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SERAFINO MANSUETO AWARD – ORAL COMMUNICATIONS

The prognostic value of Mid-Regional-pro-adrenomedullin serum levels in predicting in-hospital death in patients with sepsis and septic shock

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Background and Aims: Early diagnosis and severity of disease stratification using clinical gestalt, scoring systems and biohumoral markers is crucial in sepsis, since it prompts early treatment and accurate prognostication. This study aimed at evaluating the prognostic role of Mid-Regional-pro-adrenomedullin serum levels in patients with sepsis or septic shock.

Methods: A prospective study was conducted in subjects with defined sepsis or septic shock admitted to the Intermediate Care Unit of Careggi Hospital, Firenze, between March and March 2024. A panel of predefined biohumoral markers, including Mid-Regional-proADM was obtained at 3 different time intervals. MR-proADM was evaluated in predicting in-hospital mortality.

Results: 41 patients were enrolled in the study. The median age was 64, men (76%). In hospital mortality was (19%); the median Mid-Regional-proADM at baseline was higher in patients who died with respect to survivors (5,69 nmol/L vs di 1,45 nmol/L; $p < 0.001$). ROC analysis showed that a cut-off value of 3 nmol/L had the best accuracy in predicting in-hospital mortality (AUC 0.873, 95% CI 0.768-0.978, $p < 0.0001$). A value of Mid-Regional-pro-ADM at baseline > 3 nmol/L independently increased the risk of in-hospital death (OR 3.75, 95%CI 1.12-13.91; $p < 0.05$). No difference was observed in subjects dying or surviving, analysing dynamic changes of MR-pro-ADM.

Conclusions: This study highlights the prognostic value of MR-proADM at baseline in patients with sepsis and septic shock. Baseline Mid-Regional-proADM > 3 nmol/L was accurate in predicting in-hospital mortality.

Bedside lung ultrasound in the diagnosis of community acquired pneumonia in 569 elderly patients in an Internal Medicine department

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Premises and Purpose of the study: Aim of the study is to evaluate the clinical performance and utility of Bedside Lung ultrasound in diagnosis of community acquired pneumonia (CAP) in elderly patients.

Materials and Methods: 569 patients were studied from January 2021 to 2025; final diagnosis: 77 acute bronchitis/COPD (mean age: 79,1Y); pneumonia: 492 (mean age: 79,4Y); Clinical Diagnosis (CD) (based on patient history, physical examination and laboratory tests), chest x-ray (CXR) and lung ultrasound (LUS) were evaluated. Corresponding Sensitivity, specificity, overall diagnostic accuracy (ODA) (and AUROC) of were calculated.

Results: CD: True+: 135; true-: 59; False+: 18; False-: 357 (SENS: 27%; SPEC: 76,6%; ODA: 9,3% PPV: 88,2% NPV: 14,2%) (AU-ROC: 0,5203 SEAUC=0,035); CXR: True+: 244; true-: 43; False-: 34; False-: 248 (SENS: 49,6; SPEC: 55,8%; ODA: 17%; PPV: 87,8%; NPV: 14,8%) (AU-ROC: 0,5272 SEAUC=0,0349); LUS: True+: 464; True-: 58; False+: 19; False-: 28 (SENS: 94,3%; SPEC: 75,3%; ODA: 90,9%; PPV: 96,1%; NPV: 67,4%) (AU-ROC: 0,8175 SEAUC=0,0202); pneumonia was diagnosed: by CRX and LUS in 129/492 (26,21%); only by LUS in 335/492 (68%) (in 28/335 -8,3%- Pneumonia diagnosis was clinically unexpected); only by CT in 28/492 (5,6%) cases.

Conclusions: CD of CAP in the elderly is difficult and unsatisfactory; the radiological one is obtainable in about half of the cases; Bedside Lus diagnoses pneumonia correctly in 94.3% (and alone in 68%) of elderly people; It has excellent sensitivity (94.3%) but a non -optimal

specificity (75.3%); In 8% of cases CAP diagnosis was unexpected.

Low-density lipoprotein cholesterol levels and bleeding during anticoagulation for venous thromboembolism

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Premises and Purpose of the study: The association between low-density lipoprotein cholesterol (LDL-C) levels and bleeding in patients receiving anticoagulant therapy for venous thromboembolism (VTE) has not been previously explored. While low LDL-C levels are beneficial for reducing cardiovascular events, their impact on bleeding risk in VTE patients remains uncertain.

Materials and Methods: This observational prospective case-control study utilized data from the Registro RIETE. Enrolled patients have a follow up of 90-days. All patients with objectively documented acute deep vein thrombosis (DVT) or pulmonary embolism (PE) are recruited. We aimed to assess the influence of baseline LDL-C levels on bleeding risk during the first 90 days of anticoagulation in 19,237 VTE patients. Multivariable analyses were conducted to evaluate the association between LDL-C levels (<70 mg/dL vs \geq 70 mg/dL) and bleeding outcomes.

Results: Of 19,237 patients, 2,502 (13.0%) had LDL-C levels <70 mg/dL. During the first 90 days, 743 patients (3.9%) experienced bleeding events (294 major bleeding, 449 non-major bleeding, 32 fatal bleeding). On multivariable analysis, LDL-C levels <70 mg/dL were associated with a higher risk of overall bleeding (adjusted hazard ratio [aHR]: 1.44; 95%CI: 1.19-1.74). The heightened bleeding risk appeared early in treatment and was primarily linked to hematoma formation (aHR: 2.11; 95%CI: 1.49-2.98).

Conclusions: In VTE patients receiving anticoagulation, LDL-C levels <70 mg/dL were independently associated with an increased risk of bleeding, particularly hematomas.



ORAL COMMUNICATIONS

Two genes, one spleen: when Gaucher isn't the whole story

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Premises: Gaucher disease (GD) type 3 is a rare lysosomal storage disorder caused by biallelic GBA mutations, characterized by splenomegaly, anemia, thrombocytopenia, and variable neurological involvement. Although enzyme replacement therapy (ERT) generally yields favorable outcomes, persistent or unexplained hematologic abnormalities—whether in affected individuals or their family members—may suggest coexisting conditions. Among these, dehydrated hereditary stomatocytosis (DHS) is a rare autosomal dominant anemia due to PIEZO1 mutations, leading to compensated hemolysis, splenomegaly, and complications such as cholelithiasis.

Case report: We present a young woman with GD3 (GBA L444P homozygous), diagnosed in early childhood via genetic analysis, enzymatic assays and a clinical phenotype of splenomegaly, anemia, and thrombocytopenia. She has been on ERT since the time of diagnosis with sustained benefit. Family history revealed chronic splenomegaly in her father, L444P heterozygous and not affected by GD3, raising suspicion of an erythrocyte disorder. Extended genetic testing of our patient, including a red blood cell disorder panel, identified two pathogenic PIEZO1 variants, confirming DHS and suggesting a familial predisposition to splenomegaly independent of GD.

Conclusions: This case highlights the need to consider additional genetic etiologies in the evaluation of GD-associated hematologic abnormalities. It also underscores the critical role of genetic testing in elucidating complex phenotypes, refining differential diagnoses and optimizing patient management.

An integrated, multidisciplinary approach across care settings to enhance immunization uptake in chronic patients: the VacciNetwork project

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Premises and Purpose of the study: Patients with chronic diseases have an increased risk of infections and complications. Vaccinations can reduce this risk and thus should be integrated in chronic care pathways. Our Unit began a promotion plan for recommended vaccinations (the “VacciNetwork Project”) in chronic patients in January 2023, and the “Clinical Vaccinology Workbook” was produced to guide healthcare workers in promoting vaccinations in all care settings. The plan aims to establish a network with hospitals and territorial structures that manage these patients, integrating vaccinations in clinical and healthcare pathways for a better disease management and immunization uptake.

Materials and Methods: To evaluate the impact of the program after one year, data was extracted from our databases regarding vaccinations performed in 2022 and 2023 on frail subjects, *i.e.*, those with a marked “risk condition”, aged ≥ 18 years ($n=4638$ total vaccinated in the study period).

Results: The results showed a significant increase in vaccine uptake (6675 vs. 2041; +227%). Notably, vaccinations rose among those with onco-hematological diseases (+212%), asplenia (+185%), chronic kidney disease or on dialysis (+190%), and with an HIV infection (+160%). Increases were also significant in other immunocompromised conditions (+194%).

Conclusions: The project underlines the importance of targeted vaccination programs within chronic care management. Collaborative healthcare frameworks can significantly improve vaccination rates, reducing the burden of infectious diseases in high-risk populations.

The day hospital: a multidisciplinary organizational model for the management of the patient with heart failure

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Premises and Purpose of the study: In Italy, more than 24 million subjects are affected by chronic or multi-chronic conditions, with considerable impacts on national health and social spending. Heart failure is one of the disease that have high rates of incidence and mortality with significant repercussion on the quality of life.

Materials and Methods: 296 patient diagnosed with heart failure were admitted at day hospital during 1/1/24-12/31/24 for follow-up, implementation of guideline-based therapy. Multidisciplinary management aims to: a) improve the diagnostic level and therapeutic appropriateness, b) identify the most effective pathways for the patient; c) ensure adequate continuity of care.

Results: Age 79.6 (45-100); women 48% BMI 28; ischemic 50% DCM 24% other 26% CAD 45% AF 48% diabetes 22% high BP 66% COPD 14% ICD 8% PM 8% CKD 48% CABG 9% cognitive impairment 16% stroke 10% SBP 117 mmHg DBP 67 mmHg HR 66; Hb 13.5 creatinine 1.4 K 4.6, basal NT-proBNP 2802.9 pg/ml, control NTproBNP 1394 pg/ml, basal NT-proBNP >1000 83% HFrEF 24% HFmrEF 23% HFpEF 53% NYHA class IIa 68% class IIIa 32% EF HFrEF 33%, EF HFmrEF 46%; SGLT2i 92% sacubitril/valsartan 89% MRA 47% BB 88% DOAc 45% diuretics 86%

Conclusions: The day hospital organizational model, by means of a multidisciplinary assessment of the patient with heart failure, has been found to be effective and efficient and allows optimization of the management of the decompensated patient, in particular leading to a reduction in early hospitalizations, improvement in prognosis and quality of life.

Bedshift handover: introduzione delle consegne a letto del paziente nella UOC di Medicina Interna di Mestre

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Premesse e Scopo dello studio: Il BedShift Handover (BSH) rappresenta un approccio innovativo che prevede lo svolgimento delle consegne infermieristiche direttamente al letto del paziente, coinvolgendolo attivamente nel processo. Questa pratica favorisce l'integrazione, la correzione e la conferma delle informazioni da parte del paziente stesso, contribuendo alla prevenzione degli errori, al miglioramento della relazione terapeutica e all'aumento della soddisfazione dell'assistito. Lo studio ha l'obiettivo di analizzare la

percezione dei pazienti riguardo il metodo BSH recentemente introdotto.

Materiali e Metodi: È stato condotto uno studio osservazionale su 75 pazienti ricoverati in Medicina Interna, mediante la somministrazione di un questionario tra maggio e agosto 2024.

Risultati: Il 93,3% dei pazienti ha riferito di sentirsi molto rassicurato nel vedere il personale infermieristico durante il cambio turno. Circa il 92% dei pazienti ha partecipato attivamente al passaggio di consegne; inoltre, il 96% del campione ha indicato come setting preferito per il passaggio di consegne "all'interno della mia stanza".

