisita. La necessità di anticoagulazione è condivisa, mentre è incerta quella della terapia antivirale.

A long-standing history of hypoglycemic crises: a case report

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Background: Hypoglicemia (HG) is very common in the medical wards. It often concerns the medical treatment of diabetes but there are other uncommon disorders to account for. Insulinoma is a rare condition with an incidence of 0.4/100000 patients/year.
Case report: A 71-year-old female was referred to ER because of HG (22 mg/dl) with lost of consciousness. The patient reported a 10-years history of hypoglicemic episodes requiring several hospitalizations. Neither diabetes history nor hypoglycemic agents' assumption was reported.
Results: After the admission a continuous infusion of 10% glucose at 100 ml/h was required to maintain normal blood glucose (BG) levels. The fasting test confirmed the presence of a hyperinsulinemic HG (after 5h BG was 43mg/dl, Insulin 31mcUI/ml, C-peptide 8.7ng/ml. 30 minutes after 1 mg glucagon administration BG rose to 87mg/dl). The CT scan showed a 30 mm lesion in the pancreas tail, suggesting for a neuroendocrine tumor (NET). MEN1 syndrome and adrenal insufficiency were excluded. The patient underwent a laparoscopic tumor enucleation. HG disappeared but the patient experienced the onset of persistent hyperglicemia requiring insulin therapy. The histology confirmed a 14 mm NET G2 (Ki67 4%) with vascular invasion (T1).
Conclusions: Insulinoma is a rare condition. The diagnosis is often late and the symptoms overlooked. A correct differential diagnosis is crucial because surgery permit a definitive healing in more than 95% of the patients. The relationship between insulinoma and the onset of diabetes is poorly described and needs further investigations.

Converting to IDegLira is efficacious regardless of pre-trial insulin dose in patients with type 2 diabetes uncontrolled on insulin glargine U100

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Background: This post hoc analysis of the DUAL V study investigated the safety and efficacy of initiating the fixed-ratio combination IDegLira once daily at 16 dose steps/units (16 U IDeg; 0.58 mg liraglutide) in adults with T2D uncontrolled on 20–50 U of insulin glargine U100, *vs* continued IGlar U100 up-titration, across pre-trial daily insulin dose groups. This analysis aimed to confirm that there is no loss of glycaemic control when switching to 16 U IDegLira from a higher pre-trial basal insulin dose.
Materials and Methods: DUAL V was a 26 week open-label, TTT trial that randomised patients with T2D uncontrolled on IGlar U100 plus metformin to either IDegLira or continued IGlar U100 titration.
Results: HbA1c reductions from baseline to end of trial were significantly greater with IDegLira *versus* IGlar U100 for all dose groups. IDegLira was insulin sparing, resulted in body weight loss *versus* body weight gain, and was associated with lower rates of hypoglycaemia. There were no clinically relevant increases in SMPG

levels when converting from any dose group to 16 U IDegLira. FPG reductions were similar between treatment arms for all dose groups. For all endpoints except EOT insulin dose, treatment effect was consistent across dose groups.
Conclusions: Regardless of pre-trial insulin dose group, IDegLira resulted in significantly greater HbA1c, body weight reduction, lower hypoglycaemia rates *versus* IGlar U100 at a lower EOT insulin dose. Importantly, there was no loss of glycaemic control when converting from any dose between 20–50 U of IGlar U100 to the starting dose of 16 U IDegLira.

Sweet syndrome in chronic myelomonocytic leukemia: a rare case of coexisting cutaneous manifestations

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Background: Cutaneous lesions are rarely expressions of myeloid neoplasms: Sweet syndrome has been described as unusual feature of solid more than hematological tumors.
Clinical case: In 2017 a 75-year-old woman, with positive history for arterial hypertension, congiuntivitis, and retinal maculopathy, came to our attention for persistent pruritus and whole body-diffused erythematous cutaneous lesions, not responsive to steroids. Blood chemistry analyses showed thrombocytopenia and leukopenia with relative eosinophilia and monocytosis, while liver and renal indexes as well as autoimmunity parameters were in range, allergic tests were negative, dermatologic evaluation diagnosed prurigo. A skin biopsy suggested a differential diagnosis between Sweet-histiocytosis syndrome and cutaneous localization of myeloid neoplasm. Complete abdomen echo-ultrasound evidenced splenomegaly (18 cm), chest-X-ray was negative. A total body CT-scan confirmed splenomegaly, without other significant lesions. We performed peripheral blood lymphocyte immunophenotypic analyses (overexpression of monocyte population), bone marrow biopsy (suggestive for chronic myelomonocytic leukemia), marrow blood FISH and cytogenetic analyses (concordant with bone marrow biopsy suggestion).
Conclusions: Coexistence of Sweet syndrome and cutaneous manifestations of myeloid neoplasms is a very rare entity and represents an interesting diagnostic challenge. Therapeutic approach comprehends not only steroids, tipically administered in Sweet syndrome, but also antineoplastic chemotherapy.

A case of dendritic follicular cell sarcoma: the importance of multidisciplinary approach in the rarity

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Background: We described a case of dendritic follicular cell sarcoma, which represents an extremely unusual entity above the rare family of myeloid sarcoma.
Clinical case: A 54-year-old man has been sent to the hospital in June 2017 for lumbar right pain, partially responsive to FANS. He has already performed CT-scan and MRI with evidence of significant right otturatory lymph nodes and aspecific bone lesion in right ischio-pubic area. Patient, an active smoker, was affected by arterial hyepertension, dyslipidemia. Tumor biomarkers were in range. 18FDG-PET confirmed an altered ipercaptation in subdiaphragmatic multiple lymph nodes, in right ischio-pubic area and in muscular tissue in correspondence of right tenth cost. After a multidisciplinary discussion, patient underwent echo-ultrasound guided inguinal lymph node biopsy (one of the lymph node evidenced in the PET). Histological findings suggested a diagnosis of dendritic follicular cell sarcoma. Considering the extreme rarity of this morbidity, we decided to make a second review of the histologic samples, performed in a second level Unit, described the presence in a rare variant of myeloid sarcoma, called dendritic follicular cell sarcoma.
Conclusions: Myeloid sarcoma represents a rare entity, that requires a specific onco-hematologic expertise. Dendritic follicular cell sarcoma is rarer than myeloid sarcoma because defines a subtype of myeloid sarcoma. The diagnostic workout could be part of a more generalized multimodal and multidisciplinar approach, in particular for the interaction between clinicians-pathologists.

