volume 16
SUPPL. 1
2022 May

pISSN 1877-9344
eISSN 1877-9352

SOCIETA' SCIENTIFICA DI MEDICINA INTERNA
FADOI
FEDERAZIONE DELLE ASSOCIAZIONI DEI DIRIGENTI OSPEDALIERI INTERNISTI

Italian Journal of Medicine

A Journal of Hospital and Internal Medicine

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

XXVII Congresso Nazionale della Società Scientifica FADOI

21-23 maggio 2022

Presidente: D. Manfellotto

pagepress

www.italjmed.org

SOCIETÀ SCIENTIFICA DI MEDICINA INTERNA
FADOI
FEDERAZIONE DELLE ASSOCIAZIONI DEI DIRIGENTI OSPEDALIERI INTERNISTI

Italian Journal of Medicine

A Journal of Hospital and Internal Medicine

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

Italian Journal of Medicine

A Journal of Hospital and Internal Medicine

SOCIETÀ SCIENTIFICA DI MEDICINA INTERNA
FADOI
FEDERAZIONE DELLE ASSOCIAZIONI DEI DIRIGENTI OSPEDALIERI INTERNISTI

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

Editore: PAGEPress srl, via A. Cavagna Sangiuliani 5, 27100 Pavia, Italy - www.pagepress.org

Direttore Responsabile: Camillo Porta

Stampa: Press Up s.r.l., via E.Q. Visconti 90, 00193 Roma, Italy

Registrazione: Rivista trimestrale registrata al Tribunale di Pavia n. 11/2013 del 8/4/2013

Poste Italiane SpA, Sped. in Abb. Postale DL 353/2003 (conv. in L. 27/2/2004 n. 46) art. 1 comma 1, DCB Milano - Taxe percue

SOCIETÀ SCIENTIFICA DI MEDICINA INTERNA
FADOI
FEDERAZIONE DELLE ASSOCIAZIONI DEI DIRIGENTI OSPEDALIERI INTERNISTI

SEGRETERIA NAZIONALE

Via Felice Grossi Gondi, 49 - 00162 Roma
Tel. +39.06.85355188 - Fax: +39.06.85345986
E-mail: segreteria@fadoi.org

Società Scientifica FADOI - Organigramma

PRESIDENTE NAZIONALE
Dario Manfellotto, Roma, Italy

PRESIDENTE ELETTO
Francesco Dentali, *Varese, Italy*

PAST PRESIDENT
Andrea Fontanella, *Napoli, Italy*

SEGRETARIO
Paola Gnerre, *Savona, Italy*

STAFF DI SEGRETERIA
Lorenza Lenzi, *Pomarolo (TN), Italy*
Ada Maffettone, *Napoli, Italy*
Claudia Tieri, *Bari, Italy*

TESORIERE
Giorgio Ballardini, *Rimini, Italy*

COORDINATORE COMMISSIONE GIOVANI
Ombretta Para, *Firenze, Italy*

RESPONSABILE RAPPORTI ISTITUZIONALI
Claudio Santini, *Roma, Italy*

RESPONSABILE RAPPORTI CON LE REGIONI
Alberto Fortini, *Firenze, Italy*

RESPONSABILE EVENTI E INIZIATIVE SPECIALI
Mauro Campanini, *Novara, Italy*

RESPONSABILE DI ITALIAN JOURNAL OF MEDICINE E ITALIAN JOURNAL OF MEDICINE - QUADERNI
Michele Meschi, *Fidenza (PR), Italy*

SUPERVISOR EDITORS DI ITALIAN JOURNAL OF MEDICINE E ITALIAN JOURNAL OF MEDICINE - QUADERNI
Roberto Nardi, *Bologna, Italy*
Giorgio Vescovo, *Padova, Italy*

RESPONSABILE SITO WEB E COMUNICAZIONE SOCIAL
Salvatore Lenti, *Arezzo, Italy*
Giuseppe Oteri, *Milano, Italy*

WEB MANAGER E CONTENT EDITOR
Giuseppe Oteri, *Milano, Italy*
Davide Ghilardi, *Milano, Italy*

RESPONSABILE SISTEMA GESTIONE QUALITÀ
Franco Berti, *Roma, Italy*

DPO
Alba Sciascera, *Magenta (MI), Italy*

CONSULTA DEI PRESIDENTI
Sandro Fontana, *Biella, Italy*
Salvatore Di Rosa, *Palermo, Italy*
Ido Iori, *Reggio Emilia, Italy*
Antonino Mazzone, *Legnano (MI), Italy*
Carlo Nozzoli, *Firenze, Italy*
Mauro Campanini, *Novara, Italy*
Andrea Fontanella, *Napoli, Italy*

Italian Journal of Medicine

A Journal of Hospital and Internal Medicine

Fondazione FADOI - Organigramma

PRESIDENTE FONDAZIONE

Andrea Fontanella, Napoli, Italy

COORDINATORE

David Terracina, *Roma, Italy*

SEGRETARIO E RESPONSABILE SCIENTIFICO DEL PROVIDER ECM

Andrea Montagnani, *Grosseto, Italy*

DIRETTORI DEL DIPARTIMENTO DELLA RICERCA CLINICA FADOI

Filippo Pieralli, *Firenze, Italy*
Fulvio Pomero, *Savigliano (CN), Italy*

DIRETTORI DIPARTIMENTO PER LA FORMAZIONE E AGGIORNAMENTO

Luigi Magnani, *Voghera (PV), Italy*
Roberta Re, *Novara, Italy*

COORDINATORE SCIENTIFICO CENTRO STUDI FONDAZIONE FADOI

Gualberto Gussoni, *Milano, Italy*

DELEGATI SOCIETÀ SCIENTIFICHE COLLEGATE

FISM	Antonino Mazzone, *Legnano (MI), Italy*
SIF	Luigi Magnani, *Voghera (PV), Italy*
Consulta cardiovascolare	Michele Stornello, *Siracusa, Italy*
SIIA e ISA	Michele Stornello, *Siracusa, Italy* Arcangelo Iannuzzi, *Pomigliano d'Arco (NA), Italy*
EFIM	Antonio Brucato, *Milano, Italy* Lorenza Lenzi, *Pomarolo (TN), Italy*
Choosing wisely	Roberto Frediani, *Chieri (TO), Italy*

PROGETTI SPECIALI

AGGIORN@FADOI
Giuliano Pinna

PROGETTO NUOVE TECNOLOGIE
Francesco Nasso, Flavio Tangianu

PROGETTO MEDICINA DI GENERE
Cecilia Politi

PROGETTO COMPETENCE
Flavio Tangianu

PROGETTO GOVERNANCE
Stefano De Carli, Andrea Montagnani, Fabrizio Colombo

PROGETTO HOSPITALIST
Francesco Orlandini

PROGETTO FINE VITA
Mauro Carbone, Fabio Gilioli

PROGETTO GASTROENTEROLOGIA e FEGATO
Luca Fontanella, Paola Piccolo, Franco Radaelli, Giancarlo Parisi

PROGETTO NUTRIZIONE CLINICA
Roberto Risicato, Luciano Tramontano

PROGETTO MALATTIE INFETTIVE/ANTIBIOTICI
Claudio Santini, Massimo Giusti, Marco Falcone

PROGETTO ECOGRAFIA INTERNISTICA
Francesco Cipollini, Nicola Mumoli

PROGETTO MALATTIE RARE
Antonio Brucato, Antonella Paradiso

PROGETTO BPCO/NIV
Marco Candela, Giuseppe De Matthaeis, Francesco Ventrella

PROGETTO TROMBOSI
Mauro Silingardi, Matteo Giorgi Pierfranceschi, Pierpaolo Di Micco

PROGETTO TRIAL
Giancarlo Agnelli, Antonio Ceriello, Leo Fabbri, Claudio Ferri, Franco Radaelli, Paolo Verdecchia

PRESIDENTE ANÍMO

Gabriella Bordin, *Castelfranco Veneto (TV), Italy*

Italian Journal of Medicine 2022; vol. 16, supplement 1

XXVII Congresso Nazionale della Società Scientifica FADOI

21-23 maggio 2022

Presidente: D. Manfellotto

SOCIETÀ SCIENTIFICA DI MEDICINA INTERNA
FADOI
FEDERAZIONE DELLE ASSOCIAZIONI DEI DIRIGENTI OSPEDALIERI INTERNISTI

Index

ORAL COMMUNICATIONS

Index

Index

POSTERS

Index

Index

Index

Index

Index

Index

ABSTRACT

Index

Index

Index

Index

Index

Index

Index

ORAL COMMUNICATIONS

Evaluation of the nurse staffing level in the IRCCS Rizzoli through the use of ICA method

A. Gesuele[1]
[1]IRCCS Rizzoli Bologna, Italy

Purpose: A method of defining the need for resources dedicated to assistance needs represents one of the pivotal aspects of how a company plans it's work and guarantees appropriate levels of care. The purpose of the study is to investigate the care needs of three Operating Units of the Rizzoli IRCCS, whom's care activities can been seen to overlap, through nursing practices. In addition it allows the comparison between the data that emerged from the application of objective parameters for measuring care activities, using the multidimensional ICA system, and the historical data of human resource consolidation.
Materials and Methods: The study is of an observational-retrospective type through consecutive non-probabilistic sampling: data was collected using 531 patient records of individuals admitted between 1 September 2019 to 31 October 2019. The data obtained was derived from clinical documents and later analyzed.
Results: The care needs of patients were calculated via the ICA method using the basis of activities planned and performed by nursing staff. This found there were 16.7 nursing staff in the Ch. Ricostruttiva Unit, 20.49 in the Ch. Protesica Unit, 20.04 in the Clinica 1 Unit. Comparing the results of the study with the real data showed that 2 of the 3 operational units surveyed fell below the optimal number of nursing requirements needed.
Conclusions: The work carried out made it possible to objectively measure, using a validated tool, the relationship between human capital and activities provided and made it possible to accurately identify areas of improvement.

The use of teriparatide in the treatment of osteoporosis in patients with homozygous β-thalassemia

C. Mazzanti[1], P. Pileri[1]
[1]Università degli Studi di Sassari, Italy

Background: It has been demonstrated that osteopenia and osteoporosis are common among patients with homozygous β-thalassemia. The pathogenesis of this association is multifactorial, but certainly hypogonadism plays an important role. The bisphosphonate therapy has been shown to be effective in patients with osteoporosis, but our experience has demonstrated unsatisfactory
Results: This finding led us to use teriparatide that is an effective anabolic agent.
Methods: 16 patients were studied, 8 males and 8 females mostly aged between 25 and 40.
BMD was determined by a dual-energy X-ray absorptiometry (DEXA) at the lumbar spine (L1-L4; L) and femur (neck; F).
Results: The treatment with bisphosphonates has been suspended and teriparatide was started with a dose of 20 micrograms per day subcutaneously for 24 months. Data are reported as Mean±D.S. Statistical evaluation was obtained with Student's t test. At 24 months, spine BMD (Basal BMD L g/cm^2 0,71±0,08) had increased significantly (BMD L g/cm^2 0,80±0,11 with P<0,01 *vs* basal values). At 24 months, femoral neck BMD (Basal BMD F g/cm^2 0,69±0,12) had also increased (BMD F g/cm^2 0,75±0,14 with P<0,01 *vs* basal values).
Conclusions: The administration of teriparatide induced a significant increase in BMD values in both lumbar and femoral levels. The increases were already significant after one year of treatment in both lumbar and femoral level. No significant side effects were observed.

Gender differences in patients hospitalized for COVID-19 disease

A. Pedroli[1], C.R.G. Carollo[1], A.M. Pisacreta[1], C. Lorentino[1], R. Mascolo[1], F. Casarin[1], B. Baldacci[1], G.S. Di Marco[1], M. Pancrazi[1], A.L. Brucato[2]
[1]Internal Medicine, Fatebenefratelli Hospital, Milano, Italy, [2]University of Milano, Department of biomedical and clinical sciences "Luigi Sacco", Fatebenefratelli Hospital, Milano, Italy

Background and Aim: The aim of this study is to evaluate gender differences in patients hospitalized for COVID-19 in terms of symptoms, laboratory data and disease outcomes, and to identify variables capable of increasing the risk of critical illness and lethality.
Methods: Prospective observational study in the COVID wards of the ASST Fatebenefratelli-Sacco (MI), during the first wave of the pandemic. All COVID patients were included. A descriptive analysis was carried out to assess the relationship between several variables and gender, and a multivariate analysis to establish the association of the variables analyzed with disease severity and in-hospital mortality. The probability of survival at 30 days was evaluated by Kaplan-Meier curves.
Results: 520 patients, 67% male and 33% female, were recruited. Of males, 30.1% presented with critical conditions at hospitalization, 18.7% in females. Mortality was 24.6% among males and 15.8% in females. Criticality at onset was associated with: high CRP, elevated LDH, increase of days from onset of symptoms. Mortality during hospitalization was associated with: age, obesity, critical conditions at admission, some laboratory analytes (decreased haemoglobin, elevated D-dimer, elevated LDH, reduced eGFR, elevated CK). The 30-day survival probability was 88% for women and 77% for men.
Conclusions: Females are more protected against SARS-CoV-2 infection, have a better clinical and laboratory profile and subject to less lethality. Males are more hospitalized and more at risk of developing severe and lethal forms of the disease.

Trattamento off-label di un'infezione HCV

L. Fontanella[1], S. Di Fraia[1], L. Amato[1], A. Di Sarno[1], A. Maffettone[1], F. Pirozzi[1], F. Rugiada[1], S. Vettori[1], M. Imparato[2], F. Mazzella[3]
[1]UOC di Medicina Interna ad Indirizzo Cardiovascolare e Dismetabolico, Azienda Ospedaliera dei Colli - Monaldi, Napoli, Italy, [2]Medicina Interna, Ospedale "Buon Consiglio" Fatebenefratelli, Napoli, Italy [3]UOSD Cardiologia, Azienda Ospedaliera dei Colli - Cotugno, Napoli, Italy

Premesse: Secondo indicazione AIFA il trattamento con Antivirali Diretti (DAAs) per HCV è indicato in caso di infezione cronica HCV correlata. Non vi sono indicazioni in caso di infezione acuta, nonostante sia consigliato il trattamento dalle linee guida internazionali (EASL 2020 ed AASLD 2019) anche in caso di infezione HCV di "recente acquisizione".
Discussione del caso clinico: Donna di anni 50, seguita da gastroenterologo per gastrite; aveva più volte effettuato esami ematochimici con costante normalità delle transaminasi e negatività per anticorpi HBV ed HCV. Il giorno 01/12/2021 pratica EGDS con biopsia per ricerca Helicobacter Pylori. Il giorno 01/01/2022, per comparsa di ittero, si rivolge al Pronto Soccorso dove si rileva: AST=3200 U/L, ALT=5540 U/L, Bil Tot=8 mg/dl (dir=6 mg/dl). Viene, quindi, ricoverata in Medicina Interna dove esegue ulteriori approfondimenti dai quali si evinceva esclusivamente positività per HCV-Ab, HCV-RNA quantitativo (18.400.000 UI/ml - 1b), Fibroscan=6.1 kPa, nulla di rilevante alla RMN addome. Vene dimessa in data 10/01 con: AST=285 U/L ed ALT=695 U/L. Come suggerito dalle linee guida si è optato per terapia con DAA. Previo consenso informato a trattamento off-label, inizia Sofosbuvir/Vel-

patasvir 400/100 mg. Dopo appena due settimane mostra assenza di replica virale e normalizzazione delle transaminasi.
Conclusioni: Le linee guida internazionali consigliano il trattamento nelle infezioni HCV di "recente acquisizione", sarebbe quindi indicato una rivalutazione dei criteri per i pazienti affetti da infezione precoce HCV.

Clinical study on the efficacy and safety of arginine administered orally in association with other active ingredients for the prevention and treatment of sarcopenia in patients with COVID-19-related pneumonia

C. Bologna[1], E. Pone[1]
[1]UOC Medicina ODM Napoli, Italy

Aim of the study: In order to evaluate the efficacy of oral supplementation with 3 g of arginine in the prevention and treatment of sarcopenia in patients with COVID-19-related pneumonia, we conducted a parallel randomized study comparing it with standard therapy alone.
Materials and Methods: Patients on standard therapy plus supplementation were compared with a control group of 40 patients, all hospitalized at the sub-intensive care unit, with a clinical diagnosis of SARS-CoV-2 infection and COVID-19 pneumonia. Muscle strength was assessed with the handgrip test and muscle ultrasound.
Results: Arginine-supplemented patients had an average grip strength of 23.5 at the end of hospitalization compared with 22.5 in the untreated group with less reduction, showing statistical significance ($p<0.001$). In the same way, the thickness of the vastus lateralis quadriceps femoris muscle measured at the end of hospitalization showed less reduction on ultrasound, with a higher average value in the group receiving treatment than in the group of patients without supplementation ($p<0.001$). Upon discharge there was a 58.40% reduction in ventilation days.
Conclusions: We believe that nutritional support with this arginine-based supplement was essential to the improved muscular and respiratory performance of these patients, which was demonstrated by the reduction in the need for respiratory support. This study suggests greater attention is needed in the assessment, prevention and treatment of sarcopenia and malnutrition in COVID patients undergoing non-invasive ventilation.

Calo del visus atipico: mai fermarsi al primo sguardo!

G. Torin[1], M. Milan[2], E. Miozzo[3], S. Cuppini[4], A. Mazza[1]
[1]UOC Medicina Interna, Ospedale di Rovigo, Italy, [2]OUC Medicina Interna, Ospedale di Rovigo, Italy, [3]Università degli Studi di Padova, Italy, [4]UOC Medicina Interna, Ospedale di Rovigo, Italy

Background: Le cause di calo del visus sono primitive (cataratta, glaucoma, vizi refrattivi non corretti, degenerazione maculare) o secondarie (es. retinopatia diabetica); tra queste ultime le patologie infettive - spesso misconosciute – possano determinare esiti invalidanti.
Case Report: Un maschio di 80 anni, istituzionalizzato, con recente anemizzazione da rettorragia, affetto da fibrillazione atriale permanente, IRC in monorene chirurgico, decadimento cognitivo e portatore di mid-line, venne ricoverato presso la Medicina Interna nel novembre 2021 per calo del visus bilaterale. Dopo valutazione oculistica si poneva diagnosi di endoftalmite bilaterale con necessità di vitrectomia, trattata in terapia empirica antibiotica (vancomicina, ceftazidima) ed anti-micotica (fluconazolo), per sospetta sepsi. Agli EE la PCT era normale (0.07 ng/ml), mentre la ricerca dell'antigene beta-D-Glucano risultò positiva (17.10 pg/mL); le emocolture da mid-line risultavano negative mentre l'esame colturale dell'umor acqueo dell'occhio sinistro risultò positivo per *Candida Albicans*. L'ecocardiogramma TT e TE evidenziarono vegetazioni sulla valvola aortica e tricuspide; la PET-TC con FDG documentò microfocolai infettivi polmonari e cerebrali, trattati con amfotericina-B; il paziente venne trasferito presso la Cardiochirurgia di Verona per le cure del caso.
Conclusioni: L'uso di device endo-vascolari sempre più frequenti in pazienti comorbidi, aumenta il rischio di endocardite infettiva e tra l'eziologia, quella fungina si correla a prognosi infausta.

Regional efficacy and safety results of roxadustat compared with placebo or darbepoetin alfa in non–dialysis-dependent chronic kidney disease patients with anemia

N. Dimkovic[1], C. Esposito[2], J. Barratt[3], C. Mariat[4], E. Shutov[5], M. Reusch[6], J. Young[7], W. Sulowicz[8]
[1]School of Medicine, University of Belgrade, Belgrade, Serbia, Clinical Department for Renal Diseases, Zvezdara University Medical Center, Serbia, [2]Unit of Nephrology and Dialysis, ICS Maugeri, University of Pavia, Pavia, Italy, [3]University of Leicester, Leicester, UK, [4]CHU St Etienne, Service Nephrologie Dialyse Transplantation, St Etienne, France, [5]Botkin Clinical City Hospital, Russian Medical Academy of Continuous Professional Education, Moscow, Russia, [6]Astellas Pharma Europe B.V., Leiden, The Netherlands, [7]Astellas Pharma, Inc., Northbrook, IL, USA, [8]Department of Nephrology, Collegium Medicum, Jagiellonian University, Krakow, Poland

Purpose: To analyze regional efficacy and safety for roxadustat (ROX) *vs* placebo (PBO)/darbepoetin alfa (DA) in patients with NDD CKD and anemia.
Materials and Methods: Results from three, double-blind phase 3 studies in patients with stage 3-5 NDD CKD and anemia (ROX *vs* PBO; ALPS, ANDES, OLYMPUS) were pooled and evaluated with results of an open-label study (ROX *vs* DA; DOLOMITES) in the same population. The primary efficacy endpoint, hemoglobin (Hb) response, was compared in three regions (Europe, US, and other) in PBO-controlled studies and two regions (Western Europe/Israel [WEI] and Central/Eastern Europe [CEE]) in the DA-controlled study. The incidence of select treatment-emergent adverse events (TEAEs; arteriovenous fistula thrombosis, deep vein thrombosis, nausea, and seizure) was summarized descriptively.
Results: A total of 4886 patients were randomized (2709 ROX; 1884 PBO; 293 DA). ROX had a significantly greater proportion of Hb response *vs* PBO (Europe: 77.9% *vs* 16.5%, 95% confidence interval [CI]: 56.5-66.2; US: 75.4% *vs* 8.3%, 95% CI: 62.7-71.6; other: 83.4% *vs* 5.5%, 95% CI: 75.4-80.5) and a numerically greater proportion of Hb response *vs* DA (WEI: 93.9% *vs* 83.5%, 95% CI: 1.2-19.6; CEE: 86.5% *vs* 75.4%, 95% CI: 3.6-18.3). The incidence of select TEAEs ranged from 0-12.1% for ROX, 0.1-7.0% for PBO, and 0-11.8% for DA.
Conclusions: In patients with stage 3-5 NDD CKD and anemia, ROX was more effective than PBO and similarly effective as DA for generating an Hb response in all regions. The incidence of select TEAEs was comparable and relatively low in all regions.

C1s-targeted inhibition of classical complement pathway by sutimlimab in cold agglutinin disease: efficacy and safety results from the 26-week, randomized, placebo-controlled phase 3 CADENZA study (NCT03347422)

A. Roth[1], S. Berentsen[2], W. Barcellini[3], S. D'Sa[4], B. Jilma[5], M. Michel[6], M. Wardecki[7], F. Shafer[8], M. Lee[8], C. Broome[9]
[1]Department of Hematology and Stem Cell Transplantation, West German Cancer Center, University Hospital Essen, University of Duisburg-Essen, Essen, Germany, [2]Department of Research and Innovation, Haugesund Hospital, Haugesund, Norway, [3]Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy, [4]UCLH Centre for Waldenström's Macroglobulinemia and Related Conditions, University College London Hospitals NHS Foundation Trust, London, UK, [5]Department of Clinical Pharmacology, Medical University of Vienna, Vienna, Austria, [6]IQVIA, Bangalore, Karnataka, India, [7]Sanofi, Warsaw, Poland, [8]Sanofi, Cambridge, MA, USA, [9]Division of Hematology, MedStar Georgetown University Hospital, Washington, DC, USA

Background: CADENZA is a 26 wk, double-blind, PBO-controlled Phase 3 study.
Methods: CAD patients (pts) [baseline (BL) Hb ≤10 g/dL, bilirubin above normal, transfusion independence and ≥1 CAD symptom] received SUT (N=22) or PBO (N=20) (Days 0, 7, then biweekly). The composite 1' endpoint (EP) was pts with Hb increase ≥1.5 g/dL at treatment assessment time point (TAT; mean of wks 23, 25, 26), and avoidance of transfusion and CAD therapy (wks 5–26). 2' EP included TAT change from BL in mean Hb, bilirubin, and FACIT-Fatigue. Safety was evaluated.
Results: Significantly more pts receiving SUT met 1' EP *vs* PBO (73% *vs* 15%; P<0.001). SUT, not PBO, increased Hb and FACIT-

Fatigue, and normalized bilirubin by wk 1, sustained through TAT. At TAT, mean (SE) difference between SUT and PBO in Hb and FACIT-Fatigue was 2.6 (0.4) g/dL and 8.9 (2.5) points (both P<0.001). For SUT, improvements in Hb, hemolysis, and fatigue coincided with normalized C4 levels/near-complete classical pathway inhibition. There were 146 treatment-emergent adverse events (TEAE) in SUT and 90 in PBO. 21 SUT and 20 PBO pts had ≥1 TEAE. 3 SUT and 1 PBO pts had ≥1 serious TEAE (TESAE). Serious infections were reported (none meningococcal). No TESAE of hypersensitivity, anaphylaxis, systemic lupus erythematosus or death reported. Headache, hypertension, rhinitis, Raynaud's phenomenon, and acrocyanosis were more frequent in SUT than PBO (≥3 pt difference between groups).
Conclusions: SUT rapidly halted hemolysis, markedly increased Hb, and improved QOL, supporting targeting C1s in CAD.

Octreotide LAR in patients with intestinal angiectasies and anticoagulation treatment

F.P. Bonfante[1], E. Spazzini[1], P. Carleo[1], I. Zagni[1]
[1]UOC Medicina Interna, Ospedale di Desenzano del Garda, Brescia, Italy

Aim: Many patients needing DOAC use for atrial fibrillation are affected from Intestinal angiectasies (GIA) causing bleeding . In patients with severe anemia or GI bleeding on DOAC treatment with GIA revealed by wireless endoscopy (WE), we determine effect of octreotide lar (O-lar).
Methods: We made a retrospective study including 15 patients (7 men, median age 66.4 y, range 51-90) with GIA revealed by WE after negative conventional endoscopy with severe anemia and DOAC treatment (2 with warfarin); heart failure or aortic stenosis were often present. All the patients were treated with 10 or 20 mg of O-lar s.c./month in the last 3 years with a median period of 18 months (range 3-24). We calculated hemoglobin (Hb) levels, number of blood transfusions and hospitalization before and during O-lar; we consider complete response if hospital readmissions and blood transfusions were reduced for more than 75%.
Results: 3 patients switch DOAC therapy and in 1 was stopped for recidivist overt bleeding. With O-lar, complete response was achieved in 9 patients (60%) with no need of transfusion or hospitalization; median Hb level before 6.3 g/dl and during treatment 10.5 g/dl; mean blood transfusions units was 10 before and 5 during (50% reduction); 5 patients need of periodic iron supplementations; 2 had an new hospitalization for severe anemia post bleeding; 1 stopped therapy for diarrhea.
Conclusions: In 2/3 of patients with GIA during anticoagulation, O-lar significantly improve Hb levels, number of blood transfusions and reduces hospital admissions without relevant side effects.

Tracking of HCV patients lost to follow up in a retrospective database review study

F. Cartabellotta[1], M.G. Minissale[1], V. Di Marco[2]
[1]RESIST-HCV (Rete Sicilia Selezione Terapia, HCV, Ospedale Buccheri La Ferla Department of Internal Medicine, Palermo, Italy, [2]RESIST-HCV (Rete Sicilia Selezione Terapia, HCV, PROMISE University of Palermo, Italy

Background and Aims: In Sicily 30.000 people live with chronic C virus hepatitis (HCV). Despite Direct Antiviral Drugs achieve 98% of virological response, there are still many patients who are lost to follow-up (LTFU) and there is a need to characterize them to develop measures or programs to link them back to care. WHO launched a program to "eradicate" in 2030.
Materials and Methods: The Sicily has activated a Web Network for the management of HCV infection through a web-oriented model (RESIST-HCV), that includes 30 centers. Our study evaluated retrospectively the features of the patients included in the RESIST-HCV and not received treatment with DAAs during a period of 5 years (2015-2020).
Results: Among 19.825 patients included, 15.201 (76.7%) already received therapy, while 2.311 (11,7%) had not yet received therapy. Patients LTFU were more frequently male (60.6%), with an age more than 50 years (80%). Regarding virological history 61% patients were naïve, 34% were experienced. Liver fibrosis was evaluated in 1262/2331 (54%) patients by Fibroscan. The stiffness value was ≥10 kPa, 7-10 kPa and <7 kPa in 21%, 14% and 19%, respectively.
Conclusions: Our regional database allows us to find HCV positive subjects that have not yet been treated, showing a proportion of LTFU of 11.7%. Subjects aged>50 years, had moderate-advanced liver disease as revealed by fibroscan values or the presence of overt cirrhosis. Our aim should be to link these patients in order to prevent the worsening of the stage of liver disease turning into cirrhosis and /or avoid cirrhotic complications.

SARS-CoV-2 associated venous thromboembolism – a one-year follow-up

A. Maino[1], M. Landolfo[1], S. Conci[2], E. Vettorato[2], S. Cozzio[2], S. Magnoni[3], F. Boccafoglio[4], D. Peterlana[1]
[1]Dipartimento di Medicina Interna, UO di Medicina Interna, Ospedale Santa Chiara, Azienda Provinciale per i Servizi Sanitari, Trento, Italy, [2]UO di Medicina Interna, Ospedale Santa Maria del Carmine, Azienda Provinciale per i Servizi Sanitari, Rovereto, Italy, [3]UO di Anestesia e Rianimazione, Ospedale Santa Chiara, Azienda Provinciale per i Servizi Sanitari, Trento, Italy, [4]UO di Pneumologia, Ospedale Santa Chiara, Azienda Provinciale per i Servizi Sanitari, Trento, Italy

Background: Venous thromboembolism (VTE) is associated with SARS-CoV-2 infection, and influences its short-term prognosis. Data on long-term are lacking.
Methods: Cohort study of all SARS-CoV-2 patients consecutively admitted to the intensive and sub-intensive care units at the Azienda Provinciale per i Servizi Sanitari, from March 21st to May 4th 2020, who developed VTE (either pulmonary embolism, PE, or deep vein thrombosis, DVT). After discharge, patients with confirmed VTE were followed for thrombotic and haemorrhagic events at three, six and 12 months. Thrombus resolution and cardiac involvement were evaluated and thrombophilia screening performed.
Results: Of 218 patients admitted for severe SARS-CoV-2 pneumonia, 35 (16%) had VTE (mean age 66±11 years, 27 males). Five patients died during hospitalization (all males, mean age 68±11). Of the 30 remainings, 13 (43%) had PE and 17 (57%) DVT. At 12 months, all patients had complete resolution of the DVT, and none had signs of pulmonary hypertension at the cardiac ultrasound. Thrombophilia screening was performed in 16 patients and showed negative results. Anticoagulant therapy was stopped after three months in most patients with DVT (13/17, 76%) and six months in most patients with PE (7/13 54%). Only six patients continued anticoagulation over 12 months (6/20, 20%). After a mean follow-up of 14.8±1.2 months, 6 (20%) minor bleeding and no VTE recurrence occurred.
Conclusions: A standard anticoagulation treatment period of three (for DVT) or six (for PE) months might be a reasonable approach in SARS-CoV2 related VTE.

Implementation of "Bedside modified-ISBAR" in nursing handover of COVID-patients in urgent-care medicine of Azienda Sanitaria Locale Biella (ASL BI): a phenomenological qualitative study

F. Bertoncini[1], I. Corniati[1], P. Casellato[1], C. Gatta[1]
[1]ASL BI, Italy

Background: During COVID-19 pandemic, the new and sudden reorganization, made up of professional with different backgrounds in which specific skills were required and in which it was not possible to implement tutorship or mentoring courses, a risk-of-error control strategy was required. One of the strategies included in our setting was the implementation of a particular handover method called "bedside modified-ISBAR" to prevent clinical risk to patients, stress and anxiety in professional and optimize humanization in the nurse-patient relationship. In this study we analyze only stress and anxiety in professional outcome.
Methods: We conducted a qualitative phenomenological study of urgent-care medicine and semi-intensive covid medicine nurses. In this period we used "bedside modified-ISBAR" in this setting with an average of 33 beds in which they worked 79 nurses during 2 years considered. We collect data with a semi-structured interview.

Results: From data analysis it emerged that the implementation of this method improve the "feeling of situation control", "comparison about technical skills or other specific nursing clinical competence to act in workship". It also reduce anxiety related to error in setting up technologies like multiparameter monitor, pulmonary ventilator, settings of cpap helmet or infusion pumps.
Conclusions: Risk control strategies that impact of organizational resilience, are to be considered increasingly necessary in settings that must be increasingly flexible and adaptable. We need to expand our results to other qualitative and quantitative outcomes.

Efficacy and safety of ruxolitinib in primary/secondary myelofibrosis patients with co-morbidities and poli-pharmacy

E. Mauro[1], F. Gherlinzoni[1]
[1]Department of Internal Medicine, Haematology Unit, Ca' Foncello Hospital, Treviso, Italy

Background: Ruloxinitib (R), a Janus Kinase 1 and 2 inhibitor, has been approved for treatment of primary/secondary myelofibrosis (PMF/SMF). The efficacy and safety of R has been confirmed in numerous studies; in particular R improves constitutional symptoms (CS), overall survival (OS), splenomegaly (SPM). However no studies tested R in cases with comorbidities and multiple drugs. Here, we assess efficacy, safety and toxicity of R considering this setting of patients.
Materials and Methods: from 2012 to 2020, 43 patients with PMF/SMF have been collected retrospectively.
Results: males/females 67%/33%, median age 67 years. The 28% of cases experienced CS; SPM has been detected in 76.7% of cases. R improved CS and SPM as expected. Adverse events were anemia (12%), thrombocytopenia (21%), infections (25.5%). Based on number of drugs intake (<5 or ≥5), we subdivided patients in two groups (<5 drugs group A, 22 cases, ≥5 drugs group B, 21 cases). The Charlson Comorbidity index 0-1 has been reported in 21 and 13 cases, ≥2 in 1 case and 8 cases respectively in group A and B (p=0.007). In group B, drugs more used were ACE inhibitors, angiotensin II receptors, beta blockers, calcium channel blockers, proton pump inhibitors. No differences have been observed in two groups about haematological and extra-haematological toxicities, event free and OS.
Conclusions: this study reported efficacy and safety of R in a setting of heavy treated patients with co-morbidities. In particular the poli-pharmacy, defined as ≥5 drugs intake, has no impact on response and outcome.

A new score to predict a stroke mimic in a center with a high rate of thrombolysis

F. Moroni[1], V. Vannucchi[1], C. Vinci[1], F. Prosperi Iovi[2], A. Giuello[2], S. Bianchi[2], M. Lanigra[2], A. Konze[3], G. Landini[1]
[1]Medicina Interna Santa Maria Nuova Firenze, [2]Medicina d'Urgenza, Santa Maria Nuova, Firenze, Italy [3]Radiodiagnostica, Santa Maria Nuova, Firenze, Italy

Background: A substantial amount of patients with symptoms of acute ischemic stroke (AIS) are Stroke Mimics (SM). Clinical differentation is challenging and advanced diagnostic neuroimaging not universally available, so clinical prediction tools have been proposed to identify patients with SM. The goal of our study was to evaluate variables associated with SM; we aimed to develop a new score (SMN-SM core) and compare it with the known stroke mimic predictive scale.
Materials and Methods: We retrospectively evaluted 340 patients admitted in our stroke Area between January 2019 and December 2020. Among them, 267 (78,5%) were stroke and 67 (21,5%) were stroke mimics. Area under receiver operating curve (AUROC) analysis was performed. Logistic regression analyses were performed with SMs *vs* AIS as dependent variable to identify predictors of SM.
Results: Absence of facial paralysis, (OR 44.02, 5.83-333.12), Dizziness, (OR 12.49, 4.23-36.93) history of migraine .(OR 9.07, 1.14-72,00) history of seizure disorder (OR 6.27, 1.77-22,15) and Female sex (OR 2.38, 1.11-5.08) were predictors of SM. A new score (SMN-SM score) performed better than known stroke prediction scale with AUROC=0,89 (0.85-0.92). An SMN-SM score ≥8 identified a SM with sensitivity 56% and specificity 93%.
Conclusions: In a center with a high rate of thrombolysis, inclusion of isolated vertigo in a new Stroke Prediction Scale can be better discriminate SMs from AIS and help physician to select patients undergoing further neuroimaging

Listeria Monocytogenes: una tossinfenzione alimentare con meningoencefalite

A. Fiorini[1], L. Servadei[2], G. Saini[3], S. Balanzoni[4], O.M. Ballardini[5], M.L. Ballardini[6], M.G. Sama[7]
[1]Unimore, Farmacologia e Tossicologia clinica, Italy, [2]Dirigente, Medicina 2, Ravenna, Italy, [3]Dirigente medico, Medicina d'urgenza, Ravenna, Italy, [4]Unife, Geriatria, Italy, [5]Unimi, Italy, [6]Unisr, Italy, [7]Direttore, Medicina 2, Ravenna, Italy

Premesse: Listeriosi è una tossinfezione alimentare che specie negli immunodepressi può determinare meningoencefalite purulenta. Dapprima sintomatologia gastroenterica, seguita 1-3 mesi dopo da sintomi neurologici.
Caso Clinico: Pz 81aa; un mese prima radicolopatia AAII trattato con steroide. Giunge in Ps per T39°C con brivido scuotente, neutrofilia, PCR54, QSOFA2, TC cerebri HRCT eco add negative. Ricoverato per sospetta sepsi urinaria si imposta Ceftriaxone; per il successivo peggioramento clinicolaboratoristico si amplia lo spettro con piperacillina/Tazobactam e Clindamicina su indicazione infettivologica. EO vigile non in contatto, con sguardo latero-deviato a sn e deficit stenici AAIISS. Rigor nucale con segno di Kernig non valutabile. Urinocoltura negativa. Si procede a rachicentesi, con riscontro di liquor limpido con proteinoracchia e riduzione della glucoracchia, neutrofila, e Film-Array multiplex PCR RT DNA qualitativo positivo per Listeria Monocytogenes (LM). Stante il riscontro di positività liquorale e delle emocolture per LM impostata Ampicillina Gentamicina ev e steroide con lento miglioramento e ripresa parziale della funzionalità motoria e sensoriale; persiste afasia e ptosi palpebrale sx (3°NC oculomotore). RMN con mdc evidenza di lesioni ischemiche recenti corticali ed impregnazione leptomenigenea. Ecocardio ogni 14 gg per 2v negativo.
Conclusioni: sintomi neurologici prima periferici poi centrali in un pz immunodepresso con "recente" tossinfezione alimentare impongono il sospetto di listeriosi.

An unusual case of macrophage activation syndrome in a patient with systemic lupus erythematosus

S. Marengo[1], A. Iannaccone[1], V. Vassia[1], L. Brussino[2], L. Alessi[2], V. Carella[1], A. Briozzo[1], C. Norbiato[1]
[1]SC Medicina Interna AO Ordine Mauriziano di Torino, Italy, [2]SC Immunologia e Allergologia AO Ordine Mauriziano di Torino, Italy

Background: Macrophage Activation Syndrome (MAS) is a rare and potentially life-threatening syndrome related to immune hyperactivation. It is a subset of Hemophagocytic Lymphohistiocytosis (HLH) complicating chronic inflammatory conditions, such as Systemic Lupus Erythematosus (SLE).
Case Description: Here we report the case of a Caucasian 68 years-old woman affected by SLE who was admitted to our Department due to persistent fever. On admission she didn't reported any significant symptom and didn't show any sign of reactivation of SLE. Blood tests revealed severe pancytopenia, hepatic cytolysis, normal renal function, mild increase of C-Reactive Protein (CRP), hyperferritinemia and low fibrinogen. Infectious triggers were ruled out, and CT scan, echocardiography and positron emission tomography (PET) were negative. Due to the finding of pancytopenia, the patient underwent bone marrow biopsy, which showed hemophagocytosis. Therefore, the diagnosis of MAS was formulated and high dose steroid therapy was initiated. Due to the absence of clinical benefit, IL-1 antagonist anakinra was started, and, subsequently, immunoglobulin infusion and ciclosporin were added. The patient began to show clinical improvement and a slow but constant increase in blood cell count was observed.
Conclusions: As our case points out, diagnosing MAS can be ar-

duous, as this condition might mimic other systemic illnesses. Moreover, choosing a correct treatment regimen might be challenging. In fact, no therapeutic guidelines have been edited, and different protocols are being evaluated by clinical trials.

The role of biomarkers in the prediction of short-time events in acute heart failure in a large population of elderly patients

N. Tarquinio[1], L. Falsetti[2], A. Fioranelli[1], G. Viticchi[3], G. Moroncini[4], M. Burattini[1]
[1]UOC Medicina Interna, Presidio Ospedaliero di Osimo (AN), INRCA IRCCS, Italy, [2]UOC Medicina Generale e Subintensiva, AOU Ospedali Riuniti, Ancona, Italy, [3]SOD Clinica Neurologica, AOU Ospedali Riuniti, Ancona, Italy, [4]SOD Clinica Medica, AOU Ospedali Riuniti, Ancona, Italy

Background and Aims: Acute heart failure (AHF) patients are old, comorbid, with high short-term mortality that should be assessed by prognostic scores, as EHMRG. Natriuretic peptides are suggested evaluating prognosis, with a less-defined role in elderly, since several factors can modify their serum levels.
Materials and Methods: Retrospective study considering AHF subjects admitted to Internal Medicine (INRCA-IRCCS,Osimo-Ancona) between 01/01/2015-31/12/2020 considering age, sex, admission BNP (aBNP), admission creatinine(aCr),length-of-admission and in-hospital death. Association with in-hospital death was evaluated with Pearson's bivariate test and with best-fitting trendlines.Accuracy was assessed with ROC curve analysis. Differences between variables were calculated with t-test (continuous) or chi-squared (binary) tests.
Results: 1364 subjects, age 86,2 (±6,02),724 (53,1%) males: age (p<0,0001), aCr(p=0,0001), longer admission (p=0,0001) were significantly associated with in-hospital death. ROC analysis confirmed that aBNP did not significantly predict the outcome (AUC:0,55;95%CI:0,49-0,62; p=0,095), while aCr (AUC:0,58;95% CI:0,52-0,65; p=0,008) and age (AUC:0,62;95%CI:0,56-0,68;0= 0,0001) resulted significant. Age had a significant logarithmic association with aCr (p<0,0001) and aBNP (p<0,0001).
Conclusions: aBNP, aCr seem inaccurate assessing elderly subjects' AHF short-term prognosis.Age itself performs better and is associated to aBNP and aCr:this could explain the reduced biomarkers' role in the prognostic assessment of AHF.

Rapidly progressive paucimmune glomerulonephritis following COVID-19 infection

D. D'Ambrosio[1], A. Cesaro[2], I. Del Prete[1], V. Vatiero[1], S. Damiano[1], F. Ievoli[1]
[1]UOC Medicina Generale Po Aversa Asl Ce, Italy, [2]Uosd Nefrologia Po Aversa Asl Ce, Italy

Case Report: A 78-year-old female presented to our observation for asthenia, low-grade fever and arthralgia from some months. Past medical history: at September 2020 SARS-Cov 2 infection with asymptomatic course; at July 2021 second SARS-CoV2 infection complicated by interstitial pneumonia with one intercurrent dose of ChAdOx1 nCoV-19 vaccine. Diagnostic tests revealed acute renal failure, severe anemia subjected to blood transfusions, COVID-19 RT-PCR negativity and p-ANCA positivity. CT thorax showed 5% lung involvement suggestive of outcomes of COVID-19. Renal needle biopsy diagnosed with rapidly progressive paucimmune glomerulonephritis, therefore she started steroids and first infusion of Rituximab.
Discussion: The relationship between SARS-CoV-2 and ANCA-vasculitis could involve high virus affinity for ACE2 receptors, with endothelial cell invasion, activation of the inflammatory cascade, cytokine storm, abnormalities in the coagulation/fibrinolytic system, thrombotic microangiopathy, and endothelial cell damage. ANCA is produced by cytokines, activated neutrophils, and macrophages, with induction of vasculitis by neutrophil extracellular traps, including onset of necrotizing crescentic glomerulonephritis. Furthermore the virus could directly damage renal tissues. In literature ANCA-vasculitis in the setting of COVID-19 has been already reported in 5 patients.
Conclusions: COVID-19 may be a trigger of this life-threatening autoimmune disease. More clinical and experimental investigations are necessary to further establish and confirm a causal link between these diseases.

Telemedicine in Rheumatology: From pandemic to innovative care instrument

T. D'Errico[1], A. Maffettone[2], M. Varriale[3], E. Ambrosino[3], G. Italiano[4], M. D'Avino[5]
[1]Ambulatorio e D.H. di Reumatologia P.S.I. Napoli Est ASL NAPOLI 1 Centro, Italy, [2]UOC di Medicina Cardiovascolare e dismetabolica AORN Ospedali dei Colli, Napoli, Italy, [3]UOS Gastroenterologia P.S.I. Napoli Est ASL NAPOLI 1 Centro, Italy, [4]UOC di Medicina Interna Azienda Ospedaliera S. Anna e San Sebastiano Caserta, Italy, [5]UOC Medicina Lungodegenza AORN A. Cardarelli, Napoli, Italy

Background and Aims: The COVID-19 Pandemic has resulted in a significant restriction of movement between people. These measures have compromised chronic diseases patients' care pathways. Telemedicine can represent an option to the traditional visit. We evaluated the applicability of this new clinical tool for the rheumatic patient, investigating the propensity to use this innovative consultation method.
Materials and Methods: We carried out a telephone survey and asked patients if they were interested in using telemedicine *vs* the classic method visit. We also collected demographic and occupational data of the patients interviewed.
Results: 100 patients answered to the survey (M/F=25/75); the average age was 58.5 years. 65% of the interviewees had a device that allowed them to make video calls and 75% said they were in favor of making a visit with this technological support. Telemedicine was considered a valid modalityof visit for the 78% of patients and 55% would have preferred the classic visit. The level of education was the most relevant predictor for the acceptance of this innovative method.
Discussion: Telemedicine seems a valid clinical tool that can be used for the follow-up of rheumatic patients so that it can be usefulin reducing waiting lists and both direct and indirect costs in the national health system.

Low bone mass density in young males with newly diagnosed celiac disease

D.P. Pallotta[1], F. Tovoli[1], T. Catenaro[1], A. Giamperoli[1], A. Raiteri[1], A. Granito[1]
[1]Department of Medical and Surgical Sciences, University of Bologna, Italy

Background and Aim of the study: Low bone mass density (BMD) and osteoporosis are well known extra-intestinal manifestation of Celiac Disease (CD). While some authors reported the prevalence of low BMD at the diagnosis of CD in female patients, data about male patients are lacking. We aimed to find the prevalence of low BMD in young male patients and identify factors associated with low BMD.
Materials and Methods: We analysed a retrospective database of 1254 patients with CD evaluated in our center between 2006 and 2021. We identified 50 young males (age 18-25) who underwent dual-energy x-ray absorptiometry (DXA) within 1 years from the start of the gluten free diet (GFD).
Results: Fourteen (28%) patients had osteopenia and 2 (4%) osteoporosis, respectively. The mean age and BMI at the diagnosis were similar in patients with normal and abnormal BMD. Low BMD was more frequent in patients with hypoferritinemia (58.3% *vs* 23.7%, p=0.036) and vitamin D deficiency (55% *vs* 16.7%, p=0.006). Fourteen patients with low BMD repeated DXA 2 years after the first control: we found a trend of improvement in BMD, but it was not significant (p=0.12). In 11 patients (79%) low BMD persisted.
Conclusions: About one third of our population had low BMD at diagnosis. Our data suggest DXA should be systematically performed in young male patients with newly diagnosed CD, especially those with more severe malabsorption. We also found a trend of improvement in BMD after short periods of GFD (2-3 years). Further studies with longer observation are needed to clearly understand the impact of GFD on BMD.

Malattia di Eales: case report

S. Sabatino[1], M. Barberio[1], A. Bruni[1], C. Gentile[1], M. Lovecchio[1], R. Malcangi[1], G. Orsitto[1], M. Zenzola[1]
[1]UOC Medicina Interna, PO Di Venere, Bari, Italy

Descrizione: Maschio 35enne, pregressa meningite batterica e storia di emicrania, si ricovera per iperpiressia, vasculite cutanea delle mani e poliartrite delle grandi articolazioni, insorte 10 giorni dopo esecuzione di vaccino Comirnaty (1° dose). Agli esami ematochimici: WBC 12000, VES 53, PCR 18 (v.n. 0-0,5), PCT 0,40; AutoAb (ANA, ANCA, anti-ds DNA, anti-CCP), FR, WR, TAS: negativi. Altresì negativi esami colturali (emocolture, urinocoltura, spermiocoltura), atti ad escludere artrite postinfettiva. Non descritte alterazioni radiologiche nei distretti coinvolti. Eseguito Fundus Oculi per riferiti scotomi, rilevate aree ischemiche con successiva FAG retinica con evidenza di "segni di capillaropatia ischemica con amputazione del microcircolo e terminazioni aneurismatiche, associate ad aree di ischemia retinica periferica, con impregnazione tardiva della parete venosa. Quadro compatibile con Malattia di Eales". Intrapresa terapia con metilprednisolone 1 mg/kg/die, alla dimissione regressione del quadro artritico e cutaneo, con normalizzazione degli indici di flogosi. Eseguito Quantiferon per escludere associazione TBC-Eales con esito negativo. Descritto netto miglioramento fluoroangiografico al follow-up.
Conclusioni: La malattia di Eales è una perivasculite primaria retinica, rara, prevalente in India e nel sesso maschile, da verosimile meccanismo immunopatogenetico da immunocomplessi.
Nel caso descritto la concomitanza di stimolo immunitario, manifestazioni sistemiche (con autoimmunità negativa) e risposta agli steroidi permettono di avallare tale ipotesi.

16-months post-discharge outcome in a cohort of confirmed COVID-19 subjects

F. Mastroianni[1], P. Guida[2], G. Larizza[1], A. Genovese[1], M. Manicone[1], T. Girone[1], G. Righetti[1], F. D'Onofrio[1]
[1]UOC Medicina Interna, Covid Unit, EE Policlinico Universitario F. Miulli, Acquaviva delle Fonti (BA), Italy, [2]Clinical Trial Center, EE Policlinico Universitario F. Miulli, Acquaviva delle Fonti (BA), Italy

Background: Little is known about the long-term re-hospitalization of patients with confirmed infection by SARS CoV 2 discharged from hospital.
Aim: The aim of our retrospective cohort study was to identify death and re-hospitalization outcomes in a 16-month follow-up in a population of subjects already hospitalized for Covid-19.
Materials and Methods: The study was conducted in the metropolitan area of Bari (population: 472,385 inhabitants) by examining the patients hospitalized from 17/03/2020 to 28/05/2021 at the Covid Unit of the F. Miulli hospital in Acquaviva delle Fonti.
Results: 1238 patients (754 males, 60.9%, median 70 years) were hospitalized in Covid Unit: 1060 (85.6%) (M 60.1% median 71 years) were hospitalized in non-intensive wards, while 178 (14.4%) (M 65.7%, median 69 aa), passed through the IT. At follow-up, 922 subjects were still alive; 66 deceased (7.2% of the total, 37.8% males, median 80 years). Analyzing only the data of patients residing in the metropolitan area, where the hospital is the reference, 780 patients discharged alive were examined. Of these, 11.2% were re-hospitalized at least once, 30 died (4.3%). Mortality on re-admission to hospital was 17.2%. A third of the re-admissions were unrelated to Covid. Infections, pneumonia and cardiovascular disease were the most represented reason for hospitalization.
Conclusions: Data show that at a follow-up of 16 months 92.8% of the subjects were still alive, while 7.2% had died, mainly elderly women. 11.2% of those discharged from the Covid ward have been re-admitted to the hospital at least once.

Hyponatremia in brain injured patients: differential diagnosis between Cerebral Salt Wasting Syndrome and Syndrome of Inappropriate Antidiuretic Hormone secretion based on volemic state evaluation

F. Vannoni[1], F. Vannini[1], L.P. Diesse Kamwa[1], A. Orlandi[1], G. Romagnoli[1], A. Breschi[1], C. Ignesti[1], A. Freschi[1], F. Varocchi[1], D. Bruni[1]
[1]Nuovo Ospedale di Prato, S. Stefano, Italy

Cerebral Salt Wasting Syndrome (CSW) is an uncommon cause of hypotonic hyponatremia associated to central nervous system disease (especially subarachnoid hemorrhage) and characterized by hypovolemia due to renal sodium loss. The main differential diagnosis is SIADH, a much more common form of hyponatremia without signs of hypovolemia. The treatment is based on filling with isotonic or hypertonic saline. We report the case of a 50-year-old chinese man with a history of arterial hypertension presenting to the ER for headache and fever after vaccination for SARS-CoV-2. In the ER he was hemodynamically stable without neurological deficits. Blood tests showed severe hypoosmolar hyponatremia. Brain CT revealed multiple hypodense oval areas of uncertain nature with peripheral contrast enhancement. The main microbiological tests were negative. In the suspicion of paraneoplastic SIADH, water restriction was prescribed and a total body CT scan was performed, resulting normal. Nevertheless, hyponatremia got worse. Brain MRI revealed signs of subacute intracranial bleeding and angiography showed an anterior cerebral artery aneurysm. An echocardiography revealed collapse of the inferior vena cava, therefore, given the hypovolemia, hypotonic hyponatremia and the signs of recent brain injury, diagnosis of CSW was made. Treatment was based on endovascular coiling of the aneurysm and correction of hypovolemic hyponatremia using isotonic saline. It is essential to differentiate between CWS and SIADH since the treatment is categorically different. Their key distinguishing feature is volemia.

A global acute medical patients' management needs clinical severity and clinical complexity assessment

S. Accordino[1], V. Savojardo[1], C. Folli[1], L. Barbetta[1], S. Porretti[1], P. Massironi[1], G. Bettini[1], C. Canetta[1]
[1]High Care Internal Medicine Unit, Fondazione IRCCS Ca' Granda, Ospedale Maggiore Policlinico, Milano, Italy

Background and Aim: An efficient management of acute medical patients is not only related to critical conditions. Early warning scores, as NEWS, are valid tools to intercept clinical instability and deterioration risk but cannot define clinical complexity. Clinical Complexity Score (CCS) is an experimental system to quantify the burden of each patient according to the clinical relevance of any active pathology. The aim of this study is to analyse clinical outcomes according to NEWS and CCS.
Materials and Methods: 1598 consecutive patients admitted in an Acute Medical Unit were enrolled. Data regarding main diagnoses, NEWS on admission, CCS, destination wards and in-hospital mortality were recorded.
Results: Patients transferred to internal medicine ward (IMW), respect to other medical wards (OMWs) including high care settings (HCs), were more likely to have a CCS ≥4 (17.8% *vs* 4.4%, p<0.001) and older age (79.4±12.5 *vs* 73.8±14.0, p<0.001), but no differences were found considering NEWS (2.5±2.2 *vs* 2.6±2.2, p=0.186) and in-hospital mortality (6.1% *vs* 5.1%, p=0.433). NEWS but not CCS was relevant to HCs transfers (OR1.78,95% CI 1.09-2.92, p<0.05) while both NEWS and CCS were relevant to in-hospital mortality (OR2.72,95% CI 1.72-4.29, p<0.0001 and OR2.81,95% CI1.70-4.66, p<0.00001, respectively).
Conclusions: an integrated evaluation of clinical instability and clinical complexity supports a patient-centred and problem-oriented approach. CCS could be a valid tool to identify non-critical acute medical patients with multiple active diseases, highlighting the role of IMWs in complex care management.

Arterial catheterization: is a new competence for internist?

L. Caruso[1], O. Para[1], C. Carleo[1], F. Bucci[1], A. De Roma[1], I. Merilli[1], G. Pestelli[1], E. Metrangolo[2], A. Pezzati[2], C. Nozzoli[1]
[1]Medicina Interna 1, AOU Careggi, Firenze, Italy, [2]Medicina Interna 3, AOU Careggi, Firenze, Italy

Background: Arterial catheterization is frequently used in the management of critically ill patients, but their use in internal medicine is limited by the lack of monitoring systems and fewer nursing staff. The aim of our study is to demonstrate the safety of arterial catheters in the internal medicine ward.

Materials and Methods: We conducted a retrospective cohort study between January 2018 and December 2021 at the Department of Internal Medicine 1 of the AOU Careggi. All patients with arterial catheters were enrolled. Patients with SARS-CoV2 infection were excluded. We conducted a univariate analysis on the association between self-removal of the device and complications.
Results: We enrolled 488 patients. Mean age was 74.26±14.85 years. The main site of arterial access was radial artery (84.83%), followed by femoral artery (10.45%). The average length of stay of the device was 6.39±5.01 days, and in 3.48% there was an accidental self-removal of the device. The most frequent complication was mild bleeding (1.6%), followed by infection of the insertion site (0.8%) and distal embolization (0.3%). Delirium occurred in 20.3% of patients, and an association was found between delirium and self-removal of the arterial catheter (p <0.001, OR 5.35, CI 2.05-13-94). However, there was no association between delirium and any complications (p=1.000).
Conclusions: arterial catheterization is a low-complication procedure; the internist should acquire this competence to deal with the presence of critically ill patients and the development of subintensive therapy units.

Effectiveness and safety of monoclonal antibodies for SARS-CoV-2: retrospective analysis of patients treated in the Varese Hospital

T.M. Attardo[1], P. Pagani[2], A. Turchetti[2], M. Fazio[2], E. Galfrascoli[3], D. Galli[3], R. Cavi[3], A. Tuzi[1], D. Dalla Gasperina[2], F. Dentali[2]
[1]UO Medicina, Ospedale di Circolo di Varese, ASST Sette Laghi, Italy, [2]ASST Sette Laghi, Università degli Studi dell'Insubria, Varese, Italy, [3]SC Farmacia, Ospedale di Circolo di Varese, ASST Sette Laghi, Italy

Background and Aim: Monoclonal antibodies (mAb) are a promising treatment for patients with COVID-19. The primary objective of this analysis was to evaluate the effectiveness and safety of mAb, using real-world data relating to patients belonging to the HUB COVID of the Varese Hospital.
Materials and Methods: A retrospective analysis was carried out on patients treated with mAb from April 2021 to January 31, 2022. Information was collected on: disease status, immediate and late adverse drug reactions (ADRs), and outcome at 10 and 30 days after mAb administration.
Results: Three hundred twenty-eight patients (M/F 191/137; median age 59.3 yrs) were treated: 176 with bamlanivimab/etesevimab, 117 with casirivimab/imdevimab, 35 with sotrovimab. One hundred eight (32.9%) patients were not fully vaccinated and 10 (3%) vaccinated with only 2 doses more than 120 days. Eighty (24.4%) were affected by cardiovascular disease, 73 (22.2%) immunodeficiency, 69 (21%) BMI>=30, 52 (15.8%) diabetes, 35 (10.7%) chronic lung disease and 7 (2.1%) end-stage renal failure. Severe ADRs did not occur. The median time between treatment and symptom resolution was 4 days. Among the 190 outpatients, only 9 (4.7%) needed hospitalization for COVID pneumonia, with a favorable outcome. In addition, 89.8% of hospitalized patients (60 with pneumonia and negative serology, 78 hospitalized not for COVID pneumonia) had symptom resolution without disease progression.
Conclusions: Our study confirms the effectiveness and safety of the early treatment with mAb for COVID-19 to reduce the risk of disease progression.

Prevalence and risk factors for pulmonary embolism n patients hospitalized in Internal Medicine units for acute exacerbation of chronic obstructive pulmonary disease: a prospective multi-center FADOI study

I. Giarretta[1], A. Abenante[2], P. Gnerre[3], D. Arioli[4], P. Di Micco[5], M. La Regina[6], F. Pomero[7], R. Re[8], M. Gambacorta[9], F. Dentali[1]
[1]UO Medicina Interna, Ospedale di Circolo, Varese, Italy, [2]Medicina Interna, Università degli Studi dell'Insubria di Varese, Italy, [3]UO Medicina Interna, Monsignor Galliano, Acqui Terme, Italy, [4]UO Medicina Interna e Area Critica, Arcispedale Santa Maria Nuova, Reggio Emilia, Italy, [5]UO Medicina Interna, Fatebenefratelli, Napoli, Italy, [6]UO Medicina Interna, Ospedale Sant'Andrea, La Spezia, Italy, [7]UO Medicina Interna, Ospedale S. Croce e Carle, Cuneo, Italy, [8]UO Medicina Interna, Ospedale S. Andrea, Vercelli, Italy, [9]UO Medicina Interna, Ospedale Media Valle del Tevere, Todi, Italy

Background: The differential diagnosis between acute exacerbation of Chronic obstructive pulmonary disease (AECOPD) and pulmonary embolism (PE) in patients admitted to Internal Medicine Units is often challenging. Furthermore, PE may itself be the trigger or may complicate the clinical course of AECOPD.
Materials and Methods: This is a multicenter prospective observational study, promoted by the Italian Federation of Associations of Hospital Doctors on Internal Medicine (FADOI), with the aim to evaluate the incidence of PE among patients admitted for AECOPD within 90 days from hospitalization and to identify potential risk factors associated with PE. From January 2015 to November 2016, 521 consecutive patients with AECOPD were enrolled in 30 Italian centers and evaluated for PE according to clinical suspicion.
Results: The estimated incidence of PE was 9.8% (95% CI, 7.25-12.35%). Patients with PE did not differ from those without PE in terms of age, sex, or comorbidities. The multivariate analysis demonstrated that clinical signs of deep vein thrombosis (DVT) was associated with a 20-fold increased risk of PE (OR 20.60; 95% IC, 6.92-61.35). Recent prolonged bed rest (OR 2.39; 95% IC 1.10-5.20), PAS <130 mmHg (OR 2.11; 95% IC 1.08-4.14), and hypocapnia (OR 2.88; 95% IC, 1.50-5.51) were also associated with PE. The survival analysis showed no influence of PE on hospital stay and mortality.
Conclusions: This study demonstrated a high prevalence of PE in patient hospitalized for AECOPD which was associated with prolonged bedrest, clinical signs of DVT, PAS<130 mmHg and hypocapnia.

Diagnosis of SARS-CoV-2 infection: prognostic factors for nasopharyngeal swab negativity

C. Pestelli[1], G. Pestelli[1], L. Caruso[1], G. Fedi[1], S. Guidi[1], F. Bucci[1], C. Carleo[1], C. La Rovere[1], O. Para[1], C. Nozzoli[1]
[1]AOU Careggi, Firenze, Italy

Background and Aim: The diagnosis of Covid 19 is made by the detection of viral RNA by PCR on nasopharyngeal swabs. In some patients the test is falsely negative, while other biological samples are positive. The aim of the study is to identify characteristics and prognostic factors for swab negativity in COVID-19 patients with BA-confirmed disease.
Materials and Methods: Multicentre retrospective case-control study of patients admitted for COVID-19 between March and November 2020 in two internal medicine units of the AOU Careggi and in the Internal Medicine of the Hospital of Varese. Enrolled patients aged ≥18 years hospitalized for Covid with viral RNA isolation on biological specimen, considering as cases the patients negative to swab but positive to BA. For each case, four swab-positive controls at admission.
Results: Included 95 patients, 19 cases and 76 controls. Advanced mean age, male predominance. The mean time between symptoms onset and swab was 2.65±1.9 days in cases, with a statistically significant difference compared to controls (5.53±3.0 days). Longer mean length of stay and more frequent adverse outcome in patients with negative swab than in controls.
Conclusions: Swabbing within a short time of symptoms onset is a predictor for false negative. Patients with repeated negative swabs have a worse clinical picture with longer hospital stay, greater need for non-invasive ventilation and higher frequency of adverse outcome.

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

C. Cassieri[1], R. Pica[2], P. Crispino[1], M. Zippi[2], E.V. Avallone[1], P.G. Lecca[3], G. Brandimarte[3], P. Paoluzi[1], P. Vernia[1], E.S. Corazziari[1]
[1]Department of Internal Medicine and Specialties, Sapienza University, Rome, Italy, [2]Gastroenterology Unit, Pertini Hospital, Rome, Italy, [3]Internal Medicine, Cristo Re Hospital, Rome, Italy

Background and Aim: Azathioprine (AZA) is widely used for in-

duction 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 ten year after the institution of treatment.
Methods: Data from consecutive IBD outpatients referred in our Institution, between 1985-2019, were reviewed and all patients treated with AZA were included.
Results: Out of 3396 consecutive IBD, AZA was prescribed to 487 patients, 268 (55%) were affected by Crohn's disease (CD) and 219 (55%) by ulcerative colitis (UC). Two hundred and forty-one patients with a follow-up<120 months were excluded from the study. Two hundred and forty-six patients were evaluated, 136 (55.3) with CD and 110 (44.7%) with UC. One hundred and forty-one (57.3%) were male. Ten year after the institution of treatment, 118 (48%) patients still were in steroid-free remission (77 CD *vs* 41 UC, 56.6% and 37.3%,p=0.0031), 72 (29.3%) had a relapse requiring retreatment with steroids (30 CD *vs* 42 UC, 22.1% and 38.2%, p=0.0073), 56 (22.7%) discontinued the treatment due to side effects (29 CD *vs* 27 UC, 21.3% and 24.5%). Loss of response from 1st to 10th year of follow-up was low, about 22%.
Conclusions: Ten year after the onset of treatment about 50% 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.

Implementazione di un modello aziendale di antimicrobial stewardship

M. Cadelo[1], E. Matteini[1], R. Curcio[1], M. Grasso[1], L. Curreri[1], S. Brocato[1], C. Di Giorgio[1], F. Rubino[1], E. Sesti[1], S.G. Albano[1]
[1]Fondazione Istituto G. Giglio, Cefalù, Italy

Premesse e Scopo dello studio: Le infezioni correlate alla assistenza (ICA) sono complicanze gravi dell'assistenza sanitaria, che incidono su giorni degenza, mortalità e costi. Attraverso studi di prevalenza si è osservata in Fondazione Giglio-Cefalù una frequenza di ICA da microrganismi resistenti (MDRO). La root cause analysis ha individuato l'utilizzo inappropriato degli antibiotici quale causa principale. E' stato quindi implementato un modello di Antimicrobial Stewardship (AMS) per razionalizzazione del loro utilizzo.
Materiali e Metodi: Il Management ha definito leadership ed accountability di un Gruppo Operativo *consultant* aziendale per l'AMS per l'attuazione, in un anno, di interventi per ottimizzare l'uso di antibiotici: *Antimicrobial oversight* su antibiotici "critici"(OMS), con strategie "frontend" e "backend"*; Sviluppo di Linee guida aziendali:*produzione di un documento di Consensus; *Elaborazione di algoritmi clinici e di controllo gestionale:*metodi di impatto visuale e Business Intelligence; *Formazione ed aggiornamento:* audit, hospital meeting; *Monitoraggio:* misure di outcome, indicatori di processo.
Risultati: Tempi di degenza ridotti del 30%, ri-ospedalizzazioni/primo mese ridotte del 13%, riduzione della mortalità. Microbiologici: incidenza colite pseudomembranosa ridotta del 7%. Economici: riduzione spesa antibiotica del 35% costo medio/paziente dimesso.
Conclusioni: La applicazione sistematica del modello aziendale di AMS in un piccolo ospedale, ha portato ad una serie di miglioramenti su misure di outcome clinico, microbiologico ed economico.

"Long COVID" features: incidence and risk factors

A.M. Schimizzi[1], L. Brugiaferri[2], M.G. Oriani[3], A. Brizzi[4], M. Vargas[5], I. Capecci[3], A. Focosi[5], P. Spinaci[6], M. Candela[7]
[1]Dipartimento medico-Ospedale di Jesi, Italy, [2]USCA Jesi, Italy, [3]Servizio di Salute Mentale, Ospedale di Jesi, Italy, [4]UOC Medicina Fisica e Riabilitazione, Ospedale di Jesi, Italy, [5]Servizio di Salute Mentale, Ospedale di Fabriano, Italy, [6]UOC Pneumologia, Ospedale di Jesi, Italy, [7]Dipartimento medico, Ospedale di Jesi, Italy

Introduction and Purpose of the study: COVID-19 has been associated with long-term symptoms. The aim of this study was to describe the incidence of long-term health consequences and investigate the associated risk factors.
Materials and Methods: We organized a multidisciplinary assessment for Covid-19 pts discharged from Covid Department of Jesi H. All pts underwent clinical examination, laboratory and instrumental examinations (HRTC and spirometry+DLCO, walking test). All pts were interviewed with questionnaires (MMSE, IES-R and SF-36) for evaluation of cognitive order, psychiatric symptoms and health-related quality of life.Statistical tests (Fisher's exact test for qualitative variables; Wilcoxon test for quantitative) were used to evaluate the association between the long syndrome and all variables.
Results: During the study (June 20-September 21) the first 358 pts had completed the post-discharge multidisciplinary assessment. Among them, 56% have experienced long Covid symptoms: 35,8% still complained fatigue, 15.4% dyspnea, 9% alopecia, and 45.2% experienced post-traumatic psychological consequences (insomnia, anhedonia and irritability the most frequent). The statistical analysis showed that "Long Covid" is significantly associated with gender (female), age (youth), employment status (employed more than unemployed), HRTC findings and the results of SF-36 and IES-R neuropsychiatric tests.
Conclusions: These findings highlight the importance of following up survivors of COVID-19. A multidisciplinary approach is fundamental to respond to a complex array of "long Covid".

A new candidate gene for autoinflammatory disorders: CSF1R

A. Del Mastro[1], M. Chetta[2], M. Tarsitano[2], M. Oro[2], M. Rivieccio[2], S. Loffredo[3], B. Pannone[1], A. Cannavale[1], A. Bresciani[1], M. Laccetti[1]
[1]UOC Medicina 1, AORN A Cardarelli, Napoli, Italy, [2]UOC Genetica Medica e di Laboratorio, AORN A Cardarelli, Napoli, Italy, [3]Dipartimento di Scienze Mediche Traslazionali, Università Federico II, Napoli, Italy

Background and Aim of the study: Autoinflammatory disorders (AID) are rare syndromes featuring recurrent inflammation due to inflammasome single gene mutations. The causative gene is still not detected in lots of cases, thus named Syndrome of Undifferentiated Recurrent Fever (SURF).
Materials and Methods: We performed a Clinical Exome Sequencing (CES) through Next Generation Sequencing (NGS) from periheral blood DNA from our SURF proband -a 15 yr old female patient suffering from recurrent fever with polyserositis, lymphadenopathy and aphtosis – and her parents and fraternal twin brother. EVai and Sophia softwares were used for analysis; tridimensional modelling was performed to detect the effects of mutations.
Results: We identified two variants in CSF1R gene, the *de novo* p.R579W and the p.G413S inherited from the mother. CSF1R is a monocytes-macrophages receptor binding CSF1 and IL-34 cytokines, that mediate macrophage proliferation and activation. CSF1R variants are known for triggering neoplasms through a macrophage switch to an M2 immune-suppressive profile. The tridimensional analysis showed a switch to an M1 immune-stimulating profile. It is reasonable to think that the mother's mutation leads to M2 phenotype, while its simultaneous presence in the patient facilitates the cyclic inflammation.
Conclusions: We detected a new candidate gene for AID potentially defining the phenotype of a SURF patient. In vitro monocyte-macrophage functional studies from the family are ongoing to further characterize the immunological features of the mutation and confirm our hypothesis.

Diagnostic accuracy of V/Q and Q SPECT/CT in patients with suspected pulmonary embolism: a systematic review and meta-analysis

A. Squizzato[1], A. Venturini[2], V. Pelitti[2], B. Bellini[2], M. Bernasconi[3], T. Depalo[4], A. Corso[4], N. Riva[5]
[1]Research Center on Thromboembolic Disorders and Antithrombotic Therapies, ASST Lariana, University of Insubria, Como, Italy, [2]Internal Medicine Residency Program, School of Medicine, University of Insubria, Varese and Como, Italy, [3]Internal Medicine Unit, ASST Settelaghi, Cittiglio, Italy, [4]Nuclear Medicine Unit, 'Sant'Anna' Hospital, ASST Lariana, Como, Italy, [5]Department of Pathology, Faculty of Medicine and Surgery, University of Malta, Msida, Malta

Background: Computed tomography (CT) pulmonary angiography has simplified the diagnostic approach to suspected pulmonary embolism (PE), but alternative imaging tests are still advocated. We aimed to systematically assess the diagnostic accuracy of ventilation/perfusion (V/Q) and Q single-photon emission CT combined with low-dose CT (SPECT/CT) for PE diagnosis.
Methods: Studies evaluating the diagnostic accuracy of SPECT/CT for the diagnosis of PE were systematically searched in MEDLINE and EMBASE databases (up to July 2021). QUADAS-2 tool was used for risk of bias assessment of the primary studies. A bivariate random-effects regression approach was used for summary estimates of both sensitivity and specificity.
Results: Six studies (974 patients) were included. Weighted mean prevalence of PE was 24.9% and of inconclusive SPECT/CT results were 2.5% (95% CI, 0.2-6.9%) at random-effect model. After exclusion of technical inadequate results, SPECT/CT bivariate weighted mean sensitivity and specificity were respectively 96% (95% CI, 93-98%) and 96% (95% CI, 94-97%).
At subgroup analysis, for V/Q SPECT/CT bivariate weighted mean sensitivity and specificity were 97% (95% CI, 92-99%) and 97% (95% CI, 95-98%), while for Q SPECT/CT they were 95% (95% CI, 90-98%) and 84% (95% CI, 61-95%), respectively.
Conclusions: V/Q SPECT/CT has high sensitivity and specificity for the diagnosis of PE, meanwhile Q SPECT/CT has high sensitivity but limited specificity. Management studies will conclusively ascertain the actual role of SPECT/CT in the diagnostic workup of patients with suspected PE.

"Long COVID" and cardiovascular involvement: a multicenter prospective study

V. Gianturco[1], L. Gianturco[2], B.D. Bodini[3]
[1]UO Medicina Interna, "San Matteo degli Infermi", Spoleto (PG), Italy, [2]UO Cardiologia, ASST Rhodense, Italy, [3]UO Pneumologia, Ospedale Salvini, Garbagnate Milanese ASST Rhodense, Italy

Background and Aim: High percentage of patients who had COVID-19 are still symptomatic after several months post infection, but the long-term outcomes are not yet well known. The long-term outcomes and, in particular, the cardiac sequelae of COVID-19 are not completely known. Aim of this study was to provide new insights into cardiovascular dysfunction in "long Covid" patients.
Materials and Methods: In this multicenter prospective study, subjects were collected from "long Covid" ambulatories from june 2021 to august 2021. Evaluation comprehended a blood sample, ECG, cardiac US, 24-h BP monitoring at baseline and after three months. Primary endpoint was to estimate the prevalence of cardiac involvement in these subjects and define their clinical prognosis.
Results: 215 "Long Covid" patients were enrolled (120 F, 95 M, mean age 58,9±6,7). Control group was composed of patients without diagnosis of LONG COVID, with no significant differences of age, sex, comorbidities and drugs (130 subjects, 77 F, 53 M, mean age 54,7±7,8). Cardiac involvement was found in 12,3% in "long Covid" group at the baseline, 9,9% at 3rd month. Significant differences were showed in CRP and ADMA values, left ventricular global longitudinal strain, BP and HR variability. A "non-dipping" blood pressure pattern was found in almost 25,7% in the "long Covid" group at the baseline and in 19,8% at the 3rd month.
Conclusions: "Long covid" subjects seems to show a cardiovascular involvement more than other COVID-19 patients. Further studies will be needed to define the duration of these signs and early preventive interventions.

Trends in the incidence of lower limb deep vein thrombosis through an ultrasound surveillance protocol in patients with COVID-19 pneumonia during the earlier and later waves of SARS-CoV-2 pandemic in non-ICU setting: a multicente r prospective study

L. Corbo[1], F. Pieralli[1], A. Fortini[2], F. Pomero[3], G. Guazzini[1], A. Milia[1], L. Sammicheli[1], F. Luise[1], L. Lastraioli[1], D. Prisco[4]
[1]Azienda Ospedaliero-Universitaria Careggi, Medicina interna ad alta Intensità, Italy, [2]Medicina Interna, Ospedale San Giovanni di Dio, Italy, [3]Medicina Interna ASL CN2, Italy, [4]Azienda Ospedaliero-Universitaria Careggi, Italy

Objective of the study: The aim of this study was to evaluate the trend of the incidence of deep vein thrombosis (DVT), using serial compression ultrasound (CUS) surveillance, in patients hospitalized with COVID-19 pneumonia in a non-ICU setting in different waves of the pandemic.
Methods: Multicenter, prospective study of patients with COVID-19 pneumonia admitted to Internal Medicine units. All patients were screened for DVT with serial CUS. Anticoagulation was defined as low dose, intermediate dose, high dose.
Results: Two periods of time, named first wave (March-May 2020) and subsequent waves (November 2020- April 2021), were considered, and a total of 363 consecutive patients with moderate-severe COVID-19 pneumonia were enrolled. The incidence of DVT was 13.7% in the first wave, and 4.2% in subsequent waves (p=0.002). Almost all patients received anticoagulation (LMWH 89,8%) at the following doses: low 50.4%, intermediate 25.6%, high 23.1%. Patients enrolled in the first and subsequent waves had similar clinical characteristics, nevertheless a difference in anticoagulant regimen (lower doses in the first wave, p=0.005) was observed. Patients enrolled in subsequent waves were more likely treated at home before hospitalization with LMWH (p<0.001).
Conclusions: We noted a significant reduction in the incidence of DVT over time during the Sars-CoV-2 pandemic. Among other factors, a significant increase in thromboprophylaxis prior to hospitalization, and the increase of the dosage of anticoagulation during hospitalization probably played a relevant role.

Indice di rischio e quoziente di normalizzazione: due nuovi indici per la valutazione della pressione arteriosa con ABPM. Studio su 4506 rapporti ABPM

G. Malgieri[1], V. Papa[1], P. Ciaramella[2], P. Di Santo[3], D. Di Santo[4], M. Di Resta[5], G. Ranaldo[6]
[1]Centro per l'ipertensione, AO "San Pio", PO Sant'Agata de' Goti (BN), Italy, [2]Scuola di Specializzazione in Malattie dell'Apparato Cardiovascolare AOUP "Umberto I", Roma, Italy, [3]Scuola di Specializzazione in Ortopedia e Traumatologia, Università "Campus Bio-Medico", Roma, Italy, [4]Università degli Studi "Tor Vergata", Roma, Italy, [5]Sanitaria Istituto "San Giovanni di Dio - Fatebenefratelli", Genzano di Roma, Italy, [6]UO Medicina Interna PO Sant'Agata dè Goti, AO "San Pio" (BN), Italy

I valori della pressione arteriosa variano a seconda del metodo di misurazione e delle condizioni di stress. Il monitoraggio ambulatoriale della pressione arteriosa (ABPM) può risentire dell'influenza del tono simpatico ("sindrome da camice bianco") e può creare confusione nell'interpretazione. Trovare un criterio e una formula che incorporassero le informazioni fornite dall'ABPM ed eliminare l'incidenza del tono simpatico. Studio dei parametri dell'ABPM di 4605 pazienti (18-100 anni), esclusi quelli in trattamento con β-bloccanti: pressione arteriosa sistolica (PAS), pressione arteriosa diastolica (PAD), pressione differenziale, variabilità pressoria (DS). Divisi in 4 gruppi: Gruppo A (normale): PA<130/80mmHg; gruppo B: PA >130/80mmHg; gruppo C: PAS >140mmHg; gruppo D: >150 mmHg. Per ogni gruppo calcolato: media, DS, CI di MAP, RV, QN, FCM, t di Student p <.0001. Si è ricavato un altro gruppo (E) sottraendo ai gruppi B,C,D tutti i casi con QN ≤a QN del gruppo A. Abbiamo ricavato la seguente formula: QN+[0.20x(SDPAM – SDFCM/12), denominata Index Risk (IR). Per ogni gruppo abbiamo calcolato IR e la loro differenza significativa tra i gruppi con t di Student p <.0001. L'indice IR mostra valori differenti tra i vari gruppi. Gruppo A: 1,17; gruppo B: 1,29; Gruppo C: 1,53; Gruppo D: 1,65; Gruppo E: 1,04. Il gruppo E ha evidenziato i soggetti normotesi con effetto "sindrome da camice bianco". Il valore di IR ha indicato la progressione della gravità della malattia senza l'influenza del tono simpatico.

Acute kidney injury and hypertension associated with androgenic steroids and hyperproteic supplements in young bodybuilders

E. Giglio[1], M. Calabrese[1], C. Mondillo[1], C. Caffarelli[1], S. Gonnelli[1]
[1]Dipartimento delle Scienze Mediche Università di Siena, Italy

Background: The increasing use of anabolic steroids and supplements among bodybuilders is a known fact. Less known are the

side effects of these molecules. In this regard, cases of acute renal failure and chronic kidney disease with different histopathological profiles have also been reported. Severe hypertension with cardiovascular disease, retinal disease and hypertensive encephalopathy were observed in relation to nephropathy.
Case description: 38 years old male, testosterone and aromatase inhibitors abuser bodybuilder showed scotoma and arterious hypertension (210/120 mmHg) and fourth degree retinopathy after COT evaluation. Lab tests reported a rise in serum creatinine (2.36 mg/dl), hypercolestherolemia and proteinuria. Echocardiography test revealed concentric ventricular hypertrophy and supra-aortic doppler ultrasonography showed a diffused and accentuated thickening of the vessel walls. Further secondary hypertension causes were excluded in differential diagnosis. Kidney biopsy showed IgA nephropathy correlated with glomerulosclerosis and nephroangiosclerosis.
Conclusions: In young patients with renal injury of no clear etiology in the anamnestic evaluation, the use of anabolic steroids should always be considered, given the increasingly frequent use. Further studies could evaluate whether the duration of use of these substances is related to the severity and irreversibility of kidney damage.

Monitoraggio pressorio delle 24 ore e caratteristiche cliniche di una coorte di pazienti maschi con intossicazione botulinica: uno studio prospettico

G. Miceli[1], M. Cardillo[2], G. Cassataro[1], V. Volpe[1], E. Fertitta[1], C. Canale[1], M. Stella[1], L. Tomaiuolo[1], M. Renda[1]
[1]UOC Medicina, Direttore Dott. Maurizio Renda, Fondazione Istituto "G. Giglio", Cefalù (PA), Italy, [2]MCAU Fondazione Istituto "G. Giglio", Cefalù (PA), Italy

Il botulismo di origine alimentare è una condizione patologica determinata dall'ingestione di una tossina preformata prodotta da Clostridium botulinum. L'Italia è uno dei paesi europei con la più alta incidenza di intossicazione botulinica (circa 25 casi all'anno in media). Venti pazienti maschi affetti da intossicazione botulinica sono stati sottoposti a valutazione clinico-strumentale, al momento della diagnosi di botulino e a 6 mesi dalla dimissione. È stato reclutato un gruppo di controllo composto da 33 pazienti accoppiati per età e sesso che hanno eseguito il monitoraggio pressorio delle 24h. I pazienti con botulino hanno mostrato valori pressori sistolici medi (p<0,003), variabilità pressoria sistolica (p<0,003) e diastolica (p<0,015), carico pressorio sistolico (2 (1;5) *vs* 10 (2,20); p<0,006) e diastolico (11 (6;25) *vs* 26 (13,45); p=0,052), inferiori in misura statisticamente significativa rispetto al gruppo controllo. Al controllo a 6 mesi i valori di pressione sistolica (p<0,0001), diastolica (p<0,001), frequenza cardiaca (p<0,010) e variabilità pressorie sistolica (p<0,050) e diastolica (p<0,030) si presentavano significativamente aumentate rispetto ai valori registrati al tempo 0.
Conclusioni: La pressione arteriosa sistolica e la variabilità pressoria si presentano in media ridotte nei pazienti con botulino come verosimile conseguenza delle alterazioni autonomiche secondarie alla tossina botulinica. Le alterazioni pressorie sembrano regredire a 6 mesi dall'infezione.

Efficacy, safety and appropriateness of the fixed-ratio combination iGlarLixi in type 2 diabetes in real world settings: results from the ENSURE study

R. Candido[1], M. Modugno[2], E. Gabellieri[3], A. Nicolucci[4], M.C. Rossi[4], M. Larosa[5]
[1]Azienda Sanitaria Universitaria Giuliano Isontina, Trieste, Italy, [2]URP ASL di Bari, Italy, [3]Azienda Ospedaliera Nazionale SS Antonio e Biagio e Cesare Arrigo, Alessandria, Italy, [4]CORESEARCH, Pescara, Italy, [5]SANOFI, Medical Affair, Milano, Italy

Aim of the study: The study evaluated the effectiveness of iGlarLixi [once-daily FRC of insulin glargine 100 U/mL and lixisenatide] in T2D.
Methods: Retrospective, multicenter study, based on electronic medical records. All subjects initiating iGlarLixi in May 2018-July 2020 were analyzed.
Results: Overall, 25 sites provided data on 675 subjects with the following baseline characteristics (mean and standard deviation or proportion): age: 66.4±10.1 years, 54.2% men, T2D duration 15.5±11.5 years, HbA1c 8.6±1.4%, and BMI 30.8±5.3 Kg/m2. Before starting iGlarLixi, 67.3% of subjects were treated with basal insulin (BI) and 9.9% with GLP1-RA (5.5% as free combination). Drugs associated with iGlarLixi were not only metformin and SGLT2-i, as by indication, off-label combinations were found in 32.4% of patients (21.4% sulphonylureas). As for effectiveness data (N=184) after 6 months $HbA1_c$ decreased by -0.77% [95%CI -1.00;-0.54] and by -0.92% [95%CI -1.22;-0.62] in patients treated as by labelling. Weight significantly decreased by 1.21 Kg. iGlarLixi dose increased by 5.14 U. Rates of blood glucose ≤70 and <54 mg/ml (N=171) were 0.26 and 0.05 events per person-month, respectively. No severe hypoglycemic events occurred. Participants discontinuing iGlarLixi within 6 months were 122 (18.1%). After discontinuation, 45.1% of patients started BI plus short acting insulin.
Conclusions: In predominantly overweight/obese T2D people with poor metabolic control and long-lasting disease, effectiveness and safety of iGlarLixi are documented in real life, but improvements in therapy is required.

Diaphragmatic ultrasound evaluation among scleroderma patients with interstitial lung disease

M. Greco[1], C. Schiavi[2], C. Vassallo[2], L. Marri[2], F. Giusti[2], S. Negrini[2], A. Guastalla[2]
[1]Medicina Interna 2, Ospedale S. Paolo, Savona, Italy, [2]Scleroderma Unit, Università Policlinico S. Martino, Genova, Italy

Introduction and Aim of the study: Interstitial lung disease (ILD) is one of leading cause of morbidity and mortality among systemic sclerosis (Ssc) patients. Assessment of respiratory symptoms, full pulmonary function tests (PFTs) and a chest HRCT are fundamental to ensure early identification of ILD. Recently, lung ultrasound and diaphragmatic ultrasound (DUS) were proposed as interesting novel tools. The objective of this study is to perform DUS among Ssc-ILD patients compared to patients without pulmonary involvement.
Patients and Methods: 36 patients from Genoa Scleroderma Unit were enrolled between June 2020 and October 2020. All patients fulfilled ACR-EULAR Ssc criteria and had to be clinically stable and without change of therapeutic regimen during the last 3 months. Patients were divided into two arms: 17 were affected by Ssc-ILD, while 19 didn't suffer from respiratory disease and represented the control group.
Results: Diaphragmatic mobility during quite breath (QB) was similar between patients and control groups (p=0.43). During deep breath (DB), DM was lower among patients with a median value of 5,64 (4,57-6,78) compared to controls (p<0.001). During QB, at FRC, the DT of Ssc-ILD cases was significantly thicker than controls (p=0.02). Among SSc-ILD group, during DB, DM positively correlated with lung function; DT negatively correlated with lung volumes.
Conclusions: Ssc-ILD is a serious complication among Ssc patients and diaphragmatic ultrasound could be a promising non-invasive tool.