Conclusioni: I risultati ottenuti sono in linea con quanto riportato in letteratura, evidenziando come il metodo BSH sia apprezzato dai pazienti. Questa pratica facilita il coinvolgimento attivo nel percorso di cura, migliorando il senso di fiducia, la comunicazione e la relazione con il personale infermieristico. L'applicazione del BSH si dimostra una strategia efficace per promuovere la sicurezza, la centralità del paziente e la qualità dell'assistenza.

Outcomes clinici nelle infezioni del torrente ematico da *Staphylococcus aureus* in Medicina Interna.

Risultati: di uno studio retrospettivo di coorte in pazienti adeguatamente trattati

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Premesse e Scopo dello studio: Valutare gli outcomes clinici nei pazienti ricoverati in Medicina Interna per infezione del torrente ematico (BSI) da *Staphylococcus aureus* trattati adeguatamente.

Materiali e Metodi: Studio retrospettivo osservazionale di coorte su pazienti con BSI da *S. aureus* trattati con antibiotico terapia adeguata, consecutivamente ricoverati in Medicina Interna a Pontedera tra novembre 2021 e aprile 2024.

Risultati: Inclusi 76 pazienti con età media di 74.7 anni e CCI medio di 3. 57/76 infezioni erano comunitarie. La percentuale di MRSA è stata del 16%. I pazienti sono stati trattati con betalattamici (46%), daptomicina (5%), glicopeptidi (11%), fosfomicina (1%) o loro associazioni (37%). La mortalità totale a 30 giorni è risultata del 27.6%. L'età media ed il CCI dei pazienti deceduti sono significativamente superiori rispetto ai sopravvissuti (81.9 vs 71.9, p=0.006; 4.3 vs 2.6, p=0.001). La presenza di PM/ICD o di valvole cardiache protesiche sembra essere un fattore di rischio per mortalità (62.5%, p=0.055). L'uso del glicopeptide sembra associato a mortalità più elevata (62.5%) mentre l'uso della associazione daptomicina/betalattamico a mortalità più bassa (17.4%).

Conclusioni: Nei pazienti anziani con multimorbilità ricoverati in Medicina Interna la mortalità correlata a BSI da *S. aureus* è elevata anche con terapia antibiotica adeguata. Le BSI da MSSA sono 5 volte più frequenti di quelle da MRSA, che non sono limitate all'ambiente nosocomiale.

Mid-regional-pro-adrenomedullin serum levels predict disease severity and bacteremia in patients with sepsis and septic shock

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Premises and Purpose of the study: Early diagnosis and severity of disease stratification using clinical gestalt, scoring systems and biomarkers is crucial in sepsis, since it prompts early treatment and accurate prognostication. This study aimed to evaluate the role of Mid-Regional-pro-adrenomedullin (MR-pro-ADM) serum levels in predicting severity by SOFA score and bacteremia in patients with sepsis or septic shock.

Materials and Methods: A prospective study was conducted in subjects with defined sepsis or septic shock admitted to the Intermediate Care Unit of Careggi University Hospital, Firenze, between March and October 2024. Along with demographic, clinical, and laboratory variables, including MR-pro-ADM was obtained at three different time intervals (baseline T0, T1 72h and T2 144h). MR-proADM was evaluated in predicting disease severity by SOFA score and bacteremia.

Results: Forty-one patients were enrolled in the study. The median age was 64, men (76,2%). In hospital mortality was (19,04%); the median MR-pro-ADM at baseline was higher in patients with SOFA score >5 with respect to those <5 (3.04 [IQR 1.83-8.79] vs 1.2 [0.87-3.28] nmol/L; $p=0.007$); a value >3 nmol/L predicted bacteremia (OR 3.75 (95%CI 1.12-13.91, $p<0.05$). No difference was observed in MR-pro-ADM values between Gram positive and Gram negative blood stream infections.

Conclusions: This study shows that baseline MR-pro-ADM >3 nmol/L was accurate in predicting disease severity as evaluated by SOFA score and blood stream infections in patients with sepsis and septic shock

Urgent or emergent endovascular aortic repair of infective aortitis

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Background: Infective aortitis (IA) is a rare clinical syndrome that needs urgent or emergent treatment. Historically, the treatment of choice has been the association of open surgery with antimicrobial therapy. We report results of our experience with urgent or emergent endovascular repair of IA.

Methods: We re-evaluated clinical characteristics and follow-up of pts undergoing endovascular repairs of IA, from Jan 2019 to Jan 2024.

Results: 15 pts (14 males) with a mean age of 74.2 were included. All pts were treated by endovascular means in an urgent or emergent setting because of a rapidly growing aneurysm or aortic rupture. Diagnosis of IA was confirmed by positive blood cultures. Organisms associated with IA were *S. aureus* (7), *Salmonella* spp. (3), *E. coli* (3), *Brucella* spp. (1), and association of *Pseudomonas* and *Klebsiella* (1). Source of IA were spondylodiscitis (3), endocarditis (4), pancreatitis (2), pyelonephritis (2), pneumonia (1), primary bacteremia (3). The endovascular techniques performed achieved technical success in 100% of pts. Two pts (13%) died within 30 days after the index procedure. All patients were treated with targeted and prolonged antibiotic therapy.

Conclusions: Surgical therapy combined with targeted antibiotic therapy remains the treatment of choice for IA. In our experience, endovascular approach resulted to be feasible and effective, with acceptable peri-operative and

mid-term follow-up outcomes. Further studies are needed to confirm our results.

Ruolo dell'ecocardiografia e della capillaroscopia nella diagnosi precoce dell'ipertensione polmonare nei pazienti con sclerosi sistemica

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Razionale: L'ipertensione polmonare (PH) è una complicanza della sclerosi sistemica (SS), con impatto negativo su prognosi e qualità di vita, pertanto la diagnosi precoce è essenziale.

Materiali e Metodi: Questo studio ha analizzato i fattori clinici, funzionali e microangiopatici associati alla PH in pazienti con SS. È stato effettuato uno studio retrospettivo monocentrico su 77 pazienti con SS, suddivisi in due gruppi con e senza PH. Sono stati raccolti i dati clinici, funzionali (DLCO, TAPSE) e videocapillaroscopici (VC). La SS-PH era presente nel 16,2% dei pazienti.

Risultati: L'età media dei pazienti con PH vs quelli senza PH era di 67,2±10,9 vs 63,6±14,8 aa ($p=0,323$). I pazienti con PH avevano durata media di malattia maggiore (10,8±6,7 vs. 8,7±4,5 aa; $p<0,001$) e presentavano alterazioni nei parametri di funzionalità polmonare: DLCO ridotta e profilo restrittivo della capacità vitale forzata. L'interessamento polmonare interstiziale (65% vs. 33,3%) e muscoloscheletrico (20% vs. 3,5%) risultavano significativamente associati alla PH. A livello ecocardiografico (USC) si è osservato un peggioramento della funzione ventricolare destra, riduzione del TAPSE (22,2 mm vs. 24,6 mm), aumento del diametro del ventricolo destro e della vena cava inferiore. La VC ha mostrato una correlazione tra pattern avanzati e rischio di PH. **Conclusioni:** Questo studio evidenzia un ruolo cruciale della VC e della USC, integrati con biomarcatori e algoritmi di screening, nella diagnosi precoce della SS-PH. Un follow-up regolare e un intervento tempestivo multimodale possono migliorare la gestione delle complicanze associate alla PH.

Short-term prognosis of hypertensive emergencies and urgencies: second preliminary report of the ongoing italian multicentric study ERIDANO

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Premises and Purpose of the study: Hypertensive emergencies (HE) and urgencies (HU) are significant

challenges for emergency physicians and hypertension specialists. The Eridano study is a prospective multicenter investigation evaluating acute blood pressure (BP) disorders, subclinical hypertension-mediated organ damage (HMOD), and short- and long-term prognosis.

Materials and Methods: Patients with symptomatic BP $\geq 180/110$ mmHg admitted to the ED were enrolled and managed by ED personnel. Clinical evaluation and subclinical-HMOD assessment were performed at a Hypertension Centre within 72 hours, followed by a 3-month follow-up.

Results: 252 patients (21 HE, 231 HU) were included (average age 61 ± 14 years, 52% males). Subclinical-HMOD was more common in HE (90% vs. 65%), including cardiac (76% vs. 43%), renal (40% vs. 11%), and cerebral (73% vs. 12%) damage. Vascular-HMOD was similar between the groups (54%), with increased pulse wave velocity (PWV >10 m/s) in 44% of patients. At 3 months, both groups had lower systolic BP, and 29% of patients with uncontrolled BP at baseline achieved control. Female sex, lower ascending aorta diameter, and lower E/e' ratio were associated with BP control. The composite endpoint (cardiovascular events and new ED admissions) occurred in 12% of patients at 3 months (4% major events, 7% new HU). Multivariate analysis identified female sex and PWV as predictors of adverse outcomes.

Conclusions: Nearly two-thirds of patients had subclinical HMOD, mainly affecting large arteries and the heart. Female sex and PWV were associated with worse outcomes.

Therapeutic role of astaxanthin in the management of post-COVID-19 polymyalgia rheumatica and long COVID symptoms: a double-blind study

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Premises and Purpose of the study: The COVID-19 pandemic has led to significant long-term complications, including Long COVID syndrome, characterized by persistent symptoms lasting weeks or months after the acute infection. Additionally, a correlation between COVID-19 and autoimmune diseases, such as polymyalgia rheumatica (PMR), has emerged. This study aimed to evaluate the efficacy of astaxanthin, a potent antioxidant and anti-inflammatory particularly active on the central nervous system, in patients with post-COVID-19 PMR and Long COVID symptoms. Due to its neuroprotective properties, astaxanthin can reduce cognitive and neurological symptoms associated with Long COVID.

Materials and Methods: Fifty patients (ages 52–75) with post-COVID-19 PMR and persistent Long COVID symptoms were randomized into two groups: Group 1 (astaxanthin 4 mg every 12 hours+prednisone) and Group 2 (placebo+prednisone). Efficacy was evaluated based on pain, fatigue, cognitive disturbances, alteration of taste and smell, and quality of life (EuroQol-5D).

Results: Patients treated with astaxanthin showed significant improvements: fatigue (75% reduction vs. 50%), cognitive disturbances (70% vs. 55%), and sensitivity disorders (65% vs. 40%). Quality of life was also significantly better in Group 1.

Conclusions: Astaxanthin, combined with prednisone, was

more effective in managing Long COVID and PMR symptoms compared to prednisone alone. These results suggest astaxanthin may be a promising therapeutic option in Long COVID symptoms, but further studies are needed to confirm its benefits.

Antibiotic consumption in the AST of Macerata after and during a three-year information campaign on antibiotic resistance

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Premises and Aim: To combat Antibiotic Resistance (AR), the Italian national PNCAR strategies emphasize the role of information and communication. This study analyzes trends in antibiotic consumption after and during a three-year information campaign.

Materials and Methods: During the WHO Antibiotic Awareness Week campaigns held in 2022, 2023 and 2024, the Hospital and the University of Camerino launched a multifaceted public campaign, including hospital information desks for visitors, brochures on the judicious use of antibiotics, secondary school sessions, university seminars, expert forums, and posters in family doctors' offices, pharmacies, veterinary clinics, and University buildings. The consumption of antibiotics (ATC JO1) was analyzed via the Marno SRL management system for conventional pharmaceuticals, "per conto," and direct distribution.

Results: In 2023-2024, antibiotic consumption in the general district (AST-MC) increased by 4.72% in units, 5.17% in DDD, and 4.2% in cost, in line with national data. However, the sub-district of Camerino showed an opposite trend (-1.17% units, -0.58% DDD, -5.58% cost).