A rare case of mesothelioma of the tunica albuginea

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Background: We described a rare case of mesothelioma of the tunica albuginea: it requires specific expertise because follow-up and therapy change radically.
Clinical case: 62-year-old man with hyperthermia and productive cough. In anamnesis: COPD (active smoker), obesity, prostatectomy for prostatic adenocarcinoma (G7, pT1N0M0). In 2016 patient underwent left orchiectomy for solid lesion (symptomatic for scrotal weight), with diagnosis of mixed/non-seminomatous germ cells neoplasia, stage I ° B. After 3 months we performed blood cultures (positive for S.pneumoniae, successive specific antibiotics), CT-scan (significant lombo-aortic adenopathies right basal ground glass area with contextual centimetric nodularity, two basal and one peribronchial-medium field on right side, minimum right pleural effusion), AFP and PSA (in range). A fibrobronchoscopy-guided-nodule biopsy was suggestive for metastasis of mesothelioma of the tunica albuginea. The revision of orchiectomy-derived histological samples confirmed the diagnosis of mesothelioma of the tunica albuginea. Patient received four Carboplatin/Pemetrexed cycles, obtaining a pleural effusion and lombo-aortic adenopathies complete regression, and partial response on lung lesions.
Conclusions: This rare diagnosis is often confused with scrotal-testicular thickening of another nature, or with mixed/non-seminomatous neoplasm of the testis, and underlines how the multidisciplinar approach has been fundamental for arriving at a correct diagnostic-therapeutic program.

Hypokalemic paralysis mimicking Guillain-Barrè syndrome and causing hypertensive crisis: searching for a link

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Background and Aims: The acute weakness refers to a decrease in muscle strength and it is found in different medical and neurological disorders. Hypokalemia can lead to weakness and when it is found, underlying causes should be investigated.
Materials and Methods: A 62-year-old woman presented to the emergency department for dyspnea with a progressive muscle weakness starting in lower extremities and quickly progressed to involve the upper limbs. There was no history of fever, diarrhea, trauma or hypertension. She was fully conscious and blood pressure was 210/90 mmHg. Neurological examination revealed bilateral symmetric flaccid paralysis with hypotonia and hyporeflexia of both upper and lower limbs; sensory system and cranial nerves was unremarkable. A provisional diagnosis of Guillam-Barrè syndrome was supposed.
Results: Laboratory investigations revealed severe hypokalemia (1.6 mmol/L), rabdomyolysis (CPK 16.670 U/L), renal failure (creatinine 2.3 mg/dl), liver impairment (AST 401, ALT 306 U/L) and metabolic alkalosis. Brain MRI was normal. Continuous potassium replacement led to and complete recovery of clinical picture. A detailed history revealed that since she stopped smoking 3 years ago, she consumed 200-250 g of black licorice daily, including ropes and candy piece.
Conclusions: Licorice-induced severe hypokalemia is a rare condition and the initial presentation with acute muscle paralysis is

far rarer. The case highlights the importance of obtaining a detailed dietary history, especially considering the increasing use of liquorice-containing foods, teas, and herbal products.

Palliative care in Internal Medicine

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Introduzione: Nel 2013, secondo il Rapporto al Parlamento sullo stato di applicazione della Legge 30 del 2010, il numero totale dei decessi in ospedale per tumore è stato pari a 44.725 pazienti, di cui circa il 53% ricoverati presso il reparto di Medicina Interna, il 15% in Oncologia ed il 6% in Geriatria.
Scopo: Si è stabilito un programma operativo di collaborazione fra la UOC Medicina Interna e la UOSD Terapia del dolore e Cure Palliative, al fine di garantire una migliore gestione dei pazienti in carico alla Medicina Interna necessitanti di terapia antalgica ed inserimento in programma di assistenza hospice in regime domiciliare o residenziale.
Pazienti e Metodi: Lo studio si è sviluppato mediante l'attivazione on-line della richiesta di consulenza per la terapia del dolore, cure palliative e valutazione per l'inserimento in assistenza tipo hospice, dei pazienti del reparto di Medicina Interna. Il personale afferente alla UOSD Terapia del dolore e Cure Palliative ha quindi effettuato la valutazione del dolore impostando la relativa terapia antalgica.
Risultati: Nel 2016 sono state eseguite 247 consulenze specialistiche e 93 valutazioni per inserimento in hospice; nei primi sei mesi del 2017, sono state effettuate 241 consulenze e 123 valutazioni per l'inserimento in hospice.
Discussione: L'aumento del numero delle valutazioni è stato di circa il 100% solo nei primi sei mesi del 2017 rispetto a tutto il 2016.
Conclusioni: Si conferma come la simultaneous care per le cure palliative comporti un notevole aumento dei pazienti sottoposti a consulenza come da obiettivi di legge.

A momentary lapse of reason

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In 2017, a 57-year-old female was brought to ED for a sudden episode of numbness/ tingling of the left side of the face+perioral region, drooping of the left corner of the mouth, paresthesia of the left upper limb receding after 10 min shortly followed by numbness/tingling of the tongue lasting 10 min. She had been recovering from bronchitis treated with Amox/Clav; Beclomethasone, Formoterol inhaler. Regular meds: Levothyroxine 150 mcg od; no drug allergies or substance abuse. She presented in good condition, GCS 15. No neurological signs were solicited. Vital signs: normal. Labs: Thrombocytopenia 36000/mL, Anemia Hb8.4 g/dl Emergency CT brain was negative. Neurology consult: recurring transient ischemic attack (TIA) aggravated by anemia. She was admitted to Internal Medicine ward, diagnosis: "TIA, anemia, thrombocytopenia of unknown origin" Internist reassessed the pt requesting Lactate dehydrogenase (1004 U/L NR<220) indirect Bilirubin 1.3 mg/dL; Schistocytes observed on the peripheral smear. On suspicion of acute idiopathic Thrombocytopenic Thrombotic Purpura (TTP) the pt was immediately treated with fresh frozen plasma, Enoxaparin 4000 IU, Dexamethasone, IV fluid hydration, Sodium Bicarbonate, Calcium Folate, Allopurinol. 16/11/2017 Hematology consult: TTP confirmed. After 7 daily Plasma Exchange Procedures followed by 5 cycles every other day, plt count was 176000/mL, Hb10.6 g/dL, LDH normal, neurological signs/symptoms had regressed. A total body CT and complete Labs for infectious agents/autoimmune disorders were negative. She remains asymptomatic at follow-up.

A forgotten little scratch

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A 17-year-old male was admitted to internal medicine/immunology ward with a 3 mth history of fever, lymph node swelling of the neck and appearance 3 days before of red, painful leg nodules. An EBV infection had been diagnosed. Pt. denied weight loss, recent travel, at-risk behaviours, household pets. Clinical examination: febrile 38.5°C, tender, enlarged left cervical lymph nodes, no other superficial lymph nodes affected, nonsuppurative tonsillar hypertrophy, spleen at the left costal margin, painful nodular erythematous eruptions over the extensor aspects of the lower legs. LABs: WCC 16.44; Neut 12.99 ; Lym 0.15; Mono 1.12; CRP 10.63; LDH 274. Chest X-ray: no abnormalities. Abdominal/Neck US: hepatosplenomegaly, spleen Æ14cm, diffuse cervicolateral lymphadenopathy Æ3.5cm. Peripheral blood smear: monocytosis (20%) with cytoplasmic vacuoles. Further LABs: C1q and IgG slightly increased. ASO positive (552). Blood cultures, Quantiferon, Treponemal test negatives. Viral serology: previous (>4 months) EBV infection, otherwise negative for acute infection. Autoimmune panel negative. Lymph node biopsy: follicular hyperplasia, micro abscesses with central liquefactive necrosis, granulocytic neutrophils, peripheral epithelial cell palisading compatible with bacterial lymphadenitis (cat-scratch disease, tularemia, Kikuchi). At this point the pt. finally remembered being scratched by his girlfriend's cat in June. Treatment: Doxycycline 100mg b.d. and Rifampicin 300mg b.d.; all symptoms have quickly regressed and he remains asymptomatic at follow-up.