Splenic localizations of haematological disease: application of a clinical/laboratoristic/ultrasound tool in a case series

D. Tirotta[1], V. Mazzeo[1], P. Valentini[1], F. Girelli[1], M. Tassinari[1], P. Muratori[1]
[1]Medicina Interna, Ospedale Morgagni Pierantoni Forli, AUSL Romagna, Italy

Background: The role of the internist is often to make diagnoses in complex cases. Hematological diseases with mainly splenic localization are one of the most difficult pathologies to diagnose. We describe a cases series in which we evaluate the association of a clinical (fever, asthenia), laboratoristic (monoclonal *gammopathy*, change in blood count), bmode ultrasound (solid lesion) and contrast-enhanced ultrasound (progressive intense venous wash-out) (CEUS) pattern in the diagnosis of splenic localization of haematological illness.
Case series: We analyzed a series of 7 cases with splenic lesions

and clinical picture suggestive of localization of hematological disease (5 males, 2 females, mean age 64 years, presence of at least 2 comorbidities in 3 patients). In 5/7 cases in which the histological diagnosis was compatible with splenic localization of the disease (other two cases was abscesses), a typical CEUS pattern of progressive venous wash-out was associated to a suggestive clinical, laboratoristic and ultrasound bmode pattern.
Conclusions: In guidelines, the main indication of CEUS for splenic lesions is the differentiation between benign and neoplastic etiology. Our case series is suggestive for a good accuracy of a clinical-laboratoristic-ultrasound tool for the diagnosis of haematological neoplasia associated to splenic localization, but more extensive studies are needed, to test sensitivity, specificity, *likelihood-ratio and* predictive value of this combined tool.

Antibody response to COVID-19 booster vaccination in healthcare workers

A. Pani[1], A. Romandini[2], A. Schianchi[2], M. Senatore[2], F. Agnelli[3], G. Gazzaniga[2], S. Agliardi[2], F. Colombo[3], D. Campisi[4], F. Scaglione[1]
[1]Dipartimento di Oncologia ed Emato-Oncologia, Università degli Studi di Milano, Italy, [2]Scuola di Specializzazione in Farmacologia e Tossicologia Clinica, Italy, [3]SC Medicina Interna, ASST GOM Niguarda, Italy, [4]SC Microbiologia, ASST GOM Niguarda, Italy

Background and Aim of the study: On the brink of worldwide resurgence of SARS-CoV2 transmission rates and the emergence of a new variant, decisions have been taken towards the indication of a COVID-19 vaccine booster administration.
Materials and Methods: The RENAISSANCE study is an observational, longitudinal, prospective, population-based study conducted on healthcare workers of Niguarda Hospital in Milan. Primary endpoint of the study was the evaluation of the mean increase of anti-S IgG antibody titer between the pre-booster level to the titer assessed 14 days after the booster dose of BNT162b2.
Results: we evaluated 1,741 subjects, of which 1,433 never had a contact with the virus while 308 were classified as having had a SARS-CoV2 positivity. Overall 7 out of 1,741 (0.004%) subjects were seronegative at the pre-booster evaluation. None of the subjects was seronegative after the booster. The mean increment of the anti-S IgG is 44 times (CI 95% 42-46): this was more significant in subjects who never had contact with SARS-CoV2 virus, while it was less significant (33 times, CI 95% 13-70) in those who was infected after the first vaccination course and for those who had SARS-CoV2 infection before the vaccination (12 times, CI 95% 11-14).
Conclusions: Our finds suggest the ability if BNT162b2 to induce a potent booster response after 7-9 months from the first vaccination cycle.

An algorhythm for the management (classification, treatment, discharge, follow-up) of patients with Chronic Obstructive Pulmonary Disease in Internal Medicine Units

C. Stabile[1], F. Nasso[2], O. Para[3], M. Silingardi[4], F. Tangianu[5], R.C. Costorella[1], M.S. Magnoni[1], G. Gussoni[6], A. Valerio[6], M. Magnoni[1]
[1]GSK Medical Department, Verona, Italy, [2]Internal Medicine, Hospital of Polistena (RC), Italy, [3]Internal Medicine 1, Careggi Hospital, Florence, Italy, [4]Department of Medicine, Ospedale Maggiore, Bologna, Italy, [5]General Medicine 1, Medical Center, Ospedale di Circolo, ASST Sette Laghi, Varese, Italy, [6]Research Department, FADOI Foundation, Milan, Italy

Background and Aim: Patients with acute exacerbations of COPD are often hospitalized in IMUs, and their management is challenging due to a multiplicity of factors (i.e., patient classification, pharmacological therapy, patient discharge and follow-up). The Scientific Society FADOI and GSK promoted a project aimed at developing and testing an algorhythm for the management of COPD patients in IMUs.
Methods: Starting from the results of a preliminary survey, the FADOI Scientific Board developed a first draft of the algorhythm. This was proposed to 45 centers for a 6-month period, to evaluate its feasibility, usefulness, and critical issues. After this phase of testing, a second version was released, which was again brought to the attention of the participating centers, leading to the final algorhythm.
Results: The algorithm reports the steps for the management of patients with severe exacerbations of known or suspected COPD, namely: correct diagnosis; treatment of the acute phase; management of comorbidities; appropriate therapy at discharge; planning of the follow-up. Focus is given to the shift from the systemic therapy in the acute phase to the early in-hospital inhalation triple therapy (ICS/LAMA/LABA), and the need for education in the use of the inhaler. The algorhythm was considered useful by the great majority of participating centers.
Conclusions: The proposed algorhythm is an agile and usable tool for managing the main steps of care of COPD patients in IMUs. The future goal is to make the model available to a wider audience of Internists.

POSTERS

Acute heart damage and COVID-19: a case study

P. De Luca[1], A. De Luca[1], M. Carella[1], V. Sollazzo[1], P. Morlino[1], A. Benvenuto[1], M. Benvenuto[2]
[1]Dipartimento Internistico Multidisciplinare, Ospedale "T. Masselli-Mascia" San Severo (FG), Italy, [2]Dipartimento degli Studi Umanistici, Università di Foggia, UOC Genetica Medica IRCCS "Casa Sollievo della Sofferenza", San Giovanni Rotondo (FG), Italy

Background: COVID-19 disease is characterized by respiratory symptoms, but acute cardiovascular complications are reported in severe infections that adversely affect prognosis.
Clinical Case: A patient is hospitalized for fever, chest pain, and dyspnoea. Clinical examination: pulmonary and peripheral congestion, low blood pressure values, oxygen saturation in ambient air 91%. Increased myocardiocytolysis and inflammatory indices. Nasopharyngeal swab: positive for COVID-19. Chest CT scan: interstitial pneumonia. ECG: sinus tachycardia, changes in ventricular repolarization. Echocardiogram: left ventricle dilated, hypertrophic and with severe global systolic dysfunction. Therapy: furosemide, high flow oxygen alternating CPAP, antiretrovirals, antibiotics, low molecular weight heparin, beta blocker. Cardiac MRI: focal edema of the anterior wall. Coronary angiography: moderate coronary artery disease. Control chest CT scan: resolution of pulmonary interstitial disease. Cardiac MRI after 2 months: improvement of the overall systolic function of the left ventricle.
Conclusions: An entity defined as "acute myocardial damage" characterized by an increase in troponin with ECG and/or echocardiographic changes, is reported in COVID patients. These forms are not related to coronary artery disease but are the consequence of the septic state and the excessive activation of the infectious-inflammatory systems and can manifest themselves with myocarditis/stress myocardiopathy causing heart failure and left ventricular systolic dysfunction.

Arrhythmogenic cardiomyopathy of the left ventricle: clinical-diagnostic approach methodology

P. De Luca[1], A. De Luca[1], M. Carella[1], V. Sollazzo[1], A. Benvenuto[1], M. Benvenuto[2]
[1]Dipartimento Internistico Multidisciplinare, Ospedale "T. Masselli-Mascia" San Severo (FG), Italy, [2]Dipartimento degli Studi Umanistici, Università di Foggia, UOC Genetica Medica IRCCS "Casa Sollievo della Sofferenza", San Giovanni Rotondo (FG), Italy

Background: Originally described as a pure right ventricular disease, arrhythmogenic cardiomyopathy can involve both ventricles and predominantly affects the left ventricle in some patients.
Clinical Case: A girl is hospitalized for chest pain and syncope. ECG: low voltages and negative T waves in the side leads. Positive troponin. Echocardiogram: basal hypokinesia of the left ventricle, ejection fraction 45%. Negative coronary artery study and thrombophilic screening. Chest x-ray, brain CT, echocolor Doppler of the supra-aortic trunks: negative. Holter ECG: polymorphic ventricular ectopic beats with pairs/triplets. Control echocardiogram: initial dilation of the left ventricle, akinesia of the basal interventricular septum (FE 37%); right ventricle within the limits of size and kinetics; not valvulopathies. Cardiac MRI: dilated left ventricle and diffuse hypokinesia; adipose infiltration of the interventricular septum; areas of "late gadolinium enhancement". An ICD is implanted and heart failure therapy is initiated. Clinical and genetic screening of family members carried out.
Conclusions: Arrhythmogenic left ventricular cardiomyopathy is characterized by a marked arrhythmic component (even sudden death) regardless of the degree of ventricular dysfunction. Early diagnosis is fundamental. Proposed the "Padua criteria" that identify morpho-functional alterations to be associated with the pathogenic mutation in one of the genes related to the phenotype.

Severe headache after adenoviral-vector vaccination against coronavirus disease 2019: a case report

M. Costa[1], F. Sardanelli[1], R. Borghi[1], L. Scuotri[1], M. Setti[1]
[1]SC Medicina Interna, Presidio Ospedaliero Unico del Levante Ligure, ASL 5, La Spezia, Italy

Background: Several cases of vaccine-induced prothrombotic immune thrombocytopenia (VIPIT) following exposition to adenoviral-vector vaccines against SARS-CoV-2 were described.
The risk of developing intracranial thrombosis is high in subjects with severe headache, thrombocytopenia and d-dimer increase.
Clinical Case: In July 2021 a 20-year-old woman, without risk factors for thrombosis, presented to the emergency room with headache and hematomas in the lower limbs. Ten days earlier she had received the Ad26.CoV2 vaccine (Johnson & Johnson/Jansenn). The blood tests showed thrombocytopenia, increase in d-dimer value, normal level of hemoglobin. A CT scan with contrast enhancement of the head excluded thrombosis of the intracranial veins or hemorrhage. The patient was hospitalized in the internal medicine ward; on admission she reported severe headache with normal neurological examination. The laboratory studies showed: d-dimer 34.430 ng/ml, fibrinogen 64 mg/dl, platelet count 65 x 10^3/mcl. Upon diagnosis of VIPIT the patient was treated with high dose intravenous immunoglobulins (IVIG), 800 mg/kg for two days. On the second day after IVIG infusion platelet count was 143.000/mmc, d-dimer value 2369 ng/ml and the headache had resolved.
Conclusions: The clinical presentation, the laboratory and instrumental findings, the response to the treatment supported a prothrombotic condition, potentially associated with microthrombosis in intracranial smaller veins. Our experience suggests that early use of IVIG can be efficacious in avoiding the evolution into manifest thrombosis.

"Long covid" syndrome non pharmacological treatment

M. Coppini[1], A. Aceranti[1], S. Vernocchi[1], D. Emedoli[1], T. Serini[1], A. Palazzolo[1], M. Tuvinelli[1], A. Scaglione[1]
[1]Istituto Europeo di Scienze Forensi e Biomediche, Italy

Background and Aim of the study: Many patients affected by COVID-19 after having been declared "recovered" show the so called "long covid syndrome": a series of signs and symptoms which resist for weeks after the clinical healing.
Materials and Methods: We studied 11 patients between 30 and 75 years old with diagnosis of COVID19 and then declared healed. All patients have been treated at home with light or moderate respiratory symptoms. Patients with cardio-pulmonary conditions, tumors or metabolic diseases were cut out from the study. During the study patients were monitored for SpO2 and heart rate frequency. Patients were treated with respiratory rehabilitation, soft tissues manipulation and specific exercises to improve lung capacity.
Results: After the treatment all patients referred a reduction of the chest oppression and better dilatation of the chest. Saturation improved from treatment to treatment (average before treatments: 93,7% RV 87 – 95. Average after treatments: 98,7% RV 97-99) with an average improvement of 5% in SpO2.
Conclusions: The study involved a limited number of patients because of difficulties in recruiting but the results are indicative of

the effectiveness of a non pharmacological intervention that can help patient in recovering after COVID-19. A wider diffusion of the culture of physical treatment both among physicians and patients may help to contain the spreading of the "long covid syndrome".

Correlations between breakfast and young obesity

N. Panunzio[1], G. Gherardi[1], S. Galimberti[1], S. Vernocchi[1], M. Colorato[1], A. Aceranti[1]
[1]Istituto Europeo di Scienze Forensi e Biomediche, Italy

Background and Aim of the study: The study aimed to analyze the possible correlation between absence of breakfast and/or the intake of an incorrect breakfast and the status of overweight and/or obesity in school-aged children. The data the height, weight, age and sex of the subject were taken into consideration for the calculation of the BMI. The study analysed a sample of various ethnicities of 100 children more than 20% are in a state of overweight/obesity as the BMI exceeds the 85th percentile threshold, value which marks the beginning of being overweight. Research was done to try to understand if, by assigning a balanced breakfast, they can be had of changes in percentiles in children who are currently in overweight/obesity; the study is based on 365 days with quarterly checks.
Materials and Methods: The sample included children between the ages of 7 and 10 yo attending the primary school. The total sample size is 135 subjects of which 100 included and 35 excluded from the study as they didnt meet the requirments.
Results: The study found that on the sample of 100 children who consume one unbalanced breakfast and/or not having a breakfast 20% of them result in overweight with a percentile BMI between the 85th and 95th percentile; 7% is obese with a BMI above the 95th percentile. The remainder of the samples appear to be in normal weight with a BMI below 85° percentile.
Conclusions: The intention of the study is to propose a first regime correct and balanced breakfast, and then reassess the percentages of overweight and obesity with a quarterly maturity for one year.

Musicoterapia e assistenza infermieristica: un connubio efficace

A. Mussari[1]
[1]Associazione Interregionale "Vivere Insieme", Catanzaro, Italy

Premesse: La musicoterapia consiste nell'uso della musica con un utente o un gruppo, per facilitare la comunicazione, l'apprendimento, la motricità o l'espressione, al fine di soddisfare le necessità fisiche, emozionali, sociali e cognitive della persona.
Contenuti: L'obiettivo della relazione è quello di presentare i benefici della musicoterapia nell'ambito dell'assistenza infermieristica. Durante la presentazione verranno richiamati diversi studi condotti sugli effetti positivi della musicoterapia sulle funzioni fisiologiche (cardiaca, respiratoria, ormonale,...) e cognitive, sulla regolazione delle emozioni e delle reazioni di stress, in individui sani come in pazienti affetti da malattie neurodegenerative. In aggiunta, verranno presentate le radici storiche e socio-culturali della musicoterapia, i principi alla base dei modelli teorici principali e degli estratti musicali al fine di illustrare tramite esempi concreti i concetti presentati. Verranno ugualmente descritte alcune esperienze pratiche dell'uso della musicoterapia in pazienti in degenza presso RSA.
Conclusioni: In conclusione, si evidenzieranno i benefici dell'uso della musicoterapia nell'ambito delle cure infermieristiche, sottolineando come questa possa essere uno strumento integrativo, e non alternativo, da affiancare alle terapie mediche e farmacologiche standard, per ridurre lo stato d'ansia e stress, la percezione del dolore, e migliorare le risposte emotive del paziente assistito. Come conseguenza, la musicoterapia risulta uno strumento efficace per instaurare la relazione terapeutica.

Peri-vascular adipose tissue attenuation on chest computed tomography in patients with Marfan syndrome

D. Tuttolomondo[1], N. Gaibazzi[1]
[1]UOC Cardiologia, Azienda Ospedaliero Universitaria di Parma, Italy

Background: Marfan Syndrome is a genetic disorder that determines histopathological alterations of the aortic vascular wall leading to increased inflammatory component. The peri-vascular adipose tissue attenuation is a method able to capture localized vascular inflammation by mapping spatial changes of perivascular tissue attenuation on computed tomography.
Case Report: We measured peri-vascular adipose tissue attenuation around the ascending aorta in three consecutive subjects with confirmed genetic diagnosis of Marfan Syndrome. All subjects received the genetic diagnosis of fibrillin-1 gene mutation as part of the family screening of patients with known Marfan Syndrome. Chest computed tomography was performed in such asymptomatic subjects after genetic confirmation of Marfan Syndrome. None of these subjects showed aortic aneurysms or suffered from chronic inflammatory/infectious disease. In the three subjects identified with Marfan Syndrome the value of aortic peri-vascular adipose tissue attenuation measured at chest computed tomography was higher than normal and the volume of aortic peri-vascular adipose tissue was lower.
Conclusions: These preliminary observations suggest that peri-vascular adipose tissue attenuation is unexpectedly high in patients with Marfan Syndrome, notwithstanding the normal aortic diameter at the time of computed tomography. Whether this observation may find a clinical use in suspected Marfan Syndrome or in predicting aortic complications in Marfan Syndrome is worth to be assessed in prospective studies.

Coronary flow velocity reserve reduction is associated with cardiovascular, cancer, and non-cancer, non-cardiovascular mortality

D. Tuttolomondo[1], N. Gaibazzi[1]
[1]UOC Cardiologia, Azienda Ospedaliero Universitaria di Parma, Italy

Background and Purpose of the study: Coronary Flow Velocity Reserve (CFVR) measured in the left anterior descending artery during stress echocardiography interrogates both epicardial and microcirculatory coronary function and has been inversely associated with chronic inflammation, microvascular dysfunction and obstructive coronary artery disease. We aimed to assess whether CFVR is associated with all-cause death, but more specifically with CV, cancer, and non-CV and noncancer (NCVNC) mortality.
Materials and Methods: One thousand two patients who underwent stress echocardiography were followed for a median of 8.2 years, with clinical, regional wall motion abnormalities (RWMAs), and CFVR data. The independent prognostic value of RWMA and CFVR regarding CV, cancer, or NCVNC mortality was evaluated adjusting for clinical variables.
Results: A total of 161 patients (16%) died, 63 deaths being CV (39%), 52 from cancer (32%), and 46 (29%) from NCVNC causes. In comparison to CV mortality, cancer and NCVNC mortality were not associated with an ischemic RWMA at univariable analysis, while a CFVR<2 was significantly associated with each category of cause-specific mortality. A CFVR<2 or ≥2 separated a group of patients with 8-year 14.6% *versus* 1.2% CV mortality, 10.3% *versus* 0.4% cancer mortality, and 9.5% *versus* 1.5% NCVNC mortality.
Conclusioni: The reduction of CFVR is independently associated with CV, cancer, and NCVNC death in a population clinically referred for suspected/known coronary artery disease.

Analisi sul significato di caring descritto dagli infermieri dell'ASL Città di Torino

A. Dragonetti[1]
[1]ASL Città di Torino, Torino, Italy

Premesse e Scopo dello studio: L'ASL città di Torino dal 2019 sta cercando di sviluppare un modello assistenziale di presa in cura infermieristica, il primary nursing. La pandemia ci ha costretti a convertire il corso residenziale in (formazione a distanza) FAD. Nel FAD un'esercitazione prevede di narrare un'esperienza personale di caring. Dall'analisi di queste narrazioni si sta cercando di capitalizzare un sapere infermieristico sul concetto di caring e presa in cura.
Materiali e Metodi: Sono state analizzate 108 narrazioni. I con-

tenuti delle narrazioni sono analizzati da parte di due sperimentatori con lo scopo di estrapolare significati da correlare al caring infermieristico.
Risultati: Le analisi preliminari stanno evidenziando parole dense di significato per il caring infermieristico. Tra i significati che stanno emergendo c'è il comfort, l'accoglienza, la presenza, l'attenzione, lo sguardo, la comunicazione, le strategie, gli obiettivi, il colmare, la comprensione, il ragionamento, la persona, la condivisione, la vicinanza, la valutazione, l'ascolto. Queste parole sono estrapolate da narrazioni di esperienze vissute dagli infermieri e risultano coerenti con la letteratura analizzata sul tema.
Conclusioni: Oggi più che mai si rende necessario lo sviluppo di una cultura professionale condivisa e capitalizzata per la professione infermieristica. L'assistenza infermieristica è fatta di aspetti tecnici e pragmatici che sono impregnati di quell'aspetto intangibile che è il caring. Quest'analisi vuole nel suo piccolo rendere in parte tangibile l'intangibile.

Revisionare e costruire la documentazione clinica a supporto della presa in cura infermieristica

A. Dragonetti[1]
[1]ASL Città di Torino, Torino, Italy

Premesse e Scopo dello studio: L'ASL città di Torino dal 2019 sta cercando di sviluppare un modello assistenziale di presa in cura infermieristica, il primary nursing. Parallelamente si è reso necessario un percorso di sviluppo della documentazione clinica quale fonte per reperire informazioni fondamentali e prendere decisioni coerenti con le necessità delle persone assistite.
Materiali e Metodi: Sono stati realizzati corsi di formazione aziendali per la costruzione di piani assistenziali standard basati sull'evidenza scientifica e sui principali problemi di salute affrontati all'interno del dipartimento medico dell'ASL. Questo ha fornito la base per lo sviluppo della pianificazione assistenziale personalizzata. Via via sono state condotte analisi per ottimizzare la cartella clinica integrata aziendale.
Risultati: Ad oggi sono in uso all'interno della cartella informatizzata aziendale i piani assistenziali standard che permettono la pianificazione dell'assistenza standard secondo l'EBN e la scheda di presa in cura per la pianificazione dell'assistenza personalizzata con l'identificazione del bisogno di assistenza infermieristica.
Conclusioni: Sono stati condotti alcuni studi per valutare la qualità della documentazione clinica redatta dagli infermieri. In alcuni reparti presi in esame si è vista la riduzione del fenomeno delle cure mancate. La documentazione clinica riflette un modo di pensare e assistere è uno strumento che permette la presa in cura delle persone assistite garantendo la continuità assistenziale.

Il Case Management: un modello organizzativo, una necessità

E. Malerba[1]
[1]ASP N 5 Crotone, Italy

Premessa: L'attuale scenario italiano vede una popolazione di 60 milioni di abitanti, di cui 12 milioni ultrasessantacinquenni (nel 2030 saranno 17 milioni); di questi, il 50% presenta due malattie croniche. Con una speranza di vita che oggi è pari a 82,8 anni (contro i 68 anni del 1960) ed un calo demografico che ha ridotto i componenti della famiglia da 3,8 del 1971 a 2,4 di oggi, si delinea nel prossimo futuro un'Italia con una popolazione anziana e sola.
Contenuti: L'obiettivo della relazione è quello di presentare, tra i modelli organizzativi più funzionali, quello del case-management. Tale modello rappresenta un nuovo standard professionale raggiungibile nell'interesse del paziente, e un valido riferimento per lo sviluppo della professione stessa. Contestualizzato nel ruolo clinico, manageriale e finanziario, il case-manager costituisce ciò che l'infermiere moderno dovrebbe essere.
Conclusioni: In conclusione si evidenzierà come il modello organizzativo del case-management, perseguendo obiettivi in linea con la mission aziendale e, attraverso l'efficienza, l'efficacia e l'appropriatezza che costituiscono il cardine dei sistemi sanitari e della loro sostenibilità, diventa a pieno titolo il modello di riferimento negli ambiti di competenza avanzata specialistica. Il futuro è tracciato: arriva infatti dalle regioni Emilia Romagna, Veneto, Friuli Venezia Giulia, Piemonte e Campania la proposta recante le linee guida per l'applicazione del CCNL 2016-18 del comparto Sanità, artt. 16.23 relativamente agli incarichi di funzione di tipo professionale.

Un unusual coexistence of systemic lupus erythematosus and primary biliary cholangitis

C. Mazzanti[1], P. Pileri[1]
[1]Università degli Studi di Sassari, Italy

Background: Lupus erythematous is a worldwide chronic autoimmune disease that can affect any organ. Hepatic involvement has never been considered as a primary organic manifestation in SLE, but 25-50% of cases may have impaired liver function. We report the clinical case of a 73-year-old woman with SLE who presented clinical signs and symptoms of liver disease. Serological investigations and histological confirmation have defined a picture of primary biliary cholangitis. This case emphasizes the need to study the possibility of liver involvement in the patient with SLE.
Case Presentation: 75-years-old woman with a history of SLE came to the emergency room for tachycardia, loss of appetite and weight loss. The blood tests showed an increase in liver enzymes, amylase and lipase. Abdominal US was negative for gallbladder lithiasis and MRI cholangiography showed biliary sludge in the hepatocoledocum. Total body CT did not reveal neoplasms or myelolymphoproliferative disease. Autoimmune tests demonstrated a positive ENA anti RNP and AMA associated with hypocomplementemia and negative IgG4. Liver biopsy concluded for primary biliary cholangitis. The patient was treated with ursodeoxycholic acid, subsequently suspended for presentation of diarrhea and replaced with obeticholic acid with gradual clinical and laboratory resolution.
Conclusions: Overlapping of SLE and primary biliary cholangitis should be suspected when patients with SLE have impaired liver function. Liver biopsy plays an important role in establishing a prompt diagnosis improving disease outcomes.

Systemic involvement with pleural and/or peritoneal effusion at presentation in the context of recurrent pericarditis on autoinflammatory basis. Prevalence and clinical characteristics

A.M. Pisacreta[1], A. Pedroli[1], C.R.G. Carollo[1], C. Lorentino[1], R. Mascolo[1], F. Casarin[1], B. Baldacci[1], G.S. Di Marco[1], E. Bizzi[1], A.L. Brucato[2]
[1]Internal Medicine, Fatebenefratelli Hospital, Milano, Italy, [2]University of Milano, Department of biomedical and clinical sciences, Fatebenefratelli Hospital, Milano, Italy

Background and Aim: Pericardial diseases can involve only the pericardium, or they can be part of a systemic syndrome. Pleuropulmonary involvement (PPI) is often observed in recurrent pericarditis (RP) on autoinflammatory basis, but is often misdiagnosed at presentation due to pleural effusion that prompts for inappropriate corticosteroid and antibiotic use in the context of chest pain.
Methods: We performed a retrospective analysis of patients followed in our outpatient clinic from 2013 to 2021 and we isolated patients with PPI to evaluate the prevalence of this phenotype and any distinctive characteristics compared to RP without systemic involvement and all pericardial diseases.
Results: Out of 1620 patients affected by any pericardial diseases and 1065 patients affected by RP, 139 patients presented with a systemic inflammatory phenotype (8,58% and 13,0% respectively), with pleuroplumonary and/or peritoneal involvement often characterized by neutrophilia and strikingly elevated CRP levels. Clinically such patients were characterized by chest pain, antalgic dyspnea, fever (78,4%) and pulmonary infiltrates, while fever was observed only in 20% of all Pericardial diseases and 41,2% of all patients with RP.
Conclusions: Identification of PPI is essential for a correct diagnostic and therapeutical approach and for sparing uneffective antibiotic therapies and administration of steroids that may generate a corticosteroid-dependent condition.

Managing complexity: the experience of the Internal Medicine unit of Cesena (AUSL Romagna-Italy) during the SARS-CoV-2 pandemic

D. Tortola[1], E. Magnani[1], P. Sambo[1], E. Giorgini[1], M.C. Zani[1], L. Montaguti[1]
[1]UO Medicina Interna M. Bufalini Cesena Ausl Romagna, Italy

Aim of the study: The impact of COVID-19 pandemic put the Italian health system to the test. A retrospective analysis of an Internal Medicine ward experience in north of Italy is described.
Materials and Methods: Between september 2020 and june 2021, the Internal Medicine unit of the M. Bufalini Hospital of Cesena managed 954 COVID-19 patients; 339 of the totals were hospitalized in sub-intensive area, treated with high flow nasal cannula (25,5%) and non-invasive ventilation support (28,8%). To allow the management of these patients, compared to pre-pandemic, 47 beds and 24 to ordinary and sub-intensive area respectively were added.
Results: Patients had an average age of 66 years and 62% of the total was female; prevalent comorbidities were arterial hypertension (53%), smoking habit (28,7%), obesity (27.9%), uncomplicated (10%) and complicated diabetes (9%). Hospitalization lasted about 7 days in the ordinary ward and 13 in the sub-intensive area. The overall mortality rate was 11%. In the considered period, the mean percentage of deaths compared to hospitalizations in Italy was equal to 22.21%.
Conclusions: Our organizational model included different areas of intensity care in the same ward, various specialist skills as the pre-existing ability to manage non-invasive ventilation and bedside ultrasound knowledge, as well as an unitary organization and additional nursing assistance well trained. This allowed management of the "complex" COVID patient and even the mortality rate may be the result of this model. These features mark what modern internal medicine should be like.

Role of diaphragmatic sonography in evaluating the respiratory rehabilitation in COVID-19 patients

A. Longoni[1], L. Fusetti[2], C. Bassino[3], A. Paddeu[3]
[1]S.R.R.F./ Respiratory Rehabilitation Center "Paola Giancola", S. Antonio Abate Hospital, Cantù, ASST Lariana, Italy, [2]S.R.R.F./Respiratory Rehabilitation Center "Paola Giancola", S. Antonio Abate Hospital, Cantù, ASST Lariana, Italy, [3]Respiratory Rehabilitation Center "Paola Giancola", S. Antonio Abate Hospital, Cantù, ASST Lariana, Italy

Background: The study wanted to see if diaphragmatic sonography was able to assess physical changes after a respiratory rehabilitation program in COVID-19 patients.
Methods: Fifty patients (10 women and 40 males aged between 20 and 86 years) were trained by the physiotherapist to use the pep bottle and the active exercise from the beginning in the COVID-19 unit and then in Rehabilitation unit. The physiotherapist evaluated the diaphragm excursion with a sonography machine set in abdominal protocol way with a convex probe. The sonography allows to evaluate, before and upon discharge, the maximal diaphragmatic excursion and the maximal expiratory time during forced expiration as an alternative test to six minute walking test when the patients were unable to walk or could not leave the room due to infections.
Results: Despite the difficulty of performing the examination due to physical conditions of work and clinical criticity of the patients in COVID unit we could observe that: - 44 patients (n.11 were with tracheotomy) improved the maximal diaphragmatic excursion while 4 patients have gotten worse because they were uncooperative and 2 for physical problems. - 38 patients improved the maximal expiratory time while 4 were uncooperative and 8 patients have had a cough which interrupted the exhalation.
Conclusions: The diaphragm sonography can be a simple and safe method to study, at the bed side patient, the modification of the muscle excursion and evaluate the progress of therapy during rehabilitation treatment.

Evaluation of the incidence of post SARS-CoV2 vaccine pericarditis in patients with a previous diagnosis of pericarditis

C. Lorentino[1], A.M. Pisacreta[1], G. Lopalco[2], A. Pedroli[1], R. Mascolo[1], G.S. Di Marco[1], B. Baldacci[1], F. Casarin[1], A. Abruzzese[2], A.L. Brucato[3]
[1]Internal Medicine, Fatebenefratelli Hospital, Milano, Italy, [2]Rheumatology Unit, Dep. of Emergency and organ transplantation, University of Bari, Italy, [3]University of Milano, Department of biomedical and clinical sciences "Luigi Sacco", Fatebenefratelli Hospital, Milano, Italy

Background and Aim: Incidence of pericarditis (PC) after SARS-CoV2 vaccination is about 2 events for 100.000 vaccinated. Incidence of recurrence of PC after vaccination is still not ascertained in the population previously diagnosed with PC.
Methods: We administered a questionnaire recording data about eventual recurrences and inclination towards further vaccination in a population of pts with a previous diagnosis of PC.
Results: 136 pts completed the questionnaire. 120 (88,2%) were vaccinated. Among vaccinated pts, 10 cases (8.3%, 7 F, 3M, average age 39.8 y) had a recurrence of pericarditis; 1 case 32 days after the second dose, 9 within 25 days from vaccination (mainly after the second dose). 4 after Astra Zeneca and 6 after mRNA vaccine. 7/10 pts were treated as outpatients, while 3/10 required hospital admission. Of all recurrences, 60% were on maintenance therapy for PC, while 40% were not in therapy. Among 120 vaccinated patients, 90,8% reported they were favorable to complete vaccination cycle, 1,7% patients stated they would not complete vaccination and 7,5% were not sure. Among 10 patients with a recurrence after vaccination, only 1 declared that he wouldn't do it again.
Conclusions: In a cohort of 120 patients with a diagnosis of PC undergoing vaccination for SARS-CoV2, 8,3% reported an exacerbation of signs or symptoms of PC; however, 90% of them reported they would do the vaccine dose again.

A case of Lyell syndrome: management in a Medical Department

C. Ciampa[1], G. Fabozzi[1], S. Esposito[2], R. Ricciardi[2], M. Renis[3], M. Gentile[3], L. Grieco[3], M.T. De Donato[4], C. Giugliano[3], V. Salvatore[3]
[1]Scuola di Specializzazione in Medicina Interna UNISA, Italy, [2]Scuola di Specializzazone in Farmacologia e Tossicologia Clinica UNISA, Italy, [3]Medicina Interna PO Cava AOU "San Giovanni di Dio e Ruggi d'Aragona" Salerno, Italy, [4]Clinica Medica ed Epatologia AOU "San Giovanni di Dio e Ruggi d'Aragona" Salerno, Italy

Background: Primary hepatic lymphoma (PHL) is a rare form of non-Hodgkin's lymphoma that causes significant diagnostic difficulties.
Case Report: Male, 87 years old. Hospitalized for fatigue, weight loss, and eventually jaundice. Ultrasound evidence, fully confirmed by CT: "Enlarged liver, with subverted ultrasound structure due to multiple hypoechoic nodules of various sizes, spread over the entire parenchyma, which may be referred to secondary lesions". After a long series of investigations, only the liver biopsy allowed the definitive diagnosis of PHL.
Discussion: Hepatic lymphoma can be distinguished into primary and secondary. To be classified as PHL, this disease must be confined to the liver and hilum lymph nodes, with no distant involvement (spleen, bone marrow, or other lymphoid sites). PHL is rare. Symptoms are non-specific, as are laboratory and instrumental tests and imaging techniques. Due to the low incidence and the absence of specific symptoms, patients with PHL often go through a long and frustrating diagnostic process before arriving at a definitive diagnosis, which is often missed. A differential diagnosis with other space-occupying liver lesions should be made. Liver biopsy, often performed late, is the investigation that allows the right diagnosis, also supported by the absence of extrahepatic lymphoproliferative involvement.

Epatite autoimmune post-vaccino COVID-19?

L. Fontanella[1], S. Di Fraia[1], S. Vettori[1], F. Rugiada[1], F. Pirozzi[1], A. Maffettone[1], A. Di Sarno[1], L. Amato[1], C. Bologna[2], P.G. Rabitti[3]
[1]UOC di Medicina Interna ad Indirizzo Cardiovascolare e Dismetabolico, Ospedali dei Colli - Monaldi, Napoli, Italy, [2]UOC Medicina Generale Ospedale del Mare di Napoli, ASL NAPOLI 1 CENTRO, Italy, [3]Già Direttore Medicina Interna 1 Ospedale A. Cardarelli, Napoli, Italy

Premesse: In letteratura sono riportati rari casi di Epatite autoimmune (AIH) dopo vaccino SARS-CoV-2.

Discussione del caso clinico: Donna di anni 44, sorella affetta da artrite reumatoide. Il 5/07/21 ha praticato seconda dose di vaccino Pfizer. Il 6 agosto, per episodio di ittero, si è rivolta al pronto soccorso dove è stata riscontrata epatite acuta non virale. Esami di laboratorio in ingresso: AST=1352 U/L, ALT=1640 U/L, GGT=342, ALP=206 U/L, Bil Tot=10 mg/dl (dir=6.2 mg/dl). Viene ricoverata in Medicina Interna dove pratica approfondimenti diagnostici per ricerca eziologica dai quali si evinceva esclusivamente una positività per ANA (1:320). Rifiutava biopsia epatica, il 18/08 dimessa contro parere dei sanitari con esami: AST=351 U/L, ALT=525 U/L, Bil Tot=8.8 mg/dl. Seguita in ambulatorio, per persistenza di AST=281 U/L ed ALT=429 U/L inizia terapia con Prednisone 50 mg/die, dopo una settimana AST=41 U/L, ALT=59 U/L. Come da linee guida si procedeva a graduale riduzione ed inserimento di Azatioprina 50 mg (EASL 2015), al successivo controllo nuovo aumento AST (288 U/L) e ALT (323 U/L). Ai successivi tentativi di riduzione, persisteva aumento AST/ALT. Dopo wash-out terapeutico, pratica biopsia epatica, la quale confermava un quadro di: "epatite autoimmune infiltrati linfocitari di tipo CD3 di grado prevalentemente lieve". Per normalizzazione AST/ALT, si è deciso di non inserire terapia e di eseguire stretto follow-up.
Conclusioni: Il caso è compatibile con AIH, ipotizzando il vaccino un trigger, come in accordo con diversi casi presenti in letteratura

Role of ROX index in the first assessment of COVID-19 patients in the emergency department

A. Gianstefani[1], G. Farina[1], V. Salvatore[1], M.L. Artesiani[1], S. Bonfatti[1], I. Caramella[1], M. Ciordinik[1], S. Nanni[1], S. Nava[2], F. Giostra[1]
[1]Emergency Department, University of Bologna Hospital of Bologna Sant'Orsola-Malpighi, Bologna, Italy, [2]Respiratory Disease Clinic, Sant'Orsola-Malpighi Hospital of the University of Bologna, Bologna, Italy

Aim of the study: During the first outbreak of Coronavirus disease 2019 (COVID-19) Emergency Departments (EDs) were overcrowded. Hence, the need for a rapid and simple tool to support clinical decisions, such as the ROX index (Respiratory rate-OXygenation), defined as the ratio of peripheral oxygen saturation and fraction of inspired oxygen, to respiratory rate. The aim of the study was to evaluate the accuracy of the ROX index in predicting hospitalization and mortality in patients with a diagnosis of COVID-19 in the ED. The secondary outcomes were to assess the number of readmissions and the variations in the ROX index between the first and the second admission.
Methods: This was an observational prospective monocentric study, carried out in the ED of Sant'Orsola-Malpighi Hospital in Bologna, Italy. 554 consecutive patients with COVID19 were enrolled and the ROX index was calculated. Patients were followed until hospital discharge or death.
Results: A ROX index value <25.7 was associated with hospitalization (area under the curve [AUC]=0.737, 95% CI 0.696-0.779, p<0.001). The ROX index <22.3 was statistically related to higher 30-day mortality (AUC=0.764, 95% CI 0.708-0.820, p<0.001). Eight patients were discharged and returned to the ED within the subsequent 7 days, their mean ROX index was 30.3 (6.2; range 21.9-39.4) at the first assessment and 24.6 (5.5; 14.5-29.5) at the second assessment, (p=0.012).
Conclusions: The ROX index, together with laboratory, imaging and clinical findings, correlated with the need for hospital admission, mechanical ventilation and mortality risk in COVID19 patients.

Efficacy of Prolonged-Release Melatonin 2 mg (PRM 2 mg) prescribed for insomnia in hospitalized patients for COVID-19: a retrospective observational study

C. Bologna[1], P. Madonna[1], E. Pone[1]
[1]UOC Medicina ODM Napoli, Italy

Aim of the study: We have observed the effect of insomnia treatment in clinical and prognostic differences of patients admitted for COVID-19 pneumonia in respiratory sub-intensive units that were administered a prolonged-release melatonin 2 mg (PRM 2 mg) therapy *versus* a group of patients out of therapy.
Materials and Methods: We evaluated 40 patients on prolonged-release melatonin 2 mg (PRM 2 mg) therapy *versus* a control group of 40 patients out of therapy.
Results: Patients in the PRM 2 mg group had a shorter duration of therapy with non-invasive ventilation (5.2±3.0 *vs* 12.5±4.2; p<0.001), with a shorter stay in sub-intensive care (12.3±3.2 *vs* 20.1±6.1; p<0.001), and, therefore, a shorter overall duration of hospitalization (31.3±6.8 *vs* 34.3±6.9 p=0.03). In addition, a lower incidence of delirium was found (2.2±1.1 *vs* 3.3±1.3; p<0.001).
Conclusions: A significant increase in sleep hours and a reduction in delirium episodes occurs in hospitalized insomniac patients treated with PRM 2 mg, compared to untreated patients. Based on these preliminary results, we can assume that there are benefits to administering PRM melatonin 2 mg in COVID-19 therapy, such as an improved sleep quality, reduced delirium risk, as well as improved disease prognosis, probably related to the melatonin's potential anti-inflammatory and antioxidant effects. However, more clinical studies are needed to confirm this hypothesis.

Three cases of subacute thyroiditis following SARS-CoV-2 Vaccine

G. Bertola[1], R. Bianchi[1], S. Giambona[1], R. Ruiz-Luna[1], F. Martucci[1], S.A. Berra[1]
[1]UO Medicina I, Asst Rhodense, AO di Garbagnate Milanese, Italy

Background: Subacute thyroiditis (SAT) is a self-limiting inflammatory thyroid disorder, of uncertain pathogenesis, associated with upper respiratory viral infections. Several cases of SAT following SARS-CoV-2 infection have been described during the current pandemic. In addition, there have been reports of SAT occurring after administration of influenza and H1N1 vaccines. Recently, a little, but increasing number of SATs has also been described associated with different types of SARS-CoV-2 vaccine. We report 3 cases of SAT occurred after SARS-CoV-2 mRNA-Vaccination (Comirnaty, Pfizer/BioNTech).
Case Report: All patients were females, aged 50, 55 and 60 yrs. In one patient symptoms started about four weeks after the 1st dose, and in two patients symptoms started at day 1 and day 8 after the 2nd dose. None had a history of thyroid disease, recent respiratory tract infections, or a previous SARS-CoV-2 infection. All patients complained about anterior cervical pain (in two patients radiated to their ears) and fever. Two patients presented with thyrotoxicosis. TRAb, TPO-Ab and Tg-Ab were negative. In all patients CRP was increased (average 8 mg/dl; range 4.7-11.7) and neck ultrasound showed a typical pattern of SAT (large hypoechoic areas, poor blood flow). All patients received prednisone therapy for a mean of 13 weeks (range 8-18 weeks), with immediate improvement of symptoms and complete long-term recovery.
Conclusions: we suggest an association between SARS-CoV-2 vaccinations and SAT, although further data are needed to confirm this hypothesis.

Pericardial effusion in patients affected by *pectus excavatum*, prevalence and prognosis: A case-control study

C.R.G. Carollo[1], A. Pedroli[1], A.M. Pisacreta[1], C. Lorentino[1], R. Mascolo[1], F. Casarin[1], G.S. Di Marco[1], B. Baldacci[1], D. Montori[1], A.L. Brucato[2]
[1]Internal Medicine, Fatebenefratelli Hospital, Milano, Italy, [2]University of Milano, Department of biomedical and clinical sciences "Luigi Sacco", Fatebenefratelli Hospital, Milano, Italy

Background: Pectus excavatum (PEx) has been associated with pericardial effusion (PEF). Aim of the study was to compare incidence, evolution and prognosis of PEF observed in a group of patients with PEx *vs* a control group.
Methods: Subjects from a prospective registry of consecutive patients who underwent chest CT for CVD with a radiological diagnosis of PEx were retrospectively identified; from the same registry patients used as controls without PEx were randomly selected to reach a 1:2 ratio. PEF was quantified and follow-up was obtained for a composite end-point: cardiac tamponade, need for pericardiocentesis, need for cardiac surgery.
Results: 43 patients with PEx (23 males) and a control group of

86 cases (55 males) without rib cage abnormalities were identified for analysis. PEF evaluated at CT was significatively more prevalent in patients with PEx *vs* control group, 37.2% *vs* 13.9% (p<0.001); four patients with PEx (9.3%) had at least moderate PEF *vs* no subjects in controls (p=0.004). PEx diagnosis was significantly associated to pericardial effusion at multi-variate analysis (OR 95%CI 10.91 [3.47-34.29], p<0.001). At a mean follow-up of 6.5±3.4 years no pericardial events were recorded.
Conclusions: We observed a higher prevalence of PEF in patients with PEx when compared to a control group. The absence of adverse pericardial events at follow-up suggests the good prognosis of these effusions, that in the appropriate clinical setting might not be considered "idiopathic"

Non è mai quel che sembra

A. Bovero[1], A. Calzi[2], B. Carloni[1], I. Persico[1], L. Briatore[1], A. Garrone[1], P. Artom[1], A. Garrone[1], R. Goretti[1]
[1]ASL 2 Savonese, Ospedale Santa Corona, Pietra Ligure, Italy, [2]Asl 4 Chiavari, Ospedale Lavagna, Italy

Premesse: Una paziente di 80 anni è stata ricoverata per febbre, diarrea e petecchie. In anamnesi ipertensione arteriosa ed artrite da microcristallli e psoriasica trattata con plurime terapie (steroide, metotrexate, etanercept, tofacitinib).
Descrizione del caso clinico: Al ricovero paziente febbrile, severa pancitopenia e discoagulia tipo CID. Eseguiti accertamenti infettivologici (emocolture, urinocoltura, ricerca legionella, criptococco, betaglucano e galattomannano), autoimmunità, striscio periferico e immunfenotipo (promielociti pari al 10%), TC torace e addome (non organomegalia) ed impostata terapia empirica antibiotica a largo spettro (ceftarolina, meropenem, anidulafungina) in paziente immunodepressa; inoltre supporto con steroide, emazie concentrate, plasma fresco e fibrinogeno con scarso miglioramento clinico. E' stata sottoposta anche a biopsia osteomidollare (sospetto di leucosi acuta): a sorpresa tappeto di corpi di Leishman-Donovan intra ed extracellulari. È stata trattata con amfotericina B per 5 giorni, ripetuta poi ogni 7 giorni e si è assistito a lento miglioramento clinico, laboratoristico con completa guarigione a oltre 2 mesi.
Conclusioni: Il caso clinico evidenzia una presentazione atipica di leishmaniosi viscerale associata a una sindrome da iperinfiammazione per verosimile inadeguata attivazione del sistema immunitario. Casi simili sono segnalati raramente in letteratura. La presentazione della leishmaniosi è variabile da asintomatica a severa con alto rischio di morte in base allo stato immunitario dell'ospite, ma sempre potenzialmente trattabile.

Can point of care ultrasound, in the general ward and in the post discharge ambulatory, reduce 30-day hospital readmission in a heart failure population?

A. Giorgi[1], M.C. Lovello[1], S. Caporuscio[1], A. De Tschudy[1], E. Di Cello[1], M. Granata[1], G. Imperoli[1]
[1]UOC Medicina Interna, PO San Filippo Neri Hospital-ASL1, Rome, Italy

Background: About 25% of patients admitted for HF are readmitted to hospital within 30 days. Fluid congestion is the leading cause for short-term readmission. Lung ultrasound (LUS) has become widely used to assess pulmonary congestion of cardiac origin for hospitalized patients but also for patients undergoing outpatient follow-up. Inferior vena cava US (IVCUS) seems also to be useful in the care of patients with HF.
Aim of the study: To assess if POCUS, including LUS and IVC collapse index (IVCCI), can help in-hospital management in the general ward and if it can early identify signs of fluid overload after discharge.
Materials and Methods: Observational pilot study to test POCUS on hospital admission, at discharge and in the ambulatory after 2 weeks. 30-day HR was evaluated retrospectively.
Results: Among 250 patients admitted to the department of internal medicine, 56 (22.4%) have been hospitalized for acute HF (17.8% HFrEF, 26.8%, HFmrEF, 55.4% HFpEF). 17 (30% group1) underwent POCUS, while 39 (70% group 2) the standard management. Mean age difference (80.6±9.6 *vs* 82.8±8.2) was not significant (p<0.19), while mean length of stay (MLS) was 6.5±2.9 *vs* 12±6.2 (p<0.001). LUS on discharge excluded congestion in 76.5%, while IVCCI was >50%, 30-50%, <30% in 52.9%,17.6% and 29.4%. 3 patients were evaluated after 2 weeks. The 30-day HR was 5.8% *vs* 12,8% (p<0.0012).
Conclusions: POCUS seems to have contributed to reduce MLS, encouraging attainment of an optimal volume status at discharge and prescription of an optimal therapy during follow-up, contributing to reduce 30-day HR.

A man with headache, visual impairment and a history of tuberculosis

M. Parisotto[1], D. Piazza[2], E. De Menis[2], A. Uliana[2], M. Parolin[2]
[1]Università degli Studi di Padova, Italy, [2]Medicina Generale 2, Ospedale Ca' Foncello Treviso, Italy

Introduction: Paradoxical reaction (PR) in tuberculosis (TB) is defined as a worsening of pre-existing lesions or development of new lesions after beginning an appropriate antitubercular therapy (ATT). The mechanism underlying a PR is an excessive immune response.
Case Report: A 27-year-old man presented to the ED with a two-week history of fever, headache, visual impairment, and fatigue. *Mycobacterium tuberculosis* axillary adenopathy was diagnosed 5 months earlier and was currently treated with isoniazide and rifampicine. A chest x-ray was negative. Bilateral temporal deficit was detected by perimetry. An MRI of the brain with gadolinium enhancement showed a cystic suprasellar lesion. The patient was then transferred to our Ward. Cerebrospinal fluid analysis was negative. Hormonal evaluation revealed anterior hypopituitarism without diabetes insipidus. A paradoxical reaction to ATT involving a "silent" sellar lesion was suspected. Dexamethasone 8 mg/daily was added to ATT and standard treatment of hypopituitarism was initiated. Five days after there was a complete regression of visual deficit and a marked reduction of sellar mass at MRI. The patient was discharged after ten days in good general conditions, with a tapered dose of corticosteroid for two months.
Conclusions: Our patient showed rapidly progressive onset of neurological derangement after a few months of ATT. After excluding lack of compliance, resistance to ATT or new infections a PR was suspected involving an unrecognized pituitary tuberculoma. This hypothesis was confirmed by a rapid response to corticosteroids.

Un caso di rabdomiolisi in corso di COVID-19

E. Marini[1], L. Martinelli[1], E. Martorelli[1], P. Biagini[1]
[1]SC Medicina Interna, Ospedale di Città di Castello, ASL Umbria 1, Italy

Premesse: L'infezione da SARS-CoV-2 ha un ampio ventaglio di manifestazioni cliniche, secondarie al coinvolgimento di diversi organi; sebbene la mialgia sia spesso un sintomo di esordio, l'apparato muscolare appare solo sporadicamente interessato in modo grave.
Descrizione del caso clinico: Un paziente maschio di anni 58, affetto da disturbo bipolare e ipertensione arteriosa sistemica, vaccinato per COVID-19 con due dosi, è giunto alla nostra attenzione per febbre da circa 4 giorni, associata a dolori muscolari ed astenia grave, tale da ostacolare la deambulazione. Un tampone molecolare per SARS-CoV-2 risultava positivo, mentre una radiografia del torace non mostrava reperti rilevanti. Appariva al ricovero collaborante, piretico, in assenza di reperti di rilievo alla obiettività di cuore, torace e addome. Gli esami ematici eseguiti hanno evidenziato incremento del CPK (73560 U/l), delle transaminasi (AST 573 U/l, ALT 145 U/l) e della mioglobina (1550 ng/ml), ed insufficienza renale acuta AKIN 2 (Cr 2.33 mg/dl, eGFR 29 ml/min). La riscontrata rabdomiolisi è apparsa riconducibile a causa infettiva e potenzialmente alla recente immobilizzazione, mentre sono state escluse cause da sforzo, cause ormonali o cause farmacologiche. Per tale motivo è stata eseguita fluidoterapia enterale e parenterale, cui è seguita graduale riduzione degli indici di miolisi e normalizzazione degli indici di funzionalità renale.
Conclusioni: La rabdomiolisi sembra essere una manifestazione rara, ma potenzialmente seria, di COVID-19, anche in assenza di coinvolgimento respiratorio.

The difficult diagnosis is the one you don't think about: hemophagocytic lymphohistiocytosis

N. Costantini[1]
[1]Dipartimento di Medicina Interna, Olbia

Background: Fever of unknown origin is a challenge for internist.
Case Report: A 79-year-old woman with rheumatoid arthritis was hospitalised to the Department of Internal Medicine, in Olbia, in October 2021 for the evaluation of fever. It began one months earlier: she had not joints manifestations and no other symptoms. Abatacept, her agent for rheumatoid arthritis, was discontinued. Blood cultures, the levels of C-reactive protein and the erythrocyte sedimentation rate, serologic and immunological analyses were all negative.There were an anemia (up to hemoglobin level 8,3 g/dL), reduction in platelet level (up to 101×10³/microL), leukopenia (2.9 10³/microl), hypertriglyceridemia (triglycerides level up to 563 mg/dL) and marked elevation in ferritin (>2000 ng/mL) and lactate dehydrogenase (up to 1357 U/L), hypofibrinogenemia (up to 89 mg/dl). Echocardiography, gastroscopy, colonoscopy and computed tomography of the chest-abdomen were all unremarkable. Bone marrow biopsy revealed also reactive alterations. On December a new bone marrow biopsy showed typical chronic lymphocytic leukemia phenotype. The patient met 5 of 8 HLH-04 criteria for diagnosis of Hemophagocytic Syndrome, including 1 clinical (fever) and 4 laboratory (cytopenia, hyperferritinemia, hypertriglyceridemia and hypofibrinogenemia, high levels of soluble IL-2 receptor) criteria. HLH patient had a complete response to systemic dexamethasone.
Conclusions: HLH is under-recognized and may not be visible until late in disease progression: so we have to think about it.

La mesenterite sclerosante: una patologia immunomediata orfana. Un caso clinico

F. Iebba[1], F. Di Sora[1]
[1]UO Immunologia Clinica, Azienda Ospedaliera San Giovanni Addolorata, Roma, Italy

Premesse e Scopo dello studio: La mesenterite sclerosante è una patologia infiammatoria orfana per la mancanza di strategie terapeutiche definitivamente autorizzate. Presentiamo un caso clinico paradigmatico.
Materiali e Metodi: una donna italiana di 68 anni, viene inviata per gonfiore e dolore addominale persistente da alcuni mesi associato ad ispessimento mesenteriale e versamento ascitico, debole persistente positività (1/160) per ANA. Peso 71kg. Escluse altre potenziali cause, è stato posto sospetto diagnostico di mesenterite sclerosante, diagnosi poi confermata da esame istologico biopsia mesenteriale. E' stato prescritto prednisone 25 mg/die.
Risultati: Il trattamento cortisonico ha determinato un significativo e rapido miglioramento clinico già dopo 7 giorni con remissione di dolore e gonfiore addominale. Il controllo TC dopo 4 settimane ha già evidenziato una riduzione dell'ispessimento flogistico mesenteriale. La paziente ha iniziato scalaggio graduale della posologia quotidiana di prednisone e continua follow-up presso nostro Servizio ambulatoriale/day hospital UOS Immunologia Clinica.
Conclusioni: La mesenterite sclerosante è una patologia infiammatoria primitiva immuno-mediata rarissima che pone significative problematiche di diagnosi differenziale. Le strategie terapeutiche non sono codificate: sono stati proposti approcci chirurgici e/o farmacologici (steroidi, immunosoppressori). Il presente caso clinico suffraga il potenziale ruolo terapeutico almeno in casi selezionati di prednisone per il controllo rapido e a lungo termine di tale patologia orfana.

Intracardiac tumor or cyst: a syncope with an unexpected outcome

I. Bechere[1], F. Finizola[1], G. Linsalata[1], G. Governato[1], A. Figliomeni[1], F. Regoli[1], G. Tintori[1], J. Rosada[1], A. Camaiti[1], F. Masi[2]
[1]Azienda USL Toscana Nord Ovest, Italy, [2]Università di Pisa, Italy

Introduction: Echinococcosis is a very uncommon infective disease that may affect several organs such as the liver, the lung, and rarely the heart, kidney, bones and the CNS.
Case Report: Patient (Pt) is a 50 y.o. man admitted for dyspnea and syncope. These symptoms may normally be associated with some cardiovascular diseases such as ischemic heart disease, rhythm dysfunctions and pulmonary embolism. AngioCT scan shows an ischemic heart disease and a cardiac mass. In order to analyze this neoformation and to clarify its nature, a trans-thoracic ecography is performed, and reveals a 35x20 mm cyst in the interventricular septum protruding in the right ventricular cavity. Considering the cystic nature of this lesion, cardiac myxoma can be excluded and an alternative diagnosis is needed. Looking at the anamnestic data, a previous surgery for the removal of an abdominal mass is brought to our attention; the formation turned out to be an hydatid cyst and required antihelmintic Albendazole therapy. Histological exam is performed and ELISA test detects the presence of anti Echinococcus antibodies, identifying the cardiac mass as a second hydatid cyst. Albendazole is then administered with clinical benefits, followed by the surgical removal.
Conclusions: Cardiac localization of an hydatid cyst can be an uncommon echinococcosis presentation. It is important to differentiate it from a blood clot or a tumor. Ultrasound, CT and MRI are useful diagnostic tools. Treatment is based on the combination of anti-helmintic drugs and surgical removal.

Un raro caso di epatite acuta colestatica

A. Fabbri[1], G. Donati[1]
[1]Medicina 2 Rimini, Italy

Introduzione: La Vanishing bile duct syndrome è caratterizzata dalla riduzione o danneggiamento dei dotti biliari intraepatici (all'istologia severa duttopenia), conduce a marcata colestasi e, non essendo possibile indurre farmacologicamente la ricrescita dei dotti biliari stessi, spesso necessita di trapianto di fegato. Tale sindrome può essere causata da diversi agenti eziologici: nel nostro caso vedremo come un'epatite acuta da farmaci condurrà ad essa.
Descrizione del caso clinico: Il caso clinico tratta di una donna di 76 anni che sviluppa un'encefalite autoimmune, esordita con epilessia, trattata con Carbamazepina. Successiva comparsa di epatite acuta istologicamente annoverata a DILI (epatite acuta da antiepilettico). Iniziato trattamento steroideo a dosaggio ridotto (<1 mg/Kg/die) per riscontro di concomitante infezione da CMV (alta viremia ematica, ulcera rettale, assente viremia a livello epatico). Dopo iniziale miglioramento degli indici di citolisi epatica, nuovo marcato incremento della colestasi, in particolare della bilirubina. La biopsia epatica ripetuta a distanza di 1 mese dalla prima ha mostrato un quadro istologico completamente differente: risoluzione dell'epatite acuta ad impronta eosinofila, comparsa di diffusa e severa duttopenia.
Conclusioni: Il caso clinico documenta come un'epatite acuta da farmaci, scarsamente responsiva al trattamento steroideo, può condurre al grave quadro di VBDS, severa patologia colestatica priva di trattamento medico specifico (la paziente in questione sta continuando terapia di supporto con Metilprednisolone per os ed UDCA).

A clinical case of acute alcohol related hepatitis and severe liver failure treated with pentoxifylline in patient with alcohol related cirrhosis

C. Sgroi[1], C. Virgillito[1], I. Timpanaro[1], S.A. Neri[1], R.A. D'Amico[1], L. Incorvaia[1], K. Battiato[1], I. Morana[1]
[1]UO Medicina Interna, Area Critica ARNAS Garibaldi di Catania, Italy

Introduction: Alcohol-associated liver disease (ALD) is associated with liver inflammation and progressive fibrosis and cirrhosis. The severe ALD has a poor prognosis and high mortality (about 65% at 5 years), so many drugs are studied in the pharmacotherapy of ALD. Several reports demonstrated that pentoxifylline associated with corticosteroids can reduce the severity of hepatitis or cirrhosis prognosis in ALD.
Case Report: 48-years-old man with a history of chronic alcohol abuse presented to emergency room for jaundice. Laboratory tests at admission: total bilirubin 32 mg/dl, INR 1.62, platelet count 70/mm3, HBV-HCV negative. He has alcohol related cirrhosis (Child-Pugh C12, MELD score 27) and increased creatinine levels, com-

patible with type 1 hepatorenal syndrome. It was started steroid therapy (prednisone 20 mg iv twice/day), but despite this, it was an increase of total bilirubin (40 mg/dl). On the fifth day we associated pentoxifylline (400 mg twice/day), according to the literature data, with a progressive reduction of total bilirubin. Tests at the discharge: total bilirubin 13 mg/dl, Child-Pugh B9, MELD score 20.
Conclusions: In patients with hepatitis or alcoholic cirrhosis mortality is very high and associated with an increased production of proinflammatory cytokines and TNF-α, which cause an activation of neutrophilic granulocytes with consequent hepatocellular damage and liver failure. Literature data have shown that pentoxifylline, an inhibitor of TNF-α, can reduce the hepatocellular damage, reverse acute alcoholic hepatitis and the progression to fibrosis.

SARS-Cov-2 infection: pneumonia and ischemic stroke

I. Timpanaro[1], C. Sgroi[1], S.A. Neri[1], M. Bonaccorso[1], M. Callea[1], I. Morana[1]
[1]UO Medicina Interna Area Critica ARNAS Garibaldi di Catania, Italy

Introduction: Thromboembolism is a known phenomenon of coronavirus disease. Patients hospitalized with severe covid-19 demonstrate clinical and laboratory markers compatible with hypercoagulability.
Case Report: A 85-old-man with a previous history of hypertension and diabetes. He presented to emergency room afebrile, oriented, cooperative (CGS 15), with cough, dyspnea and hypoxemia (oxygen saturation 88% on room air) requiring non-invasive-ventilation (C-PAP FiO2 50% PEEP 5). Vital signs were: BP 100/70 mmHg, HR 88 bpm, RR 26/min; ECG: no arrhythmia; PCR for Sars-CoV2 was positive; the ChestX-Ray revealed bilateral consolidations. Laboratory findings at admission: WBC 10.4 K/microL, Neutrophils 9.7 K/microL, Lymphocytes 0,5 K/microL, Platelet Count 306 mm3, D-Dimer 703 ng/ml, CRP 158 mg/L. The patient started therapy with Piperacillin/Tazobactam, LMWH, steroids in addition to standard supportive care and admitted in covid department. On the second day he didn't respond to painful stimulations, neurological examination revealed bilateral babinski, left sides hemiplegia followed by absent corneal and vestibule-ocular reflexes (CGS 4); brain CT-Scan revealed acute large ischemic infarct. Laboratory findings after onset of stroke: WBC 17.6 K/microL, Neutrophils 16.4 K/microL, Lymphocytes 0,3 K/microL, Platelet Count 457 mm3, D-Dimers 7464 ng/ml, CRP 166 mg/L.
Conclusions: Systemic inflammation and the potential direct action of the coronavirus may cause endothelial disfunction, resulting in a hypercoagulable state that could be considered a potential cause of ischemic stroke.

Il diario delle emozioni: la pandemia raccontata dagli infermieri di area COVID

S. Francioni[1], F. Montini[1]
[1]Università degli Studi di Siena, Italy

Premesse e Scopo dello studio: L'Italia, una delle nazioni più colpite dalla pandemia da Covid-19, ha affrontato la crisi sanitaria con gravi carenze organiche ed organizzative, aumentando così il carico di lavoro degli infermieri ed il loro sovraccarico emotivo. L'obiettivo della ricerca è analizzare il vissuto e le emozioni degli infermieri del reparto di Pneumologia Covid dell'ospedale San Donato di Arezzo.
Materiali e Metodi: E' stato utilizzato un approccio qualitativo fenomenologico, scegliendo il diario come strumento di raccolta dei dati. Per l'analisi dei diari sono stati utilizzati i metodi Giorgi e Van Kaam. Da qui sono state estrapolate sette aree tematiche.
Risultati: Le aree tematiche individuate sono: 1. paura, timore, ansia, preoccupazione, angoscia; 2. rabbia, nervosismo; 3. delusione, impotenza, frustrazione, sconforto, inutilità; 4. tristezza, stanchezza, dolore, difficoltà, solitudine, fragilità; 5. soddisfazione, orgoglio, speranza, amore, serenità, felicità, libertà, crescita, coraggio, determinazione; 6. unione; 7. agitazione, velocità, concitazione.
Conclusioni: La scrittura del diario, in forma anonima, è stata fondamentale per consentire ad ogni infermiere di esprimere tutto ciò che ha provato. L'analisi dei quindici diari ha consentito al ricercatore di comprendere tutti gli stati d'animo vissuti dagli infermieri di area Covid.

A rare case of statin-related HMG-CoA reductase antibody polymyositis

P. Ghiringhelli[1], M. Ciola[1], C. Bellintani[2], B. Valvo[1], A. Agostinelli[1], M. Pistoia[1], L. Bellintani[1], G. Sala[1], J. Mambella[1], F. Foieni[1]
[1]Medicina Interna, Ospedale di Circolo di Busto Arsizio, Italy, [2]Medicina Interna, Ospedale S. Antonio Abate di Gallarate, Italy

Background: Drug-related myopathy is one of the causes of muscle disorders; the drugs involved and the pathogenetic mechanisms are various.
Description of the Clinical Case: We are treated in the rheumatology clinic in the 83s man who since 2014 has presented a gradual increase in blood CK values (up to 3515 IU) with associated clinical suggestive for myopathy (hypotrophy of the proximal muscles of the limbs upper and lower, muscle weakness, in the absence of joint and/or skin manifestations, nor dysphagia). Muscle biopsy performed in 2020 which excluded inflammatory component; MRI proximal lower muscles with evidence of adipose infiltration and reduction of trophism; EMG with neurophysiological study compatible with myogenic suffering and coexistence of signs of necrosis, with symmetrical distribution. After other investigations, the diagnosis was made of polymyositis due to high titre anti HMG-CoA reductase antibodies (426 IU), probably caused by previous use of statins (remaining panel for rare myopathies in the norm).
Conclusions: one of the mechanisms of statin-related myopathy is the autoimmune form linked to the detection of autoantibodies that recognize hydroxymethylglutaryl (HMG) -CoA reductase (HMGCR), antibodies that can have a direct effect on muscle tissue that expresses HMGCR, causing myalgia, myopathy, myonecrosis (CK increase>1000 IU/l) and prominent myofiber necrosis as a biopsy finding. In addition to the removal of the triggering drug, the treatment includes immunosuppressive therapy (steroid, rituximab, methotrexate and/or Ig VENA).

Drammatico esordio di iposurrenalismo durante la pandemia da COVID-19

P. Ghiringhelli[1], B. Valvo[1], F. Foieni[1], M. Ciola[1], L. Bellintani[1], A. Agostinelli[1], M. Pistoia[1], G. Sala[1], V. Nucera[1], J. Mambella[1]
[1]Medicina Interna, Ospedale di Circolo di Busto Arsizio (VA), Italy

Premesse: La crisi iposurrenalica acuta può rappresentare un drammatico esordio di iposurrenalismo a diversa eziologia.
Caso Clinico: Maschio di 32 anni senza antecedenti anamnestici di rilievo, accede in pronto soccorso in seguito a caduta a terra con trauma cranico e facciale. Da 4 giorni presenta febbre, nausea a vomito in recente contatto Covid +. In urgenza esegue tampone per SARS-CoV2 (positivo), esami ematici che documentano severa iponatriemia (Na 109 mmol/L) e TC encefalo-torace-addome (piccolo ematoma sottogaleale frontale; modesto interessamento flogistico ad entrambe le basi polmonari; addome nei limiti). Avviata correzione della iponatriemia senza beneficio, viene ricoverato in Medicina Covid soporoso ma facilmente risvegliabile. Qui viene sottoposto a: esami ematici completi, emocolture (negative), EGA, sierologie (negative), antigeni urinari (negativi), Quantiferon (negativo), dosaggio ACTH (2780 pg/ml) e cortisolo (9 mcg/dl), cortisolo urinario (5751 nmol/24h), osmolarità plasmatica e urinaria (241 e 672 mOsm/Kg), autoimmunità (negativa). Trattato inizialmente con idrocortisone 100 mg/die, quindi con cortone acetato 25 mg 1+½ cp, il paziente è stato dimesso in decima giornata con tampone negativo ed in ottime condizioni generali (Na 140 mmol/L).
Conclusioni: Diverse condizioni endocrine possono essere considerate fattori di rischio per l'acquisizione dell'infezione COVID-19. Al contrario, mancano studi che indaghino se SARS-CoV2 possa attaccare direttamente le ghiandole endocrine, causando disturbi in grado di peggiorare la prognosi dei pazienti affetti.

A strange pancytopenia: a case report

G. Argiolas[1], M. Lillu[1], S. Murgia[1]
[1]SC Medicina Generale, PO San Michele Arnas G. Brotzu, Italy

Introduction: A 77-year old male with a previous diagnosis of id-

iopathic thrombopenia was admitted complaining since 2 week worsening asthenia, dyspnea and fever.
Description of the Clinical Case: On admission, he presented fever, asthenia and pancytopenia. A complete blood count showed WBC 1000/mm^3 (Neu 62.5%, Ly 21.3%, Mo 10.9%), Hb 6.7 g/dL, RET 1.3% and Plt 15000/mm^3. Serum chemistry showed LDH 1198 IU/L, PCR 15.56 mg/dL, sideraemia 64 ug/dl, ferritin 4418 ug/l, vitB12 434 pg/ml, folic acid 4.2 ng/ml. The instrumental examination showed splenomegaly without hepatomegaly and medullary fibrosis with alterations of megakaryocytes. Absence of mutation in JAK2, CALR, MPL or PH translocation negative. It was diagnosed myelofibrosis. Blood and platelet transfusions were therefore carried out for the correction of anemia and trombopenia and the patient was sent to exclusive palliative care.
Conclusions: MF is a chronic BCR-ABL1-negative stem cell myeloproliferative neoplasm characterized by bone marrow fibrosis, ineffective hematopoiesis, extramedullary hematopoiesis, splenomegaly, shortened survival and progressive abdominal and constitutional symptoms, as well as other general chronic debilitating complaints. The MF-associated consequences and medical complications often result in premature death from infection, thrombohemorrhagic events, cardiac or pulmonary failure and leukemic transformation. MF is an uncommon malignancy. The case reflects the successful application of multidimensional pancytopenia assessment; skeletal lesions turn out to be an important confusing factor.

A strange pulmonary hypertension: a case report

G. Argiolas[1], M. Lillu[1], S. Murgia[1]
[1]SC Medicina Generale, PO San Michele Arnas G. Brotzu, Italy

Introduction: A 77-year old male was admitted complaining since 2 week worsening asthenia, dyspnea and abdominal pain.
Description of the Clinical Case: On admission, he presented dyspnea e abdominal pain. A complete blood count showed WBC 7730/mm^3 (Neu 75.5%, Ly 15.4%), Hb 12.6 g/dL and plt 291000/mm^3. Serum chemistry showed LDH 151 IU/L, PCR 4 mg/dL, BNP 100 pg/ml, fibrinogen 565 mg/dl and dimer 1540 ng/ml. The instrumental examination showed pulmonary embolism in cancer peritoneal and pleural involvement. EPBM was initiated and the patient was referred to the oncologist.
Conclusions: The pathogenesis of thrombosis in cancer is complex and includes multiple factors, including general factors, factors related to the body's inflammatory response to the tumor and specific properties of cancer cells. The latter, in fact, release substances that induce an inappropriate activation of blood clotting, favoring thrombosis. It is important to remember that, in turn, the activation of the coagulation system acts, vice versa, favoring tumor growth. It then triggers a vicious circle in which the mechanisms of thrombosis contribute to aggravate the progression of the disease.

Comparison of clinical evolution in two different waves of COVID-19 infection

I. Zagni[1], E. Spazzini[1], G. Rossoni[1], F.P. Bonfante[1]
[1]UOC Medicina Interna, Ospedale di Desenzano del Garda, Brescia, Italy

Background: COVID-19 is a worldwide emergency; hospitals are subjected to intense workloads, reduced compared to the previous waves, for advent of vaccination and use of immunomodulators
Aim: to evaluate the clinical outcome of patients during the last wave in a Spoke hospital and compare the results with those of the end of 2020.
Methods: In the period Dec. 21-Jan. 22 we treated 105 patients (62 men, average age 68.4 y, range 30-99, 51 polipathological), 56 of them with complete vaccination cycle ; the mean age of the vaccinated was lower (65.2+-15.1 *vs* 71.8+-15.7); in addition to therapy with EBPM and dexamethasone if indicated, 23 with risk factors were treated with casirivimab and indevimab 1200+1200 mg, 33 with remdesivir and 9 baricitinib; 6 patients with combination therapies. The mean hospital stay was 7.9 days, range 3-24.
Results: 10 patients died (5 unvaccinated) and 13 needed UTI (10 NIV support, 6 unvaccinated, and 3 IOT, 2 unvaccinated) but with a favorable evolution in over 2/3 of the cases; the other patients were discharged at home. Considering then other 75 hospitalized patients between Dec 20-Jan21, 53 men, average age 69.5 y, range 36-91, treated only with standard therapy (EBPM and steroid), the average stay had been 12.6 days and the previous outcome was 23 transferred UTI (8 intubated) and total of 17 deaths.
Conclusions: With advent of vaccines, monoclonal antibodies, antivirals and immunomodulators, hospitalization times, the need for intensive care (13 *vs* 23) and deaths (10 *vs* 17) have been approximately halved

Fever and anterior leads ST elevation: a dangerous match

B. Pari[1], M. Gino[1], E. Farinella[1], M. Porta[1]
[1]Medicina Interna 1U, Città della Salute e della Scienza di Torino, Italy

Background: Brugada syndrome is a cause of Sudden Cardiac Arrest in patients with no apparent structural heart disease. We define the Brugada pattern with a typical EKG feature (pseudo-right bundle branch block and persistent ST-segment elevation in leads V1-V2) in asymptomatic patients with no other clinical manifestation.
Discussion: 70 yo male. Admitted to the hospital for fever (T 38.5°C), vomiting, dysuria and left lumbar pain radiating anteriorly. At the blood panel: WBC 16.3 and ANC 14x10^9/L, CRP 85.9mg/L, PCT 3.74mcg/L. He was started on antibiotic therapy for pyelonephritis and a percutaneous pyelostomy tube was placed. EKG: SR, HR 125 bpm, ST elevation in V1-V2 with Brugada Type 1 morphology, not previously known. Due to the worsening of the clinical condition and the development of hypotension and septic shock, the patient was transferred to the emergency medicine floor and treatment with a vasopressor was started. At clinical stability, a Holter EKG exam was performed: sinus rhythm for the entire duration of the recording, no diagnostic Brugada pattern, sporadic extrasystoles. Cardiological evaluation: Brugada Pattern 1, not previously known, in acute inflammatory conditions; no specific therapy or other diagnostic tests indicated.
Conclusions: This is a case of Brugada Pattern at the EKG, triggered by fever and SIRS. Hyperthermia causes changes in sodium current function which results in changes to the cell membrane action potential predisposing to VF. The Brugada Pattern is reversible if the provoking trigger no longer subsist.

Severity level and ventilation procedures in COVID-19 patients in a semi-intensive care unit

A. Genovese[1], T. Girone[1], M. Manicone[1], G. Larizza[1], F. D'Onofrio[1], G. Righetti[1], G. Della Corte[1], F. Mastroianni[1]
[1]UOC Medicina Interna, Covid Unit, EE Policlinico Universitario F. Miulli, Acquaviva delle Fonti (BA), Italy

Introduction and Purpose of the study: SARS-CoV2 infection is characterized by massive involvement of the respiratory system. During the various waves, the patients admitted to the Covid wards presented different degrees of pulmonary involvement and numerous comorbidities. Administration of oxygen therapy was the prevalent measure in almost all subjects. The aim of our study was to verify the level of severity and ventilation procedures in a group of subjects hospitalized for SARS-CoV2 infection.
Materials and Methods: 388 subjects admitted to the semi-intensive Covid Unit of the F. Miulli Hospital in 2020 were retrospectively analyzed, by examining the SDOs. The main diagnoses and procedures performed were identified. A severity cluster was identified characterized by death, ventilation and hospitalization in the semi-intensive area (cut off at 14 days).
Results: 82 were the deceased (21.1%). The main diagnoses most represented were: 84.2% respiratory failure, 3.3% heart failure, 2.5% pulmonary embolism and 1.5% septicemia. Regarding the procedures, 31.9% underwent C-PAP ventilation, while 0.7% underwent non-invasive mechanical ventilation. 64% of the subjects had a severe degree of disease evidenced by the composite cluster of deaths, ventilation and at least 14 nights in semi-intensive care.
Conclusions: Our data shows that in the face of almost all patients with respiratory failure, about one third underwent ventilation procedures (C-PAP and NIV). More than half of the subjects had a severe degree of disease.

Ruolo dell'immunità naturale nella reinfezione da COVID in una struttura territoriale

M. Mazza[1], M. Trolese[2], G. Turrin[2], L. Simioni[1]
[1]UO Medicina Generale, Ospedale S. Maria del Prato, Feltre (BL), AULSS 1 Dolomiti, Italy, [2]APSP San Giuseppe di Primiero San Martino di C. (TN), Italy

Premessa: L'associazione infezione da SARS CoV2 e induzione vaccinale è una condizione capace di generare il massimo della difesa, come evidenziato da pubblicazioni scientifiche internazionali. Con queste proposizioni si analizza un focolaio epidemico in una struttura territoriale assistenziale.
Descrizione: La prima ondata pandemica (nov dic '20) presso l'APSP San Giuseppe di Primiero aveva interessato 71 su 76 ospiti (mortalità 12%). Seguivano nuovi ingressi in struttura di pazienti vaccinati o guariti. Ad agosto 2021 la quasi totalità dei residenti (75) era stata sottoposta a ciclo vaccinale completo (*65 con mRNAb162b, 10 con mRNA1273, 1 con ChAdOx1)*. A ottobre 2021 il secondo focolaio ha interessato 25 su 76 residenti presenti in struttura (33%); come da procedura gli ospiti venivano isolati e sottoposti a tampone molecolare di screening. I positivi presentavano i seguenti sintomi: nessuno 44%, sindrome da raffreddamento 40%, sintomatologia respiratoria 12%, febbre 24%, altri sintomi 12%. Nessun ospite è stato ospedalizzato, uno è deceduto per infarto intestinale. 24 dei 25 pazienti risultati positivi erano vaccinati ma non avevano contratto la malattia durante la prima ondata; 1 di 25 aveva ricevuto una singola dose per pregressa malattia.
Conclusioni: L'associazione tra infezione SARS COV 2 e vaccinazione è risultata quindi maggiormente protettiva rispetto alla sola vaccinazione per la reinfezione.

Complicanze meccaniche dell'impianto di PICC e Midline su pazienti COVID e No-COVID: uno studio di coorte retrospettivo nei pazienti ricoverati in Azienda Sanitaria Locale Biella (ASL BI)

F. Bertoncini[1], M. Biancato[1], G. Busca[1], M. Casarotto[1], M. Diliddo[1], S. Menin[1], I. Zanchetta[1], C. Gatta[1]
[1]ASL BI, Italy

Background: L'impianto di PICC e Midline ha registrato un trend in progressivo aumento soprattutto in seguito alle necessità conseguenti alla pandemia da Covid-19. La letteratura ipotizza che questi cateteri, rispetto ad altri, registrino un diverso numero di complicanze meccaniche (occlusione e trombosi). Obiettivo di questo studio è valutare se esistono differenze in termini di complicanze meccaniche tra l'utilizzo di questi dispositivi nei pazienti covid e no-covid e tra i dispositivi stessi (picc o midline).
Metodi: E' stato condotto uno studio di coorte retrospettivo includendo gli anni 2020 e 2021. Da qui sono stati estratti i dati relativi a cluster di pazienti, tipologia di catetere e complicanze sopraggiunte.
Risultati: Il campione si compone di 1600 cateteri; le tipologie sono 1022 picc e 578 midline. Stratificando i dati per cluster di paziente, non risultano differenze statisticamente significative in termini di trombosi su entrambi i cateteri (covid: 10%; no-covid: 9.5%, Chi-square 1.48, p-value 0.22); anche analizzando unicamente i pazienti covid dove la prevalenza di trombosi appare maggiore e stratificando per tipologia di catetere non si registrano differenze significative (picc: 3.5%; midline: 2.5%, Chi-square 2.43, p-value 0.11).
Conclusioni: Non sembrano risultare caratteristiche predittive per il rischio di complicanze meccaniche tra le variabili considerate. Non possiamo escludere l'esposizione a reporting bias causato dalla perdita di dati. È tuttavia necessario ampliare il campione in studio per poter raggiungere risultati significativi.

Litiasi biliare complicata in paziente con sindrome LPAC (Low-Phospholipid Associated Cholelithiasis)

L. Giampaolo[1], A. Salemi[1], G. Eusebi[1], L. Ghattas[1], A. Grassi[1], M. Mattioli[1], P. Montanari[1], L. Poli[1], L. Romani[1], R. De Giovanni[1]
[1]ASL Romagna, Medicina Interna Cattolica, Italy

Premesse: La sindrome LPAC (Low-Phospholipid Associated Cholelithiasis) è una rara sindrome genetica secondaria ad una ridotta solubilità del colesterolo nella bile che ne facilita la precipitazione. La diagnosi è possibile con presenza di almeno 2 criteri tra: 1) Litiasi con esordio a ≤40 aa; 2) ricorrenza litiasi dopo colecistectomia; 3) Litiasi intraepatica documentata ad imaging. La conferma diagnostica può essere effettuata con test genetico (mutazione ABCB4), ma questa non è necessaria alla diagnosi. La terapia con Acido Ursodesossicolico (UDCA; 7-10 mg/kg) riduce il rischio di litiasi ricorrente e il rischio di evoluzione in colangite biliare secondaria.
Descrizione del caso clinico: Una donna di 42 anni è giunta alla nostra attenzione per colica biliare (dolore tipico, rialzo ALT). In anamnesi pregressa colecistectomia all'età di 36 aa per litiasi. La paziente era stata già ricoverata per un analogo episodio circa un mese prima, in tale occasione era presente dilatazione biliare in ECO ed un dubbio restringimento coledocico a ColangioRM, non confermati alla successiva ECOendoscopia, effettuata a risoluzione clinica. In occasione del nuovo ricovero, nel sospetto di litiasi, la paziente è stata sottoposta ad ECOendoscopia che ha identificato microlitiasi, per cui è eseguita ERCP con sfinterotomia e bonifica biliare. Per prevenire possibile sviluppo di litiasi intraepatica e future complicanze la paziente è stata posta in terapia con UDCA.
Conclusioni: In caso di litiasi ricorrente giovanile o calcificazioni epatiche è importante considerare la sindrome LPAC.

A journey from hypercalcemia to hungry bone syndrome

B. Pari[1], M. Gino[1], A. Ghigo[1], M. Porta[1]
[1]Medicina Interna 1U, Città della Salute e della Scienza di Torino, Italy

Background: Hyperparathyroidism is defined as excessive parathyroid hormone production. Primary hyperparathyroidism occurs when ≥1 parathyroid gland autonomously overproduces PTH, typically resulting in hypercalcemia. Symptoms related to target organ involvement include bone demineralization/fractures, nephrolithiasis, muscle weakness and neurocognitive disorders.
Discussion: 68 yo male enters the ED for new-onset ataxic gait, imbalance, cognitive slowdown and marked drowsiness. Past medical history: gouty arthropathy, arterial hypertension, stage III renal failure. At the blood panel: hypercalcemia (albumin-corrected calcium 3.7 mmol/L) and stage IV renal failure. He is admitted with the suspicion of uremic encephalopathy. The diagnostic workup proceeds with a PTH value of 566 ng/L and a BAP of 36.7 mcg/L. Abdominal ultrasound shows regular kidneys without kidney stones. Important fluid administration and calcium mimetic therapy are started. Neck ultrasound shows an enlarged parathyroid gland and sestamibi scintigraphy is consistent with hyperfunctioning parathyroid tissue. Surgical removal is performed. At follow-up: diagnosis of hungry bone syndrome (albumin-corrected calcium 2.12, phosphate 0.62, PTH 107, BAP 69.9).
Conclusions: Surgical excision is indicated in symptomatic PHPT given the potential negative effects of long-term hypercalcemia. Hypocalcemia after parathyroidectomy is generally transient. However, in some patients with ESKD, post-operative hypocalcemia can be severe and prolonged. This phenomenon is called hungry bone syndrome.

Impact of the SARS-CoV-2 pandemic on the Internal Medicine ward: 2018-2019 *vs* 2020-2021 admission outcomes

P. Piccolo[1], V. Tommasi[1], D. Manfellotto[1]
[1]Ospedale San Giovanni Calibita Fatebenefratelli Isola Tiberina, Roma, Italy

Background: Since March 2020 hospitals were required to respond to the SARS-CoV-2 pandemic by creating specialized isolation wards; our Internal Medicine (IM) was also called to continue caring for non-COVID-19 patients. Aim of our study was to compare the outcomes of admissions to IM between 2018-2019 and 2020-2021.
Methods: All admissions to IM for from 2018 to 2021 were included in a prospective database. Demographic and clinical data, length of stay (LOS) and outcome (discharge, death, transfer to Intensive Care Unit [ICU]) were analysed and compared between pre- and post-pandemic biennia.

Results: 2577 admissions were included in the analysis (males, 48.4%, median age 80 years, median LOS 9 days, range 0-91). There were no differences in mortality or rate of transfer to ICU between the two biennia. Patients in 2020-2021 were significantly younger (mean age 75.5±14.8 *vs* 77.1±14.6 years, p=0.008) and had longer LOS (12.5±11.0 *vs* 11.0±9.1 days, p<0.001) compared to 2018-2019. LOS in 2020-2021 remained significantly longer after excluding SARS CoV2 cases (n=161, 14.4%). SARS CoV2-positive patients were significantly younger, had significantly longer LOS, and higher rate of transfer to ICU than SARS CoV2-nagative patients. In-hospital mortality did not differ between SARS CoV2-positive and negative patients.
Conclusions: Our IM ward treated COVID-19 as well as non-SARS-CoV-2 acute patients throughout the pandemic. The challenges have resulted in an increased strain on hospital resources and LOS increased significantly.