Conclusions: Effective communication strategies to raise awareness of AR correlate with reduced trends in antibiotic use. Expansion of the strategy across all the AST-MC is planned.

InterTAK diagnostic score: the power of differentiation

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Background: Takotsubo syndrome is an acute condition characterized by transient left ventricular dysfunction mimics acute coronary syndrome in presentation but occurs without significant coronary artery obstruction, it predominantly affecting postmenopausal women and has a close correlation with emotional or physical trigger.

Methods: We analyzed a cohort of TTS and ACS patients using a retrospective case-control design, in particular the study evaluates the clinical and instrumental characteristics of the patients. We focusing on the sensitivity and specificity of the InterTAK score, alongside biomarkers such as troponin

and NT-proBNP in the differential diagnosis between the two syndromes.

Results: A total of 60 patients were enrolled, with 20 assigned to TTS cohort and 40 patients assigned to ACS cohort. We found that in TTS the female sex and advanced age predominate, while in ACS there is a more heterogeneous population. FC was higher and hemoglobinemia was lower in TTS, while TnT and NTproBNP don't show statistically significant difference between two syndromes. Our findings reveal that the InterTAK score, with a cut-off of 36 points, demonstrated high diagnostic accuracy in distinguishing TTS from ACS with high VPN (94,5%).

Conclusions: TTS and ACS are two syndromes that are difficult to distinguish. A detailed anamnesis and the use of InterTak Diagnostic score can be useful tool in a first diagnostic approach between the two syndromes.

The role of anabolic androgenic steroids in hepatocarcinogenesis: a review

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Premises and Purpose of the study: Anabolic androgenic steroids (AAS), in addition to their use in hormone replacement therapy and for a few other medical conditions, are increasingly utilized in bodybuilding due to their anabolic properties. Our research group has reviewed the available literature regarding the risk of hepatocarcinogenesis induced by AAS.

Materials and Methods: We analyzed all reported cases of hepatocellular adenomas (HCA) and hepatocellular carcinomas (HCC) associated with anabolic androgenic steroid use, both in therapeutic and recreational contexts. We examined their association as well as their molecular and genomic characteristics.

Results: AAS use is associated with an increased risk of developing HCA. Multiple cases of HCA related to AAS use have been reported, primarily in patients with hematologic disorders across both adult and pediatric populations. Similarly, several cases of HCC in AAS users have been documented, mostly in bodybuilders or patients with hematologic conditions. Notably, most patients did not have liver cirrhosis, and serum alpha-fetoprotein levels were not elevated. Furthermore, in the cases where beta-catenin testing was performed, all of which were related to recreational AAS use, positive results were reported.

Conclusions: Androgens, like estrogens, play a role in hepatocarcinogenesis, suggesting the presence of endocrine mechanisms that are only partially understood. A better and deeper understanding of androgen regulation in hepatocellular proliferation could provide new insights into the development and progression of HCC.

A puzzle unraveled: a case of acute lower gastrointestinal bleeding and unexpected multisystem involvement per suspected amyloidosis

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Premises: Amyloidosis syndromes are a group of acquired or hereditary diseases characterized by the extracellular deposition of insoluble fibrils made of misaggregated proteins, leading to various organ dysfunction.

Case report: A 53-year-old male presented to the Emergency Department with acute lower gastrointestinal (GI) bleeding and severe anaemia (Hb 6.6 g/dL). His medical history included diabetes, managed with insulin, and a recent right forefoot amputation due to severe obliterative vasculopathy. He received multiple units of blood transfusions and underwent an Angio-CT and colonoscopy, which revealed a suspected Dieulafoy lesion and a rectal ulcerative lesion pending histological confirmation. Diagnostic imaging showed no significant hemodynamic obstruction raising concerns about the underlying aetiology of his vasculopathy and recent amputation. Additionally, he had a stable metabolic control (HbA1c 5.8%). Further assessment showed renal dysfunction, proteinuria, microalbuminuria and polyuria. An echocardiogram revealed left ventricular wall thickening and a granular sparkling pattern suggestive of amyloidosis, helping us with the puzzle's possible answer. The diagnostic workup for amyloidosis has been initiated, with confirmation pending.

Conclusions: Gastrointestinal amyloidosis presents a range of symptoms, including GI bleeding, and can involve both the upper and lower GI tract (57% of cases). Our patient's Dieulafoy's lesion and rectal ulcer may represent complications of bowel involvement in amyloidosis.

A novel tool to identify the individual susceptibility to develop complications in T2D patients

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Premises and Purpose of the study: The individual risk of developing diabetes-related complications (DRC) is extremely variable in T2D and an overlap between macro (MVC) and microvascular (μ VC) complications exists. We developed a score to measure the burden of DRC including 3 main MVC (coronary, lower limbs, cerebrovascular) and 4 main μ VC (eye, nerves, kidney, foot).

Materials and Methods: This multicenter retrospective study evaluated 1,302 T2D patients. Data on MVC and μ VC were retrieved from the electronic medical records, and scored either 0, 1 or 3 if absent, subclinical (instrumentally detected) or overt (clinically manifest), respectively.

Results: Subclinical MVC and μ VC occurred in 831 (64%)

and 980 (75%) patients, while overt disease was present in 390 (30%) and 473 (36%) patients, respectively. The presence of overt μ VC increased the likelihood to have overt MVC (OR 2.5 [2.0-3.2], $p < 0.0001$). The median DRC score was 3 ± 5 points, higher in men ($p < 0.0001$), increasing with age ($r^2 = 0.06$, $p < 0.0001$), and with diabetes duration ($r^2 = 0.14$, $p < 0.0001$) with an intercept of -17 years. The individual ratio of DRC score and disease duration was used to calculate susceptibility to DRC, and the 2 extreme quintiles of this distribution identified subjects extremely resistant (DRC score = $0.04 + 0.3/10$ yrs) and extremely susceptible to DRC (DRC score = $6.11 + 2/10$ yrs).

Conclusions: Evaluating the DRC score in relation to disease duration provides a means to assess individual susceptibility, enabling tailored approaches to complication screening and risk management in clinical practice.

Analysis of polypharmacy adherence in patients over 65: an observational study

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Background and Aim of the study: Population aging represents, today, one of the main healthcare challenges as it leads to an increase in chronic diseases and complex therapies, but poor therapeutic adherence reduces their effectiveness and increases the risk of complications. This study evaluates the level of adherence to chronic polypharmacy in the elderly.

Materials and Methods: The cross-sectional study involves the recruitment of subjects over 65 at the Internal Medicine clinic of the Internal Medicine Unit of Praia. Demographic, clinical, and pharmacological therapy information was collected through the administration of a questionnaire. The MORISKY Medication Adherence Scale (MMAS-8) was used to assess the level of therapeutic adherence.

Results: Preliminary results relate to a sample of 200 subjects with a mean age of 79.5 years ($SD \pm 7.25$, range 72-103), 57.5% females and 86% retired. 80% of the sample reported having at least two pathologies (75% cardiovascular system, 55% osteoarticular diseases, 25% respiratory diseases, 25% diabetes), 84.5% were taking at least one medication. About 70% were on polypharmacy, one-third of whom showed poor adherence (32.2%); 39% of these had at least three pathologies.

Conclusions: Adherence to polypharmacy in elderly patients requires educational and support interventions. The use of telemedicine and augmented reality could represent a valid tool for monitoring patients remotely and improving therapeutic compliance. Effective health information policies reduce complications and improve clinical outcomes in frail patients.

This could be a possible solution to reduce overcrowding in Emergency Department and Internal Medicine wards?

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Premises and Purpose of the study: Hospital capacity strain negatively impacts quality of care. Beginning in the ED, overcrowding is associated with the patient's status of

"boarders" who remain in EDs while awaiting inpatient beds. The phenomena of "boarding" delays care and reduces survival of patients, as well as significantly worsening the efficiency of the ED. Continuing the hospital patient's journey to search bed-spaced, when the assigned ward beds become fully occupied, new are admitted to alternate wards generating the patient's status of "outliers". Like boarding, studies have demonstrated that bedspacing among medicine service patients is associated with adverse patient-centred outcomes. During these years, increasing the number of chronic patients this phenomena is particularly evident for internist's patients. So, could be a possible solution to reduce overcrowding of EDs and Internal Medicine wards?

Materials and Methods: We present a collaborative strategies between EDs and Internal Medicine of ASL2 Savonese.

Results: Number of daily beds defined by specialty for EDs, maximum limit of hospitalizations for internal medicine units, internist consultancy in EDs to define shared pathways of protected discharge with subsequent outpatient internist re-evaluations, definition of shared protocols between internist and other specialists regarding "borderline disease", greater distribution of patients with "borderline disease" especially in periods of greater overloads and teleconsultation with general practitioners have allowed to reduce boarding and bed spacing phenomena.

The role of transesophageal echocardiography in patients with non-valvular atrial fibrillation and acute ischemic stroke despite treatment with direct oral anticoagulants

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Premises and Purpose of the study: Literature evidence on the role of transesophageal echocardiography (TEE) in the context of acute ischemic stroke (AIS) despite direct oral anticoagulants (DOACs) for non-valvular atrial fibrillation (NVAF) is lacking. The aim of our study was to focus on it.

Materials and Methods: We retrospectively analyzed data of patients admitted to our Stroke Unit with NVAF and AIS despite DOACs, comparing those undergoing or not TEE in terms of spontaneous echo-contrast (SEC) and/or intra-atrial thrombosis (IAT) detection, anticoagulation management, short and long-term stroke recurrence and bleedings.

Results: 146 patients were analyzed; 111 (76%) underwent transthoracic echocardiography (TTE), while 31 (21.2%) TEE; SEC and/or IAT were detected in 7 (6.3%) undergoing TTE and in 9 (29%) undergoing TEE ($p = 0.0015$). In patients undergoing TEE switching from DOAC to warfarin was made in 64.5%, while the same DOAC was confirmed in 16.1% of patients, *versus* 19.1% and 56.3%, respectively, of those not undergoing TEE ($p = 0.0001$). None of patients undergoing TEE had 90-day recurrence *versus* 3.9% of those not undergoing TEE ($p = 0.57$). One patient (4.1%) undergoing *versus* 8.9% of those not undergoing TEE had 12-month stroke recurrence ($p = 0.68$). None of patients with SEC and/or IAT had 90-day and 12-month recurrence. One patient experienced 90-day extracranial bleeding, the rate of 12-month bleeding was 7%.

Conclusions: Our study suggests that TEE could influence anticoagulation management in NVAF patients with AIS despite DOACs, but multicentric studies are needed.

Attenuation, near resolution, and prevention of pruritus in patients with primary biliary cholangitis treated with seladelpar: a secondary analysis of patterns of pruritus change in the RESPONSE trial

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Premise and Purpose of the study: In the Phase 3 RESPONSE trial (NCT04620733), seladelpar (SEL)—a first-in-class delpar (selective PPAR δ agonist)—significantly reduced pruritus in patients (pts) with primary biliary cholangitis (PBC) and moderate-to-severe pruritus (numerical rating scale [NRS] ≥ 4 at baseline [BL]). We further evaluated pruritus in RESPONSE.

Materials and Methods: Pts with PBC with an inadequate response/intolerance to ursodeoxycholic acid, alkaline phosphatase $\geq 1.67 \times$ upper limit of normal (ULN), and total bilirubin $\leq 2 \times$ ULN received SEL 10mg or PBO (2:1 randomisation) for 12 months (M). We assessed mean NRS over time and change in pruritus in pts with BL NRS ≥ 4 or ≥ 7 (severe itch). Development of pruritus in pts without itch (NRS=0) at BL and safety were evaluated.