A severe refractory thrombocytopenia: a case report

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A 55-year-old-man was admitted because of melena. Anamnesis revealed chronic HCV liver disease and arterial hypertension. At admission he presented skin ecchymosis in the limbs and the back and bleeding from the gengive. Blood chemistry revealed: HGb 7,8 g/dl, severe thrombocytopenia (4000 u/l), altered liver enzymes; rheumatological profile, lymphocytes subpopulations, cryoglobulinemia and HCV RNA-quantitative were performed (all negatives). The Haematologist carried out medullary needle aspiration (non atypical cells, extreme poverty of platelets precursors). Methylprednisolone (40 mg twice a day) and blood transfusion were prescribed. After 3 days inspite of ongoing therapy, platelets values are reduced (2000u/l); normal human immunoglobulins therapy is added and platelets concentrates and pockets of concentrated blood cells are practiced as needed, with persistence of severe thrombocytopenia. Revolade (Eltrombopag) 50 mg once a day was added but not positive effects was gained. Association of methylprednisolone 40 mg tice a day with rituximab 1 dose per week for 3 weeks at this point was prescribed with the result of a gradual and constant increase of the platelets. The patient was discharged with the diagnosis of "*autoimmune severe thrombocytopenia in patient already affected by chronic active HCV hepatitis refractory to current haematological protocols and resolved with the association of low dose corticosteroids and rituximab*". At the follow up, after one month, the blood count showed a stabilized pattern with normal platelets count.

A rare case of sepsis in an healthy young man

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Introduction: A 26-year-old man with fever and sore throat was admitted to the Internal Medicine ward. Patient's medical history

was normal with an episode of fungal prostitis 3 months ago treated with oral antifungal therapy. The otolaryngologist described pharyngitis 4 days before the admission and treated the patient with claritromicin without any improvement.
Case report description: Upon hospital admission, patient's condition was severe with a temperature of 40° C associated to asthenia and pharyngitis. Clinical examination revealed tachycardia with splenomegaly confirmed by the abdomen ultrasound scan. Upon laboratory findings leukocytosis and thrombocytopenia were observed. A chest X-ray was normal as well as echocardiography and computed tomography of chest and abdomen. On the 7th day of hospitalization the bacteriology reported growth of Veillonella species in nine of the nine blood culture samples. The patient was treated with meropenem, levofloxacin and teicoplanin for 13 days and discharged in good condition.
Conclusions: Veillonella spp is an anaerobic gram-negative coccus that is usually present in the normal oral, intestinal and vaginal microflora. Among cases of gram-negative sepsis, V. spp has usually been associated with localized anaerobic infection. Bacteremia caused by V. spp as the only microorganism and without a defined site of primary infection is extremely rare in healthy humans. Therefore sepsis may represent a direct consequence of an underlying condition of immunodeficiency, probably caused by the antifungal treatment in this patient.

Epatite acuta indotta da acarbosio: presentazione di un caso clinico

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Caso clinico: Donna di 27 anni con recente esordio di LADA (Latent Autoimmune Diabetes of the Adults) in terapia con detemir 0.2 U/Kg. Per la presenza di modeste iperglicemie post-prandiali viene associato acarbosio 50 mg bid. Dopo circa 3 mesi la paziente lamenta comparsa di astenia ingravescente, nausea e calo ponderale. Si associano dolenzia addominale con lieve epatomegalia. Agli ematochimici transaminasi ed indici di colestasi aumentati (AST/ALT 545/703 mU/ml; GGT/ALP 425/179 mU/ml). Negative le sierologie per virus epatotropi e la ricerca di anticorpi anti-nucleo, anti-citoplasma, anti-mitocondri; non ostruzioni biliari all'ecografia addome. Nel sospetto di epatotossicità iatrogena viene sospeso acarbosio, con progressivo miglioramento clinico e laboratoristico. Dopo 6 settimane gli indici di citolisi epatica risultano entro i limiti di norma.
Discussione: La relazione temporale tra l'esposizione al farmaco e l'insorgenza del danno epatico, nonché la sua completa risoluzione dopo sospensione della terapia, rende la diagnosi di epatite da acarbosio molto suggestiva. Tra gennaio 2001 e giugno 2017 sono state effettuate ad AIFA 7 segnalazioni di patologie epatobiliari associate all'assunzione di acarbosio (6.5% di tutti i report segnalati), 6 delle quali classificate come "gravi". Nonostante il meccanismo alla base di questi episodi sia ancora sconosciuto, un attento monitoraggio clinico e bioumorale della funzione epatica nei primi mesi di terapia con acarbosio è consigliato per prevenire i rari, ma potenzialmente fatali, casi di epatite acuta indotta da acarbosio.

Ginocchio contuso...cuore confuso!

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Premesse: Le alterazioni sieroimmunologiche sono comuni nelle endocarditi infettive (EI), tuttavia disordini autoimmuni specifici come la vasculite crioglobulinica (CV) sono stati associati a EI raramente.
Descrizione del caso clinico: Paziente femmina, 78 anni, giunge in DEA per contusione del ginocchio sn, in assenza di altri sintomi. All'obiettività appare polipnoica, PA 160/90 mmHg, SO2 95%, FC 90 bpm, TC 37°C, ipocapnica e ipossiemica, si somministra O2 terapia. Anamnesi con stenosi aortica, diarrea ricorrente da alcuni mesi, vasculite arti inferiori e recente diagnosi di crioglobulinemia mista, in terapia con corticosteroide. Esami ematici: leucociti 26.600/uL, D-dimero 23,67 mg/L; creatinina 6,25 mg/dL; pro-BNP >35.000 pg/mL, PCR 198 mg/L, procalcitonina 100 ng/mL. All'ecocardio "atrio destro severamente dilatato con grossolana vegetazione mobile (1,3 x 0,5 cm) su lembo posteriore della valvola tricuspide" e scintigrafia polmonare con quadro compatibile per "evento embolico acuto". Si avvia terapia empirica per endocardite con tazobactam+piperacillina, rifampicina e trimetoprim+sulfametossazolo e, ricoverata in UTIC, inizia terapia con calciparina.
Conclusioni: L'associazione tra EI e crioglobulinemia "asintomatica" raramente esordisce clinicamente come vasculite crioglobuninica. Singolare è il coinvolgimento della triscuspide, dato che, in assenza di ulteriori fattori di rischio, viene coinvolta solo nel 10% delle endocarditi infettive. La terapia corticosteroidea maschera la sintomatologia, ritardando la diagnosi