Bartonella henselae: un'infezione da non sottovalutare

M.G. Sama[1], M. Vastola[2], G. Zanframundo[2], S. Maisano[2], G. Fabbri[3], O.M. Ballardini[4], A. Sibilio[5], A. Vulcano[6]
[1]Direttore Medicina 2 Ravenna, Italy, [2]Dirigente Medico Medicina 2 Ravenna, Italy, [3]Malattie Infettive, Ravenna, Italy, [4]Unimi, Italy, [5]Chirurgia Senologica, Ravenna, Italy, [6]L. Spallanzani IRCCS, Italy

Premessa: La malattia da graffio di gatto (MGG) è relata a inoculazione transcutanea (12.000 pz /aa) causata dal GG di G- *Bartonella henselae* parassita intracellulare. Si manifesta con papula locale e linfoadenite satellite dopo graffio/morso associato talora a febbre; artralgia; anoressia; faringodinia cefalea e mialgie. Negli immunodepressi possibile evoluzione sistemica con complicanze oculari/neuologiche talora fatali. Va confermata con sierologia e/o biopsia. Antibiotici indicati chinolonici/macrolidi/tetracicline.
Quadro clinico: APR muta; donna di 35aa BMI18 vaccinata con dubbia pregressa abrasione da rasoio ascellare dx da 30gg nodulo ascellare dolente e febbre (mammografia negativa). Va in PS da cui è dimessa con levofluoxacina ma dopo 7 gg si ripresenta con T39°C PCR123; eco e RMN: linfoadenopatie colliquate confluenti ascellari dx esclusa fascite necrosante. Un'emocoltura su tre positiva per Kocuria v. per cui si imposta antibiotico su ABG. Per lo sviluppo di sepsi (QSOFA2) esegue Tc addome agoaspirato cavo ascellare ed un ecocardio negativi. HIV, quatiferon tb, emocromo II livello, CMV, EBV Borrelia negativi, Bartonella henselae (IgM neg IgG 128 dubbio). Progressivo peggioramento (tumor/rubor/calor) per cui si sottopone a toilette chirurgica il cavo ascellare con invio del materiale in microbiologia per PCR per bartonella h. positiva con conferma della diagnosi (IgG 248 in dimissione).
Conclusioni: Non dimentichiamo che la MGG può assumere note di gravità nei pazienti immunodepressi o debilitati.

A rare case of reactivation of chronic hepatitis B provoked by EBV infection

V. Pedini[1], L. Maulucci[1], T. Turino[1], L. Ballerini[1], C. Mozzini[1], B. Presciuttini[1], C. Pinzi[1], M. Pagani[1]
[1]SC Medicina Generale, Ospedale C. Poma Mantova, ASST di Mantova, Italy

Background: Reactivation of chronic hepatitis B virus (HBV) is a condition usually triggered by immunosuppressive therapy. Also, several infections increase the risk of reactivation, but no data are reported regarding the role of EBV infection.
Case Report: A 60-years-old Caucasian woman was hospitalized in our medical ward for jaundice, abdominal pain and nausea. Exams revealed increased alanine aminotransferase (ALT) 2151 UI/L and total bilirubin 11.33 mg/dL (conjugated 6.91 mg/d), associated to initial signs of hepatic failure (serum albumin 26 g/l, INR 1.6 and pseudocholinesterase 3582 UI/L). Tests for hepatitis A virus, HIV, HCV, hepatitis D virus and cytomegalovirus infections were negative such as metabolic and autoimmune hepatitis panels. HbSAg and HbC IgM Ab were all positive, consistent with HBV active hepatitis, while HBe-Ag was negative with positive HBe-Ab and HBV viral load 235000 UI/ml. Serological test for EBV showed a primary EBV infection. CT of the abdomen demonstrated liver alterations consistent with chronic hepatitis. Therefore these data were consistent with HBV reactivation secondary to acute primary EBV infection.
Conclusions: At the best of our knowledge this is the second case reporting HBV reactivation following EBV infection. Mechanisms are not fully understood but it is possible to suppose that β-cell immunosuppression caused by EBV can lead to HBV reactivation. HBV reactivation usually occurs in course of immunosuppressive therapy, but others rare cause of immunosuppression must be considered.

Acute pancreatitis after SARS-CoV-2 vaccination

V. Pedini[1], G. Nigro Imperiale[1], S. Deregibus[1], E. Agliozzo[1], M. Bosi[1], R. Olivetti[1], M. Pagani[1]
[1]SC Medicina Generale, Ospedale C. Poma Mantova, ASST di Mantova, Italy

Background: COVID-19 infections has sometimes been associated with acute pancreatitis (AP), but the mechanisms of pancreatic injury are not fully understood. Among vaccines against SARS-COV-2 infection, a new technology based on mRNA was first utilized against COVID-19. Here we report 3 cases of AP following administration of mRNA vaccines.
Case Report: Three patients (2 women, 1 man; age 84, 47, 20 respectively) were hospitalized in our ward for abdominal pain and nausea. All patients underwent COVID-19 vaccination with mRNA vaccine the same day. Laboratory analysis revealed increased level of lipase and amylase (lipase UI/L 10423,1083,380) consistent with AP diagnosis. No alcohol consumption was referred, no previous AP episodes were reported in all patients. Abdomen US and CT scan don't revealed other causes of AP. All AP observed in our patients were interstitial edematous pancreatitis (IEP), with complete resolution after treatment. The 45 years-old patient received the booster dose of vaccine without problems. At this moment the other 2 patients didn't underwent a new vaccination.
Conclusions: At our best knowledge, in literature 4 cases (3 women, 1 man) reporting AP following mRNA vaccines, 3 IEP and 1 necrotizing pancreatitis, were described. In their case-report, Ozaka et al supposed an immune-mediated mechanism based on molecular mimicry, leading to pancreatic injury. More data are needed to better define the correlation between the two events and the possible mechanisms involved.

Bedside multi-organ point-of-care ultrasound (PoCUS) and focused cardiac ultrasound (FoCUS) experience in a multidisciplinary low intensity COVID-19 department during the current pandemic scenario

A. Giorgi[1], L. Pietrangeli[1], A. Matteucci[2], C. Cappuccio[2], A. Spinelli[2], A.M. Rosignuolo[2], R. Orefice[3], M. Segneri[4], F. Colivicchi[2], G. Imperoli[1]
[1]Internal Medicine Division, S. Filippo Neri Hospital, ASL Roma 1, Rome, Italy, [2]Cardiology Division, S. Filippo Neri Hospital, ASL Roma 1, Rome, Italy, [3]Gastroenterology Division, S. Filippo Neri Hospital, ASL Roma 1, Rome, Italy, [4]Pain Therapy and Palliative Care Division, S. Filippo Neri Hospital, ASL Roma 1, Rome, Italy

Background: COVID-19 has caused devastation in the past year. PoCUS including lung ultrasound (LUS) and FoCUS as a clinical adjunct has played a significant role in medical management of these patients. The use of US is suggested in many clinical situations related to respiratory, cardiovascular and thromboembolic aspects of COVID-19. Limitations due to insufficient data are opportunities for future research.
Aim of the study: To evaluate PoCUS and FoCUS in daily practice, in order to better understand their role in SARS-CoV-2 positive patients.
Materials and Methods: Retrospective evaluation in a multidisciplinary COVID 19 department during the current pandemic scenario. PoCUS and FoCUS activity have been performed using a multi-frequency probes equipment.
Results: 70 SARS-CoV-2 positive patients (M/F 34/36, mean age 68.1±5.5) have been admitted in a multidisciplinary low intensity (PaO2/FiO2 ≥300) COVID 19 department from December 27th, 2021 for 36 consecutive days. 47% had pneumonia, 78% of which were no-vax patients. 47% were discharged home, 7.1%

transferred to the intensive care unit for clinical deterioration, 8.6% to the post-acute ward, while 4.3% died. PoCUS and FoCUS were performed in 55.3% (internal US 38.4%, CUS 30.8%, procedures 30.8%). 2 newly diagnosed gastrointestinal neoplasms have been identified.
Conclusions: in SARS-CoV-2 positive patients PoCUS and FoCUS are rapid, bedside, goal-oriented, diagnostic test that are used to answer specific clinical questions, not only for pulmonary disease but also to better evaluate relevant underlying comorbidities.

Clinical implications of multi-drug resistant organisms gastrointestinal colonization in Internal Medicine ward: an observational study

O. Para[1], L. Caruso[2], E. Blasi[2], C. Pestelli[2], G. Pestelli[2], S. Guidi[2], G. Fedi[2], I. Giarretta[3], C. Nozzoli[2], F. Dentali[3]
[1]Internal Medicine 1, Careggi University Hospital, Florence, Italy, [2]Department of Emergency Medicine, Careggi University Hospital, Florence, Italy, [3]Department of Medicine, ASST dei Sette laghi, Varese, Italy

Background: Multi-drug resistant organisms (MDRO) are an emerging health problem with an important impact on clinical outcome in Intensive Care Units (ICUs) and in immunocompromised patients.Conversely,the role of MDRO colonization in Internal Medicine is less clear.The objective of study is to evaluate the clinical impact (namely sepsis development, in-hospital and 30-days mortality, and re-hospitalization) of MDRO colonization in Internal Medicine.
Methods: Patients admitted to our Internal Medicine Unit between January 2019 and March 2020 were potentially includible.Outcomes of patients with positive rectal swab for MDRO (RS+) and of patients without a RS+ were compared. Results of multivariate analyses were expressed as Odds Ratios and the corresponding 95% (ORs) and Confidence Interval (CI).
Results: In a cohort of 2147 patients 77 patients with RS+ were consecutively identified; 377 patients with a rectal swab negative for MDRO were randomly selected from the same cohort.At the multivariate analysis, RS+ was associated with an increased risk of sepsis development during hospitalization (OR 4.14; 95% CI, 1.97-8.68) and with death or re-hospitalization at 30 days (OR 4.37; 95% CI, 2.49-7.68) whereas RS+ did not appear to be associated with death during hospitalization or need to ICU transfer.
Conclusions: Our results suggest for the first time a prognostic role of RS+ in Internal Medicine. Thus, assessment of rectal swab at hospital admission appears useful even in this setting. However, larger prospective studies are needed to confirm our preliminary findings.

A strange case of pulmonary edema

L. Lenge[1], D. Martolini[1], C. Santini[1]
[1]Ospedale MG Vannini di Roma, Italy

Male, 43 y.o., black african, admitted to our Hospital for headache and fever up to 40°C for few days. Medical history: diabetes in insulin therapy since 10 years, a recent travel to Africa. A Chest and Head CT scan were negative. At blood analysis a modest increase in procalcitonin and PCR and thrombocytopenia (PLT=70000). Transferred to our ward a blood sample was collected and diagnosis of Malaria by Plasmodium falciparum was made. Patient started therapy with Atovaquone/Proguanil and fever disappeared soon. 2 liters of Saline were administered every day. On the 7th day, the patient presented dyspnea, increased breath rate (30 per minute), decreased saturation (88% breathing room air). A Chest Echo showed a bilateral pleural effusion with atelectasis of lower lung lobes and several β-lines. An echocardiogram was normal. Troponin within range. Respiratory failure was documented with a PaO2 of 50 mmHg and a pCO2 of 30 mmHg breathing room air. The patient started diuretic and antibacterial therapy and improved dramatically losing 7 kg of weight within 48 hours. A Chest CT scan showed no pulmonary embolism. The control by echo showed a complete regression of the effusion. Bilateral pleural effusion and pulmonary oedema is a frequent complication in patients with malaria especially after aggressive infusional therapy.

A fearsome *Cytomegalovirus* infection in a young patient with steroid refractory ulcerative colitis...

G.A. Piccillo[1]
[1]General Surgery Unit, Department of Medical Surgical Sciences and Advanced Technologies "Ingrassia", Cannizzaro Hospital, University of Catania, Italy

Introduction: Patients with Inflammatory Bowel Diseases (IBD) are at increased risk of CMV reactivation and colitis. The majority of the patients with CMV colitis treated promptly with intravenous antiviral therapy get better. The diagnosis is made with histological evaluation of biopsies from colon showing the characteristic 'owl's eyes' appearances indicating the active CMV-replicating nucleoprotein cores. The therapy is Ganciclovir or Valganciclovir, or in second line Foscarnet, Cidofovir and Leflunomide.
Case Report: A 25-aged man afflicted with UC for 5 years was admitted to our hospital ward for bloody diarrhea, abdominal pain and weight loss of 5 kg. Laboratory data showed moderate anaemia and CRP rise. The flexible sigmoidoscopy revealed the presence of severe ulceration from the rectosigmoid junction extending beyond the limit of endoscopy. He started therapy on IV hydrocortisone 100 mg 4 times a day but with no clinical response. Thus, therapy with Infliximab was started, while surgical consultation strongly advocated a surgery. Luckily, a new flexible sigmoidoscopy with histological evaluation of biopsies showed the characteristic 'inclusion bodies' and the CMV PCR test confirmed a high viral load. Iv Valganciclovir was initiated and the patient improved rapidly.
Discussion: CMV infection is a relatively rare, but important, cause of a patient's chronic worsening which shouldn't be forgotten among the possible causes of clinical deterioration since early recognition can lead to rapid symptom control and to a relevant improvement of patient's clinical conditions!

Hyperacute reversible encephalopathy related to cytokine storm following influenza vaccine

D. D'Ambrosio[1], A. Benincasa[1], M.D. Concilio[1], S. Auletta[1], M. D'Agostino[1], V. Vatiero[1], S. Giovine[2], F. Ievoli[3]
[1]UOC Medicina Generale PO Aversa ASL CE, Italy, [2]UOC Radiologia PO Aversa ASL CE, Italy, [3]UOC Medicina Generale PO Aversa, Italy

Case Report: A 62-year-old previously healthy male presented to the ED for confusion and single episode of epilepsy. A week earlier he received influenza vaccine. At admission, he had fever and agitation without meningeal irritation or neurological focal signs. Diagnostic tests including brain contrast-enhanced CT scan, MRI, nasopharyngeal SARS-CoV-2 swabs and lumbar puncture resulted unremarkable except for slightly increased CRP and increase of CSF and serum IL-6. On the 3°day, after hydration, steroids and antibiotic therapy, the patient presented a normal mental status, though amnesic for the previous 72 hours. A EEG on the 5°day and serum levels of IL-6 on the 8°day were normal. The patient was discharged at 10°day in good clinical conditions.
Discussion: The acute onset after vaccination in absence of other documented etiologies, the overproduction of intrathecal neuroinflammatory mediators, the downward trend of cytokines and the prompt recovery after corticosteroid therapy, seem the typical picture of a brain dysfunction associated to cytokine storm. Recently, a unifying definition of cytokine storm-associated encephalopathy (CySE) was proposed. CySE origins from the massive release of cytokines promoting blood–brain barrier disruption and microglia/astrocyte activation which support neuroinflammation in a synergistic act.
Conclusions: We documented the first hyperacute reversible encephalopathy following influenza vaccination, suggesting cytokine storm as its causative mechanism, and highlighting the need to deepen our knowledge on this immune-mediated phenomenon.

Acute gastric dilatation and hepatic portal venous gas in a patient with severe anorexia nervosa

F. Ievoli[1], A. Mariniello[2], M. D'Agostino[1], A. Petrillo[1], S. Giovine[3], D. Iuliano[4], D. D'Ambrosio[3]
[1]UOC Medicina Generale PO Aversa ASL CE, Italy, [2]UOS Endoscopia Dige-

stiva PO Aversa ASL CE, Italy, [3]UOC Radiologia PO Aversa ASL CE, Italy, [4]UOSD Gastroenterologia ED Endoscopia Digestiva PO Marcianise ASL CE, Italy

Case Report: A 31-year-old female with anorexia nervosa presented to the ED for epigastric pain. Physical examination revealed abdominal distension. Laboratory tests were unremarkable except for low normocytic anemia. An abdominal X-ray showed a very large amount of gas in the fundus. Nasogastric decompression was applied and CT examination revealed a huge stomach, with intramural and hepatic portal venous gas, in absence of perforation of the luminal organs. Emergency EGDS highlighted mucosal edema and erosive and ulcerative areas compatible with ischemia all around the stomach. The patient was followed up with close radiologic and endoscopic surveillance under nasogastric decompression, parenteral nutrition and wide-spectrum antibiotic therapy. Clinical symptoms decreased dramatically on the 2° day, and radiological and endoscopic findings gradually disappeared, with discharge in the 8°day in good clinical status.
Discussion: The picture of acute gastric dilatation (AGD) and hepatic portal venous gas is a rare occurrence in patients with anorexia nervosa The relationship between AGD and anorexia could underlie gastroparesis and enteric autonomic disfunction. However, the exact pathogenesis remains unclear. Our case demonstrates the complexities of the pathophysiology of AGD, as our patient had no obvious obstructive cause.
Conclusions: This report adds to an underreported but important complication of anorexia nervosa. The recognition and correct diagnosis of this condition is necessary for appropriate patient management.

To insist or not: imaging in a case of cholangitis

F. Regoli[1], L. Moretti[1], R. Vagelli[1], J. Rosada[2], F. Lombardini[1]
[1]UO Medicina Interna di Piombino (LI), Italy, [2]UO Medicina Interna di Fivizzano (MS), Italy

Background: Acute cholangitis is an infectious syndrome characterized by a semeiological triad (Charcot's triad) consisting of fever, jaundice and abdominal pain. The most frequent cause is a biliary bacterial infection in the context of biliary obstruction, although causes without overt obstruction are not uncommon, especially in elderly patients.
Clinical Case: A 86 years old man presented with syncope and abdominal pain without fever. He had a history of cholecystectomy. Blood tests showed CRP 5.16 mg/dL, PCT 4.85 ng/mL, SGOT 668 U/L, SGPT 473 U/L, GGT 995 U/L, ALP 358 U/L and bilirubin 3.66 mg/dL (direct 3.23). The abdomen ultrasound showed only a steatotic liver with previous colicstectomy, in the absence of biliary tract dilation. Diagnosis was consistent with cholangitis, in the absence of obstruction. He was treated with empiric antibiotic therapy with piperacillin/tazobactam with rapid normalization of all indices. An MRI cholangiography was scheduled which, however, could not be performed due to a total lack of patient's cooperation. Despite the clear global improvement and the repetition of the abdominal ultrasound, a slight abdominal pain persisted in the right hypochondrium, therefore a CT scan of the abdomen was scheduled which showed a lithiasic stacking of the retropancreatic choledochus. He was therefore subjected to ERCP with sphincterotomy and good clinical outcome.
Discussion: Despite the almost complete improvement and the absence of biliary dilatation and lithiasis at imaging, the clinical doubt led to find and remove the cause.

Management of the difficult patient in a COVID-19 Internal Medicine unit

M. Uccelli[1], E. Di Timoteo[1], F. Castelli[1], E. De Astis[1], T. Calzamiglia[1], L. Rocchi[1]
[1]SC Medicina, Ospedale di Sanremo (IM), Italy

Aim of the study: During the COVID-19 pandemic crisis, a significant number of subjects did not join the vaccination campaign and also oppose the proposed procedures and therapies, even when these are absolutely necessary or even "life-saving". In the medical departments this has sometimes led to the emergence of important contrasts between these patients and the medical and nursing staff, updating the problem of managing the so-called "hateful patient", a definition coined in 1978 by J.E. Groves. The amplification and, at times, media distorsion, of the current pandemic evolution have increased the frequency and extent of conflicts between "those who care" and "those who are cared for.
Materials and Methods: In our COVID-19 Internal Medicine Unit we have started a monitoring system that helps to highlight the frequency, type, extent of problems encountered taking care of uncooperative, manipulative, hostile patients or even conspiracy theory followers and the possible emotional consequences on psycological well-being of health professionals, using a short anonymous questionnaire to be discussed in a focus group.
Conclusions: We believe that this approach can be an additional tool to contain the emotional stress and feelings of inadeguacy, helplessness or anger that can be connected to working in a COVID-19 unit.

Unexpected diagnosis of abdominal pain in a celiac woman: a case report

G. Lege[1], G. Tomei[2], F. Tomei[3]
[1]Ospedale Belcolle Viterbo, Italy, [2]Ospedale Spaziani Frosinone, Italy, [3]Ospedale Veneziale Isernia, Italy

Background: AHREs are asymptomatic atrial tachyarrhythmias detected only by cardiac implantable electronic devices. They are precursor to atrial fibrillation (AF) and associated to stroke or systemic thromboembolism. AF is more common in coeliac disease.
Case Report: A 83-year-old coeliac woman developed vomiting and left flank pain with subocclusive syndrome resolved spontaneously. 20 days later she admitted to Hospital for nausea, vomiting, left flank pain radiating to the groin. Urinalysis, Ultrasonography and ECG were negative. Leukocytes, serum creatinine, transaminases, lactate dehydrogenase and CRP were elevated. Ketorolac and antispastic had led to pain relief. The day after the patient complained of left flank pain and upper quadrant abdominal pain, nausea and vomiting. A contrast enhanced CT showed infarctions in the left kidney and spleen. Enoxaparin sodium was started because of suspicious of cardioembolic cause. Surgical approach was not indicated. Cardiac telemetry was normal. Autoimmune and viral markers and thrombophilia screening were negative. Left atrium dimension was incremented. AHREs were detected by cardiac implantable electronic devices. CHA2DS2-VASc score was 3 based on sex and age. Patient was discharged on apixaban and beta-blocker. One year later ECG showed AF.
Conclusions: We must suspect kidney infarction in case of abdominal pain and cardioembolic cause even if ECG is normal. In coeliac patients a slower electrical conduction and incremented left atrium dimension were found suggesting an increased risk of AF because of inflammation and fibrosis.

Lean approach in Internal Medicine outpatient: effectiveness, efficiency, satisfaction

G.P. Martino[1], G. Bitti[1], A. Romanelli[2], L. Burroni[3], S. Angelici[1]
[1]UOC Medicina Interna, Area Vasta 4 Fermo, Italy, [2]UOC Medicina Legale, Area Vasta 4 Fermo, Italy, [3]SOD Medicina Nucleare, AOU Ospedali Riuniti Ancona, Italy

Objective and Description The increased health's demand and the progressive reduction of resources requires a reorganization of health systems. Lean Thinking is a management methodology to create more value for the user with the same resources by eliminating waste. It was born in industry, it proved effective in the health sector. We applied a lean logic in our overworked internal medicine outpatient practice and we evaluated the outcomes in terms of efficiency and perceived quality.
Materials and Tools: The Problem Solving methodology by Lean Thinking was used (compilation of A3 Report). The Kaizen improvement path started with internal processes audit using the Value Stream Map. After submitting pre and post-intervention satisfaction questionnaires to operators and users, the improvement areas were defined. The survey results have been processed obtaining

the weighted average of all scores for each investigation area. We worked on the standardization of diagnostic-therapeutic-assistance paths and activities with a Visual Management tool to plan appointments.
Outcomes: Processes standardization, synchronization among operators and proper planning caused improvements in flows, user paths and speed of response, with a strong reduction in no-value activities. Waiting times were reduced by 25%.
Results: The lean thinking goal is to offer the best service by eliminating waste. The lean methodology helps to improve processes, reduce no-value activities, increasing the company performances with strong impacts on services offered and user's satisfaction.

A rare complication of the rare retropharyngeal abscess

M. Nunziata[1], L. Tibullo[1], S. Mangiacapra[1], F. Cannavacciuolo[1], C. D'Amore[2], V. Iorio[1], M. Atteno[1], M. Raimondo[1], S. Leone[3], M. Amitrano[1]
[1]Medicina Interna, AORN Moscati, Avellino, Italy, [2]Malattie Infettive, San Giovanni Di Dio E Ruggi D'aragona, Salerno, Italy, [3]Malattie Infettive, AORN Moscati, Avellino, Italy

Background: The retropharyngeal abscess is a potentially life-threatening diagnosis that can be frequently observed in children while being seldom observed in adults. In this latter case, the most common etiology is trauma. Risk factors are poor oral hygiene, diabetes, immunocompromise, and low socioeconomic status. The lack of a specific symptomatology makes the retropharyngeal abscess hard to be diagnosed.
Case Report: A 69-year-old woman affected by diabetes, hypertension and liver cirrhosis was hospitalized for refractory ascites and hyperglycemia without fever. The visual inspection showed a hard and painful swelling with not well-defined margins that extended posteriorly and inferiorly and with the typical ultrasound characteristics of abscess. CT showed a large abscess cast extending from the retro pharynx along the chest wall to the thoracoabdominal junction. The abscess was subjected to drainage with MSSA isolation that was also found in the ascitic fluid and treated with a targeted antibiotic therapy. The complete remediation of the abscess of the patient was not possible due to the worsening of the conditions. The patient died of septic shock.
Conclusions: The patient was affected by retropharyngeal abscess that is very rare in adults. In addition, she developed a rare complication, namely the abscess cast in the chest wall. None of the red flags that typically apply in the case of retropharyngeal abscess (e.g., fever, odynophagia) was observed. The drainage collection was only possible in the laterocervical region and, unfortunately, the patient died of septic shock.

Un caso di sindrome di Cushing da ACTH ectopico

M. Giannetti[1], A. Biagini[1], M. Scopelliti[2], F. Santini[2], G. Brunelleschi[1]
[1]UO Medicina Interna, Ospedale S. Luca Lucca, ATNO, Italy, [2]UO Endocrinologia 1, Azienda Ospedaliero-Universitaria Pisana, Italy

Premesse: La sindrome di Cushing è una patologia rara, secondaria ad eccessiva produzione di ACTH e la forma secondaria a secrezione ectopica di ACTH è responsabile del 7-15% dei casi.
Descrizione del caso clinico: Donna di 75 anni, giungeva in Pronto Soccorso per astenia ingravescente. Agli esami ematici marcata ipopotassiemia (K+ 1,5 mEq/L). Anamnesi patologia remota e anamnesi farmacologica negative. Non episodi di vomito o diarrea nei giorni precedenti. All'esame obiettivo presentava ipotrofia delle masse muscolari e facies cushingoide. Lo studio dell'asse ipofisi-surrene mostrava elevati valori di ACTH e cortisolo. Lo studio dinamico dell'asse ipofisi-surrene deponeva per sindrome di Cushing ACTH- dipendente. La RMN ipofisi è risultata negativa. Veniva successivamente sottoposta a test di soppressione con desametasone ad alte dosi,compatibile con secrezione ectopica di ACTH. Nel sospetto di una sindrome paraneoplastica eseguiva quindi TC total body, con riscontro di nodulo polmonare sinistro di circa 2 cm, confermato ipercaptante alla PET-TC, in assenza di altre localizzazioni. La paziente veniva sottoposta a lobectomia inferiore sinistra e l'esame istologico deponeva per microcitoma polmonare.
Conclusioni: il microcitoma polmonare rappresenta circa il 15% di tutti i tumori polmonari diagnosticati (incidenza 200.000 casi/anno). Origina dalle origina dalle cellule neuroendocrine bronchiali e talora si associa a sindromi paraneoplastiche, tra le quali la sindrome di Cushing da secrezione ectopica di ACTH.

High dose methylprednisolone in COVID-19 pneumonia with severe respiratory failure, a case series

F. Lombardini[1], M. Anedda[1], P. Cabras[1], G. Andria[1], M.R. Cau[1], A. Giuliani[1], M. Melis[1], P. Pirari[1], F. Piu[1], A. Caddori[2]
[1]Ospedale Binaghi ASSL Cagliari, Italy, [2]Ospedale Santissima Trinità ASSL Cagliari, Italy

Background: Coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). SARS-CoV-2 presents symptoms include fever, cough, dyspnoea, myalgia or fatigue. While most patients tend to have a mild illness, a minority of patients develop severe hypoxia, ARDS, requiring hospitalization and mechanical ventilation. The current management of COVID-19 is based generally on supportive therapy and prevention of respiratory failure. There are still no targeted therapeutic options available for SARS-CoV-2, and symptomatic management is the mainstay of treatment in ARDS associated with COVID-19.
Case Report: We describe a case series of five patients with severe COVID-19-related pneumonia and respiratory failure who were successfully treated with intravenous short-term high-dose methylprednisolone. These patients improved clinically in about a week and shortly were able to stop oxygen therapy and to be discharged home. We also report a series of 5 patients chosen for confrontation, admitted to our department for severe COVID-19 related pneumonia and respiratory failure who were treated with dexamethasone instead of short-course high-dose methylprednisone.
Conclusions: As reported above, after short-term intravenous high-dose methylprednisone followed by oral methylprednisone, all the patients showed early clinical and radiological improvement. Finally methylprednisone offers a potential cost-effective therapeutical choice for developing countries and poor-resourced backgrounds.

An unusual case of infective pericarditis

G. Linsalata[1], G. Bini[1], A. Fedele[1], L. Luschi[1], F. Finizola[2], I.C. Bogazzi[3], J. Rosada[1], F. Masi[4], I. Bechere[1], A. Camaiti[1]
[1]Azienda USL Toscana Nord Ovest, Livorno (LI), Italy, [2]Azienda USL Toscana Nord Ovest, Fivizzano (MS), Italy, [3]Azienda USL Toscana Nord Ovest, Massa (MS), Italy, [4]Dipartimento di Medicina Clinica e sperimentale, Università di Pisa (PI), Italy

Introduction: Pathogenetic diagnosis of pericarditis, sometimes, may be challenging and a diagnostic delay exposes patients to complications, if a right therapy is not started.
Clinical Case: An 87 years-old man was admitted to Internal Medicine Unit for acute onset of chest pain, dyspnea and arthralgias five days earlier. Trans Thoracic Echo detected a pericardial effusion of 15 mm without cardiac tamponade. His EKG showed spread S.T. elevation without troponin increased, while ABG detected an acute respiratory failure (P/F ratio 150). Other blood tests documented: C-reactive Protein 18 mg/dl, ESR 105 mm/h, creatinine 1,8 mg/dl, nt-probnp 10577 pg/dl. Patient started treatment with methylprednisolone, furosemide and colchicine and he needed CPAP for respiratory distress. After 48 hours, his medical conditions didn't improve, therefore a Chest-CT was performed, that showed only bilateral pleural effusion. Autoimmune screening exams as well as tumor markers were not diagnostic. Results of microbiological tests detected Mycoplasma Pneumoniae DNA from a PCR essay on Nasopharyngeal swab. Azithromycin 500 mg i.v. for 6 days was prescribed with further complete resolution of pericarditis.
Conclusions: Pericarditis may be an unusual presentation of M. Pneumoniae infection, even without pulmonary involvement, and should be suspected when pericardial effusion occurs with arthralgias and pleural effusion. Our experience suggests that an early effective antibiotic treatment improves the course of disease and patient outcomes.

Thrombosis during anticoagulant therapy. Think outside the box

D. Tonello[1], L. Filippi[1], L. Cecchetto[1], M. Marchetti[1]
[1]UOC Medicina Generale, Ospedale Alto Vicentino, Azienda Ulss 7 Pedemontana, Regione Veneto, Italy

Background: Deep vein thrombosis (DVT) that occurs during anticoagulation therapy is a clinical problem. If we exclude diagnostic or therapeutic errors, cancer and thrombophilia are the main causes.
Description of Clinical Cases: 78 year old male develops unprovoked femoral DVT during therapy with apixaban for atrial fibrillation. Blood tests, neoplastic markers and thrombophilia are negative. CT scans and endoscopic tests are negative for neoplasms. Subsequent checks show no recanalization of DVT. Edema in the lower limb does not regress. Two years later, thrombosis shows expansive growth and internal vascularization. MR angiography and PET-scan confirm a neoplastic intravascular lesion. The histology concludes for a venous leiomyosarcoma. 62 years old male develops unprovoked femoral DVT. Blood tests, neoplastic markers and thrombophilia are negative. CT scan excludes occult neoplasms. Patient begins therapy with rivaroxaban. Nine months later, no recanalization of DVT and sharp increase in the edema of the thigh pose clinical suspicion of recurrence of thrombosis. Blood tests, neoplastic markers, thrombophilia are again negative. New CT scans are unchanged. Endoscopic examinations are normal. A year later, thrombosis shows expansive growth and arterial vascularization. MRI and PET-scan confirm the suspicion of intravascular neoplasia. Histological examination diagnoses a synovial sarcoma.
Conclusions: Intravascular malignant tumors can mimic a DVT. Expansive growth, arterial vascularization and resistance to anticoagulant therapy can guide us in the diagnostic suspicion.

A case of atypical chronic cerebrovasculopathy

S.A. Neri[1], C. Sgroi[1], I. Timpanaro[1], R.A. D'Amico[1], L. Incorvaia[1], K.M.M. Battiato[1], I.M. Morana[1]
[1]UOSD di Medicina Interna in Area Critica, ARNAS Garibaldi, Catania, Italy

Introduction: In clinical practice, cases of CVC associated with common CV risk factor are often encountered. We present the case of 57-year-old man.
Clinical Case: Hypertensive and dyslipidemic patient. In the last 5 years, several accesses to emergency room for loss of consciousness, sometimes with a fall to the ground and recovery after few hours, on one occasion after 24 hours. During this period the patient was visibly confused, he opened his eyes, asker what had happened and where he was. He recognized his wife but forgot what he was doing. On all occasions he was at work and during the day. The neurological physical examination showed: left hand pronation, postural tremor, bilateral kinetic and bilateral Babinski. On MRI: leukodystrophy with symmetrical distribution both supra and subtentorial and involving the deep nuclei, especially the thalamus. Doppler US of the supra-aortic trunks, Transcranial with gaseous contrast medium and EEG monitoring: within limits. Echocardiography showed LVH. In addition, mild cognitive decline was found. The genetic analysis revealed the presence of missense variant C. .160C>T(p.Arg54Cys) in heterozygosity of the NOTCH3 gene.
Conclusions: CADASIL. This diagnosis should be considered whenever we are faced with patients with early cerebral vasculopathy, especially subcortical, and familiarity for recurrent subcortical ischemic strokes, headache, mental confusion, seizures, sometime atypical, sometimes associated with psychiatric symptoms. The prognosis is poor and the average age of death is 68 years.

Mast cell activation syndrome or other?

S.A. Neri[1], C. Sgroi[1], I. Timpanaro[1], M. Callea[1], M. Bonaccorso[1], I.M. Morana[1]
[1]UOSD di Medicina Interna in Area Critica, ARNAS Garibaldi, Catania, Italy

Introduction: Some diagnoses are a real challenge for the clinician. We describe the case of a 30-year-old woman.
Clinical case: Patient's clinical history includes celiac disease (HLA-DQ2+), ligament laxity (Ehlers-Danlos like), mixed connective tissue disease (ENA+) mitral with minimal redundancy, microurolithiasis, osteopenia, GERD, motor-like dyspepsia, gas-bloating syndrome, epigastralgia,occasional tremor with nocturnal awakenings, atopy and episodes of anaphylactic shock secondary to multiple drugs and allergens. Reported pre-syncope or hypotensive syncope with tachycardia, hives, flushing, abdominal cramps and diarrhea. Molecular analysis byNGS of a panel of 14 genes involved in connective tissue diseases was found to be normal. The subsequent molecular anlusis of the clinical exome did not reveal variants of clear pathogenetic significance. The patient is currently stable on treatment with pantoprazole, famotidine and ketotifen.
Conclusions: Beyond the concomitant pathologies, the paroxysmal aspect of the allergic picture and the response to therapy led us to suspect MCAS. This is a rare condition that occurs more often in patients with IgE-dependent allergies and/or systemic mastocytosis, but rarely also based on other conditions. Alongside the clinical and treatment response criteria, a key diagnostic marker is the event-related increase in tryptase. Systemic mastocytosis was excluded, but since the clinical presentation is very suggestive, we plan to measure the tryptase during acute conditions.

Impact of the COVID-19 pandemic on the health activities of a hospital

F. Mastroianni[1], N. Maggi[2], A. Quatraro[3]
[1]UOC Medicina Interna, Covid Unit, EE Policlinico Universitario F. Miulli, Acquaviva delle Fonti (BA), Italy, [2]UOC Controllo di gestione, EE Policlinico Universitario F. Miulli, Acquaviva delle Fonti (BA), Italy, [3]UOC Controllo di gestione EE Policlinico Universitario F. Miulli, Acquaviva delle Fonti (BA), Italy

Introduction: In 2020, the Covid-19 pandemic exploded in our country. Many hospitals have been dedicated to the care of Covid+patients with the consequent closure of ordinary wards. The F. Miulli hospital allocated approximately 200 places out of a total of 600 to Covid patients in 2020. 529 were the subjects hospitalized in the Covid area in 2020.
Purpose of the study: Evaluate the impact of pandemic on access to the emergency room, hospital admissions and surgical interventions.
Materials and Methods: The number of healthcare services (hospitalization from the emergency room and outpatient services) of the F. Miulli Hospital (Acquaviva delle Fonti, BA) in the years 2020/2021 were compared, through a retrospective analysis.
Results: In 2020 21,207 subjects were hospitalized against 22,887 in 2021 (-1,680). Outpatient day service activity decreased by 7,817 (-40%) visits in 2020, while NHS outpatient activity decreased by 244,466 visits, equal to 24% of the total. Elective surgeries fell by 15%.
Conclusions: The impact of the pandemic has led to a significant reduction in welfare benefits for the entire population. Also, in our area, the reduction in outpatient visits and surgical interventions has led to a significant increase in waiting lists. In addition, the screening programs for oncological diseases (6% reduction in 2020) requires a new schedule for the recovery of visits and for the management of planned assistance to the population.

COVID-19 and pneumomediastinum in a young man

C. Settino[1], E. Filicetti[1], A. Arone[1], G.I. Greco[1], M. Filippo[1], E. D'Amico[1]
[1]ASP Cosenza PO "G. Iannelli" Cetraro (Cs) UOC Medicina Interna, Italy

Background: The pathophysiologic mechanisms leading to spontaneous pneumomediastinum (SP) in SARS-CoV-2 patients with severe pneumonia, during mechanical ventilation, are yet not fully elucidated.
Case description: We report the case of a 21 years old man with positivity for COVID-19 infection. At admission in our department the patient had oxygen saturation of 95% in Venturi mask with FiO2 40%. Chest Computed Tomography (CT) showed extensive areas of increased density of "ground-glass" type with evolution towards crazy paving, involving of 50% of lung parenchyma. On

day after admission, the condition of the patient worsened to required mechanical ventilation. Control CT highlighted severe pneumomediastinum and extensive subcutaneous emphysema. The patient was managed with conservative treatments and with high flow nasal cannula (HFNC). A week later chest CT showed almost complete resolution of subcutaneous emphysema and pneumomediastinum. The improvement of the blood gas parameters allowed weaning from the HFNC and suspension of oxygen therapy.
Conclusions: Although the mechanism of the SP still remains unknown, the presumed cause is the combination of diffuse alveolar injuries due to SARS-CoV-2 and an increase intra-alveolar pressure with barotrauma due to coughing, Valsalva maneuvers or mechanical ventilation. Presumably in SARS-CoV-2 related SP lung frailty, due to crazy paving pattern, impairs compliance e reduces lung tolerance to pressure variations. HFNC could be a safe ventilatory support for critical COVID-19 pneumonia together antitussive and sedatives drugs.

The psychological experience of the Internal Medicine patients during the COVID-19 pandemic

L. Indelicato[1], C. Sgroi[1], I. Timpanaro[1], S.A. Neri[1], L. Incorvaia[1], R.A. D'Amico[1], M. Callea[1], K. Battiato[1], M. Bonaccorso[1], I. Morana[1]
[1]UO Medicina Interna Area Critica ARNAS Garibaldi di Catania, Italy

Premises: The current pandemic period caused an intensification of the psychological difficulties experienced during hospitalization with important consequences on emotional and cognitive area of the patient.
Methods: A descriptive analysis of psychological interviews and observation cards was carried out to detect emotional and cognitive reactions during the hospital stay of a sample of 88 patients who were admitted to the U.O. of Internal Medicine - Critical Area of the Garibaldi Hospital.
Results: The emotional reactions manifested are mainly anxiety (87.5%) fear (67%) sadness (49%) distrust (25%) anger (9%) and despair (12%). The mood deflected in 39% of patients. The length of hospitalization in 64% ranged from 7 to 14 days, in 21% it was longer than 14 days and in 13% within 7 days with a diagnosis of transient emotional reaction in 86% of patients. The motivations related to emotional reactions were: health conditions, distance from family, inability to meet family members, sense of abandonment, fear of getting infected, changing habits, noises, limitations of personal space, loss of intimacy, undergoing painful or invasive clinical trials, relationships with medical and nursing staff.
Conclusions: The pandemic and the resulting limitations may intensify the experience of strong psychophysical stress caused by hospitalization. An appropriate and continuous psychological support may improve the emotional state of the patient and consequently the doctor-patient relationship and compliance, reducing the healing time and the length of hospitalization.

New diagnosis of Graves' disease during SARS-CoV-2 infection. A further trigger of hyperthyroidism?

F. Gravina[1], R. Del Toro[2], E. Sagrini[2], M. Domenicali[2]
[1]Department of Medical and Surgical Sciences, Alma Mater Studiorum-University of Bologna, Bologna, Italy, [2]Department of Primary Health Care, Internal Medicine Unit addressed to Fraility and Aging, AUSL Romagna, Ravenna, Italy

Background: Graves' disease is an autoimmune disorder which represents the most common cause of hyperthyroidism. It is often triggered by an acute event, such as infections. SARS-CoV-2 binds to angiotensin-converting enzyme 2 (ACE2), expressed mostly in the lungs but also in several endocrine organs like thyroid.
Description of the Case: We report a case of a 49-years-old woman admitted to our Unit due to fever, tachycardia and worsening dyspnea. Nasopharyngeal swab test resulted positive for SARS-CoV-2 (PCR). Blood sample test for D-dimer resulted increased (1272 ug/l, normal value <500), and bilateral subsegmental embolism was found on CTAngiography. She reported palpitations, insomnia and weight loss in the past days. Past medical history included euthyroid nodular thyroid disease, hypertension and obesity. Laboratory tests revealed hyperthyroidism with positive thyroid antibodies with TSH<0.05 mU/l, FT4 32 ng/l and FT3 5.9 ng/l (normal value 8-17 and 2-4, respectively), and elevated AbTPO 137 KU/l (<34) and AbTSH-r 2.4 U/l (<2). Thyroid ultrasound showed an enlarged gland with heterogeneous echotexture and hyperechoic nodules; an hypervascular pattern with elevated peak systolic velocity in inferior thyroid artery (50-69 cm/s) was found at colorDoppler. A diagnosis of Graves' disease was established and treatment with thiamazole was started, achieving normal heart rate control and recovery of symptoms.
Conclusions: In the absence of a clear trigger for our patient's thyroid storm, we suggest SARS-CoV-2 infection, in addition to CT iodinate contrast medium, might precipitate or worsen a latent Graves' disease.

La collaborazione interprofessionale percepita dagli infermieri nei reparti di terapia intensiva COVID-19: studio multicentrico trasversale

V. Muschitiello[1], D. Comparcini[2], M. Tomietto[3], F. Galli[4], D. D'Accolti[5], C. Marseglia[6], L. Silli[7], L. Tesei[8], N. Brienza[9], V. Simonetti[10]
[1]Infermiere, UO Anestesia e Rianimazione 1 "De Blasi", Policlinico di Bari, Italy, [2]Tutor, CdL Infermieristica di Ancona, Facoltà di Medicina e Chirurgia, Università Politecnica delle Marche, Italy, [3]Professor, Department Nursing, Midwifery and Health, Faculty of Health and Life Sciences, Northumbria University, Newcastle upon Tyne, UK, [4]Infermiere, ASUR Marche, sede di Ancona, Italy, [5]Direttore ADP CdL Infermieristica e CdLM SIO, Università "Aldo Moro" di Bari, Italy, [6]Tutor, CdLM Scienze Infermieristiche ed Ostetriche, Università "Aldo Moro" di Bari, Italy, [7]Responsabile Personale Sanitario Area Ospedaliera e Territoriale, ASL Pescara, Italy, [8]Infermiere Coordinatore Direzione Professioni Sanitarie, Area Infermieristico-Ostetrica ASUR MARCHE, sede di Ancona, Italy, [9]Direttore UO Anestesia e Rianimazione I "De Blasi", Policlinico di Bari; Professore ordinario, Dipartimento dell'Emergenza e dei Trapianti d'Organo (DETO), Università degli studi "Aldo Moro" di Bari, Italy, [10]Assegnista di ricerca, Dipartimento Scienze Biomediche ed Oncologia Umana, Università "Aldo Moro" di Bari, Italy

Premesse e Scopo dello studio: La collaborazione interprofessionale determina un impatto positivo sulle cure. Pochi studi hanno esplorato la pratica collaborativa dei team infermieristici durante la pandemia da SARS-Cov-2. L'obiettivo dello studio è di valutare il livello di collaborazione interprofessionale degli infermieri di terapia intensiva che assistono pazienti con COVID-19.
Materiali e Metodi: Studio trasversale multicentrico (maggio-luglio 2021) in un campione di infermieri di terapia intensiva del Policlinico e della A.S.L. di Bari. È stata usata la *"Chiba Interprofessional Competency Scale (CICS29)"*: 29 item (Likert a 5 punti, completo disaccordo/completo accordo), suddivisi in 6 dimensioni che indagano: attitudini e credenze; gestione dei gruppi; raggiungimento di obiettivi; assistenza nel rispetto del paziente; coesione; adempimento del ruolo.
Risultati: Hanno partecipato 102 infermieri su 228 contattati (44.7%). Sono emersi punteggi medi superiori a 4 in tutte le dimensioni, ad eccezione di "Fornire un'assistenza che rispetti il paziente" in cui i punteggi medi variano da 4.19 a 4.73 nel gruppo infermieri del Policlinico di Bari e da 3.54 a 4 (DS=0.91) nel gruppo ASL Bari. Differenze significative si evidenziano nelle interazioni con altri professionisti per favorire l'autonomia degli assistiti (p<0.009) e la loro presa di decisioni (p<0.003).
Conclusioni: Il livello di collaborazione interprofessionale è medio-elevato. Le principali criticità riguardano la promozione del processo decisionale dell'assistito e l'ottimizzazione della sua autonomia.

Case report of agenesis of inferior vena cava and thrombophilia

M. Barberio[1], C. Gentile[1], M. Lovecchio[1], S. Sabatino[1], G. Orsitto[1], M. Zenzola[1], R. Malcangi[1], A. Bruni[1], M. De Fini[1]
[1]UO Medicina Interna di Venere Bari, Italy

Introduction: IVCA (Inferior Vena Cava Agenesis) is a rare congenital and underdiagnosed anomaly of the above said vessel. The most frequent clinical presentation is a deep vein thrombosis; 5% of the patients are younger than 30 years.
Case Report: We describe a case of 28 years old man admitted to our hospital reporting a lumbar pain. Venous Doppler US on right lower limb shows a thrombosis of right femoral and popliteal vein. Chest-abdomen CT scan: confirms deep vein thrombosis of

right femoral and popliteal vein extended to internal and external iliac homolateral; also shows agenesis of the inferior vena cava with many collateral circles. The molecular genetic examination revealed (Heterozygosity for Factor V H1299R, homozygosity MTHR I (C677T), hyperhomocysteinemia. An anticoagulation with low molecular weight heparin was started and prolonged oral anticoagulation was prescribed with Edoxaban.
Conclusions: the agenesis of the inferior vena cava should be suspected in young patients with deep vein thrombosis of the femoral and iliac veins. A consensus has not yet been established for the treatment, but since the patients with IVC agenesis with hereditary thrombophilia have an increased risk for recurrent DVT, it could be requested a long-term anticoagulant therapy.

Atraumatic splenic rupture in a patient with sepsis induced by *S. Aureus*

C. Angoli[1], M. Al Refaie[1], L. Caruso[1], E. Cesaroni[1], A. De Roma[1], G. Fedi[1], C. La Rovere[1], O. Para[1], V. Turchi[1], C. Nozzoli[1]
[1]Ospedale Universitario Careggi, Firenze, Italy

Background: Splenic rupture causes hemoperitoneum in a setting of acute abdomen. The causes are traumatic and atraumatic (infectious processes, such as malaria or mononucleosis, hematologic diseases or splenic cysts).
Description of the Clinical Case: The patient enters our hospital for abdominal pain and fever (T>39°C), she appears alert, oriented and pyretic. The abdomen is diffusely painful without signs of peritonism; a systolic murmur is detected on aortic focus (2/6 Levine); PA 107/70, fc 106. At blood tests: GB 11200/ml, Hb 7.8 g/dl, creatinine 9.74 mg/dl, PCR 370 mg/l, PCT 14.2 ng/ml. Blood cultures are positive for MSSA and antibiotic therapy is initiated. The patient performs dialysis and abdominal CT scan shows splenomegaly associated with a hypodense lesion; this lesion results evolved at a later CT scan. Due to worsening of vital parameters and clinical condition, splenectomy is performed. The postoperative period is complicated by a epileptic seizure and multiple abscess lesions are detected at cranial CT with indication for lancosamide. Echocardiogram detects endocardial vegetative lesions on mitral valve, so therapy with meropenem, linezolid and daptomycin is started, with reduction of cerebral abscess lesions.
Conclusions: Endocarditis can complicate with cerebral and splenic septic embolism and cause splenic rupture. In the latter case surgical intervention must be timely. Wide-spectrum antibiotic therapy allows clinical stabilization.

A case of necrotizing soft tissue infection: not always a rapid intervention avoids a poor outcome

M. Cortesi[1], E. Pistella[1], L. Lenge[1], D. Martolini[1], C. Santini[1]
[1]Ospedale Generale M. G. Vannini Figlie di San Camillo, UOC Medicina Interna, Roma, Italy

Case description: A 64 year-old male (rectal cancer in medical history) came to hospital for abdominal pain and symptoms of intestinal subocclusion, resolved with medical care only. Then, without trauma or any other specific reason, the patient suddenly complained acute and severe right lower leg pain.
Diagnostic Pathways: The leg appeared swollen compared to the other, but signs of infection or acute ischemia were not present. Compression ultrasound excluded deep vein thrombosis. Air bubbles in the muscles of the leg were discovered by contrast enhancement CT, raising the suspicion of necrotizing soft tissue infection. The patient promptly underwent decompression surgery which confirmed the suspect and started systemic antibiotic therapy (meropenem plus vancomycin). Cultures of intraoperative secretions yielded Clostridium spp. The ulcerated rectal mass previously documented was probably the cause of the infection spreading. Unfortunately, 24 hours after surgery, obstruction of popliteal artery was documented without chance of revascularization; hyperbaric oxygen therapy was used to reduce the area of necrosis, but 2 weeks later the patient underwent limb amputation.
Conclusions: Necrotizing soft tissue infections are characterized by fulminant tissue destruction, systemic signs of toxicity (which our patient did not show probably cause the prompt treatment) and high morbidity and mortality. Surgery and antibiotic therapy are the mainstay of therapy and should be performed as soon as possible to reduce morbidity and mortality.

Clavicular exostosis: a rare cause of Paget-Schroetter syndrome

E. Fulco[1], I. Lazzari[2], C. Bertoldi[2], M. Domenicali[1]
[1]Department of Medical and Surgical Sciences, Alma Mater Studiorum-University of Bologna, Bologna, Italy, [2]Department of Primary Health care, Internal Medicine Unit addressed to Frailty and Aging, AUSL Romagna, Ravenna, Italy

Introduction: Paget-Schroetter Syndrome (PSS) is a venous form of Thoracic Outlet Syndrome (TOS), usually seen in association with repetitive upper limb activity. This condition is due to anatomical abnormalities at the thoracic outlet and repetitive trauma to the endothelium of the subclavian vein.
Case Report: A 47-year-old man presented to our department with a 2-days history of fever, acute pain, swelling and erythema of his left upper limb. His background history included obesity and hypertension. He was a commercial agent and he had recently made a long journey by car with his left arm abducted. Laboratory testing showed elevation of D-dimer and inflammatory markers. Venous duplex ultrasound and enhanced computed tomography (CT) revealed occlusive thrombosis of the left subclavian-axillary vein, internal jugular vein and left brachiocephalic vein with signs of thrombophlebitis. The investigations did not reveal any coagulation disorder and malignancy. The suspect of venous variant of TOS was confirmed by phlebography with provocative manoeuvres and the review of angio-CT images showed the presence of clavicular exostosis imprinting subclavian vein. Interventional procedures were excluded due to rapid clinical improvement with therapeutic dose of low-molecular-weight heparin. The patient was discharged on oral anticoagulation therapy with Rivaroxaban.
Conclusions: PSS accounts for 15% of all upper extremity deep venous thrombosis especially in active young people. Clavicular exostosis represents an unusual cause of PSS and only few cases were reported in literature.

Usefulness of ROX index and HACOR score as predictors of CPAP unsuccess in COVID-19 acute respiratory failure

S. Accordino[1], F. Billi[1], M. Vaccari[1], G. Gazzano[1], F. Tantardini[1], S. Rossi[1], G. Ceriani[1], F. Corsico[1], C. Canetta[1]
[1]High Care Internal Medicine Unit, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milano, Italy

Background and Aim: In COVID-19 hypoxemic acute respiratory failure Continuous Positive Airway Pressure (CPAP) is an effective tool for patients without mandatory indication for endotracheal intubation. Prediction of CPAP failure may be supported by systems as ROX index (SpO_2/FiO_2/respiratory rate) and HACOR score (heart rate, acidosis, consciousness, oxygenation, respiratory rate). The aim of this study is to analyse ROX and HACOR performances as predictors of dismal outcomes.
Materials and Methods: 134 COVID-19 patients managed with CPAP were enrolled. Data regarding clinical characteristics, ROX index, HACOR score, in-hospital mortality and intensive care unit (ICU) transfers for mechanical ventilation were recorded.
Results: 75.4% were male, median age 76.5(29-94), PaO_2/FiO_2 115(43-300). The overall in-hospital mortality was 29.9%, ICU transfer rate was 19.4%. Non survivors showed significant differences in PaO_2/FiO_2 [83.5(43-300) *vs* 123(57-280), p<0.001], ROX [5.9(2.0-22.2) *vs* 6.7(2.4-18.8), p=0.006] and HACOR [6(0-8) *vs* 4.5(0-10), p=0.006]. Patient transferred to ICU, instead, didn't show differences in PaO_2/FiO_2 [129.7(57.0-271.4) *vs* 114.0(43.0-300), p=0.177], ROX [8.1(3.5-22.2) *vs* 7.1(2.0-18.8), p=0.554] and HACOR [4(0-7) *vs* 5(0-10), p=0.707].
Conclusions: early detection of ROX index and HACOR score could be helpful to detect CPAP failure considering in-hospital mortality, but they are no relevant to identify the need of mechanical ventilation, suggesting that many other factors, including do-not-resuscitation orders, should be considered in retrospective studies on COVID-19 patients.

Clostridium difficile infection: infection of the multipathological elderly

G. Gimignani[1], A. Conforti[1], C. Clementi[2]
[1]UOC "Medicina Interna" Az. Osp. S. Paolo Civitavecchia, Roma, Italy, [2]Casa di Cura "Santo Volto", Santa Marinella, Roma, Italy

Premises and Purpose: *Clostridium difficile* is a spore-forming anaerobic bacterium and a major cause of nosocomial diarrhea. In Italy, the latest ISS report shows a significant 5-fold increase in infection in the reference centers (from 170 cases in the 2006-2011 period to 661 in the 2012-2016 period). The increase is significant in Internal Medicine units and in Long-term care units. The incidence in pediatric units is rare. We conducted a study in a Geriatric Nursing Home and in an Internal Medicine ward to assess the incidence of *Clostridium difficile* infection and the possible predisposing causes.
Patients: In the period 2020-2021, we followed 201 poly-pathological patients in a Nursing Home (long-term medical wards (22 beds) and RSA (40 beds), all female with an average age of 78 years (range 65-102) and 1697 multi-pathological internal medicine patients (60 beds), men and women with a mean age of 76 years (range 49-99) 121 patients developed *Clostridium difficile* infection during hospitalization.
Results: The cumulative general incidence in the two-year period considered was 6.3% (121/1898) and the incidence of infection in the two wards was: Internal Medicine [109/1697=5.54% - (61 women-55.9% and 48 men 44.1%); Nursing Home - 6/201=2.9%].
Conclusions: The two departments are not homogeneous, but the common characteristics are high age and poly-pathology. Therefore, *Clostridium difficile* infection does not appear to be gender-related but linked to the multi-pathology of advanced age because this often requires the use/abuse of antibiotics and gastroprotectors.

A strange case of acute pancreatitis

F. Varocchi[1], R. Pallante[1], B. Conforti[1], C. Bonechi[1], S. Gialloni[1], A. Morrione[1], F. Vannoni[1], A. Orlandi[1], G. Romagnoli[1], D. Bruni[1]
[1]UO Medicina I, PO Santo Stefano, Prato, Italy

We reported a case of a 50-years old Chinese man who was referred to the Emergency Department for acute epigastric pain. He was not on chronic therapy and had no pathological remarks, except for the presence of a maculopapular chest rash and a left eye swelling. Laboratory tests revealed pancreatic and liver function tests elevation. He underwent an abdominal CT scan, showing biliary tract dilatation, signs of pancreatitis and bilateral kidney hypodensities, suggestive of hypoperfusion areas. Notably, all inflammatory markers were below the normal range. An empiric therapy with ceftriaxone was soon started. A cholangio-MRI confirmed a nearly complete choledochus occlusion, while no perfusion defects were detected by the renal arteries echocolorDoppler and an echocardiography ruled out valve vegetations. The patient didn't experience any therapy benefits, developing overt jaundice, persistent abdominal pain and axillary limphadenopathies. A chest CT scan showed pulmonary opacities and the orbital MRI confirmed lacrimal glands infiltration.
Conclusions: All these features suggested the presence of a condition consistent with an IgG4-related disease, characterized by fibroinflammatory lesions, IgG4-rich positive plasma cells infiltrates, and elevated serum IgG4 concentration. After histological finding of lymphoplasmacytic infiltrates rich in IgG4-positive plasma cells on a sample of an axillary lymphnode, a prednisone plus azathioprine therapy was started, leading to a quick clinical relief of the patient's symtoms.

A case of hemophagocytic lymphohistiocytosis in COVID-19

M. Berdini[1], R. De Giovanni[1], A. Bezzi[1], M. Marcellini[2]
[1]UO Medicina Interna, Rimini, Italy, [2]UO Medicina Interna Rimini, Italy

Introduction: Haemophagocytic Lymphohistiocytosis (HLH) is a rare immune disorder with progressive systemic inflammatory desease. Diagnostic criteria includes: fever; hepato-splenomegaly; cytopenias affecting at least 2 of 3 lineage (HB, PLT, N); hypertriglycerideamia; haemophagocytosis in bone marrow, spleen, lymph nodes or liver; low NK cell activity; elevated ferritin; elevated sCD25.
Description: A 67-years-old man was admitted in sept 2021 for melena and fever. Blood exams showed bicytopenia (hb: 8,3 g/dl,PLT: 22.000/mmc, PT, aPTT, fibrinogen normal, ALT 106 U/L, PCR 125.7 mg/L). Covid buffer was positive with a mild interstitial pneumonia. We started therapy with methylprednisolone 40 mg/die. A bone marrow aspiration showed haemophagocytosis however in few days hematological disorder resolved and patient was discharged. After 30 days he returned for headache. There was again bicytopenia, elevated PCR, increased transaminases, triglyceride: 302 mg/dl, ferritin: 10280 ug/L. A second bone marrow biopsy confirmed haemohphagocytosis. A PET and a CT were normal. This time there was hemolysis and we started methylprednisolone 1 mg/kg. After 10 days exams get worse and we increased steroid to 2 mg/kg/die without benefit. In suspected secondary HLH to covid infection we started intravenous immune globulin (IVIG) 1 gr/kg for 2 days. After 2 weeks emolytic signs and bycitopenia resolved.
Conclusions: COVID-19 infection is correlated to a rare syndrome like HLH. In this case in strong suspect of HLH, after steroid failure, IGEV resolved the disorder.

Transitional care: sperimentazione della funzione dell'infermiere di continuità assistenziale nel percorso ospedale-territorio

L. Tesei[1], D. Comparcini[2], V. Simonetti[3], G. Cicolini[4]
[1]Professioni Sanitarie UOC Area Infermieristico ostetrica ASUR Marche Ancona, Italy, [2]Tutor, CdL Infermieristica di Ancona, Facoltà di Medicina e Chirurgia, Università Politecnica delle Marche, Italy, [3]Assegnista di ricerca, Dipartimento Scienze Biomediche ed Oncologia Umana, Università "Aldo Moro", Bari, Italy, [4]Ricercatore, Dipartimento Scienze Biomediche ed Oncologia Umana, Università "Aldo Moro", Bari, Italy

Premesse e Scopo dello studio: Il transitional care nasce con il fine di diminuire le riammissioni negli ospedali, garantendo la continuità assistenziale. La continuità delle cure infermieristiche nella transizione dall'ospedale al proprio domicilio risponde ad una triplice finalità: migliorare la qualità delle cure, migliorare la salute della popolazione, ridurre i costi. E' stato avviato un progetto sperimentale per valutare l'efficacia dell'infermiere di continuità assistenziale nel processo di transitional care.
Materiali e Metodi: Sono stati inclusi tutti i pazienti dimessi da setting di degenza, con profilo idoneo ai percorsi dell'assistenza infermieristica domiciliare residenti nel contesto di riferimento. L'intervento è consistito nella presa in carico precoce (prima della dimissione) attraverso contatto diretto con l'equipe di riferimento, il paziente e il caregiver nel setting di degenza e successiva assistenza domiciliare intensiva per i primi 30 giorni dopo la dimissione. La difficoltà di gestione domiciliare è stata valutata con il BRASS Index.
Risultati: Sono stati presi in carico 57 pazienti. Il 30% valutati con Brass Index riporta un rischio medio-alto di gestione domiciliare. Da una tempistica media di 72 ore per attivare l'assistenza domiciliare si è passati alla presa in carico entro 4 ore dalla dimissione. Nessun paziente ha effettuato accessi al pronto soccorso e si è ricoverato.
Conclusioni: I risultati confermano l'efficacia del transitional care, quando è prevista una figura infermieristica con la specifica funzione di continuità assistenziale.

Long-term follow-up of patients with COVID-19 who experienced pulmonary embolism

L. Filippi[1], D. Tonello[1], D. Milazzo[1], G. Turcato[1], L. Panepinto[2], M. Massimo[1]
[1]Ospedale Alto Vicentino, Italy, [2]Università degli Studi di Verona, Italy

Background: Pulmonary embolism (PE) have a high prevalence in COVID-19 patients. Best medical therapy and follow-up of these patients are still undefined.
Methods: We conducted a retrospective single centre study in Alto Vicentino Hospital between March 1st, 2020, and January 31st, 2021 in 267 patients admitted for COVID-19 who underwent to computed tomography pulmonary angiogram (CTPA) for suspected

PE. In 48 of them PE was diagnosed (18.7%). We followed these patients to look for deaths, recurrent thromboembolic events or relevant clinical hemorrhages. Type and duration of anticoagulation were analyzed.
Results: The median follow-up was 13 months (IQR 1-14) and 4 patients were lost to follow-up. 16 patients died (36.4%), 1 patient had a new thromboembolic event (2.3%) and 3 had relevant hemorrhagic events (6.8%). 26 were treated with direct oral anticoagulants (DOAC) (59%), 2 with warfarin (4.5%) and 15 with heparin (34%). Median duration of anticoagulation was 5.8 months (CI 95% 4.08-7.54). Patients treated with DOAC presented a lower mortality then patients treated with heparin (3.8% *vs* 83.3%; p<0.001).
Conclusions: PE in COVID-19 patients seems to be related to a relevant increased risk of death. Long term anticoagulation with DOAC in patients discharge at home appears to be safe and effective.

Telemedicine in the treatment of 502 families in the SARS-CoV-2 pandemic

S. Vernocchi[1], A. Aceranti[2], T. Serini[1], D. Emedoli[2], A. Todeschini[3]
[1]Faculty of Medicine, University of Ostrava, Ostrava, Czech Republic, [2]European Institute of Forensic and Biomedical Sciences, Milano, Italy, [3]Ospedale di Abbiategrasso, Milano, Italy

Introduction: Use telemedicine to follow COVID-19 patients at home avoiding hospitalization.
Objects: Safely avoid hospitalization and in any case guarantee high-level assistance, limit infections and unnecessary travel.
Methods: From 30.03.20 to 31.05.21 we followed 503 families with COVID-19, at home if the following requirements were met: 1. care giver; 2. the suitability of the house; 3. the possession of a telephone with an internet network to provide the doctor with clinical data and to receive and tutorials; 4. pulse oximeter. Therapies were modulated in relation to severity according to the guidelines, noting SPO2, walking test, respiratory rate, fever. Chest ultrasound was performed, according to the Soldiers score. set therapy with Prednisone 0.5-1 mg/kg/day, LMWH, Azithromycin 500, vitamin D 50.000U. All patients received 6 diaphragmatic breathing tutorials.
Results: 503 families (1509 pt), 8 hospitalized, 4 men and 4 women four died in hospital. 2 cases of pulmonary embolism. The duration of treatment was from 8-45 days, from 1-3 contacts per day, from 4 to 48 messages per nucleus/day.
Conclusions: WhatsApp is a way to monitor patients in the COVID-19 pandemic, with minimal equipment (ultrasound), patients able to follow the prescriptions provided via social networks and present clinical data daily. Important was the network with the pharmacies for oxygen and drugs even on holidays and with the laboratory for blood sampling at home at a controlled cost.

Effectiveness and safety of dalbavancin off label treatment during pandemic

G. D'Adamo[1], G. Fabozzi[1], L. Fortunato[1], P. Caso[1], A. Ambrosio[1], G. Ferrentino[1], A. Pagano[1], O. Cioffi[1]
[1]Unità Operativa di Medicina Generale, Ospedale Umberto I, Nocera Inferiore, Italy

Background: Dalbavancin is a lipoglycopeptide antibiotic approved for treatment of acute bacterial skin infection by GRAM +, also used for his long half-life in bone infection.
Case Report: A 72 years old patient was admitted to hospital with low-grade fever for 40 days and back pain after two hospitalization for COVID19 infection and ischemic stroke. Blood examinations showed: elevated white blood cells count, increased inflammatory markers and anemia. CT showed bilateral pleural effusion, MRI configured vertebral alteration (D7-D9) suggesting infectious spondylodiscitis, blood and pleural liquid culture evidenced Staphylococcus Aureus MSSA. Levoxacin 500mg2/day and linezolid 600mg2/day IV were started with clinical improvement. Following the patient request, he was discharged with oral Linezolid. Two weeks later he showed worsening back pain and high inflammatory index. Levoxacin 500mg and Rifampicin 600mg were administered 2/day, soon Rifampicin substituted with Minocycline 100mg/day for side effect onset. After 4 week, MRI confirmed worsening of inflammatory state. Based on proven efficacy, Dalbavancin 1500mg/day IV on day 1 and 8 was started, with Minocycline for 24 week, with significant improvement in follow-up MRI; pleural effusion and inflammatory markers decreased.
Conclusions: This case shows high efficacy of dalbavancin in spondylodiscitis pyogenic infection and pleural empyema, avoiding complications and high cost of long-term hospitalization during pandemic. In particular condition the use off label of dalbavancin is a safe and cost effective treatment.

A rare case of primary biliary cholangitis after HCV eradication

G. D'Adamo[1], G. Fabozzi[1], E. Palatiello[1], V. Citro[1], M.R. Tagliamonte[1], M. Cianciullo[1], G. Raele[1]
[1]Unità Operativa di Medicina Generale, Ospedale Umberto I, Nocera Inferiore, Italy

Background: Primary biliary cholangitis (PBC) is an autoimmune chronic cholestatic liver disease. HCV chronic infection is commonly associated with autoimmunity dysregulation. We describe a rare case of PBC after HCV eradication.
Case Report: A 73-years-old woman with chronic hepatitis C genotype 1b, fibrosis f3, without relevant comorbidities, was treated with a 8-week course therapy of Ledipasvir/Sofosbuvir and achieved a sustained viral response. One year later HCV-RNA was undetectable whereas serum cholestatic index increased: alkaline phosphatase (ALP) 3X and gamma-glutamyl transpeptidase (gGT) 6X; cytonecrosis markers slightly altered. Abdominal US showed non-dilated bile ducts; one more nodule, negative for malignancy at CT, was observed. Tests for autoimmunity showed positivity for anti-mitochondrial antibody (1:320): diagnosis of PBC was performed. Ursodeoxycholic acid (UDCA) was started at 300mg 3/day. One year later ALP and gGT persisted elevated, 2.8X and 6X respectively. Obeticholic acid, a second line treatment in patient not responding to UDCA, was started at 5mg/day. Four months later rapid normalization of ALP, gGT and cytonecrosis index was observed; fibrosis reduced to f2. Follow up investigation revealed HCC nodule treated with thermoablation.
Conclusions: Few cases of association between HCV and PBC have been reported and there are no indication on management. Treatment has been successful in our case to avoid progression to liver cirrhosis but no on HCC development. Further studies are needed to better explain association between HCV and autoimmunity.

An uncommon case of HIV infection and chronic visceral leishmaniasis

A. Izzi[1], G. D'Adamo[2], G. Fabozzi[2], A. Perrella[1]
[1]Unità Operativa di Malattie Infettive, Ospedale D. Cotugno, Napoli, Italy, [2]Unità Operativa di Medicina Generale, Ospedale Umberto I, Nocera Inferiore, Italy

Background: Visceral Leishmaniasis (VL) in people living with HIV (PLWH) is often a life-threatening disease with a long-term elevated mortality rate.
Case Report: A 73-years-old man was admitted to hospital for an unexplained weight loss in the past four months. Laboratory findings: marked pancytopenia, ipoalbuminemia, elevated serum immunoglobulins, hyperferritinemia, iron deficiency. Abdominal ultrasound check showed hepatomegaly, marked splenomegaly and abdominal lymphadenopathies. Total body CT showed multiple diffuse lymphadenopathies. Serum markers for hepatitis viruses were negative whereas anti-HIV 1-2 antibodies resulted positive. Any lymphoproliferative disorder was excluded by biopsy examination of an axillary node. Patient was admitted in Cotugno Hospital where flow cytometric showed a dramatic fall of CD4 lymphocytes (33/cmm) with HIV-RNA viral load 851000 copies/ml and a high positivity for of anti-VL antibodies in IFI (1:1260). Patient started treatment for HIV infection by combination of TAF+ FTC+Bictegravir as single tablet regimen and therapy of VL, based on Liposomal Amphotericin b given intravenously, at

the lead in dose of 4 mg/kg at day 1-5, 10, 17, 24, 31, 38 followed by a maintenance dose of 4 mg/kg every 2 weeks, was contemporary began. After 1 month of therapy, HIV-RNA felt of 4 log_{10} with decline in positivity for anti-VL (1:640).
Conclusions: The excellent interplay between Internal Medicine Unit and Infectious Diseases Unit allowed the survival of a critical patient with two contemporary serious life-threatening infectious diseases.

Endocrine disorders in COVID-19: a look from a different perspective

A. De Roma[1], O. Para[1], M. Al Refaie[1], C. Angoli[1], C. La Rovere[1], L. Caruso[1], E. Cesaroni[1], I. Merilli[1], C. Pestelli[1], C. Nozzoli[1]
[1]AOU Careggi, Firenze, Italy

Background: COVID-19 is an infectious disease caused by the SARS-CoV-2 virus, particularly known for its respiratory symptoms. Nevertheless, a wide variety of clinical manifestations has been associated with COVID-19, including Kawasaki disease, Guillain-Barré syndrome and the syndrome of inappropriate secretion of antidiuretic hormone (SIADH).
Clinical Case: A 55-years-old woman, affected by immune thrombocytopenia on prednisone therapy, presented with intense fatigue, hyporexia and vomit. She had no fever, no cough, nor other symptoms. She referred a quick prednisone decalage in previous days. ABG showed metabolic alkalosis, severe hyponatremia and hypokalemia. The patient tested positive for SARS-CoV-2. Further investigation showed euvolemic hyponatremia (102 mEq/L) with normal urine osmolality (275 mOsm/Kg), findings consistent with COVID-19-related SIADH. We set a corticosteroid therapy with Prednisone 37,5 mg/die for 5 days, then 25 mg/die for 2 days. After 7 days of hospitalization, the patient tested negative for SARS-CoV-2. In the meantime, kalemia and natremia were back in range.
Conclusions: Despite COVID-19 being identified as severe respiratory viral infection, progressively many relevant endocrine manifestations have been reported greatly contributing to the severity of the clinical presentation. There is the urgent need to collect in international multicentric efforts data on all these aspects of the pituitary involvement in COVID-19 patients.

In-hospital mortality in non-COVID patients: women die more

D.A. Araujo Lozada[1], A. Lombardi[1], C. Mancini[1], G.C. Del Buono[1], R. Nersita[1], A. Martinelli[1], M. Gobeo[1], C. Politi[1]
[1]UOC Medicina Interna, Ospedale F. Veneziale, Isernia, ASREM, Italy

Premise and Study aim: In Italy at the end of 2020 more than 30.000 deaths were observed not attributable to COVID; we wanted to test this hypothesis in our non-COVID internal medicine, benchmark for an area of about 150.000 inhabitants.
Materials and Methods: We compared the number of discharges and deaths hospitalized in our UOC in the year of the pandemic, 2020 and 2021, respect to 2019, and we assessed any differences in mortality between the years and gender, and if these had statistical significance.
Results: Total mortality showed an increasing trend from 2019 to 2021 (statistically not significant); hospital mortality in males is reduced in 2020 and unchanged in 2021, mortality in females showed a clear increasing trend (OR:1.58, IC:0.96-2.06) in 2019, statistically significant (OR:1.9, IC:1.2-3.1) in 2021.
Conclusions: Delayed hospitalization for "fear of infection" of more serious patients and with lower chances of survival, together with the drastic reduction/absence of territorial outpatient diagnosis and treatment activities starting from March 2020, with further impact on chronicity in 2021, can be considered responsible for the increase in in-hospital mortality compared to 2019, detected in our patients. Data become statistically significant in female population, and it is attributable both to a greater fragility (living alone, less economic resources, less education) and the role of main care givers in the pandemic, continuing to guarantee assistance to all family members, in particular to the partner, even if detrimental of self health.

A systematic global approach is able to ameliorate treatment of diabetics: the experience of an Italian tertiary Internal Medicine unit

E. Ronconi[1], C. Castellano[1], L. Simoni[1], P. Andreone[1], M. Maurantonio[1]
[1]Internal Metabolic Medicine Unit, University Hospital of Baggiovara, Modena, Italy

Introduction and Aims: In type-2 diabetes (T2D), co-morbidities and NAFLD are associated with increased mortality and treatment should include new antidiabetics (NAD) such as GLP1-RA and SGLT2-i. The prevalence of diabetics with CV disease undergoing correct treatment is not clear. The aim of this study is to describe the characteristics of diabetics admitted to our Internal Metabolic Medicine unit in the period January–June 2020 and define their global CV risk to ameliorate treatment.
Materials and Methods: The following was recorded: age, BMI, HbA1c, hypertension (AH), chronic kidney disease (CKD), heart failure (HF), chronic heart disease (CHD), peripheral arterial disease (PAD), chronic obstructive pulmonary disease (COPD), steatosis, and therapy at admission. Exclusion criteria were use of insulin at admission, drug-induced/type-1/secondary diabetes. The CV risk was calculated with the "Progetto CUORE".
Results: A total of 51 subjects were enrolled, with a mean age of 79.53; 3 patients were excluded. In the 49 subjects included, mean BMI was 28.22 kg/m^2, mean HbA1c was 52 mmol/mol and co-morbidities were: CHD (42%), HF (26.53%), PAD (28.57%), HA (75.5%), COPD (30.6%), CKD (20.40%), steatosis (12.24%). Only 6% of diabetics were treated with NAD according to guidelines.
Conclusions: In our study, at admission only 6% of diabetics with comorbidities and highest CV risk resulted treated according to standards. In T2D, a "global approach" to the estimate CV risk and systematic screening of visceral/non-visceral co-morbidities is able to ameliorate medical prescription.

Adult interstitial pneumonia due to respiratory syncytial virus: look and you shall find

F. Castelli[1], G. Berta[1], S. Bernardi[1], F. Parisi[1], E. Di Timoteo[1], E. Gualco[2], M. Uccelli[1]
[1]SC Medicina, Ospedale di Sanremo (IM), Italy, [2]SC Medicina Interna, Ospedale di La Spezia, Italy

Introduction: Once considered a pediatric concern, respiratory syncytial virus (RSV) infection is gaining importance as a cause of significant hospitalisation, need for ICU care and mortality in adults of all ages with chronic comorbidities.
Description of the case: A 66-years old woman with an history of smoking, diabetes, obesity, hypertension, chronic renal failure and COPD was admitted to our hospital because of sudden onset of respiratory failure preceded by fever and dry cough since 1 week. At the admission we obtain two negative nasopharyngeal swab test for SARS-CoV-2 RT-PCR assays and, subsequently a positive test for RSV on Respiratory Multiplex PCR assay. A bilateral interstitial pneumonia was detected by a pulmonary CT-scan; blood tests showed WBC 14.400/mm3 Hb 10,5 g/dL PLT 121.000/mm3, CRP 16,3 mg/dL, creatinine 2,81 mg/dL. The patient was treated with intravenous broad-spectrum antibiotic therapy, supplemental O_2 with face mask, corticosteroids and loop diuretics, with progressive improvement of clinical status, blood tests and arterial ABG values. A successive control with CT-scan showed a reduction of pneumonia extension and the patient started a respiratory rehabilitation.
Conclusions: The COVID-19 pandemic has pointed-out the need for greater diagnostic accuracy of acute respiratory diseases. RSV infection is an often underdiagnosed cause of hospitalisation and mortality even in non-immunocompromised adults affected from chronic comorbidities.

A rare case of 55 liters of intra-abdominal fluid collected in the cystic wall of adnexal origin

A. Forte[1], A. Grassi[1], A. Valentini[1], A. Rosato[1], G. Mustaccioli[2], A. Barbarosos[2]
[1]Ospedale Generale M.G. Vannini Figlie di San Camillo, UOC Medicina In-

terna, Roma, Italy, [2]Ospedale Generale M.G. Vannini Figlie di San Camillo, UOC Chirurgia Generale, Roma, Italy

Background: Ascites is a pathological accumulation of free fluid,even in large quantities, in the peritoneal cavity and can be caused by numerous pathologies. Much rarer is the collection of large quantities of non-free abdominal fluid in the peritoneal space,but is contained in other structures.
Clinical case description: A 60-year-old woman accesses the ER reporting gradual increase in the abdominal volume with a weight gain of more than 50 kg in the last 5 years. In ER the patient is in fairly good general conditions, with a globose, tense and obtuse abdomen in all quadrants. Blood tests do not reveal suggestive values of hepatic insufficiency. A CT ultrasound scan detects a voluminous part of the abdominal fluid (estimated at 55 liters).The patient is then subjected to diagnostic and evacuative paracentesis with a drainage of 1500cc of brown liquid consisting of acellulated proteinaceous material with negative cytology of neoplastic cells. The review of the images with the radiologist outside the context of urgency allowed the identification of a thin paretecystic wall enveloping the entire abdominal liquid portion, probably originating from the left annex. The cyst was then gradually emptied, through repeated drains of 1500cc and its subsequent removal. Histological examination identified a borderline mucinous ovary tumor with vascular microinvasion. She then underwent adjuvant hystero-adnexectomy and chemotherapy.
Conclusions: An appropriate study of the images and physicochemical and physical characteristics of the abdominal fluid can help the clinician in the diagnosis.

Henoch-Scholein purpura and Crohn's disease: a controversial relationship

M. Montepaone[1], F. Pignatti[1], E. Sagrini[1], D. Fuda[2], P. Cataleta[1], M. Domenicali[3]
[1]Departmentof Primary Health Care, Internal Medicine Unit addressed to Frailty and Aging, AUSL Romagna, Ravenna, Italy, [2]Department of Medical and Surgical Sciences, Alma Mater Studiorum-University of Bologna, Bologna, Italy, [3]Department of Medical and Surgical Sciences, Alma Mater Studiorum-University of Bologna, Bologna, Italy. Department of Primary Health Care, Internal Medicine Unit addressed to Frailty and Aging, AUSL, Italy

Background: Crohn's disease (CD) is a chronic inflammatory bowel disease with many extra-intestinal manifestations, including cutaneous vasculitis. Henoch–Schonlein purpura (HSP) is a self-limited immune-mediated systemic vasculitis with possible gastrointestinal involvement, mimicking inflammatory bowel disease.
Case Report: We describe a 21-years-old Italian man with epigastralgia, ankle pain, lower limb palpable purpuric rash and subsequent appearance of painful swelling of the hands and feet with fever. Laboratory tests showed elevated c-reactive protein. Blood, urine and stool cultures were negative. Power-Doppler-ultrasonography showed a severe proliferative tenosynovitis affecting the extensor tendons of the hands and feet. Skin biopsy revealed acute leukocytoclastic vasculitis. Treatment with parenteral glucocorticoids was started and partial improvement of arthralgia and purpura were observed, but abdominal pain worsened and rectorrhagia appeared. Abdominal computed tomography showed hyperemia and thickening of the ileum and mild ascitic effusion. At colonoscopy serpiginous ulcers of terminal ileus were observed; ileal biopsy showed inflammatory mucosal changes with ulcers, without granuloma. Methylprednisone 1 mg/Kg/daily plus mesalazine 3gr/daily was started with slow improvement. Currently, the patient has discontinued steroid without recurrence of disease.
Conclusions: Although CD primarily affects the ileum, many conditions can cause ileitis, including vasculitis. Differentiating between CD with cutaneous vasculitis and HSP with ileal involvement is a clinical challenge.

Non la solita insufficienza respiratoria...

V. Arnetoli[1], M. Zavagli[1], A. Maccarone[1], L. Mattei[1], L. Burberi[1], S. Fruttuoso[1], L. Del Bianco[1], E. Di Prima[1], C. Lusini[1], P. Fabiani[1]
[1]SOS Medicina Alta Intensità Ospedale Santa Maria Annunziata OSMA Bagno a Ripoli, Firenze, Italy

Premesse: Uomo, 58 anni. In anamnesi ipertensione arteriosa, BMI>40, elefantiasi arti inferiori, idrocefalo normoteso congenito.
Descrizione del caso clinico: Giunge per rallentamento ideomotorio e sincope. Rilievo di bradicardia sinusale marcata (FC 35) e ipotensione richiedenti supporto con amine vasoattive; presenza di edema duro. All' EGA grave insufficienza respiratoria ipercapnica necessitante IOT. TC cranio negativa per eventi acuti, noto quadro di idrocefalo normoteso, in assenza di indicazioni NCH. Rx torace addensamento basale dx. Data la severa insufficienza respiratoria e rallentamento ideomotorio marcato associati ad incongrua bradicardia sinusale abbiamo ricercato altre cause meno comuni che potessero giustificare il quadro. Il dosaggio del TSH (TSH 67 mU, fT4 0.47) ha consentito di smascherare un grave ipotiroidismo primitivo con screening autoanticorpale negativo. Trattato con terapia ormonale sostitutiva, antibiotico ev e supporto ventilatorio con miglioramento degli scambi gassosi, recupero delle funzioni cognitive al livello abituale e incremento della frequenza cardiaca. Contestuale progressiva riduzione dei valori di TSH (43 mU dopo 1 settimana circa di terapia). Risoluzione dell'insufficienza respiratoria, mantenuta NIV nelle ore notturne per OSAS.
Conclusioni: L'ipotiroidismo grave e prolungato può rappresentare una minaccia per la vita e arrivare fino al coma mixedematoso. Necessaria una diagnosi rapida basata sull'anamnesi, sull'esame obiettivo e la clinica per iniziare tempestivamente il trattamento ed evitare il deterioramento clinico.

Il passaggio di consegna (handover): progettazione di uno strumento pratico per implementare il modello delle cure essenziali

M. Cocci[1], M. Sbaffi[2], V. Di Silvio[3], V. Di Felice[2], G. Barigelli[2], F. Stella[2], A. Belluccini[1], D. Messi[1], A. Toccaceli[1]
[1]AOU Ospedali Riuniti di Ancona, Italy, [2]ASUR MARCHE, Area Vasta 2, Jesi, Italy, [3]ASUR MARCHE, Area Vasta 2, Ancona, Italy

Premesse e Scopo dello studio: Per passaggio di consegna si intende il trasferimento della presa in carico e della responsabilità professionale della cura del paziente ad un altro professionista o gruppo di professionisti. Obiettivo dello studio è identificare, fra gli strumenti presenti in letteratura, il metodo per condurre l'*handover* che meglio qualifica il *framework* relativo alle Cure Essenziali da introdurre nelle SSOODD di degenza del Dipartimento di Medicina Interna dell'AOU Ospedali Riuniti di Ancona.
Materiali e Metodi: È stata condotta una revisione sistematica della letteratura sugli strumenti validati per il passaggio di consegna e un'analisi comparata fra essi alla luce degli aspetti descrittivi delle Cure Essenziali.
Risultati: Ai gruppi infermieristici delle SSOODD viene affidato il mandato di elaborare una scheda di raccolta delle informazioni per guidare il momento del passaggio di consegna a partire da uno strumento validato in letteratura e rielaborato a partire dai concetti core delle Cure Essenziali nell'ottica di una pianificazione assistenziale per obiettivi e non per prestazioni. Tale scheda sarà integrata all'interno della cartella clinica e sarà oggetto di compilazione da parte degli infermieri in vista del momento dell'*handover* con un collega che prende in carico l'assistito.
Conclusioni: Il passaggio di consegna condotto secondo una metodologia rigorosa contribuisce al miglioramento della qualità assistenziale, riduce la perdita di informazioni utili e assicura che la responsabilità del paziente sia chiaramente e continuamente definita.

La terapia antibiotica mirata in un caso di polmonite bilaterale nosocomiale

M. Zavagli[1], V. Arnetoli[1], A. Maccarone[1], L. Mattei[1], L. Burberi[1], S. Fruttuoso[1], L. Del Bianco[1], E. Di Prima[1], C. Lusini[1], P. Fabiani[1]
[1]SOS Medicina Alta Intensità Ospedale Santa Maria Annunziata OSMA Bagno a Ripoli Firenze, Italy

Premesse: Uomo 64 aa, FAP in NAO, recente disostruzione laser endobronchiale per k. squamocellulare.
Descrizione del caso clinico: Giunge per insorgenza di dispnea e febbre dopo disostruzione bronchiale. In PS subfebbrile 37,5°C. ECG: FA ad elevata FVM 140 bpm. EGA in aa: ph 7,50, pCO2 34mmHg, pO2 42 mmHg, sat 82%, lat 4 mmol/l, HCO3-

27 mmol/L. Agli esami di ingresso leucocitosi neutrofila, PCR 7,61mg/dL, IL6>1500, ddimero 1424 ng/mL. Alla TC torace addensamenti multipli confluenti bilaterali. Per il peggioramento degli scambi respiratori necessaria ventilazione non invasiva BiPAP (IPAP 11 cmH2O, EPAP 6 cmH2O,FiO2 100%). Emocolture su sangue periferico positive per Acinetobacter baumannii sensibile solo a colistina che veniva introdotta in terapia; contestualmente saggiata su antibiogramma la sensibilità al cefiderocol con esito positivo. Veniva pertanto modificata la terapia antibiotica iniziando ciclo di cefiderocol mantenuto per 14 giorni. Al termine miglioramento degli scambi gassosi con sospensione della NIV, riduzione degli indici di flogosi e riduzione addensamenti flogistici alla TAC torace. Il paziente veniva dimesso a domicilio.
Conclusioni: Acinetobacter baumannii è un coccobacillo gram negativo, causa di infezioni nosocomiali in particolare in pazienti immunocompromessi. Nonostante la capacità di accumulare diversi meccanismi di resistenza agli antibiotici disponibili, il trattamento con terapia antibiotica mirata può consentire la guarigione anche nei casi con batteriemia secondaria solitamente associati ad una prognosi peggiore.