Results: At BL, 72/193 pts had NRS ≥ 4 (49 SEL, 23 PBO); 16 SEL and 12 PBO pts had NRS ≥ 7 . In pts with BL NRS ≥ 4 , SEL reduced mean itch intensity from moderate to mild from M3 through M12. In pts with BL NRS ≥ 4 , 47% of SEL vs 22% of PBO pts had a ≥ 3 -point NRS decrease at M12; 31% of SEL vs 9% of PBO pts had a ≥ 4 -point NRS decrease. More SEL pts with BL NRS ≥ 4 (27%) and ≥ 7 (19%) experienced near resolution of itch (NRS ≤ 1) at M12 vs PBO (0%). In pts without itch at BL, 27% (4/15) of PBO pts reported pruritus at M12 vs 0% (0/30) of SEL pts. Adverse events occurred in similar proportions across treatment arms regardless of BL itch.

Conclusions: SEL was safe and durably reduced pruritus in pts with PBC, led to near resolution of itch in some pts, and mitigated new onset of itch in pts without pruritus.

Oral semaglutide improves hepatic steatosis in outpatient patients with T2DM after 6 months

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Materials and Methods: Metabolic liver disease (MAFLD) has reached pandemic proportions, and its association with diabetes is nearly universal. Currently, there are no widely available drugs with a specific indication for the treatment of MAFLD. To date, GLP-1 receptor agonists (GLP-1 RAs) have proven highly effective in the treatment of diabetic patients. In this observational study, we evaluated the effects of oral Semaglutide over 6 months in 34 diabetic outpatients with hepatic steatosis, as identified by the Hepatic Steatosis Index (HSI).

Methods: Clinical and anthropometric data, as well as metabolic and lipid profiles, were collected at baseline and after 6 months of therapy with oral Semaglutide. This included measurement of the Hepatic Steatosis Index in all patients.

Results: Treatment with oral Semaglutide was associated with a significant reduction ($p < 0.001$) from baseline values of microalbuminuria, creatinine, fasting blood glucose (FBG), HbA1c, body weight, BMI, waist circumference (WC), LDL cholesterol, triglycerides, systolic and diastolic blood pressure, HSI, triglyceride-glucose (TYG) index, and lipid accumulation product (LAP) index. Additionally, a significant ($p < 0.001$) increase was observed in HDL cholesterol and estimated glomerular filtration rate (eGFR).

Conclusions: In this study population, 6 months of oral Semaglutide therapy, in addition to ongoing hypoglycemic treatment, significantly improved the Hepatic Steatosis Index and, consequently, hepatic steatosis.

Insieme per il benessere: percorso di psicoterapia di gruppo e di mindfulness per la gestione del dolore cronico

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Premessa e Scopo dello studio: Il dolore cronico è presente in molte patologie, condiziona negativamente la qualità della vita e la risposta terapeutica. Scopo dello studio è valutare l'efficacia della psicoterapia di gruppo e della mindfulness nella gestione del dolore in pazienti con patologie prevalentemente muscolo-scheletriche

Materiali e Metodi: E' stata effettuata un'analisi osservazionale trasversale reclutando 20 soggetti accumulati dall'esperienza di dolore cronico: 7 con fibromialgia, 5 con artrosi, 8 con artriti. I pazienti hanno seguito un percorso di psicoterapia di gruppo di 9 incontri, a cadenza settimanale, della durata di 90min: 1 incontro sulla gestione farmacologica, 4 incontri di psicoterapia dedicati alla condivisione e alla riflessione personale e 4 incontri per apprendimento di tecniche di mindfulness. Somministrati un questionario finale di gradimento e questionari specifici: SCL90 (grado di stress); FFMQ (dimensioni della consapevolezza); WHYMP (problemi legati al dolore, impatto sulla vita e risposte degli altri)

Risultati: L'80% è riuscito a seguire tutto il percorso. Il 90% ha dichiarato di aver riportato un beneficio. Migliorate le strategie di gestione del dolore (50%), aumentata la capacità di rilassamento (60%), ridotta l'ansia (30%), aumentate

fiducia in se stessi e gestione delle emozioni negative (80%)
Conclusioni: Lo studio sottolinea l'impatto positivo della terapia di gruppo strutturata e degli approcci di consapevolezza nella gestione del dolore, evidenziando l'importanza di integrarli in strategie globali di gestione del dolore cronico.

The role of an intermediate care unit in reducing intensive care unit admissions and improving patient outcomes in Internal Medicine: a quasi-experimental study

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Background: management of non-intensive critical patients is crucial, especially in hospitals with limited Intensive Care Unit (ICU) capacity. This study explores the impact of introducing a medical Intermediate Care Unit (IMCU) within an Internal Medicine (IM) department on patient outcomes.

Methods: A quasi-experimental study was conducted at Alto Vicentino Hospital in Italy, spanning January 2018 to July 2024. The Interrupted Time Series Analysis (ITSA) assessed the IMCU's effects on ICU admissions, transfers from the IM ward to the ICU, hospital length of stay, and outpatient service volume. Monthly data were analyzed, comparing pre- and post-IMCU implementation periods.

Results: Post-IMCU implementation, ITSA revealed a significant decrease in ICU transfers, with a reduction of 2.02 per 100 admissions per month ($p=0.001$). Hospital length of stay also declined by an average of 2.29 days ($p<0.001$). ICU admissions from the Emergency Department dropped significantly from 3.3 to 2.6 per 1,000 visits ($p=0.006$). Outpatient services per physician markedly increased from 25.5 to 63.9 per month ($p<0.001$). There was no significant change in 30-day mortality.

Conclusions: The IMCU's integration into the IM department substantially decreased ICU demand and facilitated quicker patient stabilization. These improvements enabled a higher volume of outpatient services, underscoring the IMCU's potential to optimize the management of non-intensive critical patients. This approach can enhance hospital efficiency, offering a valuable model for hospitals with constrained ICU resources.

Exploring endothelial damage: the interplay between coagulopathy, capillary leak, and vasoplegia in sepsis

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Background: Sepsis-Induced Coagulopathy (SIC) is characterized by alterations in hemostasis and high mortality. Endothelial damage cause increased capillary permeability and vasoplegia.

Methods: A prospective single-center study conducted on 75 septic patients admitted to Intermediate Care Unit. SIC score (ISTH criteria), serum albumin, and Total Peripheral Resistance Index (TPRI) (a surrogate for vasoplegia), obtained through NICaS hemodynamic monitoring, were analyzed. Structural Equation Modeling (SEM) was performed to explore the relationships between variables, hypothesizing a common latent factor (endothelial damage). Principal Component Analysis (PCA) was used to assess the presence of a common component among the variables.

Results: mean SIC score was 3.4 (SD 1.3), with 44% of patients affected by SIC. TPRI and albumin showed mean values of 1954 (SD 738) and 2.58 (SD 0.59), both negatively correlated with SIC: TPRI -0.263 ($p=0.023$) and albumin -0.454 ($p<0.001$). SEM revealed SIC, albumin, and TPRI are associated with the latent factor, explaining 68% of the variance. The model showed excellent fit (CFI=1.000, RMSEA=0.000), with SIC as the reference variable. Albumin inversely correlated with the latent factor ($p=0.004$), TPRI significantly associated ($p=0.003$). PCA confirmed principal components explaining 82.19% of the variance: metabolic state (albumin), coagulatory state (SIC), and hemodynamic state (TPRI)

Conclusions: SEM and PCA highlight the interconnections among permeability, coagulation, and hemodynamics, hypothesizing endothelial damage as a common factor.

The role of Canadian Syncope Risk Score in Indeterminate Syncope: data from post-hoc analysis of the SIN-HOP study

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Premises and Purpose of the study: The Canadian Syncope Risk Score (CSRS), recently validated in a canadian multicenter prospective study, appears to be a valid tool for risk stratification and could guide medical decisions in patients with Indeterminate Syncope (IS). The primary aim of our study is to assess the validity of the CSRS in stratifying the risk of adverse events at 30 days defining the role of arrhythmic events in patients with IS.

Materials and Methods: Our study is an interim post-hoc analysis of the data from the SIN-HOP study. The SIN-HOP study is a multicenter, randomized, and controlled study conducted in two hospitals of Milan (Ospedale Maggiore and Niguarda). The aim of SIN-HOP study was to evaluate the role of prolonged ECG Holter Monitoring (EHM) in reducing inappropriate hospitalizations in patients with IS. The strength of our analysis is the ability to show arrhythmic events during prolonged EHM, allowing us to correlate them with the patient's risk stratification.

Results: Among the low-risk patients, no events were recorded during the 7-day prolonged monitoring. ECG Holter recording abnormalities, however, occurred with the following prevalence: 9 patients out of 22 in the medium-risk group (40.9%); 13 patients out of 21 in the high-risk group (61.9%); 2 patients out of 3 in the very high-risk group (66.7%).

Conclusions: The CSRS in patients with IS could assist the

physician in assessing the risk of adverse events and identifying those patients for whom the placement of a prolonged monitoring system at discharge could be a valid option.

Early identification of malnutrition risk in elderly and young patients: an approach with MNA-SF

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Background and Purpose of the study: Frail elderly individuals (especially bedridden or with pressure ulcers), patients with chronic, neurological, or oncological diseases, and those undergoing surgery, anticancer therapies, or radiotherapy are particularly vulnerable to malnutrition. Young patients receiving intensive treatments may also be at risk. Early identification is crucial and can be efficiently performed using validated tools like the Mini Nutritional Assessment – Short Form (MNA-SF). This observational study examines the correlation between pathology and the risk of protein-energy malnutrition, regardless of age.

Materials and Methods: A preliminary analysis was conducted on 539 patients (June–December 2024), categorized by age, gender, and pathology, all referred to the Department of Endocrinology. Malnutrition risk was assessed using the MNA-SF.

Conclusions: • 87% of frail elderly patients (especially bedridden or with pressure ulcers) were at risk. • Many oncological and neurological patients showed high malnutrition risk. • A positive correlation emerged between disease severity (especially in advanced stages) and malnutrition risk. • 40% of young patients in oncological treatments were at risk, highlighting concerns even at a young age. These findings stress the need for early nutritional screening to improve patient outcomes.

Acute pancreatitis trend incidence in Sicily 2007-2023

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Premises and Purpose of the study: Recent studies describe a general trend of increasing incidence of acute pancreatitis (AP). We recruited all patients (pts) admitted in Sicilian hospitals to confirm this statement.

Materials and Methods: We identified all pts admitted in Sicilian hospitals (2007-23) with AP diagnosed by Hospital Discharge Records (HDR). We investigated if the global incidence of AP was increasing over time and we looked for AP relationship with gender, age, cystic fibrosis and pancreatic cancer (PC). Pts with chronic pancreatitis were excluded.

Results: We identified 49,420 AP episodes in 38,796 pts. Total admission/year ranged 2814-3225 until 2020/21 (COVID-19) when they decreased to 2420-2384. After

COVID-19 resolution incidence slowly increased (2022/23: 2535/2481). Male admissions were higher than female, the decreased incidence during COVID-19 was significant only for pts over 50 years old. In pediatric population the incidence of AP increased with age. Cystic fibrosis was diagnosed in 18/821 pediatric AP (male n=5). 1787/38796 hospital admission had PC (805 pts) and AP during the study: in 363 (53%) PC was diagnosed within a year after AP. In these pts AP was likely the first clinical presentation of cancer.

Conclusions: We cannot confirm an increased trend in AP incidence in Sicily. We observed a decrease in AP incidence during COVID-19 pandemic, mainly in pts over 50 years old. AP may complicate PC and in more than half cases patients with AP have a diagnosis of PC only a few months later.