Encefalopatia steroido responsiva associata a tiroidite autoimmune

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Premessa: L'encefalopatia steroido responsiva associata a tiroidite autoimmune (SREAT), anche nota come encefalopatia di Hashimoto, è una rara entità nosologica caratterizzata da disturbi neurologici e psichiatrici, in presenza di anticorpi antitiroide nel siero e nel liquor, in assenza di lesioni neoplastiche, vascolari e infettive cerebrali. Non è chiaro se gli anticorpi antitiroide siano un epifenomeno autoimmune o se abbiano un ruolo eziopatogenetico.
Caso clinico: Si descrive il caso di una donna di 76 anni con storia di ipertensione arteriosa e tiroidite autoimmune in terapia sostitutiva e persistenza di elevato titolo di anticorpi antitiroide. Nel sospetto dipolimialgia reumatica, per presenza di cefalea e artromialgie, assumeva terapia corticosteroidea, in scalare. Veniva ricoverata per la comparsa di disorientamento, confusione e atassia cerebellare, in corso di febbre. Si effettuava esame del liquor cefalorachidiano risultato negativo per infezioni. L'elettroencefalogramma (EEG) presentava anomalie epilettiformi in sede temporale sinistra. L'ecodoppler dei vasi epiaortici e delle arterie temporali non dimostrava alterazioni di parete e la RM encefalo escludeva vasculite o altra patologia intracranica. Veniva riaumentata la terapia corticosteroidea (metilprednisolone 16 mg al dì) con progressivo e completo recupero delle funzioni cognitivo-motorie e della stazione eretta, e normalizzazione dell'EEG.
Conclusioni: Il sospetto di SREAT deve essere posto in caso di encefalopatia senza altre cause evidenti, per avviare precocemente il trattamento corticosteroideo.

L'anemia falciforme: da malattia monogenica a malattia sistemica

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Premessa: L'anemia falciforme è una patologia monogenica con un'estrinsecazione fenotipica altamente variabile, in quanto è influenzata sia da possibili concomitanti mutazioni geniche, sia da fattori ambientali che influiscono sulla frequenza delle crisi falcemiche. La patofisiologia del danno che può coinvolgere tutti i distretti dell'organismo, non è basata solo sul fenomeno meccanico della falcemizzazione, ma anche sui fenomeni biologici dell'infiammazione, della disfunzione endoteliale e dell'ipercoagulabilità. La causa di ospedalizzazione più frequente è il presentarsi delle crisi falcemiche.
Descrizione del caso clinico: Paziente di 20 anni, con anamnesi di doppia eterozigosi per anemia falciforme e +IVS1-nt110, giunge in PS per dolore agli arti inferiori, febbre, anemia e incremento degli

indici di emolisi. La paziente presenta dilatazione calico-pielica destra, splenomegalia e colelitiasi, già note. In PS, la paziente effettua terapia trasfusionale e antidolorifica con paracetamolo e oppioidi. Il quadro clinico e l'RX torace escludono una sindrome toracica acuta. Viene trasferita nel Reparto di Medicina Interna dove prosegue la terapia antidolorifica, l'idratazione e l'HU. La paziente viene dimessa, asintomatica, con l'indicazione a eseguire ECD transcranico per escludere trombosi dei seni cerebrali e infarti cerebrali silenti ed ecocardiogramma per determinare la PAPS.
Conclusioni: Il caso mostra come una malattia che colpisce una proteina presente in una sola linea cellulare possa coinvolgere, tramite meccanismi fisiopatologici complessi, l'intero organismo.

Caratteristiche dei pazienti con riospedalizzazione precoce: dati preliminari

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Premesse e Scopo dello studio: Negli ultimi anni si sta prestando attenzione al fenomeno della riospedalizzazione precoce (RP) (≤30 giorni), ma poco è conosciuto riguardo alle caratteristiche dei pazienti che si riospedalizzano e spesso ci si è limitati a studiare la RP in relazione a singole patologie.
Materiali e Metodi: A Grosseto è in corso la compilazione di un registro di tutti i pazienti assegnati alla Medicina Interna già ricoverati nel mese precedente.
Risultati: A Gennaio 2018 sono 85 i pazienti con RP (età media 82,3 M 50,5%), 66 dimessi nel mese precedente dalla UO Medicina stessa, 19 (22,3%) da altre UO Escluso il ricovero indice, 30 pazienti (35,2%) erano già stati ricoverati almeno 3 volte nell'ultimo anno. La maggioranza delle RP è avvenuta nei primi 14 giorni (58,8%). La degenza media del ricovero precedente è simile a quella dei pazienti senza RP (8,6 giorni). Solo nel 15,2% la diagnosi finale della RP è la stessa del ricovero precedente. I pazienti con RP hanno un'elevata disabilità (Barthel Index ≤50 nel 75,2%), deficit cognitivo severo (Pfeiffer ≤2 nel 31%), elevata comorbilità ≥4 patologie nel 56,4%). Per il 29,4% i pazienti con RP vivono soli anche se spesso con badante. La degenza media della RP risulta di 7,9 giorni, la mortalità del 22,5%.
Conclusioni: I dati preliminari di questo registro fanno ritenere che non una singola patologia ma diverse concause contribuiscono alla riospedalizzazione precoce. E' con questo presupposto che ulteriori ricerche sono necessarie per individuare gli strumenti atti a ridurre il fenomeno.

Macroamilasemia: una rara diagnosi in una paziente con elevati valori sierici di amilasi

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Caso clinico: Una paziente di 87 anni viene trasportata al PS per dispnea e astenia ingravescente. Presenta nell'anamnesi cardiopatia ischemica post-infartuale, fibrosi polmonare, insufficienza renale cronica, MGUS. All'E.O. niente di rilevante, Sat HbO2 94%, parametri vitali nella norma, apiretica. Agli esami ematici modesta leucocitosi, creatinina 2,6 mg/dL, amilasi 1055 U/L. Ricoverata in Medicina Interna con diagnosi di scompenso cardiaco e iperamilasemia di ndd. Durante la degenza la paziente non lamenta ulteriore sintomatologia, la dispnea regredisce con trattamento diuretico e antibiotico, permane il rilievo di iperamilasemia. La TC esclude problematiche pancreatiche. Esami ematici di qualche anno prima avevano già messo in evidenza una iperamilasemia sia pure di minore entità. Il risultato dell' ACCR (Amylase-to-creatinine clearence ratio) con rapporto <1 ha fatto confermare la diagnosi di Macroamilasemia una volta escluse altre possibili cause.
Conclusioni: i livelli sierici dell'amilasi possono risultare elevati in rari casi in cui la molecola è unita ad altre macromolecole come immunoglobuline e polisaccaridi formando complessi noti come macroamilasi. Ciò può avvenire in diverse condizioni patologiche tra le quali la gammopatia monoclonale. A causa delle dimensioni, tali complessi sono difficilmente escreti dal rene, in particolare se sussiste insufficienza renale, risultando un'elevata concentrazione sierica ed una bassa concentrazione urinaria. L'ACCR è un forte supporto per la diagnosi di Macroamilasemia una volta escluse altre possibili cause di iperamilasemia.

The American hospitalist model in the future of Italian hospitals?