A case of HIT in a patient undergoing CRRT: choosing the correct anticoagulant regimen

A. Iannaccone[1], M. Coppo[1], F. Ferrando[1], V. Vassia[1], S. Marengo[1], A. Briozzo[1], C. Norbiato[1]
[1]AO Mauriziano, Department of Internal Medicine, Italy

Introduction: Heparin Induced Thrombocytopenia (HIT) is a syndrome caused by the presence of antibodies against PF4-heparin-complexes, that leads to thrombocytopenia, which can either be isolated or associated with thrombosis. HIT diagnosis requires immediate heparin withdrawal and a different anticoagulant therapy.
Clinical case: A 66-years-old male diabetic patient was admitted to our department with MRSA osteomyelitis followed by transmetatarsal amputation. Postoperative care was complicated by AKI requiring haemodialysis. Thrombocytopenia occurred during hospitalisation; ultrasound screening revealed pericatheter thrombosis. 4T score resulted in 6. Clinical suspicion of HIT was confirmed by the presence of anti-PF4 antibodies and positive HIPA test. Heparin was interrupted; it was not possible to administer Fondaparinux and DOAC due to compromised renal function. Argatroban is a direct thrombin inhibitor, and it is the first line of treatment in this specific setting. It was promptly started via continuous IV administration. After 5 days of treatment the platelet count rose, thus allowing the switch to an oral anticoagulant therapy (Warfarin).
Conclusions: In 12% of patients on CRRT anti-PF4 antibodies can be found, but only few of them show clinical HIT. In our case, specific antibodies were detected, but the diagnosis was confirmed by clinical and laboratory findings, and positive functional test.
Treating these patients is hindered by the choice of an alternative anticoagulant treatment, because only Argatroban can be safely administered, preferably in an intensive care setting.

Long term sequelae after hospitalization for severe COVID-19: a comparison between the first two pandemic waves

A. Marchetti[1], G. Bitti[1], L. Postacchini[1], G.P. Martino[1], M. Stoppo[1], E. Pingiotti[1], A. Cognigni[1], C. Cruciani[1], D. Benfaremo[2], S. Angelici[1]
[1]UOC Medicina Interna Ospedale "Murri", Fermo, Italy, [2]Clinica Medica Università Politecnica delle Marche, Ancona, Italy

Background: A significant proportion of survivor COVID-19 patients presented sequelae that impact on the quality of life and social-health systems. We described long term sequelae in hospitalized for severe disease patients.
Materials and Methods: 143 patients was evaluated at 6 and 12 months after discharge in a prospective study by medical examination, laboratory tests, spirometry, Hamilton test for anxiety and depression, ECG. The results was compared between survivors of the first two pandemic waves.
Results: mean age was 66±8 years; 90 (63%) was male, median BMI was 26,7±2 Kg/m2. After 6 months 32,1% of patients reported dyspnoea, 35% fatigue, 14% transiet hair loss, 18,8% arthralgia, 10,4% concentration and memory deficit, about 53% anxiety and/or depression. At 12 months symptom prevalence decreased. Prevalent spirometric feature was restrictive. DLCO was altered in about 70% of patients at 6 months. At 12 months the percentage was the same in first wave patients and decreased to 45% in second wave patients. Healthy state was worse in survived of first wave.
Conclusions: approximately 1/3 of patients recovered from COVID-19 have sequelae of disease that improved over time. Data analysis are invalidated by patients heterogeneity (background, severity disease and clinical feature, received therapy); its possible that better knowledges in disease management in second pandemic wave had a favorable impact on long-term outcomes

Cryptococcal meningitis: a clinical issue only for the immunocompromised patients?

C. La Rovere[1], L. Caruso[1], C. Angoli[1], M. Al Refaie[1], A. De Roma[1], I. Merilli[1], E. Cesaroni[1], C. Carleo[1], O. Para[1], C. Nozzoli[1]
[1]Azienda Ospedaliera Universitaria Careggi, Firenze, Italy

Background: Meningitis caused by *Cryptococcus neoformans* is a serious disease affecting immunocompromised individuals, especially with HIV infection, with a mortality rate of 20-30%. In the immunocompetent, it occurs as a result of predisposing factors, which are absent in 30% of cases.
Description: A 49-year-old man in apparent good health, who recently underwent transphenoidal excision of a pituitary macroadenoma, was admitted to the DEA for fever and nuchal headache. Blood tests showed an increase in fibrinogen and CRP, negative procalcitonin; subsequent appearance of neutrophilic leukocytosis. The brain CT scan showed a macroadenomatous residue with a minimal haemorrhagic component. Initially antibiotic therapy with ceftriaxone and vancomycin was started. Occurred a progressive neurological deterioration for which a spinal tap was performed with evidence of significant CSF pleiocytosis (70% mononuclear and 30% polymorphonuclear), protidorrachia, increased LDH and positive Filmarray for Cryptococcus neoformans. HIV antibodies were negative. Amphotericin B and flucytosine therapy was started. Progressive increase in intracranial pressure (>20mmHg), vasospasm of the cerebral arteries and severe ischaemic damage followed, leading to the patient's exit.
Conclusions: It is essential to remember that cryptococcal meningitis also occurs in immunocompetent individuals, albeit rarely. Its recognition, through timely CSF analysis, and aetiological treatment are key weapons to prevent the increase of intracranial pressure, which characterises its course and a poor prognosis.

Identification and management of granulomatous-lymphocytic interstitial lung disease in a patient affected by common variable immunodeficiency

G. Vita[1]
[1]Genova, Italy

Premesse: CVID is characterized by low levels of serum immunoglobulins and inability to make specific antibodies. It is well known that patients with CVID are predisposed to infections, particularly respiratory tract infections. However, there appears to be noninfectious pulmonary complications as well. We present here a case of CVID complicated by GLILD.
Description of the Clinical Case: Diagnosis of CVID was made in 2010 when our patient (male, 50 y/o) met clinical features of CVID secondary to low IgG/IgA, recurrent infections, and failure to respond to vaccinations. In 2011 he developed ITP and AIHA with subsequent splenectomy. Since that moment patient started monthly IGIV maintenance therapy. In the following years he developed several pulmonary infectious episodes from opportunistic bacteria. Despite IVIG treatment the pulmonary involvment showed clinically and radiological progressive features with chronic respiratory insufficiency and need for O2 therapy at home. A lung biopsy was then performed showing GLILD. As a last try to stop

the progression of the disease we started combined immunosuppressive therapy with RTX and AZT.
Conclusions: The use of high-dose IVIG has significantly decreased the frequency and severity of infections in patients with CVID. Consequently, the noninfectious lung disease complications of CVID, such as GLILD, are an increasing cause of morbidity and mortality. CVID-related GLILD represents a relevant clinical issue in the management of CVID patient and tools for early diagnosis and treatment are needed.

Medicina Interna senza contenzioni: una sfida possibile

S. Mercandelli[1], M. Casarotto[1], C. Pignolo[1], C. Gatta[2]
[1]Medicina Interna, Nuovo Ospedale degli Infermi, Biella, Italy, [2]Nuovo Ospedale degli Infermi, Biella, Italy

Premesse e Scopo dello studio: La contenzione è un atto che priva la persona della libertà; il ricorso ad essa deve essere un evento straordinario. Ad oggi la contenzione è una pratica ancora utilizzata, specialmente in ambito geriatrico; per gli aspetti legali ed etici implicati, risulta fondamentale che personale sanitario sia adeguatamente formato e sensibilizzato alla tematica. Lo scopo dello studio è valutare l'effetto di un intervento formativo al personale sanitario per ridurre gli episodi di contenzione.
Materiali e Metodi: Studio pre-post, condotto presso la Medicina Interna dell'Ospedale di Biella. Sono state effettuate 5 giornate di rilevazione sia al T0 che al T1 nelle quali sono state contate le contenzioni effettuate. L'intervento si è realizzato con un evento formativo rivolto a medici ed infermieri sugli aspetti medico legali, etici e deontologici della contenzione con l'introduzione di una scheda creata ad hoc per la prescrizione e registrazione dell'atto contenitivo che prevedeva il coinvolgimento dei parenti.
Risultati: T0: su 300 giornate di degenza/pz sono stati registrati 85 episodi di contenzione, con una prevalenza del 28%. T1: su 286 giornate di degenza/pz sono stati registrati in totale 51 episodi di contenzione con una prevalenza del 18%.
Conclusioni: I risultati, in accordo con la letteratura, suggeriscono come la cultura, la sensibilizzazione e la formazione specifica, rappresentino elementi fondamentali favorenti la riduzione del ricorso alla contenzione, mettendo in primo piano nel processo di cura e il rispetto della dignità delle persone assistite.

A case of localized bacillus Calmette-Guérin infection

M. Lillu[1], G. Argiolas[1], S. Murgia[1]
[1]Struttura Complessa di Medicina Generale, Presidio Ospedaliero San Michele, A.R.N.A.S. G. Brotzu, Italy

Case Report: An 84 year old male whit history of bladder cancer treated with Bacillus Calmette-Guérin (BCG) instillation was hospitalised for fever; BCG therapy had started five month before but it was stopped after three months for fever and pneumonia, treated with antibiotic therapy with benefit. On admission evidence of fever (39°C), elevation on white blood cells, CRP and a right-basal opacity at chest radiography, so he started empirical antibiotic therapy. At ultrasound abdomen examination we found pathological tissue in periprostatic region, a Chest-Abdomen CT showed a right-basal pneumonia in resolution and periprostatic abscesses. A CT-guided-drainage was performed and sample analysis showed absence of bacteria growth, positivity on BAAR direct microscopic research and positivity on M. Tuberculosis complex polymerase chain reaction; sputum test was negative for M. Tuberculosis. He started triple therapy with isoniazid, rifampicin and ethambutol, but after two weeks for fever recrudescence, a new CT was made with evidence of abscesses relapse so we proceeded with a new drainage. After infectious diseases consult, we shifted ethambutol with levofloxacin without new fever episodes or other complications. The patient was discharge from hospital, he suspended BCG instillations and has continued anti-tuberculosis therapy and follow-up in Infectious Diseases ambulatory.
Conclusions: BCG infection is a known complication in bladder cancer therapy, it could manifest as a systemic disease or localized, as in the presented case-report; the therapy consist in antituberculosis drugs.

Post-discharge follow-up of severe SARS-CoV-2 pneumonia: clinical evolution and contribution of lung ultrasound. A cohort study

E. Giorgini[1], E. Magnani[2], E. Paolucci[2], D. Tortola[2], G. Lo Coco[3], M.T. Milite[2], M.C. Zani[2], L. Montaguti[2]
[1]UO Medicina Interna M. Bufalini Cesena Ausl Romagna-Università Ferrara, Italy, [2]UO Medicina Interna M. Bufalini Cesena Ausl Romagna, Italy, [3]Università Ferrara, Italy

Introduction: Lung Ultrasound was proposed as a diagnostic and follow-up toll for acute Sars-CoV-2 pneumonia. Information about its role in post-discharge is fewer.
Materials and Methods: 53 patients with severe Sars-CoV-2 pneumonia, admitted in the period of March-May 2021 and treated with non-invasive ventilation, underwent a monthly follow-up post-discharge, including collection of symptoms, vital signs and lung ultrasound (LUS) exam with 14-zone method (damage score of 0-3). We compared all results (significance threshold: 0.05).
Results: 69.8% of patients were male, a median age of 62 years. 79.3% of patients still presented at least one symptom at the first month with a significant decrease at next months; the median of dyspnea score (mMRC) decreased from 0-3(1st month) to 0-2(2nd month). Median of peripheral oxygen saturation significantly increased. Regarding the LUS score, a significant decrease has been observed between hospitalization (average: 21) and next months, as also a progressive decrease in its variability. All lung segments improved, except the anterior apices and the posterior middles areas.
Conclusions: In first 3 months after discharge, we observed a progressive and significant reduction of Sars-CoV-2 related symptoms and an improvement in vital parameters. The congruent improvement in LUS exam helped the physician to confirm the positive trend or to anticipate other exams. "Long Covid" is a worrisome post-infectious condition for which health publics systems are investing in follow-up pathways. Lung ultrasound can preserve an important monitoring role.

Piastrinopenia e ipogammaglobulinemia nel paziente internistico

F. Scarilli[1], S. Longo[1], G. Palumbo[1], A. Bray[1], G. Inglese[1], A. Vacca[1]
[1]Medicina Interna Universitaria "G. Baccelli", Policlinico di Bari, Italy

Si descrive un caso clinico di piastrinopenia e ipogammaglobulinemia complesso. Donna, 75 anni, ipertensione arteriosa in trattamento, BPCO, glaucoma, ipotiroidismo, epatopatia HCV-relata, colelitiasi. 1995: riscontro occasionale di piastrinopenia idiopatica trattata con corticosteroidi con beneficio. 2016: ricovero in Ematologia per ematomi diffusi in piastrinopenia. BOM: iperplasia della megacariocitopoiesi. Diagnosi di "Porpora trombocitopenia idiopatica" e terapia con immunoglobuline senza beneficio e successiva terapia con Eltrombopag. Gennaio 2017:nuovo ricovero in Ematologia per ipertransaminasemia da epatite acuta su cronica HCV correlata. Marzo 2017: ricovero in Pneumologia per riacutizzazione di BPCO agli esami ematici emerge piastrinopenia e ipogammaglobulinemia, trattata con immunoglobuline sottocute cronicamente. Follow- up periodico nell'ambulatorio della Medicina Interna dedicato. Da agosto 2021 febbricola serotina intermittente, preceduta da brividi, disturbi dell'alvo e calo ponderale. Ecografia lesione splenica e linfoadenopatie; colonscopia: dolico-sigma tortuoso; BOM: negativa; PET: aree di accumulo di radiofarmaco all'ilo splenico e alla piccola curvatura gastrica. Diagnosi sospetta patologia linfoproliferativa HCV-relata e ricovero in Chirurgia per linfoadenectomia addominale, poi trasferimento presso la nostra UO. Esame istologico linfonodale: LNH diffuso a grandi cellule B, variante immunoblastica. Terapia con R CHOP. L'internista gioca un ruolo cardine nella valutazione del paziente complesso.

Valutazione ecografica del coinvolgimento esofageo nella sclerosi sistemica: associazione con caratteristiche cliniche, endoscopiche, manometriche e pH-metriche dei disordini esofagei in una coorte di pazienti sclerodermici

C. Schiavi[1], F. Giusti[2], M. Greco[3], C. Vassallo[4], L. Marri[4], A. Guastalla[1]
[1]Ospedale Policlinico San Martino, Genova, Italy, [2]Ospedale Civili San An-

tonio e Biagio e Cesare Arrigo, Italy, [3]Ospedale San Paolo Savona, Italy, [4]Università degli Studi di Genova, Italy

Premesse e Scopo dello studio: Il nostro studio si basa sull'ecografia per la valutazione dell'esofago in un gruppo di pazienti sclerodermici con l'obiettivo determinare parametri diagnostici e ricercare correlazioni significative tra questi e caratteristiche cliniche e strumentali.
Materiali e Metodi: 15 pazienti e 15 controlli sono stati arruolati e sottoposti a ecografia transaddominale. Sono stati valutati: lunghezza dell'esofago intra-addominale, spessore della parete esofagea anteriore, ampiezza dell'angolo di His e presenza di reflusso gastroesofageo. In seguito sono stati confrontati i parametri ecografici con riscontri clinici e strumentali dei pazienti sclerodermici.
Risultati: I parametri con differenza significativa tra i due gruppi sono: lunghezza dell'esofago addominale, minore nei pazienti, angolo di His, più ottuso nei pazienti, e presenza di reflusso dopo l'ingestione di acqua. Dal confronto dei parametri esofagei con i riscontri clinici, endoscopici, manometrici e pH-metrici nel gruppo dei pazienti sono emerse una correlazione diretta tra l'ampiezza dell'angolo di His e il punteggio GERD-Q e una correlazione inversa tra presenza di interstiziopatia polmonare e lunghezza dell'esofago terminale.
Conclusioni: A nostra conoscenza questo è il primo studio di relazione tra parametri ecografici e riscontri clinici e strumentali in pazienti sclerodermici. A fronte di un campione piccolo, i dati da noi riscontrati sono un incoraggiamento per ampliare l'uso nei pazienti sclerodermici dell'ecografia esofagea che potrebbe essere quell'esame di screening che tuttora manca.

A case of hypocomplementemic urticarial vasculitis

C. Vassallo[1], L. Marri[1], F. Pupo[1], N. Traversone[1], G. Vita[1], D. Deraco[1], T. Catunda Torres[1], C. Schiavi[1]
[1]Genova, Italy

Introduction: We report a case of a young woman with fever and urticaria-angioedema who ended up to have hypocomplementemic urticarial vasculitis.
Case Report: A 46-years-old woman was admitted in our department with a 3-months history of fever, urticarioid rash (itching wheals lasting 2-48 h), angioedema, livedo reticularis and migrans arthritis. Her clinical past history was unremarkable. The laboratory tests showed pancytopenia, increased erythrocyte sedimentation rate, c-reactive protein and ferritin levels, elevation of antinuclear antibodies without demonstration of dsDNA antibodies, weakly positive anticardiolipin IgG, SSA-Ro and cryoglobulins, decreased complement activity (C3, C4, C1q) with normal level of C1-esterase inhibitor. Infectious diseases were excluded (EBV, CMV, HIV, HCV, HBV, HHV6-8, Syphilis, tuberculosis and other bacterial/fungal infections). The CT and PET scans, bone marrow biopsy, peripheral blood smear were unremarkable. The skin biopsy showed leukocytoclastic vasculitis and the investigation of anti-C1q antibodies is in progress. Altogether the clinical, laboratory and pathological features were consistent with hypocomplementemic urticarial vasculitis. A combination therapy with antihistamines, corticosteroid, hydroxychloroquine, intravenous -globulins and azathioprine was administered with progressive improvement.
Conclusions: Hypocomplementemic urticarial vasculitis is a rare syndrome with different clinical presentations. Awareness of this syndrome enables differentiation from other systemic diseases and avoids misdiagnosis.

Poco sale in zucca...

C. Martini[1], R. Privitera[1], R. Baroni[1], M.S. Fiore[1]
[1]UOC Medicina Ospedale S. Pertini ASLRM2 Roma, Italy

Background: Il sodio (Na) è necessario allo svolgimento delle funzioni cellulari e al mantenimento della osmolarità plasmatica. Le cause più frequenti di iposodiemia sono l'uso di diuretici, la diarrea, l'insufficienza renale e cardiaca.
Descrizione del caso: Un uomo di anni 69 giungeva in PS per allucinazioni. Eseguiva TC cranio e valutazioni psichiatriche. Gli esami ematici mostravano una grave iposodiemia (Na 120 mEq/L) già nota al paziente in quanto segnalata alla dimissione di un precedente ricovero nel 2020. In anamnesi: epatopatia HCV relata, HIV, alcuni ricoveri in SPDC per psicosi ed allucinazioni. Ricoverato in reparto di Medicina eseguiva il dosaggio di cortisolemia (ore 8) che risultava pari 4,6 µg/dl (vn 5,3-22,4). Si ripeteva la cortisolemia insieme alle tropine ipofisarie.
Risultati: Cortisolo 3,1 µg/dl, FSH 3,5 mUI/ml; LH 0,7 mUI/ml, Prolattina 487 µUI/ml (vn 45-375) Testosterone 0,2 nmol/L (vn 3-27,5), ACTH 24 (vn 0-46), FT4 0,4 ng/dl, IGF1 17 ng/dl (vn 40-225). Il quadro ormonale era suggestivo di panipopituitarismo per cui eseguiva RMN encefalo per lo studio dell'ipofisi che evidenziava una sella "vuota" di piccole dimensioni (circa 10mm), in cui era visibile il solo peduncolo ipofisario, in asse, ma la ghiandola non era valutabile, probabilmente appiattita sul fondo. I valori di Na si sono normalizzati solo dopo aver iniziato il trattamento con cortisone acetato.
Conclusioni: L'iposodiemia dovrebbe sempre essere investigata per escludere cause rare; questo approccio ci ha permesso di far diagnosi di "Panipopituitarismo in sella vuota" e garantire al paziente la giusta terapia ormonale sostitutiva.

B-, T-cell and innate responses to SARS-CoV-2 mRNA vaccines in patients with dysregulated immune-response: the 'EVADI-COVID-19' project

A. Del Mastro[1], A. Belli[2], R. Peluso[3], E. Di Girolamo[4], P. Di Muro[5], M. Otero[6], S. Rocco[7], C. Gianfrani[8], G. Del Pozzo[9], M. Laccetti[1]
[1]UOC Medicina 1, AORN A Cardarelli, Napoli, Italy, [2]UOC Patologia Clinica, AORN A Cardarelli, Napoli, Italy, [3]UOC Ematologia, Laboratorio Biologia Molecolare-Ematologia e Trapianto CSE, AORN A Cardarelli, Napoli, Italy, [4]COPS, AORN A Cardarelli, Napoli, Italy, [5]UOC Nefrologia ed Emodialisi, AORN A Cardarelli, Napoli, Italy, [6]UOC Oncologia, AORN A Cardarelli, Napoli, Italy, [7]UOC Ematologia, AORN A Cardarelli, Napoli, Italy, [8]Istituto di Biochimica e Biologia Cellulare (IBBC), CNR, Napoli, Italy, [9]Istituto di genetica e biofisica "Adriano Buzzati Traverso" (IGB), CNR, Napoli, Italy

Background and Aim of the study: Efficacy to vaccines -including SARS-CoV-2 is evaluated by quantifying total specific IgG antibodies. This method is questionable to detect vaccine-induced protection in fragile subjects with impaired immune system. Our aim is to assess the profile of adaptive and innate immunity elicited upon SARS-CoV-2 vaccination and monitoring its robustness and persistence overtime.
Materials and Methods: We ran a single center cohort study of at least 20 healthy and 20 fragile patients: onco-hematologic patients treated with anti-CD20 or anti-PD-1 therapy, and kidney-transplanted patients, recruited after Local Ethical Committee approval. Each patient/healthy donor undergoes blood withdrawal at several time points related to vaccine doses, with collection of sera and peripheral blood mononuclear cells (PBMC) and performing: hematochimical parameters; total and neutralizing anti-spike antibodies; ACE2-receptor gene variants screening; anti-SARS-CoV-2 CD4 and CD8 T cell response using peptide libraries; profile of innate immune response.
Results: We expect to define the induction of a protective humoral and adaptive memory immunity in mRNA-based vaccinated patients with immune-dysregulation. We also expect to assess the magnitude and duration of memory after the booster dose in this population.
Conclusions: We aim at proposing a multidisciplinary network of clinicians and immunologists in Campania Area, serving as an immunological surveillance platform to be used for the rest of this pandemic and for future epidemics.

Fever of unknown origin: series of cases in the last six months that occurred in Internal Medicine

G. Italiano[1], T. D'Errico[2], A. Maffettone[3], A. Gargiulo[4]
[1]UOC Medicina Interna AORN S. Anna e S. Sebastiano, Caserta, Italy, [2]Ambulatorio e DH di Reumatologia, PSI Napoli Est ASL Napoli 1 Centro, Italy, [3]UOC di Medicina Interna Ospedale V. Monaldi, Azienda dei Colli, Napoli, Italy, [4]UO di Medicina Interna AORN S. Anna e S. Sebastiano, Caserta, Italy

Background: FUO represents about 3% of hospital admissions. It is usually of unknown origin until it is associated with a probable or definitive diagnosis after a reasonable diagnostic workup. The relative frequencies of individual diagnoses vary by decade, geographic region, patient age, and type of medical practice. Very so-

phisticated diagnostic tools such as positron emission tomography (PET), biochemical, serological and cultural tests, FNAB, although they are attractive, it is not clear to what extent they can facilitate a diagnosis. We present a cases series of FUO hospitalized in the last six months. 14 patients 7 males and 7 females; average age 59 years; average of the months of fever 59 (min27 max 154). The main symptoms were fever, arthomyalgia, dyspnoea, cough, weight loss, skin reactions. The discharge diagnosis was Adult Still's Disease (8 cases); GVHD; pulmonary embolism (2 cases); colon cancer-abscess; LES with APS, exitus.
Discussion: Years after the first descriptions, the differential diagnosis of FUO has grown to include many new causes, especially diseases of the immune system. A meticulous medical history, thorough physical examination, discriminatory use of investigative procedures, patient observation is better than further blind investigative or therapeutic investigations. Despite all the advances in medicine, the medical art perhaps finds its maximum expression in the FUO diagnosis.

Technology as a tool for managing chronicity: proposal of a management model for Hospital-Community pathways

F. Pietrantonio[1], F. Rosiello[2], E. Alessi[1], M. Pascucci[1], A. Di Berardino[1], E. Onesti[1], G. Laurelli[1], C. Di Iorio[1], R. Corsi[3], A. Ciamei[1]
[1]UOC Medicina Interna Ospedale dei Castelli ASL Roma 6, Roma, Italy, [2]Dipartimento Sanità Pubblica e Malattie Infettive, Sapienza Università di Roma, Italy, [3]Direzione Sanitaria Aziendale ASL Roma 6, Roma, Italy

Background: In recent years, burden of complex patients in Internal Medicine Wards (IMW) is increased. To improve chronic patients management both during the acute and stable phase of disease, randomized wireless monitoring studies (WMS) are ongoing in Castelli Hospital IMW.
Materials and Methods: A portable wireless system allowing continuous, real-time vital sign monitoring and creation of a personalized alert system for each patient via a portable device was used both for inpatients and after discharge in polipathologic, frail patients admitted in IMW.
Results: Up to now WMS of inpatients (LIMS study) recruted 145 patients, outpatients recruted in Greenline Study were 126. During 2021 the total number of people discharged from IMW were 737. Out of these 130 were transferred to territorial structures (17%), in 80% long-term care-Hospice and 105 dead (14%) which represent 31% of the hospitalized. 30-day hospitalization rate was 12%. Activity data confirms the evidence from the LIMS study that end-stage disease represents more than 30% of the sample admitted in IMW and the majority of re-hospitalized patients are in the terminal stage of the disease.
Conclusions: WMS combined with activity data analysis suggests the need for a model of patient management that envisages the increase in field structures offering patients subacute care (antibiotic treatments, blood transfusions, infusion support and pain therapy) for the timely management of chronic patients in the terminal phase, for which treatment in IMW should be guaranteed only for acute phase mangement.

Una strana disfagia in corso di sepsi

S. Battaglia[1], L. Conversano[1], P. Tarsitani[1], E. Costa[1], F. Martire[1], M. Spadaro[1], M. Jaus[2], M.S. Fiore[1]
[1]UOC Medicina Interna Ospedale Pertini Roma, Italy, [2]UOC Chirurgia Toracica Ospedale San Camillo, Roma, Italy

Premesse: La nutrizione e lo studio della deglutizione possono essere la chiave di volta per l'*outcome* di pazienti complessi soprattutto in scenari clinici inusuali in medicina interna.
Descrizione del caso clinico: Uomo di 55 anni, diabetico, paraparetico per trauma vertebrale mielico, portatore di tracheostomia e lesione da decubito sacrale, ricoverato per shock settico. La TAC torace documenta polmonite (*ab ingestis?*), esami colturali positivi per KPC, Acinetobacter b, Stafilococcus epidermidis. La terapia con Meropenem, Linezolid, Ceftazidim-Avibactam e Colistina comporta parziale miglioramento del quadro clinico; il decubito sacrale viene trattato completamente dal chirurgo plastico. Sin dall'inizio il paziente è notevolmente disfagico per cui inizia specifico trattamento logopedico, regime dietetico *ad hoc* (scarsa compliance con grave oppositività) e successiva rimozione della cannula tracheostomica. Alla TC torace di controllo: ampia fistola tracheoesofagea (confermata da FBS), non suscettibile di trattamento endoscopico; viene sospesa l'alimentazione per os ed il chirurgo toracico programma riparazione della lesione previa gastrostomia decompressiva e e digiunostomia nutrizionale, riabilitazione motoria e posturale. L'intervento è eseguito con successo ed paziente è dimesso in alimentazione orale.
Conclusioni: La anomala disfagia del paziente era motivata da una grave complicanza di pregressi trattamenti risolta solo dopo adeguato supporto nutrizionale, cruciale per la sopravvivenza del paziente nonostante il trattamento avanzato delle altre patologie.

Prevention is better than healing: preliminary data from the Castelli-Early-CoV-19 (CEC-19) observational study

F. Pietrantonio[1], E. Cipriano[1], F. Vinci[1], M. Delli Castelli[1], S. Zito[1], G. Marino[1], G. Bertani[1], J. Di Lorenzo[1], M. Rainone[1], F. Montagnese[1]
[1]UOC Medicina Interna Ospedale dei Castelli ASL Roma 6, Roma, Italy

Background: Since April 2021, at Internal Medicine of Castelli Hospital started the administration of early anti-COVID-19 therapies.
Materials and Methods: Initially only Monoclonal Antibodies (MAbs) were available; lately the oral antiviral (OA) therapy Molnupiravir. These drugs are reserved to positive patients, with recent symptoms onset and affected by risk factors for development of severe bilateral interstitial pneumonia.
Results: 271 patients were treated with MAbs (M/F 142/129, median age 63, SD 13.87, IQR 18). Risk factors 50 patients obese (BMI>30), 187 with cardio-cerebrovascular diseases, 35 uncompensated diabetes mellitus, 83 chronic lung diseases, 45 immunosuppresed, 6 neurological disorders; 105 had more than 1 risk factor. Until now, 196 patients reached one month follow-up; 10 were hospitalized for COVID-19 complications, 7 discharged, 1 is still hospitalized, 2 died. Among the remaining 186 patients, 11 were still positive, but clinically recovered; the remaining 175 were healed and negative. To date 28 patients were treated with Molnupiravir (M/F 14/14, median age 64, DS 15.4, IQR 21). 8 obese, 21 cardio-cerebrovascular disorders, 10 chronic lung diseases, 3 uncompensated diabetes mellitus, 1 immunosuppressed. At one week follow-up no adverse effect nor hospitalization were reported.
Conclusions: Early treatment of SARs Cov 2 appears to be well tolerated and able to avoid hospitalizations of patients at risk. This result allows us to hypothesize a saving of about 4500 € per patient treated with Monoclonals and about 5000 € with Antivirals treatment.

L'essenziale è invisibile agli occhi, non si vede bene che con il cuore

M. Spadaro[1], G. Fontana[1], F. Martire[1], M.C. Zaccaria[1], R. Satira[1], M.S. Fiore[1]
[1]UOC Medicina Interna Ospedale Sandro Pertini, Roma, Italy

Premesse: La sepsi è una disfunzione d'organo,causata da una disregolata risposta dell'ospite alle infezioni.
Descrizione del caso clinico: Paziente di 80 anni, portatrice di PMK, giunge in PS per febbre ricorrente da 2 mesi e precedente diagnosi di polmonite ed embolia polmonare(MSSA alle emocolture). Durante la degenza le emocolture risultano nuovamente positive per MSSA e la terapia (Oxacillina) fa scomparire la febbre e normalizzare gli indici di flogosi. TC-TB non dirimente, negativi ETT e ETE. Alla sospensione della terapia ricomparsa di febbre ed incremento indici di flogosi, positività per MSSA, inizia oxacillina e daptomicina. Alla comparsa di lombalgia la TC documenta spondilodiscite L3-L4. Nuovo ETE (negativo) e PET-TC che esclude ogni coinvolgimento infettivo delle strutture cardiache; negativo lo studio addome e cranio. Dimessa con terapia orale (doxiciclina e trimetoprim sulfametossazolo) per spondilodiscite alla cui sospensione ricompare febbre. Nel persistente sospetto di infezione del *device* la paziente viene riferita a centro universitario dove viene documentata radiologicamente e mediante ETE (immagini di plus peduncolate e mobili a livello degli elettrodi del PMK) l'infezione. Dopo

nuova terapia con oxacillina e daptomicina viene espiantato il PMK, posizionato device temporaneo e reimpiantato PMK leadless.
Conclusioni: La persistenza della sepsi in paziente portatrice di un device cardiaco, pur in assenza di segni clinici e strumentali di infezione dello stesso, ci ha indotto a perseverare nell'ipotesi diagnostica più probabile fino alla diagnosi con necessario espianto del dispositivo.

Diagnosis and management of overweight and obesity in an internal medicine ward

F. Ferrari[1], A. Brazzi[1], G. Cati[1], C. Di Blasi Lo Cuccio[1], D. Lamanna[1], A. De Palma[1], M. Alessandri[1]
[1]Internal Medicine Unit, Sant'Andrea Hospital, Massa Marittima (GR), Italy

Background and Aim: Obesity is a growing pandemic disease characterized by an excessive accumulation of adipose tissue that can lead to other serious health problems; 46% of Italian population is overweight (O) or obese (OB); lifestyle intervention is the first therapeutic approach. We evaluated how frequently Internal Medicine inpatients are identified as O or OB and receive dietary-behaviour advices at the discharge.
Subjects and Methods: Among 609 patients hospitalized from January to August 2020, Body Mass Index (BMI) was not available for 77 subjects which were excluded from the study. The remaining 532 inpatients were divided according to BMI class:<25, 25-30 (O) and ≥30 (OB) kg/m^2.The discharge diagnosis was analyzed for all O and OB patients. Moreover, we selected a subgroup of O and OB patients (age ≤80, without terminal diseases or medium/severe cognitive impairment (O1 and OB1) and we evaluated if lifestyle advices were provided at discharge.
Results: 207/532 patients (39%) were O (137/532) or OB (77/532); M/F 44/56%, aged 24-97 years (mean±SD 79+13), BMI 25-50 kg/m^2 (mean±SD 30±4). In no case overweight was included in the discharge diagnosis, while obesity in 20%. We selected 66 O1 and OB1 patients (respectively 33 and 23); M/F 43/57%, aged 24-80 years (mean±SD 66+12), BMI 25-50 kg/m^2 (mean±SD 31±5). Lifestyle advices were given in 3 OB1 patients with BMI ≥40 kg/m^2.
Conclusions: Diagnosis of overweight/obesity is widely under-reported in inpatients and lifestyle advices are rarely provided at the discharge and only in cases of severe obesity.

Efficacy and safety of prophylactic anticoagulation in adult and children patients with primary nephrotic syndrome: a systematic review and meta-analysis

F. De Pascali[1], F. Brunini[2], G. Rombolà[2], A. Squizzato[3]
[1]Scuola di Specializzazione in Medicina Interna, Università degli Studi dell'Insubria, Varese-Como, Italy, [2]UO Nefrologia, Ospedale di Circolo e Fondazione Macchi, ASST Settelaghi, Varese, Italy, [3]Centro di Ricerca delle Patologie Tromboemboliche e le Terapie Antitrombotiche, Università degli Studi dell'Insubria, Como, Italy

Background: Nephrotic Syndrome (NS) is associated with an increased incidence of venous thromboembolic events (VTE), approximately 10%. There are no solid recommendations about the best prevention strategy for VTE in NS.
Aims: To evaluate the efficacy and safety of prophylactic anticoagulation in patients with NS.
Methods: Studies were identified by electronic search of MEDLINE and EMBASE database until December 2021. Weighted mean proportion and 95% confidence interval (CI) of thromboembolic and hemorrhagic events were calculated using a fixed-effects and a random-effects model. Statistical heterogeneity was evaluated using the I2 statistic. The difference in the thrombotic events among groups was estimated as pooled odds ratio (OR) and corresponding 95% CI.
Results: Five cohort studies, for a total of 414 adult patients, were included.Only two study had a control group.Weighted mean incidence of pulmonary embolism (PE) and deep vein thrombosis in patients who received VTE prophylaxis was 1.8% (95% CI 0.6-3.5%; I2 4.4%) and 0.9% (95% CI 0.2-2.2%; I2 43.4%%), respectively. Weighted mean incidence of major bleeding in patients who received VTE prophylaxis was 2.3% (95% CI 1-4.2%; I2 25.4%). Patients who received VTE prophylaxis had a non-statistically significant reduced risk of PE [OR 0.59 (CI 95% 0.13-2.65; I2 64.4%)], and an increased risk of major bleedings [OR 2.08 (CI 95% 0.41-10.45; I2 0%)] compared to whom did not received it.
Conclusions: Prophylactic anticoagulation in adults with NS may reduce the risk of VTE, even if it may be associated with a not negligible bleeding risk.

Assessment of patient adherence to direct oral anticoagulant: the APDOA study

A. Bovero[1], E. Monaco[2], G. Pera[2], F. Bertero[3], S. Macis[3], R. Tassara[2], M. Pivari[2], N. Artom[2], B. Spinola[4], P. Gnerre[5]
[1]Medicina Interna, Pietra Ligure, Italy, [2]Medicina Interna, Savona, Italy, [3]Farmacia Ospedaliera, Savona, Italy, [4]DEA, Savona, Italy, [5]Medicina Interna, Acqui Terme, Italy

Quality healthcare outcomes depend upon patients'adherence to recommended treatment regimens.In cardiovascular diseases adherence is one of the main drivers of clinical outcomes. Indirect oral anticoagulants are effective in preventing stroke in patients with NFVA but their effectiveness depends on maintaining in the therapeutic range. This may alarm if the patient is not adherent. Direct oral anticoagulants do not require a strict laboratory monitoring,so the adherence of patient is even more important.An American retrospective cohort study showed that therapeutic adherence for DOACs was 47.5%, slightly higher than patients receiving warfarin(40%). The aim of APDOA study is the evaluation of compliance with DOACs treatment in patients with NFAV in the area of Savona.We conducted a retrospective cohort study using the administrative database. We enrolled patients who had more than one prescription of DOAC between January 1 2014 and December 31, 2017. 3297 patients were included. Adherence to treatment has been measured with Medical Possession Rate, MPR. New patients (accidents) are less adherent (about 9% less) than persistent patients. On the other hand, from the point of view of age, each additional year at the time of starting therapy, reduces of -0.7% the average adherence. Analysis of time-to-treatment discontinuation of targeted therapy shows discontinuation of therapy only in 16% of patients. Lastly survival analysis showed that the impact of adherence to therapy in reducing the risk of death is statistically significant: higher levels of adherence reduces the risk of death.

Comparison of the role of internal jugular vein and inferior vena cava ultrasound in assessment of acute heart failure: a systematic review

N. Parenti[1], G. Laonigro[1], P. Vita[1], V. Rossi[1], R. Rizzo[1], O. Coronado[1], C. Scarciello[1], C. Staffieri[1], F. Testa[1], M. Silingardi[1]
[1]Medicina Interna Ospedale Maggiore, Bologna, Italy

Background and Aims: Internal Jugular Vein (IJV), Inferior Vena Cava (IVC) ultrasound measures could predict congestion and prognosis in Heart Failure (HF).
Aims: To check the validity of previous US measures in predicting HF diagnosis and prognosis.
Methods: This review, based on the PRISMA guideline, explored the PubMed, Web of Science, and Scopus databases. Inclusion criteria: studies on reliability, accuracy in predicting HF diagnosis and death or re-hospitalization of following US measures: Internal Jugular Vein (IJV) and Inferior Vein Cava (IVC) diameters, IJV ratio (end-expiratory diam/diam after valsalva), IVC collapsibility index. Five researchers selected studies using inclusion criteria and assessed their quality using the QUADAS-2 guidelines. The key words for literature search were: internal jugular veins, inferior vena cava, ultrasonography and heart failure.
Results: We collected 744 studies: 721 excluded with reasons, 23 studies were included for the final analysis. A IJV ratio<4 predicts death and readmission: HR=2.7-10. A IVC ≥2 cm and IVC-c ≤15% showed an high accuracy in HF diagnosis and a moderate validity in predicting death and re-admission: AUC=0.63-0.78; HR=1.1-5.8 for IVC; AUC=0.63-0.74, HR=0.7-6.8 for IVC-c. The studies showed a moderate quality according to QUADAS-2 guidelines.
Conclusions: The conclusions of this review should be confirmed. The IJV and IVC US measures seem to have a moderate accuracy in predicting diagnosis, death and hospitalization in patients with HF.

Isolated pauci-immune pulmonary capillaritis associated with an extensive bilateral hemothorax and pleuro-pericarditis

A. Nucera[1], F. Palumbo[1], C. Giovinazzo[1], E. Mazzuca[2], E. Micozzi[1], A. Di Bella[1], V. Arnò[1], S. Rizza[1], M. Cardellini[1], M. Federici[1]
[1]Department of Systems Medicine, University of Rome Tor Vergata, Italy, [2]Department of Medicine and Surgery, University of Perugia, Italy

Introduction: Isolated pauci-immune pulmonary capillaritis (IPIPC) is a rare disorder characterized by small vessel vasculitis limited to alveolar capillaries in the absence of systemic manifestations. There are very few case reports of this disorder in the medical literature.
Case Report: A 37-yo male with no known history of autoimmune pathology who was admitted to the hospital for evaluation and treatment of dyspnea and thoracalgia. Peripheral blood cultures, serum studies to detect Legionella and Pneumococcus antigens, and a nasopharyngeal swab test for covid-19 were all negative. Chest imaging revealed bilateral pleural effusions from the base to the apices with concomitant atelectasis of the adjacent lung parenchyma. Although the results of an 18F-PET-CT scan revealed no pathological uptake, video-assisted thoracoscopy revealed diffusely edematous pleura with crater-like patches with new onset of venous vessel varicosities, intra-alveolar hemorrhages associated with disordered vascularization, suggesting small vessel vasculitis. Histologic findings included widespread intra-alveolar hemorrhage with organizing injury, hemosiderin-laden macrophages, scattered intra-arterial thrombi, and diffuse perivascular neutrophilic infiltrates consistent with a diagnosis of capillaritis.
Conclusions: Given the negative immune studies (save for a weakly-positive lupus anticoagulant and no evidence for extra-pulmonary vasculitis, the diagnosis was Isolated pauci-immune pulmonary capillaritis. The patient recovered in response to immunosuppressive/anti-inflammatory therapy.

Direct oral anticoagulants in patients with a left-sided bioprosthetic heart valve: a systematic review and meta-analysis

S. Galliazzo[1], V. Pelitti[2], D. Poli[3], A. Squizzato[4]
[1]Internal Medicine, AULSS 2 Marca Trevigiana, Montebelluna, Italy, [2]Internal Medicine Residency Program, School of Medicine, University of Insubria, Varese and Como, Italy, [3]Thrombosis Center, Azienda Ospedaliero-Universitaria Careggi, Florence, Italy, [4]Research Center on Thromboembolic Disorders and Antithrombotic Therapies, ASST Lariana, University of Insubria, Como, Italy

Background and Aim: Currently no sound evidence exists on the use of DOACs in patients with a bioprosthetic heart valve (BHV) and AF. Their efficacy and safety profile is even less known during the critical prothrombotic period of the first 3 months after BHV surgical implantation. This systematic review aimed to compare the efficacy and safety of DOACs *vs* VKAs both in patients with a previously and newly surgically implanted BHV with or without AF.
Methods: A systematic search on MEDLINE and EMBASE was performed till October 2021. Treatment effects were estimated with RR *and 95% CIs*.
Results: 3 RCTs (DAWA,RIVER,ENAVLE), 2 subgroup analysis from ARISTOTLE and ENGAGE AF-TIMI 48 and 3 observational studies were included for a total of 4726 patients of whom 1528 on DOACs and 3198 on VKAs. Overall, DOACs yielded a RR for stroke/TIA/SE of 0.70(95%CI 0.51-0.95, I^2=0%) and for major bleeding (MB) of 0.50(95%CI 0.38-0.66, I^2=22%) at the fixed-effect model *vs* VKAs in a median follow-up of 16.85 months (IQR 26.95). In the 3 RCTs, DOACs were associated with a RR of stroke/TIA/SE and MB of 0.38(95%CI 0.13-1.13, I^2=0%) and of 0.68(95%CI 0.32-1.44, I^2=5%) respectively, *vs* VKAs. During the first 3 months from valve surgery, DOACs were associated with a non-significant reduction of stroke/TIA/SE *vs* VKAs (RR=0.28;95%CI 0.05-1.66; I^2=0%).
Conclusions: In previously implanted BHV patients with AF, DOACs showed a favourable risk-benefit profile at least comparable to VKAs. DOACs showed a similar, even if underpowered, risk-benefit profile also during the first 3 months after valve surgery.

Il trattamento dell'ARDS COVID-19 correlata con ventilazione meccanica non invasiva, risultati di uno studio retro-prospettico in una subintensiva internistica COVID

G. Guazzini[1], L. Corbo[1], A. Milia[1], L. Maddaluni[1], F. Luise[1], L. Sammicheli[1], L. Lastraioli[1], F. Pieralli[1]
[1]Medicina Alta Intensità/Subintensiva COVID - AOUC, Italy

Ad oggi non è definito quali pazienti con ARDS COVID-19 correlata abbiano i maggiori vantaggi dal trattamento ventilatorio non invasivo (NIV) e quali di essi rispondano al trattamento. L'obiettivo di questo studio è valutare il tasso di successo ed individuare i predittori di fallimento (intubazione e/o decesso) della NIV. Setting Subintensiva Internistica. Studio retro-prospettico. Criteri di inclusione: polmonite da SARS-CoV-2 (imaging toracico e TNF PCR positivo); PaO2/FIO2 (P/F) <250 mmHg in FiO2 21%; trattamento con NIV. Sono state registrate le principali variabili demografiche, anamnestiche, bioumorali e cliniche; l'emogasanalisi (EGA) all'inizio della NIV (T0), a 1h (T1), a 24h (T24), a 48h (T48). Sono stati arruolati 39 pazienti in 2 mesi durante la prima ondata COVID-19, prevalentemente maschi (74%), età media 69,3±11,6 anni, P/F mediano a T0 89mmHg (IQR 75-142). Il tasso di successo della NIV è stato circa del 67%; il 25,6% è stato intubato e il 7.7% è deceduto. Il fallimento era associato a età più elevata e maggiori comorbidità (Charlson Comorbidity Index mediano 5,5 *vs* 2, p=0,013). All'analisi multivariata i predittori indipendenti di fallimento sono stati: il delirium (OR 9.21, CI95% 1.19-71.30; p=0.033) e un P/F ≤120mm/Hg a T24 (OR 7,84, CI95% 1,51-40,72; p=0,014). Nei pazienti con ARDS COVID-19 correlata la NIV iniziata precocemente ha successo in un'elevata percentuale di casi in setting con personale esperto in critical care. La mancata correzione dell'ipossiemia nelle prime 24h e lo sviluppo di delirium erano fattori indipendenti di fallimento della NIV.

Real world data on caplacizumab: our ongoing experience

M. Di Palo[1], M. Carafa[1], E. Itto[1], O. Nannola[1], M. Sacco[1]
[1]Medicina DEA AORN Antonio Cardarelli, Napoli, Italy

Acquired thrombotic thrombocytopenic purpura (aTTP) is a rare life-threatening condition. Caplacizumab was approved for treatment of acute episode of aTTP added to plasma exchange (PEX) and Immunosuppressive therapy (IT) at least for 30 days after withdrawal of daily PEX. Caplacizumab inhibits platelet adhesion to VWF multimers preventing microvascular thrombosis. We report our experience with Caplacizumab (collected data September 2020-December 2022) in six patients admitted in our Internal Medicine Department, diagnosed with aTTP. Neurologic symptoms occured in all patients (focals, transient ischemic attack, drowsiness); among women, one was in third recurrence (last episode about 5 years earlier) showing multiple organ impairment (AKI, myocardial damage, abdominal pain). Patients were submitted to daily PEX as administered steroids and caplacizumab. Median time to platelet count normalization (4days), duration of PEX (8days), and hospital stay (13days) were comparable with RCT data, with complete symptoms remission in all patients, in absence of haemorragic adverse events/death. IT aims to control the underlying autoimmune disease, but requires time to take effect, leading patients to thrombotic complications and death. Caplacizumab prevents disease exacerbations, death and long-term sequelae, allowing time for IT to take effect and is an essential pillar in early treatment of TTP, both in the first episode and in relapses, allowing earlier discharge and continuation therapy according to protocol, without prejudice to the need for follow-up after hospitalization.

COVID-19 and SARS-CoV-2. We learn that there's still so much more to learn

M. Sacco[1], M. Carafa[1], I. Gelsomino[1], M.G. Giordano[1], A. Russo[1], M. Di Palo[1]
[1]Medicina DEA AORN Antonio Cardarelli, Napoli, Italy

Background: Current COVID-19 pandemic exposes health staff to a new and potentially fatal disease

Case history: Male, 37 yo, entered ER referring worsening asthenia, feeling non-specifically unwell for 7 days, recent history of SARS-CoV-2 infection with interstitial pneumonia requiring hospitalization two weeks prior admission. Blood tests showed severe anemia (Hb 4gr/dl), mild hyperbilirubinemia, markedly raised LDH, positive direct/indirect Coombs' reaction. Autoimmune haemolytic anemia was suspected because of symptomatic anaemia, evidence of ongoing haemolysis on blood tests, history of a viral infection. Chest XRay and CT pulmonary angiogram were negative for features suggestive of Covid-19 but highlighted lower right lobar pneumonia. Nasopharyngeal molecular swab was negative, while antibody test showed high titer G Immunoglobulin, confirming recent infection. He was initially treated with high doses steroids (1 gr/Kg bw) as well as antibiotics for pneumonia; but, due to lack of efficacy, on the fourth day we started ev immunoglobulins, obtaining gradual improvement in Hb towards baseline and tests normalization.
Discussion: SARS-CoV2 infection frequently meets complications; although the pathophysiology underlying COVID-19 remains poorly understood, evidence argues for hyperinflammatory syndrome and/or various autoimmune disorders, which may appear after pneumonia recovery, highlighting need of medium and long-term follow up, to identify possible presentations of COVID-19 complications.

A rare anatomical abnormality underlying massive splenic thrombosis

M. Sacco[1], M. Carafa[1], F. Cataldi[1], R. Gente[1], D. Petito[1], A. Schiazzano[1], M. Di Palo[1], P. Mainenti[2]
[1]Medicina DEA AORN Antonio Cardarelli, Napoli, Italy, [2]IBB CNR, Napoli, Italy

Splenic vein aneurysm, firstly described in 1953, can be acquired or congenital. Congenital aneurysms etiology still remains partly unknown and typically arise from aberrant development of the vitilline veins during the embryonic period or from an inherent weakness in the wall of the vessel wall. This pathologic entity may be asymptomatic or can lead to severe conditions such as colicky abdominal pain, jaundice due to compression "ab extrinseco" of adjacent biliary tract, and digestive bleeding secondary to portal hypertension. Diagnosis of an aneurysm of the portal venous system is carried out with high accuracy with contrast enhanced CT (ce-CT) by finding a dilatation of more than 2 cm in diameter. In conclusion, we would pay attention in case of case of massive spleno-portal thrombosis, in absence of acquired or congenital thrombofilic conditions, in which accurated Ct-Scan can reveal rare vascular portal aneurism, leading to severe complications ad thrombosis, requiring "sine die" anticoagulation. In figure 1 Contrast-enhanced portal phase CT scan: The coronal MIP images depicts a large venous aneurysm with a superimposed massive thrombosis involving the portal vein, the superior mesenteric vein, the splenic vein and the inferior mesenteric vein. Enlarged spleen is also observed.

Uno "strano" caso di ittero colestatico...

E. De Cristofaro[1], M. Miccoli[1], G. Prampolini[1], D. Cunzi[1], J.L. Zoino[1], R. Imbarlina[1], P. Manini[1], R. Cornacchia[1], P.G. Giuri[2], A. Negro[1]
[1]Unità Internistica Multidisciplinare C. Monti, AUSL Reggio Emilia, Italy, [2]SOSD Medicina Infettivologica, AUSL Reggio Emilia, Italy

Maschio, 66 anni, diabetico, iperteso, dislipidemico, sovrappeso. Nel 2009 pancreatite acuta di ndd con versamento ascitico e pleurico ed addensamento polmonare, ad ecoendoscopia non litiasi coledocica ma pseudocisti pancreatica prima di 10 cm e poi in via ri riassorbimento. Anoressia, ittero, vomito da 7 giorni. Eco addome in urgenza: colecisti contratta a pareti inspessite, non calcoli evidenti,V BP 10 mm, testa pancreas disomogenea. Ad esami: severo ittero ostruttivo con elevati indici di citolisi epatica (sei mesi prima nella norma), normofunzione pancreatica e renale,PCR negativa. Negli ultimi 20 giorni utilizzo di ketoprofene, tamsulosina, curcuma, funghi.
Ipotesi: Epatite acuta con ittero ostruttivo da patologia pancreatica, tossica, virale, autoimmunitaria. Riscontro di positività HBcAb IgM con HBV–DNA ematico elevato; HCV, Lue, HIV 1-2, HDV, HAV, CMV, EBV, VZV, autoimmunità negativi, mai insufficienza epatica. TAC: non quadro ostruttivo vie biliari, fegato volume normale, linfoadenopatie, segni indiretti di ipertensione portale.
Diagnosi: Epatite B acuta (ammessa da paziente possibile via di trasmissione sessuale). Successiva evoluzione spontanea favorevole (graduale calo transaminasi, non più segni di ipertensione portale ad eco, calo HBV-DNA ematico, sieroconversione). Nonostante in Italia l'epidemiologia delle infezioni da HBV sia cambiata (introduzione vaccino obbligatorio e maggiore attenzione a malattie sessualmente trasmesse), l'epatite B acuta può rappresentare una sorpresa diagnostica soprattutto negli ultra-cinquantenni con questa presentazione (ittero solo nel 30% delle nuove infezioni).

Uno strano caso di epatite acuta "mista"

A. Vario[1], F. Simoni[2], M. Lorenzi[2], P. Tartaro[2], L. Zuliani[2], P. Bertomoro[2], M. Nicotera[2], M. Gios[2], M. Dinca[2], L.A.C. Leone[2]
[1]UOS Epatologia Diagnostica ed Interventistica, Ospedali Riuniti Padova Sud "Madre Teresa di Calcutta", AULSS 6 Euganea, Veneto, Italy, [2]UOC Medicina Interna/Covid, Ospedali Riuniti Padova Sud "Madre Teresa di Calcutta", AULSS 6 Euganea, Veneto, Italy

Premesse: L'esordio acuto di una epatite B misconosciuta è evento ora infrequente, al contrario dell'esordio acuto di una epatite autoimmune (AIH). Descriveremo un caso di epatite acuta da doppia eziologia, HBV e autoimmune.
Descrizione del caso clinico: Femmina 55enne, riferita nota HBV positività dal 1974 (dopo trasfusione) mai seguita in ambito specialistico (unico dato virologico HBsAg positivo del 2017, funzionalità epatica sempre normale, mai eseguito HBV-DNA); ricoverata per epatite acuta severa itterica con progressivo aumento di AST (1516->2192), ALT (1904->2891), bilirubina (2.2->15.3), INR (1.2->1.6). Successiva evidenza prima di HBV-DNA 7.2log (AntiHbe e AntiHbc IgM pos, escluse altre infezioni da virus epatotropi, compreso virus delta), per cui iniziava immediatamente terapia antivirale (ma scarsa risposta bioumorale), e poi di positività per autoanticorpi tipici di AIH (ANA 1:640 pattern omogeneo, ASMA 1:80), con inizio di steroide 1mg/kg. La biopsia epatica confermava l'eziologia mista (presenti plasmacellule, rosette, con dato di fibrosi F3). Successiva lento miglioramento del dato bioumorale (iniziava anche Azatioprina), anche dopo progressiva riduzione della steroide per manifesta sintomatica sindrome cushingoide, fino a normalizzazione avvenuta dopo 5 mesi (Liver Stifness ancora significativa per fibrosi, 11.6 kPa e HBV-DNA 1.3log).
Conclusioni: Caso raro di epatite a doppia eziologia; probabile l'esordio autoimmune che ha riattivato una sottostante trascurata infezione cronica da HBV. Tutti i pazienti HBsAg positivi vanno riferiti a un Centro Epatologico.

Effectiveness of SARS-CoV-2 vaccines for preventing COVID-19 progression to critical illness – the experience of an internal medicine ward during the fourth epidemic wave

D. Bergamo[1], P. Pasquino[1], G. Babini[1], V. Bellino[1], A. Corino[1], B. Deorsola[1], M.L. Russo[1]
[1]Medicina Interna, Ospedale Santa Croce, Moncalieri, Italy

Objectives and Study: SARS-CoV-2 vaccines are highly effective for preventing the infection and the subsequent hospitalization; however development of COVID-19 despite prior vaccination is reported throughout the world. A full interpretation of the protective benefits of SARS-CoV-2 vaccines must account for protection against the infection as well as against progression to critical illness after infection: the goal of our study is to evaluate the association between SARS-CoV2 vaccination and progression to critical disease in patient hospitalized for COVID-19.
Materials and Methods: 99 COVID-19 patients consecutively admitted from December 15,2021 to February 15,2022 to our internal medicine ward were included in the study. We compared clinical characteristics and progression to critical illness in vaccinated and unvaccinated patients.
Results: Among the 99 patients (mean age 76, 55.5% men), 42,4% were unvaccinated. This group of patients is younger (72 *vs* 78 years) and has less comorbidities; nevertheless a higher percentage of these patients needed noninvasive ventilation (45% *vs* 31%), invasive ventilation (7.1% *vs* 0%) or tocilizumab admin-

istration (33.3% *vs* 10.5%) because of progression to critical illness. We observed no significant difference in terms of mortality (26.2% *vs* 33%) between the two groups.
Conclusions: Among patients hospitalized with COVID-19, unvaccinated patients even if younger and healthier needed more often noninvasive or invasive ventilation. These data may suggest that vaccines attenuate disease severity among patients who develop COVID-19 despite vaccination.

Valutazione dell'aderenza degli operatori dell'AORN San Pio di Benevento alle linee guida sul lavaggio delle mani

F. D'Agostino[1], G. Ranaldo[2], A. Odierna[3], A. Di Santo[4], P. Di Santo[5], P. Zangani[6], G. Di Santo[7]
[1]UOSD. Programmazione, Valutazione Strategica e Gestione della Performance AO "San Pio", Benevento, Italy, [2]UO Medicina Interna PO Sant'Agata dè Goti, AO "San Pio", BN, Italy, [3]Tech marketing presso Bemar Italia, Italy, [4]Scuola di Specializzazione in Chirurgia Generale, Università degli Studi "Federico II", Napoli, Italy, [5]Scuola di Specializzazione in Ortopedia e Traumatologia, Università "Campus Bio-Medico", Roma, Italy, [6]Dipartimento di Medicina Sperimentale, Sezione di Medicina Legale, Università degli Studi della Campania "Luigi Vanvitelli", Napoli, Italy, [7]Direzione Sanitaria AO "San Pio", Benevento, Italy

L'igiene delle mani può prevenire la diffusione per contatto del SARS-CoV-2 e di altri microrganismi capaci di aggravare lo stato di salute di pazienti ricoverati. Valutare il grado di compliance degli operatori alle pratiche di igiene delle mani è considerata la prima delle attività di prevenzione delle infezioni correlate all'assistenza sanitaria. Le attività sono state preliminarmente condotte presso il presidio ospedaliero Sant'Alfonso in Sant'Agata de' Goti (BN), spoke dell'AORN San Pio. Attraverso un'apparecchiatura tipo scanner, in grado di tracciare la distribuzione sulle mani degli operatori di un gel a base alcoolica con fluorescina, sono stati effettuati controlli su operatori arruolati per diversità del profilo professionale e di Unità Operativa di afferenza, in un mese indice (settembre 2021); a ogni operatore è stato chiesto di eseguire la metodica per almeno tre volte in quindici giorni. Operatori arruolati: 119; Operatori che hanno compiuto la metodica per almeno tre volte in quindici giorni: 83; Range percentuale di superficie di entrambe le mani coperta dal gel per tutti gli arruolati: 55-100%; Risultato medio per campione stratificato per i soli operatori sanitari: 68,7%. Quanto raggiunto in termini di partecipazione allo studio e di risultati intesi come copertura media superficie mani ha imposto alla Direzione Sanitaria l'allestimento di un setting formativo obbligatorio rivolto a tutti gli operatori sanitari dell'AORN San Pio.

New onset myasthenia gravis and COVID-19 vaccine: a case report

G.N. Pititto[1], E. Nicolini[2], I. Giarretta[2], M. Guarrera[2], G. Bertino[1], A. Lagioia[1], F. Dentali[1]
[1]Department of Medicine and Surgery, University of Insubria, Varese, Italy, [2]Department of Internal Medicine, ASST Settelaghi, Varese, Italy

Background: Myasthenia Gravis (MG) is an autoimmune disease of the neuromuscular junction characterized by fluctuating, fatigable weakness of specific muscles. Most new MG cases have no identifiable triggers, though infections have been suggested as provoking factor. In the literature have been recently described few newly diagnosed and exacerbation MG cases associated both with SARS-CoV2 infection and COVID-19 vaccine.
Case presentation: A 67-year-old smoker woman presented to the Emergency Department with worsening dyspnoea and fluctuating diplopia some days apart the second dose of BNT162b2 COVID-19 vaccine. Neurological examination revealed hypophonia, diplopia, inferior limbs' weakness and fatigability, therefore MG was suspected. Computed tomography of the thorax excluded thymoma. Magnetic resonance imaging of the brain was unremarkable. The clinical suspicion of MG was confirmed by serological demonstration of MuSK antibodies and neurophysiological studies. Despite early administration of anticholinesterase inhibitors, the patient experienced a myasthenic crisis with respiratory failure requiring invasive ventilatory support. She was subsequently treated with intravenous immunoglobulin, plasma exchange and steroids resulting in clinical improvement. She was finally discharged with anticholinesterase inhibitors and long-term immunosuppression therapy.
Conclusions: New onset MG following COVID-19 vaccine has rarely been described in the literature, but clinicians should be aware of this possible association to achieve earlier diagnosis and more favourable outcomes.

Un caso complesso di febbre di origine sconosciuta associata a rash cutaneo

A. Caff[1], M. Mangiafico[1], S. Marchisello[1], A. Marra[1], P. Di Prima[1], B. Stancanelli[1]
[1]Medicina Generale PO San Marco, AOU Policlinico "G. Rodolico-San Marco", Catania, Italy

Premesse: Il 5-32% dei casi di febbre di origine sconosciuta (FUO) riguarda le malattie autoinfiammatorie e autoimmuni
Caso clinico: Paziente donna, 58 anni, anamnestica artrite sieronegativa, riferiva da 10 giorni febbre, artralgie e rash cutaneo fugace color salmone al tronco trattati a domicilio con salazopirina. Al momento del ricovero gli esami ematochimici evidenziavano aumento di VES e PCR, iperferritinemia, leucocitosi neutrofila e ipertransaminasemia; si avviava pertanto terapia antibiotica con piperacillina/tazobactam. Gli esami microbiologici e l'autoimmunità risultavano successivamente negativi; la TC evidenziava versamento pleurico basale bilaterale e linfoadenopatia ascellare bilaterale. Si poneva quindi diagnosi di malattia di Still dell'adulto (AOSD) secondo i criteri di Yamaguchi e si inseriva terapia steroidea (1mg/kg/die). Si assisteva tuttavia ad un peggioramento del rash cutaneo con comparsa di lesioni purpuriche al tronco e agli arti e riscontro di ipereosinofilia. La PET-TC con FDG dimostrava ipercaptazione a livello di plurime stazioni linfonodali, mentre la biopsia cutanea confermava il sospetto clinico di reazione cutanea iatrogena; si poneva diagnosi di reazione da farmaco con eosinofilia e sintomi sistemici (DRESS), verosimilmente secondaria alla terapia antibiotica praticata.
Conclusioni: La sovrapposizione di due patologie, AOSD e DRESS, ha reso complicato l'iter diagnostico-terapeutico. Dopo sospensione dei farmaci e prosieguo della terapia steroidea, si assisteva a risoluzione del quadro.

La sfida diagnostica delle convulsioni psicogene non epilettiche

M. Sobrero[1], F. Montecucco[1], F. Carbone[1]
[1]Clinica di Medicina Interna 1, Dipartimento di Medicina Interna, Università degli Studi di Genova, Genova, Italy

Premesse: Questo caso clinico pone l'attenzione sulla diagnosi differenziale della perdita di coscienza ed in particolare sulle convulsioni psicogene non epilettiche (PNES), che richiamano problematiche non di stretto interesse neurologico.
Descrizione del caso clinico: Un uomo di 73 anni accedeva in DEA per ennesimo episodio di perdita di coscienza, già in passato investigata con diverse indagini strumentali, risultate tutte negative. Tali episodi erano esitati in 19 precedenti accessi nel corso degli ultimi due anni. Durante la degenza in Medicina Interna, presentava testimoniati episodi subentranti di perdita di coscienza associati a clonie dei quattro arti, in assenza di morsus o rilascio sfinteriale. Nei periodi post-critici il paziente si presentava rallentato, senza deficit focali. Alla luce dell'anamnesi e della presentazione clinica si poneva quindi il sospetto di una genesi conversiva. L'EEG eseguito a circa 30 minuti dall'ultimo episodio non mostrava elementi critici o post-critici, permettendo una diagnosi di "probabile PNES". Dal colloquio con il paziente emergevano una storia di "gambling" e depressione maggiore. Il paziente richiedeva infine la dimissione, rifiutando la terapia psicofarmacologica impostata. Da allora risultano altri tre accessi in DEA per "perdita di coscienza".
Conclusioni: Sebbene vada considerata come diagnosi di esclusione, una mancata/ritardata diagnosi di PNES impatta negativamente sulla qualità di vita dei pazienti, spesso sottoposti a terapie antiepilettiche senza beneficio.

Uno strano caso di scompenso ascitico

V. Iorio[1], F. Cannavacciuolo[1], M. Nunziata[1], N. Iuliano[1], L. Tibullo[1], M. Atteno[1], G. Antignani[1], I. Puca[1], M. Mastroianni[1], M. Amitrano[1]
[1]UOC Medicina Interna AORN San Giuseppe Moscati, Avellino, Italy

Uomo di 47 anni si presenta alla nostra osservazione per tensione addominale e malessere generale da alcuni mesi. In anamnesi assenza di patologie. L'esame clinico mostrava un quadro di scompenso idrosalino con ascite, versamento pleurico bilaterale ed edemi declivi. Era inoltre presente linfoadenpatia inguinale e latero-cervicale. Agli esami di laboratorio emergeva anemia, lieve aumento della beta-2-microglobulina. Negativo lo screening infettivologico. L'esame ecografico evidenziava epatosplenomegalia e linfoadenomegalia latero cervicale e inguinale e la TC torace addome con mdc evidenziava diffuse linfadenomegalie a carico di stazioni linfoghiandolari profonde oltre che superficiali ed epatosplenomegalia, in assenza di alterazioni a carico del parenchima polmonare. Si eseguiva pertanto PET TC total body che mostrava limitato metabolismo glucidico in corrispondenza delle linfoadenopatie (SUV max 3.4) e diffuso accumulo splenico (SUV 2.3). Si decideva di praticare biopsia linfodonale escissionale, con istologia non conclusiva ai fini diagnostici, per cui veniva eseguita biopsia splenica. L'esame istologico mostrava processo infiammatorio cronico granulomatoso non necrotizzante compatibile con quella di Sarcoidosi per la quale il paziente ha intrapreso terapia steroidea. La Sarcoidosi è una patologia multisistemica le cui manifestazioni cliniche sono molto eterogenee e poco specifiche pertanto la diagnosi è spesso insidiosa soprattutto nelle forme in cui non è prevalente il coinvolgimento polmonare.

Pacemaker lead endocarditis associated a cryoglobulinemic vasculitis: a rare complex case

E. Marrone[1], F. Cacciapuoti[2], F. Gallucci[1], C. Romano[1], C. Mastrobuoni[1], A. Magliocca[1], L. Saldamarco[1], R. Buono[1], U. Valentino[1], P. Morella[1]
[1]UOC Medicina Tre AORN A. Cardarelli, Napoli, Italy, [2]UOC Cardiologia-UTIC, Dipartimento Cardiologia, Azienda Ospedaliera dei Colli, Ospedale Monaldi, Napoli, Italy

Background: Cryoglobulins are circulating immunoglobulins that can precipitate in cold environments and cause vasculitis. Although associated with hepatitis C infection in up to 90% of cases, cryoglobulinemia has been linked to many other infections, such as infective endocarditis (IE). We present a case of cryoglobulinemic vasculitis observed in patient with cardiac device related IE (CDRIE).
Case Report: A 78-year-old woman, who received a permanent pacemaker implantation for a high-grade AV block in May 2021, was admitted to the hospital complaining dyspnea associated with anemia and a skin rash over her legs in December 2021. Her lab tests showed elevated indices of inflammation, kidney failure, negative Coombs test and an elevated immunoglobulin G (IgG) and M (IgM) cryoglobulins with hepatitis panel negative. A large vegetation on the pacemaker lead was found on transthoracic echocardiogram and blood cultures were positive for coagulase-negative Staphylococcus. An appropriate antibiotic treatment of CDRIE associated with corticosteroid and a surgical intervention was planned. During hospitalization, the patient developed septic and thrombotic emboli in the right pulmonary artery, abscessed pneumonia and death.
Conclusions: Despite IE is an uncommon complication after initial pacemaker implantation, it is associated with high rates of morbidity and mortality. IE may present with various clinical situations, such as cryoglobulinemic vasculitis and that a high index of suspicion and surgical intervention, in addition to aggressive antibiotic therapy may be necessary.

Riconoscimento, standardizzazione e implementazione delle cure palliative in regime internistico: una indagine conoscitiva e retrospettiva sul bisogno clinico/assistenziale

G. Riggi[1], A. Tuzi[1], A. Filippini[1], G. Fortini[1], L. Sala[1], D. Dalla Gasperina[2], F. Dentali[2]
[1]ASST dei Sette Laghi, Varese, [2]Università degli Studi dell'Insubria, ASST dei Sette Laghi, Varese, Italy

Premesse e Scopo dello studio: Con la legge 38/2010 il bisogno di cure palliative (CP) dei pazienti con malattia end-stage diventa elemento strategico dell'assistenza. Lo scopo dello studio è stato indagare l'implementazione di protocolli di CP nel periodo 01/04-14/10/2021 presso la SC di Medicina, ASST Sette Laghi, Varese.
Materiali e Metodi: Sono stati valutati: riconoscimento del bisogno di CP; corretta somministrazione, monitoraggio/durata della sedazione palliativa (SP); attivazione di unità di cure palliative (UCP); ricorso a: trasfusioni, terapia antibiotica (Tp), nutrizione parenterale (NP), nutrizione enterale/sondino (NE/SNG); rianimazione cardiopolmonare (RCP) e procedure diagnostiche a 72h dal decesso.
Risultati: Su 78 decessi per morte attesa (10,44% dei ricoverati nello stesso periodo); (44M, 33F, età media 82,8 anni, degenza media 13,7 giorni): per nessun paziente è stata ottenuta una stima di prognosi tramite scala validata; SP somministrata in 44 pazienti (56,4%); monitoraggio della SP con scala in soli 2 casi (2.4%); durata media 21,8 h; UCP attivate nel 5,1% dei casi. A 72h dall'exitus sono state rilevate le seguenti procedure: Tp 73,0%; trasfusioni 12,8%; NP 5,1%; NE/SNG 16,6%; RCP 6,4%; diagnostica (minore/maggiore) 78,2%.
Conclusioni: Nonostante il dato sul ricorso alla SP in linea con la letteratura, lo studio dimostra che la valutazione ed il riconoscimento del bisogno di CP appaiono ancora una criticità. Un protocollo unificato potrebbe essere utile per implementare i protocolli di CP, in particolare nelle degenze internistiche.

Factors associated to risk of death among COVID patients hospitalized in low-intensity care unit: a real-life experience

B. Lucchino[1], E. Lombardo[1], A. Finucci[1], M.E. Bortolotti[1], A. Tedesco[1], F. Ghellere[1], G. Zaniboni[1], M.T. Trevisan[1], N. Scattolo[1], S. Lombardi[1]
[1]Ospedale Fracastoro San Bonifacio, AULSS9 Scaligera, Verona, Italy

Background: Second wave of SARS-CoV-2 pandemic showed a devastating impact in term of absolute mortality, higher than observed in the first wave. Objective of the study was to evaluate factors associated with mortality among COVID patients in hospital setting.
Materials and Methods: We retrospectively evaluated clinical data, SARS-CoV-2 E and N2 genes expression on nasal swab and outcomes of patients hospitalized for COVID pneumonia in a low-intensity medical care unit during the second wave of pandemic.
Results: We evaluated 163 patients (64,4% M, 35,6% F), mean age 69,6±14 years, Decease was observed in 11,7% of cases. A significant higher mortality was present in patients with diabetes (p=0,027; OR 2,91), hematologic diseases (p=0,002; OR 7,4) and cirrhosis (p<0,0001). Remdesivir was the only treatment associated with a lower mortality (p=0,01, OR 0,5). Deceased patients showed a longer duration of symptoms before hospitalization (p=0,032) and lower levels of arterial oxygen tension (pO2) at the admission (p=0,22). Lower admission pO2 levels showed a good accuracy to identify patients who deceased (AUC=0,73, p=0,022), with an optimal cut-off of pO2<45 mmHg (Sns 77%, Spc 81%). An inverse relation between oxygen saturation and gene E (R=-0,28; p=0,009) and N2 (R=-0,36; p=0,003) expression was present.
Conclusions: Several factors may stratify the risk of death in patients with COVID pneumonia, including comorbidities, pO2 at the admission and levels of viral replication. A pO2<45 mmHg detected in the emergency department may identify patients with higher risk of death. Remdesivir treatment was associated with a lower mortality.

Evaluation of blood gas exchanges and symptoms in patients who recovered from COVID-19: a single-center experience

A. Bonaventura[1], A. Colombo[2], A. Vecchié[1], M. Cei[3], L. Pavan[2], A. Mazzone[2], F. Dentali[4], J. Vitale[2], N. Mumoli[2]
[1]Medicina Generale 1, Medical Center, Ospedale di Circolo e Fondazione Macchi, ASST Sette Laghi, Varese, Italy, [2]Department of Internal Medicine, ASST Ovest Milanese, Ospedale Fornaroli, Magenta, Milan, Italy, [3]Department of Internal Medicine, Cecina Hospital, Cecina, Livorno, Italy, [4]Department of Medicine and Surgery, Insubria University, Varese, Italy

Background and Aim of the study: Evidence suggests that most patients who recovered from COVID-19 carry residual respiratory symptoms. Aim of the study was to evaluate blood gas changes in post-COVID-19 patients.
Materials and Methods: Hospitalized COVID-19 patients attending the outpatient clinic for post–COVID-19 patients in Magenta (Italy) were included in this retrospective study. They underwent blood draw (for inflammatory biomarkers and arterial blood gas analysis [ABG]) and chest high-resolution computed tomography (HRCT) scan. The primary endpoint was the assessment of blood gas exchanges after 3 months. Other endpoints included assessment of symptoms and chest HRCT scan abnormalities and changes in inflammatory biomarkers after 3 months from hospital discharge.
Results: Eighty-eight patients (n=65 men) were included. Admission ABG showed hypoxia and hypocapnia and a PaO_2/FiO_2 of 271.4 (IQR 238-304.7) mmHg, that greatly improved after 3 months (426.19 [IQR 395.2-461.9] mmHg, $p<0.001$). Forty percent of patients were hypocapnic after 3 months, while inflammatory biomarkers improved. Fever, resting dyspnea, and cough were common at hospital admission and improved after 3 months, when dyspnea on exertion and arthralgias arose. On chest HRCT scan, more than half of individuals still presented interstitial involvement after 3 months.
Conclusions: While inflammatory biomarkers normalized after 3 months, signs of lung damage persisted for a longer period, suggesting the need for an adequate follow-up of post–COVID-19 patients.

Un raro caso di encefalite limbica paraneoplastica associata a carcinoma mammario

M. De Vita[1], A. Al Refaie[1], L. Baldassini[1], M.D. Tomai Pitinca[1], C. Caffarelli[1], S. Gonnelli[1]
[1]Dipartimento di Scienze Mediche, Chirurgiche e Neuroscienze, Università di Siena, Italy

Premesse: L'Encefalite Limbica Paraneoplastica (ELP) è una condizione caratterizzata da sintomi neuropsichiatrici dovuti all'azione di anticorpi contro antigeni tumorali con reattività crociata contro antigeni neuronali. L'ELP si associa raramente al carcinoma mammario.
Descrizione del caso clinico: Una paziente di 75 anni giungeva in PS per disturbi mnesici e psicosi. Presentava in anamnesi pregresso carcinoma mammario. Un EEG era compatibile con quadro encefalitico. Si escludeva genesi infettiva con analisi microbiologiche su liquor. Una TC stadiativa mostrava ripresa di malattia mammaria con metastasi linfonodali, surrenaliche, spleniche e ossee (Stadio IV, sistema TNM). La biopsia della lesione mammaria mostrava carcinoma triplo negativo. Nel sospetto di encefalite paraneoplastica si ricercavano anticorpi antionconeurali con positività per anticorpi anti-recoverina. Una RMN encefalo evidenziava lesione iperintensa in T2 e FLAIR del lobo temporale sinistro come da encefalite limbica. Si poneva diagnosi di ELP e veniva impostata terapia immunosoppressiva con corticosteroidi assistendo a completa remissione della sintomatologia neuropsichiatrica.
Conclusioni: Si presenta un raro caso di ELP associato a carcinoma mammario. La ricerca degli anticorpi antionconeurali aiuta nella diagnosi, tuttavia la loro assenza non la esclude. La RM dell'encefalo è di fondamentale importanza per la diagnosi. In pazienti con carcinoma mammario e con sintomi neuropsichiatrici l'ELP va considerata nella diagnosi differenziale, in modo da iniziare repentinamente la terapia immunosoppressiva.

Bone marrow edema syndrome with bilateral hip involvement in a pregnant woman

F. Agozzino[1], A. Brucato[2]
[1]SC Medicina, PO Fatebenefratelli-Melloni, ASST Fatebenefratelli-Sacco, Milano, Italy, [2]Università degli Studi di Milano, Dipartimento di Scienze Biomediche e Cliniche L. Sacco, PO Fatebenefratelli-Melloni, ASST Fatebenefratelli-Sacco, Milano, Italy

Introduction: Bone Marrow Edema (BEM) syndrome (S), is a rare disease with unknown etiology, characterized by severe pain, functional impairment ed imaging findings of BME. It mainly affects the hip, knee or ankle of middle aged males but late pregnancy is a well kown risk factor, suggesting a causative role for mechanical stress. Despide its self-limiting course, proper diagnosis is required to exclude other conditions ed to allow adeguate treatment.
Case Report: a 36-year-old woman, primipara, was admitted to our hospital for labour induction (41 weeks gestation). Her medical history was uneventfull, neverthelss she referred bilateral hip pain in the last week. After delivery, pain on weight bearing worsened. Phisical examination only documented hip pain at the extreme range of motion. MRI showed bilateral femoral head and neck BME, joint effusion was also detected. Bone mass density test excluded significant osteoporosis. BEMS diagnosis was made and the patient was prescribed rest, pharmacological pain control and physiotherapy, with MRI control after 2 months.
Conclusions: joint and muscle pain is a common finding during pregnancy, due to hormonal changes, but some medical conditions can also be suspected. BMES is an anusual cause of pain in pregnant women and bilateral involvement is particularly rare. Even in early phases MRI findigs are sensitive but not specific and hip osteonecrosis and pregnancy-associated osteoporosis must be excluded. Bisphosphonates are highly effective but their safety during pregnancy and lactation remains unclear.

Polymorbid inpatients with heart failure receiving parenteral iron supplementation have a shorter length of hospitalization

G. Gazzaniga[1], A. Pani[2], A. Romandini[1], M. Senatore[1], S. Agliardi[1], F. Agnelli[3], F. Colombo[3], F. Scaglione[2]
[1]Università degli Studi di Milano, Scuola di Specializzazione in Farmacologia e Tossicologia Clinica, Dipartimento di Oncologia ed Emato-Oncologia, Italy, [2]Università degli Studi di Milano, Dipartimento di Oncologia ed Emato-Oncologia, Italy, [3]ASST Grande Ospedale Metropolitano Niguarda, SC Medicina Interna, Italy

Premesse: Iron deficiency is a common finding in Internal Medicine (IM) patients. Recently, Ferric Carboxymaltose (FC) has been widely used to supplement iron stores in outpatients. Moreover, it has shown a clear role in improving exercise capacity and reducing hospital admissions in patients with Heart Failure (HF). Nevertheless, few data concerning FC role in complex inpatients are available. Therefore, we investigated real-world effectiveness of FC in polymorbid patients admitted to IM wards
Metodi: We ran a query of ASST GOM Niguarda laboratory database to identify patients admitted to IM wards in 2018 who did ferritin test or seric iron plus transferrin tests. Data regarding clinical parameters, comorbidities and therapies were extracted from medical records. Lab tests performed at admission and discharge were collected, too. Our primary endpoint was length of stay (LOS) of patients who have been administered FC *vs* those who have not
Results: 120 patients were continuously enrolled. Patients had a mean age of 77.9 years (SD 11.3) and a mean Charlson Comorbidity Index of 6.9 (SD 2.8); in particular, 43 of them (36%) had HF. In general population, mean LOS was the same regardless of FC use, while in subgroup with HF, LOS was 4 days shorter in patients receiving FC compared to non-receiving ones (16 *vs* 20 days respectively, p=0.083)
Conclusions: Polymorbid inpatients with HF who receive FC have a shorter LOS compared to non-iron-supplemented ones. This difference is close to statistical significance; therefore a larger sample of patients is required to verify the observation

Venous and arterial thromboembolic risk of JAK inhibitors: a systematic review and meta-analysis

A. Zaffaroni[1], F. Campanaro[2], A. Batticciotto[2], E. Cacioppo[1], A. Cappelli[2], M.P. Donadini[3], A. Squizzato[3]
[1]School of Medicine, University of Insubria, Varese and Como, Italy, [2]Rheumatology Unit, Internal Medicine Department, ASST Settelaghi, Ospedale Di Circolo, Fondazione Macchi, Varese, Italy, [3]Department of Medicine and Surgery, University of Insubria, Varese and Como, Italy

Objective: JAK inhibitors (JAKi) are a therapeutic option for immune-mediated inflammatory diseases (IMIDs). Preliminary data

has led licensing authorities to alert clinicians of an increased thromboembolic (TE) risk linked to the use of JAKi. We performed a systematic review to evaluate the risk of venous and arterial thrombosis associated to JAKi in IMIDs patients.
Methods: Randomized controlled trials (RCTs) on the efficacy and safety of JAKi in IMIDs patients were identified by electronic search of the MEDLINE and EMBASE database until October 2021. Differences in thrombotic outcomes among groups were expressed as pooled odds ratio (OR) and corresponding 95% confidence interval (CI), using both a fixed-effects and a random-effects model. Statistical heterogeneity was evaluated using the I^2 statistic.
Results: Nine phase II and 28 phase III RCTs on Rheumatoid Arthritis (48.7%), Inflammatory Bowel Disease (16.2%), Psoriatic Arthritis (13.5%), Ankylosing Spondylitis (10.8%) and Psoriasis (10.8%) were included, for a total of 8645 patients in the JAKi group (Baricitinib 4mg, Filgotinib 200mg, Tofacitinib 5-10mg and Upadacitinib 15mg) and 6354 in the control group. Thirty-one (unweighted rate 0.36%) TE events were reported in the JAKi group and 23 (0.36%) in the control group. IMIDs patients treated with JAKi had a similar TE risk compared to IMIDs patients treated with placebo or no treatment (OR 0.92 [95% CI, 0.57–1.50, I^2 0%] at fixed-effect model).
Conclusions: JAKi treatments do not appear to increase TE risk in IMIDs patients enrolled in phase II/III RCTs.

Clinical features, risk factors and disease severity in COVID-19: a multicenter retrospective analysis

A. Carusi[1], S. Fiorino[1], M. Zanardi[2], S. Vicari[2], S. Cesaretti[3], G. Tortorici[3], F. Savelli[4], R. Francesconi[4], F. Dazzani[5], F. Lari[1]
[1]UO Medicina Budrio, AUSL Bologna, Italy, [2]UO Medicina di Bentivoglio, AUSL Bologna, Italy, [3]UO Cardiologia della Pianura, AUSL Bologna, Italy, [4]UO Pronto Soccorso e Medicina d'Urgenza Faenza, AUSL Romagna, Italy, [5]UO Medicina Lugo, AUSL Romagna, Italy

Background and Aim: The severity of COVID-19 disease has been related to an exuberant activation of the inflammatory response triggered by the virus. It is known that a worse clinical outcome can be predicted by several risk factors (old age, high LDH, diabetes mellitus, etc.) and some studies suggest an association also with low levels of vitamin D (VD), whose immunomodulating role is emerging. Hence, the aim of our study was to evaluate the association of clinical outcome with known risk factors and with VD values in symptomatic SARS-CoV-2 patients (pts).
Materials and Methods: Here we present a multicentre retrospective observational study recruiting pts aged 18-100 yrs admitted for symptomatic SARS-CoV-2 disease in Emilia-Romagna hospitals, from March 2020 to June 2021.
Results: A total of 129 pts were enrolled (M 75, F 54), with an average VD value of 20.37 ng/ml. Of all, 53 pts were transferred to sub-intensive care unit, 10 to ICU and 16 died. Pts with age >65 yrs, high LDH levels and diabetes mellitus had a worse outcome but, considering 25 ng/ml as the cut-off for VD deficiency, no significant differences emerged in death (OR 0.524, IC 0.11-2.46) or admission to ICU (OR 0.97, IC 0.19-4.19) between the two groups. A higher risk of death was observed only in a subgroup of pts (n=20) with VD levels ≤8 ng/ml.
Conclusions: Our study confirmed a worse outcome for pts with known risk factors but did not show any statistically significant differences in terms of outcome in symptomatic SARS-CoV-2 patients with VD deficiency *versus* those above the cut-off of 25 ng/ml.

Colon cancer and hepatic abscess by *Klebsiella pneumoniae*: a pathogenetic link?