Multidisciplinary approach for early delirium management in medical wards

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Premises and Purpose of the study: Delirium is a common and serious condition in elderly hospitalized patients, often leading to prolonged stays, increased healthcare costs, and reduced quality of life. Despite its prevalence, it is frequently under-recognized and poorly managed. Early identification and timely intervention are crucial to reducing complications. This study evaluates a multidisciplinary approach for early delirium detection and management to improve care and outcomes.

Materials and Methods: The study is conducted in the Internal Medicine 1 Levante ward at ASL 2 Savona, following the MRC framework for complex interventions. The intervention includes the 4AT scale for delirium screening and a Carpenito-based checklist to guide nursing staff. Physicians will reassess pharmacological treatments using the Anticholinergic Cognitive Burden (ACB) scale to identify at-risk patients and ensure care within 48 hours of admission.

Results: The intervention aims to reduce complications such as immobility, pressure ulcers, falls, cognitive decline, and social isolation. The objective is to ensure early identification and prompt management of at-risk patients. Success will be assessed through clinical outcomes and integration into practice.

Conclusions: A structured delirium management strategy, combining screening, nursing interventions, and pharmacological review, may serve as a model for other healthcare facilities. This approach can improve care and quality of life while reducing complications, contributing to standardized delirium management in elderly hospitalized patients.

Direct oral anticoagulants versus vitamin-K antagonists in patients with single or double-positive antiphospholipid syndrome: a systematic review and meta-analysis

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Premises and Purpose of the study: Antiphospholipid syndrome (APS) is a heterogeneous disease where the presence of antiphospholipid antibodies (aPL) results in blood clot formation. Compared to those with a triple-positive antibody profile, the optimal anticoagulant strategy in patients with a single or double-positive APS is still debated due to their different risks of recurrent thromboses. This systemic review and meta-analysis aims to investigate the efficacy and safety of DOACs compared to VKAs for treating single or double-positive APS.

Materials and Methods: Medline and EMBASE databases were searched until September 2024 for RCTs and observational studies that included patients with APS and a single or double-positive aPL test. Pooled RR and 95% CI were estimated by a random-effects model.

Results: Three RCTs and seven observational studies were included in the efficacy analysis, totaling 439 patients treated with DOACs and 481 with VKAs. No difference in the risk of thrombosis recurrences was observed between the two treatments (RR 0.78, 95% CI 0.36-1.69), even though there was an opposite trend in RCTs (RR 2.54, 95% CI 0.61-10.59) compared with the observational studies (RR 0.60, 95% CI 0.25-1.39). Two RCTs and six observational studies reported data on bleeding, totaling 287 patients in the DOACs and 367 in the VKAs group. No difference in the risk of major/clinically relevant no-major bleeding between treatments was detected (RR 0.78, 95% CI 0.30-2.05).

Conclusions: DOACs could be an effective and safe alternative to VKAs for managing single or double-positive APS.

The potential pivotal role of internist for the management of pleural disease requiring chest drainage insertion: an experience at the Santa Maria Nuova hospital of Florence

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Introduction: Pleural disease (PD) is common in internal medicine and often requires invasive procedures for diagnosis and treatment. Chest drainage (CD) is considered a gold standard for managing PD like pneumothorax and complicated pleural effusion. However, internists are typically not autonomous in performing this procedure and often rely on specialists (e.g. anesthetists, thoracic surgeons), which can lead to delays. This study evaluates the safety and efficacy of CD placement by internists.

Methods: From Jan 2021 to Dec 2024, we conducted an observational study on hospitalized pts with PD undergoing chest drainage in the Internal Medicine Unit of Santa Maria Nuova Hospital in Florence. Patients with empyema received intrapleural fibrinolysis twice daily for 3 days. Primary outcome: in-hospital mortality. Secondary outcomes: complications and need for surgical intervention.

Results: A total of 79 pts underwent CD (16 (20.2%) Unico™, 63 (79.8%) Pig-tail). Of these, 58 (73.4%) had exudates, 6 (7.5%) transudates, 12 (15.1%), hemothorax, and 3 (3.7%) spontaneous pneumothorax. 13 patients with

empyema received intrapleural fibrinolysis and 1 need surgery. Complications occurred: 2 pneumothoraxes and 1 bleeding. The average time to chest drainage was 2.4 days with no deaths.

Conclusions: CD procedure by internists is safe and effective in managing PD, reducing intervention time, and improving clinical management. Intrapleural fibrinolysis is effective in treating empyema and reducing the need for surgery. These findings highlight the potential role of internists in managing PD.

Impact of loss of autonomy on length and outcome of hospital stay in geriatric subjects

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Background and Aim of the study: The loss of autonomy following an acute event often makes it difficult for hospitalised patients to return home. It is therefore necessary to activate a protected hospital discharge (PDO) to residential facilities in order to guarantee continuity of care. The aim of the study is to identify the prevalence of patients requiring PDO and its impact on length of stay and mortality.

Materials and Methods: A total of 233 patients discharged from the Geriatrics Department of the ‘Miulli’ Hospital in Acquaviva delle Fonti from September 2024 to January 2025 were studied. Mean hospital stay, mortality and PDOs were examined.

Results: Of 233 total discharged patients, 29 (12.4%) were PDOs, 204 (87.6%) were home discharges. The mean hospital stay was significantly longer, 18±11 vs 11±9 in the PDO group as well as the number of deaths, 10 (34.5%) vs 33 (16.2%), compared to subjects discharged at home. PDOs resulted in a delay in discharge of 8 days on average. Comparing a group of acute patients matched for length of stay, gender and age with PDOs, it can be seen that the latter have a higher mortality rate, 34% vs. 7%.

Conclusions: The delay in discharge often associated with protected discharge has a significant impact on both the hospital mortality figure and the length of hospitalisation, resulting, in about half of the cases, in the death of the patient, which is probably linked to the complications of prolonged and no longer necessary hospitalisation.

Vasculite p-anca associata con glomerulonefrite proliferativa extracapillare e concomitante nefrite tubulo-interstiziale da Igg4 (Igg4-tin) in giovane donna africana

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Descrizione del Caso clinico: Descriviamo il caso di una donna, africana di 50 anni ricoverata per anemia, febbre, cachessia e AKI subacuta. In anamnesi rinite allergica stagionale e cervicaglia. Agli ematici: HB 7 g/dl, WBC 11.00 K/microl, PTLs 500 K/microl, PCR 150 mg/ml e VES, severa AKI (eGFR 7 ml/min), IgE totali elevate, complemento di

norma, negatività HBV-HCV-HIV, screening anticorpale negativo (solo ANCA MPO+ a medio titolo), lieve proteinuria (1.2 g/24 ore). Esclusi foci infettivi e lesioni di natura neoplastica con esami strumentali ed endoscopici. All'istologico da biopsia renale: glomerulonefrite a semilune, necrosi tubulare e infiltrato plasmacellule IgG4+. Trattata con ceftriaxone, supporto nutrizionale, elettrolitico e steroide; avviato Rituximab (375 mg/m²). Miglioramento funzione renale, anemia, proteinuria, astenia e aumento di peso. Caso di vasculite con glomerulonefrite a semilune ANCA+anti-MPO e nefrite tubulointerstiziale IgG4-relata con unico coinvolgimento d'organo con buona risposta alla terapia con Rituximab in giovane donna africana. Di interesse etnia, età di insorgenza, assenza di comorbidità e di coinvolgimento extrarenale. La contemporanea presenza di entrambe le patologie appare molto rara (<0.1%).

Conclusions: Le vasculiti ANCA-relate sono un sottogruppo di patologie caratterizzate dalla presenza di anticorpi contro il citoplasma dei granulociti neutrofili (MPO e PR3) con infiammazione e necrosi delle pareti vasali e manifestazioni variabili che dipendono da sede, entità, estensione e durata dell'alterazione. Coinvolgimento renale raro (10%) e colpisce maschi, caucasici, di età 20-50 anni.

Effect of recombinant tissue-type plasminogen activator on blood mononuclear cells of patients with alteplase-associated angioedema

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Premises: Recombinant tissue-type plasminogen activator(R-tPA) is a thrombolytic agent used to treat acute ischemic stroke. One of its rare side effects is the development of angioedema (AE), life-threatening condition characterized by extravasation of intravascular fluid and increase of vascular permeability due to enhance of vasoactive factors release. There are no data on the effects of R-tPA on peripheral blood mononuclear cell (PBMC) activation.

Methods: of R-tPA on vasoactive mediators release from PBMC of healthy donors (HD), ischemic stroke patients treated with R-tPA (IS) and IS patients who during the treatment with R-tPA developed AE (ISAE).

Results: In 8 months we treated with R-tPA 198 patients with ischemic stroke and 7 of them (3.5%) developed angioedema. Plasma concentration of vasoactive mediators in ISAE patients was higher during attack compared to remission phase. PBMC were isolated from peripheral blood of HD, IS and ISAE patients, then were stimulated at different time and concentrations of R-tPA (0.01-100 µg/mL). PBMC spontaneously released vasoactive factors at tested times. R-tPA inhibited basal release of VEGF-A, CXCL8, ANGPT1 and ANGPT2 from HD and IS PBMC. This inhibition began

rapidly, after 30 min of incubation and is observed at concentration of 0.01 µg/mL. Treatment with R-tPA of ISAE PBMC increased vasoactive factors release.

Conclusions: These data suggest that AE developed in IS patients during the treatment of R-tPA could be partially due to the rapid effect of this thrombolytic agent on immune cell activation.

Metabolic impact of gluten free-diet: the model of patient with the association of celiac disease and Type-1 diabetes mellitus

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Aims: To evaluate the impact of gluten-free diet on the metabolic parameters after the start of GFD using as model a population of Type-1 Diabetes Mellitus (T1DM) patients diagnosed with celiac disease (CD).

Materials and Methods: Two databases of patients with CD and patients with T1DM (1296 and 1197 patients respectively) were searched to identify 86 patients with both CD and T1DM. Metabolic parameters were compared between the start of GFD and then 12 and 24 months after the start of GFD.

Results: Significant trends were identified for BMI (p=0.002), total cholesterol values (Tot-C) (p=0.003), and HDL cholesterol values (HDL-C) (p=0.025). BMI increased significantly after the first 12 months of GFD, remaining stable between 12 and 24 months of GFD. A similar trend was observed for HDL-C, that remained persistently higher after 24 months of GFD when compared to baseline, while Tot-C, after an initial increase at 12 months, returned at 24 months to values similar to baseline. These data are summarized in table 1 and 2. All patients received constant nutrition counselling during the follow-up period, and no modification of anti-dyslipidaemia therapy were needed in our patients.

Discussion and Conclusions: Our study demonstrated a limited impact of GFD on the development of metabolic syndrome, with an initial detriment of metabolic parameter that can be efficiently managed with non-pharmacologic interventions, as nutritional counselling.

A systematic review on the validity in predicting left ventricular systolic dysfunction of a new echocardiographic measurement: the mitral anular plane systolic excursion

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Premises and Purpose of the study: Mitral Anular Plane Systolic Excursion (MAPSE) could be an useful echocardiographic parameter for assessment of Left Ventricular ejection fraction (LVEF): it is fast and easy to measure. We calculated the reliability and validity of MAPSE in predicting LVEF depression.