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The official Society of Hospital Medicine definition of "hospitalist" is "physician whose primary professional focus is the general medical care of hospitalized patients". In USA until the 1990s the family physicians took care of their hospitalized patients, but not in Italy (and generally in Europe). We had doctors who dedicated their whole working time at the hospital, and general practitioners were not expected to come to the hospital. Now we have specialists in inpatient care, but we have not specialists in comprehensiveness inpatient care. The Italian population is ageing and the majority of in-patients has not one clinical problem but multiple comorbidities. Traditional model is generating care's fragmentation, overproduction of diagnosis, overprescription of drugs, costs increase. So, we need a new hospital medical figure that has wide-ranging competencies and that is able to coordinate the care when the patient is being evaluated by multiple specialists, expert in simple procedures and in peri-operative medicine, ready to communicate with the primary care doctors at the time of admission and discharge, prepared to managed-care organization and treatment of complex clinical cases with multimorbility. Italian internists are suited to this role, if properly trained. In Genoa this year has already started the first 2-years University Master "Hospitalist: governing the complexity in Internal Medicine inpatients" based on the core competencies of Hospital Medicine. We wonder: the American hospitalist model in the future of Italian hospitals?"

Why the triple therapy prescription for heart failure patients is limited in Internal Medicine?

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Introduction: Guidelines (GL) recommend triple therapy (TT) with angiotensin-converting enzyme inhibitor (ACEI), beta-blocker (BB) and aldosterone antagonist (AA) in symptomatic heart failure (HF) patients with ejection fraction (EF) ≤35%.
Methods and Purpose: We analyzed database of a multicenter observational study (SMIT study) on 770 patients consecutively hospitalised for HF in 32 Internal Medicine Units of Tuscany. We selected HF patients with EF ≤35% to identify if there were patient-dependent obstacles to follow GL recommendations in this subset of real world HF patients.
Results: The HF patients with EF ≤35% was 117. At only 46 (39,3%) had been prescribed TT at discharge. In TT untreated group there was a greater number of patients with hypertension (61.9% *vs* 58.6% P=0.50), Diabetes mellitus (43.6% *vs* 36.9% P=0.47), Clearence Creatinine <60 ml/min (74.6% *vs* 67.3% P=0.39), Anemia (52.1% *vs* 45.6% P=0.46), Atrial fibrillation (40.8% *vs* 34.7% P=0.51), although none of these differences reached statistical significance. TT untreated group had a significantly greater number of patients with deficit cognitive (25.3% *vs* 10.8%, p=0.04) and a major mean length of hospital stay (10.1 *vs* 8.4 days, p=0.01).
Conclusions: The results of our research indicate that, compared with treated patients, untreated patients were probably sicker and more complex, but, except for deficit cognitive, none singular feature was significantly prevalent. We conclude that there is space to implement guidelines recommendation also in this group of patients.

Protective effect on liver function of administration of high dosage of acetylcysteine in intoxication from paracetamol

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Foreword: Paracetamol (acetaminophen) is an antipyretic and painkiller with a good profile for safeness and widely used. However over dosage can result in severe liver damage, also fatal.
Case description: A 51-year-old woman known for bipolar disorder and BPD was admitted to ER after taking 100 pills of 1gr of paracetamol each. The ingestion of the pills was confirmed by the carabinieri and the blood works. The time btw the ingestion and 118's intervention (3 hours) inhibited the gastrolusis' efficacy. The Antipoison Centre suggested the oral administration of carbon (30gr,twice) and acetylcysteine in vein. According to the psychiatrists' opinion she must be treated as a missed suicide. Meanwhile a therapy was suggested with an initial dose of 150mg/Kg (60kg, 30 doses) added to equal volume of 5% glucose solution in vein in 15 min. The following doses were 50mg/Kg in 4 hours and another dose of 100mg/kg in 16 hours, always in 5% glucose solution. The patient received, by mistake, further 4 doses of 50mg/Kg in 4 hours. The patient didn't have any physical symptom or any liver consequences, in particular bilirubin and transaminases were monitored through blood check every 4 hours. No transaminase increase was found, nor any kidney function variation nor the emochrome. The check-ups continued over the following weeks.
Conclusions: We can, then, conclude that double administrations of acetylcysteine respect to those recommended by the guide lines are well tollerated and show a better detox effect compared to the one expected from conventional doses.

The DRESS syndrome induced by allopurinol

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Introduction: DRESS syndrome (Drug Reaction with Eosinophilia and Systemic Symptoms) is a rare (incidence ranges from 1 in 1000 to 1 in 10.000 drug exposures) drug-induced reaction a delayed onset, usually 2-6 weeks after the initiation of drug therapy with the mortality rate is up to 10%.
Clinical case: We describe the case of a 64-year-old female arriving at DEA for confusion, asthenia, itch, facial edema, fever. The anamnesis was referred to as "ischemic heart disease". At the entrance she was cough and with skin rash extent >50% body surface area. The B.P. was 100/60 mmHg. In the thorax there was no bronchostenosis. The ECG showed low voltages and inversion of the T wave in the lower shunts. Blood tests showed leukocytosis with eosinophilia, increased cardiac enzymes, GOT and GPT, and renal failure. The EGA: Respiratory alkalosis.. Therapy was administered based on antihistamines, cortisone and fluid therapy. She subsequently presented a respiratory aggravation and internal organ involvement with anemia (Hb 8.1 g/dl) thrombocytopenia (7000) and cheilitis. Subjected to instrumental examinations (Rx thorax, echocardio and abdomen) there was only hepatic steatosis and micro renal lithiasis.
Conclusions: The pathogenesis of DRESS syndrome is unclear. It is possible that the new drug introduced involves an altered T-mediated immune response in predisposed subjects (HLA correlation) with a possible role of latent viruses HHV6, HHV7, CMV, EBV in its genesis of reactivation. This case report is unusual for the presence of severe hematologic abnormalities and proteinuria.

A case of Sneddon's syndrome

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Introduction: Sneddon's syndrome (SS) is a rare non-inflammatory thrombotic vasculopathy with an incidence around 4/1.000.000 inhabitants that mostly affects women between 20 and 42 years.
Clinical case: A 41-year-old woman came to our attention for the appearance of symptoms characterized by: severe disabling headache, transient aphasia and visual defects. The patient was lucid, without memory cognitive deficits and fully autonomous in Activities Daily Living (ADL) and InstrumentalADL. She had hypertension treated with ACE inhibitors. The patient was afebrile with B.P.120/80 mmHg and medium frequency sinus rhythm, whereas by inspection highlights a dusky erythematousto-violaceous, irregular, lacelike pattern in the skin of abdomen and breast (appeared four years earlier) as livedo reticularis (subsequently confirmed by skin biopsy). Blood tests showed: mild anemia and kidney failure. She was subjected to head CT scan with contrast revealed mild atrophy of white matter.
Conclusions: The SS mainly occurs sporadically, although a few familial cases have been reported. The etiology in unknown and 50% of cases are idiopathic. Female reproductive hormones and hypertension are correlated with disease. Pathophysiology of SS is unclear although the existence of aPL antibodies suggests are secondary to thrombotic process but the SS occurs also in a PL negative cases and no primary coagulation deficits. The treatment of SS is controversial but long-term anticoagulation is recommended. The feature of this case is represented by rare site that could explain the late clinical onset.