C. Trotta[1], L. Capogna[2], D. Coletto[2], M. Calvani[1], D. Didonna[1], R. Di Stefano[1]
[1]UOC Medicina Interna PO San Paolo Bari, Italy, [2]UOC Medicina Interna PO San Paolo Bari, UniBA, Italy

Background: Pyogenic liver abscess (PLA) is a suppurative infection of the hepatic parenchyma caused by bacteria. Risk factors include diabetes mellitus, underlying hepatobiliary or pancreatic disease, liver transplant, and regular use of proton-pump inhibitors. Several reports showed that liver abscesses caused by Klebsiella pneumoniae had a stronger association with colorectal cancer compared to those caused by other organisms, probably because most other organisms seeded the liver from biliary tract diseases.
Case presentation: We report a case of a 63-year-old diabetic patient with a previous history of Hodgking's Lymphoma admitted to our Internal Medicine Unit for hyperpyrexia and asthenia. On suspicion of reactivation of lymphomatous disease, he underwent abdominal CT scan and a 9-cm hepatic abscess was found. A drain was placed and the presence of Klebsiella pneumoniae was found after aspiration of purulent material. The fecal occult blood test was positive. At colonoscopy, a 20 mm polypoid lesion was found at the level of the cecum, with subsequent histology positive for adenocarcinoma.
Conclusions: PLA, especially if positive for K. pneumoniae, can show the appearance of cancer particularly hepatobiliary and colon cancer. The association of PLA and colorectal cancer is unclear, it could be due the compromised colonic mucosal barrier. Colonoscopy may be recommended for the detection of occult malignancy of the colon in patients with PLA, particularly in patients over 60 years old with K. pneumoniae.

Kidney dysfunction in COVID-19: a marker of severe disease?

F. Cei[1], A. Valoriani[1], M.S. Montini[1], V. Messiniti[1], S. Dolenti[1], C. Mattaliano[2], M.M. Gucci[1], E. Cioni[2], G. Pellagalli[2], R. Tarquini[1]
[1]Medicina Interna 1, Ospedale di Empoli, Italy, [2]Medicina Interna 2, Ospedale di Empoli, Italy

Background: A kidney tropism for SARS-CoV-2 was demonstrated from the beginning of the pandemic. However, the clinical impact of renal complication in COVID 19 is overlooked. The study aimed to define the prevalence of kidney dysfuction in hospitalized patients and its relationship with adverse outcomes.
Methods: We retrospectively included all patients admitted for COVID-19, except dialysis patients. Clinical data at admission were reported. Baseline GFR values were estimated by means of previous year data. Primary and secondary endpoints were in-hospital mortality and the necessity of mechanical ventilation.
Results: 681 patients were included, 400 were males; 449 met ARDS criteria, 310 needed mechanical ventilation and 137 died. Median admission creatinine was 0,91 (0,74-1,18), GFR 78 (78, 54-91). A reduction of GFR >of 10 ml/min/1,73m2 was present in 286 patients and in multivariate analysis including age, sex, presence of comorbidities and P/F<300 was associated with both increased risk of mechanical ventilation (OR 1,35, p<0,001) and death (OR 2, p<0,001). Admission GFR<60 was present in 206 patients and was associated with death and/or invasive mechanical ventilation (OR 3,13, p<0,001). Admission GFR was non-inferior to IL-6 and Call Score in predicting death (AUC 0,73, p=0,34).
Conclusions: COVID 19 is associated with alterations in renal function. Patients with reduced GFR had more severe COVID19, with an increased risk of both death and needing mechanical ventilation.

Patologia della colonna, due casi a confronto

L. Gosi[1], F. Sapienza[1], R. Terenzi[1], F. Di Mare[1], I. Petri[1], A. Bribani[1]
[1]USL Toscana Centro, Ospedale Santa Maria Annunziata-Ospedale Serristori, Italy

Premesse: Frequentemente, in medicina, vengono ricoverati pazienti con patologia organica della colonna. Tuttavia, spesso, vengono formulate diagnosi errate con un conseguente ritardo terapeutico.
Descrizione del caso clinico: Uomo di 86 anni. APR: IPB, CV a permanenza, IRC III-IV stadio con IVU recidivanti. Accede per febbre e lombalgia. Eo: dolore elettivo alla digitopressione dei processi spinosi delle vertebre al passaggio dorso-lombare, Giordano dx dubbio. Impostata tp antibiotica ad ampio spettro con miglioramento parziale dell'algia, risoluzione della sepsi. Emoc. positive per E. coli. Nei giorni di osservazione clinica il paziente ha continuato a lamentare dolorabilità elettiva di colonna per la quale una RMN mirata ha confermato il sospetto

clinico di spondilodiscite. Uomo di 66 anni. APR: ndr. Accede per dolore addominale con ileo da una settimana. In PS comparsa di stenia arti inferiori con perdita del controllo del tronco e deficit di forza arti superiori, effettuata consulenza neurologica che, sulla base della rachicentesi, pone diagnosi di GBS. Effettuata RMN del solo rachide lombare che non evidenzia sofferenza midollare. Impostata terapia con immunoglobuline senza miglioramento clinico. Richiesta nuova RMN della colonna in toto con evidenza di lesioni litiche D7-D9.
Conclusioni: I pazienti con sintomatologia ascrivibile ad impegno della colonna vertebrale meritano un inquadramento diagnostico mirato e tempestivo. Un'anamnesi ed un EO accurati possono indirizzare meglio il clinico evitando trattamenti non necessari e riducendo i tempi diagnostici.

Undifferentiated tissue connective disease and monoclonal B lymphocytosis low count: an unusual association

I. Tartaglia[1], S. Madaghiele[2], E. Renna[1], C. Trotta[1], R. Di Stefano[1]
[1]UOC Medicina Interna PO San Paolo, Italy, [2]UOC Medicina Interna PO San Paolo, UniBA, Italy

Background: The association of autoimmune disease (AD) with monoclonal malignancy is well studied, Monoclonal β-cell Lymphocytosis (MBL) in patients with AD has rarely been reported. The MBL is classified into 2 subtypes: high-count MBL that shares a series of biological and clinical features with Chronic Lymphocytic Leukemia and low-count MBL that representing an immunological rather than a pre-malignant condition.
Case Report: A 72-year-old woman presented into Internal Medicine Unit with a 20-day history of fever and asthenia. Physical examination was normal. Laboratory data showed increase of inflammatory markers. Blood, urine and BAL cultures were negative. Serological tests for BK and other microorganisms were negative. Whole-body CT scan revealed an interstitial lung disease. The ANA and ENA (RNP-70, SS-B) positivity allowed the diagnosis of Undifferentiated Connective Tissue Disease (UCTD). Flow cytometry of peripheral and bone marrow (BM) blood revealed also monoclonal β-lymphocyte accounting respectively for 5 and 7.8% of nucleated cells with an immunophenotype CD19+ CD20+ CD22- FMC7- CD5+ CD10− CD23+ CD200+ and expression l chain (MBL low count). There were no atypical cells on cytological examinations of the BM.
Conclusions: The association of UCTD with MBL in our patient could be explained by two pathogenetic mechanisms common to both diseases: activation of B and T cells and abnormalities of cytokines implicated in the growth and survival of β-cell malignancies. These mechanisms are not yet fully understood; so, our hypothesis requires more focused studies.

Un agnello vestito da lupo

S. Galliazzo[1], M. Del Pup[2], A. Xamin[3], C. Formentin[1], L. Cavasin[1], V. Modesti[1], M. De Rui[1], R. Pesavento[1]
[1]UO Medicina Interna, Ospedale di Montebelluna, AULSS 2 Marca Trevigiana, Italy, [2]Dipartimento di Medicina, Università degli Studi di Padova, Italy, [3]UO Medicina di Laboratorio, Ospedale di Castelfranco Veneto, AULSS 2 Marca Trevigiana, Italy

Premesse: La troponina I ad elevata sensibilità (hs-TnI) è un marker di necrosi miocardica; il suo incremento è significativo per infarto miocardico acuto in un contesto clinico suggestivo. Valori elevati di hs-TnI si possono riscontrare in altre condizioni in assenza di sindrome coronarica acuta.
Descrizione del caso clinico: Maschio di 52 anni con storia di etilismo e crisi epilettiche. Ricoverato per sincope dopo sforzo intenso ed esposizione ad elevata temperatura ambientale in assenza di angor e con obiettività nella norma. Normali i valori di emocromo, indici di flogosi e creatinina; LDL-c=215mg/dL. Incremento di hs-TnI (100 ng/L; v.n.0-19) confermato anche a controlli seriati; TC cerebri, EEG, ECG, angio-TC toracica, ecocardiogramma normali. La coronarografia ha escluso lesioni significative. Veniva posta diagnosi clinica di recidiva di crisi epilettica. Il pretrattamento del campione di siero del paziente con *Heterophilic Blocking Tube* ha rilevato la presenza di anticorpi (Ac) eterofili interferenti con il metodo immunometrico usato per dosare hs-TnI. Con differente metodo immunometrico sono stati ottenuti normali valori di hs-TnI (3.8 ng/L;v.n.0-34).
Conclusioni: Un persistente incremento di hs-TnI non giustificato dalla clinica deve indurre a escludere un risultato falsamente positivo secondario alla presenza di Ac eterofili interferenti con il metodo immunometrico specifico utilizzato in laboratorio per il suo dosaggio. La ripetizione del dosaggio con un altro metodo immunometrico è utile per confermare la presenza dell'interferenza e il normale livello di hs-TnI.

Scoagulare o non scoagulare... questo è il dilemma

M. Greco[1], M. Pellecchio[1], C. Gemelli[2], M.C. Pistone[1], A.M. Palombino[1], S. Buscaglia[1], E. Monaco[1], S. Berta[1], A. Bellucci[1], L. Parodi[1]
[1]UO Medicina Interna 2, Ospedale S. Paolo, Savona, Italy, [2]UO Neurologia Ospedale S. Paolo, Savona, Italy

Premesse: L'Angiopatia Amiloide Cerebrale (AAC) è una condizione caratterizzata dal deposito di peptidi di beta amiloide a livello dei vasi di medio e piccolo calibro a livello cerebrale e delle leptomeningi e rappresenta una delle principali cause di emorragia cerebrale soprattutto nei soggetti anziani. Pertanto, l'utilizzo di farmaci anticoagulanti ed antiaggreganti è fortemente sconsigliato. Esistono tuttavia condizioni ad elevato rischio tromboembolico, per cui uno studio individualizzato si rende necessario, seppur talora complesso.
Descrizione caso clinico: Maschio di anni 82, ricoverato per polmonite presentava all'ECG di routine ritmo da fibrillazione atriale non precedentemente nota. In anamnesi erano riportati demenza senile di grado severo con sindrome da allettamento, cardiopatia ipertensiva, iperomocisteinemia ed episodio di emorragia cerebrale spontanea subacuta occipitale sinistra occorsa 4 anni orsono. Il paziente era sottoposto a RMN encefalica e posta diagnosi di angiopatia amiloide cerebrale. Il paziente era dimesso con enoxaeparina 100UI/kg bid sottocute.
Conclusioni: Ad oggi non esistono linee guida in merito all'utilizzo di farmaci anticoagulanti in pazienti affetti da AAC ed una concomitante condizione pro-trombotica. Le evidenze sul rapporto rischio-beneficio non sono univoche e sebbene diversi algoritmi possano coadiuvare nella scelta, tale condizione rappresenta una delle situazioni in cui il giudizio clinico e l'alleanza terapeutica sono fondamentali per una gestione appropriata del paziente.

Influence of fascial treatment on parasympathetic stimulation of the vagus nerve

A. Beretta[1], S. Vernocchi[1], A. Aceranti[2], D. Emedoli[1], M. Colorato[1]
[1]Istituto Europeo di Scienze Forensi e Biomediche, Gallarate (VA), Italy, [2]Studio Aceranti & Partners, Rho (MI), Italy

Aim of the study: to determine whether the fascial treatment with physical maneuvers determines a vagal stimulation sufficient to give appreciable changes with parametration and instrumental investigations.
Materials and Methods: Six male and female subjects aged between 18 and 40 years without pathologies were recruited, three of whom underwent placebo treatment. The treatment consists of two fascial techniques along the course of the vagus nerve at the sub-occipital, sub-clavear and thoraco-sternal level. Spirometry, ecg and blood pressure detection were performed before and after treatment. Patients were adequately instructed in carrying out spirometry detection.
Results: At the spirometry level, there is a worsening in all subjects undergoing fascial treatment on the course in the vagus nerve at the rate of FEF2575 and FEV1. The pressure values indicate a substantial lowering of systolic pressure. In subjects undergoing placebo treatment, there are no changes in spirometry, blood pressure and cardiac values. In the treated group the electrocardiogram shows bradycardia and enlargement of the QRS.
Conclusions: The comparison of the collected data show in the subjects undergoing the fascial treatment a bronchoconstriction, a lowering of systolic pressure, a bradycardia on the electrocardiogram. These changes in the values detected are justifiable by an activation of the parasympathetic nervous system due to an increased release of acetyl-choline as a result of a vagal stimula-

tion perfusion of tissues and release of fascial structures along the course of the vagus nerve.

New onset limbic encephalitis and COVID-19 vaccine: a case report

A. Lagioia[1], C. Fumagalli[1], E. Nicolini[2], I. Giarretta[2], M. Guarrera[2], A. Bonaventura[2], F. Dentali[1]
[1]Department of Internal Medicine, ASST Settelaghi, Varese, Department of Medicine and Surgery, Insubria University, Varese, Italy, [2]Department of Internal Medicine, ASST Settelaghi, Varese, Italy

Background: Autoimmune limbic encephalitis (ALE) is an inflammatory disease involving the medial temporal lobes. It is characterized by subacute onset of short-term memory deficits, seizures and psychiatric disorders. Few new cases of ALE associated both with SARS-CoV2 infection and COVID-19 vaccine have recently been described.
Case presentation: A 56-year-old woman was admitted to emergency department for persistent fever and acute onset of confusion few days apart the first dose of BNT162b2 COVID-19 vaccine. Neurological examination revealed confusion and short-term memory loss. Blood test showed only leukopenia and mild increase of the PCR. The patient underwent brain CT-scan which excluded organic lesion for the cognitive deficit. During the hospitalization the patient presented tonic clonic seizures and postictal state therefore an EEG was performed and revealed epileptiform abnormalities in the temporal lobes. Since the hypothesis of encephalitis brain MRI and lombar puncture for cerebral spinal fluid (CSF) analysis were performed with evidence of T2 hyperintensity in temporal lobes and normal values of CSF. Despite steroid and antiepileptic therapy with Carbamazepine, Valproate and Perampanel, several epileptic relapses occurred and there was no improvement of neurological manifestation. The patient was finally discharged with need of home care
Conclusions: New onset ALE following COVID-19 vaccine or infection has rarely been described. Clinicians should monitor neurological symptoms to ensure appropriate therapy to maximize the likelihood of good outcome

An atypical presentation of Hodgkin's lymphoma

M.A. Marzilli[1], M. Piga[2], C. Caria[1], E. Cogoni[1], P. Dellacà[1], E. Pinna[1], P. Pisano[3], A. Caddori[1]
[1]UOC Medicina Interna PO SS Trinità ASSL Cagliari, Italy, [2]Servizio Anatomia Patologica PO SS Trinità ASSL Cagliari, Italy, [3]UOC Medicina Interna PO SS Trinità ASSL Cagliari, Italy

Background: Case reports of Lymphoproliferative Disease (LD) associated with eosinophilia and increase in IgE are not frequently described in literature.
Case Report: 74-year-old male patient, hospitalized for fever, skin rash, itching and laterocervical and submandibular lymph node swelling. Mute history of allergic diathesis. Blood tests revealed: Hb 12.1 g/dl, platelets 151000/mm3, WBC 7800/mm3 with eosinophilia (20%); total proteins 9.0 g/dl with polyclonal hypergammaglobulinemia (45%); IgM and IgG twiceULN, total IgE 6819 IU/ml (nv <158); β2 microglobulin 7.7 mg/L (nv 1.09-2.53.). Total body CT showed swelling of mediastinal, intraabdominal, periaortic, iliac and inguinal lymph nodes. PET CT showed them to be areas of high glucose consumption referable to LD. BOM detected paratrabecular lymphocyte aggregates with increased plasmacells, sometimes in clusters but not exceeding 10% and without atypias. Skin biopsy revealed dermis infiltration by CD3+ lymphocytes, plasmacells, mast cells, eosinphilic granulocytes. Finally, biopsy of a laterocervical lymph node demonstrated structural upset by CD3+ and CD20+ lymphocytes with eosinophils, plasma cells and large cells with large clear nucleus, sometimes double or multiple CD30+, PAX5+ and Bcl6+, compatible with Reed Sternberg cells, confirming the diagnosis of classical Hodgkin lymphoma, mixed cellularity subtype.
Conclusions: This case report highlights how the finding of eosinophilia and marked IgE increase in a patient with silent history of allergy should lead to exclude a lymphoproliferative disease.

The lung ultrasound in the prognosis of COVID-19 patients

M.G. Coppola[1], M. Lugarà[1], C. De Luca[1], A. De Sena[1], A. Ferraro[1], C. Turino[1], P. Madonna[1], G. Noschese[2], E. Pone[2]
[1]UOC Medicina Generale Ospedale del Mare, ASL Napoli 1 Centro, Naples, Italy, [2]Subintensiva COVID Ospedale del Mare, ASL Napoli 1 Centro, Naples, Italy

Introduction: Bedside lung ultrasound (LUS) is a useful and non-invasive tool for rapid evaluation of many chest conditions. Following the onset of the COVID-19 pandemic, the use of LUS has become common practice for evaluating lung involvement and for monitoring changes in COVID-19 patients.The prognostic role of LUS in COVID-19 patients has not yet been established.
Methods: We retrospectively analysed records from 448 patients (mean age 66,08) with confirmed COVID-19 by nasopharyngeal swab, admitted to our ward of COVID Medicine Unit at Ospedale del Mare in the town of Napoli between March 2020 and May 2021. We performed LUS on all patients with COVID-19 using a 14-zone method (Soldati score from 0 to 42 points) at the admission in COVID Medicine Unit within 3 days from the onset of symptoms. We evaluated the difference in LUS score between the death and survival groups.
Results: The mean LUS scores were 30,93±5.01 and 21,53±7.85 in the death group compared with the survival group (weighted mean difference (WMD)=9.51,95% CI=8.20-10.82, P value <0.0001).
Conclusions: The LUS score in our COVID- 19 population was associated with mortality. LUS score is important for the risk stratification in COVID-19 patients.

Therapy with anti-COVID-19 monoclonals in oncohematologic patients: the experience of the Internal Medicine unit, PO SS Trinità, Cagliari

M.A. Marzilli[1], M.T. Paladino[1], J. Sorgia[1], M. Cabiddu[1], S. Marongiu[1], G. Mogavero[1], R. Piras[2], R. Murru[3], A. Caddori[1]
[1]UOC Medicina Interna PO SS Trinità ASSL Cagliari, Italy, [2]UOC Medicina Interna PO SS Trinità ASSL Cagliari, Italy, [3]UOC Ematologia e CTMO AOB Brotzu Cagliari, Italy

Background: Patients with oncohematological diseases represent a particularly vulnerable population in the course of COVID-19 infection. Monoclonal antibody therapy (MAT) may represent, in addition to the vaccine, a strategic weapon in the management of these patients.
Materials and Methods: We retrospectively studied 20 patients with oncohematological disease related to our Internal Medicine Ward for COVID-19 infection. Ten females and eleven males, mean age 65 years distributed as follows: 7 Non-Hodgkin's Lymphoma, 5 Multiple Myeloma, 4 Hodgkin's Lymphoma, 2 Chronic Lymphocytic Leukemia, 2 Acute Myeloid Leukemia, 1 Myelofibrosis. All patients had been vaccinated with at least two doses. Eleven patients underwent to MAT therapy in early treatment after COVID-19 infection (four patients casirivimab/indevimab and seven sotrovimab). Nine patients were hospitalized for interstitial pneumonia
Results: Among the eleven patients undergoing MAT in early treatment, ten didn't develop disease progression; only a 33 y.o. patient with DLBCL was hospitalized and died of septic shock but in absence of pneumonia. Among nine patients hospitalized for interstitial pneumonia, 5 died and 4 were discharged home. Among the five who died, three patients didn't practice MAT because they arrived at observation ten days after the symptoms onset. Among the 4 discharged at home, only one didn't practice MAT for the same reason.
Conclusions: Our data confirm the effectiveness of early treatment with monoclonals in reducing disease progression in oncohematological patients after COVID-19 infection.

Characteristics and outcomes of patients admitted to a non-ICU ward for COVID-19 by vaccination status: a prospective study during the Omicron wave

A. Faraone[1], T. Picchioni[1], G. Scocchera[1], A. Lo Forte[1], A. Crociani[1], S. Contri[1], P. Carrai[1], A. Fortini[1]
[1]Medicina Interna, Ospedale San Giovanni di Dio, Firenze, Italy

Background: The benefits of prior vaccination in patients hospitalized for SARS-CoV-2 infection during the Omicron surge are not well understood. We aimed to assess the characteristics and outcomes of a cohort of COVID-19 inpatients by their vaccination status.
Methods: All patients with a diagnosis of moderate-severe COVID-19 admitted to the COVID-19 ward of the San Giovanni di Dio hospital, Florence, between December 28, 2021 and February 3, 2022 were enrolled. Patients were divided into 2 groups according to vaccination status: 1) unvaccinated, and 2) fully vaccinated (completed primary series±booster). The study outcomes were: need for supplemental oxygen, need for noninvasive ventilation (NIV), and in-hospital death.
Results: We enrolled 95 patients (57 males), of which 28 (29.5%) unvaccinated and 67 fully vaccinated. Patients in group 1 were younger (71.3±15.6 *vs* 74.4±13.9; p=0.33) and had a lower Charlson comorbidity index (3.6±2.4 *vs* 4.8±2.4; p=0.03) compared to group 2 patients.
Oxygen therapy was required in 89.3% (25/28) of unvaccinated patients and 88.1% (59/67) of vaccinated patients (p=1). NIV was applied in 35.7% (10/28) of the unvaccinated patients and in 26.9% (18/67) of the vaccinated (p=0.39). 6 of 28 (21.4%) unvaccinated patients died during hospital stay, compared with 13 of 67 (19.4%) vaccinated patients (p=0.82).
Conclusions: Vaccinated patients hospitalized for COVID-19 showed a trend toward reduced need for respiratory support and in-hospital death compared to unvaccinated patients, despite being older and having a higher comorbidity burden.

One-year evolution of DLCO changes and respiratory symptoms in patients with post COVID-19 respiratory syndrome

A. Lo Forte[1], P. Cecchini[2], A. Torrigiani[1], P. Carrai[1], C. Alessi[1], S. Sbaragli[1], F. Fabbrizzi[1], E. Lovicu[1], A. Faraone[1], A. Fortini[1]
[1]Medicina Interna Ospedale San Giovanni di Dio di Firenze, Italy, [2]Pneumologia Ospedale San Giovanni di Dio di Firenze, Italy

Purpose: During a follow-up program of patients admitted for COVID-19 at our non-ICU Unit, we found that 37% of them had decreased diffusing lung capacity for carbon monoxide (DLCO) 3-6 months after discharge. This prospective observational study aimed to evaluate the evolution of changes in DLCO and respiratory symptoms at the 1-year follow-up visit.
Methods: 17 (mean age 71 years; 8 males) of 19 eligible patients (DLCO <80% of predicted at the 3-6 months follow-up visit) completed the 1-year follow-up visit. One patient refused to participate and 1 patient had died 3 months earlier from myocardial infarction. The visit included a self-reported structured questionnaire, physical exam, blood tests, ECG, and spirometry with DLCO.
Results: Mean DLCO was significantly improved at the 1-year visit (from 64% of predicted at 3-6 months to 74% of predicted at 1 year; *P*=0.003). A clinically significant increase in DLCO (10% or greater) was observed in 11 patients (65%) with complete normalization (>80% of predicted) in 6 (35%); in the other 6 (35%) it remained unchanged. The prevalence of exertional dyspnea (65 to 35%, *P*=0.17), cough (24 to 18%, *P*=1), and fatigue (76 to 35%, *P*=0.04) decreased at the 1-year visit.
Conclusions: These results suggest that DLCO and respiratory symptoms tend to normalize or improved 1 year after hospitalization for COVID-19 in most patients. However, there is also a non-negligible number of patients (about one third) in whom respiratory changes persist and will need prolonged follow-up.

ABSTRACTS

Correlation "Tapse - caVal index-millEr score-peiNdex-pesinDex". TAVEND Study: correlative analysis in 30 patients with venous thromboembolism. Three years experience (2019-2021)

M.M. Ciammaichella[1], D. Pignata[1], A. Ulissi[1], R. Maida[1]
[1]UOC Medicina Interna ad Alta Intensità di Cure, AO S. Giovanni-Addolorata, Roma, Italy

Background and Purpose of the study: The "TAVEND" study, an acrostic deriving from "Tapse - caVal index-millEr score-peiNdex-pesinDex", enrolled 30 patients with venous thromboembolism. In all patients, the values of Tricuspidal Anular Plane Excursion (TAPSE), the Pulmonary Embolism Index (PEI), the Miller Score values, the Pulmonary Embolism Severity Index (PESI) values, the values of CAVAL Index. The "TAVEND" study has the following objectives: to verify existing relationships between the pre-lysis TAPSE values and the pre-lysis PEIndex, PESIndex, PEIndex, Miller Score values; verify its statistical significance with the Student "t" test.
Materials and Methods: The test then calculates the relative value (VR) of the t index according to the following formula: t=(M1-M2)/√DS12/N1+DS22/N2. The value of "t" obtained with Degrees of Freedom (GL)=29 is 14.45. Since the Critical Value (VC) of "t" 3.659 with GL=29 for p=0.001, the Relative Value (VR) of "t" equal to 15.01 expresses a positive agreement between the values of the four variables with respect to the TAPSE.
Results: Student's "t" test shows a highly significant correlation (p <0.001) of the variables examined. In fact, the value of "t" obtained is 6.85 (PEIndex), 14.96 (PESIndex), 15.10 (TAPSE), 5.70 (MILLER SCORE), 3.67 (CAVAL Index) with VC (critical value) of "t" for p=0.001 is 3.659 with GL=29.
Conclusions: the "TAVEND" study demonstrated that there is a highly significant correlation between the variables considered: TAPSE, PEIndex, PESIndex, CAVAL Index, Miller Score pre-lysis.

Correlation "eGsys score-tApse -milleR score-right ventricular diamEter-weightsNDex". GAREND Study: correlative analysis in 30 patients with venous thromboembolism. Three year experience (2019-2021)

M.M. Ciammaichella[1], D. Pignata[1], A. Ulissi[1], R. Maida[1]
[1]UOC Medicina Interna ad Alta Intensità di Cure, AO S Giovanni-Addolorata, Roma, Italy

Background and Purpose of the study: The "GAREND" study, an acrostic deriving from "eGsys score-tApse -milleR score-right ventricular diamEter-weightsNDex", enrolled 30 patients with venous thromboembolism. In all patients, EGSYS Score, Tricuspidal Annular Plane Excursion (TAPSE), RV DIAMETER (RVD), Miller Score values, Pulmonary Embolism Severity Index (PESI) values were measured pre-lysis.The "GAREND" study has the following objectives:to verify relationships between the pre-lysis EGSYS Score values and the pre-lysis PEIndex, PESIndex, TAPSE and Miller Score values;verify its statistical significance with the Student "t" test.
Materials and Methods: The test calculates the relative value (VR) of the t index according to the formula: t=(M1-M2)/√DS12/N1+DS22/N2. The value of "t" obtained with Degrees of Freedom (GL)=29, being the Critical Value (VC) of "t" 3.659 with GL=29 for p=0.001, the Relative Value (VR) of "t" expresses a absolute agreement between the values of the variables considered.
Results: Student's "t" test shows a highly significant correlation (p <0.001) of the variables examined (pre-lysis values of TAPSE with those of PESIndex,EGSYS Score,Miller Score,RV Diameter pre-lysis).In fact, the value of "t" obtained is 10.56 (RV DIAMETER), 14.45 (PESIndex), 15.01 (TAPSE), 152.78 (MILLER SCORE) with VC (critical value) of "t" for p=0.001 it is 3.659 with GL=29.
Conclusions: The "GAREND" study showed that there is a highly significant correlation between the variables considered:EGSYS Score pre-lysis and TAPSE,PESIndex,RV DIAMETER,Miller Score pre-lysis

Correlation "TRoponina - brAin natriuretic Peptide-taPse-millEr score-pulmonary embolism indeX". TRAPPEX Study: correlative analysis in 30 patients with venous thromboembolism. Three year experience (2019-2021)

A. Ulissi[1], D. Pignata[1], M.M. Ciammaichella[1], R. Maida[1]
[1]UOC Medicina Interna ad Alta Intensità di Cure, AO S. Giovanni-Addolorata, Roma, Italy

Background and Purpose of the study: The "TRAPPEX" study, acrostic from "TRoponina - brAin natriuretic Peptide-taPse-millEr score-pulmonary embolism indeX", enrolled 30 patients with venous thromboembolism in the three-year period 2019-2021. the pre-lysis values of Troponin I, the Pulmonary Embolism Index (PEI), the values of Brain Natriuretic Peptide (BNP), the values of Tricuspidal Annular Plane Excursion (TAPSE), the values of Miller Score. The "TRAPPEX" study the objectives are: to verify existing relationships between the pre-lysis Troponin I values and the pre-lysis PEIndex, BNP, TAPSE and Miller Score values; verify its statistical significance with the Student "t" test.
Materials and Methods: The test calculates the relative value (VR) of the t index according to the formula: t=(M1-M2)/√DS12/N1+DS22 /N2. The value of "t" obtained with Degrees of Freedom (DF)=29 is 14.45. Since the Critical Value (VC) of "t" 3.659 with GL=29 for p=0.001, the Relative Value (VR) of "t" equal to 15.01 expresses a concordance between the values of the variables.
Results: Student's "t" test shows a significant correlation (p <0.001) of the variables examined (values of Troponin I with those of BNP, PEIndex, TAPSE, Miller Score pre-lysis). The value of "t" obtained is of 4.76 (PEIndex), 8.31 (BNP), 10.96 (TAPSE), 28.48 (MILLER SCORE) with VC (critical value) of "t" for p=0.001 is 3.659 with GL=29.
Conclusions: The "TRAPPEX" study demonstrated a highly significant correlation between the variables considered: Troponin I, PEIndex, BNP, TAPSE, Miller Score pre-lysis

Acquired factor V inhibitor after SARS-CoV-2 disease. Case report

A. Ulissi[1], D. Pignata[1], M.M. Ciammaichella[1], R. Maida[1]
[1]UOC Medicina Interna ad Alta Intensità di Cure, AO S. Giovanni-Addolorata, Roma, Italy

Background: Infections, drugs, surgical procedures, blood transfusions, solid and hematological cancers, and autoimmune disorders are associated with the risk of developing acquired FV inhibitors.
Case report presentation: A 66-year-old Caucasian woman presented to the Emergency Department because of recurrent episodes of bowel bleeding from 2 week, and bleeding from the sites of venous sampling. Coagulation tests showed that the platelet count

was normal: prolonged prothrombin time (PT): 45.5 seconds, international normalized ratio: 4.03, and activated partial thromboplastin time (aPTT): 165 seconds, aPTT ratio: 5.4. Coagulation factor II (FII), factor X (FX), factor VIII (FVIII), and fibrinogen were normal. The FV activity was 0.2% (range of normality 60–120%). The PT, aPTT, and one-stage coagulation factors assays were performed using an ACL TOP 550 coagulometer, and factor V was determined using a one-estage PT-based assay, and factor V-deficient substrate plasma. Anticardiolipin antibodies were negative. Mixing test of patient's plasma with normal pooled plasma revealed the existence of an FV inhibitor, with an activity level of 4.0 Bethesda unit/mL. Three weeks before, the patient had been treated for coronavirus disease 2019 (COVID-19) at home, with steroids (dexamethasone 6 mg daily for 5 days), enoxaparin 4,000 IU daily, and oxygen.
Conclusions: The Authors presented a case report with acquired factor V inhibitor after SARS-CoV2 disease

Non-pharmacological treatment of insomnia in patient in therapy with alprazolam

M. Mazzolari[1], S. Vernocchi[1], A. Aceranti[1], M. Colorato[1], T. Serini[1]
[1]Istituto Europeo di Scienze Forensi e Biomediche, Italy

Foreword: Insomnia is a very common disorder that has long-term consequences, it can occur as a primary disorder or more commonly along with stress and other physical ailments. This phenomenon affects a large part of the population especially those with depression and stress and brings lowering of mood, irritability, tiredness and lack of energy and others. Following our past study on insomnia, this study took into consideration two patients to see whether, with non pharmacological treatment, sleep would improve and therefore also the associated conditions.
Description of the case: The study was conducted on a 55yo woman and a 48yo man whose condition of insomnia had been going on for more than 3 years and for 2 years. Both were in therapy with Alprazolam without significant.
Results: The woman used to woke up 4 times a night in a state of fragmented sleep, feeling tired in the morning, the man 6 times. After the treatments (massage therapy, osteopathic treatment and counselling sessions), she reported a decrease in day sleepiness and the number of waking up went from 4 to 1 per night and he reported a decrease from 6 to 2. The hours of sleep increased from 4 to 6 for the woman and from 4 to 7 for the man and the rating of the quality of sleep went from 5 to 7 for her and from 4 to 8 for him. Drug were suspended after the 3rd treatment for the woman and after the 5th for the man.
Conclusions: These results show that physical, osteopathic treatment and counselling sessions may have an efficacy in changing the quality of sleep with a reduction in drug intake.

Non-pharmacological treatment voice and dysphonia

M. Marino[1], P. Molteni[1], S. Vernocchi[1], M. Colorato[1], A. Aceranti[1]
[1]Istituto Europeo di Scienze Forensi e Biomediche, Italy

Foreword: Nowadays, the voice is the focus of many professions. In singing, for example, the stress to which the speech apparatus is subjected is considerable and the resulting vocal problems manifest themselves in the form of a pathology known as functional dysphonia. Muscle-tension dysphonia (MTD) or functional dysphonia represents one of the most frequent "postural" phonatory disorders in the population that uses its voice for professional use, such as for singers. It is triggered by a vocal effort that leads to an alteration of the functionality and structure of the speech system. The postural attitude that follows is characterized by an alteration of the verticality which results in a contraction of the intrinsic laryngeal musculature causing a tension transmitted, through fascial connections, to the entire soma.
Description of the case: A case report was conducted through the recruitment of a 33-year-old singer with functional dysphonia. This study aimed to evaluate the therapeutic potential of osteopathy in subjects with functional dysphonia through a general osteopathic treatment aimed not only at the structures directly connected to the speech system, but which involves the entire postural system of the patient.
Conclusions: In light of the analyzes carried out and the results obtained, osteopathy would seem to be able to be included in the multidisciplinary therapeutic process against functional dysphonia.

Una rara causa di sindrome emorragica

P. Rondelli[1], G. Frausini[1]
[1]Azienda Ospedali Riuniti Marche Nord, Italy

Premesse: La diagnosi delle malattie emorragiche è un processo rigoroso che si avvale della valutazione clinica associata ad indagini di laboratorio. Spesso nell'iter diagnostico non viene data giusta enfasi alle alterazioni delle pareti vasali quale possibile causa.
Descrizione del caso clinico: Donna di 72 anni veniva ricoverata per recidiva di anemia severa, con ecchimosi ed ematomi spontanei degli arti. Pochi mesi prima gli esami endoscopici digestivi erano nella norma. In anamnesi erano presenti sindrome ansioso depressiva, infezioni delle vie urinarie ricorrenti e anemia multicarenziale (deficit di ferro, folati e vit. B12). All'attuale valutazione non erano riconfermati i deficit di folina, B12 e ferro; nella norma anche INR, PTT, fibrinogeno, AT III e conta piastrinica, in assenza dei segni di emolisi. Il Bleeding Score risultava elevato (8), i test diagnostici di II livello (fatt. VIII, fatt. V.W., PT, aPTT, fatt. XIII, LAC, α2 antiplasmina, test di Born) erano nella norma. Riferiva un'alimentazione non bilanciata per cui veniva eseguito dosaggio di vit. C che risultava non rilevabile e veniva posta diagnosi di scorbuto. Supplementata la vit. C per un mese si è assistito a completa risoluzione delle lesioni ecchimotiche e dell'anemia.
Conclusioni: Vanno annoverati tra le cause di sindrome emorragica, non solo i disturbi della coagulazione, ma anche la fragilità delle pareti vasali che si manifesta in molteplici malattie sistemiche. Lo scorbuto, anche se una forma ormai rara, è una delle cause di fragilità delle pareti vasali acquisite completamente reversibile.

Tireotossicosi e trattamento con cordarone

B. Zazzaro[1], C. Castagnino[1], M. Loreno[1], F. Misseri[1], M. Tinè[1], R. Risicato[1]
[1]ASP Siracusa PO Umberto I° Siracusa UOC Medicina Interna, Italy

Premesse: In corso di terapia con cordarone si possono verificare ipotiroidismo o ipertiroidismo. L'ipotiroidismo si osserva più frequentemente nelle aree con sufficiente apporto di Iodio (USA) mentre l'incidenza dell'ipertiroidismo è più frequente nelle aree iodocarenti (Italia). Una compressa da 200 mg di cordarone contiene 75 mg di Iodio, è lipofilico e si accumula nel tessuto adiposo per 6-9 mesi dopo l'interruzione del trattamento.
Caso clinico: Paziente con crisi di fibrillazione atriale che viene trattata con cordarone, secondo protocollo, prima per via infusionale e dopo per os, anamnesi negativa per patologie disendocrine. Al controllo degli esami di laboratorio si osserva TSH soppresso, FT3 ridotta e FT4 normale, CRP elevata, leucocitosi. Viene iniziato trattamento con metilprednisolone 40 mg/die e successivamente per sopraggiunta insufficienza renale acuta, trattamento emodialitico.
Conclusioni: La tossicità dello Iodio ad alte dosi inibisce la conversione di T4 in T3 e riduce la sintesi e la secrezione di T4 e T3. L'ipertiroidismo da amiodarone può essere grave, anche in considerazione del fatto che si tratta di Pazienti cardiopatici. Esistono due forme di ipertiroidismo da amiodarone, Tipo I che insorge in pazienti che già soffrono di patologie distiroidee, caratterizzato da aumentata produzione di ormoni tiroidei, il cui trattamento prevede l'uso di anti tiroidei (Metimazolo), e il Tipo II in cui c'è un'aumentata dismissione di ormoni preformati per un meccanismo di distruzione flogistica, la terapia si basa sull'uso di corticosteroidi.

The correct diagnosis from an adequate anamnesis: a case of favism

G. Fabozzi[1], C. Ciampa[1], S. Esposito[2], R. Ricciardi[2], M. Renis[3], M.T. De Donato[4], D. Baldi[3], A. Gagliardi[3], V. Salvatore[3]
[1]Scuola di Specializzazione in Medicina Interna UNISA, Italy, [2]Scuola di Specializzazone in Farmacologia e Tossicologia Clinica UNISA, Italy,

[3]Medicina Interna P.O Cava AOU "San Giovanni di Dio e Ruggi d'Aragona" Salerno, Italy, [4]Clinica Medica ed Epatologia AOU "San Giovanni di Dio e Ruggi d'Aragona" Salerno, Italy

Introduction: Favism is an X-chromosome-linked genetic disease due to lack of glucose-6-phosphate-dehydrogenase (G6PD), characterized by crises of hemolytic anemia following the intake of broad-beans and other oxidizing agents. G6PD protects red blood cells from oxidative stress. Some substances contained in broad-beans have a powerful oxidizing effect and, in case of G6PD lack, may cause hemolytic crises.
Case report: Man. 57 y.o. In E.R. for abdominal pain, fever, and jaundice. Blood tests: anemia, thrombocytopenia, a massive increase in bilirubin, LDH, and ferritin. Abdominal ultrasound: splenomegaly. Similar episodes, milder, had already occurred in the past, without being followed by diagnostic investigations. Hospitalized in Medical Ward, the patient reported that, in all cases, about 24 hours before the episodes, he had ingested broad-beans; however, also on other occasions he had eaten broad-beans, without any disturbances. These anamnestic data, together with hemolytic anemia, raised the suspicion of G6PD deficiency. G6PD dosage: reduction in enzymatic activity (20%). Diagnosis: Favism.
Discussion: This case, in our opinion, underlines the importance of getting an adequate clinical story, to formulate a correct diagnosis. The patient, in fact, had already had previous episodes of acute anemia, never adequately investigated, despite having already been hospitalized for the same clinical picture.

One in a million: a hemophilia case report

R. Ricciardi[1], G. Fabozzi[2], C. Ciampa[2], M. Renis[3], M.T. De Donato[4], G. Napoli[3], A. Del Gatto[3], C. Giugliano[3], V. Salvatore[3]
[1]Scuola di Specializzazone in Farmacologia e Tossicologia Clinica UNISA, Italy, [2]Scuola di Specializzazione in Medicina Interna UNISA, Italy, [3]Medicina Interna P.O Cava AOU "San Giovanni di Dio e Ruggi d'Aragona", Salerno, Italy, [4]Clinica Medica ed Epatologia AOU "San Giovanni di Dio e Ruggi d'Aragona", Salerno, Italy

Introduction: Anaemia is a common pathological condition in Medicine, due to different possible causes. We describe a case with a rare pathogenesis.
Case report: In ER: 74 yo man, asthenia, Hb 6 g/dl. He had already been hospitalized in nephrology MD for acute renal failure on CKD. Anaemia was assumed to have hyporigenetive genesis. He was discharged with stable renal function and Hb 9 g/dl (after transfusion). Admitted in Internal Medicine for suspicious g.i. bleeding. Haemorrhagic diathesis and extended right thigh haematoma are revealed. No traumas reported. In spite of transfusions, anaemia doesn't improve. Blood tests: PTT: 4 X ULN. INR and plt normal. Excluded g.i. bleeding. Fresh frozen plasma is transfused. PTT lowers. It's supposed a coagulation deficit: LAC is highly suspicious, anticardiolipine Abs and anti-β2-glycoprotein are normal. Coagulation factors are dosed: severe FVIII deficit (0,7%). FVIII inhibitors are positive. Diagnosis: Acquired Haemophilia. For differential diagnosis (idiopathic *vs* autoimmune or neoplastic) we do the following tests: ANA Ab 1:160, Ro-52 (SS-A) Ab positive; PET-TC negative. The patient undergoes corticosteroids: PTT and clinical signs improve.
Conclusions: Acquired Haemophilia is a rare pathology, incidence: 1-4 pts in a million, mostly 70-80 yo adults with no traumas. Therapy consists of corticosteroids, Cyclophosphamide, or Rituximab. This case taught us how important it is to look at the pt in overall vision, by using all clinical and laboratory signs without underestimating any causes of pathological symptoms, even the most rare ones.

Se la porpora compare, alla IgAV devi pensare

M. Frualdo[1], A. Gesualdo[1], D. Cirrottola[2], D. De Stasio[1]
[1]Medicina Interna Ospedale della Murgia F. Perinei, Italy, [2]Medicina Interna Universitaria C. Frugoni Policlinico Bari, Italy

La IgAV è una rara vasculite negli adulti, a patogenesi è sconosciuta; si associa ad infezioni virali o a patologie neoplastiche. È autolimitante, nei bambini. Negli adulti può dare complicanze sistemiche. I criteri per la diagnosi prevedono la presenza di: porpora degli arti inferiori, dolore addominale diffuso, artralgie o artriti, interessamento renale con ematuria e proteinuria, istologicamente un quadro di vasculite leucocitoclastica con depositi di IGA. 39 anni giungeva in PS per comparsa di lesioni purpuriche, simmetriche degli arti inferiori, febbre e anemia. In APR: cr sebaceo oculare operato, successiva RT e CHT. All'ingresso in reparto paziente vigile, orientato, parametri vitali e obiettività cardiopolmonare ndp. Evidenza di lesioni purpuriche, rilevate arti inferiori, simmetriche e vescicole con aree di necrosi. Dolore articolare (ginocchio e caviglia) bilateralmente e lieve dolenzia addominale. Agli EE: WBC 9000/uL, Hb:7g/dl, PLT 230000/u/L formula leucocitaria ndp, funzionalità epatorenale ndp, non evidenza di proteinuria o ematuria. Si eseguiva tampone per streptococco, sierologia per CMV, EBV, HSV, HBV, HCV, HIV, ricerca SOF risultati negativi. Nell'ipotesi di IgAV si optava per biopsia cutanea che evidenziava un infiltrato infiammatorio linfoplasmacellulare e granulocitario neutrofilo del derma e intraepidermico con quadro di vasculite a carico dei piccoli vasi con nuclear dust ed emazie stravasate. Considerata la comparsa di nuove lesioni a carico degli arti superiori si optava per l'avvio di steroide con progressiva remissione delle lesioni.

A case of lymphoma: when the diagnosis isn't as obvious as it seems

M.T. De Donato[1], M. Renis[2], I. Donatiello[3], V. Salvatore[2], M. Persico[1]
[1]Clinica Medica ed Epatologia AOU "San Giovanni di Dio e Ruggi d'Aragona", Salerno, Italy, [2]Medicina Interna P.O Cava AOU "San Giovanni di Dio e Ruggi d'Aragona", Salerno, Italy, [3]Medicina Interna AOU "San Giovanni di Dio e Ruggi d'Aragona", Salerno, Italy

Background: The clinical case described offers, in our opinion, an interesting starting point: there are no obvious and apparently irrefutable diagnoses. Beyond the obvious, there are often alternative and decisive horizons.
Case report: Woman. 32 years. History of thrombophilia and repeated abortion. Pregnant at the 28th week. Almost sudden onset of rapidly worsening dyspnoea and edema of the neck and left upper limb. Admitted with a diagnosis of pulmonary thromboembolism (PE) after 1st level investigations and after ultrasound evidence of left jugular thrombosis. Instead, the final diagnosis, which allowed correct management and a positive outcome, was "Primary diffuse large β-cell non-Hodkin's lymphoma of the mediastinum".
Discussion: The correct diagnosis was reached after undertaking a series of investigations, despite the initial orientation being considered practically indisputable and conclusive. In fact, the anamnestic and clinical picture, the ultrasound data, the EKG, the EGA provided for the obvious diagnosis of entry. CT angiography, performed despite conflicting opinions, also and above all in consideration of the state of pregnancy, instead refuted the initial hypothesis and initiated the correct and complete diagnostic and therapeutic management. In conclusion, "There is nothing more deceptive than an obvious fact" (Arthur Conan Doyle, 1892).

A rare case of primary hepatic lymphoma

M.T. De Donato[1], M. Renis[2], M.F. Tripodi[1], P. De Siervi[1], V. Salvatore[2], M. Persico[1]
[1]Clinica Medica ed Epatologia AOU "San Giovanni di Dio e Ruggi d'Aragona", Salerno, Italy, [2]Medicina Interna PO Cava AOU "San Giovanni di Dio e Ruggi d'Aragona", Salerno, Italy

Background: Primary hepatic lymphoma (PHL) is a rare form of non-Hodgkin's lymphoma that causes significant diagnostic difficulties.
Case report: Male, 88 years old. Hospitalized for fatigue, weight loss, and eventually jaundice. Ultrasound evidence, fully confirmed by CT: "Enlarged liver, with subverted ultrasound structure due to multiple hypoechoic nodules of various sizes, spread over the entire parenchyma, which may be referred to secondary lesions". After a long series of investigations, only the liver biopsy allowed the definitive diagnosis of PHL.

Discussion: Hepatic lymphoma can be distinguished into primary and secondary. To be classified as PHL, this disease must be confined to the liver and hilum lymph nodes, with no distant involvement (spleen, bone marrow, or other lymphoid sites). PHL is rare. Symptoms are non-specific, as are laboratory and instrumental tests and imaging techniques. Due to the low incidence and the absence of specific symptoms, patients with PHL often go through a long and frustrating diagnostic process before arriving at a definitive diagnosis, which is often missed. A differential diagnosis with other space-occupying liver lesions should be made. Liver biopsy, often performed late, is the investigation that allows the right diagnosis, also supported by the absence of extrahepatic lymphoproliferative involvement.

Diabete in età pediatrica, non sempre una questione di "geni"

B. Zazzaro[1], C. Castagnino[1], M. Loreno[1], F. Misseri[1], M. Tinè[1], R. Risicato[1]
[1]ASP Siracusa PO Umberto I° UOC Medicina Interna, Italy

Premesse: In pediatria non sempre quello che succede e sembra apparire davanti i nostri occhi corrisponde alla realtà, viene descritto un caso di diabete all'esordio in un ragazzo di 12 anni ricoverato in pediatria valutato e seguito in team pediatrico-diabetologico .
Caso clinico: Maschio 14 anni obeso bmi >30 familiarità negativa, da diversi giorni poliuria e polidipsia, astenia, in ps glicemia >500 mg/dl, ricovero in pediatria, trattato secondo protocollo con infusioni a base di insulina in pompa siringa, k, glucosio, chetoni presenti, a stabilizzazione dei valori glicemici, iniziata terapia insulinica sc basal bolus. in corso della degenza dosati c peptide e autoimmunità, nella norma il primo, negativa la seconda, al controllo ambulatoriale iniziato trattamento con metformina, sospesa insulina, buon compenso metabolico.
Discussione: Il corretto inquadramento di un caso clinico è fondamentale per il trattamento più idoneo, in questo caso è stata proposta l'indagine di biologia molecolare a completamento del percorso diagnostico per la diagnosi di diabete tipo 3a, ovvero mody, mod.

Una scossa al cuore

I. Persico[1], B. Carloni[1], E. Pulcini[2], A. Bovero[1], L. Briatore[1], A. Garrone[1], P. Artom[1], S. Bottone[1], R. Goretti[1]
[1]ASL 2 Savonese, Ospedale Santa Corona, Pietra Ligure, Italy, [2]Ospedale San Martino, Medicina Interna ad Indirizzo Oncologico, Italy

Premesse: Abbiamo ricoverato una paziente di 74 anni per vomito e deperimento organico già studiata presso altra sede senza evidenza di malattia organica (TC torace- addome, EGDscopia, Tc cerebrale, liquor negativi).
Descrizione del caso: Agli esami ematici solo lieve ipokaliemia ed all'ECG bradicardia con QTC allungato non presente a precedenti controlli. Intrapresa idratazione, correzione degli ioni e sospeso betabloccante. La paziente è stata sottoposta a TC body, RM encefalo e poi della sella turcica (con riscontro di neoformazione sellare espansiva di 13 mm). I dosaggi ormonali (FSH, LH, TSH, ACTH, cortisolo e cortisoluria) hanno evidenziato panipopituitarismo. È stata pertanto iniziata terapia sostitutiva con levotiroxina e idrocortisone ev con miglioramento clinico. Durante la degenza persistenza però di QTC allungato e comparsa di bigeminismo ventricolare con successiva torsione di punta e fibrillazione ventricolare sottoposta a DC shock. Non evidenza di danno coronarico acuto (storia di cardiopatia ischemica rivascolarizzata) ma persistente QTC allungato; è stata pertanto presa decisione collegiale di posizionamento di ICD.
Conclusioni: Il panipopituitarismo comporta la ridotta secrezione di tutti gli orrnoni ipofisari; può derivare sia da cause ipotalamiche, sia ipofisarie (adenomi, lesioni infartuali, infiltrative, infettive, immunologiche). I sintomi si sviluppano di solito in modo lento e variabile in base all'età del paziente. La correlazione tra panipopituitarismo e QTC allungato è descritta in rarissimi casi e di solito si risolve con terapia sostitutiva.

Therapy management in Addison disease resulting in iatrogenic hypertensive emergency. *Primum non nocere*

F. Masi[1], I. Bechere[2], G. Linsalata[2], A. Fedele[2], V. Verdiani[2], C. Buono[2], E. Citi[2], F. Finizola[2], A. Camaiti[2], J. Rosada[2]
[1]Università di Pisa, Italy, [2]Azienda USL Toscana Nordovest, Italy

Introduction: Addison disease(AD) requires chronic steroid therapy(tp) and dose increase during acute stress[1], although there is no univocal consent for subacute events[2]. In this patient(Pt), an adequate tp management generates severe adverse effects.
Case report: Pt is an 84 y.o. male without other pathological conditions. He is admitted for persistent fever and presyncopes. He is septic with positive coltures for S.Hominis. Iv. antibiotic tp is administered, steroids are raised from 20 to 60 mg/die of Hydrocortisone, 0.05 mg to 0.1 mg/die of Fludrocortisone. Sepsis is rapidly treated, but steroid adverse effects appear: SBP elevates by 25 mmHg every 24h and peaks at 240/120 mmHg with sweating, palpitation, dyspnea which rapidly worsen towards respiratory distress. ABG indicates acute type 1 respiratory insufficiency, metabolic alkalosis, severe hypokalemia; a chest xray shows acute pulmonary edema. Based on the severe hypertension with acute organ damage a diagnosis of hypertensive emergency is made. As guidelines indicate[3], iv. alpha-beta-blocker and loop diuretic are administered to reach a SBP<140 mmHg within minutes. ECG T waves are flat in periferic leads, negative with wide base in precordial leads, compatible with hypokalemia and ischemia due to the acute heart failure. Mild troponin elevation is also registered. Iv. KCl is administered and steroid dosing is reduced.
Comment: Caution is needed when incrementing the steroid dosing in an elderly Pt during the acute phase so not to undermine the precarious hemodinamic and electrolyte balance.

Emofilia A acquisita con inibitore ad alto titolo: la gestione in un reparto internistico dalla diagnosi alla terapia

M. Milan[1], G. Torin[1], M. Marzolo[1], C. Rossetti[1], P. Guerra[2], S. Dall'Ara[3], A. Camerotto[4], E. Zanon[2], P. Simioni[2], S. Cuppini[1]
[1]UOC Medicina, Rovigo, Italy, [2]Azienda Ospedaliera Universitaria, Padova, Italy, [3]UOC Radiodiagnostica, Rovigo, Italy, [4]UOC Medicina di Laboratorio, Rovigo, Italy

Premesse: L'emofilia A acquisita è una rara sindrome emorragica causata da un auto-anticorpo anti-FVIII con severo impatto sulla morbilità e mortalità. La diagnosi è spesso tardiva e la conseguenza è la frequente misdiagnosi e l'introduzione di trattamenti inadeguati. Obiettivo del report è descrivere come è stato possibile effettuare la diagnosi e la gestione completa del trattamento c/o la UOC Medicina di Rovigo.
Descrizione: Una paziente di 65 anni giungeva in PS per grave anemizzazione (Hb 2.9 g/L); era affetta da sindrome paranoide ed era supposto un abuso di FANS. L'obiettività documentava melena, ematoma del braccio dx ed ecchimosi cutanee diffuse. Una EGDS mostrava duodenite ed ulcera di Forrest IIc. Tuttavia, nonostante supporto trasfusivo non si assisteva ad una ripresa dei valori di emoglobina. Altresì veniva documentato un allungamento dell'aPTT ratio (2.27) confermato da un test di mixing. L'invio dei prelievi presso centro specialistico confermava la riduzione del FVIII (0.6%) con inibitore 50 UB/ml. Una TAC documentava spandimento emorragico a livello dell'arteria glutea sx. Veniva avviata terapia con agenti bypassanti (aPCC) associata a immunosoppressione con deltacortene(1mg/kg)+ciclofosfamide(2mg/kg). Il decorso era complicato da sepsi. La durata complessiva della terapia è stata di 51 giorni e l'agente bypassante è stato modulato secondo strategia low-dose prophylaxis.
Conclusioni: La diagnosi e la gestione di un paziente con AHA è di notevole complessità in un centro ospedaliero periferico ma possibile e di grande impatto e soddisfazione per il clinico.

Un caso particolare di sanguinamento intestinale

V. Maestripieri[1], D. Matera[2], L. Giannini[1], C. Bazzini[1], G. Panigada[1]
[1]USL Toscana Centro, Pescia (PT), Italy, [2]Università degli Studi di Firenze, Italy

Donna, 78aa, si reca in PS per dolore addominale, nausea e vo-

mito (mai sanguinamenti visibili). APR: diabete mellito, dermatopolimiosite (terapia CCS cronica), pregressa pancreatite acuta, obesità. Compare ipotensione e dolore addominale intenso per cui esegue TC addome mdc: pseudoaneurisma di a. gastroduodenale e esteso ematoma tra testa del pancreas e duododeno. E' stata sottoposta a angiografia superselettiva con embolizzazione di pseudoaneurisma e chiusura di a. gastroduodenale. Dopo 7 giorni di stabilità emodinamica in cui la paziente si è alimentata ed è rimasta asintomatica si è manifestata ematemesi con shock emorragico richiedente emotrasfusioni e fluidi. L'EGDS ha mostrato estesa ulcera duodenale con coaguli adesi trattata con adrenalina. Alla TC segni di perforazione duodenale con stabilità dell'ematoma peripancreatico. La paziente è stata sottoposta a duodenocefalopancreasectomia parziale in urgenza con buon risultato. Gli pseudoaneurismi delle a. viscerali sono rari e si manifestano con dolore addominale ed emorragia. Il trattamento è endovascolare e solo in seconda battuta chirurgico. Le ulcere duodenali, quando asintomatiche (anche 70% nell'anziano), si manifestano con sanguinamento, penetrazione o perforazione. In questo caso un'ulcera duodenale paucisintomatica, dovuta a tp corticosteroidea si è manifestata con sanguinamento e perforazione in una paziente che già aveva un ematoma pancreatico da rottura di pseudoaneurisma. L'unione di queste due patologie è particolarmente inusuale e ha richiesto un team multidisciplinare per il trattamento.

Un caso di insufficienza cardiaca acuta...e non solo: quando il follow-up clinico-ecocardiografico può fare la differenza

N. Tarquinio[1], A. Fioranelli[1], M. Burattini[1]
[1]UOC Medicina Interna, Presidio Ospedaliero di Osimo (AN), INRCA IRCCS, Italy

Premesse: La gestione del paziente anziano con HF+comorbilità rappresenta una sfida continua per l'internista,sia nella fase acuta che nel follow-up
Descrizione del caso clinico: M, 85 aa, in PS per dispnea ingravescente/ortopnea.Creat.aumentata(2,8), TSH: 97,BNP:4700. Ecotorace:versam+B-lines bilat. ricovero in Medicina Interna. Anamnesi: FA parossistica 3 anni prima in TAO+Amiodarone,poi sospeso. Cardiopatia ischemico-valvolare(by-pass). IRC stadio 3, ipertensione arteriosa in tp con ramipril. ECG: FA, 120 bpm. Buona risposta a furosemide e.v, dopo 48 ore scomparsa dei sintomi. Ecocardio bedside. FE Vsx: 29%;TAPSE:8 mm. IM moderata. Deficit ferro agli esami, trattato con ferro carbossimaltoso in degenza (corretto a 5 settimane). Switch warfarin/edoxaban, sospeso Ramipril, introdotti statina, sac/vals, Levotiroxina a basso dosaggio, questi ultimi 2 titolati ai successivi 4 controlli (in 10 settimane)in ambulatorio scompenso insieme a bisoprololo, con tapering furosemide sino a sospensione. A 4 mesi, peggioramento dispnea da sforzo.TSH ok.FA 120 bpm; Eco:FE vsx: 36%; E/Em:17,5; versam pleur bilat. Reintrodotti furosemide, digitale; gestione ambulatoriale+controllo a 9 gg,con miglioramento clinico e scomparsa versamento. PAs:140/160 mmHg. LDL<55 mg/dl (ros/eze). Visita/eco a 6 mesi: FE vsx: 49%. Sospetta trombosi atriale sx, TAPSE: 9 mm. Non ulteriori accertamenti su richiesta famiglia. A 14 mesi: ritmo sinusale a ECG, aggiunta Barnidipina (PAs>140). FE vsx: 63%.I mmagine in atrio scomparsa.
Conclusioni: Caso esemplificativo di complessità gestionale di HF nell'anziano+comorbilità multiple, con utilità del folllow-up clinico-ecografico.

A rare and early skin reaction after the third dose of comirnaty vaccine

F. D'Anna[1], A. Vetrano[2], P. Vetrano[3], M.S. Castaldo[3]
[1]Ambulatorio Dermatologia PO "San Giovanni di Dio" Frattamaggiore ASL NA 2 Nord, Italy, [2]Alta Specializzazione UOC Medicina PO "San Giovanni di Dio" Frattamaggiore ASL NA 2 Nord, Italy, [3]Facoltà di Medicina Università "Federico II", Napoli, Italy

Introduction: In December 2019, many cases of atypical pneumonia with unknown etiology were reported in China. Later on, a new coronavirus was identified, named SARS-Cov2. In December 2020, FDA, EMA and AIFA issued emergency use authorizations for Pfizer/SARS-Cov2 vaccine (Comirnaty). In this case report we describe a serious early large local reaction after the third dose Comirnaty.
Case clinic: A 66 year-old white female with cutaneous reaction after inoculation Comirnaty arrived at the Dermatology Service. She reported six hours ago had received the third dose of the vaccine. The patient was lucid, oriented and cooperative. She reported no history of allergy no medical history and took no drugs. The blood pressure was 125/75 with sinus rhythm with pulse 75 bpm, apyretic, SpO2 98% on ambient air. The physical examination showed a large wheal reaction the left arm at the injection site. She complained of heat pain and difficulty in moving the limb. The chest examination and ABG were normal. She was submitted to therapy based on antihistamine and topical steroids. After a week she presented complete resolution of the symptoms.
Conclusions: In many COVID-19 studies the incidence of cutaneous reaction after messenger RNA based COVID-19 vaccines have been reported but are not well characterized. The peculiarity of this case-report is given by the rare (after third dose) serious and early cutaneous manifestation in the absence of history of allergy, drugs smoke tobacco or use recreational drugs. This suggests that others processes not yet defined are involved in the skin reaction.

Systemic juvenile idiopathic arthritis and ischemic stroke: a case report

A. Vetrano[1], F. D'Anna[2], R. Palmieri[3], P. Vetrano[4], M. Landi[5], M.S. Castaldo[6]
[1]Alta Specializzazione UOC Medicina PO "San Giovanni di Dio" Frattamaggiore ASL NA 2 Nord, Italy, [2]Ambulatorio Dermatologia PO "San Giovanni di Dio" Frattamaggiore ASL NA 2 Nord, Italy, [3]UOC Radiologia P.O "San Giovanni di Dio" Frattamaggiore ASL NA 2 Nord, Italy, [4]Facoltà di Medicina Università "Federico II", Napoli, Italy, [5]Pronto Soccorso PO "San Giovanni di Dio" Frattamaggiore ASL NA 2 Nord, Italy, [6]Facoltà di Medicina "Federico II" Università di Napoli, Italy

Introduction: Systemic Juvenile Idiopathic Arthritis also known (SJIA) is a rare auto inflammatory disorder of unknown etiology characterized mainly by high spiking fever, arthritis, evanescent rash and lymphadenopathy. We describe a case of ischemic stroke in young adult with SJIA.
Case clinic: A 24 year-old white obese man came to the DEA with intermittent fever at least two weeks with macular rash present in upper half of body, arthralgia, sore throat and then he reported episodes of absence. At the entrance the patient was lucid, oriented and cooperative. He reported no history of allergy no medical history. The blood pressure was 185/105 with sinus rhythm with pulse 110 bpm, SpO2 95% on A.A., pyretic (39°C).The physical examination showed a typical salmon pink coloured rash on the trunk and neck. Axillary and inguinal lymphnodes with hepatosplenomegaly were present. Blood tests revealed anemia, leukocytosis, thrombocytosis, elevation of the ferritin, ESR, CRP. A brain CT noted loss of white matter from gray matter with evidence, at a subcortical-cortical site, of nuanced area of hypodensity involving the right postcentral gyrus, the right superior parietal lobule and the right superior temporal gyrus.
Conclusions: The prevalence of SJIA is about 0.16/100.000 cases with bimodal age distribution, between 15-25 years and 36-45 years. Into account of the clinical variability and constellation of no specific symptoms of SJIA, it is a diagnosis of exclusion. In the literature of SJIA ischemic stroke is very rare. This suggests that others processes not yet defined are involved.

Remdesivir in COVID-19 pneumoniae in a medical unit

I. Zagni[1], G. Rossoni[1], P. Carleo[1], F.P. Bonfante[1]
[1]UOC Medicina Interna, Ospedale di Desenzano del Garda, Brescia, Italy

Background: Remdesivir (REM) is authorized to cure COVID-19 pneumonia with low oxygen supplementation. We evaluated the effect of combination of REM and usual treatment with enoxaparin and dexamethasone on clinical outcome.

Methods: A prospective open study with REM (200 mg first day and then 100 mg /day for four days) was performed in a medical unit with critical sector in the period of half november 2021 and half January 2022 . All COVID-19 patients requiring supplemental low O2 therapy were treated with enoxaparin (4000 unit/day for almost patients) and dexamethasone (6 mg); three patients were treated even with baricitinib for rapid pulmonary deterioration. The primary endpoint was the final outcome with discharge from Hospital.
Results: 33 COVID-19 patients were enrolled, 20 men, mean age 66 y (range 41-87); 14 patients with a complete vaccinal schedule; therapy was started 1-2 days after entering the hospital. The lenght of hospitalization was 7.5 days with a range of 7-25; mortality in two patients (one not vaccinated), need of intensive care in 10 patients with favorouble evolution (3 with oral intubation and seven with non invasive ventilation support); at the end, 31 patients were discharged or at home or at sub acute unit. We did not observe major side effects, cough, headache, moderate increase of transaminases
Conclusions: REM treatment, associated with heparin, dexamethasone and oxigen supplement, especially if started early, is safety and associated with reduced length of hospitalization and reduction mortality

Un caso di porpora trombotica trombocitopenica in una giovane donna con pregressa gastroenterite

J. Fantini[1], A. Gianstefani[1]
[1]Ospedale Sant'Orsola, Bologna, Italy

Premesse: La porpora trombotica trombocitopenica (PTT) è la più frequente microangiopatia trombotica causata dal deficit di ADAMTS13 (una proteasi che taglia il fattore di von Willebrand) che determina la formazione di microtrombi che occludono arteriole e capillari con danno ischemico e disfunzione d'organo. È un'emergenza ematologica che richiede una rapida diagnosi per iniziare la terapia salvavita: la plasmaferesi che, associata a Caplacizumab e terapia steroidea, permette la remissione della patologia. La presentazione clinica tipica è caratterizzata dalla pentade anemia emolitica con schistociti, trombocitopenia severa, febbre, alterazioni renali e neurologiche.
Descrizione del caso clinico: Una donna di 40 anni, caucasica, in allattamento, con storia di gastroenterite un mese prima, accede in Pronto Soccorso per la comparsa improvvisa di cefalea parietale sinistra con scotomi, parestesie all'emisoma sinistro, afasia nominum ed ematuria da tre giorni. Gli esami di laboratorio mostrano anemia emolitica, piastrinopenia severa, LDH elevato e presenza di schistociti. Si intraprende la plasmaferesi e, al riscontro di un valore di ADAMTS13 inferiore alla norma, si inizia terapia con caplacizumab. È stato necessario somministrare Cabergolina per interrompere l'allattamento.
Conclusioni: La PTT è una rara condizione che può essere congenita o acquisita. In questo caso si è ipotizzata una forma acquisita causata dalla pregressa sindrome gastrointestinale. Il rapido riconoscimento della PTT e la gestione aggressiva hanno permesso di ottenere un outcome favorevole.

Cerca una diagnosi rara anziché rarissima

F. Cannavacciuolo[1], M. Raimondo[1], I. Puca[1], S. Mangiacapra[1], M. Nunziata[1], M. Atteno[1], V. Iorio[1], N. Iuliano[1], L. Tibullo[1], M. Amitrano[1]
[1]UOC Medicina Interna AORN San Giuseppe Moscati, Avellino, Italy

Premessa: La Sindrome da anticorpi antifosfolipidi (APS) è una patologia da ricercare in caso di trombosi (venose e arteriose) e/o in occasioni di aborti ricorrenti.
Caso clinico: Donna di 63 anni, ipertesa, dislipidemica, affetta da piastrinopenia autoimmune primitiva (ITP) in terapia con Eltrombopag (per refrattarietà a terapia di I scelta), giunge per dolore e necrosi del I e II dito di piede destro comparsi da 2 mesi. Riferisce contemporaneamente episodio di perdita transitoria di coscienza, percui aveva eseguito angio RMN cerebrale risultata nella norma. All' esame ecocolordoppler dell'aorta addominale e degli assi arteriosi degli arti inferiori non risulta alcuna patologia stenostruttiva. La visita cardiologica con ecocardiografia, l'ecografia addome completo, la radiografia del torace e la visita ginecologica non evidenziano quadri patologici. La videocapillaroscopia mostra la presenza di anse a bouquet, a disposizione irregolare, con due megacapillari. Lo screening trombofilico eseguito con dosaggio di anticorpi antifosfolipidi (aPL) mostra positività per LAC, Anticardiolipina Ig G e antibeta2glicoproteina Ig G a titolo significativo, in assenza di altra positività di test autoimmuni. Si pone diagnosi di APS per la quale la paziente esegue terapia specifica con steroide e AVK e cicli di terapia con prostanoidi endovena, con miglioramento del quadro clinico e della sintomatologia algica.
Discussione: L'APS è caratterizzata dalla presenza di Apl; può essere primitiva o secondaria. Nel caso descritto, la piastrinopenia potrebbe essere ricondotta alla stessa APS.

Sub acute cares: when the objective is not clear, one year's experience of ASST Ovest milanese activity

T. Candiani[1], A. Panacciulli[2], I. Stefani[3], A. Mazzone[4]
[1]UOS Geriatria ASST Ovest Milanese, Italy, [2]ASST Ovest Milanese, Italy, [3]UOC Medicina Cuggiono ASST Ovest Milanese, Italy, [4]UOC Medicina Legnano Direttore Dipartimento Area Medica, Cronicità e Continuità Assistenziale ASST Ovest Milanese, Italy
As known after the Resolution N°IX/ 1479 sitting of 30/03/2011 (Lombardy Region Council)

Regarding: Management determination of regional health services for the year 2011 - II° Measure of update in the health sector, approves Annex 1: clinical and organizational indications for the conduct of Sub Acute care activities. This is a taking charge, which takes place in a context of sheltered hospitalization, of patients suffering from the sequelae of an acute event or a clinically uncomplicated decompensation of a chronic disease aimed at achieving specific health objectives. Sub Acute cares require the formulation of a treatment plan for each patient that leads to the achievement of specific goals by qualified professionals. Sub Acute cares should not be confused with social-health activities in favor of dependent patients in rehabilitation departments. Enrollment criteria are necessary in addition to the evaluation of the patient's actual clinical condition. Known exclusion factors. In the year 2021 at the U.O. Cure Sub Acute of the Cuggiono Presidio Ospedaliero were admitted 256 patients, M:132, F:124. Noted AII. Evaluated with Braden Scale, Brass Scale and Conley Scale. Our data indicate: 45.3% discharged home, 8.2% deceased, 6.25% transferred to Hospice, 6.25% transferred to Rehabilitation Institute, 10.15% medical relapse and transferred back to medical area, 2.34% surgical relapse and transferred back to surgical area, 3 patients showed COVID-19 infection.

Epilepsy in elderly man: what is known?

P. Tirelli[1], T. Ciarambino[2], C. Bologna[1], M.G. Coppola[1], A. De Sena[1], A. Guida[1], M. Lugara[1], G. Oliva[1], P. Madonna[1]
[1]Ospedale del Mare, Napoli, Italy, [2]Ospedale di Marcianise, Caserta, Italy

A 78-year-old man comes in the Emergency Department for the fever and cough. He has a history of generalized tonic clonic seizures, Chronic ischemic heart disease, PTCA, previous ischemic stroke, chronic vascular encephalopathy, CKD. Home therapy: omeprazolo 20 mg/QD, atenololo 100 mg/QD, Olprezide 20/12.5 mg/QD, levetiracetam 500 mg/QD, atorvastatina 80 mg/QD rivaroxaban 20 mg/QD. Physical examination: dehydrated skin, mixed speech, rhinolalia and mild expressive dysphasia. SBP 135 mmHg, DBP 85 mmHg, HR 75 bpm, T 36°C, SO2 96% AA. Chest X-ray shows pneumonia. On the laboratory tests we report hypokalaemia (2.5 mEq/L) treated with potassium ev 30 mEq in 250 cc physiological infusion in 6 hours and anemia (Hb 10 g/dl). We prescribed azithromycin 500 mg QD and cephalosporin III generation ev 1 gr BID. During the hospitalization he has relapsing seizures treated with Diazepam rectal dosage: 0,2-0,5 mg/kg. Brain CT is negative for acute lesions. The potassium level normalized, but he continue to experience episodes of epilepsy. He performs encephalus MRI that is negative for acute lesions. He repeats laboratory exams and we ob-

serve a severe hypomagnesemia (0.3 mEq/L). He starts 10% magnesium sulfate (MgSO4) (1g/10ml) iv. After beginning treatment, magnesium resulted normalized. This is first case report in the literature in elderly man patients without short bowel syndrome and epilepsy. Metabolic control of serum magnesium should be followed up and hypomagnesemia may be found and should be controlled.

Un caso di sprue da farmaci

L. Giampaolo[1], L. Ghattas[1], G. Eusebi[1], A. Grassi[1], M. Mattioli[1], P. Montanari[1], L. Poli[1], L. Romani[1], A. Salemi[1], R. De Giovanni[1]
[1]ASL Romagna, Medicina Interna, Cattolica, Italy

Premesse: Tra le cause di diarrea cronica sono spesso sospettati tumori neuroendocrini (NET) e sindromi da malassorbimento, ma raramente sono il fattore causale. Presentiamo un caso di sprue da olmesartan in un contesto che avrebbe suggerito un tumore neuroendocrino.
Descrizione del caso clinico: Una paziente di 69 aa è stata ricoverata per diarrea presente da 3 mesi, disionia e calo ponderale. La colonscopia non mostrava reperti non significativi. Alla ecografia era rilevabile una lesione epatica, confermata a TC e RM, di 3.4 cm; le caratteristiche contrastografiche (spiccato enhancement arterioso, wash-out tardivo) deponevano per NET. Tra gli esami di laboratorio si segnala la negatività del test per celiachia, dosaggio di acido 5-OH indolacetico, cromogranina, NSE. Alla biopsia veniva posto il sospetto di metastasi o neoplasia biliare indifferenziata, escludendo NET; A PET con Dotapeptidi non captazione della lesione. A PET con FDG, TC torace ed addome non altre lesioni neoplastiche. Per rilievo di noduli mammari è stata effettuata biopsia con reperti di benignità. Non confermandosi il NET, è stata effettuata EGDS che ha mostrato atrofia dei villi duodenali, con test per celiachia negativo. Nel sospetto di sprue da farmaci è stato sospeso olmesartan che la paziente assumeva cronicamente con lenta risoluzione della diarrea. La neoplasia epatica è stata resecata radicalmente e l'esame istologico ha confermato un colangiocarcinoma.
Conclusioni: Nella valutazione della diarrea non si possono tralasciare le condizioni farmaco-relate, inclusa la sprue da farmaci.

An underhanded cause of pulmonary hypertension often unveiled after death

D. Tortola[1], P. Sambo[1], E. Magnani[1], S. Giacuzzo[1], A. Lanzi[1], R. D'Ambrosio[1], L. Montaguti[1]
[1]UO Medicina Interna M. Bufalini Cesena Ausl Romagna, Italy

Premises: Pulmonary tumor emboli and lymphangitic carcinomatosis are rare manifestations of malignancy that have a poor prognosis, often identified by autopsy.
Case Report: A 76-years-old woman, affected by arterial hypertension, was admitted because of progressive dyspnea; oxygen saturation was 92% in room air. Laboratory studies were normal. Echocardiography was indicative of severe pulmonary hypertension (78 mmHg), in the absence of severe valvulopathies. High-resolution computed tomography of the chest excluded bronchiectasis, infiltrative and interstitial diseases. A lung ventilation-perfusion scan was consistent with high probability for pulmonary thromboembolism, despite chest-abdominal CT scan with contrast and lower extremity venous doppler were negative for venous thromboembolism. CT and total body positron emission tomography showed inflammatory mediastinal and retroperitoneal adenopathies. Right cardiac catheterization documented precapillary pulmonary hypertension with reduced cardiac index and normal right atrial pressure, non-responder to the pulmonary vessel reactivity test; macitentan was administered. The patient's condition progressively worsened until death. Autopsy revealed bilateral lymphangitis and thromboembolic lung localization of adenocarcinoma with signet ring cell, also evident in lung hilar lymph nodes and retroperitoneal tissue metastasis.
Conclusions: Pulmonary hypertension secondary to carcinomatous lymphangitis represents a medical challenge.

Un mal di testa.....mortale

F. Luciani[1], M. Lopreiato[2], M. Gallerani[1]
[1]Medicina Interna Ospedaliera 1, Azienda Ospedaliero-Universitaria, Ferrara, Italy, [2]Medicina Interna, Azienda Ospedaliero-Universitaria, Pisa, Italy

Donna, 55 anni. Ivoriana. Accedeva presso PS per persistenza di cefalea, episodi di ipostenia dell'emisoma destro e recente riscontro di addensamento polmonare con febbre e tosse, trattato con terapia come da CAP. Venivano eseguiti esami neuroradiologici con evidenza di aspetto pseudonodulare parietale sinistro, edema perilesionale ed effetto compressivo adiacente. Ricoverata in ambiente medico, gli accertamenti diagnostici evidenziavano lesione polmonare cavitata sinistra. L'ipotesi diagnostica era quella di una neoplasia polmonare metastatizzata. Dopo peggioramento neurologico, veniva trasferita presso ospedale di riferimento territoriale, dove, ridiscusso collegialmente il caso, esclusi approcci chirurgici, proseguiva terapia antiedemigena e iniziava ciclo di antibioticoterapia con ceftriaxone. Le sierologie confermavano positività HIV, con bassa conta linfocitaria CD4 (3/mmc), e riacutizzazione di HBV. Per migliore definizione della lesione polmonare, veniva eseguita broncoscopia con positività colturale per Pneumocystis jiroveci. Data la persistenza di febbre e l'aspetto neuroradiologico suggestivo per Toxoplasmosi, veniva modificata la terapia in corso con trimetoprim/sulfametossazolo con scarso beneficio. Le condizioni cliniche sono rapidamente peggiorate fino a condurre all'exitus in pochi giorni. Un'attenta anamnesi patologica remota ha segnalato una positività della sierologia HIV nota già alcuni anni prima, mai seguita da adeguati controlli o terapie.

When the obvious isn't so obvious: a case of severe vasculitis

F. Regoli[1], S. Giustarini[1], L. Moretti[1], G. Palombi[1], R. Vagelli[1], J. Rosada[2], F. Lombardini[1]
[1]UO Medicina Interna di Piombino (LI), ATNO, Italy, [2]UO Medicina Interna di Fivizzano (MS), ATNO, Italy

Background: ANCA-associated vasculitis are necrotizing vasculitis of small vessels, frequently with renal and pulmonary involvement. They are associated with myeloperoxidase (MPO-ANCA) or proteinase 3 (PR3-ANCA).
Clinical case: A 83 years old women presented with dyspnea and astenia. Blood tests showed Hb 10.1 g/dl, CRP 12.86 mg/dL, ESR 97 mm/h, NT-proBNP >35000 pg/mL, creatinine 3.45 mg/dL and urea 179.0 mg/dL. Chest X-ray showed congestive interstitial engagement consistent with heart failure. She was treated with high-dose intravenous furosemide but, for worsening of dyspnea, we had to approach a non-invasive ventilation, with only partial improvement. Despite the improvement in gas exchanges, there was a worsening of the kidney function with an increase in creatinine values up to 5,56 mg/dL and we started dialysis. Screening for autoimmunity was positive for high titres MPO-ANCA, making the diagnosis of ANCA-related vasculitis with severe renal involvement. An high resolution chest TC showed chronic pulmonary fibrosis, compatible with vasculitis. Methylprednisone (3 g/day) and cyclophosphamide was introduced with only partial benefit. Unfortunately, the progressive and rapid worsening of gas exchange and renal function led to a worsening of the patient up to death.
Discussion: The clinical picture initially pointed to heart failure with secondary worsening of renal function. Failure to recover renal function and high CRP/VES led us to suspect for kidney disease. Positivity for MPO-ANCA confirmed the diagnosis of small vessel vasculitis.

Efficacia della terapia parenterale con carbossimaltosio ferrico

R. Attianese[1], F. Cartabellotta[1], M.G. Minissale[1]
[1]Ospedale Buccheri La Ferla FBF, Palermo, Italy

Premesse e Scopo dello studio: Abbiamo dato vita ad un Day Service dedicato alla terapia marziale con carbossimaltosio ferrico a cui possono accedere anche Pazienti esterni inviati – tramite

una scheda di accettazione unificata – dai Medici di famiglia e dagli Specialisti extraospedalieri.
Materiali e Metodi: Pazienti afferenti al DS negli anni 2019 e 2020; i dati richiesti erano emocromo, sideremia, TRF, ferritinemia e peso corporeo. Dopo l'infusione è stato previsto un controllo dei parametri sopra indicati a distanza di almeno 3 settimane.
Risultati: Nel 2019 i Pazienti sono stati 67 (M/F 32/35; età media 69.2 anni); nel 2020 i Pazienti sono stati 72 (M/F 31/41; età media 63.6 anni). In entrambi gli anni considerati si è registrato un incremento dell'emoglobina di oltre 2 g% (11.6 *vs* 8.8 g% nel 2019; 11.6 *vs* 9.2 g% nel 2020).
Conclusioni: I nostri dati confermano l'efficacia del trattamento con carbossimaltosio ferrico con risultati in linea rispetto a quanto descritto in letteratura; si sottolinea inoltre l'assenza di qualsivoglia reazione all'infusione sia precoce che tardiva.

Un raro caso di endocardite da *E. Coli*...non poi così raro

A. Graziani[1], E. Pasi[1], F. Landi[1], N. Fazia[1], L. Martella[1], M.L. Ballardini[2], M.G. Sama[3]
[1]Dirigente Medico Medicina 2, Ravenna, Italy, [2]Unisr, Italy, [3]Direttore Medicina 2, Ravenna, Italy

Premesse: *E. Coli* è rara causa di endocardite infettiva EI (0.51%) indice di mortalità (21%). Per contro, la sepsi da E coli è molto frequente e l'IVU ne è la principale causa (52%). La scarsa capacità di aderire all'endotelio e la comune diffusione di abE coli causa bassa incidenza.I pz con EI sopra i 70aa sono in progressivo aumento. Età media 59.6±19.8. Le protesi e i devices sono comunemente associati alle EI non-HACEK G- più spesso colpite la valvola mitrale e le native. In passato le EI da non-HACEK G- erano da uso ev di droghe. ICE-PCS: intercorre circa un mese dall'esordio alla diagnosi in circa 90% con relative sottostima e insufficiente trattamento con secondaria invasione dell'endotelio. Complicanze: 24% embolizzazione periferica, 22% SC, ascesso perivalvolare 18%, miocardite 6%,BAV 6%.
Caso Clinico: Pz 88 aa IA IPB Cov2 3 dosi Allergia cefalosporine. Disuria, T39.5, vigile, OTS, stabile. PLT103.00 PCR213 GFR35. Inizia levofluoxacina, sostituito all'arrivo di Emo/urino coltura E. Coli ESBL+ resistente chinolonici con sulfametoxazol, miglioramento poi viraggio verso CID e si introduce fosfomicina. TC toracoaddominalecerebricon mdc per ricerca foci settici: ampia ischemia temporale dx e cerebellare sn per tale motivo si esegue ecocardio con riscontro di lesione endocarditica mitralica 17mm. Pz valutato da cardio-chirurgo che esclude trattamento invasivo per le condizioni cliniche di base.
Conclusioni: Aumentiamo l'attenzione nei confronti delle sepsi urinarie da E Coli ESBL+ per il recente incremento delle complicanze endocarditiche.

Hospitalization and mortality for acute exacerbation of asthma: an Italian population-based study

O. Para[1], A. Montagnani[2], S. Guidi[1], L. Bertù[3], D. Manfellotto[4], M. Campanini[5], A. Fontanella[6], F. Dentali[3]
[1]Internal Medicine 1, Careggi University Hospital, Florence, Italy, [2]Department of Internal Medicine and Specialties, USL Tuscany South-East, Italy, [3]Department of Medicine and Surgery, Insubria University, Varese, Italy, [4]Department of Internal Medicine, Fatebenefratelli Hospital, Rome, Italy, [5]Department of Internal Medicine, AOU Maggiore della Carità, Novara, Italy, [6]Department of Internal Medicine, Ospedale del Buon Consiglio, Napoli, Italy

Background: Asthma is an ever-increasing disease with a highly variable prevalence among different ethnic groups. Information on hospital admission for acute exacerbation of asthma and data regarding short-term prognosis of these patients are limited.We performed an epidemiological study on hospital admission for asthma acute exacerbation in Italy using hospital discharge database records derived from all Italian hospitals.
Methods: Patients were identified using clinical Modification (ICD-9-CM) codes. Information on baseline characteristics,vital status at discharge, duration of hospitalization, and up to five secondary discharge diagnoses was collected. Comorbidity was evaluated using the Charlson comorbidity index (CCI).
Results: During the observation period 20,056 patients with asthma acute exacerbation were hospitalized. Median length of hospitalization was 7.9 days and mean in-hospital mortality was 0.8%. In-hospital mortality and length of hospitalization varied among different regions (from 0 to 2.9% and from 6.5 to 8.9 days respectively).Old age, invasive and non invasive mechanical ventilation, and CCI resulted as significantly associated with higher in-hospital mortality.
Conclusions: Our study results onfirm that hospitalization for asthma acute exacerbation is not uncommon among Italian current population.Older age, high CCI and use of ventilator support were associated with a higher mortality rate.These findings should be analysed to set up appropriate health care policies on patients with asthma.

Sometimes an acute bronchitis can save lives! A sudden onset of complicated Crohn's disease...

G.A. Piccillo[1]
[1]General Surgery Unit, Department of Medical Surgical Sciences and Advanced Technologies "Ingrassia", Cannizzaro Hospital, University of Catania, Italy

Introduction: Crohn's Disease (CD) is an inflammatory bowel disease which usually presents with abdominal pain blood stained, diarrhoea, anaemia, fever, nausea, vomiting, fissures or cracks, fistulas and abscesses in anal involvement and in severe cases it can be complicated by intestinal blockage. It may also present with extraintestinal manifestations as skin or mouth lesions, pain in the joints, eye irritation.
Case Report: A 58-aged smoker woman was admitted to our hospital ward for dyspnoea, cough and diarrhoea with abdominal pain for the last 15 days. During hospitalization, she developed features of acute intestinal obstruction with absolute constipation, severe abdominal pain, gross abdominal distention. Laboratory data showed moderate anaemia and leukocytosis, rise of CRP and LDH. Chest and abdomen X-ray revealed signs of bronchitis and intestinal obstruction confirmed by CT-scan. At abdominal surgery the entire small bowel appeared grossly dilated with dense interloop adhesions in the terminal ileum with multiple gangrenous patches and evidence of a terminal ileal perforation. The gangrenous bowel was resected out and an ileostomy was performed. After histopathological evaluation a diagnosis of CD was made. The patient bettered within few days and was discharged to home on appropriate therapy.
Discussion: Most of the patients with CD are treated conservatively, but a few of them may require surgical intervention if are present complications like abscess and fistula formations or intestinal obstruction and perforations which must never be underestimated!