Materials and Methods: This review, based on the PRISMA guideline, explored the PubMed database. We included studies with adult, on the reliability and/or accuracy in predicting LVEF. We reported receiver operating

characteristic curves for sensitivity and specificity (AUC); the Likelihood Ratio (LR+; LR-). Two researchers assessed the quality of studies included using the QUADAS-2 guidelines. The key words for search were: Mitral annular plane systolic excursion and left ventricular systolic function

Results: We collected 191 studies: 7 studies included with 1362 out-hospital patients. A MAPSE inferior to 10 mm and 7mm was valid in predicting a LVEF inferior to 50% or 30%: LR+range= 3-7,5 for LVEF<50% and LR+= 2,8-73 for LVEF <30%;LR negative range=0,02-0,19 for LVEF<50% and LR - =0,12-0,43 for LVEF <30%. MAPSE showed a positive correlation with LVEF and good inter-rater reliability .The studies collected showed moderate-high quality according to QUADAS-2 guidelines

Conclusions: A MAPSE inferior to 10-7 mm mm could be useful in the rule in and out of moderate-severe depression of LVEF. It seems to have a good inter-rater reliability and a positive correlation with LVEF. Further studies should be planned to confirm these results in in-hospital patients

A case of AL amyloidosis with gastrointestinal involvement: from dyspepsia to diagnosis

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Premises: Patient was admitted to the Hospital for dyspepsia, appetite and weight loss. During the first admission an esophagogastroduodenoscopy was performed; histological examination showed *Helicobacter pylori* esophagitis. The patient was discharged home with eradication therapy. Blood tests showed moderate renal failure and mild anemia. Despite having conducted the therapy correctly he was still symptomatic for loss of appetite, weight loss and constipation. He was then admitted again to the Hospital.

Description of the Case report: the patient underwent a total body CT scan and PET-CT to rule out occult neoplastic disease. Due to weight loss, a nasogastric tube was inserted for enteral nutrition. Blood tests confirmed normochromic anemia, mild renal insufficiency, and a monoclonal IgG k component. Due to suspected multiple myeloma, a bone marrow biopsy was performed, revealing a K-monotypic plasmocytic infiltration. Systemic amyloidosis with gastrointestinal involvement was suspected. A colonoscopy was performed. Histological examination confirmed the presence of amyloid. The peri-umbilical fat biopsy was positive for Congo-red staining, consistent with AL amyloidosis.

Conclusions: AL amyloidosis is associated with a clonal plasma cell dyscrasia and is caused by abnormal production of amyloidogenic immunoglobulin light chains. AL amyloidosis is characterized as a rapidly progressive disease with various clinical syndromes, including gastro-intestinal (GI) involvement. GI-related symptoms are reported to be variable (range is between 8% and 60%).

Prevalenza delle infezioni delle vie urinarie in pazienti in terapia con SGLT2-inibitori ricoverati in Medicina Interna

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Premesse e Scopo dello studio: Un ampio uso degli SGLT2i sembra essere condizionato da preoccupazioni in merito al rischio di incremento delle infezioni delle vie urinarie (IVU). Lo studio vuole fornire i dati in “real world” relativi alla prevalenza delle infezioni delle vie urinarie nei pazienti in trattamento con inibitori della SGLT2i nei degenti nei reparti di Medicina Interna

Materiali e Metodi: Un’analisi retrospettiva è stata condotta sui pazienti ricoverati presso la S.O. Medicina Interna dell’Ospedale di Gorizia. E’ stata calcolata la prevalenza delle IVU nei pazienti in terapia con SGLT2i e nei pazienti che non assumevano il farmaco. Il confronto fra gruppi è stato eseguito mediante il test del chi-quadro.

Risultati: Nel periodo tra il 01/01/2024 e il 31/10/2024 sono stati ricoverati 1604 pazienti e riscontrati 101 casi di IVU. Di tutti i pazienti ricoverati, 173 erano in terapia con SGLT2i. La prevalenza delle IVU è stata del 4,6% nel gruppo che assumeva SGLT2i vs il 6,5% del gruppo che non assumeva tale terapia (p >0.05). Restringendo l’analisi ai soli pazienti diabetici, è emerso che la prevalenza di IVU è stata del 2,5% nei pazienti che assumevano SGLT2i vs il 8,9% nei pazienti diabetici che non assumevano tali farmaci (p: 0.06).

Conclusioni: Lo studio conferma che non vi è un aumentato rischio di sviluppare infezioni delle vie urinarie nei pazienti in trattamento con SGLT2i. Lo studio ha limiti legati al fatto che si tratta di un’analisi retrospettiva e deve essere confermato da casistiche più ampie.

“When the pacemaker leads to more than a heartbeat: a rare case of superior vena cava syndrome”

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Background: Superior vena cava syndrome (SVCS) is a rare but critical condition that can lead to significant morbidity if not promptly recognized. In patients with implanted pacemaker (PM), SVCS may result from mechanical obstruction at the catheter insertion site, though it remains an uncommon complication. The symptoms often mimic heart failure, such as dyspnea, orthopnea, and peripheral edema, making diagnosis challenging. Early recognition and appropriate management are essential to avoid complications.

Clinical case description: We present the case of an 84-year-old female with permanent atrial fibrillation and a PM, admitted for progressive asthenia, orthopnea, and mantle edema lasting 20 days. Initial echocardiography showed signs of heart failure, and the patient was treated with furosemide without improvement. Despite aggressive diuretic therapy, her condition remained stable, and a diagnosis of heart failure was suspected. A chest CT to exclude a mass or SVCS was initially unremarkable, but after further consultation with cardiology, the scan was re-reviewed with a focus on the PM lead insertion site, revealing SVCS. The diagnosis was confirmed, and the patient underwent PM lead extraction and implantation of a leadless PM, resulting in significant clinical improvement.

Conclusions: This case highlights the importance of considering SVCS in PM patients in the absence of other causes of SVCS. SVCS is a rare complication of pacemaker implantation, but early diagnosis through targeted imaging

and multidisciplinary collaboration enabled effective management.

Using artificial intelligence in Internal Medicine: the results of a Delphi study

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Premises and Purpose of the study: Delphi is a technique used as a way of collecting data from respondents within their domain of expertise to deal with divergent opinions to achieve consensus.

Materials and Methods: 30 Artificial Intelligence (AI) international experts collaboratively respond to the question: role of AI in IM Panel assigned scores reflecting the perceived value, considering the balance between strengths (S) and weaknesses (W), and the potential risks (R), considering threats (T) and opportunities (O). Scores were evaluated on a Likert scale. For X and Y axe were considered the median value from all the answers (SD +/- 1

Results: Delphi results generated the SWOT Analysis. AI in IM is considered an opportunity, generating a shared consensus. S, W and Tare perceived differently depending on the experience of using AI by the panelists: application in daily practice is seen as a natural consequence of the current development of the technology by those who already use it, while more cautious appear those who are in an initial phase of AI use. Panel highlighted few opportunities, compared to the other domains (S-W-T), with a deep extremization of the items in each domain. This is typical of all discoveries that revolutionize their field of application.

Conclusions: To promote the ever-increasing use of AI in IM, the role of scientific societies appears to be fundamental in promoting training, the exchange of good practices and the creation of models for the use of AI in clinical, therapeutic and diagnostic practice in IM.

Too much water: pay attention to the kidney!

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Premises: Focal Segmental Glomerulosclerosis (FSGS) is the most prevalent cause of primary nephrotic syndrome in Black patients compared to White patients.

Case report: A 28-year-old woman presented with abdominal pain and generalized edema. She had a history of nephrotic syndrome secondary to FSGS (diagnosed histologically in 2016), neurofibromatosis type 2, and tonic-clonic seizures. Laboratory results revealed hypoalbuminemia, electrolyte imbalances, dyslipidemia, abnormal coagulation parameters, and hypogammaglobulinemia. Urine analysis confirmed severe proteinuria (6 g/24 hours). The patient exhibited an

anasarca state, indicating an exacerbation of nephrotic syndrome. First-line antiproteinuric therapy (ACE inhibitors, angiotensin receptor blockers, and mineralocorticoid antagonists) was initiated. Albumin infusions, along with furosemide, were employed to manage edema. Antithrombotic prophylaxis was also started. Despite these interventions, proteinuria remained severe. Consequently, high-dose prednisone therapy was introduced. Subsequently, significant weight loss, resolution of proteinuria, and normalization of dyslipidemia and coagulation parameters were observed.

Conclusions: FSGS is a major cause of end-stage kidney disease, with prognosis largely determined by disease subtype and the response to therapy. In this case, the patient achieved complete remission, which has been sustained through the last outpatient follow-up.

Vitamin D and mortality in elderly hospitalized patients with sepsis

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Premises and Purpose of the study: Sepsis represents a critical cause of morbidity and mortality in hospitalized patients, driven by an unregulated immune response. In this context, the potential role of vitamin D in reestablishing the homeostasis of the immune system has been highlighted. The aim of our work was to evaluate the correlation between vitamin D levels and mortality in elderly patients hospitalized for sepsis.

Materials and Methods: Retrospective study of elderly patients with sepsis hospitalized in medical department. Student-t test was used compare the serum levels of vitamin D to patient's mortality (significant with a p<0.05). Linear regression analysis was used to correlate vitamin D to C-reactive protein (CRP) serum levels.

Results: 120 consecutive patients (males=55, 45.8%) with a mean age of 85±7 years, were studied. Sepsis was originated from the respiratory system in 75 patients (62.5%), from the urinary tract in 35 patients (29.2%), from the gastrointestinal system in 10 cases (8.3%). Forty-two patients (35%) died during hospitalization. In these patients the mean vitamin D value was significantly lower than in the survivors (8.5±7 vs. 16.3 ±3.5, p<0.001, respectively). The linear regression analysis showed a significant negative correlation between CRP and vitamin D (p<0.001).

Conclusions: Our study shows that low serum vitamin D levels are associated to increased mortality rate. Further multi-center and prospective studies are needed to confirm these results on a larger scale.

Antibioticoterapia CD64 correlata nella riacutizzazione della bronchite cronica ostruttiva

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Premesse e Scopo dello studio: I dati epidemiologici indicano i virus respiratori come i principali agenti eziologici della riacutizzazione di BPCO con ruolo secondario attribuito a batteri. Un rapido sistema diagnostico per differenziare la riacutizzazione virale da quella batterica sarebbe utile nella pratica clinica e oggi l'avvio della terapia antibiotica (AT) è guidata dai soli criteri di Anthonesen. L'espressione di CD64 sui neutrofilo è un biomarcatore di infezione batterica. In questo studio è stato utilizzato questo marcatore per identificare riacutizzazione batterica di BPCO

Metodi: 51 pazienti con riacutizzazione di BPCO sono stati divisi in 3 gruppi: (1) casi CD64 negativi non in AT (2) casi CD64 negativi in AT, (3) casi CD64 positivi in AT. Si sono confrontati i giorni di ossigenoterapia supplementare, giorni di ricovero, valori di PCR all'ingresso e in dimissione.

Risultati: CD64 è risultato negativo nel 74,5% dei casi e positivo nel 25,5%. I giorni di ossigenoterapia e di ricovero non sono statisticamente differenti nel gruppo 1 e 2 (media giorni O₂-terapia 3,1 in 1 vs 3,4 in 2; media giorni ricovero 9,8 in 1 vs 10 in 2), con valori di PCR sovrapponibili. Nel gruppo 3 si sono osservati incrementi dei 3 parametri studiati (media giorni O₂ terapia 5,05 e media giorni ricovero 12,3).

Conclusioni: il marcatore CD64 è utile nell'identificare riacutizzazione batterica di BPCO in cui è necessario l'avvio di un'antibiototerapia. I casi CD64 negativi trattati non hanno evidenziato benefici indipendentemente dalla terapia antibiotica somministrata.