A rare case of cutaneous metastasis in an elderly

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Introduction: Skin metastases can be defined as the spread of a cancer from its site of primary origin to the skin and may be the first sign of advanced cancer or on irradiation of cancer recurrence. Breast cancer has an incidence of 24% of cutaneous metastases.
Clinical case: A woman of 87-year-old comes to our observation for the appearance of erythematous patches on the left breast skin for about 8 months, one of which is near the scar of the previous surgical intervention, carried out ten years earlier, for the removal of breast cancer with subsequent treatment with chemo and radio therapy. To our observation there were nummular infiltrated erythematous patches of the breast's skin. She complained of only mild itch and applied cortical therapy on her lesions but without benefit. The patient also reported that she had undergone instrumental examinations: scan total-body, mammography and mammary echo which were all negative for cancer and metastases. Tumor markers were negative. For these reasons a biopsy of the lesions was performed and the histological analysis deposited for a cutaneous infiltration by adenocarcinoma (infiltrating ductal carcinoma).
Conclusions: After two years the cutaneous metastases a rare event and aggressive cancer that originates from the breast. The radiation therapy is a risk factor. The complexity of the case is represented by: elderly age, absence of pain, absence of palpable mass, absence of ulceration, absence of lymphedema, absence of axillary lymph nodes, instrumental and biochemical examinations in the norm, delayed appearance (ten years).

Is the treating minimal hepatic encephalopathy need?

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Background: Hepatic encephalopathy (HE) is a brain dysfunction that presents a broad spectrum by subclinical neurological and psychiatric alterations to the coma, often caused by liver cirrhosis. There are two clinical forms: minimal hepatic encephalopathy (MHE) and overt hepatic encephalopathy (OHE). MHE often precedes overt hepatic encephalopathy (OHE). Currently, hepatic encephalopathy prevention therapy is not usually provided except in patients at high risk of developing it.
Discussion: In some clinical studies, the reduction of OHE has been hypothesized, in cirrhotic patients with MHE, if they were treated with medical therapy.
Conclusions: It would probably be desirable, based on clinical

data, to draw up guidelines for the use of medical therapy in all cirrhotic patients with MHE, to reduce the progression to OHE.

Need to use psychometric tests for the diagnosis of minimal hepatic encephalopathy

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Background: Hepatic encephalopathy (HE) is a frequent complication and one of the most debilitating of liver cirrhosis. The prognosis and quality of life of the patient worsen. One of the clinical forms of HE is the minimal hepatic encephalopathy (MHE), a neurological and mental pathology with very mild cognitive or motor disorders. MHE is often underdiagnosed. Psychometric tests allow to diagnose it. Unfortunately the tests are not performed normally in medical departments.
Discussion: The tests that allow to diagnose MHE are Number connection test, Digit symbol test, Serial dotting test, Line tracing test, Animal naming test, Block design test. If routinely administered, patients with MHE could be identified. This could lead to a certain diagnosis, with the possibility to treat the cirrhotic patient pharmacologically in order to prevent the development of overt hepatic encephalopathy.
Conclusions: The ordinary use of psychometric tests in Medical Departments to diagnose MHE is desirable, to foresee and to prevent the onset of overt hepatic encephalopathy, to reduce the need to hospitalization and improvement output in the cirrhotic patient.

Is it possible to reduce the number of psychometric tests to diagnose minimal hepatic encephalopathy in patients with liver cirrhosis?

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Background: One of the clinical forms of HE is minimal hepatic encephalopathy (MHE), a mental condition with very mild cognitive or motor disturbances, often underdiagnosed. Psychometric tests allow to diagnose MHE.
Discussion: Some tests to diagnose MHE are Number connection test (NCT), Digit symbol test (DST), Serial dotting test (SDT), Line tracing test (LTT), Animal naming test (ANT), Block design test (BDT). If currently administered, patients with MHE are identified. We are using NCT+DST+LTT+ANT+BDT in comparison to NCT+DST+ANT in the same patient to compare the results of the two test blocks. It is important to determine if NCT+DST+ANT can allow the diagnosis of MHE in the same number percent of cases, saving time to be spent in outpatients in subsequent controls.
Conclusions: We are waiting to know the difference in the number of diagnoses of MHE in patients with liver cirrhosis who are given NCT+DST+LTT+ANT+BDT compared to patients with liver cirrhosis who are given NCT+DST+ANT.

Pre/post-lumbar puncture nursing interventions: is there a risk of inappropriateness? A systematic review

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Background and Purpose: Post-dural puncture headache (PDPH) is one of the most common complications of diagnostic/therapeutic lumbar puncture (LP). An evidence-based caring strategy could reduce the risk of PDPH, but literature reports a lack of homogeneity about nursing care before and during LP, often not compatible with current evidence. This study is aimed to explore the actual appropriateness of pre/post LP nursing interventions.
Materials and Methods: We searched literature using PICO strategy and specific eligibility criteria. We searched Medline, Cochrane L, Cinahl, Ilisi, Scopus up to October 2017. Two independent reviewers conducted title scans, abstract/full article reviews. Afterwards, we checked reference lists of included studies.
Results: The risk of developing PDPH is higher in 20 to 30-year-olds: this age group is 3-5 times more likely to develop PDPH than the over-60 group. In patients with previous history of PDPH the risk is 4.3 times higher. Traumatic needles, as well as forced bed rest after PL increase risk. The role of fluid supplementation in the prevention of PDPH is unclear.
Conclusions: To plan nursing care, it is important to consider that young women, with history of PDPH, are more likely to develop this complication. Nurses should not routinely recommend rest after PL to prevent PDPH: this routine against evidence implies patient discomfort or complications, like venous stasis in those with risk factors; indeed, there is no difference between prone and supine positions in incidence of PDPH and the patient should be not obligated to fast.

Cabergoline-induced pleural effusion: a case report

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Background: We report the case of a woman 39-year-old with a deep vein thrombosis with pulmonary embolism that appeared 10 days after delivery
Case report: She was admitted to hospital and started anticoagulant treatment (fondaparinux 7,5 mg/die for seven days, followed by apixaban 60 mg /die). Cabergoline was introduced too in order to inhibit breast feeding. After seven days, dry cough appeared with dyspnea and chest pain. ECG and cardiac biomarkers were normal. Because of these persisting symptoms a new CT was performed showing a pleurisy with pleural effusion, not related to the PE. We found out that the cause of this pleuric reaction was cabergoline. This drug can indeed cause pleural fibrosis with pleural effusion, due to its capability to generate fibrosis by activating 5HT2b serotonin receptors. Normally, as described in literature, this adverse event occurs after months of treatment. In our patient a few days of treatment were sufficient to cause this pleuritic reaction. Cabergoline was suspended and symptoms disappeared slowly. This slow resolution is the same found in literature's case reports. After one month from discharge patient came to our hospital for clinical check. There was still a small peural effusion detected by ultrasound examination, but cogh and chest had completely disappeared. She continues treatment with DOAC (apixaban 60 mg/die) without adverse events.
Conclusions: This case shows how we should always think about pharmacological treatment to find out the causes of apparently inexplicable symptoms.