Celiachia o non celiachia?

A. Bonelli[1], C. Bagnato[2], F. Labanca[2]
[1]Medicina Interna Ospedale Matera, Italy, [2]Nutrizione Clinica e Dietologia Ospedale Matera, Italy

Premesse: La celiachia è una malattia cronica di tipo autoimmune dovuta a ingestione di glutine in individui geneticamente predisposti. La diagnosi di CD si basa su una combinazione di risultati: clinici, sierologici, istopatologici.
Descrizione del caso clinico: Donna di 78 anni affetta da tiroidite cronica autoimmune, ricoverata per diarrea, vomito e calo ponderale. EO: eupnoica a riposo, al limite del sottopeso (BMI 19.3 kg/m2) con una marcata deflessione del tono dell'umore, restante obiettività nella norma. Laboratorio: sideropenia, ipotransferrinemia, linfocitopenia, ipocolesterolemia totale, lieve anemia microcitica, deficit folati. Esami strumentali: TC embolia polmonare, EGDS gastropatia microerosiva, mucosa duodenale normale (eseguite biopsie). Nel quadro clinico prevaleva l'aspetto psichiatrico (apatia e depressione) che ci ha portati più verso un DCA che verso una patologia organica. Il dato inatteso è stato il riscontro di embolia polmonare e l'evidenza istologica di atrofia totale dei villi duodenali con sierologia negativa. La diagnosi di celiachia è stata confermata dalla presenza dell'allele DQ2. Terapia: dieta aglutinata, terapia anticoagulante, NPT di supporto con scomparsa della sintomatologia gastrointestinale e incremento ponderale.

Conclusioni: La peculiarità del caso clinico, a nostro avviso, consiste nella particolarità della presentazione clinica caratterizzata dall'aspetto psichiatrico, dalla complicanza embolica e dalla difficoltà diagnostica dovuta alla negatività degli anticorpi per la celiachia.

Balance between parsimony and abundance in diagnosis at the time of COVID-19 (Ockham "against" Hickam)

M. Uccelli[1], E. Di Timoteo[1], S. Bernardi[1], F. Parisi[1], G. Berta[1], A. Borra[2]
[1]SC Medicina, Ospedale di Sanremo (IM), Italy, [2]Département d'Oncologie Médicale, Centre Antoine Lacassaigne, Nice, France

Background and Aim: The persistence of the SARS-CoV-2 pandemic requires Internal Medicine units to manage the complexity of patients with acute CoViD-19 disease, overlapping in most cases with relevant comorbidities.
Methods: In two months we cared for 211 patients affected from CoViD-19 pneumonia in our 44-beds Internal Medicine unit; among these patients, 9% had no chronic comorbidities (CC), 12% had 1 CC, 27% had 2 CCs, 30% had 3 CCs, 22% had 4 or more CCs.
Results: The most frequent symptoms that led to hospitalization were fever (79%) dyspnoea (51%), cough (44%); the most frequent admitting diagnosis was "respiratory failure in CoViD-19 pneumonia" (PaO_2 <60 mmHg and typical pulmonary CT-scan): *"pluralitas non est ponenda sine necessitate"* – William of Ockham. Chronic comorbidities have often been decisive in influencing the clinical outcome and the lenght of hospitalization. The most common diseases were, as expected, heart failure, diabetes, hypertension, neoplasms, anemia, dementia, septic complications: *"a patient can have as many diagnosis as he darn well pleased"*- J. Hickam. The patient treatment included management of respiratory failure (O2 supplementation or non-invasive ventilation), treatment of concomitant diseases and antiviral and antibiotic therapy, if indicated.
Conclusions: Our data support, even in time of Covid-19, the continuing need for integration between the principle of parsimony (Ockham's razor) and abundance (Hickam's dictum) for the purpose of a correct diagnosis and therapy.

An experience of multiprofessional outpatient visits (Rheumatology-Dermatology-Gastroenterology) in evaluating patients with both arthromialgia and psoriasis and/or MICI (Chronic Inflammatory Intestinal Diseases)

T. D'Errico[1], M. Varriale[2], E. Ambrosino[2], G. Italiano[3], R. Mozzillo[4], M. Cordedda[4], M. D'Avino[5], A. Maffettone[6]
[1]Ambulatorio e D.H. di Reumatologia P.S.I. Napoli Est ASL NAPOLI 1 Centro, Italy, [2]UOS Gastroenterologia P.S.I. Napoli Est ASL NAPOLI 1 Centro, Italy, [3]UOC di Medicina Interna Azienda Ospedaliera S.Anna e San Sebastiano Caserta, Italy, [4]UOSD Dermatologia Ospedale del Mare ASL NAPOLI 1 Centro, Italy, [5]UOC Medicina Lungodegenza AORN A.Cardarelli Napoli, Italy, [6]UOC Medicina Cardiovascolare e Dismetabolica AORN Ospedali dei Colli, Napoli, Italy

Background and Aims: With the advancement of etiopathogenetic and immunological knowledge, a multidisciplinary evaluation of patients suffering with immune-mediated pathologies is mandatory, since the potential committment of different organs such as the musculoskeletal system, the skin and the gastro-enteric tract, focusing on aiming at obtaining an early diagnosis of the districts involved and to adequately set up the most effective treatment.
Materials and Methods: In 2019, 80 patients were evaluated in a multidisciplinary context consecutively referred to the dermatologist and gastroenterologist specialist for the presence of arthralgia or arthomyalgia, auto-antibody positivity, psoriasis and IBD.
Results: 80 patients were evaluated, of which 60% F, with a mean age of 49 years (range 18-80 years). 45% of patientshad psoriasis, 40% IBD, 5% psoriasis and IBD, 10% of patients had other pathologies. Patients presented: arthralgia in 45%, arthomyalgia in 25%, low back pain in 15%, auto-antibody positivity in 15%. In some patients, ultrasound or joint MRI allowed a new diagnosis of peripheral arthritis and/or spondyloatritis in 30% of cases, primary arthrosis of the hands or spondyloatrosis in 25% and fibromilagic syndrome in 13%.
Discussion: These data show how the multiprofessional approach improves the diagnosis and optimizes the therapy, so that a precision medicine is .

Quel pasticciaccio brutto di una PCR elevata

F. Luciani[1], M. Lopreiato[2]
[1]Medicina Interna Ospedaliera 1, Azienda Ospedaliero-Universitaria, Ferrara, Italy, [2]Medicina Interna, Azienda Ospedaliero-Universitaria, Pisa, Italy

M, 79 anni. Ricoverato per mialgie diffuse, specie a livello retrosternale e a livello di spalla sinistra. Il paziente, ex tabagista, presenta storia di ipertensione arteriosa con cardiopatia secondaria, IRC da nefroangiosclerosi in terapia emodialitica bisettimanale con iperparatiroidismo secondario e anemia in terapia con eritropoietina. Gli accertamenti eseguiti nel corso della degenza evidenziavano incremento degli indici di flogosi con leucocitosi neutrofila e riscontro di fibrillazione atriale, ad elettrocardiogramma ripetuto in corso di episodio di cardiopalmo, cardiovertita spontaneamente a successivo controllo. Abbiamo pertanto impostato terapia con anticoagulante con warfarin, amiodarone e betabloccante, con buon controllo della frequenza. Nel sospetto di stato infettivo a partenza urinaria, abbiamo impostato antibioticoterapia empirica (prima con ceftriaxone, sostituito poi con piperacillina/tazobactam per scarsa risposta laboratoristica), con riduzione degli indici di flogosi seppur non completamente negativizzati. Abbiamo eseguito plurimi accertamenti che hanno escluso focolai flogistici grossolani. Nel sospetto di stato infettivo CVC-relato, abbiamo, inoltre, raccolto plurimi campioni colturali in wash out antibiotico sia da periferico che da centrale, risultati costantemente negativi. Alla luce dei riferiti dolori articolari diffusi, abbiamo, quindi, ridiscusso il caso con collega reumatologo che ipotizzava quadro di artrite microcristallina trattata con terapia steroidea per os con beneficio e miglioramento laboratoristico.

Germi sentinella: sorveglianza attiva presso l'Ospedale S. Anna di Castelnovo Monti AUSL RE

P.G. Giuri[1], M. Costoli[2], E. Carretto[3]
[1]SOSD Medicina Infettivologica Dipartimento Internistico Interaziendale AUSL Reggio Emilia, Italy, [2]ISRI (Infermiera Specializzata Rischio Infettivo) Ospedale S. Anna Castelnovo Monti AUSL Reggio Emilia, Italy, [3]Microbiologia Arcispedale Santa Maria Nuova IRCCS AUSL Reggio Emilia, Italy

L'AUSL di Reggio Emilia consta di cinque ospedali SPOKE e di uno HUB. L'ospedale S. Anna di Castelnovo Monti (RE) ospita 100 posti. Da luglio 2020 in tale presidio ospedaliero è stata istituita una figura professionale (ISRI) infermieristica specializzata in rischio infettivo e prevenzione delle infezioni associate alle cure (ICA). Nel periodo da luglio 2020 a gennaio 2022 abbiamo avuto 6278 ricoveri. I germi sentinella isolati, vengono immediatamente segnalati alla ISRI. I germi isolati nel nostro Presidio Ospedaliero sono stati nei 19 mesi: *Enterococcus faecium* (5%), *Klebsiella pneumoniae* (37%), *Stafilococcus aureus* (18%), *Pseudomonas aeruginosa* (7%), *Legionella pneumophila* (5%), *Clostridium difficile* (25%), *Klebsiella oxytoca* (2%), *Acinetobacter baumannii* (2%). Il 40% di questi venivano isolati da pazienti ricoverati provenienti dal domicilio, il 47% da altri reparti ospedalieri ed il 12% da CRA (Casa Residenza Anziani). I reparti c/o i quali avveniva la segnalazione e l'isolamento sono stati: lungodegenza medica (16%), Medicina Generale (37%), Ortopedia (2%), Cardiologia (16%), UTIC/Rianimazione (28%), Urologia (4%), pre-operatorio/domiciliare (2%). Il 68% maschi ed il 32% femmine. Le fasce d'età: 40/50 anni (3,5%), 51/60 (7%), 61/70 (12%), 71/80 (44%), 81/90 (24,5%), 91/100 (9%).
Conclusioni: Un sistema di sorveglianza attiva per l'identificazione dei microrganismi sentinella è indispensabile per prevenirne la diffusione e il rischio di epidemie, con tempestiva adozione di appropriate misure di controllo, individuazione delle fonti e dei meccanismi di trasmissione.

Early genetic analysis in fever of uncertain origin

D. Piazza[1], S. Torres[2], M. Parisotto[2], E. De Menis[1], C. Berra[2]
[1]Medicina Generale 2, Ospedale Ca' Foncello, Treviso, Italy, [2]Università degli Studi di Padova, Italy

Background: Autoinflammatory disorders are a group of rare diseases caused by genetic defects of innate immunity. Familial Mediterranean fever (FMF) is the most common. They are usually mistaken with other, more frequent diseases so that the diagnosis is delayed.
Case Report: We report the case of a 27-year-old female patient hospitalized with spike fever, headache and arthralgia. liquor analysis and brain imaging ruled out central nervous system infections and inflammation. A broad-spectrum antibiotic therapy was began, with no resulting effects. Three days after admission, the patient abruptly presented dyspnea, confusion, and peritonitis pain. A CT showed pleural and abdominal effusion that spontaneously regressed in 5 days. Microbiological investigations and autoantibodies were negative. PET-CT was uninformative. Focusing on transient polysierositis we hypothesized an autoinflammatory etiology, specifically FMF. Colchicine therapy was started with rapid improvement. Gene analysis showed homozygous mutation located in p.R202Q of MEFV gene. Thereafter detailed family history revealed that other members of the family were affected by FMF.
Conclusions: Fever is one of the most frequent causes of hospitalization. Despite extensive laboratory and imaging investigation some cases stay unresolved. In these cases, clinical re-evaluation is mandatory, focusing on constellation of symptoms/signs, as polysierositis in our case. At onset FMF is difficult to diagnose clinically and genetic analysis is warranted.

Dare voce alle immagini interiori: poesia e prosa come strumenti per esplicitare i vissuti e sostenere il lavoro organizzativo dei coordinatori infermieristici durante il periodo pandemico

M. Rutigliano[1], I. Bernardi[1], C. Bider[1], M. Bisella[1], R. Buttà[1], S. Grubich[1], L. Mosca[1], Z. Pasqual[2], P. Raco[1], F. Raineri[1]
[1]Asl Biella, Italy, [2]Asl Biella, Italy

Premesse e Scopo dello studio: Al crocevia tra scienza e discipline umanistiche l'infermieristica si affaccia con uno sguardo privilegiato ai bisogni della collettività. La pandemia ha imposto a tutti gli attori coinvolti nell'organizzazione dei servizi alla popolazione una più incisiva necessità d'azione e pensiero. Lo studio condotto intende indagare i vissuti dei coordinatori dell'area distrettuale, impegnati a sostenere i gruppi infermieristici nell'attività ordinaria e straordinaria durante il periodo pandemico.
Materiali e Metodi: Attraverso le metodologie narrative, il Rad e cinque coordinatori appartenenti a diverse aree distrettuali quali Serd, Psichiatria, Cure Palliative, Cure domiciliari, Casa Circondariale sono stati accompagnati a descrivere il proprio ruolo attraverso una metafora utilizzando immagini evocative. La seconda parte dell'incontro ha consentito un ragionamento rispetto a vissuti di paura e leggerezza stimolato da parole-cartoncino precedentemente selezionate dalla formatrice.
Risultati: Fluidi come torrenti, in equilibrio come funamboli; nelle metafore, il gruppo ha trovato uno spazio di condivisione attraverso cui contenere la fatica emotiva, ricercare il senso del proprio agire, mettere a fuoco l'etica che accompagna il pensiero di cura.
Conclusioni: La ricerca proposta non ha avuto la pretesa di penetrare gli eventi nel loro divenire, ma di offrire una metodologia risultata efficace, utilizzabile in futuro per sostenere una comunicazione attenta ai vissuti del personale in circostanze particolarmente complesse.

Prevalence of HCV in people hospitalized for COVID-19

F. D'Onofrio[1], G. Righetti[1], G. Larizza[1], A. Genovese[1], V. Longobardo[1], T. Girone[1], M. Manicone[1], F. Mastroianni[1]
[1]UOC Medicina Interna, Covid Unit, EE Policlinico Universitario F. Miulli, Acquaviva delle Fonti (BA), Italy

Introduction: In our country, the percentage of subjects infected with HCV is about 2% of the general population, with a gradient that increases from the North to the South and the islands. The decline in hepatitis C treatments is sensationally evident. The WHO had set the goal of its elimination by 2030, a result made achievable thanks to the new direct-acting antiviral drugs (DAA), which allow the virus to be eradicated in definitively, quickly and without side effects. The pandemic has slowed both screening and treatment.
Purpose of the study: Evaluate the prevalence of subjects positive for hepatitis C antigen (HCV +) in all hospitalized for Covid-19.
Materials and Methods: 839 subjects admitted to the Covid Unit of the F. Miulli Hospital in Acquaviva delle Fonti were retrospectively assessed.
Results: The prevalence of HCV+subjects was 4.7%. No statistically significant differences were found when comparing the main laboratory tests. No difference emerged regarding the outcomes (length of hospitalization and death) which are similar in the two groups.
Conclusions: The prevalence of HCV+subjects in the Covid-19 population is double that of the general population. A project is underway in our hospital which provides for the screening of all over 50 year olds hospitalized in order to bring out HCV+subjects and direct them to an outpatient diagnostic confirmation path and any specific eradicating therapy.

Molnupiravir: prima esperienza presso COVID Hospital Schiavonia

K. Lokar Oliani[1], R. Volpin[2], C. Bovo[3], L.A.C. Leone[1]
[1]UOC Medicina Interna/Covid, Ospedali Riuniti Padova Sud Madre Teresa di Calcutta, ULSS 6 Euganea, Italy, [2]Pronto Soccorso, Ospedali Riuniti Padova Sud Madre Teresa di Calcutta, ULSS 6 Euganea, Italy, [3]DMO, Ospedali Riuniti Padova Sud Madre Teresa di Calcutta, ULSS 6 Euganea, Italy

Premesse e Scopo dello studio: AIFA a fine 2021 ha approvato il molnupiravir antivirale orale come opzione terapeutica per pazienti con infezione SARS-CoV-2, età ≥18 anni, non ospedalizzati né in ossigenoterapia, con sintomi lievi-moderati e comorbidità come fattori di rischio di progressione di malattia. Il trattamento ha lo scopo di prevenire l'evoluzione dell'infezione e l'ospedalizzazione, agendo sulle fasi iniziali della malattia. Descriviamo qui la prima esperienza e analizziamo ad un mese l'efficacia del trattamento.
Materiali e Metodi: Molnupiravir è stato somministrato a 7 pazienti (F:M 5:2; età 45 - 89 anni). Sei soggetti erano vaccinati: 4 con 2 dosi e 2 con 3 dosi. I fattori di rischio per patologia severa erano: immunodeficienza acquisita, patologia oncoematologica in fase attiva, malattia cardiovascolare grave, insufficienza renale cronica, obesità. Cinque pazienti sono stati trattati in ambulatorio; due ricoverati: uno per frattura di femore e uno per scompenso cardiaco in sospetta neoplasia metastatica.
Risultati: A circa un mese dalla somministrazione tutti i soggetti erano guariti, con tampone negativo tra il 5° e il 13° giorno. Nessun paziente ambulatoriale si è rivolto al PS per peggioramento di sintomi né è stato ricoverato. Due soggetti hanno presentato cefalea, vertigine e diarrea risolti spontaneamente.
Conclusioni: Molnupiravir si è dimostrato efficace nel controllare la prima fase dell'infezione da SARS-CoV-2. Inoltre la somministrazione orale permette l'assunzione domiciliare, con effetti collaterali lievi.

Il ruolo centrale dell'ecografia bedside per l'internista: un caso di mixoma atriale

L. Giannini[1], V. Maestripieri[1], T. Sansone[1], C. Bazzini[1], F. Parolini[1], M. Frugoli[1], T. Riccioni[1], J. Romani[1], D. Matera[1], G. Panigada[1]
[1]SOC Medicina Interna, Ospedale SS Cosma e Damiano, Pescia, Italy

Premesse: L'internista spesso si trova di fronte a pazienti complessi, con quadri clinici di non univoca interpretazione, talvolta con patologie rare e di pertinenza più spesso specialistica.
Descrizione del caso clinico: Uomo, 80 anni, affetto da ipertensione arteriosa, accede in PS per dispnea ingravescente ed episodi presincopali. All'emogasanalisi riscontro di insufficienza respiratoria, alla TC torace versamento pleurico bilaterale (dx >sin); agli esami creatinina 2 mg/dl, BNP 500 pg/ml, troponina HS 40

pg/ml, PCR 6 mg/dl. Ricoverato in Medicina nella notte, viene eseguita ecografia bedside: CUS negativa per TVP, al torace versamento pleurico massivo destro, modesto versamento sinistro e riscontro di voluminosa formazione ovoidale iperecogena atriale sinistra. Tale reperto viene confermato dallo specialista cardiologo che ipotizza un mixoma atriale con ostruzione dinamica della valvola mitrale. Il giorno seguente viene trasferito in Cardiochirurgia dove viene sottoposto a rimozione della formazione: l'esame istologico conferma la diagnosi di mixoma. Successivo miglioramento clinico tale da permettere il rientro a domicilio.
Conclusioni: I tumori primitivi cardiaci sono rari e, se sintomatici, presentano una clinica simile a patologie ben più frequenti nei reparti di Medicina Interna, quali lo scompenso cardiaco o la polmonite. L'ecografia bedside può aiutare l'internista nell'inquadramento iniziale del malato, permettendo talvolta diagnosi "originali" e garantendogli il miglior iter diagnostico terapeutico possibile.

Un raro caso di TIA

L. Giannini[1], M. Giovacchini[1], F. Parolini[1], M. Frugoli[1], T. Riccioni[1], J. Romani[1], T. Sansone[1], D. Matera[1], V. Maestripieri[1], G. Panigada[1]
[1]SOC Medicina Interna, Ospedale SS Cosma e Damiano, Pescia, Italy

Premesse: Il TIA è una patologia frequente nei reparti di Medicina Interna: fondamentale identificare le condizioni alla base di tale malattia per impostare una terapia adeguata, volta a prevenire recidive e/o ictus.
Descrizione del caso clinico: Donna, 71 anni, affetta da ipertensione con pregressi TIA, in terapia con ASA e statina. Accede in PS per ripetuti episodi transitori di ipostenia dell'arto inferiore sinistro; alla TC encefalo esiti ischemici fronto-parietali destri. Ricoverata in Medicina, viene sottoposta a ecoCD TSA ed ecocardiogramma (nei limiti), ECG secondo Holter (episodi di FA, impostata terapia con NAO). EE di routine e immunoreumatologici negativi, eccetto LAC positività. Alla RM e angio-RM encefalo riscontro di esiti gliotici corticali-sottocorticali fronto-parieto-temporo-occipitali destri, ischemia recente frontale destra e aspetto filiforme del tratto M2 e M3 dell'ACM destra. Sottoposta ad angiografia vengono confermate stenosi focali multiple nei tratti M1 e M2 destri, per cui viene eseguita una angioRM con studio delle pareti arteriose che depone per vasculite dei vasi intracranici. A completamento la paziente eseguirà una PET per fare una diagnosi differenziale fra vasculite primitiva cerebrale e vasculite sistemica.
Conclusioni: Le vasculiti cerebrali sono una patologia rara, ma tuttavia esistente, benchè talvolta misconosciuta. E' pertanto importante ricordarle e sospettarle in quei soggetti in cui gli episodi ischemici si manifestano ripetutamente, nonostante siano state eseguite indagini di primo livello e impostata una terapia adeguata.

Predire il deterioramento clinico e la mortalità nei pazienti con COVID-19 mediante l'utilizzo del NEW Score, BMI, età e genere: uno studio retrospettivo

V. Parisi[1], V. Simonetti[2], D. D'Accolti[3], M. Tomietto[4], F. Galli[5], L. Silli[6], L. Tesei[7], G. Cicolini[8], D. Comparcini[9]
[1]Infermiera, RSSA San Gabriele, Bari, Italy, [2]Assegnista di ricerca, Dipartimento Scienze Biomediche ed Oncologia Umana, Università "Aldo Moro" di Bari, Italy, [3]Direttore ADP CdL Infermieristica e CdLM SIO, Università "Aldo Moro" di Bari, Italy, [4]Professor, Department Nursing, Midwifery and Health, Faculty of Health and Life Sciences, Northumbria University, Newcastle upon Tyne, UK, [5]Infermiere, ASUR Marche, sede di Ancona, Italy, [6]Responsabile Personale Sanitario Area Ospedaliera e Territoriale, ASL Pescara, Italy, [7]Infermiere Coordinatore Direzione Professioni Sanitarie, Area Infermieristico-Ostetrica ASUR MARCHE, sede di Ancona, Italy, [8]Ricercatore Dipartimento Scienze Biomediche ed Oncologia Umana, Università "Aldo Moro" di Bari, Italy, [9]Tutor, CdL Infermieristica di Ancona, Facoltà di Medicina e Chirurgia, Università Politecnica delle Marche, Italy

Premesse e Scopo dello studio: Il NEWS è uno strumento che fornisce misure standardizzate dei livelli di gravità negli stati acuti di malattia, utile per tracciare l'andamento clinico avvertendo di eventuali situazioni di deterioramento. Poiché il decorso clinico dei pazienti affetti da COVID-19 può essere associato a fattori quali l'età, il genere e l'obesità, l'obiettivo dello studio è di indagare se l'accuratezza e la sensibilità dello score NEWS, nel predire la mortalità nei pazienti con COVID-19, aumentano in associazione al BMI, all'età e al genere.
Materiali e Metodi: Studio retrospettivo (settembre 2020/giugno 2021) condotto analizzando e cartelle cliniche di 115 pazienti con COVID-19, ricoverati presso il Policlinico di Bari. La capacità del NEWS di discriminare tra sopravvissuti (n=85) e deceduti (n=30), è stata valutata usando il grafico AUROC.
Risultati: Il punteggio NEWS, quando ≥6, è stato in grado di predire la mortalità intraospedaliera con una sensibilità pari all'80% ed una specificità del 70%; il punteggio NEWS associato al BMI, età e genere, quando ≥10, è stato in grado di predire la mortalità con una sensibilità pari all'81% e una specificità del 60%. L'analisi delle curve ROC ha prodotto un'AUC di 0,78% per il NEWS e di 0,75% per il NEWS addizionato al BMI, età e genere (esito considerato: mortalità intraospedaliera).
Conclusioni: I risultati hanno confermato l'accuratezza e la sensibilità del NEWS nel predire la mortalità nei pazienti affetti da COVID-19 indipendentemente dall'inclusione di fattori specifici quali BMI, età e genere.

Valutazione delle competenze professionali acquisite nei percorsi di formazione aziendale: proposta e sperimentazione di uno strumento

G. Campagnola[1], A. Dragonetti[2]
[1]Infermiere Pronto Soccorso/Terapia Intensiva, Humanitas Gradenigo, Torino, Italy, [2]Di.P.Sa. Responsabile Dipartimento Area medica, ASL Città di Torino, Torino, Italy

Premesse e Scopo dello studio: Nei programmi di formazione continua esistono numerosi strumenti per rispondere a un'esigenza organizzativa di verifica delle conoscenze, mentre sono limitati quelli che valutano le competenze acquisite e la stabilizzazione dell'apprendimento. Sulla base di un percorso formativo, in modalità "blended", è stata effettuata un'indagine sull'auto/etero-percezione dei professionisti sulle proprie competenze nell'ottica della valorizzazione professionale delle stesse.
Materiali e Metodi: Strutturare e testare un metodo di valutazione delle competenze riproducibile nell'ambito della formazione continua, verificando l'incremento del livello di competenza e le discrepanze tra l'autovalutazione e l'etero-valutazione.
Risultati: La valutazione della percezione della competenza sembra adatta a valutare l'efficacia di un percorso formativo teorico/pratico, oggetto di formazione continua; risulta evidente la situazione di sostanziale concordanza tra ciò che i professionisti percepiscono di loro stessi e ciò che i loro colleghi più esperti esprimono a proposito di specifiche e peculiari competenze legate a pazienti ricoverati in aree-semintensive.
Conclusioni: La presente indagine cerca di approfondire un argomento indubbiamente innovativo e di interesse per l'attuale scenario delle organizzazioni sanitarie. Esplicitare la percezione dei professionisti sulla propria competenza significa tentare di comprendere come poter effettuare un'analisi dei bisogni formativi più approfondita e strutturata, costruendo percorsi formativi personalizzati e personalizzabili.

Le insidie nella zuppa: un caso di botulismo alimentare

D. Bottazzo[1], E. Barban[1], F. Orlandi[1], F. Grimoldi[1], G. Vescovo[1]
[1]Medicina Generale, Ospedale Sant'Antonio, AOPD, Padova, Italy

Premesse: L'intossicazione da tossina botulinica è una patologia rara acquisita che comporta una paralisi flaccida discendente. Il botulismo alimentare è la forma più frequente negli adulti.
Descrizione del caso clinico: Uomo di 62 anni che accede in PS per vomito alimentare e dolore addominale associata a chiusura dell'alvo a feci. La TC addome con mdc non documenta ostruzione meccanica, viene ricoverato con diagnosi di subocclusione intestinale. Durante la degenza sviluppa una sintomatologia neurologica progressiva ed ingravescente con comparsa di sonnolenza, fotofobia, disartria, ptosi, midriasi, xerostomia. Trasferito in neurologia dove per escludere le cause della sintomatologia bulbare viene sottoposto a RMN cerebrale e rachicentesi, non derimenti. Posta diagnosi clinica di sospetto botulismo, somministrata antitossina. Per insufficienza respiratoria trasferito in TI. Seguiva mi-

glioramento clinico. Il paziente aveva assunto nei giorni precedente la sintomatologia alimento preconfezionato.
Conclusioni: Il bolulismo, seppur una patologia rara alle nostre latitudini, deve sempre entrare nello spettro delle diagnosi differenziali in casi dubbi e suggestivi al fine di porre prontamente diagnosi e avviare una terapia salvavita.

Quello che non ti aspetti: una grave anemia carenziale secondaria a Crohn gastroduodenale

D. Bottazzo[1], F. Grimoldi[1], F. Orlandi[1], G. Vescovo[1]
[1]Medicina Generale, Ospedale Sant'Antonio, AOPD, Padova, Italy

Premesse: La malattia di Crohn è una patologia che può colpire qualsiasi tratto del tubo gastroenterico, la localizzazione più frequente è l'ileo terminale. È gravata da complicanze meccaniche, come occlusioni intestinali conseguenti a stenosi nei tratti coinvolti della malattia, ed infettive per sviluppo di ascessi e perforazioni.
Descrizione del caso clinico: Uomo di 80 anni con storia di ileite terminale e coinvolgimento colico da M. di Crohn con pregresse occlusioni intestinali e sottoposto a resezione di breve tratto di ileo. Ricoverato per grave anemia macrocitica sintomatica, con riscontro di grave carenza di vit B12 e folati e positività di anticorpi anti parete gastrica e anti FI. Ipotizzata diagnosi di gastrite atrofica autoimmune, sottoposto a EGDS ove macroscopicamente non vi è evidenza di gastrite atrofica, l'istologia su biopsie ha mostrato gastroduodenite Chron relata. Avviata terapia con biologico.
Conclusioni: L'espressione clinica della M. di Crohn è alquanto variegata ed insidiosa, talvolta anche espressioni cliniche inusuali permettono di ridefinire la gravità clinica e le scelte terapeutiche.

Necrotizing soft-tissue infection or vasculitis: when the diagnosis is not obvious

C. Angoli[1], F. Bucci[1], C. Carleo[1], I. Merilli[1], C. Pestelli[1], G. Pestelli[1], O. Para[1], F. Rocchi[1], S. Baroncelli[1], C. Nozzoli[1]
[1]Ospedale Universitario Careggi, Firenze, Italy

Background: Necrotizing soft-tissue infection (NSTI) is rare but rapidly progressive, life-threatening bacterial infections with high morbidity and mortality. It may evolve into gangrene with the accumulation of insoluble gases produced by bacterial metabolism.
Clinical case description: The patient enters our hospital for pain, erythema and edema of the left lower limb. The patient is hemodynamically stable, pyretic, blood tests show neutrophilic leukocytosis, thrombocytosis, increase of inflammation indexes (pcr 343 mg/L, pct 1.2 ng/ml). On hemogasanalysis there is mild respiratory alkalosis. At echocolor Doppler on lower limbs there is no sign of DVT. On cranial CT there are no acute lesions. Necrotizing fasciitis is suspected and confirmed by CT with mdc. Heparin, cortisone and broad-spectrum antibiotics are administered. Subsequently, dyschromia and areas of fibrinous necrosis appear on the limb. Biopsy of those lesions reveals, despite the monolateral nature of the clinical picture, that they are compatible with necrotizing vasculitis; however, blood tests are negative for ANA, ENA, ANCA and the clinical history is not typical. Antibiotic therapy leads to improvement of skin lesions and negativisation of inflammatory indexes.
Conclusions: The differential diagnosis between NSTI and necrotizing vasculitis is not always immediate. Because of its rapid progression and high mortality, it is essential that the patient is diagnosed and treated early.

L'*Empowerment* dei pazienti cronici come strategia per migliorare l'aderenza alla terapia e ridurre le riacutizzazioni di malattia: una revisione della letteratura

R. Rocchi[1], M. Marchetti[2], L. Allegrezza Giulietti[1]
[1]ASUR Marche AV2, Italy, [2]UNIVPM Facoltà di Medicina e Chirurgia, Ancona, Italy

Premesse e Scopo dello studio: Considerato il crescente numero di soggetti affetti da malattie croniche, anche a seguito della pandemia da COVID-19, gli operatori sanitari acquisiscono il ruolo di educatori. Lo scopo di questo studio è quello di verificare, tramite una revisione della letteratura, la necessità di investire in programmi di empowerment per pazienti cronici per migliorare l'aderenza a terapie e trattamenti.
Materiali e Metodi: È stato definito il PICOM identificando come "Popolazione" i pazienti affetti da malattie croniche; gli "Interventi" riguardano le strategie di empowerment, mentre l'"Obiettivo" è quello di valutare l'efficacia delle strategie. La ricerca condotta nella banca dati PubMed ha rilevato 175 articoli, analizzandoli in full text ne sono stati selezionati 5.
Risultati: Tra le strategie attuate vi sono: motivational interviewing MI, capability, opportunity and motivation COM-B, formazione di gruppo, colloqui telefonici, utilizzo di applicativi. Per verificare i miglioramenti, sono stati misurati indici specifici come Patient acitivision mesure PAM, scale di valutazione specifiche per patologie (PAID, PEI) in associazione con valori ematici e parametri vitali (HbA1c, PA, BMI). I risultati mostrano sostanziale aumento dell'aderenza alla terapia, miglioramento dello stile di vita, maggiore adesione ad esami di screening e follow up.
Conclusioni: L'empowerment aumenta l'aderenza alle terapie, migliora la qualità di vita, riduce le riospedalizzazioni. Da chiarire la definizione di empowerment e la presenza di strumenti di misurazione standardizzati.

Viaggio alla scoperta di noi stessi: quali occhiali per comprendere la Medicina Interna

S. Cappello[1], A. Corino[1], C. Foletto[1]
[1]Medicina Interna San Luigi, Orbassano (TO), Italy

Premesse e Scopo dello studio: Molte sensazioni ci guidano nella realtà quotidiana di reparto ma conosciamo veramente noi stessi? Dalla lettura dei quaderni dell'Italian Journal of Medicine di FADOI è nato lo spunto di riproporre all'interno del nostro reparto il questionario somministrato agli internisti italiani aderenti alla FADOI e agli infermieri aderenti ad ANIMO. Nell'equipe sono emerse sensazioni di dissonanza su aspetti quali la gestione del paziente critico, i rapporti con il DEA e la qualità delle cure all'interno del nostro reparto dove i pazienti provengono esclusivamente da DEA e talvolta necessitano di setting assistenziali a più elevata intensità di cura. In questo contesto, il questionario potrebbe essere un valido strumento per dare una fotografia realistica nella percezione della Medicina Interna.
Materiali e Metodi: È stato somministrato a medici, specializzandi e infermieri della Medicina Interna il questionario nel periodo 1 febbraio - 15 aprile 2022. A conclusione della somministrazione i dati ricavati verranno analizzati e discussi all'interno dell'equipe.
Risultati: La somministrazione dei questionari deve ancora terminare, il nostro atteso è di confermare o confutare le sensazioni che ci hanno spinto a voler applicare questo studio all'interno della nostra realtà.
Conclusioni: La discussione dei risultati potrà essere utile per condividere percorsi di sviluppo all'interno dell'equipe e garantire un miglioramento della qualità delle cure.
Lo strumento potrebbe essere utilizzato in futuro ampliandolo ad altre unità operative dell'Azienda.

Eosinophilic granulomatosis with polyangiitis (Churg-Strauss syndrome): a complex diagnosis in the management of hypereosinophilia

V. Benintende[1], C. Bertoldi[2], C. Paparcone[2], P. Cataleta[2], M. Domenicali[1]
[1]Department of Medical and Surgical Sciences, Alma Mater Studiorum-University of Bologna, Bologna, Italy, [2]Department of Primary Health Care, Internal Medicine Unit addressed to Frailty and Aging, AUSL Romagna, Ravenna, Italy

Introduction: Eosinophilia comprehends a group of commonly experienced clinical situations in Internal Medicine. It is classified into mild (500-1500 cells/ l), moderate (1500-5000 cells/ l) and severe for an eosinophil count >5000 cells/ l.
Case Report: A 75-year-old man, with a history of asthma, presented with complaints of persistent fever. Before the admission to our hospital, he presented skin rash on the scalp associated with fever, arthralgia, widespread myalgias with a worsening trend

and hypereosinophilia. Physical examination showed inflamed and infiltrated skin lesions on the right shoulder, on the left lower limb, and on the right lateral cervical region. The ENT examination reported a polypoid formation of the right nasal cavity. Laboratory studies confirmed a severe hypereosinophilia (maximum eosinophilic count 6320 cells/ l), TnT elevation (3500 ng/L) and negativity for the antineutrophil cytoplasmic antibodies. A myocardial involvement was suspected and confirmed by imaging. Biopsy of the skin lesions revealed eosinophilic granulocytes in the dermis and in the perivascular site (eosinophilic vasculitis), in addition histological examination of the polypoid tissue presented eosinophilic granulocytes. These findings in conjunction with the presented symptoms, led to a diagnosis of eosinophilic granulomatosis with polyangiitis (EGPA). Treatment with corticosteroids and mycophenolate mofetil was started.
Conclusions: ANCA-negative EGPA defines a subset of patients with endomyocardial involvement and lung infiltrates.

Death in SARS-CoV-2 infection: AST but not ALT correlates with higher risk

A. Vario[1], F. Simoni[1], L. Serena[1], F. Tezza[1], C. Maset[1], V. Bandolin[1], P. Donegà[1], D. Manna[1], F. Baratto[2], L.A.C. Leone[1]
[1]UOC Medicina Interna/Covid, Ospedali Riuniti Padova Sud "Madre Teresa di Calcutta", AULSS 6 Euganea, Veneto, Italy, [2]UOC Terapia Intensiva/Covid, Ospedali Riuniti Padova Sud "Madre Teresa di Calcutta", AULSS 6 Euganea, Veneto, Italy

Backgrounds and Aims: ALI (Acute Liver Injury) is widely described in SARS-CoV2 infection; the supposed mechanisms include direct cytopatic damage, use of drugs and/or the inflammatory cascade. Aim of this large retrospective study is to define type, frequency and clinical relevance of liver damage.
Materials and Methods: We analyzed all patients' (pts) biohumoral/clinical data admitted in Schiavonia Hospital (PD) from 7/2/20 to 31/1/22.
Results: 2504 pts were hospitalized (57.4% male, mean age 73); respiratory treatment was invasive the mechanical ventilation (IMV) in 724 (34%), the non invasive one (NI) in 1780. The significant differences ($p<0.001$), between IMV *vs* NI, were: first (F) AST value 68 *vs* 47 and peak (P) AST value 102 *vs* 57, FALT 49vs39 ($p=0.005$), PALT 113 *vs* 63, FGGT 78 *vs* 64 ($p<0.01$), PGGT 124 *vs* 68, PBilirubin, FLDH 393 *vs* 301, PGlycemia, F-PPCR, PDdimer, ferritin; no differences between F-PALP, Fbilirubin, INR, PLDH, F-PProcalcitonin, PDdimer, BNP, Troponin, CPK, IL6. The significant differences, between deceased *vs* discharged pts, were: F-PAST (75 *vs* 48, 105 *vs* 58), PGGT (104 *vs* 78), F-PALP (112 *vs* 86, 89 *vs* 123), PBilirubin, INR, FLDH (406 *vs* 305), FGlycemia, F-PPCR, F-PProcalcitonin, F-PDdimero, BNP, IL-6, ferritin, IL6, but not of F-PALT (45 *vs* 41, 79 *vs* 76), FGGT, PLDH, FBilirubin, Troponin, CPK.
Conclusions: We endorse the severity of ALI correlates with the severity of the COVID19 disease. Higher AST values can be associated with a greater risk of death, not found for ALT. This evidence might suggest multiorgan damage rather than direct liver damage or drugs usage as cause of ALI.

Percezione degli infermieri del rischio correlato alla nutrizione enterale: studio osservazionale multicentrico

L. Tesei[1], A. Giacchetta[2], G. Cicolini[3], V. Simonetti[4], D. Comparcini[5]
[1]Professioni Sanitarie UOC Area Infermieristico Ostetrica ASUR Marche Ancona, Italy, [2]Casa di Cura Villa Igea, Italy, [3]Ricercatore, Dipartimento Scienze Biomediche ed Oncologia Umana, Università "Aldo Moro" di Bari, Italy, [4]Assegnista di ricerca, Dipartimento Scienze Biomediche ed Oncologia Umana, Università "Aldo Moro" di Bari, Italy, [5]Tutor, CdL Infermieristica di Ancona, Facoltà di Medicina e Chirurgia, Università Politecnica delle Marche, Italy

Premesse e Scopo dello studio: Durante la NE possono verificarsi diverse complicanze anche gravi. Poiché studi dimostrano che l'accadimento di eventi avversi è associato alla percezione del rischio da parte dei professionisti, maggiore è la capacità degli infermieri di percepire il rischio relativo alla nutrizione enterale, maggiore è la sicurezza per il paziente. Obiettivo dello studio è quello di valutare la percezione del rischio nella gestione della NE degli infermieri di area medica.
Materiali e Metodi: Studio osservazionale multicentrico. E' stato utilizzato il questionario validato dallo studio di Ping Feng et al. (2021) composto da 29 items valutati in termini di percezione di probabilità di accadimento e di gravità dell'evento.
Risultati: Hanno partecipato allo studio 96 Infermieri di 4 strutture ospedaliere. Il 58% del campione pensa che sia piuttosto possibile che si verifichi l'aspirazione. Il 55% dei partecipanti ritiene l'evento molto grave e il 33% una problematica seria; tuttavia il 5% è incerto rispetto alla gravità e il 2% lo ritiene non grave.
La diarrea è considerata dal 45% dei partecipanti un evento molto probabile. Il 45% la considera un evento serio, ma il 30% lo ritiene un evento non grave. Rispetto alla dislocazione del sondino, l'8% degli intervistati è incerto sulla gravità e il 4% lo ritiene non grave.
Conclusioni: Non per tutti gli eventi avversi c'è una adeguata percezione della probabilità di accadimento e della gravità dell'evento. La percezione del rischio varia quando correlata ad alcune delle variabili considerate.

Analysis on COVID-19 hospitalizations

R. Mascianà[1], A. Iannolo[1], D. Larnè[1], M. Papalia[2], G. Foti[1]
[1]UOC Malattie Infettive, Grande Ospedale Metropolitano di Reggio Calabria, Italy, [2]UOC Pneumologia, Grande Ospedale Metropolitano di Reggio Calabria, Italy

Background and Aim of the study: Since the beginning of the COVID-19 pandemic, our hospital (G.O.M. of Reggio Calabria) has admitted all patients affected by SARS-CoV-2 disease (COVID19) who needed hospitalization within the province of Reggio Calabria. The purpose of this study is to evaluate the characteristics of gender, age, average hospitalization and comorbidities.
Materials and Methods: All patients admitted to our hospital for COVID-19 in 2021 were evaluated.
Results: The total number of patients was 1523. The average age was 63.1, of which 844 males (55.4%) and 679 females (44.6%); the mean hospitalization period was 16.4 days. There were 316 deaths, equal to 20.7% of the hospitalized. The average age of the deceased was 77.4, with an average hospitalization of 14.3 days. The distribution of deaths by age group does not reveal any death under the age of 40 and a concentration in the more advanced ages, about 90% of deaths in patients over 60. Only 15 of 316 deceased patients (4.7%) did not have comorbidities, most of the patients had 3 or more comorbidities (51%), the most frequent were cardiovascular diseases, chronic respiratory diseases, neurological diseases, obesity, diabetes, chronic renal failure.
Conclusions: Collecting this data is useful for re-evaluating the work done and comparing it with other areas of our country. We intend to elaborate these data with respect to the different pandemic waves and the different times of the vaccination campaign.

Comorbidities impact on COVID-19

R. Mascianà[1], A. Iannolo[1], D. Larnè[1], G. Foti[1]
[1]UOC Malattie Infettive, Grande Ospedale Metropolitano di Reggio Calabria, Italy

Background and Aim of the study: Considered the high morbidity and lethality of the Severe Acute Respiratory Syndrome Coronarovirus 2 (SARS-CoV-2) infection, it is extremely important to try to identify the characteristics related to adverse clinical outcomes. We considered the impact of demographic factors and comorbidities on the outcome of COVID19.
Methods: Patients affected by SARS-CoV-2 infection, admitted to the Infection Disease Unit of G.O.M. Hospital of Reggio Calabria between March 2020 and September 2021, were enrolled. Our study investigated impact of demographic history and comorbidities on a combined endpoint "ICU/mortality".
Results: 840 patients were included into this analysis.The mean age of the study sample was 63.4years (males 60%).The prevalence of concomitant comorbidities was: diabetes 29%, arterial hypertension 54%, obesity 9%, chronic obstructive pulmonary disease (COPD) 15%, cardiovascular events 32%, chronic kidney disease (CKD) 8%, dementia 8%. Age>65, cardiovascluar events,

dementia and obesity were significantly related with the incidence rate of combined outcome.Gender, diabetes and CKD failed to be significantly related to the study outcome.
Conclusions: These evidences can be a useful tool for stratifying the population by risk variables and therefore in prognostic terms.This anamnestic information can allow the patient to be placed in the most appropriate care setting, and also allow the clinician to a more careful management of the population more susceptible to complications.

Non-pharmacological approach to anxiety due to COVID-19

A. Beretta[1], A. Aceranti[1], S. Vernocchi[1], M. Colorato[1], D. Emedoli[1], A. Palazzolo[1], M. Tuvinelli[1], C. Ascrizzi[1], G. Schiatti[1]
[1]Istituto Europeo di Scienze Forensi e Biomediche, Gallarate (VA), Italy

Introduction: In this publication, it is described the clinical case of a 59-year-old female patient reporting anxiety-related symptomatology, generally worsening postpandemic and post-SARS-CoV-2 infection.
Clinical Case Description: A 60-year-old female patient reports an heightened state of anxiety as a consequence of the pandemic and after being infected by SARS-CoV-2. Reported symptoms are heart palp, tachycardia, chest pain and increased sweating. Since the appearance of those symptoms, she has been prescribed extended release anxiolytic medication by her primary care physician, such as 0.5 mg benzodiazepines (one tablet per evening). The patient underwent two osteopathic treatments. A questionnaire was given to assess the patient's perceived state of anxiety before the first treatment and after the second one. The patient indicates a decrease in anxiety-related symptoms and the questionnaire shows a significant reduction in her perceived anxiety. The clinical examinations she underwent revealed respiratory performance decrease (spirometry) and QRS complex lengthening (ECG).
Conclusions: Osteopathic treatment is effective on anxiety side effects due to the pandemic era. Assess the possible replacement, interchange or reduction of pharmacological therapy (benzodiazepines).

CT-scan model of ageing: muscle mass, bone density and vascular calcification in elderly people with COVID-19 pneumonia

R. Del Toro[1], F. Palmese[2], C. Ruffolo[1], F. Feletti[3], M.T. Minguzzi[3], M. Domenicali[2]
[1]Department of Primary Health Care, Internal Medicine Unit addressed to Frailty and Aging, AUSL Romagna, Ravenna, Italy, [2]Department of Primary Health Care, Internal Medicine Unit addressed to Frailty and Aging; Department of Medical and Surgical Sciences, Alma Mater Studiorum-University of Bologna, Bologna, Italy, [3]Department of Diagnostic Imaging, AUSL Romagna, Ravenna, Italy

Background and Aim: Several studies described the association of COVID-19 with frailty and mortality in patients over 65 years old. These considerations have inspired the researchers to recognize changes in organ and tissue as a marker of frailty in older people. The aim of this study was to investigate the relation between muscle mass, bone loss and arterial calcifications in patients over 75 years old affected by COVID-19 pneumonia.
Results: In this retrospective observational study, we analyzed on a thoracic CT paravertebral skeletal muscle area (cm2) and density (HU) at the Th12 level, descending thoracic aortic calcification (DTAC) - Agatston Score and L1 bone mineral density (HU) in 25 patients admitted to our Unit. 25 patients (13 males, 12 females), with a mean age of 83±2.83 years, were included. Agatstone score was inversely associated with L1 density (rho=- 0.452, p=0.024) and with muscle density (rho=- 0.43, p=0.03), also after adjustment for age and gender. L1 density was directly associated with muscle mass density (rho=0.42, p=0.03). The area under the curve of the ROC curve constructed to evaluate the discriminating power of the total DTAC in order to predict the death of patient was 0.81. The cut-off value of DTAC=2930,98 had a sensitivity of 89% and a specificity of 69%.
Conclusions: The results of this study demonstrated that vascular calcification is inversely related to bone mineral density and muscle mass density, while bone and muscle density are directly correlated. Finally, DTAC in elderly people with COVID-19 pneumonia has a good power to discriminate the surviving patients from those who dead.

Il ruolo dell'infermiere nella gestione delle dermatiti associate ad incontinenza: revisione della letteratura

M. Marchetti[1], R. Rocchi[2], L. Allegrezza Giulietti[2], V. Di Silvio[2], P. Antognini[3]
[1]Università Politecnica delle Marche, Italy, [2]ASUR Marche, Area Vasta 2, Italy, [3]ASUR Marche, Area Vasta 3, Italy

Premesse e scopo dello studio: Molte persone affette da incontinenza (urinaria, fecale o doppia) possono andare incontro a dermatite associata, che si verifica quando la barriera protettiva cutanea viene a mancare. La prevalenza nella popolazione anziana e nei pazienti critici riveste un importante problema sanitario e sociale. Esistono fattori di rischio indipendenti e predittivi.
Materiali e Metodi: E' stata condotta una ricerca bibliografica su PubMed, parole chiave *"Incontinence", "Dermatitis", "Incontinence-associated dermatitis", "Nurs*"*. Restituiti 205 records. Sono stati applicati filtri: 5 anni, free full text, human, adult+19, lingua inglese, ottenendo 20 articoli.
Risultati: Sono stati selezionati 8 articoli, in cui viene preso in considerazione il ruolo dell'infermiere nella gestione delle dermatiti associate ad incontinenza. L'Infermiere esperto in wound care rappresenta una importantissima risorsa per formare il personale sanitario, che dovrebbe prestare la massima attenzione ai fattori di rischio per le IAD ed iniziare tempestivamente la prevenzione relativa.
Conclusioni: Le conoscenze acquisite dagli infermieri e l'implementazione di pratiche basate sulle evidenze scientifiche, migliorano l'assistenza e la qualità di vita dei pazienti affetti da IAD. Le raccomandazioni includono anche l'attuazione di piani di cura per migliorare lo stato funzionale, trattare i problemi di perfusione e fornire assistenza per l'incontinenza e per la cura della pelle. Sono necessari ulteriori studi per fornire base scientifica per lo sviluppo di specifici interventi preventivi.

Gestione del catetere vescicale in pazienti con polmonite severa da COVID-19 sottoposti a ventilazione con CPAP: impatto di un bundle condiviso

L. Sala[1], T.M. Attardo[1], D.F. D'Onofrio[1], G. Riggi[1], D. Dalla Gasperina[2], G. Cappellari[1], F. Dentali[2]
[1]ASST dei Sette Laghi, Varese, Italy, [2]Università degli Studi dell'Insubria, ASST dei Sette Laghi, Varese, Italy

Premessa e Scopo dello studio: L'utilizzo del catetere vescicale (CV) è associato ad un rischio giornaliero del 3-7% di sviluppare una batteriuria e una possibile infezione delle vie urinarie (*catheter associated urinary tract infection*-CAUTI). La gestione assistenziale dei pazienti con polmonite da COVID-19 sottoposti a ventilazione con CPAP è spesso complessa. Lo scopo dello studio è stato indagare l'utilizzo del CV (frequenza, tempi di permanenza, incidenza di CAUTI) in questa popolazione, tramite un *bundle* CAUTI.
Materiali e Metodi: Sono stati valutati tutti i pazienti con polmonite severa da COVID-19 e necessità di CPAP ricoverati presso HUB COVID, ASST Sette Laghi (Varese) dal 01/07/2021 al 31/01/2022. Gli indicatori considerati sono stati: tempo di permanenza della CPAP; posizionamento e tempo di permanenza del CV; complicanze non infettive ed infettive.
Risultati: Nel periodo dello studio 104 pazienti (69M, 35F; età media 66,9 anni, *range* (R) 32-91) hanno avuto necessità di CPAP, per un tempo medio di 6,2 giorni (R 1-21). Il CV è stato posizionato in 58/104 pazienti (55,7%), con un tempo di permanenza medio di 8,5 giorni (R 1-32). Si sono verificate complicanze non infettive in 8/58 (13,7%) pazienti (5 ostruzione, 3 ematuria) ed in 7 è stata riscontrata un'urinocoltura positiva: 4 batteriurie asintomatiche e 3 CAUTI (incidenza 5,2%).
Conclusioni: Un *bundle* condiviso ha determinato il posizionamento del CV solo in casi di reale necessità clinico-assistenziale e solo per il tempo necessario, riducendo così il rischio di CAUTI in una popolazione con infezione grave.

Pernicious asthenia: a case report

F. Sartori[1], L. Manotti[2], F. Penitenti[1]
[1]Ospedale Destra Secchia, Borgo Mantovano, ASST Mantova, Italy, [2]Ospedale Carlo Poma, Mantova, ASST Mantova, Italy

Background: Vitamin B12 deficiency can be caused by different conditions. Autoantibodies that inhibit vitamin B12 absorption in terminal ileum cause pernicious anemia, the most common vitamin B12 deficiency, characterized by autoimmune chronic atrophic gastritis.
Clinical case: A 51 year-old male patient went to the emergency department for asthenia, dysgeusia and weight loss (10 kg) after finding anemia in bioumoral exams (GR 1.430.000, hematocrit 17%, Hb 6.4 g/dl MCV 118,9 fl) and hyperbilirubinemia (1.98 mg/dl), predominantly unconjugated. The patient referred yellow diarrheal stools with pale skin. After being transfused with 1 unit of RBC further bioumoral exams were performed showing LDH 4253 UI/L, reticulocytes 0.8%, normal coagulation assay, normal creatinine and epatic function. The patient performed an esophagogastroduodenoscopy; the biopsy showed a morphological picture consistent with autoimmune gastritis. To complete the diagnosis anti-parietal cell antibodies were performed, which were positive. Regular and long-life intramuscolar cobalamine supplementation are needed to reach appropriate haemoglobin levels.
Conclusions: The diagnosis of Pernicious Anemia (PA) may be complicated by aspecific symptoms and signs. PA has to be put in differential diagnosis with other anemias (haemolytic, drug-induced, alcohol-related, hypothyroidism). PA can also be a clue to assess other endocrine disorders as being part of autoimmune poliendocrine syndrome. In our clinical case the patient presented one autoimmune disease associated with PA: type 1 insulinodependent diabetes.

A case of juvenile dementia

L. Tibullo[1], M. Nunziata[1], I. Puca[1], V. Iorio[1], F. Cannavacciuolo[1], M. Atteno[1], G. Antignani[1], A. Casoria[2], M. Amitrano[1]
[1]Internal Medicine Ward, San Giuseppe Moscati Hospital, Avellino, Italy, [2]Internal Medicine Ward, University Federico II, Naples, Italy

A male patient aged 42 came to our observation for weight loss of about 20 kg, apathy and depressive syndrome; he lived abroad for many years. He had already been admitted to the psychiatry ward for the depressive syndrome; during this hospitalization, no psychiatric pathology emerged, and he also performed an MRI of the brain with the presence of images compatible with the outcomes of vasculitis and was discharged with the diagnosis of "Organic Psychosyndrome as possible dementia or paraneoplastic encephalopathy".
Description of the clinical case: During our hospitalization, blood tests, esophagogastroscopy, colonoscopy, brain CT, chest CT, abdominal ultrasound, echocardiogram, neurological consultation, electroencephalogram were performed. A search for HIV antibodies that tested positive for HIV 1 was also carried out. We repeated an MRI of the brain with a contrast medium with evidence of hyperintense lesions affecting the deep white matter of both cerebral hemispheres. CD4 counts and serology for parvovirus and infectious disease counselling were also carried out to start antiretroviral therapy.
Conclusions: HIV-associated dementia (AIDS-dementia complex) is suspected in young patients with cognitive impairment and risk factors. Unlike almost all other forms of dementia, it affects younger people.

Paraneoplastic acquired factor VIII hemophilia: a case report and a literature review

I. Merilli[1], E. Cesaroni[1], G. Pestelli[1], L. Caruso[1], F. Bucci[1], M. Al Refaie[1], C. La Rovere[1], C. Angoli[1], O. Para[1], C. Nozzoli[1]
[1]AOU Careggi Firenze, Italy

Introduction: The development of circulating autoantibodies able to inhibit some coagulation proteins induces severe or even life-threatening bleeding. This disorder is called acquired hemophilia. This is a rare disease, although its impact may be underestimated because of the lack of records.
Case Report: 65 years old patient with a history of DM, diabetic retinopathy-nephropathy and hypertension was admitted to hospital for a PTA elective surgery. During the hospitalization blood test showed a severe anemia (Hb 6.4 g/dl) needed for RBC transfusion, melena and lower limb muscle swelling. The study of anemia leads us to a case of normochromic normocytic anemia without hemolysis, an increase of aPTT value and in range value of PT. Coagulation study also showed a FVIII deficit with FVIII inhibitor autoantibodies and normal value of FvW. EGDS and transabdominal ultrasonography were negative, but CT showed a stenotic lesion identified with colon biopsy as a colon adenocarcinoma. We treated it with a high dose of steroid and candidated him for colectomy preceded by administration of FVIIaR.
Conclusions: There is evidence from literature that the incidence of AHA has been estimated to be 0.2–1.0 case per 1 million persons per year, but this figure may be an underestimate given the difficulty in making the diagnosis. On the other hand, new therapeutic strategies have improved the prognosis of AHA but success depends in part on the underlying disorder.

An unusual case of thyroid sarcoma

L. Tibullo[1], M. Nunziata[1], V. Iorio[1], M. Mastroianni[1], M. Raimondo[1], N. Iuliano[1], S. Mangiacapra[1], A. Casoria[2], M. Amitrano[1]
[1]Internal Medicine Ward, San Giuseppe Moscati Hospital, Avellino, Italy, [2]Internal Medicine Ward, University Federico II, Naples, Italy

Background: A 57-year-old male patient arrived in the emergency room for oedema in the left upper limb and dyspnea, worsening the thyroid goiter already known. It was also a palpable collateral circle to the lefl hemithorax, in addition to the damage to the left upper limb. In medical history: Smoker, multinodular thyroid goiter.
Description of the clinical case: Neck and chest CT scan was performed, which showed voluminous thyroid goiter with compression and dislocation of the trachea, associated with colliquated lymphadenopathy in the left lateral cervical area resulting in laryngeal compression, deep vein thrombosis in the internal jugular vein, multiple bilateral pulmonary nodules and started the anticoagulant therapy immediately. Venous echocolordoppler of the left upper limb and neck, total body CT with contrast medium, otolaryngology consultancy, surgical consultancy, oncological and pneumatological consultancy, oncological markers was then performed. A lymph node aspiration was performed with evidence of elevated thyroglobulin compatible with lymph node metastases from thyroid cancer. Then, a biopsy of the mediastinal mass was performed with evidence of sarcoma and subsequent placement of tracheal prosthesis under operative endoscopy.
Conclusions: Although most thyroid cancers are epithelial (papillary carcinoma, follicular carcinoma, medullary carcinoma, undifferentiated carcinoma), it is rarely possible that they are non-epithelial tumours (sarcoma, hemangioendothelioma, lymphoma, metastasis).

Sulle tracce dell'ECG...e non solo: due SCA-STEMI insoliti

F. Orlandi[1], D. Bottazzo[1], F. Grimoldi[1], E. Barban[1], N. Rigon[1], G. Vescovo[1]
[1]UOC Medicina Generale OSA, Azienda Ospedale, Università di Padova, Italy

Premesse: L'infarto del miocardio è una patologia molto comune nella popolazione generale ed è gravato da importante morbidità e mortalità. La patogenesi è variegata con un ruolo principale svolto dall'ateromasia coronarica. Bisogna comunque tenere in considerazione le cause meno frequenti sindrome coronarica acuta, anche nel caso di SCA-STEMI.
Descrizione del caso clinico: Di seguito sono presentati due casi di STEMI transitorio, in cui la SCA non era secondaria ad occlusione coronarica. Donna di 86 aa ricoverata presso medicina per una sincope senza prodromi e scompenso cardiaco acuto su cronico in nota cardiopatia ischemico-ipertensiva; durante la degenza episodio di dolore tracico tipico con all'ECG BAV completo e sopra ST-inferiore. Sottoposta a CNG con evidenza di coronarie indenni, impiantato PM. Uomo di 83 aa ricoverato in medicina interna per polmonite e angina instabile,

presenta durante la degenza nuovo episodio di dolore toracico associato ad edema polmonare acuto con all'ECG evidenza di elevazione del tratto ST transitoria in sede inferiore. Sottoposto a CNG con evidenza di duplice dilatazione aneurismatica della coronaria destra ed ectasia della discendente anteriore.
Conclusioni: Molto ci resta ancora da comprendere sulla complessa patogenesi della cardiopatia ischemica e sulle sue presentazioni in acuto.

A common symptom, a difficult diagnosis

A. Lombardi[1], D.A. Araujo Lozada[1], C. Mancini[1], G.C. Del Buono[1], R. Nersita[1], A. Martinelli[1], M. Gobeo[1], C. Politi[1]
[1]UOC Medicina Interna Ospedale F. Veneziale Isernia, ASREM, Italy

Premise: Spondylodiscitis (SD) is often late diagnosed for the clinical presentation confusing with more common diseases, causing therapeutic delay and increased mortality.
Description of the clinical case: 64y woman hospitalized for lumbar pain and fever, self-treated with steroids, suffering from diabetes, hypertension and obesity, rapidly turned into septic state, with respiratory failure, high unresponsive fever, coma and need of vasopressors. Blood tests showed infection and inflammatory signs (CPR 468.3 mg/L, PCT 20.36 ng/ml, WBC 22.19 x10.e3/mcl). Two blood cultures were positive for Staphylococcus aureus. Liquor showed numerous cellular elements (365/mcl) mainly polymorphonucleate (70%). Echocardiography was negative for pathologies; body CT scan and MRI showed multiple spinal degenerative and post-traumatic phenomena from D12 to S1. Despite targeted antibiotic therapy, the patient died after 72 hours, therefore autopsy was required, concluding "death from cardiac arrest in a state of sepsis with massive myocarditis and meningo-encephalitis". Unfortunately, no sections of the column were performed despite the clinical information provided.
Conclusions: 10% of SD are not detected by MRI, usually in early stage and overlapping degenerative spinal conditions. Clinical score as SponDT (Spondylodiscitis Diagnosis and Treatment scoring system) considering imaging, pain and CRP, allows diagnosis and stratification of the SD, in this case "moderate degree SD". Diabetes mellitus and use of steroids cause immunosuppression with easier evolution in sepsis, nullifying therapy.

Are there differences by gender in the vaccine anti COVID-19 outcome? Preliminary data

T. Ciarambino[1], F. Ciaburri[2], V. Delli Paoli[2], G. Caruso[2], A. Maffettone[3], M. D'Avino[2]
[1]Ospedale Marcianise, ASL CE, Italy, [2]Ospedale Cardarelli, Napoli, Italy, [3]Ospedale Monaldi, Napoli, Italy

Background: Five vaccines have been approved for limited use for the pandemia of COVID-19.The incidence rate of SARS-CoV-2 infections among adults aged 16 years and older was 91.5 per 100 000 person-days in the unvaccinated group and 3.1 per 100 000 person-days in the fully vaccinated group.The adjusted estimates of vaccine effectiveness were 91 5% against asymptomatic SARS-CoV-2 infection, 97 0% against symptomatic COVID-19, 97 2% against COVID-19 hospitalisation. No data has described the differences by gender in relation to status vaccinated (yes or not) and outcome (CT lung, hospitalization, lenght of stay, comorbidity etc).
Methods: We reported data of 30 patients (mean age 67,7+-4 years old, 33% are female) hospitalized for COVID-19, in relation to gender and status vaccine. Statistical analysis was performed with R 4.0.2. Categorical variables were reported as absolute and relative frequencies and compared through Fisher Exact test. Statistical significance was fixed to 0.05.
Results: Our patients are characterized by 25% males and 40% female unvaccinated. In both group (vaccinated and not vaccinated) no differences are reported on the CT lung was report, on the comorbidity and on the hospitalization.
Conclusions: These our data are preliminary, but indicate that vaccine status is different by gender. Female subjects are less likely to Covid-19 vaccination. Probably, it is need to provide for a more in-depth awareness campaign also aimed at gender differences, in particular to adverse reactions by gender.

A rare case of osmotic demyelination syndrome in patient without electrolytic disorders, suffering from alcoholic liver disease: a case report

D. Cozzo[1], A. Beltraminelli[1], R. Monotti[1]
[1]Ente Ospedaliero Cantonale, Ospedale Regionale di Locarno "La Carità", Switzerland

Premesse: La sindrome da demielinizzazione osmotica consiste nella comparsa di un edema cerebrale pontino e sintomi neuropsicologici caratteristici secondari ad una rapida correzione della sodiemia nel contesto di iponatriemia. Sono descritti rari casi in pazienti normonatriemici affetti da cirrosi epatica etiltossica.
Descrizione: Sig. di 55 anni, noto per cirrosi epatica CHILD B etiltossica e sindrome depressiva, giunge in PS inviato da una clinica psichiatrica dove era degente nel contesto di delirium tremens, per sospetto scompenso ascitico. Nel decorso iniziava infatti a manifestare dispnea e incremento ponderale subacuto. All'esame obiettivo si evidenzia un addome globoso dolente alla palpazione ed edemi declivi; a livello neurologico un'alterazione atassica assiale con disturbo della marcia e dell'equilibrio, sindrome cordonale posteriore, iporreflessia e ipotrofia muscolare. Agli esami di laboratorio emerge un'epatopatia citolitico-colestatica, anemia macrocitica e assenza di alterazioni elettrolitiche. Il workup epatico eseguito risulta compatibile con scompenso ascitico. Sul lato neurologico, in presenza di TC negativa e del quadro dubbio, si esegue una RM cerebrale che mostra una sindrome da demielinizzazione osmotica centrale. Nel corso della degenza gli elettroliti risultano sempre nella norma, come anche agli atti dei precedenti ricoveri e del medico curante.
Conclusioni: Discutiamo il caso con i colleghi neurologi e neuroradiologi. Il quadro appare verosimilmente secondario alla condizione etiltossica. Da uno studio del 2021 emerge una incidenza dello 0.02%.

Bezoars: a not so common cause of melena

F. Penitenti[1], L. Mantione[2], F. Caputo[3], M.R. Ambrosio[1], G. Zoli[3]
[1]Section of Endocrinology, Internal Medicine and Geriatrics, Department of Medical Sciences, University of Ferrara, Ferrara, Italy, [2]Department of Internal Medicine, Santissima Annunziata Hospital, Cento (Ferrara), University of Ferrara, Ferrara, Italy, [3]Department of Internal Medicine, Santissima Annunziata Hospital, Cento (Ferrara), University of Ferrara, Ferrara, Italy; Department of Translational Medicine, University of Ferrara, Ferrara, Italy

Background: Melena refers to dark black stools associated with upper gastrointestinal bleeding. Digested blood is referrable to many conditions, such as peptic ulcer, stomach cancer, esophageal varices, Meckel's diverticulum. Bezoars, aggregates of indigestible material accumulated in the gastrointestinal tract, are an uncommon cause of upper gastrointestinal bleeding which are classified according to their composition: phytobezoars is the most common type, characterized by indigestible plant material.
Clinical Case: A 65 year-old man affected by diabetes and history of myocardial infarction was sent by his cardiologist to the Emergency Room for anemia (Hb 7 g/dl, MCV 97 fl), lower limb edema and asthenia. The patient referred also melena. He was treated with 2 transfusions with stabilization of the hemoglobin value. After clinical assessment the patient performed an esophagogastroduodenoscopy which showed a gastric foreign body. The endoscopist recommended a repetition of the exam which displayed the likely presence of a bezoar of about 50 mm. During the procedure he tried to enucleate and fragment the foreign body without effect. The patient was then sent to a II level endoscopy centre in order to perform the removal.
Conclusions: Bezoars may present as abdominal discomfort or pain, nausea, vomiting, weight loss or melena; sometimes the patient is asymptomatic. Patients with gastric surgery, neuropsychiatric or endocrine disorders are at risk of developing bezoars. Although the history of the patient is not suggestive, this rare condition needs to be suspected and assessed.

Enteropatia *sprue-like* associata ad olmesartan

G. Nicolini[1], E. Costa[1], L. Conversano[1], P. Tarsitani[1], S. Battaglia[1], R. Baroni[1], M.S. Fiore[1]
[1]UOC Medicina Interna, Ospedale S. Pertini, Roma, Italy

Premesse: In letteratura sono descritti alcuni casi di enteropatia associati ad una concomitante terapia con olmesartan e caratterizzata da diarrea cronica con sindrome da malassorbimento e reperti istologici simili alla sprue. Il meccanismo patogenetico è sconosciuto e il quadro clinico si risolve dopo la sospensione del farmaco.
Descrizione del caso clinico: Una donna di 83 anni, ipertesa in terapia con olmesartan, presentava da sei mesi alvo diarroico con calo ponderale ed edemi declivi. La paziente negava viaggi recenti, cambiamenti nella dieta e nella terapia, non presentava decadimento cognitivo né incontinenza fecale e non aveva avuto beneficio dal trattamento empirico con rifaximina, mesalazina e probiotici. Gli esami emato-chimici mostravano una disionemia ed ipoalbuminemia severa, gli enzimi pancreatici, il TSH e la sierologia della celiachia erano negativi, così come i marcatori tumorali, l'autoimmunità, la sierologia virale e gli esami colturali. L'ileocolonscopia mostrava una malattia diverticolare, in assenza di flogosi alle biopsie; l'EGDS mostrava una gastrite e duodenite aspecifica, la TC addome evidenziava ispessimento delle pareti del colon con falda fluida nel Douglas e l'entero-TC non mostrava aspetti suggestivi di IBD. Olmesartan è stato sostituito da un calcio-antagonista e dopo un mese la paziente ha riportato normalizzazione dell'alvo con recupero del peso corporeo.
Conclusioni: L'enteropatia indotta da olmesartan è una causa rara di enteropatia grave con segni e sintomi simile alla sprue, il cui precoce sospetto può evitare indagini costose.

PRES: A case report of a rare neurological syndrome

L. Todaro[1], R. Carra[1], F. Galmozzi[2], M. Magistrello[2], F. Pagnozzi[1]
[1]Medicina Interna Ospedale di Chivasso, ASL TO4, Italy, [2]Neurologia Ospedale di Chivasso, ASL TO4, Italy

Background: PRES (Posterior Reversible Encephalopathy Syndrome) is an acute neurological disorder characterized by headache, altered consciousness, visual disturbances, seizures due to endothelial dysfunction and vascular tone disregulation that leads to brain edema.
Case Report: A 48 yrs old woman presented to Emergency Care for headache, elevated arterial blood pressure and confusion. Neurological examination and blood exams were normal. CT and MRI scan revealed subarachnoid hemorrhage. Cerebral arteriography showed irregular small vessels walls in bilateral frontal-parietal-temporal regions suspected for vasculitis. In her history she described sideropenic anemia and metrorrhagia in uterine fibroma. She was admitted to Neurology Department. Autoimmunity screening was negative. Intravenous high dose steroids was given with no improvement. Blood pressure remained elevated and internal consult was requested. New medical interview pointed out a week before worsening of anemia (Hb 4.0 g/dl) for which she underwent massive blood transfusion. Symptoms could then be related to PRES. A new MRI in T2 sequences showed hyperintense areas in bilateral parietal-occipital lobes. Steroids were suspended and both symptoms and MRI alterations rapidly improved.
Conclusions: Past and recent medical history is the first step to address differential diagnosis, laboratory and radiological testing. PRES should be considered as one of the late side effects of massive blood transfusion, keeping in mind the good outcome of this syndrome if early recognized with rapid removal of causative factors.

A case of spondylodiscitis in a young man

S. Battaglia[1], L. Conversano[1], E. Costa[1], G. Vairo[1], M.S. Fiore[1]
[1]Ospedale Sandro Pertini, Roma, Italy

Background: Spondylodiscitis is a rare but severe disease with increasing incidence, often caused by haematogenous spread of pathogens. In Europe Staphylococcus aureus is the most frequently detected bacterium. Immunosuppressed (diabetes, hemodialysis, intravenous drug abuse, chronic steroid use) and older patients are particularly at risk but new cases have been recorded among young people during last years.
Case Report: A 42-year-old male patient complained of fever, low back pain and arthralgia all over his body for 6 months; physical examination revealed swelling of the right clavicle; a CT scan exhibited multiple fluid collections near the psoas muscles and signs of inflammation at L5-S1 level of the vertebral body. L5-S1 spondylodiscitis was confirmed by MR Images. Echocardiogram ruled out endocarditis. Blood sugar was normal. Quantiferon Tb gold and serological tests for Brucella Treponema Leishmania HIV, Listeria, Borrelia and Cultures of fluid obtained from intra-addominal and clavicular collections by draining were negative. Hypogammaglobulinemia-M was found on blood test. Blood cultures were positive for MSSA. After sensitive antimicrobial therapy and imobilization the patient had no fever and showed a satisfactory recovery during the follow-up.
Conclusions: Spondylodiscitis must be promptly considered in the differential diagnosis of low back pain of young people even without known risk factors in order to initiate an appropriate therapy to prevent severe deformities and neurological symptoms.

Una sindrome neurologica ad eziologia rara in un paziente complesso

D. Matera[1], F. Parolini[2], M. Frugoli[2], T. Riccioni[2], G. Panigada[2]
[1]Università degli Studi di Firenze, Italy, [2]USL Toscana Centro, SOC Medicina Interna, Pescia (PT), Italy

Un uomo di 60 anni, obeso, fumatore con ipertensione arteriosa, un mese prima sottoposto a CABG e sostituzione valvolare aortica con protesi biologica accede al PS per dolore addominale, febbre e vomito associati a stato confusionale e nistagmo verticale. Terapia domiciliare: warfarin, pantoprazolo, furosemide, sartanico, statina.Esegue TC cranio ed angioTC senza evidenza di stenosi significative o lesioni ischemico/emorragiche acute. Ricoverato in medicina esegue un ecocardiogramma che risulta sovrapponibile ai precedenti (FE 50%, valvola normofunzionante). Agli esami ematochimici indici di flogosi negativi, Hb 9, creatinina e sodiemia nei limiti, severa ipokaliemia (K 2,5) e ipocalcemia (Ca ione 0,89 mmol/L). Inizia correzione di diselettrolitemia.Comparsa di crisi epilettica tonico clonica generalizzata e peggioramento del ny verticale con successiva agitazione psicomotoria. EEG, sierologie per virus neurotropi, emocolture e coprocolture negativi. Agli esami si riscontrava grave ipomagnesemia (Mg 0,01 mg/dL). Dopo reintegro, sospensione PPI e diuretico c'è stato un rapido miglioramento con ripresa del normale stato di coscienza, senza deficit neurologici. L'ipomagnesemia è spesso associata ad altre disionie e può determinare quadri clinici acuti severi che non sempre sono facili da riconoscere in pazienti anziani e complessi in polifarmacoterapia.E' spesso causate da deplezione dello ione a livello gastrico o renale, spesso su base iatrogena. In questo caso specifico la causa dell'ipomagnesemia è stata il trattamento con PPI e diuretico associato all'evento diarroico.

Adverse reactions following the vaccine against coronavirus disease 2019 and gender: A literature research

T. Ciarambino[1], M.D. Mastrocinque[2], M. Costanzo[2], F.F. Bernardi[2], G. Affinito[2], A. Anginoni[2], G. Morvillo[2], P. Buono[2], U. Trama[2], A. Filippelli[3]
[1]Ospedale Marcianise, ASL CE, Italy, [2]DG Salute, Centro Direzionale Regione Campania, Italy, [3]Università di Salerno, Italy

Background: Although the safety profiles of both vaccines have been well-investigated and qualified, the frequency and degrees of adverse reactions from vaccinations may vary depending on the region and ethnicity, and there is a possibility of unreported side effects. Therefore, it is essential to investigate the occurrence of adverse reactions after vaccination in relation to age and gender.
Methods: We conducted a literature research on the Eudravigilance (www.ema.europa.eu) to assess the prevalence and characteristics of adverse reactions following the dose of 4 different types of COVID-19 vaccine.
Results: We identified that the major adverse reaction are reported

in female subjects and in aged 18-64 years for 4 different types of COVID-19 vaccine. Fortunately major adverse reaction are observed as not serious for all types of COVID-19 vaccine.
Conclusions: Adverse events after the dose of COVID-19 vaccines were more frequent in female. Possible explanations for this phenomenon include the more frequent reporting of side effects in females and some unknown immunologic difference between the two sexes.

Il ruolo dell'infermiere nella valutazione della malnutrizione

M. Bertin[1], M. Raviglione[1]
[1]ASL Biella, Italy

Premesse e Scopo dello studio: In età geriatrica vi è una prevalenza di malnutrizione per difetto che risulta essere del 22% (IC del 95% 18,9-22,5) nei pazienti ospedalizzati. Abbiamo condotto all'interno del reparto di medicina interna di Biella uno *screening* di prevalenza per sapere quante persone ricoverate fossero a rischio di malnutrizione, poiché attualmente non viene preso in considerazione al momento del ricovero.
Materiali e Metodi: Abbiamo fatto uno *screening* di prevalenza sui pazienti ricoverati (n=60) utilizzando come strumento la Scala MUST integrandola con ulteriori indici della malnutrizione.
Risultati: Il 60% dei pazienti sottoposti a *screening* sono risultati ad alto rischio di malnutrizione, in particolare il genere maschile; il 22% dei pazienti sono risultati a medio rischio e il 17% a basso rischio, prevalentemente il genere femminile. Coloro che avevano un alto rischio avevano anche una media di albumina decisamente bassa, di 3,15 g /dl; il rischio medio di malnutrizione era associato a una media di 3,37 g/gl di albuminemia e, infine, per il rischio basso la media dei valori di albuminemia era di 3,55 g/dl, quindi all'interno del *range standard*.
Conclusioni: La malnutrizione è un problema attuale e sovente sottovalutato nei pazienti ospedalizzati, pertanto sarebbe opportuno effettuare lo *screening* nutrizionale al momento del ricovero. Questo approccio metterebbe alla luce se la persona è a rischio di malnutrizione fin da subito, per intervenire tempestivamente e rendere più facile un *follow up*; questo sarà il nostro futuro obiettivo di ricerca.

A case of psychosomatic diarrhea. Much more somatic then psyco

E. Acquaviva[1], A. Forte[1], M. Galiè[1], A. Rosato[1], C. Santini[1]
[1]Ospedale Generale M.G. Vannini Figlie di San Camillo, UOC Medicina Interna, Roma, Italy

Case description: A 72 year-old woman (Hashimoto's thyroiditis in medical history), with a one year history of chronic diarrhea, with phases of remission and exacerbation (6-7 discharges in day and night time, not related to meals), weight loss (10 kg), reduced food intake, fatigue, anxiety and insomnia.
Diagnostic Pathways: The blood tests on admission showed hypokalemia, dysproteinemia and metabolic acidosis; thyroid function was normal. The stools were watery, without blood, leukocites or malabsorbed solutes; cultural and parasitological examinations were negative; a diet and pharmacological check excludes the main osmotic or iatrogenic causes. Upper and lower endoscopy and abdominal CT scan were negative. An empirical therapeutic attempt with colestiramine resulted ineffective. Suspecting secretory causes, a dosage of neuroendrocrin hormones was executed (VIP, CGA and 5-HIAA) and, waiting for the results, due to worsening of psychological symptoms, antidepressant drugs were started. Then, the high value of VIP (>300 pg/mL), supported the diagnosis of VIPoma. Octreoscan was required for diagnostic confirmation and stadiation. In the meantime, a treatment with intramuscolar octreotide was started with complete regression of symptoms.
Discussion: VIPomas are exceptionally rare with median survival of 96 months; 95% are primarily intrapancreatic. They are surgical resectable if early diagnosed, but the diagnosis is often late, so most cases are already disseminated. In these cases, treatment is focalized on symptoms control with octreotide or chemiotherapic treatment.

Un emblematico caso di endocardite nell'anziano

S.A. Berra[1], F. Dottorini[1]
[1]Medicina Interna Garbagnate Milanese, ASST Rhodense, Italy

Pat. infettive come l'endocardite sono sempre più spesso diagnosticate nell'anziano, ciò è dovuto a più fattori: uso non corretto di antibiotici, fattori culturali confondenti, una sintom. frusta che conduce ad una diagnosi tardiva pregiudicando la risposta alle cure. Descriviamo un caso emblematico a prognosi infausta ricoverato in Med. Int. Un anziano di anni 87 inviato per anemia, incremento degli indici di flogosi e cachessia in calo ponderale di 10 Kg., vacc. COVID/3 dosi, allegava solo esiti di TURP. Agli esami anemia normocitica, normocromica (Hb 7,4 a settembre Hb 15.8) da cui l'invio in PS. Da 6 mesi lamentava astenia, malessere, inappetenza (EGDS gastrite cronica) e lombalgie (Tc add. vescica da sforzo, angioma epatico, divertic. del sigma), non febbre. L'incremento di PCR, PCT, GB, piastrinop., ferritina, creatinina e all'eco di area anecogena sottocapsulare splenica indicavano RNM che concludeva per lesioni ascessuali o ischemiche, da lì l'ecocardiogramma (endocardite di valvola mitr., aortica e tricusp.) e RNM lombare (spondilodisc. L2-L3+raccolte paravertebr. a sx). Alla coltura Ent. Fecale resistente a cefriaxone, poi dall' infettivologo ter. abt. (ampicillina+gentamicina). Microemb. settiche erano presenti alla RNM cerebrale. Il cardiochirur. escludeva intervento per la complessità clinica e l'età, il paziente moriva dopo pochi gg. Incidenza, attenzione a sintomi indefiniti e recenti infezioni sono elementi da considerare attentamente nella definizione delle traiettorie diagnostiche nella popolazione anziana fragile per il sospetto di endocardite.

An unsuspected case of venous thrombosis

E. Fiume[1], A. Gianstefani[1], E. Tubertini[1], F. Giostra[1]
[1]Emergency Department, University Hospital of Bologna Sant'Orsola Policlinic IRCCS, Italy

Introduction: Venous thrombosis onset is a significant event in patients with SarsCoV2 infection, especially in symptomatic patients and/or ones with inherited or acquired thrombophilic states; D-dimer is a validated test for clinical assessment of recent or ongoing intravascular coagulation.
Case description: An Italian 20-yo male came to ER for swelling of the right arm with homolateral subaxillary lymphadenopathy for 4 days. He had history of thrombocytopenic purpura treated with steroid few years before. Vaccinated for SARS-CoV-2, he had a paucisymptomatic infection a week before. Clinical observation: turgor of the superficial venous circle, swelling and pain in shoulder, upper hemithorax, biceps brachii with warmth and erythema. Blood tests: neutrophilic leukocytosis, PCR 2.24 mg/dL (n.v.<0.5 mg/dL), liver and kidneys function, PLT, lytes, INR were in normal range. Negative D-dimer (0.53 mg/L FEU). Compression ultrasound and CT pulmonary angiography revealed: cephalic, basilic, cubital vein thrombosis, extended to the confluence of subclavian in brachiocephalic vein. The Angiologist prescribed anticoagulation therapy with enoxaparin and made specific blood tests (LAC, protein C and S, RF, ANA reflex, factor II and V mutation) shown normal.
Conclusions: this case of massive venous thrombosis in mild SARS-CoV-2 infection is related with negative D-dimer and any risk factors for thrombosis. To our knowledge similar cases have not been reported in literature yet. We recommend appropriate imaging studies in case of high clinical suspicion of thrombosis despite negative D-dimer.

Pellagra: una malattia antica in tempi moderni

E. Pingiotti[1], A. Marchetti[1], G. Bitti[1], G.P. Martino[1], G. Surace[1], S. Angelici[1]
[1]UOC Medicina Interna Ospedale "Murri", Fermo, Italy

Premesse: La pellagra è una malattia causata dal deficit di niacina o del suo precursore, il triptofano. Le caratteristiche cliniche sono dermatite, demenza e diarrea; solo il 30% dei pazienti presenta la classica triade. La diagnosi è clinica, sierologica ed istologica. La risposta clinica al tempestivo trattamento con niacina è repentina.

Descrizione del caso clinico: Maschio di 85 anni ricoverato per inappetenza, disidratazione, stato confusionale. In anamnesi cardiopatia ipertensiva, fibrillazione atriale in terapia anticoagulante, diabete mellito tipo 2 in terapia ipoglicemizzante orale, encefalopatia vascolare cronica con recente comparsa di decadimento cognitivo. Gli esami ematochimici mostravano leucocitosi neutrofila, elevati indici flogistici, lieve insufficienza renale; emocolture ed urinocoltura negativi. Obiettivamente presenti lesioni eritematose desquamanti in diversa fase evolutiva, non pruriginose, su circa l'80% della superficie cutanea, comparse da circa 2 mesi. Non lesioni acute alla tc cerebrale. Eseguito dosaggio di acido folico, vitamina b3, b6 e b12 e biopsia cutanea ed iniziata terapia empirica con nicotinamide (1 cp 3 volte die) con netto miglioramento delle lesioni cutanee e dello stato di vigilanza e cognitivo
Conclusioni: La vitamina b3 contribuisce al metabolismo dei grassi, carboidrati e proteine necessari alle funzioni del SNC. La sua carenza provoca pellagra. Il tempestivo trattamento migliora nettamente le manifestazioni cliniche e la prognosi della malattia, che se non trattata risulta infausta

Crampi inattesi: quando il calcio non è solo uno sport

F. Grimoldi[1], E. Barban[1], F. Orlandi[1], D. Bottazzo[1], G. Vescovo[1]
[1]Medicina Generale OSA AOPD, Padova, Italy

Premesse: L'ipocalcemia è una condizione clinica grave che si manifesta con un corteo sintomatologico aspecifico interpretabile erroneamente come secondario a disordini neurologici acuti.
Descrizione del caso clinico: Uomo di 58 anni con anamnesi recente di rettorragia in quadro colonscopico ulcerativo diffuso ileale non dirimente per IBD. Ricoverato per parestesie distali all'emisoma di sinistra poi migranti bilateralmente inquadrate dal Neurologo in PS come disturbo sensitivo a possibile genesi centrale. Rilievo in reparto di severa ipocalcemia con crampi, tetania latente (segno di Trousseau positivo), intervallo QT ai limiti superiori; gli esami di approfondimento diagnostico hanno evidenziato ipovitamonosi D, PTH nella norma, ipokaliemia e ipomagnesemia, bassi valori di calciuria, fosfaturia, magnesuria, non alterazioni ecografiche a carico delle paratiroidi. Si è assistito a regressione della sintomatologia e normalizzazione delle disionie dopo supplementazione.
Conclusioni: Condizioni relativamente frequenti nella pratica clinica quali malassorbimento intestinale secondario a quadro infiammatorio intestinale acuto e ipovitamosi D possono determinare, come in questo caso, severe disionie. Le manifestazioni aspecifiche dell'ipocalcemia rischiano di condurre a ritardo diagnostico che comporta persistenza di sintomi invalidanti e possibili gravi aritmie cardiache mentre un corretto inquadramento diagnostico permette di portare a rapido miglioramento clinico.