Classification of long-term care wards and their patients: a subanalysis of Apulian "DIRIMI" study

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Premises and Purpose of the study: We designed (Apulia section of FADOI) a prospective multicentre observational study DIRIMI (DImissioni RI tardate in Medicina Interna) conducted in IM, Geriatrics and Long-term care wards of Apulia region, Italy, where we analyzed the prevalence of delayed hospital discharge (DD) for a 4 months term and defined their epidemiologic and clinical characteristics, care dependency and individual frailty (with BRASS and MPI score) hospitalization outcome and mortality. Second outcome of the study is concerning long-term care wards where the burden of DD is as well represented but their

presence directly connected to an IM ward can provide a shorter stay in IM and a shorter delay in hospital discharge.

Materials and Methods: DIRIMI enrolled patients hospitalized between September 15, 2024 and January 15, 2025. 18 wards from 16 metropolitan and extra-metropolitan hospitals in Apulia participated to the study.

Results: outgoing results from 12 wards out of 15 showed that the lack of a long-term care ward directly connected to IM or Geriatrics increased the length of DD (24 days vs 15 days) and more than doubled the delay in hospital discharge (10 days vs 4 days of delay).

Conclusions: There were distinctive differences across hospitals in their use of long-term care wards. This study examined the delay and clinical features of hospital discharge in long-term care wards and suggests introducing a standardized patient classification system in long-term care settings. Our results can be useful for constructing the future regional healthcare system.

Coombs-positive anemia without hemolysis: a diagnostic challenge in heart failure

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Premises: Anemia is common in heart failure and has multiple causes including chronic disease, hemodilution, and occult bleeding. A positive Coombs test suggests immune-mediated hemolysis, but its presence without hemolysis markers requires alternative explanations. We describe a case of severe anemia with Coombs positivity in a patient with cardiomyopathy and a lumbar hematoma.

Description of the case report: A 47-year-old patient with heart failure due to dilated cardiomyopathy presented with severe anemia and a large post-traumatic lumbar hematoma. Laboratory tests showed a positive direct Coombs test but no hemolysis (normal bilirubin, haptoglobin, and LDH). Peripheral smear showed no schistocytes or blasts. Autoimmune tests and serology for viruses and mycoplasma were negative. CT scan confirmed a muscular hematoma without active bleeding. The most likely diagnosis was multifactorial anemia, involving anemia of chronic disease, hemodilution, and occult blood loss from hematoma resorption. Coombs positivity, without hemolysis, suggested a non-hemolytic immune mechanism, possibly due to alloantibodies from prior transfusions or low-affinity autoantibodies.

Conclusions: This case highlights the need to consider non-hemolytic causes of Coombs-positive anemia in heart failure. Chronic inflammation, hemodilution, and occult bleeding may contribute, requiring careful evaluation. Immune studies are essential for diagnosis and management. Molecular biology studies may help identify potential genetic alterations responsible for triggering autoantibody production in heart failure.



POSTERS

Challenges in managing severe bleeding in acute-on-chronic liver failure: a case report

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Premises: Coagulopathy is a key feature of acute-on-chronic liver failure (ACLF), characterized by a profound reduction in procoagulant factors and an increased risk of severe bleeding, significantly influencing diagnostic and therapeutic decisions. Despite its clinical relevance, standardized management protocols for severe bleeding in this setting remain undefined.

Case report: A 48-year-old male with a history of alcohol-related cirrhosis presented to the Emergency Department with progressive upper limb vast hematomas and severe anemia following minor trauma. Bleeding specifically originated from an arterial pseudoaneurysm and was not treatable surgically. Despite multiple transfusions of packed red blood cells (PRBCs) and fresh frozen plasma (FFP), the patient developed hemorrhagic shock and worsening hepatic failure, with persistently elevated INR and critically low fibrinogen and platelet levels. Administration of recombinant activated factor VII (rFVIIa) and fibrinogen concentrate, followed by activated prothrombin complex concentrate (aPCC) under INR monitoring, led to temporary hemostasis and stabilization, despite persistently elevated INR values. After partial clinical improvement, the patient was transferred to a specialized hepatology center, where he subsequently underwent liver transplantation.

Conclusions: Coagulopathy is an hallmark of ACLF, yet its management remains challenging. A nuanced understanding of hemostatic balance in this population is crucial, as it has significant prognostic implications and can guide therapeutic strategies.

Mortality risk assessment in critically ill patients admitted to a medical Intermediate Care Unit

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Premises and Purpose of the study: medical Intermediate Care Units (ImCU) are described as an intermediate level of care setting between standard wards and intensive care units (ICU) specifically addressed to high-care medical patients. This study aimed to analyze the performance of different scoring systems in predicting in-hospital mortality, considered as the main primary outcome, in critically ill patients admitted to a medical ImCU.

Materials and Methods: 500 patients admitted to the High-Care Internal Medicine Unit, IRCCS Foundation Ca' Granda Ospedale Maggiore Policlinico of Milan between Nov-2022 and Oct-2023 were enrolled. Comorbidity, nutritional status, early warning and illness severity scores at admission were calculated and their performance evaluated by the Area Under the Receiver Operating Characteristic (AUROC).

Results: The median age was 75[64-82] years, the ICU transfer rate was 4.0% and the in-hospital mortality 18.4%. All scores were worse for non-survivors vs survivors: Charlson's Comorbidity Index (CCI) 7 [5-10] vs 6 [4-8], NRS2002 4 [4-5] vs 4 [3-4], mNUTRIC 5 [4-6] vs 4 [3-5], NEWS 8 [5-12] vs 5 [3-8], SOFA 6 [4-8] vs 3 [2-5], APACHE II 20 [16-25] vs 14 [10-19], and SAPS2 48 [39-56] vs 36 [28-42], p<0.001. The AUROCs ranged from 0.62 (95% CI 0.56-0.68) of CCI to 0.78 (95% CI 0.73-0.83) of SAPS II.

Conclusions: In critical complex medical patients, no one score is by far better at predicting mortality. A systematic and objective multidimensional assessment of mortality risk could be helpful to establish care setting appropriateness and to improve quality of care.

The impact of vaccination promotion plan in preventing infections and hospitalizations caused by Herpes Zoster virus

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Premises and Purpose of the study: *Herpes Zoster* (HZ) is caused by the reactivation of Varicella Zoster virus. More than 90% of adults are infected by this virus and are at risk of reactivation. This risk increases in presence of immunosuppression, during therapies, or for immunosenescence. Since 2022 a new recombinant vaccine against HZ (HZR) is available in the Lazio region, offered to specific risk categories according to the National Vaccine Prevention Plan. Since 2022 our Unit began a promotion plan for recommended vaccinations (the “VacciNetwork Project”) in chronic patients. The aim of our study is to evaluate the impact of this promotion plan in preventing infections and hospitalizations caused by HZ.

Materials and Methods: We analyzed a cohort of adults >18yrs who lived in Lazio and were registered to the Italian SSN at 01.01.2022. We assessed the vaccination uptake, the infections and the hospitalizations caused by HZ. The end of the follow up was 31.12.2024, or the day of death or infections by HZ if previous.

Results: We included 850.012 adults in the SSN at 01.01.2022, and 20% of them were clinically frail. At the end of the follow up 9.590 people received at least one dose of HZR vaccine. In the years 2018-2020 the incidence of hospitalization was registered mostly in unvaccinated people. The follow up of HZ hospitalization and infections during 2021-2024 is still ongoing.

Conclusions: Active promotion of vaccinations in frail subjects has an impact on patient’s health and on health expenditure, so it should be promoted in every healthcare setting.

An oligodendroglioma metastatic to bone marrow

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Introduction: An unexplained anaemia needs to rule out many different pathologies, also an unknown tumour.

Case report: A 62-year-old woman was diagnosed with a right frontal anaplastic oligodendroglioma. She underwent the first surgical exeresis 5 years ago, followed by local RT and CT with temozolamide. Follow-up was negative until 2024 when a right wing flap injury occurred and a new exeresis was performed at the right parafalcine site in July 2024. In August 2024, she was admitted to another centre for respiratory insufficiency with bilateral pneumonia, injury of the VIII[^] left rib sinus, anemia requiring blood transfusion. Martial profile was normal. One month later she presented again with bilateral costal pain, ideomotor slowing and anaemia. A skeletal x-ray with evidence of fractures of the VII right rib. Blood tests showed no vitamin deficiency, and a reticulocyte smear showed immature forms, a low reticulocyte index and a high percentage of immature reticulocytes. Haptoglobin was not consumed and the direct Coombs test was positive. A scintigraphy and PET were performed on suspicion of occult neoplasia with evidence of moderate diffuse bone uptake without other focal uptake suggesting bone localisation of the disease. A bone marrow aspiration was therefore performed, which showed the presence of clusters of atypical cells associated with the localisation of solid neoplasia, so a BOM was performed, which was positive for the presence of oligodendroglioma.

Conclusions: Oligodendroglioma, as well as other brain

tumors, rarely metastasises due to the lack of lymphatic circulation in the SNC.

Postsurgical iatrogenic hypoparathyroidism in celiac disease, the efficacy of therapy with palopegteriparatide

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Introduction: Hypoparathyroidism (HypoPT) is a rare disease defined by low calcemia levels and reduced PTH values. Conventional therapy involves calcium and activated vitamin D supplementations. Although effective in the acute phase, this treatment can not restore the normal physiological effects of PTH. Recently, it has been approved the use of a pegylated PTH (1-34), palopegteriparatide, as an hormonal replacement therapy. To our knowledge, no cases have been reported of palopegteriparatide use as replacement therapy in patients with HypoPT and celiac disease.

Case report: A 51-year-old woman in outpatient follow-up for post-surgical HypoPT associated with celiac disease. Since neck surgery, her calcium levels had never normalized despite treatment with calcitriol 4.5 mcg/day, calcium citrate 7.5 g/day, cholecalciferol IM 100,000 IU every 15 days and 1,84-PTH 100 mcg/day. After discontinuation of 1,84-PTH from the market, she experienced multiple tetanic crises. Treatment with sc palopegteriparatide 21 mcg/day has recently been introduced. After 45 days the patient was able to discontinue conventional therapy entirely and acheiving, for the first time in seven years, corrected calcemia levels within the normal range.

Conclusions: To our knowledge, no cases of permanent HypoPT associated with celiac disease and treated with palopegteriparatide have been reported in literature. Treatment with palopegteriparatide in our patient yielded exceptional results, both in biochemical control and symptom resolution.

Prevalenza di ipovitaminosi D in pazienti ricoverati in un reparto di Medicina Interna ed in ortopedia dell’AOU Senese

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Premesse e Scopo dello studio: Il problema della carenza di vitamina D è di notevole rilevanza all’interno della popolazione italiana. Inoltre l’ipovitaminosi D si associa spesso alla fragilità, determinando un aumento della morbilità e mortalità. Scopo dello studio è stato quello di valutare i livelli sierici di 25OHVitamina D (25OHD) in pazienti ricoverati.

Materiali e Metodi: Oggetto del nostro studio sono stati 272 pazienti ricoverati presso l’Ortopedia in seguito ad una frattura di femore, (età media=84.4±9.2 anni) e 222 pazienti (età media=79.6±11.7anni) ricoverati presso la Medicina dell’A.O.U.Senese. I dati anamnestici sono stati raccolti

dalle cartelle cliniche informatizzate e dall'archivio del sistema informatico dell'Azienda. Inoltre tutti i pazienti sono stati sottoposti a prelievo di sangue venoso per la valutazione della 25OHD.