Drug-related microscopic colitis histologically mimicking coeliac disease

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Introduction: Microscopic colitis is characterized by microscopic changes of colonic mucosa (lymphoplasmocytic infiltration and collagen deposition) with normal or nearly normal endoscopic findings. It is associated to many drugs, such as PPI or NSAID, and it usually presents clinically with isolated watery diarrhea.
Case description: A 70-year-old man was hospitalized for chronic watery diarrhea, without fever, vomiting and abdominal pain, unresponsive to antibiotics. Before admission he underwent colonoscopy, and despite normal findings random biopsies were taken; their result was not ready yet at that time. Blood tests only showed a mild increase in CRP. Tests for bacteria, viruses and parasites, autoantibodies for celiac disease and neuroendocrine markers were negative. Abdominal US, CT scan and chest X-ray were normal. During the hospital stay few episodes of vomiting occurred: EGD revealed mild gastroduodenitis. Biopsy showed lymphoplasmocytic infiltration compatible with early-stage celiac disease (Marsh 1) but investigation on HLA predisposition was negative and no improvement was found with a gluten-free diet.

We then acquired the result of colonic biopsies, showing the same histological abnormalities. We suspected PPI-related microscopic colitis and lowered Pantoprazole dose, with consequent complete resolution of diarrhea.
Conclusions: Microscopic colitis features can mimic conditions such as IBD or celiac disease. Therefore, it should be considered in patients with chronic watery diarrhea, especially if they are taking specific, widely used medications.

Visceral leishmaniasis in a patient with a history of hematological malignancy

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Introduction: Visceral leishmaniasis is the most severe form of Leishmania infection. Its clinical manifestations include persistent fever, weight loss, hepatosplenomegaly and pancytopenia, with a mortality rate of nearly 100% if left untreated.
Case description: A 52-year-old man, was admitted to Internal Medicine ward for continuous fever (spiking above 39 °C at night) without any localizing symptom, which had been persisting for 3 weeks despite treatment with multiple antibiotics. He had been treated for chronic lymphocytic leukemia three years earlier with complete remission. Physical examination was unremarkable and blood tests showed mild pancytopenia, moderately increased CRP and normal PCT levels. Blood cultures were persistently negative, as well as tests for viruses, fungi, Mycobacteria and unusual pathogens (such as Brucella or typhoid fever). Chest x ray, urine test and Ecocardiography were normal. Abdominal ultrasound revealed a mild spleen and liver enlargement without focal anomalies. During the hospital stay our patient's blood cells count kept lowering: in order to rule out a blood cancer relapse, we performed a BMB, showing hypocellular marrow without any abnormal cells. Therefore, we suspected visceral Leishmaniasis and requested a PCR test on bone marrow, with a positive result. The patient was successfully treated with AmBisome.
Conclusions: Visceral Leishmaniasis presents with symptoms resembling those of blood cancers. Since it can be effectively treated, it should always be considered in the differential diagnosis of fever associated to pancytopenia and splenomegaly.

A nurse-filed BRASS score system at admission has prognostic value and helps identifying areas for intervention

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Background: Discharge planning, an accepted nursing intervention, requires analysis of inpatient (inpt) flow and early score of clinical cases. We analyzed inpt flow in an Internal Medicine unit and used the BRASS score system to identify at admission pts at risk for prolonged hospital lenght of stay (LOS) and in need of discharge planning.
Materials and Methods: Observation time was 3 mts. Pts admitted from the Emergency unit were tested by nurses. Pts were stratified according to BRASS, high-risk pts were referred to the discharge planning team.
Results: 189 pts were scored. Median age 79y. 83% was from home, 13% from chronic care units (RSA), median LOS was 12d. Low-risk inpts were 42% (median 71y), 98% lived at home, none had complex discharging or died, median LOS was 10d. One-fourth was in the medium-risk group (median 83y): 78% lived at home, 9% required new destination, 9% died, LOS was nevertheless prolonged (16d). One-third was in the high-risk group: pts were the oldest (median 85y), 30% lived at RSA, and a high proportion died (43%, 35% of these were from RSA). Only 9/25 high-risk discharged pts returned home, destination was in subacute unit and RSA in 10/25 and 5/25, respectively. Median LOS was just 12d, but LOS of discharged high-risk pts was significant (14d).
Conclusions: The BRASS system tested by nurses at admission has prognostic value and helps to identify pts at risk of death and discharge difficulties. The medium-risk group significantly contributes to prolonged LOS that is not related to discharge. Early transfer to subacute units should be considered.

Münchhausen syndrome

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Background: A complete medical history in essential.
Methods and Results: A 45-year-old man was admitted in the hospital with referred typical chest pain. He underwent a coronary angiography and an echocardiography both normal. Then he complained abdominal pain, hyperamylasemia, acute hemolytic anemia and thrombocytopenia. Coombs test and bone marrow biopsy were normal, EGDS, CT-scan and PET were negative. Toxicological tests were negative for cocaine and opiates. After Piperacillin/Tazobactam discontinuation the hemolytic anemia and thrombocytopenia resolved. The wife told us the patient had a previous diagnosis of B-cell lymphoma. We started to collect the patient's history directly from the hospitals where he stayed and we discovered previous hospitalizations for angina, several previous coronary angiographies whose results were grossly altered simulating pathological findings as well as fabricated faked hematological consultations. At that point the patient voluntarily left the hospital.
Conclusions: The Munchausen syndrome is a disorder characterized by simulated illness and even self-induced injuries.

A rare cause of acute pancreatitis in elderly: annular pancreas

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Introduction: The incidence of annular pancreas (AP), a rare congenital disease, is of 1 in 20,000 live births. The few cases diagnosed in the elderly, generally, present symptoms due to gastric outlet obstruction.
Case report: A 77-year-old woman presented abdominal pain and vomiting. Laboratory test showed only an elevation of pancreatic enzymes (serum amylase and lipase levels three times normal). According to the revised Atlanta classification, a diagnosis of mild acute pancreatitis was performed. Through an abdominal computed tomography (CT) with Gastrografin emerged a sub-stenosant complete annular pancreatic solid tissue surrounding the lower portion of the second duodenal one, resulting in marked duodenal retro-dilatation up to the bulb. A gastroscopy confirmed the stenosis of the second portion of the duodenum and the presence of some erosions due to the stasis of ingesta. The patient was treated with bowel rest, insertion of a nasogastric tube, broad spectrum antibiotics and gabexate mesilate until the normalization of the pancreatic function. Therefore, a duodeno-jejunal by-pass was performed. Eight days after the surgical intervention, she was discharged in good condition and without any intestinal disorder.
Conclusions: The reported incidence of AP in adults varies from 0.005 to 0.015%, with a preference for the male sex. The clinical presentation in most of these patients is gastric outlet obstruction with or without acute pancreatitis.