An Italian survey of psychological effects of emerging coronavirus outbreaks on healthcare workers and potential acceptance of the COVID-19 vaccine

C. Carleo[1], O. Para[1], M. Zinghetti[2], D. Dalla Gasperina[2], L. Maffioli[2], G. Bonelli[2], A. Abenante[2], S. Speroni[2], F. Dentali[2]
[1]Department of Internal Medicine 1, AOU Careggi, Firenze, Italy, [2]Department of Medicine and Surgery Insubria University Varese, Italy

Background: Coronavirus disease 2019 (COVID-19) pandemic imposed enormous burdens of morbidity and mortality while severely disrupting people, especially frontline healthcare working in hospitals.The vaccine discovery gives hope to the world population, but it was received with skepticism and fear stressed by the great media coverage.
Materials and Methods: We conducted an anonymous survey of the quality of life during pandemic era and the likelihood of COVID-19 vaccine acceptance on a sample of healthcare at the Italian Hospital more involved by COVID-19 pandemic.
Results: 3134 survey respondents represented a random sample in which was represented different health workers.Of these survey participants, 644 contracted SARS-CoV-2.Healthcare workers could be psychologically stressed by covid-19 pandemic.A considerable proportion of participants reported symptoms of depression and sadness (52%), anxiety (40.9%), insomnia (33.02%) and distress (55.4%).Most healthcare workers have documented vaccination through scientific articles 1423 (45.4%) by social media news 348 (11.1%) while 152 (4.8%) haven't documented at all.They would take a vaccine if it were proven safe and effective.
Conclusions: Health workers who have to be on the front line during an epidemic are more exposed to psychological distress as, in addition to guaranteeing the necessary care and assistance, they are constantly in the condition of being affected by the epidemic itself.Specific projects aimed at the prevention of burn-out and distress of health workers will be carried out to improve the entire care process.

A case of *Streptococcus gallolyticus* endocarditis in a patient with gastric lymphoma

M. Al Refaie[1], C. La Rovere[1], C. Angoli[1], A. De Roma[1], C. Pestelli[1], S. Guidi[1], F. Bucci[1], G. Fedi[1], M.S. Rutili[1], C. Nozzoli[1]
[1]Medicina Interna 1, AOU Careggi, Firenze, Italy

Background: *Streptococcus bovis/gallolyticus* is one of the etiologic agents of infective endocarditis and it can envolve more than a valve, most frequently aortic and mitral valves together. S.bovis has a role in malignant tissue transformation and it is associated to gastrointestinal tract cancers, but also to lung cancer and haematological malignancies. Helicobacter Pylori infection is associated to gastric tumor and lymphoma of the digestive tract.
Case presentation: A 78-years-old woman was admitted to our hospital for syncope. Laboratory tests revealed severe anaemia and she was symptomatic for melena. A gastroscopy revealed three bleeding ulcers at the antrum and at the body of the stomach. During the hospital stay she had fever and three sets of blood cultures were positive for S. gallolyticus. The echocardiogram showed a mass attached to the mitral valve suspicious of endocarditis, then confirmed by a transesophageal echocardiography. Colonoscopy was negative. Gastric biopsies were positive for H. Pylori and highlighted MALT-linphoma. Prior target antibiotic therapy the patient was transferred to cardiac surgery department for mitralic valve replacement. The subsequent haematological treatment was planned.
Conclusions: We describe a case of infective endocarditis of the mitralic valve caused by S.gallolyticus in a patient with first diagnosis of gastric lymphoma. Despite frequent reports associate S.bovis to tumors, many physicians don't consider this phenomenon. This can delay early diagnosis and treatment and thus worsen the outcome.

Insufficienza surrenalica acuta e *S. Aureo*: una strana coppia

E. Laurita[1], S. Cabrio[2], G. Michelis[1], A. Ivaldi[1], M. Ventura[1], P. Basta[1], M. Bosa[1], R. Marcialis[1], F. Mete[1], C. Pilatrino[1]
[1]Medicina Interna, Ospedale degli Infermi di Rivoli (TO), Italy, [2]Scuola di Specializzazione in Medicina d'Emergenza-Urgenza, Torino, Italy

Premesse: L'insufficienza surrenalica acuta è un evento raro, a prognosi infausta se non riconosciuto e trattato precocemente.
Descrizione del caso clinico: Un uomo di 51 anni giungeva in DEA a febbraio 2020 per febbre elevata, dolore all'emitorace sinistro, nausea, astenia e faringodinia. All'esame obiettivo veniva riscontrata una tumefazione scrotale destra con area necrotica centrale. Ricoverato in urologia per exeresi della lesione con positività al colturale per S. Aureus. Agli ematici riscontro di CID ed evidenza TC di multipli infarti splenici, epatici e due incidentalomi surrenalici. Successivamente, compariva emiplegia dx. Alla RM encefalo riscontro di multiple lesioni encefaliche da embolizzazione sistemica. Durante la degenza, trasferito in Medicina Covid per positività per SARS-CoV-2. Sempre asintomatico dal punto di vista respiratorio, il paziente riferiva astenia, cefalea esacerbata dall'ortostatismo ed ipotensione. Agli ematici progressivo miglioramento del quadro settico, con iponatriemia e iperpotassiemia. Nel sospetto di iposurrenalismo, veniva dosata cortisolemia alle ore 8 che risultava inferiore alla norma (1,9 µg/dl). Eseguita RM addome che documentava risoluzione delle lesioni epatiche e spleniche ed incremento delle dimensioni delle ghiandole surrenaliche per due espansi emorragici in fase subacuta.

Conclusioni: Il caso clinico descrive una rara complicanza spesso non diagnosticata delle infezioni sistemiche da S. Aureus, la cui clinica è stata inizialmente mascherata dall'infezione da SARS-CoV-2.

Sfumature di giallo: epatite autoimmune o colangite bililare primitiva?

P. Lopena[1], G. Percario[1], U. Filippi[1]
[1]Istituto Evangelico Internazionale, Genova Voltri, Italy

Premesse: L'ittero a prevalente componente diretta associato a ipertransaminasemia è comune a molteplici patologie epatiche. La diagnosi differenziale può risultare complessa.
Caso clinico: Donna di 60 anni, in anamnesi pregresso episodio artritico, osteoporosi, fratture vertebrali, vaccinata per SARS-CoV-2. Si presenta in pronto soccorso per ittero, calo ponderale e nausea. Agli ematici riscontro di ittero colestatico, ipertransaminasemia e minimo movimento della fosfatasi alcalina. Vengono eseguiti ecografia dell'addome completo e TC addome che escludono cause ostruttive. Viene ricoverata presso il reparto di medicina generale, dove vengono eseguiti accertamenti volti ad escludere cause infettive, tossiche ed eseguita colangio RMN; negativi tali accertamenti si esegue ricerca autoanticorpi con riscontro di positività per ANA ed AMA associate ad ipergammaglobulinemia. I valori di bilirubina si riducevano in corso di idratazione e digiuno. Vista la positività ad AMA è stata successivamente avviata terapia con acido ursodesossicolico. Per meglio inquadrare la diagnosi, nel sospetto di sindrome overlap tra epatite autoimmune e colangite biliare primitiva, viene eseguita biopsia epatica, risultata non del tutto dirimente evidenziando fibrosi moderata e lieve danno duttale con moderata infiammazione lobulare e dell'interfaccia.
Conclusioni: Questo caso clinico vuole sottolineare: l'importanza della diagnosi di esclusione; l'utilità dell'esame istologico; l'importanza del follow-up.

Un caso di endocardite infettiva a localizzazione "atipica"

G. Fontana[1], M. Spadaro[1], F. Martire[1], M.C. Zaccaria[1], R. Satira[1], M.S. Fiore[1]
[1]UOC Medicina Interna Ospedale Sandro Pertini, Roma, Italy

Premesse: L'endocardite è un'infiammazione dell'endocardio, di solito di origine batterica. Colpisce in genere le valvole cardiache ma vi sono anche localizzazioni "atipiche". E' caratterizzata frequentemente da vegetazioni valvolari a cui si associano spesso fenomeni embolici.
Descrizione del caso clinico: Paziente donna di 60 anni giungeva in PS per febbre associata a tenesmo vescicale, artralgie, lombalgia e ipostenia arti inferiori. Indici di flogosi aumentati. Eseguite emocolture risultate positive per MSSA. L'ecocardiogramma TT e TE, mostravano immagine di plus peduncolata, mobile, adesa alla porzione basale del setto interventricolare anteriore (13mmX8mm) che impegnava il tratto di efflusso. Ha eseguito TC-TB che evidenziava milza con area isodensa in condizioni di base e ipodensa in fase arteriosa e venosa come per infarto splenico, segni di degenerazione gassosa L1-L2. Approfondimento con RMN colonna ed encefalo con riscontro in sede frontale sinistra di formazione ipointensa di 8 mm con orletto di potenziamento periferico riferibile a lesione ascessuale. A livello di L1 alterazione di segnale in T1 e STIR con potenziamento dopo mdc verosimilmente da spondilodiscite. Completato iter con valutazione oculistica che non evidenziava emboli retinici. E' stata sottoposta a terapia antibiotica mirata con oxacillina e daptomicina per 8 settimane con risoluzione del quadro clinico.
Conclusioni: La diagnosi di endocardite in sede "atipica" da MSSA con localizzazioni a distanza è stata fatta sulla base dell'evidenza clinica supportata dagli esami colturali e strumentali.

The tell-tale pneumonia: incidental finding of symptomatic non-thrombotic pulmonary embolism after vertebroplasty

A. Grassi[1], A. Valentini[1], S. Spiezia[1], E. Acquaviva[1], D. Martolini[1]
[1]Ospedale M.G. Vannini, Medicina Interna, Italy

Background: Vertebral cement injection procedures, as percutaneous vertebroplasty (PVP), are commonly used for the management of pain of the vertebral column usually due to fractures. They are useful and safe techniques with few complications and the same patient can undergo multiple procedures on different vertebral bodies, as often happens. In a significative percentage of cases (30%-75% for vertebroplasty) polymethylmethacrylate used to stabilize vertebrae can leak into blood flow and determine embolism.
Case presentation: A 75 yo man accessed ED with atypical chest pain and dyspnea. He was hemodynamically stable and apyretic, he showed elevated heart rate and breathing rate. Arterial blood gas analysis revealed hypoxiemic hypoxic respiratory failure with respiratory and metabolic alkalosis. A contrast enhanced computed tomography chest scan detected opacification defects of calcific-like density in some pulmonary artery branches tributary to both lungs but mainly the right one, parenchymal consolidation areas in both lungs, minimal pleuric and pericardial effusion. The CT scan confirmed the presence (known in anamnesis) of previous multiple vertebroplasty. Antibiotic therapy resulted in resolution of symptoms but only partial normalization of arterial blood gas parameters.
Conclusions: Pulmonary cement embolism occurred after vertebroplasty and was diagnosed only when another cause – pneumonia - determined symptomatic respiratory failure.

Implementazione del modello organizzativo ambulatoriale Infermiere di Famiglia e Comunità presso l'ASUR Marche, Area Vasta 2, Distretto di Cingoli

G. Barigelli[1], M. Cocci[2], M. Sbaffi[1], V. Di Silvio[3], F. Stella[1], V. Di Felice[1], A. Pioli[1]
[1]ASUR Marche, Area Vasta 2, Jesi, Italy, [2]AOU Ospedali Riuniti, Ancona, Italy, [3]ASUR Marche, Area Vasta 2, Ancona, Italy

Premesse e Scopo: Nei prossimi dieci anni aumenterà notevolmente il numero di anziani, di pazienti affetti da patologie croniche o disabilità. La figura dell'Infermiere di Famiglia e Comunità (IFeC) rappresenta una risposta tangibile ai bisogni sempre più numerosi e complessi dell'utenza, in particolare nei percorsi di cronicità. Obiettivo di questo studio è l'implementazione del modello organizzativo ambulatoriale dell'IFeC in ASUR Marche, Area Vasta 2, Distretto di Cingoli.
Materiali e Metodi: Revisione della letteratura e della normativa vigente.
Risultati: Sono stati individuati gli spazi per istituire l'ambulatorio, stabiliti gli orari di accesso per il pubblico, definito l'organico necessario e le competenze in suo possesso. È prevista, inoltre, la stesura di protocolli, procedure e di una specifica documentazione infermieristica dedicata. Per l'utenza, verrà elaborato un opuscolo informativo e somministrato un questionario di gradimento del servizio. Obiettivi sono migliorare la presa in carico nei percorsi di cronicità, ridurre gli accessi impropri in Pronto Soccorso e le segnalazioni all'Ufficio Relazioni con il Pubblico legati a carenze territoriali.
Conclusioni: L'ambulatorio infermieristico si configura come uno strumento di valorizzazione delle cure primarie sul territorio mediante una figura, quella dell'IFeC, capace di garantire una risposta appropriata, efficace ed efficiente ai bisogni di salute.

Infiammazione ed angiopatia amiloide cerebrale: un caso clinico suggestivo

A. Marchetti[1], G. Bitti[1], G.P. Martino[1], E. Pingiotti[1], G. Surace[1], S. Angelici[1]
[1]UOC Medicina Interna Ospedale "Murri", Fermo, Italy

Premessa: Le lesioni intraventricolari cerebrali sono rare. Le cause più frequenti sono: infezioni, neoplasie primitive o localizzazioni secondarie, neurosarcoidosi, vasculiti primitive del SNC e una nuova entità clinica in corso di definizione diagnostica che è l'infiammazione correlata all'angiopatia amiloide cerebrale. La diagnosi è supportata dalla clinica, dall'imaging e dai dati laboratoristici.
Descrizione del caso clinico: Uomo di 81 aa, ricoverato per rallentamento ideomotorio e stato confusionale. In anamnesi DM tipo 2, ipertensione arteriosa. La RMN cerebrale con m.d.c evidenziava: area rotondeggiante frontale sx in sede ventricolare la-

terale sx di 1,5 cm con contrast enhancement periferico ed edema perilesionale, 3 lesioni minori del corno occipitale sx ed un quadro compatibile con angiopatia amiloide cerebrale nelle sequenze echo. Sono risultati negativi l'esame citologico e colturale del liquor e la ricerca di treponema p., toxoplasma, CMV, borrelia, HIV, markers oncologici. Non eseguita la biopsia per l'esiguità delle lesioni. Nell' ipotesi di infiammazione correlata all'angiopatia amiloide cerebrale veniva intrapresa terapia steroidea. Dopo due mesi di terapia si assisteva a risoluzione completa della sintomatologia e delle lesioni minori con residua quota di emosiderina in sede di lesione intraventricolare sx alla RM.
Conclusioni: La risposta alla terapia steroidea ed il supporto clinico-radiologico ci ha permesso di ipotizzare un'infiammazione correlata all'angiopatia amiloide cerebrale E' comunque necessario uno stretto follow up clinico e radiologico.

La gestione delle medicazioni e del dolore nelle ustioni. Revisione della letteratura

A. Lucarelli[1], M. Marchetti[1], M. Mercuri[1]
[1]Università Politecnica delle Marche, Italy

Premesse e Scopo dello studio: L'ustione è un trauma caratterizzato dalla distruzione della cute fino agli strati più profondi, causata da agenti fisici, elettrici o radianti o da sostanze chimiche. L'impatto è molto invalidante, dal punto di vista fisico, psicologico e nocicettivo. La prognosi dei grandi ustionati è molto migliorata negli ultimi anni grazie ai trattamenti. Obiettivi: riportare i migliori metodi attuali per il trattamento della lesione da ustione ed indicare le metodologie di gestione del dolore causato dalle medicazioni.
Materiali e Metodi: La revisione della letteratura è stata condotta utilizzando PubMed, testi bibliografici e ricerca libera. Le parole chiave, associate agli operatori booleani AND e OR sono state utilizzate per costruire le stringhe di ricerca. Sono stati applicati i filtri, analizzati gli articoli in full text e 13 ne sono stati inseriti nella revisione.
Risultati: L'assistenza al paziente gravemente ustionato è una componente specialistica dell'attività professionale degli infermieri, tipica di un centro grandi ustionati, che non viene approfondita dalla gran parte degli infermieri, che giocano un ruolo fondamentale nella presa in carico assistenziale, nel monitoraggio, nel supporto psicologico al paziente e alla famiglia, dal momento del ricovero, fino alla dimissione.
Conclusioni: Per il futuro ci si aspettano ulteriori studi nel campo degli innesti cutanei e colture di cheratinociti con lo scopo di ridurre i tempi di degenza e di guarigione. Inoltre, innovazioni nella gestione efficace del dolore e nelle medicazioni.

Stepping back for stepping forward: the importance of the anamnesis

C. Fischetti[1], M. Bellanova[2], S. Gambini[2], S. Cacciagiù[2], A. Balloni[2], E. Borioni[2], A.M. Schimizzi[2], C. Polloni[2], M. Candela[2]
[1]UOC Medicina Interna, Ospedale Carlo Urbani, Jesi, Area Vasta 2, ASUR Marche, Italy, [2]UOC Medicina Interna, Ospedale Carlo Urbani, Jesi, Area Vasta 2, ASUR Marche, Italy

Case presentation: A 80-year-old man came to the Emergency Room for acute confusion. Serologic testes showed hyperglycaemia (>700 mg/dl) so he was admitted to our department of Internal Medicine for subsequent care. His medical history was positive for Diabetes Mellitus type 2 and Benign Prostatic Hyperplasia. Vital sign at the admission were stable. Laboratory tests presented acute kidney failure, high levels of creatine kinase, elevated transaminases, metabolic acidosis, hyperkalaemia and hypocalcaemia. Radiological examinations of brain, chest and abdomen didn't show any abnormalities. These findings were not compatible to any cause of hyperglycaemia, but the clinical elements led us to formulate the Crush Syndrome hypothesis. To confirm our suspects, we restarted from an accurate anamnesis with the son of the patient. We discovered that earlier that morning the man arrived at the ER after falling in his house. He had been stuck for more than two hours between bathroom fixtures with his legs after falling. Thanks to a more accurate anamnesis we were able to confirm Crush Syndrome. Moreover, he had melaena, so we performed an EGDS resulting in duodenal ulcers and a very rare oesophageal melanosis (histological examination in progress).
Conclusions: The internist daily challenge is to reconcile a rapid diagnostic work-up, aimed at excluding various confounding factors and the interpretation of the available data. An accurate anamnesis is often overlooked in clinical practice; however it remains the most cost-effective, useful and diriment available tool.

COVID-19 infection rates, attitudes and therapeutic adherence in patients with rheumatological diseases

G. Italiano[1], T. D'Errico[2], A. Maffettone[3], A. Gargiulo[4]
[1]UO Medicina Interna AORN S. Anna e S. Sebastiano, Caserta, Italy, [2]Ambulatorio e DH di Reumatologia, PSI Napoli Est ASL Napoli 1 Centro, Italy, [3]UOC di Medicina Interna Ospedale V. Monaldi, Azienda dei Colli, Napoli, Italy, [4]UO di Medicina Interna AORN S. Anna e S. Sebastiano, Caserta, Italy

Objectives: To evaluate the SARS-CoV-2 infection rate in arthritis patients receiving biotech drug therapy.
Methods: Telephone interview.
Results: 226 respondents. COVID-19 symptoms were reported in 24 (10.6%); of these 33.3% discontinued therapy; 75% in therapy presented moderate disease activity. 41.5% vaccinated. Post vaccination antibody assay performed in 7.9% of patients. Two hospitalized patients. Comorbidities found: mood deflection 62%, obesity: 63.4%, dyslipidemia: 54%, type 2 diabetes mellitus: 52%, thyroid disorders: 47%, hypertension 32%, metabolic syndrome: 32% ; respiratory diseases: 16%. The 24 patients who reported symptoms of infection were 20 women and 4 men, with an average age of 55, 11 had rheumatoid arthritis, 10 had psoriatic arthritis, 3 had spondyloarthritis. Drugs used were: anti TNF: 60%, anti IL17 30% anti CTLA4 6%, ts DMARDs 3% anti IL12/23 1%. The symptoms reported were: headache 90%, arthralgia 90%, myalgia 83%, fever 40%, dyspnoea 10%, ageusia 15%, anosmia 15%, asthenia 64%, cough 16%.
Conclusions: The COVID-19 positive rate was similar to the general population with milder symptoms, two patients were hospitalized. Staying at home contributed to the development of mood deflection and weight gain which affected the activity of the disease, increased in two thirds of patients.

An unusual case of hypokalemia

F. Castelletti[1], A. Abenante[1], A. Mazziotti[2], F.M. Solbiati[2], A.M. Maresca[1], F. Dentali[1]
[1]Medicina Interna, Università degli Studi dell'Insubria, Varese, Italy, [2]UO Medicina Interna, Ospedale di Circolo, Varese, Italy

Background: A good proportion of patients considered affected by resistant hypertension are instead hiding an identifiable and solvable reason. The most common causes of secondary hypertension are primary aldosteronism, renal artery stenosis and sleep apnea syndrome.
Case presentation: A 50-year-old man suffering of poorly controlled hypertension was sent to the Emergency Room after finding a serum potassium of 1.94 mEq/L. He presented bilateral leg edema up to the thighs that he blamed to amlodipine. Upon suspicion of secondary hypertension, the patient was tested for salivary cortisol and urinary potassium that resulted elevated, and for plasmatic aldosterone/renin ratio that was normal. Therefore, he underwent the measure of plasmatic corticotropins that resulted high, thus a magnetic resonance of the brain was performed. Ruled out a pituitary lesion, the patient underwent a chest-abdominal computed tomography that showed a solid lesion of the left adrenal gland. To better understand the nature of the lesion, he was also tested for urinary metanephrines, and a scintigraphy with MIBG was executed confirming the suspects. Hence, following a therapy with alpha blockers, hydrocortisone, and metyrapone, the patient underwent a successful left adrenalectomy. Histology showed a pheochromocytoma secreting corticotropins.
Conclusions: It would be appropriate to think about hypercortisolism as a cause of secondary hypertension in patients with a difficult pressure control, especially when associated with electrolyte disturbances.

Malattia di Buerger in età avanzata

V. Milillo[1], S. Longo[1], A.G. Solimando[1], A. Cirulli[1], I. Di Tardo[1], A. Vacca[1]
[1]Medicina Interna Universitaria "G. Baccelli" Policlinico di Bari, Italy

Decrizione di Malattia di Buerger in età avanzata. Maschio 75 anni, ex fumatore. In anamnesi Artrite reumatoide in trattamento steroideo,ipertensione arteriosa, cardiopatia ipertensiva e valvulopatia aortica, malattia di Kaposi cutanea, pregressa TURP, protesi di anca sx. Gennaio 2021: ricovero in Chirurgia plastica per fascite necrotizzante arto inferiore sx trattata con antibioticoterapia e chirurgia. Febbraio 2021 ricovero in Cardiologia per severa ipocinesia del ventricolo sinistro con rivascolarizzazione miocardica mediante PTCA con DES su IVA e CX. Maggio 2021 ricovero in Medicina Interna per complicanze di vasta lesione piede sx con esposizione ossea. Durante la degenza il paziente effettuava esami ematochimici con aumento degli indici di flogosi, Eco-color-Doppler arti inferiori: "Occlusione emodinamica delle arterie tibiali posteriori bilateralmente nel contesto di una diffusa ateromasia calcifica assi femoropoplíteo-tibiali" con conferma angioTC. Il quadro clinico e la storia poneva il sospetto di ateromasia, vasculite, M. di Buerger. Non indicazione alla rivascolarizzazione chirurgica, intrapresa terapia medica con Iloprost ed antibioticoterapia. Biopsie cutanee non esaustive. Per peggioramento del quadro clinico si procedeva, in collaborazione con i chirurghi ortopedici,ad amputazione di terzo prossimale di gamba sinistra. L'esame istologico del pezzo operatorio mostrava quadro compatibile con M. di Buerger. L'arteriopatia obliterante nei fumatori e negli ex fumatori deve porre il sospetto di M. di Buerger.

A rare case of atypical endocarditis occurring aftercomirnaty vaccine

S. Grassi[1], F. Gargiulo[1], V. Delli Paoli[1], G. Serafino[1], R. Iannuzzi[1], M.R. Romeo[2], L. Di Tommaso[2], M. Laccetti[1]
[1]UOC Medicina 1, AORN A Cardarelli, Napoli, Italy, [2]Dipartimento di Scienze Biomediche Avanzate, Divisione di Cardiochirurgia, Università Federico II, Napoli, Italy

Background: According to Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) data, from January 2021 six cases of endocarditis associated to Pfizer BioNTech Covid Vaccine were reported.
Case description: On December 2021 S.A., female, 42 years old, with no history of previous diseases, was admitted with a history of left hemifacial hypoaesthesia, left hand hypostenia and transient blindess occurring 72 hrs after the 2nd dose of Comirnaty vaccine, followed by right lower limb hypoaesthesia and hypostenia 48 hrs after the 3rd dose, with subsequent onset of chills, arthromyalgias and fever. Brain DWI-MRI showed T2 hyperintense subcortical lesions; a vegetation on mitral valve posterior leaflet and on aortic valve anterior leaflet were recorded by heart ultrasound. Empyrical antibiotics were used for fever after performing multiple hemocoltures, that resulted negative. Autoimmune tests were negative. At day 20, the patient underwent successful transcatheter aortic valve implantation (TAVI). The macroscopic aspect of the valve was not compatible with bacterial vegetations, and its colture showed rare colonies of P. aeruginosa.
Conclusions: This is the 7th case of endocarditis potentially related to Comirnaty vaccine, with subsequent infection. The timing of symptoms, the atypical vegetations, patient's characteristics (sex, age) the negative autoimmunity tests are consistent with our hypothesis. Further data and a proper continuation of epidemiological monitoring worldwide will be essential for confirmation.

Linfoma a localizzazione insolita

B. Stella[1], S. Longo[1], A. Ancona[1], I. Di Tardo[1], G. De Fazio[1], A. Vacca[1]
[1]Medicina Interna Universitaria "G. Baccelli" Policlinico di Bari, Italy

Linfoma non Hodgkin a localizzazione insolita. Uomo 64 anni familiarità per linfoma (padre). In anamnesi ipertensione arteriosa, OSAS in trattamento con C-PAP notturna, glaucoma in trattamento farmacologico. 2016: eco-addome completo eseguito per ernia inguinale evidenziava formazione ipoecogena di 25x18mm epigastrica (linfoadenopatia? Lesione pancreatica?) La TAC confermava linfoadenopatie mesenteriche con indicazione a follow up ecografico. 2017 eco-addome: riduzione volumetrica linfonodale (15x12mm). Per anni non eseguiva indagini per benessere clinico. 2021: comparsa di febbricola e sudorazioni notturne. Agli esami ematochimici: leucopenia. TC total body diffuse linfadenopatie ovalari capsulate affastellate ma non confluenti, senza perdita dell'ilo e splenomegalia (sarcoidosi?). L'ecografia delle stazioni superficiali confermava le linfoadenopatie a morfologia conservata, ma con volumetria patologica. Si visualizzava, clinicamente, in occhio sx neoformazione della caruncola. Biopsia linfonodale ascellare e caruncola sx: linfoma non Hodgkin follicolare. In trattamento chemioterapico attuale con RCHOP. Il linfoma è una neoplasia che può rimanere silente per anni, motivo per cui l'osservazione clinica e l'ecografia assumono una importanza "vitale".

Immunodeficit primitivo ad esordio tardivo

C. Lattanzio[1], S. Longo[1], A. Ancona[1], B. Stella[1], L. Pappagallo[1], A. Vacca[1]
[1]Medicina Interna Universitaria "G. Baccelli" Policlinico di Bari, Italy

Si descrive un caso clinico di Immunodeficit primitivo ad esordio tardivo. Donna di 48 anni, affetta da Neurofibromatosi, in anamnesi patologica remota ipertensione arteriosa in trattamento farmacologico con buon controllo pressorio e anamnesi muta per infezioni ricorrenti. Paziente in pieno benessere fino a Gennaio u.s.,quando accede in P.S. per comparsa di otalgia associata a cefalea frontale, vomito e rigor nucalis. La consulenza neurologica in urgenza conclude per "quadro di meningite diffusa sovra e sotto-tentoriale", pertanto viene ricoverata presso l'U.O.C. di Malattie Infettive di questo Policlinico con diagnosi certa di meningite da Streptococco Pneumoniae e intrapresa antibioticoterapia mirata . Agli esami ematochimici emerge un severo decremento dei livelli sierici delle immunoglobuline e presenza alla tipizzazione linfocitaria di espansione "non clonale" dei CD19. Avviata terapia suppletiva con IVIg somministrata secondo schema 400 mg/Kg/die, per un totale di 25 gr/die per due giorni consecutivi con netto miglioramento clinico. Alla luce della documentazione clinica e sulla scorta delle indagini bioumorali e strumentali eseguite durante la degenza, si escludono ipotetiche forme secondarie di Immunodeficienza e, visto l'episodio infettivo maggiore, si conclude con ragionevole certezza che la paziente sia affetta da Immunodeficienza Primitiva e indicazione a proseguire terapia sostitutiva cronica con immunoglobuline. Le manifestazioni cliniche da immunodeficit possono non essere precoci ed esordire con infezioni anche fatali se non trattate correttamente.

Paziente con APCA positività e severo deficit di vitamina B12: una possibile causa di emolisi?

A. Figliomeni[1], G. Governato[1], M. Boccia[1], A. Bertocchi[1], D. Lertora[1], G. Bertoncini[1], J. Rosada[1], L. Mori[1]
[1]UO Medicina Interna Lunigiana, Ospedale S. Antonio Abate, Italy

Premesse: L'anemia emolitica è una manifestazione clinica che si può associare a numerose patologie (ad es. malattie autoimmuni o neoplasie di tipo ematologico). È quindi importante un corretto inquadramento diagnostico per ottimizzare la terapia.
Descrizione del caso clinico: una paziente di 87 aa è stata ricoverata per ittero, severa pancitopenia con segni di anemia emolitica (macrocitemia delle emazie, aptoglobina non dosabile, aumento di LDH e bilirubina indiretta), reticolociti nella norma, test di Coombs negativo, C3 e C4 nella norma. Gli esami di laboratorio mostravano una severa riduzione della vitamina B12 e ipogammaglobulinemia. Sono state escluse patologie linfoproliferative. Agli esami immunologici positività di ANA con pattern speckled e APCA, mentre sono risultati negativi gli ENA e il FR (esame probabilmente influenzato dall'ipogammaglobulinemia). Una EGDS ha escluso la presenza di lesioni della mucosa gastrica. Vista la riferita sindrome sicca è stata eseguita un'ecografia delle ghiandole salivari maggiori che ha mostrato segni di scialoadenite cronica. La paziente è stata trattata con trasfusione di emazie, terapia steroidea (6MP 60 mg a scalare) e supplemen-

tazione di vitamina B12 con miglioramento dell'anemia e stabilizzazione dei valori di emoglobina.
Conclusioni: Il deficit severo di vitamina B12, in rari casi, si può associare a emolisi e va quindi tenuto in considerazione nella diagnosi differenziale delle anemie emolitiche.

Immune-mediated reactions to Sars-Cov-2 vaccine: the experience of an immunology outpatients facility

S. Grassi[1], M. Bova[2], D. Morelli[3], A. Bresciani[1], G. Iannuzzi[2], M. Laccetti[1]
[1]UOC Medicina 1, AORN A Cardarelli, Napoli, Italy, [2]UOC Medicina 2, AORN A Cardarelli, Napoli, Italy, [3]UOC Medicina 3, AORN A Cardarelli, Napoli, Italy

Background and Aim of the study: SARS-CoV2 vaccines may cause immune-mediated reactions with different mechanisms, the main being: immediate and delayed hypersensitivity, dis-immune mechanisms due to Spike protein molecular mimicry and autoimmune pathogenesis. In July 2021 a new Immunology outpatients facility was inaugurated in Cardarelli Hospital – Naples, in order to respond to the increasing demand of immunological consult.
Materials and Methods: We accessed our outpatients clinical files by selecting the patients with suspected immune-mediated reaction to SARS-CoV2 vaccines. We reported sex, reaction type, vaccine type, time of onset, duration, treatment, clinical outcome, result of poly-ethylene-glycole (PEG) testing, indication for continuation of vaccine program and, for 'autoimmune-like' reactions, final diagnosis and treatment.
Results: Nine women reported hypersensitivity reactions with mRNA vaccines. All the subjects were skin tested for PEG: the test was positive in 5 patients, who were suggested to be vaccinated with desensitization protocol, while the other 4 underwent subsequent doses with previous anti-histamine/steroid treatment. Six patients – 5 women and 1 man - reported 'autoimmune-like' reactions: 3 have been diagnosed for Indifferentiated Connectivitis and 1 for Behcet flare. These data will be updated.
Conclusions: The increasing numbers of suspected immune-mediated reactions to vaccines detected in our clinical practice show the need of empower Clinical Immunology facilities in order to improve the safety of the vaccinated population.

A late diagnosis of eosinophilic granulomatosis with polyangiitis

M. Fazio[1], P. Pagani[1], A. Turchetti[1], M.A. Mazziotti[2], R. Corso[2], T.M. Attardo[2], F. Campanaro[3], A. Clemenzi[4], D. Dalla Gasperina[1], F. Dentali[1]
[1]ASST Sette Laghi, Università degli Studi dell'Insubria, Varese, Italy, [2]UO Medicina, Ospedale di Circolo di Varese, ASST Sette Laghi, Italy, [3]SSD Reumatologia, Ospedale di Circolo di Varese, ASST Sette Laghi, Italy, [4]UO Neurologia, Ospedale di Circolo di Varese, ASST Sette Laghi, Italy

Background: Eosinophilic granulomatosis with polyangiitis (EGPA) is a medium and small vessel vasculitis.
Discussion: A 58-years man was admitted to the Emergency Department in January 2022 for myalgia and weakness of lower limbs in recent COVID-19 infection. He had a clinical history of allergic asthma and eosinophilic pneumonia (ANCA negative) diagnosed as secondary to sensitization work-related in 2001. Blood test showed a severe hypereosinophilia (absolute eosinophil count: 9875/microL) and elevated creatine kinase (CK: 7555 U/L). He was hospitalized in HUB COVID. During hospitalization reported paraesthesia of upper and lower limbs and fever; blood test showed elevation of inflammation markers. Autoimmune screening showed a antineutrophil cytoplasmic antibodies positivity (ANCA anti-MPO 178UI/mL). A sinus CT showed nasal polyposis. A neurological evaluation and electromyography were performed with the evidence of polyneuropathy. Muscle biopsy showed eosinophil-associated vascular occlusion and eosinophil-associated tissue damage. The investigation excluded renal, cardiac, pulmonary and gastro-intestinal involvement. A steroid therapy (Prednisone 1 mg/kg/die) was started with clinical improvement.
Conclusions: EGPA is a multisystemic disorder, typically suspected based on a combination of clinical findings, such as asthma, nasal and sinus symptoms, peripheral neuropathy, and eosinophilia ≥1500/microL. ANCA antibodies are positive in around 40% of patients and diagnosis can often be challenging and delayed.

Crisi renale sclerodermica: una rara causa di insufficienza renale ''rapidly-progressive" in Medicina Interna

G. Governato[1], A. Figliomeni[1], M. Boccia[1], A. Bertocchi[1], D. Lertora[1], G. Bertoncini[1], J. Rosada[1], L. Mori[1]
[1]UO di Medicina Interna della Lunigiana, Italy

Premesse: La sclerodermia è una connettivite sistemica caratterizzata da impegno multiorgano fibrosante. La crisi renale sclerodermica è una rara grave complicanza; l'assunzione di terapia steroidea a medie-alte dosi e la progressione della sclerosi cutanea rappresentano i principali fattori di rischio.
Descrizione del caso clinico: Una paziente di 78 anni, con diagnosi di sclerosi sistemica overlap sindrome di Sjögren dal 2012 (ANA centromerico 1:160, ACA+, Ro52+, AMA-M2+) ad impegno microvascolare, gastro-intestinale e ghiandolare, accede, normotesa, presso il nostro reparto a Gennaio 2021 per progressivo peggioramento della funzione renale (Cr 4,8 mg/dl) da Settembre 2021 (Cr 1,88 mg/dl), in assenza di cause pre e post renali, ma significativo incremento degli indici di resistività intrarenali. La paziente ha assunto terapia steroidea protratta a dosi medio-alte (6MP ≥15 mg/die) da Settembre a Novembre 2021 per polmonite batterica; il peggioramento della funzione renale si è associato a progressione centripeta della sclerosi cutanea e della melanodermia agli arti inferiori, superiori, addome e volto. Durante la degenza presso il nostro reparto, nel sospetto di crisi renale sclerodermica, è stata impostata terapia con ACE inibitori secondo linee guida senza efficacia e conseguente avvio ad emodialisi.
Conclusioni: La crisi renale sclerodermica può condurre rapidamente a patologia renale ''end stage" se non riconosciuta rapidamente. Il primo step per mitigare il rischio di tale complicanza è la corretta gestione della terapia steroidea nei malati sclerodermici.

Bereavement support to the family of the patient dying of COVID-19 isolated in the hospital

T. Serini[1], S. Vernocchi[1], A. Aceranti[2], P. Manfroi[3], A. Vernocchi[4], E. Pagliaro[5]
[1]Faculty of Medicine, University of Ostrava, Ostrava, Czech Republic, [2]European Institute of Forensic and Biomedical Sciences, Milano, Italy, [3]Associazione Interstudi Europei, Chiasso, Switzerland, [4]ASST Valle Olona, Gallarate, Varese, Italy, [5]Facoltà di Medicina, Università degli Studi di Milano, Milano, Italy

About 38% of patients admitted to the high-intensity ward during the SARS-CoV-2 pandemic died in hospital. These are elderly patients (average 82 years) with multiple pathologies.
Case report: We describe the case of the death of a 70-year-old woman from SRI Lanka, of Buddhist religion, with bulbar amyotrophic lateral sclerosis, severe malnutrition, thin 29 kg, 158 cm tall, anemic, despite PEG nutrition, language barrier problems but without cognitive or sensory impairment. She had been followed at home for 4 years, no respiratory problems, she was taken to the emergency room for worsening dyspnea in suspicion of ab-ingestis pneumonia. Recognized carrier of interstitial pneumonia from SARS-CoV-2. Despite the therapies set (oxygen, antibiotics, steroids, with low molecular weight heparin, total parenteral nutrition, hydration and electrolytes) the conditions worsened rapidly. We then communicated the imminent death of the joint to the relatives. The main care-giver granddaughter, well integrated, who understands the Italian language, asked to set up a group with whatsApp in order to see and greet her mother one last time. The 4 children (2 in Sri Lanka), and the 12 grandchildren formed a whatsApp group. They asked for another occasion to celebrate the milk rite with an elderly officiant. The rite took place with the patient very awake and present, gathered in prayer, all the relatives connected with the tablet: the doctor carried out the milk rite on the recommendation of the connected officiant from Sri Lanka, then they said a Christian prayer in homage to the staff, thanking them.

Test di Coombs diretto nei pazienti con COVID-19: emolisi ed autoimmunità

L. Di Capua[1], E. Savarese[1], E. Gattola[1]
[1]UOC Immunoematologia e Medicina Trasfusionale ASL Napoli 3 Sud, Italy

Premesse e Scopo dello studio: L'infezione da SARS-CoV-2 è stata associata a numerose complicanze ematologiche ed autoimmuni tra cui l'anemia emolitica autoimmune (AEA). La positività del Test di Coombs diretto è di frequente riscontro nei pazienti affetti da COVID-19, si sospetta che lo stato di iperinfiammazione determini alterazioni della superfice dell'eritrocita con esposizione di antigeni criptici e conseguente sviluppo di autoanticorpi.
Materiali e Metodi: Nel territorio della ASL Napoli 3 Sud, abbiamo analizzato 75 campioni provenienti da pazienti con infezione accertata da Sars-CoV-2 ed ospedalizzati in terapia semi-intensiva e 70 campioni di pazienti ospedalizzati in reparti ordinari. Abbiamo eseguito esame emocromocitometrico (ABX Pentra XL 80-Horiba diagnostics), Test di Coombs diretto ed indiretto (BioRad IH-500 analyser, BioRad Diamed DC screening I gel). La popolazione studiata aveva una età media di 65 anni.
Risultati: I pazienti con Covid-19 presentano valori medi di emoglobina (Hb=9.4 g/dl) significativamente ($p<0.04$) più bassi rispetto a quelli dei pazienti con test Coombs diretto negativo (Hb=11.3 g/dl). Inoltre, il gruppo dei pazienti con infezione ha evidenziato nel 16,4% positività al Test di Coombs diretto con specificità per IgG.
Conclusioni: Nei pazienti affetti da COVID-19 il riscontro di valori di emoglobina più bassi associati al riscontro di positività del test di Coombs diretto, anche in assenza di emolisi clinicamente evidente, indica una ridotta sopravvivenza delle emazie di verosimile natura immunomediata.

A case report of hemophagocytic lymphohistiocytosis in COVID-19

B. Rosaia[1], V. Conti[2], A. Ginori[3], G. Bianchini[1], A. Porcu[2], A. Pampana[1]
[1]UO Medicina, Nuovo Ospedale Apuane, Massa, Italy, [2]UO Pneumologia, Nuovo Ospedale Apuane, Massa, Italy, [3]Anatomia Patologica, Azienda Toscana Nord Ovest, Massa, Italy

Although SARS-CoV-2 lethality has been mainly associated with respiratory failure, it is now recognized the role of immune disregulation with macrophage activation and massive cytochine production, ultimately leading to multiorgan failure. A 88–years old man with dyspnea was hospitalized due to respiratory failure and tested positive to SARS-CoV-2 .The laboratory analysis was significant for creatinine (1.43 mg/dl), C-reactive protein and a white blood cell count 26.890 103/uL. The CT scan showed a right pneumothorax and also bilateral ground glass opacities with some consolidation. Despite progressive respiratory improvement, he developed kidney failure, myosite and thrombocytopenia. High dose corticosteroids and immunoglobulins were started without improvement. Indeed, platelet count kept dropping (16 x 109/L) associated with leukopenia (0.350 103/uL) and anaemia (7.6 g/dl). Furthermore, elevated serum ferritin (1965 ng/ml), IL-6 (167 pg/ml) and LDH (651 UI/L) levels were documented. A bone marrow biopsy was then performed and HLH was diagnosed.The patient showed further clinical deterioration and he deceased because of multiorgan failure. HLH is a rare and life-threatening disorder caused by a hyper-inflammatory response. Recent reports suggest that the cytokine storm caused by COVID 19 infection has significant similarities with the clinical and laboratory findings of this disorder.

Un raro caso di sindrome emorragica in paziente con MGUS

V. De Crescenzo[1], M. Alessandri[1], A. Amendola[1], V. Cusumano[1], A. D'Errico[1], C. Ghiara[1], F. Marzi[1], C. Nizzi[1], M. Manini[1]
[1]Medicina Interna, Ospedale San Giovanni di Dio, Orbetello (GR), Italy

Premessa: L'emofilia A Acquisita (EAA) è rara; con incidenza di 1,3-1,5 casi per milione di ab.; inibitori acquisiti contro il FVIII possono comparire in gravidanza o nel post-partum; in malattie autoimmuni, neoplasie solide o ematologiche, uso di farmaci; il 50% dei casi sono idiopatici.
Descrizione del caso clinico: Donna di 87 anni trattata con valsartan, amlodipina e ASA; si presenta con ematoma alla coscia sn, ecchimosi diffuse ed emartro al ginocchio sx spontanei. Esami ematici: Hb 8.5 g/dl, WBC 10.39x10³, PLT 247x10³ aPTT (99,9 ratio 3.12), INR 1.12, fibrinogeno 427 mg/dl, PCR 4,81 mg/dl, componente monoclonale sierica 0,6 g/dl di tipo IgG/λ, catene leggere libere k 9.1 mg/L, λ 41.20, rapporto 0.22, ANA<1:80, FR<10, autoimmunità per sindrome antifosfolipidi negativa; al mixing test mancata correzione a 2 ore a 37°C, attività residua fattore VIII 0,8%; TC collo-torace, addome e coscia sn: non sanguinamento attivo, ematomi retroperitoneali, linfoadenomegalie, o alterazioni focali di tipo evolutivo; tumefazione dei mm. vasto mediale e vasto intermedio della coscia sn. Inizia terapia con agente bypassante NovoSeven, PDN 1 mg/Kg/die e ciclofosfamide (sospesa per sepsi urinaria); risolto il quadro clinico a 20 gg, con fattore VIII (5,1%) in aumento; in terapia steroidea di mantenimento.
Conclusioni: In considerazione della forma grave di EAA abbiamo escluso malattie autoimmuni e cancro; si è evidenziata CM sierica (MGUS); riteniamo opportuno di fronte ad una EAA escludere oltre a neoplasie solide anche patologie onco ematologhiche comprese le discrasie plasmacellulari.

An uncommon clinical onset of a zoonosis related to occupational risk: single case report of echinoccoccal cysts of lung and spleen

H. Al Suwaidi[1], E. Crespi[1], G. Fichera[1], A.M. Maresca[1], F. Dentali[1]
[1]Dipartimento di Medicina Interna, Università degli Studi dell'Insubria, Varese, Italy

Introduction: This case report is about a zoonosis related to occupational risk.Echinococcosis was recorded as the secondary cause of zoonosis in Europe in 2019.
Description: A 32 years old man came to the Emergency Room due to chest pain and dyspnea. No comorbidities reported. Occupation: breeder of sheeps in the past.Chest CT scan: left hydropneumothorax, lung parenchyma collapsed withcavitationsinside and pluriconcameratedcysts in the spleen. Pleural drainage was performed: only eosinophils were found. Even if serological test for Echinococcus was negative,he started Albendazole 400 mg bid. After three weeks, because of persistent fever, another chest CT scan was performed: consolidations, tree-in-bud-sign and ground glass opacity. He started antibiotic therapy due to the suspicion of a superinfectionand he underwentbronchoscopy+BAL: negative. A month later, for a sudden left hypochondriac pain followed by respiratory failure and anaphylactic shock he underwent urgent CT for suspected intrasplenic rupture, which was confirmed. After stabilization, he had splenectomy and resection of the lower left pulmonary lobe. Finally, the histological examination confirmed the suspected diagnosis: echinococcal hydatid cysts.
Conclusions: In the evaluation of lung and splenic cysts is important to think also about zoonosis as a cause.In this case, hydropneumothorax was a non common clinical onset.It's also important to rethink about the timing of the medical therapy before surgery if it shows useless, to prevent major complications.

Phenotyping COVID-19 inpatients prognosis at admission based upon serum biomarkers: a retrospective monocentric study

M.P. Macchia[1], S. Longo[1], G. Lisco[2], N. Susca[1], V.A. Giagulli[2], S. Cicco[1], A.G. Solimando[1], V. Racanelli[1], V. Triggiani[2], A. Vacca[1]
[1]Internal Medicine "G. Baccelli", Department of Biomedical Sciences and Human Oncology, University of Bari "Aldo Moro", School of Medicine, Policlinico, Bari, Italy, [2]Interdisciplinary Department of Medicine-Section of Internal Medicine, Geriatrics, Endocrinology and Rare Diseases, University of Bari "Aldo Moro", School of Medicine, Policlinico, Bari, Italy

Background: Prompt recognition of COVID-19 prognosis could improve the care of inpatients admitted to Internal Medicine wards.
Aim. To evaluate the impact of serum biomarkers at admission on COVID-19 prognosis.
Methods: Two hundred eighteen COVID-19 patients referred to the Internal Medicine *Baccelli*, *University of Bari* were consecutively analyzed (September 2020 - June 2021) in a retrospective, monocentric study. A complete medical history, physical examination, blood count, renal function, inflammatory biomarkers, and total serum calcium were obtained.

Results: Low serum calcium was found on average (8.4 mg/dl) but it normalized after correction for albuminemia (8.9 mg/dL). Patients transferred to the intensive care unit showed a statistically significant lower serum calcium (8.1 *vs* 8.4 mg/dL, p<0.01) compared to those not transferred to the intensive care even if relation vanished after albumin correction. Older age (81 *vs* 63y, p <0.001), higher C reactive protein (114 *vs* 38.5 mg/dL, p <0.001), d-dimer (2543 *vs* 641 ng/mL, p <0.001), lactic dehydrogenase (301 *vs* 236 UI/L, p <0.001), neutrophil-to-lymphocyte ratio (9.9 *vs* 4.5, p <0.001), interleukin-6 (118 *vs* 21.6 pg/mL, p <0.001), creatinine (1.17 *vs* 0.88 mg/dL, p <0.001), and corrected calcium (9.2 *vs* 8.4 mg/dL, p<0.001) predicted death.
Conclusions: Low total serum calcium might anticipate patients' transfer to the intensive care unit. This phenomenon may be driven by hypoalbuminemia. Advanced age, higher inflammatory biomarkers and creatinine, and higher serum calcium corrected for albumin may predict death.

Emofilia A: non solo una malattia congenita

L. Poli[1], A. Salemi[1], G. Eusebi[1], L. Ghattas[1], M. Mattioli[1], P. Montanari[1], L. Giampaolo[1], L. Romani[1], R. De Giovanni[1], A. Grassi[1]
[1]ASL Romagna, Medicina Interna, Cattolica, Italy

Premesse: L'emofilia A acquisita è un disordine coagulativo-emorragico sostenuto dalla formazione di autoanticorpi che neutralizzano o aumentano la clearance del fattore VIII. Molteplici sono le condizioni ritenute causali: neoplasie, infezioni, connettiviti, dermopatie, pneumopatie, post-trapianto, gravidanza, terapia farmacologica e trasfusionale.
Descrizione del caso clinico: Una paziente di 77 anni affetta da colangiocarcinoma distale, portatrice di stent biliare interno da alcuni mesi, e' stata ricoverata per colangite in recidiva di ittero ostruttivo e trattata con terapia antibiotica e posizionamento di stent biliare interno-esterno. La procedura si e' complicata con severa anemizzazione che ha richiesto emotrafusioni, per persistente sanguinamento a livello della sede di inserzione cutanea. Lo studio emocoagulativo ha rilevato: normalita' di INR e piastrine, allungamento di aPTT, riduzione del Fattore VIII e presenza sierica del suo inibitore specifico. Per quadro compatibile con Emofilia A acquisita e' stata iniziata terapia con metilprednisolone 1 mg/kg/die con rapida risoluzione del quadro clinico-laboratoristico senza necessità di ulteriori trattamenti.
Conclusioni: L'emofilia acquista pur essendo una sindrome rara e' correlata a molteplici condizioni ed ha importanti ricadute cliniche. La pronta identificazione puo' permetterne un trattamento efficace.

Leucoencefalopatia multifocale progressiva da virus JC: il caso di una donna affetta da mieloma multiplo in trattamento con pomalidomide

G. Cassataro[1], G. Smorlesi[2], G. Miceli[1], R. Burlon[1], E. Fertitta[1], M. Renda[1]
[1]UOC Medicina, Direttore Dott. Maurizio Renda, Fondazione Istituto "G. Giglio", Cefalù (PA), Italy, [2]UOC Neurologia, Fondazione Istituto "G. Giglio", Cefalù (PA), Italy

La leucoencefalopatia multifocale progressiva (PML) è una rara malattia demielinizzante del SNC ad elevata mortalità che si può riscontrare in pazienti immunocompromessi, causata da un'infezione opportunistica del virus di John Cunningham (JCV). Sebbene siano stati descritti diversi casi in soggetti con mieloma multiplo (MM), pochi, ad oggi, sono quelli associati al trattamento con Pomalidomide. Riportiamo il caso di una donna di 76 anni, affetta da MM IgG-k (stadio ISS II) dal 2005, giunta alla nostra osservazione per un'emisindrome sensitivo-motoria sinistra esordita in modo subacuto circa 3 mesi prima, con andamento ingravescente. Al momento del ricovero la paziente era in terza linea di terapia con schema pomalidomide-desametasone-ciclofosfamide (XVIII ciclo). Durante la degenza progressivo peggioramento ed estensione al controlato del deficit, con comparsa di disartria, disfagia, spasticità diffusa ai quattro arti e compromissione del grado di coscienza. La RM encefalo mostrava alterazioni iperintense in T2/FLAIR estese in modo multifocale e asimmetrico alla sostanza bianca fronto-parietale, con pattern suggestivo di PML; ipotesi diagnostica confermata dalla positività del JCV nel liquo. La PML è una grave encefalopatia, spesso fatale, che può complicare in modo irrimediabile il decorso di diverse malattie croniche in trattamento immunosoppressivo. Nella scelta del trattamento con pomalidomide l'individuazione dei soggetti maggiormente a rischio per tale condizione è di cruciale importanza, in quanto non esiste al momento alcuna terapia efficace per la PML.

Hypocalcemic tetany: Gitelman's syndrome, an important differential diagnosis

F. Colomba[1], M. Rotoloni[2], M. Bellanova[2], A. Balloni[2], C. Polloni[2], S. Cacciagiù[2], E. Borioni[2], A.M. Schimizzi[2], S. Gambini[2], M. Candela[2]
[1]UOC Medicina Interna, Ospedale Carlo Urbani, Jesi, Area Vasta 2, ASUR Marche, Italy, [2]UOC Medicina Interna, Ospedale Carlo Urbani, Jesi, Area Vasta 2, ASUR Marche, Italy

Background: Gitelman's syndrome is a rare autosomal recessive renal tubulophathy caused by a defect of the thiazide-sensitive sodium chloride co-transporter at the distal tubule and characterized by hypomagnesemia, hypokalemia, hypocalciuria, and metabolic alkalosis.
Case presentation: A 64-year-old man admitted to our department of Internal Medicine for fever, deep asthenia, and progressive clinical worsening with paresthesias on face and limbs, widespread muscle contractions and carpal spasms. Laboratory tests showed severe hypocalcemia, hypokalemia and hypomagnesemia, arterial blood gas showed metabolic alkalosis. Complementary evaluation revealed hypocalciuria, hyperpotassiuria and hypermagnesuria with normal renal function. His medical history was not significant, but the anamnesis was positive for past history of tetany and transient muscle weakness during fever ten years ago. Physical examination was normal. The most common causes of hypocalcemia (gastrointestinal or urinary losses) were excluded. Therefore, Gitelman syndrome was considered as a possible ethology of the electrolyte imbalance. Genetic analisis of SLC12A3 gene was performed for confirms the diagnosis of Gitelman syndrome.
Conclusions: Hypokalaemia is a common clinical disorder, particularly in hospitalised patients, that can be usually determinated by the clinical patient's history. Hypocalcemic tetany as a presentation of Gitelman's syndrome has rarely been reported in literature and must be considered in the differential diagnosis of hypokalaemia.

Systemic mastocytosis with an associated hematologic neoplasm: a case report

E. Cesaroni[1], I. Merilli[1], G. Pestelli[1], L. Caruso[1], F. Bucci[1], C. Carleo[1], C. Angoli[1], M. Al Refaie[1], O. Para[1], C. Nozzoli[1]
[1]AOU Careggi, Firenze, Italy

Introduction: Systemic mastocytosis (SM) is a disorder in which mast cells infiltrate extracutaneous tissues. It can sometimes be associated with hematological diseases, usually a myeloproliferative neoplasm, and when aggressive it can lead to poor prognosis.
Case report: A 74 old woman, whose medical history was consistent for hypertension, type II dyabetes and diverticulosis, was admitted to Hospital due to symptoms of asthenia, fever, weight loss, diarrhea and flushing developed in the last few weeks. Laboratory exams were significant for leucocytosis (WBC 35,40 $x10^9$/L), anemia (Hb 10.4 g/dl) and thrombocitopenia (Plt 129 $x10^9$/L) and peripheral blood smear was compatible with myeloid peripheral blastosis. Abdominal imaging resulted in hepatosplenomegaly and diffuse lymphadenopathy and the search for BCR/ABL mutations tested negative. Bone marrow aspirate and biopsy eventually revealed mast-cells infiltration (20-30% of all cellularity) while serum tryptase levels resulted above 800 ug/L, leading to the diagnosis of SM with an associated hematologic neoplasm. Patient's history was later on complicated by ascites, the need for red blood cells and platelets-transfusion and sepsis. She died a few weeks after the diagnosis.
Conclusions: When SM occurs with hematological neoplasms it has to be considered an advanced and aggressive variant of the disease. The diagnosis can be challenging since its manifestations are not so different from those of the original neoplasm and in the worst

scenario the only curative therapy is the allogeneic hematopoietic cell transplantation.

An uncommon cause of cerebral abscess

F. Bucci[1], M.S. Rutili[1], E. Antonielli[1], G. Fedi[1], S. Guidi[1], R. Di Donato[1], C. Carleo[1], M. Al Refaie[1], A. De Roma[1], C. Nozzoli[1]
[1]Azienda Ospedaliero-Universitaria Careggi, Firenze, Italy

Background: Hereditary hemorrhagic teleangiectasia (HHT) is a rare autosomal dominant disease characterized by the presence of multidistrict vascular malformations. A late diagnosis can lead to serious complications.
Case Report: A 37-year-old man was admitted for headache associated with hyposthenia and hypoesthesia in the right side of the body and central facial nerve deficit. Blood tests showed neutrophilic leukocytosis and mild sideropenic anemia. Medical history included recurrent epistaxis, and telangiectasias of the fingers and oral mucosa; the patient's father and brother reported the same symptoms. Contrast enhanced brain CT and MRI showed an abscess in the left lenticular area surrounded by extensive vasogenic edema with initial compression of the lateral ventricle and midline shift. Contrast-enhanced chest CT showed two pulmonary arteriovenous malformations (PAVMs), which were successfully embolized. Because of the worsening of neurological status, CT-guided stereotactic aspiration was performed urgently. Culture examination of the aspirated material was positive for S. intermedius and multi-resistant A. baumanni, and target antibiotic therapy was administered. The patient underwent progressive improvement of neurological status and he was transferred to a rehabilitation center.
Conclusions: In patients with HHT, PAVMs are often present since childhood and they need early diagnosis and treatment because of the risk of life-threatening complications like stroke and brain abscesses.

COVID-19-recovered patients during the fourth pandemic wave regardless of vaccination status

A. Daniele[1], L. Roffredo[1], F. Gallo[1], E. Grassi[1], R. Giuso[1], A. Di Dio[2], A. Giannone[1], S. Marchisio[3], G. Puglisi[1], P. Gnerre[1]
[1]Medicina Interna, Acqui Terme, Italy, [2]Direzione Medica, ASL AL, Italy, [3]Direzione Sanitaria, ASL AL, Italy

Aim of this study is to observe the clinical characteristics of patients hospitalized for Coronavirus Disease 2019 (COVID-19) in relation to the vaccination status and the clinical outcome. We retrospectively examined 107 consecutive COVID-19 hospitalizations from December 2021 to February 2022 in Monsignor Galliano Hospital (Acqui Terme, ASL AL) during the fourth pandemic wave. 72% of patients were hospitalized for acute respiratory failure with radiological picture of pneumonia (for-COVID hospitalizations). 28% of patients were hospitalized for other causes with occasional finding of a positive Sars-Cov-2 swab (with-COVID hospitalizations). 42% of patients were not vaccinated, 29% had undergone a full vaccination course (3 doses), 23% had two doses and 3% only one dose. All patients without vaccination were hospitalized for acute respiratory failure. More than 3 comorbidities were present in 49% of patients, and arterial hypertension in 50%. Unexpectedly, mortality was higher in patients vaccinated with two doses. In conclusion in the fourth pandemic wave, in comparison to the others, not all patients were hospitalized for respiratory failure and pneumonia, and the presence of at least three comorbidities is a risk factor for hospitalization regardless of the vaccination status.

Emergency calls for time-depending during COVID-19 outbreak in center Italy

F. Paciullo[1], D. Giannandrea[2], V. Gianfredi[3], F. Borgognonni[4], P. Verdecchia[2], P.D. L'Angiocola[5], M. Monti[2]
[1]USL Umbtria 1, Italy, [2]USL Umbria 1, Italy, [3]School Of Medicine, Vita-Salute San Raffaele University, Milano, Italy, [4]USL Umbria 1, Italy, [5]Gorizia Hospital, Italy

In the present study we analysed the emergency calls to the Umbrian Emergency Medical System (reached by dialling the emergency telephone number 118), that occurred for time-dependent-illnesses during the pandemic. Our analysis included all out-of- hospital ACSs, strokes and cardiac arrests electronically stored in the Emergency Department database. During the trimester 1st February- 30th April a total of 61,867 and 63,194 calls were registered in 2019 and 2020, respectively. In year 2020, compared to year 2019, there was a significant reduction in the frequency of calls to 118 for ACS (0.009% *vs* 0.14% ^{2}=25.71, p=0.01), a non-significant reduction in the calls due to stroke (0.48% *vs* 0.5% ^{2}=1.1, p=0.2) and cardiac arrest (0.43% *vs* 0.47%; ^{2}=2.85, p=0.09). Overall, these findings strongly suggest that, during the COVID-19 pandemic, a lower attention has been posed to time-dependent illness. This dramatically led to a general underutilization of the emergency medical system, and consequently reduced the number of time-dependent hospitalizations. Considering the differences among ACS calls with respect to stroke calls, we could speculate that patients who have a clinical presentation with mild symptoms have preferred to stay at home, given the widespread fear of going to hospitals.

A strange loss of consciousness

F. Cannavacciuolo[1], E. Allegorico[2], L. Di Capua[3], V. Apuzzi[4], M. Nunziata[5], S. Mangiacapra[6], M. Nunziata[6]
[1]UOC Medicina Interna, AORN San Giuseppe Moscati, Avellino, Italy, [2]UOC Medicina d'Accettazione e Urgenza, PO Santa Maria delle Grazie Pozzuoli ASL Napoli 2 Nord, Italy, [3]UOC Medicina Interna, OO.RR Area Stabiese Ospedale San Leonardo Castellammare di Stabia, ASL Napoli 3 Sud, Italy, [4]UOC Medicina Interna e Lungodegenza, San Giovanni Bosco, ASL Napoli 1, Italy, [5]UOC Medicina Interna, Carlo Poma, ASST Mantova, Italy, [6]UOC Medicina Interna AORN San Giuseppe Moscati, Avellino, Italy

Background: Beta-thalassemia intermedia is a rare ematologic disorder.
Case history: A 55-year-old man with medical history of longstanding hemolitic anemia post-splenectomy was admitted for loss of consciousness. Cerebral MRI documented subacute ischemic lesions localized in subcortical white matter. Echocardiography, carotid, and transcranial doppler us were normal. Screening for thrombophilic disorders showed homozygosis for variant C677T of MTHFR. Hemoglobin level was 8.7 g/dl, mcv: 84 fl (rdw 23.1%), hematocrit: 30.6%, platelet count: 688 x 10^3/µl, reticulocyte count 20.25%, bilirubin level 4.24 mg/dl, haptoglobin level 1 mg/dl, ferritin level 1427 ng/ml. The peripheral blood smear examination showed anisopoikilocytosis, target cells, schistocytes, and orthochromatic erythroblasts. The hemoglobin electrophoresis showed increase in Hb F and Hb A2. Genetic testing showed heterozygosity for the Beta-globin mutation IVS II NT-1 and heterozygosity for the mutation ααα anti 3.7, consistent with the diagnosis of β-thalassemia intermedia. Cerebrovascular disease was probably a consequence of the hypercoagulable state that characterizes the disease.
Discussion: The factors associated with higher risk for thromboembolic events in this condition are mean hemoglobin levels below 9 g/dl, transfusion näivety, age greater than 35, splenectomy, and ferritin levels greater than 1000 ng/dl. All these were present in our patient.

It is not a malignant tumor but the countdown still starts. The value of ultrasound

J. Rosada[1], F. Masi[2], F. Finizola[1], G. Linsalata[3], V. Lenzi[3], S. Cottone[3], C. Giani[3], S. Barsotti[3], S. Del Ghianda[3], A. Camaiti[3]
[1]Azienda Sanitaria Toscana Nordovest, Fivizzano, (MS), Italy, [2]Azienda Ospedaliera Universitaria di Pisa, Pisa, Italy, [3]Azienda Sanitaria Toscana Nordovest, Livorno, Italy

Premises: Not only malignant neoplasms have a poor prognosis if we do not also intervene vascular pathologies such as aneurysms are an example. It is important not to draw conclusions at the often misleading radiological first impression. Ultrasound at the patient's bedside is a great help.
Description: An 85-year-old patient in December 2021 accesses the DEU of Livorno for hematemesis and epigastralgia. Anamnestically no active or passive tobacco history. Reports allergy to ASA and lithiatic cholecystectomy. She is suffering from arterial hyper-

tension. At the visit there is only a marked reduction in respiratory noises in the left hemithorax. Leakage of bright red blood and clots to the nasogastric tube is observed and the EGDS detects chronic gastropathy exacerbated with recent signs of bleeding but no certain bleeding site in place and arranged for treatment with PPI. The EGAa performed for the values of Hb relief of respiratory failure type 1 and a coarse mass occupying 2/3 of the left hemithorax displacement large vessels, trachea and left bronchus on the chest X-ray is described and reported as, in the first hypothesis, of a discariokinetic nature. The patient is admitted to our Medicine Unit for anatomical pathological confirmation and staging. We performed bedside ultrasound and then TT echocardiography and angioTC that exclude the neoplastic nature of the described lesion but lay for huge aneurysm of the aortic arch and then immediately transferred to the surgical environment where it will be successfully treated with placement of vascular endoprosthesis.

A rare and severe pericardial effusion: case report

L. Chianese[1], P. Vetrano[2], A. Fischetti[3], P. Morabito[1], R. Palmieri[4], A. Vetrano[5]
[1]UOS Pronto Soccorso PO "San Giovanni di Dio" Frattamaggiore ASL NA 2 Nord, Italy, [2]Facoltà di Medicina "Federico II" Università di Napoli, Italy, [3]UOS Pronto Soccorso PO "San Giovanni di Dio" Frattamaggiore ASL NA 2 Nord, Italy, [4]UOC Radiologia PO "San Giovanni di Dio" Frattamaggiore ASL NA 2 Nord, Italy, [5]Alta Specializzazione UOC Medicina PO "San Giovanni di Dio" Frattamaggiore ASL NA 2 Nord, Italy

Introduction: The guidelines in medicine are able to shed light and resolve issues on many disease while ensuring doctors and patients. But there are other diseases such as the Pericardial Effusion (PE) the same lines refer to areas of shade and leave to clinical judgment clinical decisions that have important economic and also ethical consequences.
Case clinic: A 63 year-old black man came to the DEA for dyspnea and asthenia. He reported history of COPD, Diabetes, Kidney Failure. At the entrance he was confused. The blood pressure was 100/50, apyretic and heart rate was 98 sinus rhythmic with low voltages of the QRS. The chest examination showed: bilateral basal mean hypophonesis. Blood tests revealed leukocytosis and elevation of the cardiac enzymes. The ABG: respiratory alkalosis. The echo-cardium noted severe pericardial effusion. A chest CT showed: severe pericardial effusion, pleural effusion, right paramediastinal lymphnodes package and several lymphadenopathies that compressed the mediastinal vessels and diverted the mediastinum to the left. The pericardiocentesis evacuated 500 cc of blood serum. He died after 36 hours.
Conclusions: The acute pericarditis account for the 5% of the accesses to Emergency Room. A blood serum pericardial effusion is a rare cause of acute manifestation of tuberculosis and lymphoma. The complexity of this case implies clinical, management, ethical and economic decisions on the usefulness of intensive treatment considering the poor prognosis but we believe that it is desirable to always put the quality of life of a patient in the foreground.

Un caso di peri miocardite post-vaccinale

V. Bernardis[1], M. Balbi[1]
[1]SOC Medicina Interna, Ospedale San Vito al Tagliamento (PN), Italy

Premessa: I vaccini sono l'arma più importante per arginare la pandemia da SARS-CoV-2. Si sono dimostrati tutti altamente efficaci, riducono significativamente il rischio infezione, in particolare di malattia in forma grave/critica; sono stati associati a sostanziali riduzioni dei ricoveri e dei decessi anche per le varianti che sfuggono parzialmente alle risposte immunitarie indotte dal vaccino. Oltre alle riduzioni dirette della morbilità e mortalità associate a COVID-19, vi è evidenza che la vaccinazione non aumenta il rischio di morte. Gli effetti avversi locali e sistemici sono relativamente comuni, in particolare dopo la seconda dose; la maggior parte sono di gravità lieve o moderata. Miocardite e pericardite, seppur in casi rari e soprattutto in giovani maschi, sono state osservate in particolare dopo somministrazione di vaccini a mRNA.
Caso: Pz di 75 anni, anamnesi di cardiopatia ipertensiva ed FA parossistica recidivante, in trattamento con DOAC. Viene ricoverato dopo 24 ore dalla dose booster di vaccino ad mRNA per febbre, dolore retro sternale gravativo. ECG iniziale negativo, di seguito comparsa di alterazioni della ripolarizzazione; troponina a plateau e flogosi alterata, Rx torace negativo. Un episodio di FA rapida cardiovertito farmacologicamente. Ecocardio con cinetica conservata, non versamento significativo. Virus cardiotropi e respiratori negativi, emocolture negative. Trattato con ibuprofene con graduale risoluzione della flogosi e del dolore toracico. ECG normalizzato alla dimissione.
Conclusioni: Si conclude con diagnosi di peri miocardite post vaccinale.

BAL sensitivity and specificity in interstitial pneumonia

L. Pinto[1], P. Schino[1], V. Longobardo[1], F. D'Onofrio[1], E. Tedeschi[1], M. Maiellari[1], F. Mastroianni[1]
[1]UOC Medicina Interna, COVID Unit, Fisiopatologia Respiratoria, Endoscopia bronchiale, EE Policlinico Universitario F. Miulli, Acquaviva delle Fonti (BA), Italy

Introduction and Purpose of the study: The sensitivity of genomic tests to identify SARS-CoV2 is around 65-75%. It is very common to find clinical and radiological pictures suggestive of infection but with a negative nasopharyngeal swab. The aim of our study was to use BAL fibrobronchoscopy in subjects with negative swab but with clinical and radiological signs suggesting SARS-CoV2 infection.
Materials and Methods: 52 subjects admitted to the observation area (gray area) Covid of the F. Miulli Hospital in 2020 were examined. All had negative nasopharyngeal swab (even in several determinations), also performed on sputum, but a clinical and radiological picture (Ground Glass Opacity with or without consolidations) suggestive of infection. In all subjects a fibrobronchoscopy with BAL was performed with the microbiological research also of bacteria and other viruses (pneumo plus film array). The examination was performed about 10 days after the onset of symptoms.
Results: The BAL allowed microbiological diagnosis (Covid and non-Covid) in 30.8% of cases, while the positivity rate for SARS-CoV 2 was 11.5%.
Conclusions: Our data shows that the negativity of BAL in the search for the SARS-CoV 2 virus agrees with the outcome of the nasopharyngeal and sputum swab (89.5%), highlighting 11.5% of positive subjects. However, BAL negativity does not exclude SARS-CoV2 etiology, especially in typical radiological cases. The time interval between the onset of infection and BAL may have allowed the clearance of the virus.

Non solo epatopatie virali: un caso di morbo di Wilson

M. Bertoli[1], F. Caldera[2], M. Campanini[2]
[1]Dipartimento di Medicina Traslazionale, Università del Piemonte Orientale UPO, Novara, NO, Italy, [2]Dipartimento di medicina, Azienda Ospedaliera Universitaria "Maggiore della Carità," Novara, Italy

Premesse: Il morbo di Wilson è una malattia autosomica recessiva causata da un difetto del gene ATP7B che comporta accumulo di rame e successivo danno a carico di fegato e altri tessuti, compreso il cervello.
Descrizione del caso clinico: Giovane paziente con gentilizio negativo per epatopatie e un precedente riscontro casuale di incremento degli indici di epatonecrosi, giungeva in ps per comparsa di subittero e astenia ingravescente. Venivano riscontrate piressia (37.6°C), cute e sclere itteriche, fegato a 2-3 cm dall'arco costale senza splenomegalia ed edemi degli arti inferiori. Agli ematochimici si evidenziavano leucocitosi, incremento di bilirubina totale, transaminasi, indici di colestasi, alterazioni della coagulazione e rialzo dei valori di LDH. Dato il riscontro ecografico di un fegato di dimensioni aumentate con ecostruttura diffusamente disomogenea la paziente è stata ricoverata in Medicina dove gli esami ematici e strumentali (RMN addome con mdc e studio colangio RMN) confermavano un quadro di insufficienza epatica con bassi valori di ceruloplasmina (8 mg/dl) ed elevati valori di cupruria su urine 24 ore (2312,0 ug/24h). Pur in assenza di reperti oculistici tipici e di una biopsia epatica

veniva posto il sospetto di morbo di Wilson. Con successivo trasferimento presso il Centro Trapianti di riferimento dove la paziente è stata sottoposta a trapianto di fegato.
Conclusioni: Il morbo di Wilson è una patologia che necessita di diagnosi e trattamenti precoci dato che una diagnosi tardiva espongono il paziente a complicanze che necessitano di trattamenti salva vita.

Un caso di sovrainfezione SARS-CoV-2 trattato con remdesivir ev a evoluzione favorevole in paziente con spondilodiscite

E. De Cristofaro[1], M. Miccoli[1], D. Cunzi[1], J.L. Zoino[1], P.G. Giuri[2], P. Manini[1], R. Imbarlina[1], R. Cornacchia[1], G. Prampolini[1], A. Negro[1]
[1]Unità Internistica Multidisciplinare C. Monti, AUSL Reggio Emilia, Italy, [2]SOSD Medicina Infettivologica, AUSL Reggio Emilia, Italy

Maschio, 68 aa, ex fumatore, ipertensione arteriosa, lieve IM, pregressi micropolipi colon asportati in diverticolosi e dolicocolon, emorroidi. Accesso PS per dolore emicostato sn atraumatico con riscontro di esiti di fratture costali multiple e focolaio BP basale sn, prescritto betalattamico. Dopo 50 giorni nuovo accesso PS per persistenza e aggravamento di dolore toracodorsale accentuato da movimenti. A rx torace versamento pleurico sn,aumento PCR, a TAC torace con mdc sospetta spondilodiscite D6-D7 e disventilazione lobi polmonari inferiori, lobo medio e lingula, linfoadenopatia reattiva ascellare sx (esito di seconda dose Comirnaty eseguita un mese prima?). Ricoverato per completamento iter, eseguiva vari set di emocolture sempre senza febbre e anche in wash-out da antibiotico empirico (negative), RMN dorsale e lombare (spondilodiscite D6-D7 con estensione a D5 e D8 e dubbia L1-L2), tampone nasale per S. aureus (negativo), ecocardiogramma (negativo), quantiferon (indeterminato), PET TC (ipercaptazione dorsale con SUV max di 6.4), biopsia ossea (tessuti osteo-cartilaginei e scarsi tessuti molli con lieve flogosi cronica, non neoplasia né isolati microbiologici), terapia empirica con levofloxacina e rifampicina con graduale miglioramento, mai deficit neurologici. Positività per SARS-CoV-2 a tampone rinofaringeo di screening, per cui eseguiva terapia con remdesivir ev per tre gg, con decorso successivo sempre asintomatico. Dimesso in buone condizioni generali con terapia antibiotica da terminare e controllo RMN a distanza. Il trattamento precoce con remdesivir ha evitato complicanze ulteriori.

Uno strano caso di artrite reattiva post-streptococcica in una giovane donna: un'entità distinta dal reumatismo articolare acuto?

F.D. Cassone[1], M. Franceschini[1], E. Pace[1], A. Andreis[2], M. Porta[1]
[1]SCD Medicina Interna 1U, Dipartimento di Scienze Mediche Università di Torino, Ospedale Molinette AOU Città della Salute e della Scienza di Torino, Italy, [2]SCD Cardiologia, Dipartimento di Scienze Mediche Università di Torino, Ospedale Molinette AOU Città della Salute e della Scienza di Torino, Italy

Premesse: L'artrite reattiva post-streptococcica (PSRA) rappresenta un'entità nosologica distinta dalla febbre reumatica acuta (ARF) sia per aspetti clinici che terapeutici. Raramente la cardite può insorgere come sequela di PSRA, suggerendo che potrebbe far parte dello spettro dell'ARF. La profilassi antibiotica secondaria dovrebbe essere individuata *ad personam* ed è tutt'ora oggetto di dibattito tra gli esperti.
Descrizione del caso clinico: Donna di 38 anni ricoverata per scompenso algico in poliartrite con coinvolgimento sacroiliaco e screzio epatico, non responsiva a FANS, sospetta per artrite reattiva/psoriasica *vs* Morbo di Still; esordio da 7 settimane, a distanza di 6 giorni da episodio di faringodinia con iperpiressia. Ai pannels immunologici ed infettivologici estesi e all'imaging: evidenza di sola positività ad ASLO ad alto titolo, screzio pericarditico (Spodick Sign all'ECG e minimo versamento pericardico all'EcoTT). Escluse psoriasi, Still e ARF: criteri di di Yamaguchi e di Jones (al momento) non sufficienti; avviati antibiotici e steroidi con pronta risposta clinico-laboratoristica, normalizzazione degli enzimi epatici alla sospensione dei FANS. Indicata profilassi antibiotica secondaria per almeno 3 mesi.
Conclusioni: Un'accurata anamnesi, l'esame obbiettivo ed una rigorosa disamina differenziale sono fondamentali per il corretto inquadramento nosologico delle poliartriti e le possibili importanti ricadute clinico-terapeutiche. Una medicina personalizzata ed un attento follow-up rivestono particolare importanza nelle artriti correlate ad infezione da SBEGA.

A rare complication after anti-SARS-CoV-2 vaccination: septic arthritis of the sternoclavicular joint, mediastinitis and pulmonary embolism

C. Marone[1], G. Adamo[1], M. Di Palo[1], O. Nannola[1], B.F. Russo[1], M. Sacco[1], L.I. Siniscalchi[1], M. Carafa[1]
[1]Medicina DEA AORN A. Cardarelli, Napoli, Italy

Introduction: The systemic side-effects of anti-SARS CoV-2 vaccination are described for all types of vaccines. We describe a case of a likely adverse reaction to the Spikevax Moderna vaccine, manifested by septic arthritis of the left sternoclavicular joint, mediastinitis and pulmonary embolism.
Case Report: 22-year- old female soldier developed symptoms of fever, chest and limb discomfort in her left upper arm around 10 days after receiving her first dose of Spikevax Moderna vaccine, necessitating hospitalization 14 days after. Septic arthritis of the left sternoclavicular joint, mediastinitis, deep vein thrombosis of the left upper limb, and pulmonary embolism were diagnosed. The blood culture result showed the development of Staphylococcus aureus. The patient was treated with antibiotic therapy and with anticoagulant therapy. There was a rapid improvement in clinical conditions, allowing the patient to be discharged 10 days after admission.
Conclusions: The vaccination's causative role in the formation of the clinical picture is extremely likely in this case, but with a plausible not-specific pathogenetic mechanisms. There have been reports of septic arthritis following SARS CoV2 vaccination, especially of the shoulder joint, but the novelty of our finding stems from the fact that it would be the first case of septic arthritis after vaccination involving a sternoclavicular localization. This case emphasizes the importance of maintaining a high degree of attention when administering vaccines and keeping a close eye on the patient in the days after the vaccine.

Fu vera leishmania? Una storia non ancora conclusa

F. D'Onofrio[1], V. Longobardo[1], G. Righetti[1], G. Larizza[1], F. Mastroianni[1]
[1]UOC Medicina Interna, Covid Unit, EE Policlinico Universitario F. Miulli, Acquaviva delle Fonti (BA), Italy

Caso Clinico: Il paziente di 48 anni, giungeva al PS per dolori addominali e diagnosi di pancreatite acuta; amilasi, lipasi (>30000 UI), AST (x 10), ALT (x 14) e Gamma-gt (x 13); incremento di PCR. Digiuno, terapia reidratante ed antibiotica (Piperacillina/Tazobactam) con graduale miglioramento della sintomatologia e normalizzazione degli esami di laboratorio. Al 17° giorno comparsa di febbre (39°C) con brivido. Emocolture (negative) e dosaggio anticorpale di virus (negativi). Al laboratorio: neutropenia (34% di 1000 WBC), piastrinopenia (40.000), PT INR (1,4), procalcitonina 11 ng/ml, fibrinogeno 58 mg/dl, VES (120) LDH (>4000 U/L), ferritinemia (>40.000), D-dimero (>300.000 ng/ml), nuovo incremento di AST (x 33) ALT (x 5). Terapia 18°-22° giorno: Piperacillina/tazobactam, Teicoplanina, Fluconazolo, senza alcun beneficio. Al 23° giorno modificata terapia antibiotica con Tigeciclina, Sulfametoxazolo/Trimetoprim+terapia steroidea (metilprednisolone 80 mg/die) con beneficio clinico e laboratoristico. Esame istologico (BOM): serie eritroide/mieloide 1:1, megacariocitopoiesi (fattore VIII+) lievemente iperespressa con forme distrofiche. In sede interstiziale macrofagi CD68+ con ampio citoplasma contenenti piccoli corpuscoli basofili rotondeggianti (intracellulari) talora CD1a+ e /o PASS+/Grocott+. I reperti orientano per un quadro di dismielopoiesi ad eziologia infettiva, riferibile a protozoi (leishmania, ecc.) o miceti. Alla dimissione il paziente era in buone condizioni, apiretico da 10 giorni, esami di laboratorio nella norma, ma la storia continua in attesa di follow-up.

Predictors of acceptance of therapy with Continuous Positive Airway Pressure in adult and elderly patients with moderate-to-severe OSAS

C.A.M. Lo Iacono[1], F. Monaca[2], T. Ianni[1], F. Martino[3], C. De Angelis[4], F. Gobbi[5], I. Carbone[6]
[1]Dipartimento di Medicina Interna e delle Specialità Mediche, UOC Geriatria Roma, Italy, [2]Dipartimento di Medicina Interna e delle Specialità Mediche, UOC Geriatria, Roma, Italy, [3]Dipartimento di Medicina Interna e delle Specialità Mediche, UOC Geriatria, Roma, Italy, [4]Dipartimento di Medicina Interna e delle Specialità Mediche, UOC Geriatria, Roma, Italy, [5]Dipartimento di Medicina Interna e delle Specialità Mediche, UOC Geriatria, Roma, Italy, [6]UOC Geriatria, AO San Giovanni Addolorata, Roma, Italy

Introduction and Aim of the study: Continuous Positive Airway Pressure (CPAP) is the first line treatment for Obstructive Sleep Apnea(OSAS). OSAS is a common breathing disorder to determine serious adverse health effects. CPAP improves quality of life, normalize breathing and sleep, improving symptoms and reducing the risk of adverse events. However,adherence to CPAP is often poor.To evaluate which anthropometric parameter, anamnestic data and tests could be predictive of adherence to therapy.
Materials and Methods: 247 patients from 19 to 91 years old with moderate to severe OSAS were eligible for therapy with CPAP.6 patients excluded for some data missing; 108 were adherent and 133 were non-adherent,used as a control group. The medical history was collected for all patients, questionnaires were administered to investigate daytime sleepiness, snoring and sleep quality and anthropometric parameters such as weight, height and body mass index (BMI) were measured.
Results: the our study identify age, alcohol and smoking habit as the only characteristics capable of predicting CPAP compliance. In contrast to other studies, other parameters, such as the patient's subjective symptoms, are not significant, did not lead to the same result in our work. The only test that has been found to be useful in predicting the patient's predisposition to CPAP is Epworth Sleepiness Scale, but only in patients over 65, indicating that daytime sleepiness is a good predictor of CPAP acceptance.
Conclusions: The results of this study suggest that interventions on psychological and behavioral factors increase adherence to treatment.

Un lungo inverno di passione...COVID

A. Dell'Edera[1], M. Tiepolo[1], C. Facchini[2], F. Muscianisi[1], R. Buso[1]
[1]Cà Foncello, Treviso, Medicina Interna 1, Italy, [2]Cà Foncello, Treviso, Malattie Infettive 2, Italy

Premesse: Donna di 78 anni, vaccinata con 3 dosi (ultima 5/11/2021), sintomatica dal 28/12/21 e positiva dal 3/1/22 per SARS-CoV-2. In anamnesi piastrinopenia autoimmune in trattamento con TPO-mimetico, precedentemente trattata con Rituximab (settembre e ottobre 2021), MGUS IgG/k, ipogammaglobulinemia e diabete mellito di tipo 2.
Descrizione del caso clinico: Paziente ricoverata in Area Medica COVID in data 6/1/22 per polmonite da SARS-CoV-2. Avviata ossigenoterapia a bassi flussi, steroide e Remdesivir. Negativa la sierologia per Ac SARS-CoV-2 neutralizzanti, per cui si infondeva casirivimab/imdevimab. Nelle successive 24 ore comparsa di ARDS scarsamente responsiva agli alti flussi di ossigeno e ventilazione non invasiva. Trasferita in Terapia Intensiva l'8/1/22 dove veniva intubata e pronata con beneficio. A miglioramento clinico tornava in Area Medica COVID per la prosecuzione delle cure. In data 14/2/22 il tampone di controllo per SARS-CoV-2 persisteva positivo ad alta carica dopo 46 giorni, dato confermato anche su BAL. L'immunofenotipo evidenziava assenza di linfociti B per cui si somministravano Sotrovimab e Nirmatrelvir/Ritonavir ottenendo la negativizzazione ai controlli successivi.
Conclusioni: Il trattamento con Rituximab e il conseguente immunodeficit rappresentano un fattore di rischio per un decorso severo di polmonite COVID19 nonostante la vaccinazione. L'utilizzo combinato di monoclonali e antivirali potrebbe rappresentare un'opzione terapeutica nei pazienti con immunodeficit e persistenza di elevata carica virale a lungo termine, favorendone la clearance.

Polmonite interstiziale: non solo SARS-CoV-2

F. Riccomi[1], M. Sampaolesi[2], L. Montillo[1], M. Buzzo[2], S. Contucci[2], C. Nitti[2]
[1]Scuola di Specializzazione in Medicina d'Emergenza-Urgenza Università Politecnica delle Marche, Ancona, Italy, [2]Azienda Ospedaliero Universitaria Ospedali Riuniti, Ancona, Italy

Premesse: Dopo milioni di morti nel mondo per COVID-19, i vaccini a mRNA, i primi in uso, hanno drasticamente abbattuto ricoveri e decessi. Essi, pur dotati di elevato profilo di sicurezza non sono esenti da effetti avversi, seppur rari, come la interstizial lung disease (ILD).
Casi clinici: Due pazienti sono giunti alla nostra osservazione per febbre, dispnea, tosse e desaturazione insorti 4 giorni dopo la somministrazione della II dose di vaccino anti COVID-19 BNT162b2 (Pfizer/BioNTech). Entrambi presentavano: leucocitosi, incremento della PCR (14,8 e 12,3) ipossiemia,TNF negativo per SARS-CoV-2. Negativa la ricerca dei principali patogeni o dei farmaci responsabili di ILD. Poche le differenze tra i 2 pazienti: LA uomo 70 anni LUS score 10 all' ecografia polmonare e "addensamenti consolidativi con alone a vetro smerigliato bilateralmente" alla TC del torace. AA maschio, 51 aa, LUS score 8, "ispessimento liscio dei setti interlobulari e tenui aree a vetro smerigliato diffuse bilateralmente a localizzazione sia centrale che periferica" alla TC del torace, lieve incremento della procalcitonina (0.85 ng/ml). La terapia con prednisone 20-40 mg ha portato a risoluzione clinica e strumentale in 3-4 giorni in entrambi.
Conclusioni: Similmente alla casistica raccolta da Park e coll (2022): l'insorgenza è stata rapida, pochi giorni dopo aver ricevuto una dose di vaccino a mRNA per sarscov2, il quadro di esordio grave e la risoluzione in 3-4 giorni con terapia steroidea. Il precoce sospetto di evento avverso post vaccinale consente di evitare inutili indagini e ritardi nella terapia.

Cervello da leader: il potere delle emozioni. Interpretazione neuro-funzionale del management

G. Di Santo[1], A. Di Santo[2], P. Di Santo[3], M. Di Resta[4], P. Zangani[5], G. Ranaldo[6]
[1]Direzione Sanitaria AO "San Pio", Benevento, Italy, [2]Scuola di Specializzazione in Chirurgia, Università "Federico II", Napoli, Italy, [3]Scuola di Specializzazione in Ortopedia e Traumatologia, Università "Campus Biomedico", Roma, Italy, [4]Direzione Sanitaria Istituto "San Giovanni di Dio Fatebenefratelli", Genzano di Roma, Italy, [5]Dipartimento di Medicina Sperimentale, Sezione di Medicina Legale, Università degli Studi della Campania "Luigi Vanvitelli", Napoli, Italy, [6]UO Medicina Interna PO Sant'Agata dè Goti, AO "San Pio", Benevento, Italy

Lo studio di neurochimica e funzioni cognitivo-comportamentali della leadership rappresentano un innovativo metodo di conoscenza del "processo decisionale" volto alla valutazione quali-quantitativa degli "skills gestionali" manageriali. Per questo attribuire alla leadership un significato univoco non è un compito facile. Lo studio dei processi biochimici fisiologici (emozioni e sentimenti) e delle loro aree bersaglio rappresenta un nuovo criterio per comprendere la nuova visione dei paradigmi neuroscientifici, in campo sanitario, economico e nel marketing, per analizzare come le emozioni incidono sulle scelte di consumatori, pazienti o stakeholders. In ambito organizzativo sono due le impostazioni prevalenti: in una l'organizzazione è osservata tramite una visione oggettivista e funzionalista; nell'altra prevale un approccio di tipo soggettivista ed interpretativo. Differenze tra leadership ed headship: leadership quando l'autorità viene conferita dai seguaci, quando l'autorità viene imposta dall'esterno è possibile usare il termine headship. La riprogrammazione delle dinamiche mentali, grazie al neuroimaging funzionale, permette di associare lo sviluppo delle capacità manageriali con l'evidenza di aree cerebrali dedicate all'"intelligenza empatica". L'utilizzo delle diverse tipologie di leadership, contestualizzate a specifici momenti della gestione aziendale, massimizzano l'area di disponibilità degli individui. Ciò consente di perseguire in modo costante e condiviso gli scopi dell'organizzazione, con senso del dovere, professionalità e produzione di benessere psicofisico.

Valutazione della risposta anticorpale post vaccinazione SARS-CoV-2 in operatori sanitari. Efficacia a 180 giorni dalla somministrazione della seconda dose

V. Cioffi[1], P. Grasso[2], V. Giacco[1], S. Santangelo[1], A. Di Santo[3], P. Di Santo[4], D. Di Santo[5], M. Di Resta[6], G. Ranaldo[7]
[1]UO Medicina Interna, PO "Sant'Alfonso Maria dei Liguori", Sant'Agata dei Goti (BN), Italy, [2]UOC Diagnostica di Laboratorio ASL BN, Benevento, Italy, [3]Scuola di Specializzazione in Chirurgia Generale, Università degli Studi "Federico II", Napoli, Italy, [4]Scuola di Specializzazione in Ortopedia e Traumatologia, Università "Campus Bio-Medico", Roma, Italy, [5]Università degli Studi "Tor Vergata", Roma, Italy, [6]Direzione Sanitaria Istituto "San Giovanni di Dio, Fatebenefratelli", Genzano di Roma, Italy, [7]UO Medicina Interna PO Sant'Agata dè Goti, AO "San Pio", Benevento, Italy

Il presente lavoro vuole valutare la risposta anticorpale in un campione di operatori sanitari vaccinati con il vaccino Comirnaty (prodotto da Pfizer e BioNTech) a distanza di sei mesi dalla seconda dose, in prosecuzione dello studio iniziato circa un anno fa. Sono stati raccolti i dati dei risultati dei controlli sierologici per la ricerca di anticorpi (IgM ed IgG) verso SARS-CoV-2 di operatori sanitari di un Ospedale campano, vaccinati con due dosi. I campioni sono stati prelevati dopo 180 giorni dalla somministrazione della seconda dose. I valori >130 BAU/ml (50 AU/ml)* sono stati considerati indicativi di protezione anticorpale. I valori raccolti mostrano che a distanza di sei mesi dalla somministrazione della seconda dose solo 1 operatore presenta una risposta anticorpale inadeguata. Il 25% dei vaccinati ha mostrato un aumento, seppur limitato, del titolo anticorpale. Il restante 75% ha evidenziato una riduzione del titolo anticorpale, di questi circa due terzi hanno presentato una riduzione superiore ai 200 AU/ml. La protezione anticorpale, subito presente in gran parte dei vaccinati già dopo una settimana dalla seconda dose, mostrava una progressiva discesa del titolo anticorpale, seppur ancora ampiamente protettivo, nella quasi totalità del campione (98%). Tale condizione conferma la necessità di effettuare una dose di richiamo a distanza di meno di sei mesi, consentendo di mantenere alta la copertura fornita dal vaccino.

Anakinra in COVID-19 and pericarditis

P. Sciara[1], O. Para[1]
[1]AOU Careggi, Firenze, Italy

Background: Anakinra, an interleukin 1β recombinant receptor antagonist, could be used to reduce corticosteroid-dosage in colchicine-resistant pericarditis. Recently anakinra has been approved to treat patients presenting covid-19 related pneumonia requiring supplementary oxygen at risk of developing ARDS (identified by the finding of sieric suPAR at least 6 ng/mL).
Case Report: A 88-years-old woman with history of hypertensive heart disease, diabetes mellitus and hyperthyroidism. Echocardiography showed pericardial effusion with signs of early-stage cardiac tamponade requiring pericardiocentesis. Post-procedural AF occurred. Considering the potential high bleeding risk caused by an high dose of NSAIDs, has been set up medical treatment with colchicine and corticosteroid. During hospitalization patient developed COVID-19. At the same time pericardial fluid cultures were negative to infectious and non-infectious etiologies. Despite the persisting chest pain (sharp and pleuritic, improved by sitting up and leaning forward), elevated serum CRP and a pericardiocentesis residual right ventricle pericardial effusion, there has been a fast improvement of the clinical picture and of the laboratory findings after the treatment with Anakinra.
Conclusions: given that Interleukin-1 (IL-1) is a pro-inflammatory cytokine that has been associated with severe COVID-19, in this case treatment with IL-1 inhibitors (Anakinra) has been exploited to reduce COVID-19-associated mortality and to treat patients with symptoms refractory to first lines of therapy.

Un'apparente semplice lombalgia

M. Lopreiato[1], F. Luciani[2], R. Pitzus[3], M.L. Mazzeo[4], A. Foci[5], F.S. Nardi[6], M. Rodolico[7], L.M. Cicerchia[8]
[1]Medico in formazione specialistica in Medicina Interna, Azienda Ospedaliero, Universitaria Pisana, Italy, [2]Medico in formazione specialistica in Medicina Interna, Azienda Ospedaliero Universitaria, Ferrara, Italy, [3]Medico in formazione specialistica in Medicina Interna, Azienda Ospedaliero Universitaria Pisana, Italy, [4]Medico in formazione specialistica in Radiodiagnostica, Azienda Ospedaliero Universitaria Pisana, Italy, [5]Medico in formazione specialistica in Medicina d'Emergenza Urgenza, Azienda Ospedaliero Universitaria di Sassari, Italy, [6]Medico in formazione specialistica in Anestesia, Rianimazione, Terapia Intensiva e del Dolore, Università Sapienza, Italy, [7]Dirigente Medico c/o Pronto Soccorso-Medicina d'urgenza Ospedale "G. Jazzolino", Vibo Valentia, Italy, [8]Corso regionale Medicina Generale Regione Lazio, Roma, Italy

Pz di anni 63, in sede di follow-up ematologico per nota LLC, riferiva improvvisa comparsa di febbre (TC 38°), algia lombosacrale con irradiazione agli arti inferiori e *H. Zoster* al gluteo sx (in trattamento). Esclusa riattivazione di malattia, si consigliava assunzione di paracetamolo e TC rachide L-S (protrusioni discali L4-L5,L5-S1 e dubbia alterazione densitometrica del contenuto endorachideo lombare di possibile natura artefattuale). Per persistenza sintomatologica la pz accedeva in PS dove, dopo valutazione neurochirurgica, veniva sottoposta ad approfondimento con RM L-S (protrusioni discali con impronta sul sacco durale, senza alterazioni del midollo e della cauda). Alla luce di tale referto, la pz, si sottoponeva a tre sedute di massoterapia. Nell'ultima, per comparsa di lombalgia acuta, ipoestesia genitale, perineale e ritenzione acuta di urina, riaccedeva in PS in cui eseguiva esami ematochimici (monocitosi), rivalutazione neurochirurgica (utile RM rachide dorso-lombo-sacrale s\c mdc nel sospetto di mieloradicolite) e valutazione infettivologica (non dirimente).Si somministrava terapia antidolorifica e veniva disposto il ricovero in ambiente medico dove eseguiva gli accertamenti indicati con evidenza di infiltrazione leucemica del canale midollare in sede L-S. Pertanto veniva sottoposta a biopsia ossea in sede periradicolare (istologico compatibile con LNH). Veniva, quindi, dimessa con diagnosi di sindrome della cauda da infiltrazione leucemica e reindirizzata ai colleghi ematologi per il successivo iter diagnostico-terapeutico.

Emergenza pandemica COVID-19: percorsi virtuosi dell'AORN "San Pio" di Benevento

G. Di Santo[1], A. Di Santo[2], D. Di Santo[3], F. D'Agostino[4], P. Zangani[5], G. Ranaldo[6]
[1]Direzione Sanitaria AO "San Pio", Benevento, Italy, [2]Scuola di Specializzazione in Chirurgia Generale, Università degli Studi "Federico II", Napoli, Italy, [3]Università degli Studi "Tor Vergata", Roma, Italy, [4]UOSD Programmazione, Valutazione Strategica e Gestione della Performance AO "San Pio", Benevento, Italy, [5]Dipartimento di Medicina Sperimentale, Sezione di Medicina Legale, Università degli Studi della Campania "Luigi Vanvitelli", Napoli, Italy, [6]UO Medicina Interna PO Sant'Agata dè Goti, AO "San Pio", Benevento, Italy

L'emergenza pandemica COVID-19 ha imposto la necessità di razionalizzare azioni e percorsi per garantire il trattamento della patologia COVID-relata e delle patologie non-COVID. Da febbraio 2020 (primo sospetto COVID-19) l'AORN ha dovuto rimodulare gli interventi in ragione della curva pandemica. Un mix di azioni ideate ed implementate in base al contesto epidemiologico-organizzativo. Le azioni realizzate sono state numerose e complesse: creazione dell'Unità di Crisi, revisione del Piano pandemico Aziendale, formazione su misure igieniche ed uso DPI, allestimento tenda pre-triage e organizzazione percorsi PS-ricovero per COVID e non-COVID, monitoraggio del fabbisogno di DPI, specifiche istruzioni per esecuzione tamponi, organizzazione di un Padiglione COVID-19 strutturato per intensità di cura, individuazione precoce di contagi tra operatori, implementazione di nuove tecnologie per la sanificazione. Attivazione di ambulatorio specifico per Long COVID. Monitoraggio campagna vaccinale COVID-19 per operatori e soggetti fragili. Le azioni virtuose poste in essere dall'AORN "San Pio" di Benevento, in corso di pandemia, hanno permesso di garantire: un adeguato trattamento della patologia COVID-19 relata secondo un modello assistenziale per intensità di cure, un basso indice di contagio degli operatori, un costante monitoraggio dell'appropriatezza assistenziale e prescrittiva, il mantenimento di un'adeguata offerta di p.I. non-COVID con una costante e contemporanea attività clinica, differenziata ma complementare, per garantire un tasso di occupazione ed un turn over ottimizzato.

Una diagnosi inaspettata

M. Lopreiato[1], F. Luciani[2], R. Pitzus[3], M.L. Mazzeo[4], A. Foci[5], F.S. Nardi[6], M. Rodolico[7], L.M. Cicerchia[8]
[1]Medico in formazione specialistica in Medicina Interna, Azienda Ospedaliero Universitaria Pisana, Italy, [2]Medico in formazione specialistica in Medicina Interna, Azienda Ospedaliero Universitaria, Ferrara, Italy, [3]Medico in formazione specialistica in Medicina Interna, Azienda Ospedaliero Universitaria Pisana, Italy, [4]Medico in formazione specialistica in Radiodiagnostica, Azienda Ospedaliero Universitaria Pisana, Italy, [5]Medico in formazione specialistica in Medicina d'Emergenza Urgenza, Azienda Ospedaliero Universitaria di Sassari, Italy, [6]Medico in formazione specialistica in Anestesia, Rianimazione, Terapia Intensiva e del Dolore, Università Sapienza, Italy, [7]Dirigente Medico c/o Pronto Soccorso-Medicina d'urgenza Ospedale "G. Jazzolino", Vibo Valentia, Italy, [8]Corso regionale Medicina Generale Regione Lazio, Roma, Italy

La paziente, di 44 anni, accedeva in PS per dolore addominale acuto diffuso (post prandiale), vomito alimentare e persistenza di cefalea frontale nota da un mese non responsiva all'assunzione di paracetamolo. Anamnesi personale fisiologica: non note farmaco allergie, una gravidanza a termine espletata tramite parto cesareo, non abitudini voluttuarie. Alimentazione variegata, alvo tendenzialmente stiptico regolato dall'assunzione di terapia catartica per os con beneficio. Non alterazioni ponderali. Anamnesi personale patologica: ipertensione arteriosa in buon controllo con terapia domiciliare (losartan 50 mg/die); venivano segnalati inoltre frequenti episodi di algia addominali post-prandiali con regressione spontanea in assenza di vomito non ulteriormente indagati. In PS tachicardia sinusale (120bpm), positività alla manovra di Blumberg. Agli esami ematochimici anemia normocitica (Hb 10 g/dl MCV 88fl). L'ecografia mostrava lieve versamento nello scavo pelvico. Ad approfondimento eseguiva pertanto TC addome con e senza mdc (sanguinamento addominale senza segni di rifornimento attivo e restringimento del tripode celiaco con aspetto uncinato). Ad approfondimento eseguiva ecocolordoppler dei vasi viscerali (incremento della VPS del tronco celiaco maggiore di 200 m/s), confermando il sospetto di sindrome di Dumbar. La paziente veniva sottoposta a decompressione celiaca tramite il rilascio del legamento arcuato per via laparoscopica). Si dimetteva presso il proprio domicilio asintomatica in buon compenso emodinamico.

Staphylococcal scalded skin syndrome in an adult with obesity and type 2 diabetes but no obvious immunological deficiency: a case report

C. Vitale[1], V. Spinozzi[1], P. Sbraccia[1], V. Guglielmi[1]
[1]Policlinico Tor Vergata, Centro per l'Obesità, Università degli Studi Tor Vergata, Italy

Background: Staphylococcal scalded skin syndrome (SSSS) is a skin condition caused by a bacterial toxin that primarily affects young children. It eventually occurs in adults when there is substantial immunodepression. The patient we examined had no basis for a substantial immunological deficiency but did have the subtle - clinically well-known but still poorly understood - increased risk of infection caused by diabetes and severe obesity.
Case Report: A 58-year-old woman was referred to our hospital's emergency room with a diagnosis of generalized itchy and scaly skin erythema. The patient mentioned NSAID and paracetamol misuse, a massive sun exposure, and a shellfish-based dinner. On the fifth day following admission, the patient had a high-rate fever (39°C), and in blood cultures from a peripheral vein *Staphylococcus aureus* was identified. The final diagnosis is Staphylococcal scalded skin syndrome in an adult, with no additional cause of immunological compromise other than uncontrolled diabetes and significant obesity. After starting oxacillin, the patient recovered completely within a week.
Conclusions: A subtle but significant increase in risk of infection should be considered in cases of diabetes and severe obesity.

A rare case of cardiomyopaty: a case report

O. Falco[1], S. Cambule[1], A. Monni[1], P. Pileri[1], A. Delitala[1], A. Canu[2], G. Casu[2]
[1]Patologia Medica Ospedale Santissima Annunziata, Sassari, Italy, [2]Cardiologia Clinica ed Interventistica Ospedale Santissima Annunziata, Sassari, Italy

A 46-years old Egyptian man was admitted to our department because of the onset of worsening dyspnea. In his clinical history were present: hypothyroidism, obesity, hyperuricemia, hypertension and recent Sars-Cov2 infection. Bilateral pleuric effusion was suspected during physical examination and confirmed by chest CT. Blood data showed mild macrocytic anemia, increased levels of creatinine, transaminases, pro-BNP (3574 pg/ml cut-off 0-125) and D-dimer. Multiple molecular swabs for research of Sars-Cov2 were negative. ECG showed sinus rhythm and non specific atypia of repolarization. An eco-fast was performed at bedside and revelead left ventricular dilatation and severe systolic disfunction due to diffuse hypokinesia (EF 30%). Diuretic therapy was set up with improvement of the clinical status. In order to exclude ischaemic genesis of the cardiopathy a coronary angiography was performed without evidence of obstructive lesions. An echocardiogram was repeated and it showed a parietal ipertrabeculation of the left ventricle. This aspect was suggestive of non-compact myocardium, a rare disease due to the arrest of the myocardial maturation process during fetal development, leading to the persistence of embryonic structures in the heart muscle. Genetic inheritance arises in 30-50% of patients and are involved genes that generally seem to encode sarcomeric or cytoskeletal proteins.Cardiac MRI is planned in order to have further confirmation of our diagnostic hypothesis. In the meantime wearable defibrillator was prescribed for the prevention of sudden death.

Infezione da COVID-19 in ospedale: la transizione dalla pandemia all'endemia, dalla gestione straordinaria a quella integrata

A. Linzalone[1], M. Formoso[1], A. Polo[1], F. Mastroianni[1], V. Dattoli[1]
[1]EE Policlinico Universitario Ospedale F. Miulli, Acquaviva delle Fonti (BA), Italy

L'ospedale Miulli durante l'emergenza pandemica ha garantito l'assistenza dei pazienti affetti da SARS-CoV2, riorganizzando i propri spazi e percorsi per un totale di 300 pl dedicati. L'epidemiologia attuale è mutata, grazie alla vaccinazione ed alle nuove caratteristiche di trasmissibilità e di morbosità delle varianti circolanti. Il modello di *Ospedale Covid Integrato* prevede stanze di isolamento nei vari reparti dell'Ospedale, dedicate ai pazienti COVID-19 +. Un Bed Management COVID è stato istituito in Direzione Sanitaria con un monitoraggio dei pazienti positivi ricoverati, mediante l'analisi di report quotidiani inviati dal laboratorio analisi (tamponi eseguiti), Pronto Soccorso (nuovi ricoveri COVID-19+) ed UU.OO. Il paziente con Infezione da COVID-19, *assistito con questo modello integrato*, è soprattutto il paziente "con COVID-19", il paziente cioè che ha bisogno di assistenza sanitaria per altre patologie risultato positivo al tampone, effettuato per screening, al PS o nei reparti durante il monitoraggio settimanale: per definizione questi sono pazienti asintomatici/paucisintomatici. Il modello si presta anche all'accoglienza di pazienti affetti da malattia da SARS-CoV-2 o che evolvano nella fase sintomatica, avendo previsto un maggior numero di posti letti COVID-19 sia nell'area medico/geriatrica che nel reparto di Pneumologia ordinaria/sub Intensiva che nell'UTI. Tale modello integrato consentirà, nel prossimo futuro, la gestione dei soggetti COVID-19+ in massima sicurezza ed appropriatezza, garantendo, allo stesso modo, l'attività assistenziale dei pazienti non COVID.

Un raro caso di grave piastrinopenia autoimmune da COVID-19

G. Guazzini[1], A. Milia[1], L. Maddaluni[1], L. Corbo[1], L. Lastraioli[1], L. Sammicheli[1], F. Luise[1], F. Pieralli[1]
[1]Medicina Alta Intensità/Subintensiva COVID, AOUC, Firenze, Italy

Uomo di 84 anni, in APR ipertensione arteriosa, IPB, BPCO stabile, FA parossistica, ottime condizioni generali e funzionali prima del ricovero, vaccinato 3 dosi per COVID-19, ultima >1 mese prima. Dal 5/1 COVID-19 trattato a domicilio con steroidi. Il 23/1 si ricovera per dispnea, emottisi e petecchie agli arti. All'ingresso do-

cumentata ipossiemia (P/F 100mmHg), grave piastrinopenia (2.000/mm^3) e anemia (8.4g/dL) non presenti agli esami ematici del mese precedente. Alla TC torace estesa polmonite interstizio-alveolare bilaterale. Obiettivamente: petecchie ed ecchimosi diffuse, ematuria. Esclusa la presenza di microangiapatia per assenza di schistocitosi, aptoglobina normale, LDH 306 U/L e bilirubina 1,6mg/dL; presente reticolocitosi (7,6%); test di Coombs di ingresso negativo. Negativo il restante work-up delle cause secondarie di piastrinopenia. Nell'ipotesi di piastrinopenia autoimmune eseguiti boli di steroide (metilprednisone 1 g/die per 5 gg) e IVIG (400 mg/kg per 5 gg), con tuttavia persistenza di grave piastrinopenia. In 9^a giornata somministrato di Romiplostim (TPO-RA) al dosaggio 2 mcg/kg, con normalizzazione stabile dei valori piastrinici dalla 7^a giornata dalla somministrazione. La piastrinopenia lieve da COVID-19 è descritta fino al 20% dei casi sintomatici ed ha eziopatogenesi multifattoriale, mentre le forme gravi a patogenesi autoimmune sono rare, più frequenti nei maschi anziani e associate a malattia da COVID-19 grave. Il trattamento con TPO-RA è riservato ai casi non responsivi alla terapia di prima linea ed è risultato scevro da complicanze trombotiche.

Miocardite da vaccinazione anti SARS-CoV-2

L. Montillo[1], M. Sampaolesi[2], F. Riccomi[1], M. Buzzo[2], S. Contucci[2], C. Nitti[2]
[1]Scuola di Specializzazine in Medicina d'Emergenza-Urgenza Università Politecnica delle Marche Ancona, Italy, [2]Azienda Ospedaliero Universitaria Ospedali Riuniti, Ancona, Italy

Premessa: La miocardite, che solitamente fa seguito ad un fatto infettivo solitamente virale, è stata riportata quale complicanza molto rara dei vaccini anti SARS CoV-2 ad mRNA (Pfitzer BioNTech/Spikevax-Moderna) con prevalenza di 84 casi ogni milione, come desunto dal reporting dell'American Medicine Association
Caso Clinico: Uomo anni 36 fa accesso al PS per dolore toracico persistente. Riferiva polmonite da SARS-CoV-2 5 mesi prima e vaccinazione anti SARS CoV-2 Moderna 4 giorni dall'insorgenza del sintomo. Alla valutazione d'ingresso troponina (hsTnI) 3585ng/ml, PCR 6,4 mg/dl, PCT 0,13 ng/ml, tampone SARS CoV-2 negativo. L'ecocardiogramma transtoracico mostrava funzione sistolica bi ventricolare normale. Veniva pertanto ricoverato in Area Subintensiva e sottoposto a monitoraggio multiparametrico non invasivo che non evidenziava aritmie ed eseguiva coroTC che non mostrava stenosi coronariche. A 48 ore, gli esami ematochimici mostravano netta riduzione della hsTnI (1684ng/ml) e della PCR (2,5mg/dl). Veniva dimesso dopo 3 giorni con diagnosi di "miocardite da vaccinazione SARS CoV-2". La cardioRM evidenziava edema ed iperemia miocardica, con 2 su 3 criteri di Lake Louise positivi a conferma della diagnosi di miocardite.
Conclusioni: Il nostro caso conferma che la miocardite da vaccino SARS CoV-2 ad mRNA colpisce tipicamente giovani maschi, insorge entro 7 giorni, abitualmente dopo la II dose, ma come il nostro caso evidenzia, anche dopo la I. Le forme lievi sono più frequenti e, se funzione sistolica normale, l'evoluzione è benigna e la dimissione può essere precoce.

Psychological and gastroenterical prevention in "long COVID" syndrome

M. Colorato[1], A. Aceranti[1], T. Serini[1], A. Palazzolo[1], M. Tuvinelli[1], S. Vernocchi[1]
[1]Istituto Europeo di Scienze Forensi e Biomediche, Firenze, Italy

Those who have faced SARS-Cov-2 disease have a 60% higher risk of developing mental disorders within a year of infection. Anxiety, depression and sleep problems are the most frequent. A research published in the British Medical Journal highlights how the risk is greater among those who have had a severe form of the disease, but also emerges among those who have not needed hospitalization. Less than a year after infection, among the healed there is an increase in diagnosis or prescription of drugs for mental disorders equal to 64 cases more per 1,000 people than those who have not contracted the virus. In particular, among those who had become ill there was an increase of 24 cases of sleep disorders per 1,000 people, 15 cases per 1,000 of depressive symptoms, 11 per 1,000 of neurocognitive decline and 4 per 1,000 of substance use disorders (excluding opioids). The gut microbiota has been associated with a plethora of disorders, including some pathologies involving the brain. Recently, a group of researchers found that patients with major depressive disorder (MDD) have a different microbial "signature" than healthy people. The findings, published in Science Advances, suggest that patients with depression are characterized by alterations in the gut microbiota, and previous studies have found that depressed people have alterations in the gut microbiota. Proper diet and nutrition in order to replenish the gut microbiome can promote good mental balance and help prevent mental disorders as much as good mental hygiene can help counteract gastrointenstinal disorders.

ACTH-independent Cushing's Syndrome and multiple bone lesions

E. Marrone[1], L. Barba[2], F. Gallucci[1], C. Romano[1], G. Di Monda[1], D. Morelli[1], E. Scarano[2], F. Scavuzzo[2], P. Morella[1]
[1]UOC Medicina Tre AORN A. Cardarelli, Napoli, Italy, [2]UOD Endocrinologia AORN A. Cardarelli, Napoli, Italy

Background: Cushing's syndrome is a rare disease with a prevalence of 1–2 cases/100,000 people in the population. Only 10% of patients have Adrenocorticotropic hormone ACTH-independent Cushing's syndrome (CS) and a majority of those are women. We describe a case of a CS caused by bilateral adrenal micronodular hyperplasia in patient with bone lesion suggestive of tumor.
Case presentation: A 55-year-old woman with history of papillary thyroid cancer and breast nodule, was admitted in the hospital for multiple vertebral fractures, that have already undergone stabilization. Bone scintigraphy was suggestive of malignant disease, but CT evidenced just a bilateral adrenal hyperplasia. At the visit, the patient presented with central obesity, moon face and plethora, abdominal striae, hump and mild axillary acanthosis. During hospitalization, the patient underwent neck US, thyroglobulin evaluation, total body CT scan with contrast media, abdomen MRI, bilateral mammography, bone medullary biopsy and FDG-PET/CT. All these exams were negative for active malignancy. Bone Mineral Density was diagnosed for severe osteoporosis. ACTH and urinary free cortisol were suggestive of CS; dexamethasone test confirmed the diagnosis and the patient was started medical therapy for CS and secondary osteoporosis (ketoconazole, denosumab calcium and calcitriol).
Conclusions: ACTH-independent CS is an important cause of secondary osteoporosis. Careful consideration for the possibility both malignant disease that Cushing's syndrome will be necessary in case of patients with spontaneous multiple fractures.

Fragility fracture, COPD and obesity a case report

A. Medioli[1], A. Brandonisio[1], F. Fouguè[1], C. Mendincino[1], S. Orsuccu[1], N. Loubadi[1], G. Civardi[1]
[1]Clinica Sant'Antonino, Piacenza, Italy

Objectives: Low bone mass and the occurrence of fragility fractures is a common finding in patients with COPD. Typical risk factors related directly or indirectly to these skeletal complications include systemic inflammation, tobacco smoking, vitamin D deficiency.
Case Report: 78-year-old male patient known for COPD with nocturnal CPAP, arterial hypertension, atrial fibrillation, obesity, chronic venous insufficiency. The patient arrived in the rehabilitation long-term department after previus admission to the orthopedics and traumatology department. The entry diagnosis was subcapital right femor fraility fracture treated with right hip arthoplasty. Spontaneous fracture of the femur that occurred while walking out of a restaurant in full well-being. He had quit smoking about 10 years ago when he was diagnosed COPD, he had also been professionally exposed to the disease having worked in a metallurgical firm. We performed BMI 42,8, blood count with leukocyte formula resulting in the norma, creatinine in the norm, vitamina dosage D(25-OH)6,4;1,25 calcitriol 10,2, serum protein electrophoresis

which showed an albumin deficit. The main tumor markers were performed: cea, afp, psa, ca 19.9, all of which were normal, one finding CA125 mildly (CA 125 126). Then 3 FOBT results were performed, all negative
Conclusions: From the literature review it was found that COPD is associated with osteoporosis which can cause fragility fractures. The case we have analyzed confirms what is written in the international scientific literature.

Alcohol withdrawal delirium in the hospital setting: a case report

A. Medioli[1], A. Brandonisio[1], F. Fogue[1], N. Loubadi[1], C. Mendicino[1], S. Orsucci[1], G. Civardi[1]
[1]Clinica Sant'Antonino, Piacenza, Italy

Objectives: Delirium tremens represents the most severe complication of alcohol withdrawal syndrome and, in its complications, significantly increases the morbidity and mortality of patients. Alcohol withdrawal delirium is characterized by features of alcohol withdrawal itself together with general delirious symptoms such as clouded consciousness, disorientation, disturbed circadian rhythms, thought processe and sensory disturbances, all of them fluctuating in time.The gold-standard treatment for AWS is with benzodiazepines (BZDs).
Case repart: We analyzed the case report of a 67-year-old man who arrived in a long rehabilitation hospitalization from an orthopedics and traumatology ward for fracture of the pelvis with active potus. In the first days of hospitalization, the patient presented hyperkinetic delirium (CAM 4) associated with visual hallucinations. The MMSE administered was 10/30. The therapy set by the ward of origin was maintained:diazepam associated with sodium oxybate. Vitamin B was also introduced intramuscularly, lactulose and rifaximin to detect an increase in ammonia with beneficial. Regular interviews were held with his wife, the territorial addiction service was informed. The team was multidisciplinary made up of doctors, nurses, physiotherapists and psychotherapists.
Conclusions: Hospital wards are often faced with alcohol addiction. In addition to the internal part, the équipe who has to manage an alcohol withdrawal deliurim will have to act as an intermediary between the patient, the family and the addiction services at the territorial level.

The Occam razor applied to an unusual case of lymphedema

M. Sobrero[1], F. Carbone[1], L.C. Ottonello[1], A. Pende[2], B.M. Colombo[2]
[1]First Clinic of Internal Medicine, Department of Internal Medicine, University of Genoa, Genoa, Italy, [2]Clinic of Emergency Medicine, Department of Emergency Medicine, IRCCS Ospedale Policlinico San Martino, Genoa, Italy

Premises: Internal medicine is the right place when patients need to be viewed as a whole and the Occam's razor is the right way to think about.
Case Report: A 55 y.o. woman reported bilateral ankle swelling. Initially framed as bilateral lymphedema by leg venous ultrasound, her clinical picture was complicated by the onset of fever and red, warm lesions at both legs. The patient was then admitted to the Internal Medicine ward with the clinical suspicion of erysipelas, but physical examination revealed painful plaques at both legs and forearms, whereas knees were swollen, warm and sore. The patient also experienced fatigue, sporadic cough and diffuse arthralgias in the few months prior the admission. Chest radiograph was normal, and the CT scan did not show neoplastic lesions, but bilateral hilar adenopathies. The diagnostic path excluded some causes of erythema nodosum, pulmonary aspergillosis, tuberculosis, hypersensitivity pneumonitis, pneumoconiosis and vasculitis. The cytological exam of bronchial fluid suggested an epithelioid granulomatous lymphadenitic process. A PET scan revealed an hyper-accumulation of FDG of bilateral hilar adenopathies. The patient then started treatment with corticosteroids that quickly improved her symptoms. A diagnosis of "likely sarcoidosis" was then made at discharge.
Conclusions: This case report underlies the need to consider the whole patient's symptoms rather than a single one. This approach may avoid misdiagnosis, especially in case of diseases with unusual presentation.

Insufficienza epatica acuta rapidamente fatale

G. Inglese[1], S. Longo[1], F. Scarilli[1], G. Palumbo[1], I. Di Tardo[1], A. Vacca[1]
[1]Medicina Interna Universitaria "G. Baccelli" Policlinico di Bari, Italy

Donna di 58 anni, fumatrice. Ipertensione arteriosa. Ipercolesterolemia. Distiroidismo. Diverticolosi. Fibromixoma liposclerosante. Luglio 2020 riscontro occasionale di insufficienza renale cronica stadio III b, con rilievo al successivo follow-up di proteinuria 5.3 g/die e componente monoclonale IgM k. Marzo 2021 biopsia renale con diagnosi di "glomerulopatia fibrillare". Iniziava terapia con Rituximab, ciclofosfamide e steroidi ad alte dosi. Settembre 2021 lipotimia dopo assunzione di fosfomicina. Ad ottobre accesso in PS per lipotimia e rush cutaneo: valutazione dermatologica (eritema da farmaci); esami ematochimici e TC-addome (colecistite) e ricovero in Chirurgia, dove esegue colangiografia con sfinterotomia e posizionamento di endoprotesi. Ottobre 21 trasferita in Medicina esegue RM-addome e colangio-RM: ematoma al muscolo retto di sinistra sottoposto a embolizzazione TC-guidata; TC-torace: enfisema centrolobulare e versamento pleurico bilaterale. Veniva eseguita biopsia (epatopatia colestatica su base tossica) e bilirubinoaferesi. Risultata candidabile a trapianto veniva trasferita in Gastroenterologia, successivamente in Rianimazione per shock settico ove evolve in exitus. L'insufficienza epatica acuta mostra un'evoluzione fatale in una percentuale elevata di pazienti, soprattutto in forme virali non-A/non-B ed esotossiche. L'unica possibilità di guarigione resta il trapianto ortotopico di fegato in tempistiche brevi, scenario non sempre disponibile.

To close or not to close? This is the problem

F. Gallucci[1], R. Muscherà[1], U. Malgeri[1], D. D'Auria[1], A. Parisi[1], A. Abate[1], F. Cinque[1], E. Marrone[1], P. Morella[1]
[1]UOSC Internal Medicine 3. AORN A. Cardarelli, Napoli, Italy

Background: Patent foramen ovale (PFO) is common, occurring in up to 25% of the general population. It is an anatomical variant of the interatrial septum associated with stroke via paradoxical embolism and it is present in 40% of adults with cryptogenic stroke (CS). We present a CS and evidence of PFO.
Case Report: A 64-year-old woman with a history of high blood pressure and nichel allergy, was admitted to the emergency department for right hemiparesis and suspicion of stroke. CT with contrast showed a focal left occipito-temporal hypodensity of recent embolic nature for occlusion of the P2 segment of the left posterior cerebral for 15 mm. Thrombolysis was not administered due to a rapidly improving National Institutes of Health Stroke Scale (NIHSS) score and she was thereafter given appropriate treatment for secondary prevention. Initial investigations revealed no evidence of atrial fibrillation or large vessel disease. Further investigation with transthoracic, bubble contrast and transoesophageal echocardiogram all indicated the presence of a PFO with left>right shunt. According to the cardiologist and the neurologist, she was candidated to PFO closure, taking into account nickel allergy for the choice of the device.
Conclusions: The management of patients with CS and PFO remains a challenge. On the basis of current evidence, PFO closure is of moderate benefit compared to antiplatelet therapy alone in the prevention of recurrent ischemic stroke in adults up to 60 years of age, but above all patient perspective is the key. Our patient is reflecting on the decision to make.

Long Term Antifungal Therapy for fungal endocarditis: a worth considering alternative

A. De Roma[1], O. Para[1], M. Al Refaie[1], C. Angoli[1], C. La Rovere[1], F. Bucci[1], R. Di Donato[1], G. Fedi[1], G. Pestelli[1], C. Nozzoli[1]
[1]AOU Careggi, Firenze, Italy

Background: Fungal endocarditis is a relatively rare disease, most of the times caused by *Candida* or *Aspergillus*, with high morbidity

and high mortality. Current guidelines about treatment of fungal endocarditis focus on surgical treatment, which is always the first-line approach; however, sometimes, patients do not undergo surgery for personal choice or high surgical risk. In these cases, the role of Long Term Antifungal Therapy (LTAT) is still uncertain.
Case Report: A 80-year-old female with history of aortic valve replacement, mitral valve replacement and ICD implantation presented with intermittent fever and abdominal pain. Transthoracic and transesophageal echocardiography showed findings consistent with infective endocarditis of the mitral biological prosthesis; at the same time, blood culture tested positive for Candida Glabrata. The clinical case underwent multidisciplinary evaluation by our hospital's Heart Team, resulting in the indication of surgical treatment. Nevertheless, considering the high surgical risk, the patient denied her consent to surgery. Therefore, we opted for a Long Term Antifungal Therapy (LTAT) based on caspofungin for a few weeks, then the intravenous therapy was switched to oral treatment with fluconazole.
Conclusions: LTAT is a worth considering alternative to surgical treatment for fungal endocarditis, even if further research is still needed to generalize these results on a wider population of patients.

Drug-induced cholestatic liver injury: a case report

J.S. Cabrera Morales[1], S. Cambule[1], P. Pileri[1], A. Monni[1], P. Galasso[1], A. Poddighe[1], D. Castro[1], N. Cogo[1], O. Falco[1], A. Delitala[1]
[1]UO Patologia Medica Azienda Ospedaliero-Universitaria di Sassari, Italy

A 82-year-old woman was admitted to our department because of onset of jaundice 20 days before. In her clinical history were present osteoporosis with multiple vertebral collapses and bilateral radical mastectomy (BRCA 2 gene mutation). She started recently therapy with pregabalin and denosumab. Blood tests showed hyperbilirubinemia predominantly direct, significant increase of liver cholestasis markers and mildly elevated transaminases. Laboratory tests excluded viral and metabolic causes. Autoimmunity tests showed mild positivity for ANA and ASMA without hypergammaglobulinemia. Abdominal tomography didn't reveal significant biliary tree alterations or hepatic lesions; parietal inflammatory thickening of the first part of the duodenum and of the transverse colon was reported. Magnetic resonance cholangiography showed minimal dilation of the left biliary tree (with contrast-enhancement in relation to possible cholangitic phenomena) without obstructive lesions. Gastroscopy and colonoscopy ruled out the presence of inflammatory bowel disease. To complete the diagnostic process, the patient underwent liver biopsy. The histological examination showed cholestatic liver disease, without pathognomonic aspects of autoimmune hepatitis (immunohistochemistry for plasmacells CD18 CD138 IGG4 was negative). Therefore we decided to start steroid therapy in association with ursodeoxycholic acid with progressive improvement of liver function tests. Considering the clinical history of the patient we focused our diagnostic hypothesis on drug-induced acute cholestatic liver disease.

Syncope as the initial presentation of pulmonary embolism in a patient with asymptomatic COVID-19: a case report

C. Tieri[1], A.C. Corriero[2], J.P. Jablonska[1], A. Quaranta[3], G. Ruta[1], G. Quaranta[1]
[1]Ospedale San Paolo, Bari, Italy, [2]Anglia Ruskin University School of Medicine, England, UK, [3]Università degli Studi di Bari, Bari, Italy

Syncope is a common clinical presentation,often may remain unexplained. PE is thought to be an uncommon cause of syncope. Hormone therapy (HT) is a known risk factor for thromboembolic disease (TD). The new coronavirus SARS-CoV-2 (COVID-19)pandemic has emerged in China and spread around the world. A higher prevalence of PE has been described in critically ventilated patients with COVID-19 but few data exist on the prevalence of TD in asymptomatic patients. We present a case of insidious development of PE probably promoted by the COVID19 infection. A previously healthy 51 year old female, obese (BMI 34 kg/m2), was admitted to the emergency department for syncope (third generation assays negative for Covid19). She reported HT for 4 months. She was tachypnoic (22 breaths/min), peripheral oxygen (SpO2) was 94% (room air). EKG: sinus tachycardia (137 beats/min) with S1Q3T3 aspect; arterial blood gases: moderate hypoxemia (PaO2 61.2 mmHg). ETT: dilated and hypocontractile right ventricle,D-shape aspect of the IVS,dilated inferior vena cava (23 mm), estimated PAP65 mmHg. We administered parenteral anticoagulant therapy and O2 therapy. We suspected PE, which was confirmed by contrast chest CT; no lung parenchymal involvement was documented.Later, we found RT-PCR assays positive for Covid19. PE should be suspected in all patients with syncope. The prevalence of TD in Covid19 asymptomatic patients is partially studied. Although current guidelines do not recommend the use of thromboprophylaxis in outpatient COVID-19, we believe that each case must be evaluated individually. More studies are needed to evaluate the risk-benefit ratio.

COVID-19 reinfection: a case report

F. Lolli[1], F. Di Gennaro[1], A. Aglitti[1], M. Mastandrea[1], L. Anticoli Borza[1], L. Mippi[1], G. Cadau[1], B. Venturi[1]
[1]UOC Medicina, Ospedale F. Spaziani, Frosinone, Italy

Protective, sustainable and long-lasting immunity following COVID-19 infection is uncertain, and the potential mechanisms that mediate it are not yet fully understood. We reported a case of a COVID-19 positive 53-year-old female with a medical history of hypertension, vaccination for COVID-19 in July 2021 and paucisymptomatic COVID-19 infection two months later, presented to the ED for an acute uneasy sensation over the posterior left side of the chest with radiation to left arm and shoulder of short duration and a nonproductive worsening cough in the last days. The patient's vital signs were notable for an oxygen saturation of 94% in RT and oxygen therapy was started. An ECG demonstrated sinus tachycardia with diffuse ST elevations. TC pulmonary scan showed a normal parenchimal density and a pericardial effusion. A TTE confermed small pericardial effusion and normal systolic function. CRP, myoglobin, CK-MB and troponin were within the normal values. The anti-spike antibodies were positive and no monoclonal antibody therapy could be performed. She also developed a diarrhea with negative coprocolture and parasitological stool exam. For pericarditis management, high dose steroidal drugs were started. Her symptoms improved rapidly. She was discharged 7 days after the admission. Unfortunately genomic analysis was not available in both episodes and it remains unclear whether they were caused by different strains. Given increased symptom severity during reinfection, our case highlights the need to monitor these patients more closely on a short-term and long-term basis.

A difficult case of paraplegia

F. Di Mare[1], L. Gosi[1], F. Sapienza[1], L. Piccioli[1], A. Bribani[1]
[1]USL Toscana Centro, Ospedale Santa Maria Annunziata, Ospedale Serristori, Bagno a Ripoli (FI), Italy

Introduction: Compression of the spinal cord and/or cauda equina affects about 5% of patients with cancer as a complication of spinal metastasis. It occurs more often in patients with advanced cancer and limited life expectancy, but it may also be the initial manifestation of the disease and be associated with longer survival. An early diagnosis can prevent functional consequences (plegia, loss of sphincterial control) if the patient walks at the beginning of therapy. However, several studies show that many patients are identified only when unable to walk and with significantly compromised recovery chances.
Clinical case: Man, 64 years old, enters the ER due to persisten abdominal pain with alvus closed to stool for about a week, open to gas. Recent access to ER for the same reason and, due to the negative result of direct abdominal CT, discharged with diagnosis of "chronic diffuse abdominal pain and coprostasis". Presence of progressive weakness of the lower limbs, subocclusion and bladder globe without cervical-dorsal-lumbar spine pain for which he performs a rachycentesis with the finding of albumino-

cytological dissociation; GBS is suspected. Performed an EMG with findings compatible for acute polyradiculoneuritis. Treated with IV IG 0.4g/kg without improvement. During the hospitalization suspicion is raised for cone cauda syndrome due to lumbar back pain; a back lumbar MRI is performed with the finding of vertebral lesions D9-D7, due to prostate cancer metastases, determining a compressive effect on the spinal cord with mainly anterior suffering from D3 to the cone.

Another year in a COVID Medical Unit after vaccination outbreak

A. Paglia[1], V.A. Conte[1], M. Nowik[1], R. Cecere[1], L. Bertone[1], C. De Matteis[1], M. Zizzari[1], F. Musca[1]
[1]UO Medicina Interna Ospedale "S. Caterina Novella", Galatina, Italy

Vaccines have an important role to control the SARS-CoV-2 pandemic. Moreover, literature data show that vaccinated population has a lower risk of severe disease from the infection. We retrospectively collected clinical data of patients admitted for SARS-CoV-2 infection in our COVID Medical Unit in 2022. Morbidity status was assessed using the Charlson Comorbidity Index (CCI). Our population was composed of 43 patients (53.5% females). Mean age was 77.5±15 years. Mortality rate reached 30.2%. 58.1% of patients were discharged to home or residential services, with an average length of hospitalization of 11.6±5.4 days. Pneumonia occurred in 74.4% of patients, 30.2% of which needed noninvasive ventilation (NIV). Age was related to a higher need for ventilation (p=0.05) and a higher mortality rate (p=0.03). 30.2% of patients was not vaccinated against SARS-CoV-2 (85.7% older than 75 years). 38.5% of them died before discharging. 35.7% needed NIV. 15% were transferred in the intensive unite care. Unvaccinated group has a tendency for longer hospitalization (p=0.07). The biggest part of discharged patients received the complete vaccine cycle (52%). Average CCI was 6.7±3, showing a moderate correlation with longer hospitalizations (r=0.32). We did not observe significative differences between sexes. Vaccination against SARS-CoV-2 showed to achieve better outcome and clinical course. The elderly population results to be the selected target of symptomatic infection complicated with pneumonia, even if the unvaccinated group still counts a high number of aged persons.

Un insolito caso di dolore addominale

F. Sapienza[1], L. Gosi[1], L. Piccioli[1], M. Pratesi[1], A. Bribani[1]
[1]USL Toscana Centro, Ospedale Santa Maria Annunziata, Ospedale Serristori, Bagno a Ripoli (FI), Italy

Premesse: In medicina interna un'attenta e minuziosa anamnesi all'ingresso del paziente in reparto è fondamentale per un corretto inquadramento diagnostico e terapeutico.
Descrizione del caso clinico: Uomo di 85 anni, DM, IRC, pregressa colecistectomia. Accede in PS per scompenso cardiaco, Covid positivo. Durante il ricovero comparsa di dolore addominale viscerale in FIS, in seguito migrato a sede lombare bilaterale ed ai quadranti supero anteriori dell'addome con tumefazione dolente non riducibile in mesogastrio, in prossimità di cicatrice chirurgica per colecistectomia. ECG e Tn negativi, prelievi ematici seriati per amilasi e lipasi al di sotto dei valori di norma, stipsi con alvo aperto a gas. Viene richiesta TC addome con mdc ed ecografia bed side sulla base delle quali si pongono in diagnosi differenziale pancreatite acuta, pur in assenza di rialzo di amilasi e lipasi, e colite ischemica destra per l'assenza di rettorragia; viene effettuata colonscopia risultata negativa. In assenza di nuovi dati, si procede a nuova raccolta anamnestica dalla quale emerge episodio di pancreatite acuta 25 anni prima associato a diabete mellito con insulino deficienza. Ci orientiamo quindi verso la diagnosi di pancreatite cronica riacutizzata con livelli non significativi di lipasi ed amilasi.
Conclusioni: L'incidenza di pancreatite cronica varia da 5 a 12 casi/100.000, con prevalenza di circa 50/100.000 persone; il dato anamnestico pregresso avrebbe permesso un più rapido inquadramento del paziente, evitando esami diagnostici invasivi e tempi di ricovero più prolungati.

L'evoluzione del progetto Leap: la gestione del paziente con scompenso cardiaco

C.A. Usai[1], A. Filippi[2], F. Uras[3], G. Casu[3], F. Bandiera[1]
[1]SC Medicina Interna AOU Sassari, Italy, [2]SC Lungodegenza AOU Sassari, Italy, [3]SC Cardiologia Clinica ed interventistica AOU Sassari, Italy

Premesse e Scopo dello studio: L'insufficienza cardiaca è una delle patologie croniche più frequenti con un forte impatto sulla qualità della vita, sulla sopravvivenza e sul consumo di risorse. Il ricovero per scompenso cardiaco (DRG 127) rappresenta la seconda causa di ricovero dopo il parto e la prima causa di ospedalizzazione dei pazienti di età superiore ai 65 anni. Il progetto Leap è un percorso intrapreso dall'Azienda ospedaliero-universitaria di Sassari a settembre 2018 per la gestione del paziente con scompenso cardiaco in ambito ospedaliero.
Materiali e Metodi: L'analisi è partita da un modello di dimensionamento che si è articolato in 3 passaggi principali: selezione del paziente atteso, modalità di presa in carico, modalità di gestione. Sono stati coinvolti i reparti di medicina interna e cardiologia che hanno identificato dei parametri per l'inquadramento del paziente con scompenso cardiaco differenziati per tipologia.
Risultati: Gli obiettivi dell'evoluzione di questo progetto riguardano sia l'armonizzazione dei criteri di indirizzo dei ricoveri dei pazienti con scompenso cardiaco dal PS, la gestione ambulatoriale con un'agenda condivisa fra i reparti. Visti gli sviluppi in ambito di telemedicina, è stato creato un modello di visita virtuale con definizione del profilo di paziente e delle attività con gli strumenti più moderni.
Conclusioni: L'evoluzione del progetto Leap rappresenta un adeguamento rispetto alle esigenze attuali nella gestione e nella presa in carico del paziente con scompenso cardiaco in ambito ospedaliero.

Non-pharmacological approach to fibromyalgia

V. Cominelli[1], A. Aceranti[2], S. Vernocchi[1], M. Colorato[1]
[1]Istituto Europeo di Scienze Forensi e Biomediche, Gallarate (VA), Italy, [2]Studio Aceranti & Partners, Rho (MI), Italy

Introduction: Fibromyalgia syndrome is a common form of diffuse musculoskeletal pain and fatigue (asthenia) that affects approximately 1.5 – 2 million Italians.
Description of the case: A 48yo woman diagnosed with fibromyalgia in 2018 was examined. The patient's pain and associated symptoms were monitored using the FSS (Fibromyaalgia Severity Scale) evaluation parameters of 2016 where the WPI (Widespread Pain Index) and the SSS (Symptom Severity Scale) are present in addition to the additional criteria; NRS scale was used to measure pain (score 6 and pain interfered with daily activities). Such scales refer to the 7 days prior to treatment. The patient firstly reported pain in 14 areas out of 19 of tender points; severe asthenia and exhaustion, difficulty in concentrating and memory loss, daily fatigue, non-restorative sleep, migraines and headaches for several days despite the anti-inflammatories. Treatment included both osteopathic techniques and physical treatments such as massage. In the following week the patient indicated that the pain had decreased and covered 10 areas instead of 14 tender points, migraine had decreased and on the NRS scale the pain decreased to 4.
Conclusions: A general improvement of life quality have been observed. The study is still ongoing but from the first results we believe that physical approaches could be a valid alternative to pharmacological therapies in fibromyalgic patients.

Acute intracranial bleed symptoms mimic by lactic acidodis linezolid induced

C. Carleo[1], L. Caruso[1], G. Pestelli[1], P. Sciara[1], A. Belli[1], M. Al Refaia[1], C. La Rovere[1], G. Fedi[1], F. Bucci[1], O. Para[1]
[1]Department of Internal medicine 1, AOU Careggi, Firenze, Italy

Introduction: Rarely, lactic acidosis can be a life-threatening medication side effect. Hence, determining the etiology of lactic acidosis early in patients is necessary to choose the correct therapeutic intervention. Although lactic acidosis as an adverse

drug reaction of linezolid is a well-recognized and documented clinical entity.
Case Report: A 90-years-old woman was hospitalized for Sars-CoV-2 related pneumonia, due to an increase of CRP, WBC count and appearance of new opacities on chest CT, it has been decided to start an atimicrobial therapy with Linezolid, suspecting an MRSA superinfection. After six doses she presented an episode of consciusness alteration, lethargy and allucinations.The head CT any bleeding or mass effect has been demonstrate, but blood gas analysis showed a significant lactic acid increase and an important HOC3- reduction. After the suspencion of Linezolid lactate rapidly decrease.
Conclusions: Several publications demonstrate that linezolid induces lactic acidosis by disrupting crucial mitochondrial functions, rarely with a rapid onset.It is important that internist are aware that linezolid can cause lactic acidosis not only after a long threatment period but also after few somministration, and that often it may mimic a common disease like cerebrovascular accident. In conclusion, linezolid should be suspected in the differential diagnosis if lactic acidosis exists with an uncommon clinical picture.

Casi di emofilia acquisita ricoverati in un centro Hub: aspetti clinici di presentazione e considerazioni organizzativo gestionali

P. Moscatelli[1], M. Caiti[1], E. Cenni[1], V. Agostini[1], G. Antonucci[2], A.C. Molinari[3]
[1]Ospedale Policlinico San Martino, Genova, Italy, [2]E.O. Galliera, Genova, Italy, [3]Istituto Giannina Gaslini, Genova, Italy

Premesse: L'Emofilia A Acquisita (EAA) è una rara patologia autoimmune (1-1,5 casi per milione ab/aa) da autoanticorpi IgG neutralizzanti diretti contro il fattore VIII endogeno, caratterizzata da fenomeni emorragici spontanei in assenza di storia familiare o personale di diatesi emorragica.
Descrizione casistica: Nel giro di tre aa (Ago 2018-Ago 2021) sono stati ricoverati preso la nostra UO di Med. Interna 9 pazienti affetti da EAA (6 U 3 D), 7 diagnosticati in altre sedi. Il tempo intercorso tra la (presunta) prima manifestazione emorragica e la diagnosi variava da 2 a 60 gg (media 10 gg). Tutti i pazienti presentavano ematomi sottocutanei (3 al tronco, 5 alla coscia, 4 agli AASS, 4 all'ileopsoas). I dati di Hb al primo prelievo variavano da 6 a 12,5 g/dL; l'aPTT iniziale da 51 a 142 secondi. Per la presenza di sanguinamento 4 pazienti sono stati sottoposti prima della diagnosi a radiologia interventistica e 1 a intervento chirurgico; 8 pz erano stati ricoverati in prima battuta in PS/DEA e successivamente 1 in Chir. vascolare e 1 in Reparto Neurologico per poi essere tutti ricoverati in Reparto di Medicina Interna
Considerazioni: La definizione di percorsi intraospedalieri e interaziendali, di competenze di consultazione nelle strutture spoke e di riferimento di secondo livello Hub, la centralizzazione, almeno in una fase, dei malati in strutture cliniche Hub che dispongono di risorse, possibilità diagnostiche, aspetti organizzativi ed esperienza di casistica sono gli snodi fondamentali della Rete di questa malattia Rara sicuramente sottostimata.

Eosinophilic granulomatosis with polyangiitis involving unusual site: a case report

G.N. Pititto[1], A. Batticciotto[2], E. Nicolini[3], A. Cappelli[2], F. Dentali[1]
[1]Department of Medicine and Surgery, University of Insubria, Varese, Italy, [2]Rheumatology Unit, Internal Medicine Department, ASST Settelaghi, Ospedale Di Circolo, Fondazione Macchi, Varese, Italy, [3]Department of Internal Medicine, ASST Settelaghi, Varese, Italy

Background: Eosinophilic granulomatosis with polyangiitis (EGPA) is a medium- and small-sized vessels vasculitis characterized by asthma, chronic rhinosinusitis, and peripheral eosinophilia. Involvement of temporal arteries has rarely been described in the literature.
Case presentation: A70-year-old man with a history of asthma, nasal polyps and chronic sphenoiditis was admitted to the Emergency Department with new-onset temporal headache, jaw claudication and paresthesias of left hand. On physical examination the left temporal artery was enlarged and painful with the presence of "halo sign", "compression sign", and weak flow at colour Doppler ultrasound evaluation. Laboratory tests showed high erythrocyte sedimentation rate (ESR) and absolute eosinophilia. A diagnosis of giant cell arteritis has been suspected. During hospitalization patient developed an extension of paresthesias and palpable purpuric lesions on the lower limbs. The finding of p-ANCA positivity, mononeuritis multiplex on EMG and perivascular eosinophilic infiltrates on punch biopsy, led to the diagnosis of EGPA according with 1990 ACR criteria. The patient was finally discharged with 1 mg/kg oral prednisolone in tapering doses and out-patient follow-up for DMARDs treatment with clinical relevant improvement.
Conclusions: EGPA is a vasculitis of small and medium sized vessels; the involvement of temporal arteries is rare but possible, therefore it should be suspected based on associated clinical signs and comorbidities since early treatment is associated with better outcomes.

A misunderstood severe aortic stenosis in a COVID-19 patient

N. Laganà[1], A. Sitibondo[1], I. Paolucci[1], C. Micali[1], E. Mormina[2], N. Mumoli[3], E. Venanzi Rullo[1], G. Nunnari[1]
[1]DAI Scienze Mediche, AOU G. Martino, Messina, Italy, [2]Radiologia, AOU G. Martino, Messina, Italy, [3]Medicina Generale, Magenta, ASST Ovest Milanese, Italy

Background: It is crucial to differentiate patients affected by COVID-19 from others who only tested positive to SARS-CoV-2 to optimize the treatments. We need to identify respiratory symptoms unrelated to SARS-CoV-2 infection. We report a case of severe cardiogenic dyspnea in a patient admitted for COVID-19.
Case Report: A 79-year-old woman with nasal swab positive for SARS-CoV-2 was admitted for dyspnea and asthenia for 2 weeks. At the admission she presented with orthopnea, ankles swelling and oliguria. EKG showed atrial fibrillation and echocardiogram showed diffuse left ventricle hypokinesia, severe reduced ejection fraction, right ventricle normal dimensions and kinesia, not very modular inferior venae cavae, negative femoro popliteal CUS, absence of pericardial effusion, diffuse and homogeneous thoracic pattern B. She started furosemide and dobutamine with strict clinical and ultrasound monitoring. Because of the reduction of dyspnea and an incremented diuresis, dobutamine was stopped in the second day. On day 3 there was a worsening, echocardiogram showing a severe aortic stenosis, very small inferior venae cavea. Liquid infusion was started with caution to increase preload. Once obtained hemodynamic stabilization, the patient underwent coronary angiography. No coronary lesions were found and TAVI was performed successfully.
Conclusions: The patient experimented respiratory symptoms due to acute heart failure. Dobutamine infusion made manifest a pre-existing severe aortic stenosis that was successfully treated.

Sindrome discrasica, anemia e cachessia in danno intestinale da FANS (Malattia dei diaframmi)

G. Prampolini[1], E. De Cristofaro[1], P.G. Giuri[1], R. Cornacchia[1], R. Imbarlina[1], D. Cunzi[1], J.L. Zoino[1], M. Miccoli[1], A. Negro[1], L. De Marco[2]
[1]Unità Internistica Multidisciplinare C.Monti, AUSL Reggio Emilia, Italy, [2]Anatomia Patologia AUSL Reggio Emilia, Italy

La malattia dei diaframmi è una condizione in cui il lume intestinale è diviso in una serie di brevi compartimenti da membrane circolari della mucosa e della sottomucosa, che portano progressivamente alla riduzione del lume e alla successiva ostruzione. È una condizione molto rara comunemente attribuita all'uso di farmaci antinfiammatori non steroidei (FANS). Donna, 57 anni, ricoverata per ingravescente astenia, importante calo ponderale, con riscontro di severa anemizzazione. Precedente ricovero per subocclusione intestinale, gastrite ed esofagite in cefalgica nota con storia di abuso di FANS. All'ingresso la paziente presentava marcato edema molle diffuso, con ipoalbuminemia severa; proteinuria negativa. Veniva trasfusa con EC. Positività isolata ad alto titolo di ANA e debole positività per LAC; negativa la restante autoimmu-

nità. Effettuata enteroRMN e nuova colonscopia che confermava la persistenza di molteplici lesioni stenosanti ulcerate (quadro flogistico di modesta entità della mucosa colica con aspetti riparativi e di fibrosi, suggestivo per danno da FANS; non aspetti riferibili ad IBD). Mediante terapia con albumina ev e diuretici, si è ottenuto progressivo miglioramento con ripristino di adeguato potere oncotico e deplezione di circa 12 Kg; ripresa di adeguata alimentazione. La malattia dei diaframmi è una rara condizione patologica in cui lesioni stenosanti interessano sia il piccolo sia il grande intestino. Anemia ferropriva, dolore addominale, alterazioni dell'alvo in corso di terapia a lungo termine con FANS rappresentano sintomi sospetti.

La gestione del paziente complesso: il ruolo del Case Manager

M. Amitrano[1], A. Recupito[2], F. Cannavacciuolo[2], L. Tibullo[2], V. Iorio[2], N. Iuliano[3], M. Nunziata[2], S. Mangiacapra[2], M. Mastroianni[2], G. Antignani[4]
[1]UOC Medicina Interna, AORN San Giuseppe Moscati, Avellino, Italy, [2]UOC Medicina Interna AORN San Giuseppe Moscati, Avellino, Italy, [3]UOC Medicina Interna AORN San Giuseppe Moscati, Avellino, Italy, [4]UOC Medicina Interna, AORN San Giuseppe Moscati, Avellino, Italy

Premesse e Scopo dello studio: Un paziente complesso è definito un assistito non istituzionalizzato a causa di una o più condizioni croniche suscettibili di cure territoriali. La figura ed il ruolo del *Case Manager* nell' Unità Operativa Complessa di Medicina Interna ha l'obiettivo fondamentale di descrivere e valutare modelli per la loro presa in carico, promuovendo l'educazione sanitaria del paziente e della sua famiglia.
Materiali e Metodi: Studio Osservazionale-Retrospettivo con analisi delle Schede di Dimissione Ospedaliera, finalizzata all'individuazione dei bisogni di continuità assistenziale delle dimissioni protette. Valutazione quantitativa e qualitativa degli interventi nell'arco di un anno, confrontando i pazienti arruolati dalla UOC di Medicina Interna, con pazienti con le stesse caratteristiche di complessità, assistiti secondo la *usual care* nella stessa UOC, senza la presenza del case manager.
Risultati: Supporto e previsione comparativa di interventi per l'identificazione pro-attiva e la presa in carico del paziente complesso finalizzati alla riduzione dei costi e dei tempi di degenza, evitando ricoveri ripetuti nella stessa UOC, al fine di migliorare l'efficacia e l'efficienza dell'assistenza sanitaria durante tutto l'evento patologico.
Conclusioni: Elementi essenziali di un programma di *case management* sono l'identificazione degli assistiti che ne possono beneficiare, valutazione dei problemi e delle opportunità di intervento, definizione di un piano assistenziale personalizzato che identifichi i bisogni e le strategie per attuarli e per valutarne il follow up.

Non soltanto depressione o demenza...un caso di sindrome di Wernicke

G. Prampolini[1], E. De Cristofaro[1], P.G. Giuri[1], R. Cornacchia[1], R. Imbarlina[1], D. Cunzi[1], J.L. Zoino[1], M. Miccoli[1], P. Manini[1], A. Negro[1]
[1]Unità Internistica Multidisciplinare C. Monti, AUSL Reggio Emilia, Italy

L'encefalopatia di Wernicke (WE) è un'emergenza neuropsichiatrica dovuta alla carenza di vit B1 che necessita di diagnosi precoce e di immediato trattamento sostitutivo per la possibile evoluzione verso il deterioramento dello stato di coscienza fino al coma e alla morte. Donna, 78 aa, ricoverata per ingravescente deterioramento dello stato cognitivo, con turbe mnesiche e atassia. Progressivo allettamento. Recente lutto familiare e da allora scarsa alimentazione. Durante la degenza sono state eseguite due TAC e una RMN encefalo (encefalopatia vascolare cronica con esiti ischemici). EEG negativo. Agli esami ematici lieve ipertiroidismo. Si concludeva per decadimento cognitivo ad esordio atipico, in alternativa disturbo psichiatrico anche questo con elementi atipici. Veniva tuttavia impostata terapia empirica con tiamina e multivitaminico. Positività ai test di screening per Lue su siero, ma con liquor negativo. Dopo circa 10 giorni dall'inizio della terapia repentino miglioramento delle condizioni cliniche: orientata nel tempo e nello spazio, collaborante e congrua, alimentazione per os e deambulazione autonoma L'ipotesi di WE è stata suffragata anche dal neuroradiologo che alla RMN ha confermato iperintensità delle regioni subtalamiche bilaterali, in particolare dei corpi mammillari, quadro compatibile con la diagnosi. Spesso la condizione risulta misconosciuta, soprattutto nei pazienti in assenza di storia di abuso alcolico. Il sospetto clinico deve essere posto in presenza di sintomi neurologici in soggetti a rischio di potenziali carenze nutritive.

Echocardiographic finding of a rare primary cardiac tumor: a case report

M.G. Coppola[1], M. Lugarà[1], F. Granato Corigliano[1], P. Tirelli[1], C. Bologna[1], A. Guida[1], M.V. Guerra[1], G. Oliva[1], P. Madonna[1]
[1]UOC Medicina Generale Ospedale del Mare, ASL Napoli 1 Centro, Naples, Italy

Background: Primary cardiac tumors are considerably less common than secondary cardiac malignant tumors. Approximately three quarters of all primary heart and pericardial tumors are benign.
Case History: A 73-years-old female presented to our hospital with a 4 week history of dyspnea. Her history included smoking and left popliteal aneurysm. Chest X-ray was consistent with left pleural effusion. Transthoracic echocardiography showed normal left ventricular systolic function and a 5.3 cm×4.5 cm hypoechoic mass within the pericardium attached to the free wall of the right atrium. CT examination was suggestive for a voluminous intrapericardial lipoma and a pleural malignant tumor. The diagnosis of a cardiac lipoma was confirmed by cardiac MRI finding. The pleural effusion was drained and the patient underwent a thoracoscopic pleurodesis procedure with talc. Analysis of the pleural fluid and histopathology of the pleura revealed lung adenocarcinoma. The patient was treated with medical therapy onl due to advanced stage of cancer.
Discussion: Lipomas are rare primary cardiac tumors that account for 8.4% of benign primary cardiac tumors. Cardiac lipomas are found incidentally because they are generally asymptomatic. Surgery intervention is indicated for symptomatic cardiac lipomas. Transthoracic echocardiogram has high sensitivity and specificity for detection of intra-cardiac tumors but cardiac MRI and CT are the investigations of choice in characterization of the tumors.

A case of toxic epidermal necrolysis in a COVID-19 patient

N. Laganà[1], G. Coniglione[1], M.G. Coco[1], L. Marletta[1], F. D'Andrea[1], G. Caviglia[1], A.G. Saia[1], Y. Russotto[1], E. Venanzi Rullo[1], G. Nunnari[1]
[1]DAI Scienze Mediche, Messina, Italy

Background: We report a severe hypersensitivity reaction due to warfarin in a COVID19 patient with sepsis.
Case Report: An 86-year-old man was admitted for COVID19 pneumonia. He was vaccinated with 2 ComirNaty doses. He was affected by hypertension and CKD in emodialysis. At the admission he presented fever and tachypnea, the laboratory tests showed a septic state. We started administration of empiric therapy with piperacillina/tazobactam, it was replaced with meropenem and linezolid on the 29th day. After 10 days linezolid was stopped for thrombocitopenia. On the 14th day we prescribed warfarin for tromboembolic risk prevention when paroxysmal atrial fibrillation occurred . At the fifth week there was a clinic and laboratory worsening so we started target antibiotic therapy with cefiderocol and colistin due to positive blood cultures for A. Baumanii XDR. On the 24th day an inguinal erytema with blister-like lesion occurred and involved progressively face, neck, limbs, trunk and abdomen with extensive skin sloughing and crusted lesions appeared in the perioral and perinasal mucosa. Nikolsky sign was negative. Skin biopsy showed signs of inflammatory reaction. Warfarin was stopped and 1mg/kg methylprednisone was started with slow and progressive benefit.
Conclusions: The patient has developed a warfarin linked hypersensitivity reaction with clinical features similar to toxic epidermal necrolysis. We assume that it was a borderline condition of hypersensitivity to warfarin in a patient with hyperactivation of immune system due to COVID19 and sepsis.

Strategie per combattere l'HCV: il linkage to care e l'emersione del sommerso (Progetto pilota di screening)

F. Cartabellotta[1], M.G. Minissale[1], F. Fiorello[1]
[1]Ospedale Buccheri La Ferla - Fatebenefratelli, Palermo, Italy

Premesse e Scopo dello studio: L'infezione da HCV ha prevalenza variabile con zone a bassa ed alta (0.5%- 8%). Con le nuove terapie antivirali ad alta efficacia e sicurezza, si ritiene che l'epatite da HCV verrà presto eliminata, stima WHO nel 2030. Scopo dello studio è far emergere il sommerso di HCV positivi non noti ma potenziali fonti di diffusione.
Materiali e Metodi: Abbiamo sottoposto a screening per anti HCV, 14440 pazienti, arruolati in circa 2 anni (2019-2021), afferenti ai reparti di degenza ed ambulatorialmente al laboratorio analisi.
Risultati: 8765 pazienti erano ricoverati, 5675 ambulatoriali. Fra i non ricoverati l'1,4% mostrava una positività Anti HCV con un'età compresa fra 40-60 aa (40%) ed uguale distribuzione per sesso. Fra i ricoverati la percentuale saliva al 4%, anche in questo caso con pari distribuzione per sesso. In base all' età: 16% aveva meno di 60 anni, 49% fra 60-79 anni mentre 35% erano ultraottantenni. Nei pazienti anti-HCV positivi, la carica virale non sempre disponibile era risultata negativa in 164 pazienti (45%), per risposta virologica sostenuta dopo terapia antivirale o guarigione spontanea. La carica era positiva in 58 pazienti (0.6% del totale di ospedalizzati), di cui il 50% portati alla terapia con DAA; gli altri sono deceduti o avevano copatologie avanzate che li hanno resi non trattabili o hanno rifiutato la terapia.
Conclusioni: La positività per Anti HCV nel nostro centro è in linea con i dati epidemiologici conosciuti con una variabilità dipendente dall'età, i pazienti screenati viremici sono stati prontamente trattati.

pagepress

Italian Journal of Medicine

GUIDELINES FOR AUTHORS

http://www.italjmed.org/ijm/about/submissions

Manuscripts have to be *double-spaced* with *one-inch margins*. Headings must be used to designate the major divisions of the paper. To facilitate the review process, manuscripts should contain page and line numbering.

Manuscripts must be written in English. Authors whose native language is not English are strongly advised to have their manuscript checked by a language editing service, or by an English mother-tongue colleague prior to submission. As an option, PAGEPress offers its own professional copyediting service. Professional copyediting can help authors improve the presentation of their work and increase its chances of being taken on by a publisher. In case you feel that your manuscript needs a professional English language copyediting checking language grammar and style, PAGEPress offers a chargeable revision service in a few days. This service is available as well to authors who do not submit their manuscript to our journals. Please contact us to get more detailed information on this service.

The first page must contain: i) title (lowercase), without acronyms; ii) first name and family name of each author, separated by commas; iii) affiliation(s) of each author; iv) acknowledgments; v) full name and full postal address of the corresponding author. Phone, fax number and e-mail address for the correspondence should also be included; vi) three to five key words. The second page should contain: i) authors' contributions, e.g., information about the contributions of each person named as having participated in the study; ii) disclosures about potential conflict of interests; iii) further information (e.g., funding, conference presentation ...).

If *tables* are used, they should be double-spaced on separate pages. They should be numbered and cited in the text of the manuscript.

If *figures* are used, they must be submitted as .tiff or .jpg files, with the following digital resolution:

i) color (saved as CMYK): minimum 300 dpi;
ii) black and white/grays: minimum 600 dpi;
iii) one column width (7.5 cm) or 2 column widths (16 cm).

A different caption for each figure must be provided at the end of the manuscript, not included in the figure file.

Authors must obtain **written permission** for the reproduction and adaptation of material which has already been published. A copy of the written permission has to be provided before publication (otherwise the paper cannot be published) and appropriately cited in the figure caption. The procedure for requesting the permission is the responsibility of the Authors; PAGEPress will not refund any costs incurred in obtaining permission. Alternatively, it is advisable to use materials from other (free) sources.

If *abbreviations* are used in the text, authors are required to write full name+abbreviation in brackets [e.g. Multiple Myeloma (MM)] the first time they are used, then only abbreviations can be written (apart from titles; in this case authors have to write always the full name).

Original Articles (3500 words max, abstract 180 words max, 30 references max, 3/5 tables and/or figures): In general, this kind of publication should be divided into an Abstract, Introduction, Materials and Methods, Results, Discussion, Conclusions and References. A maximum of 10 authors is permitted and additional authors should be listed in an ad hoc Appendix.

Reviews (4000 words max, abstract 250 words max, minimum 40 references, 3/5 tables and/or figures): They should be introduced by a general summary of content in the form of an Abstract. Following a short introduction, putting the study into context and defining the aim, reviews will concentrate on the most recent developments in the field. A review should clearly describe the search strategy followed (key words, inclusion, exclusion criteria, search engines, ...). No particular format is required; headings should be used to designate the major divisions of the paper.

Brief Reports (about 2000 words, abstract 150 words max, 20 references max, 3 tables and/or figures): Short reports of results from original researches. They should be introduced by a general summary of content in the form of an Abstract. They must provide conclusive findings: preliminary observations or incomplete findings cannot be considered for publication.

Case Reports (about 1800 words, abstract 150 words max, 15 references max, 1-2 tables and/or 3 figures max): A case report is a detailed narrative of symptoms, signs, diagnosis, treatments and follow-up of one or several patients. Cases that present a diagnostic, ethical or management challenge or highlight aspects of mechanisms of injury, pharmacology and histopathology or are accompanied by a literature review of the topic presented are deemed of particular educational value. The narrative should include a discussion of the rationale for any conclusion and any take-home message. Information on the patient should be presented in the chronological order it has emerged in clinical practice. The evaluation will take into account the following aspects: Originality; Quality of the presentation; Correctness; Sustainability; Usefulness/relevance. They should be divided into: Abstract, Introduction, Case report(s), Discussion, Conclusions and References. For details please read the following Technical Note: http://www.italjmed.org/ijm/article/viewFile/itjm.2014.535/498

Letters to the Editor (800 words max): These are written on invitation, short essays that express the authors' viewpoint, may respond to published manuscripts in our journals, or deliver information or news regarding an issue related to the Journal scope. If the letter relates to a published manuscript, the authors of the original manuscript will be given the opportunity to provide a respond. Authors of Letters to the Editor should provide a short title.

Book Reviews (no abstract, no references needed): They should be a short critical analysis and evaluation of the quality, meaning, and significance of a short book which addressed at least one of main topics of the Journal (the authors should contact the Editor-in-Chief of the journal for his/her approval before submitting a Book review).

FADOI Position Statement: Position statements are developed in response to issues relevant to and/or directly impacting on Internal Medicine practice, such as clinical, structural, organizational, management, legislative and ethical issues.

Imaging in Internal Medicine: Reports describing clinical cases that can be educational, including adverse effects of drugs or outcomes of a specific treatment, with particular emphasis on imaging important for Internal Medicine, such as: echocardiography, traditional and advanced radiology, nuclear medicine, ultrasound and bed-side sonography, etc.). They should be divided into: Abstract, Introduction (optional), Case report(s), Discussion, Conclusions, and References.

Health Organization and Clinical Governance: This section should contribute to develop a multidisciplinary debate involving policy-makers, health organizations, consumers' organizations and profit and no-profit societies, operating in the field of public health. The contents of this section must be centred on scientific argumentations even if policy, economical and ethics issue can be addressed. A box with a clear description of the organization will be included in the manuscript. Papers highly polemic, written by an author addressing his own opinion and not an organization position or with a theme of local interest will not be published. These papers are not peer reviewed and are published at the discretion of the Editor. Conclusions and opinions expressed by the authors do not necessarily reflect the policies of the Italian Journal of Medicine.

REFERENCES

References should be prepared strictly according to the Vancouver style. References must be numbered consecutively in the order in which they are first cited in the text (not alphabetical order), and they must be identified in the text by Arabic numerals in *superscript*. References in the main text must always be cited after dots and commas. References to personal communications and unpublished data should be incorporated in the text and not placed under the numbered references [Example: (Wright 2011, unpublished data) or (Wright 2011, personal communication)]. Where available, URLs for the references should be provided directly within the MS-Word document. References in the References section must be prepared as follows:

i) more than three authors, cite 3 authors, et al. If the paper has only 4 authors, cite all authors;
ii) title style: sentence case; please use a capital letter only for the first word of the title;

iii) journal titles mentioned in the References list should be abbreviated according to the following websites:
   a. ISI Journal Abbreviations Index (http://library.caltech.edu/reference/abbreviations/);
   b. Biological Journals and Abbreviations (http://home.ncifcrf.gov/research/bja/);
   c. Medline List of Journal Titles (ftp://ftp.ncbi.nih.gov/pubmed/J_Medline.txt);
iv) put year after the journal name;
v) never put month and day in the last part of the references;
vi) cite only the volume (not the issue in brackets);
vii) pages have to be abbreviated, e.g., 351-8.

To ensure the correct citation format, please check your references in the PubMed database (http://www.ncbi.nlm.nih.gov/pubmed).
Examples:
Standard journal article
Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. N Engl J Med 2002;347:284-7.

Proceedings
Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, eds. Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming, 2002 Apr 3-5, Kinsdale, Ireland. Berlin: Springer; 2002. pp 182-91.

Article with organization as author
Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. Hypertension 2002;40:679-86.

Books
Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. Medical microbiology. 4th ed. St. Louis, MO: Mosby; 2002.

Bjørn Lomborg, ed. RethinkHIV - Smarter ways to invest in ending HIV in Sub-Saharan Africa. Cambridge: Cambridge University Press; 2012.

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, eds. The genetic basis of human cancer. New York, NY: McGraw-Hill; 2002. pp 93-113.

PEER REVIEW POLICY

All manuscripts submitted to our journal are critically assessed by external and/or in-house experts in accordance with the principles of peer review, which is fundamental to the scientific publication process and the dissemination of sound science. Each paper is first assigned by the Editors to an appropriate Associate Editor who has knowledge of the field discussed in the manuscript. The first step of manuscript selection takes place entirely in-house and has two major objectives: i) to establish the article's appropriateness for our journals' readership; ii) to define the manuscript's priority ranking relative to other manuscripts under consideration, since the number of papers that the journal receives is much greater than it can publish. If a manuscript does not receive a sufficiently high priority score to warrant publication, the editors will proceed to a quick rejection. The remaining articles are reviewed by at least two different external referees (second step or classical peer review). Manuscripts should be prepared according to the Uniform Requirements established by the International Committee of Medical Journal Editors (ICMJE).
Authorship: all persons designated as authors should qualify for authorship according to the ICMJE criteria. Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should only be based on substantial contributions to i) conception and design, or analysis and interpretation of data; and to ii) drafting the article or revising it critically for important intellectual content; and on iii) final approval of the version to be published. These three conditions must all be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Any part of an article critical to its main conclusions must be the responsibility of at least one author. Authors should provide a brief description of their individual contributions.
Obligation to Register Clinical Trials: the ICMJE believes that it is important to foster a comprehensive, publicly available database of clinical trials. The ICMJE defines a clinical trial as any research project that prospectively assigns human subjects to intervention or concurrent comparison or control groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Medical interventions include drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, etc. Our journals require, as a condition of consideration for publication, registration in a public trials registry. The journal considers a trial for publication only if it has been registered before the enrollment of the first patient. The journal does not advocate one particular registry, but requires authors to register their trial in a registry that meets several criteria. The registry must be accessible to the public at no charge. It must be open to all prospective registrants and managed by a non-profit organization. There must be a mechanism to ensure the validity of the registration data, and the registry should be electronically searchable. An acceptable registry must include a minimum of data elements. For example, ClinicalTrials.gov (http:// www.clinicaltrials.gov), sponsored by the United States National Library of Medicine, meets these requirements.
Protection of Human Subjects and Animals in Research: when reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the committee responsible for human experimentation (institutional and national) and with the Helsinki Declaration of 1975 (as revised in 2008). In particular, PAGEPress adopts the WAME policy on Ethics in Research (http://www.wame.org). Documented review and approval from a formally constituted review board (Institutional Review Board - IRB - or Ethics committee) is required for all studies (prospective or retrospective) involving people, medical records, and human tissues. When reporting experiments on animals, authors will be asked to indicate whether the institutional and national guide for the care and use of laboratory animals was followed.

SUBMISSION PREPARATION CHECKLIST

As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.
1. The submission has not been previously published, nor is it before another journal for consideration (or an explanation has been provided in Comments to the Editor).
2. The submission file is in Microsoft Word, or PDF document file format.
3. We fight plagiarism: please understand that your article will be checked with available tools for discovering plagiarism.
4. The text is double-spaced; uses a 12-point font; employs italics, rather than underlining (except with URL addresses); and all illustrations, figures, and tables are placed within the text at the appropriate points, rather than at the end.
5. The text adheres to the stylistic and bibliographic requirements outlined in the Author Guidelines, which is found in About the Journal.
6. Please read this advice and download associated files. The International Committee of Medical Journal Editors has recently published in all ICMJE journals an editorial introducing a new "Disclosure Form for Potential Conflict of Interest", with the aim to establish uniform reporting system, which can go over the existing differences in current formats or editors' requests. We at PAGEPress Publications welcome this initiative as a possible uniforming, standardizing way to have this important disclosure authorizing the publications of manuscripts. We are therefore asking you to duly fill in the "Uniform Format for Disclosure of Competing Interests in ICMJE Journals" and upload it on the Web site of the PAGEPress journal your work is involved with or email it back to us, in mind to allow PAGEPress to peer-reviewing your work. The document is in Adobe format, it includes instructions to help authors provide the requested information and the completion procedure is user-friendly. Kindly note that the format have to be completed and signed by each author of the work. We

remain waiting for the completed form to proceed with publication. Please be informed that if this Disclosure Form is missing, we will not be able to publish your work.

COPYRIGHT NOTICE

PRIVACY STATEMENT

Privacy is an important concern for users of our site and is something that PAGEPress takes very seriously. Below you will find our policy for protecting users' personal information. Registration on our website is optional and voluntary. Browsing and viewing articles on our website does not require any personal information to be submitted from users. Nor do these functions require the user's browser to be set to accept cookies. Some other services published on our website do require the use of cookies and information such as name, e-mail, etc. This is necessary for security reasons and to enable us to be able to assure standards of scientific integrity. Users may submit further personal information (e.g. details of research areas of interest) in order to take advantage of present and future personalization facilities on our website. In accordance with European Union guidelines, registrants may decline to provide the information requested. They should be advised, however, that PAGEPress may be unable to deliver its services unless at least the information necessary for security and identification purposes is provided. In order to offer the best possible service to users, PAGE Press tracks the patterns of usage of pages on the site. This enables us to identify the most popular articles and services. Where users have provided details of their research areas of interest, this information can be linked to them, helping PAGEPress to offer scientists, the most relevant information based on their areas of interest. User information will only be shared with third parties with the explicit consent of the user. Publishing a scientific manuscript is inherently a public (as opposed to anonymous) process. The name and e-mail address of all authors of a PAGEPress manuscript will be available to users of PAGEPress. These details are made available in this way purely to facilitate scientific communication. Collecting these e-mail addresses for commercial use is not allowed, nor will PAGEPress itself send unsolicited e-mails to authors, unless it directly concerns the paper they have published on PAGEPress journals. PAGEPress reserves the right to disclose members' personal information if required to do so by law, or in the good faith and belief that such action is reasonably necessary to comply with a legal process, respond to claims, or protect the rights, property or safety of PAGEPress, employees or members.

EDITORIAL STAFF

Paola Granata, Journal Manager
paola.granata@pagepress.org

Claudia Castellano, Production Editor

Tiziano Taccini, Technical Support

SUBSCRIPTIONS

Annual subscription:
€ 100,00 (Italy);
€ 180,00 (abroad);
€ 50,00 (students).
One number: € 25,00 + shipping costs

Send requests to *subscriptions@pagepress.org* specifying the name of the journal and the type of subscriptions.

PUBLISHED BY

PAGEPress Publications
via A. Cavagna Sangiuliani, 5
27100 Pavia, Italy
T. +39.0382 1549020
F: +39.0382 1727454

pagepress

www.pagepress.org
info@pagepress.org

pISSN 1877-9344
eISSN 1877-9352

ITALIAN JOURNAL OF MEDICINE

Tutti gli articoli pubblicati su *Italian Journal of Medicine* sono redatti sotto la responsabilità degli Autori. La pubblicazione o la ristampa degli articoli della rivista deve essere autorizzata per iscritto dall'editore. Ai sensi dell'art. 13 del D.Lgs 196/03, i dati di tutti i lettori saranno trattati sia manualmente, sia con strumenti informatici e saranno utilizzati per l'invio di questa e di altre pubblicazioni e di materiale informativo e promozionale. Le modalità di trattamento saranno conformi a quanto previsto dall'art. 11 del D.Lgs 196/03. I dati potranno essere comunicati a soggetti con i quali PAGEPress intrattiene rapporti contrattuali necessari per l'invio delle copie della rivista. Il titolare del trattamento dei dati è PAGEPress Srl, via A. Cavagna Sangiuliani 5 - 27100 Pavia, al quale il lettore si potrà rivolgere per chiedere l'aggiornamento, l'integrazione, la cancellazione e ogni altra operazione di cui all'art. 7 del D.Lgs 196/03.

Pubblicato: maggio 2022.

PAGEPress - Scientific Publications
Via A. Cavagna Sangiuliani, 5 - 27100 Pavia - Italy
Phone +39 0382 1549020 - Fax +39 0382 1727454
www.pagepress.org