Pancreatic Von Hippel–Lindau

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Introduction: Von Hippel–Lindau (VHL) disease, a rare hereditary genetic disorder, is characterized by the appearance of benign cysts and tumors in various organs tending to malignant transformation.
Case report: A 56-year-old woman presented recurrent episodes of epigastric pain lasted for three years. The gastroscopy was negative for lesions. Given the persistence of pain, the patient underwent an ultrasound which showed multiple pancreatic cysts. An abdominal magnetic resonance (MR) with cholangiography (MRCP) was performed. In particular, Axial T2-weighted MR image showed multiple simple cysts (<1cm), which replace almost the entire pancreas. The hepato-pancreatic function tests, as well as the CA-19-9 were all normal while low level of fecal elastase-1 was detected (100-200 μg/g), so enzyme replacement therapy was started (25.000 IU per meal and 10.000 IU per snack) with an initial symptomatic improvement. A pancreatic von Hippel–Lindau (VHL) disease was confirmed by genetic analysis for mutations of the VHL gene. No extra-pancreatic manifestations related to the underlying disease were occurring. A clinical interview was conducted, from which it emerged that the patient lost her father when he was 70 years owing to a kidney cancer. A genetic counseling has been suggested. Later, the patient was sent to a hepato-pancreatic center of reference for the continuation of the investigations and the subsequent management.
Conclusions: The incidence of VHL is approximately 1 in 36,000 live births. Pancreatic manifestations alone may be present in about 7.6% of patients.

Acute recurrent pancreatitis: let's not forget congenital anomalies!

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Introduction: Pancreas divisum (PD) is a common anatomical variant of the pancreatic duct system. According to autopsy series, PD can be found in approximately 8% to 12.6% of the Western population. Only a little percentage of patients, less than 5%, develop symptoms.
Case report: A 61-year-old presented an episode of mild acute pancreatitis (AP). The patient was treated with bowel rest, broad spectrum antibiotics and gabexate mesilate until the normalization of the pancreatic function. A clinical interview was conducted, from which it emerged that the patient was hospitalized for another 2 episodes of AP in the last 3 years. From both letters of discharge, PA was termed "idiopathic". A magnetic resonance cholangiopancreatography (MRCP), performed at our Center, was very suggestive of a PD. As the main indication for minor papilla sphincterotomy (MiES) is strongly suggested for patients with symptomatic PD and signs of obstruction to outflow from the minor papilla (MiP), a dynamic MRCP after secretin stimulation was carried out. The latter confirmed the presence of a complete pancreas divisum with a dominant dorsal duct associated with a Santorinicele. The patient underwent a "pull type" MiES of the MiP, using appropriate sphincterotomy, without any intra or post-procedural complications. After eight months of follow-up, the patient is still asymptomatic.
Conclusions: Nowadays, therapeutic endoscopic interventions, such as MiES, are preferred to surgery being less invasive and easily repeatable.

Tuberculous hypertrophic pachymeningitis presenting as diplopia and headaches

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Background: Hypertrophic cranial pachymeningitis is a chronic fibrosing inflammatory disease characterized by diffuse or focal, linear or nodular thickening of the cranial dura mater that causes progressive neurological deficits. The etiology is diverse and includes infectious, inflammatory disorders, collagen vascular disorders, cancer, sarcoidosis. Most often patients present with complaint of headache, vomiting, cranial nerve palsy, ataxia, and focal neurological deficit.
Case presentation: Here we present a young man with history of headache and diplopia. Laboratory date reveal positive Quantiferon test. BAL and CSF were negative. MRI was performed and demonstrated thickening of the dura mater in the left hemisphere. Total Body CT showed thickening of left lung apex with numerous lymph nodes at the same side. Pulmonary lymph node biopsy was performed and demonstrated the presence of infection by M. Tuberculosis complex. The patient was treated with antituberculous therapy with a good clinical response.
Discussion: Hypertrophic pachymeningitis is a rare disorder characterized by inflammation and fibrosis of the dura mater. Neuroimaging is essential for diagnosis but doesn't give any information on underlying etiology. Dura mater biopsy is the gold standard for diagnosis. In our patient laboratory tests and CSF were unremarkable. At first, neurological manifestations, neuroimaging and the lack of laboratory data for infection, supported neurosarcoidosis diagnosis. It was only through paratracheal lymph nodes FNA to make a definitive diagnosis.

Isolated unilateral pleural effusion as a presenting symptom of ovarian hyperstimulation syndrome

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Background: Ovarian Hyperstimulation Syndrome is an iatrogenic complication that may occur in hormonally induced ovarian stimulation cycles. Symptoms occur 3-7 days after initial exposure to follicular stimulating agents. Generally are self-limited and resolve spontaneously. Occasionally OHSS can become life-threatening secondary to complications such as venous thromboembolic events, electrolyte imbalance and organ dysfunction. The pulmonary complications should be suspected on clinical grounds and identified early to allow for more appropriate diagnosis and management. We report here an unusual case, requiring continuous drainage of an isolated unilateral pleural effusion.
Case presentation: Here we present a case of a patient was subjected to ovarian stimulation for infertility that presented to our department with complaints of chest pain, cough due to pleural effusion. Toracocentesis was performed by positioning the pigtail catheter and 1600 ml of fluid was drained.
Discussion: Generally the intensity of this syndrome is related to the degree of ovarian follicular response to the ovulation-inducing agents. The pathophysiology is not completely understood it is thought to represent an increased vascular permeability caused by inflammatory mediators most notably Vascular Endothelial Growth Factor (VEGF), and the fluid is usually exudative but in some cases can be transudate in nature. Our case was unusual, because it was severe in the absence of ascites, only with fluid accumulation in the pleural space, and has successfully treated with pigtail.

A case report of a hidden gastrinoma in a young woman

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Background: Gastrinoma is a neuroendocrine tumor, usually located in the pancreas or duodenum, that secretes gastrin and causes a severe acid-related peptic disease (Zollinger-Ellison syndrome). Overall median survival is above 10 years but it improves after surgery, reaching a 5-year survival above 80%.
Case presentation: A 28-year-old woman was admitted to hospital with abdominal pain and heartburn, despite full dose PPI therapy. She had a 4-year history of refractory peptic ulcers, gas-

tric perforation and a suggestive family history of peptic disease. On admission, ulcerative duodenitis was found at the endoscopic exam. Liver ultrasound showed a 3cm lesion, previously diagnosed as a focal nodular hyperplasia. Fasting serum gastrin and cromogranine A were increased. Subsequently, the patient underwent a Ga-68 DOTATATE PET/CT showing high expression of somatostatin receptors at the liver lesion but not at duodenum or pancreas. Liver biopsy was consistent with gastrinoma (NET G1, Ki-67<2%). Endoscopic US and RMI detected no other lesions. The patient achieved a satisfying pharmacological symptoms control with octreotide, PPI, ranitidine and sodium alginate. She is now under a strict 3-month clinical follow-up and is under evaluation for surgical tumor resection.

Conclusions: Literature reports very rare cases of primitive hepatic gastrinoma, whose diagnosis can only be achieved with invasive tests or explorative laparotomy. Since resection is the only definitive cure, localization–even surgical-is mandatory to improve patients prognosis.

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