Risultati: Abbiamo osservato che i livelli di 25OHD sono risultati insufficienti sia nei pazienti ricoverati in Ortopedia per frattura di femore che in quelli ricoverati in Medicina interna (13.8 ± 14.2 ng/ml e 14.8 ± 11.4 ng/ml, rispettivamente). Come atteso, i soggetti ricoverati in Medicina avevano valori di Charlson score significativamente maggiori rispetto a quelli ricoverati in Ortopedia (6.11 ± 3.31 e 2.25 ± 1.59 , rispettivamente).

Conclusioni: I pazienti ricoverati in ospedale, indipendentemente dal setting, presentano livelli di 25OHVitamina D insufficienti, senza evidenza di differenze in base all'età e alle comorbilità dei pazienti.

I will take care of you, but I won't overcome the gravitational currents

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Premises: Cerebral gas embolism (CGE) is a severe condition caused by the introduction of gas bubbles into the cerebral circulation, obstructing vessels and leading to brain damage.

Description of the Case report: We report a case involving a 70-year-old man, admitted for sepsis. After receiving antibiotic therapy via a central venous catheter (CVC) and nutritional therapy through a nasogastric tube (NGT), his condition improved. However, he developed right gaze deviation and unresponsiveness. A brain CT scan identified multiple air microbubbles at the level of the superior sagittal sinus and in the cortical region and in the cerebrospinal fluid spaces of the right fronto-parietal convexity. Chest imaging revealed pneumomediastinum. Both the CVC and NGT were correctly positioned, and the patient was placed in the Trendelenburg position to facilitate microbubble drainage. While the microbubbles disappeared on subsequent imaging, diffuse ischemic lesions were observed in the right hemisphere. The patient passed away a few days later. Upon reviewing the case, we hypothesized that the NGT caused a small esophageal perforation, allowing air to migrate into the mediastinum, then air ascended to the neck and entered the venous circulation through the CVC insertion site. Due to the gravitational gradient relative to blood flow, the air then traveled upward to the cerebral circulation causing obstruction.

Conclusions: CGE is an event typically associated with trauma, surgical procedures, or underwater activities. Treatment includes supportive care, Trendelenburg positioning, hyperbaric oxygen therapy, and, in rare cases, surgery.

Attitudes of nursing students towards palliative care: cross-sectional observational study

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Premises and Purpose of the study: Palliative care (CP) is active and integral care for patients with incurable diseases that improves the lives of patients and families by relieving pain and biopsychosocial and spiritual problems. The aim of the study was to analyze the attitudes of nursing students on CP.

Materials and Methods: Cross-sectional observational study conducted (July-October 2023); a simple random sample of 158 nursing students of the second and third year of the University of Bari was administered, through the Google Forms platform, the Frommelt Attitude Toward Care of the Dying Scale (FATCOD), version B, of 30 questions with answers on a 5-point Likert scale that investigated attitudes towards CP, death, pain, suffering, communication with patients and families, training.

Results: 111 students participated in the study (70.3%); of these, 79 (71.2%) were women and 64% (n=71) had family experience with CP. High total average scores were found for both second year (113.68 ± 11.17) and third year (112.72 ± 9.16) students. Statistically significant differences emerged for sex (p=0.03) and family experience with CP (p=0.01).

Conclusions: the analysis revealed strong student support for the provision of CP to terminal patients in order to improve the quality of life for patients and families. It is necessary to continue to promote training programs such as theoretical and practical lessons, case studies and simulations even after graduation.

Clinical characteristics and outcomes of delirium in hospitalized patients: a retrospective study

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Premises and Purpose of the study: Delirium is one of the most common complications in hospitalized patients. This study aimed to determine the demographic and clinical characteristics of patients with delirium in an Internal Medicine unit and to compare hospitalization outcomes.

Materials and Methods: Data from all patients admitted to the Internal Medicine Unit of Moncalieri Hospital from January to November 2024 were retrospectively evaluated. Of the 983 admissions, patients who had already delirium in the ER (181 patients) or at the time of admission (123 patients) were excluded. For the remaining 679 patients, clinical characteristics and hospitalization outcome were retrieved. Presence of delirium was assessed using the 4AT test repeated daily. Delirium was considered present if a score ≥ 4 was exhibited in at least one evaluation.

Results: Delirium was identified in 17,1% of the study patients. Those who developed delirium were older, more functionally dependent and more likely to be nursing home resident. They presented a higher rate of comorbidity and were more likely to have dementia. When compared with control patients without delirium, patients with delirium had higher in-hospital mortality, longer length of stay and were more likely to be discharged to a nursing home.

Conclusions: Nearly a fifth of patients admitted to an Internal Medicine unit develop delirium, and these patients are at increased risk of worse outcomes. Knowing the characteristics of the patient most likely to develop delirium can help implement interventions to prevent delirium in patients at risk.

Un caso di sindrome epato-polmonare in Medicina Interna

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Premesse: La sindrome epatopolmonare (HPS) viene definita come la presenza di un deficit di scambio gassoso causato da dilatazioni del circolo polmonare in un paziente affetto da malattia epatica, ipertensione portale o shunt portosistemici congeniti. La prevalenza di questa sindrome fra i pazienti in lista di trapianto di fegato si aggira fra 4 e 32%. Allo stato attuale non esistono terapie mediche raccomandate per la HPS e solo il trapianto di fegato sembra essere curativo.

Descrizione del Caso clinico: Maschio di 53 anni, ricoverato in Medicina Interna per re-inquadramento di grave insufficienza respiratoria ingravescente di nnd; in anamnesi cirrosi epatica esotossica ed HCV correlata. Un anno prima era stato dimesso con diagnosi di poliglobulia secondaria con insufficienza respiratoria (TC torace: non interstiziopatia, Ecocardiografia TCD: non evidenza di shunt intracardiaco, DLCO: lievemente ridotta, EGDS: non varici esofagee). DM presentava quadro sindromico costituito da ippocratismo digitale, spider nevi, platipnea ed ortodesossia con ecocardiografia negativa per ipertensione polmonare e gradiente alveolo-capillare di 233mmHg; veniva ripetuto Ecocardio TCD (con specifico quesito di valutazione presenza shunt extracardiaco): presenza di shunt destro-sinistro di grado severo extra-cardiaco.

Conclusioni: La rivalutazione dell'ecocardiografia TCD è stata fondamentale per la diagnosi di sdr Epatopolmonare. Il paziente veniva trasferito presso la sub-intensiva Epatologica dell'Ospedale Molinette di Torino ove veniva preso in carico per eradicazione HCV ed avvio iter per trapianto di fegato.

Unmasking neurocysticercosis: diagnostic obstacles and healthcare struggles in developing countries

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Background: Neurocysticercosis is a leading cause of acquired epilepsy globally, particularly in regions with poor sanitation. The disease is prevalent in sub-Saharan Africa, where inadequate hygiene and pork consumption contribute to its spread. In Uganda, it represents a significant public health challenge, with rural areas being most affected due to limited healthcare infrastructure.

Case report: A 54-year-old male, seronegative, was admitted to a hospital in Oyam (northern Uganda) with severe headache, seizure, and loss of consciousness. In the preceding months, he had experienced significant weight loss and intermittent diarrhea. Physical examination revealed multiple

hard subcutaneous papules without lymphadenopathy. Fecal analysis was negative. Brain CT showed numerous intra- and extraparenchymal cystic lesions, many of which were calcified, suggestive of cysticerci. Due to resource limitations, typical of a developing country, skin biopsy, brain MRI, and CSF analysis were not performed. A presumptive diagnosis of neurocysticercosis was made based on imaging, incidence, and clinical presentation.

Conclusions: Diagnosing complex conditions like neurocysticercosis in low-resource settings is challenging due to limited access to advanced diagnostic tools. These constraints often lead to a reliance on presumptive diagnoses often based solely on the medical history and clinical presentation of the patient, resulting in the need to administer empirical therapies.

Orthogeriatric evaluation in the leading trauma centre in Piedmont. Where are we going?

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Premises and Purpose of the study: Orthogeriatric care model, consisting in co-management between Orthopaedic and Geriatrician, has been demonstrated to be the most effective for the management of older patients with hip fractures and many guidelines recommend its application in daily practice. Anyway, this model is not always adopted, so our study analyses the ways the orthogeriatric model is applied in the most important traumatological hospital of Piedmont.

Materials and Methods: We retrospectively analysed how many patients were admitted for hip fracture from May 2024 to November 2024 and how many of them received a geriatric consultation. We moreover focused on timing of the geriatric consultation, the main clinical problem that brought to the consultation and on the general characteristics of the patients.

Results: 315 patients were admitted for a hip fracture in the observation period and 84 (27%) were evaluated by a geriatrician or internist. The evaluation was carried out within 72 hours for 39 patients (46%) and the most frequent clinical problems that brought to a medical consultation was respiratory failure (32%) and hemodynamic alterations (20%).

Conclusions: Orthogeriatric co-management should be the pillar of the treatment of older people with hip fracture and it should be improved in our hospital with specific interventions. In Italy there is not a register about orthogeriatric activities, and many differences exist among Italian hospitals. More efforts should be made to improve the management of this common clinical problem to improve outcomes.

Integrated management of the heart failure patient: Valcamonica project

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Premises and Purpose of the study: chronic heart failure has become a major public health problem in western countries, particularly in the elderly population, and is a major health problem in terms of incidence, multiple re-hospitalizations and costs. To provide the best care for the patient with heart failure, care must ensure a systematic approach to the totality of his or her needs.

Materials and Methods: several phases are used to develop the project, which aims to complete care of the patient with heart failure; phase 1: analysis of the business context; phase 2: prefiguration of a possible territorial care pathway; phase 3: pilot project; phase 4: cost estimation; phase 5: expected results.

Results: 296 patients with cardiac heart failure were evaluated the ns day hospital in 2024; from this group, 50 patients (pilot study), are referred to the Territorial Operating Center and then taken into care by the family nurse at the community house, in collaboration with the hospital specialist and family doctor, to reduce re-hospitalizations, mortality and improve quality of life.

Conclusions: the project's strategic goals are to: develop model of initiative medicine, wich emphasize patient empowerment and selfcare; test an innovative organizational model of taking charge, wich views the family nurse's territorial action as an additional component to the outpatient activity of the ASST VALCAMONICA heart failure outpatient; promote models of integrated territorial health care can respond to the healt needs of frail and chronic people.

Role of blood biomarkers in the evaluation of sarcopenia

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Premises and Purpose of study: Sarcopenia is a condition characterized by the progressive and generalized loss of muscle mass, strength, and function, and is a significant cause of disability in older adults with an increased risk of falls, fractures, hospitalizations, and mortality. Sarcopenia is influenced by factors such as aging, genetics, malnutrition, and a sedentary lifestyle, with nutritional deficiencies, particularly insufficient protein intake, playing a critical role. Additionally, chronic inflammation and metabolic changes complicate its management.

Materials and Methods: This study aimed to assess the role of blood biomarkers, particularly the Prognostic Nutritional Index (PNI), in evaluating nutritional status and prognosis in elderly patients with sarcopenia. The PNI combines serum albumin levels and the total white blood cell count, providing insights into both nutritional status and systemic inflammation. The study involved a cohort of hospitalized elderly patients, a series of 50 patients from our internal medicine department, with data collected on their nutritional status, muscle mass, inflammatory markers, and clinical outcomes.

Results: The results demonstrate that the PNI is a reliable predictor of nutritional status, hospital stay duration, and the risk of complications. Deviations from normal albumin and

white blood cell count levels were associated with poorer outcomes, including increased mortality and reduced mobility. **Conclusions:** The use of blood biomarkers like the PNI in assessing sarcopenia can significantly improve its management.

HDV infection before and after bulevirtide and HDV-RNA implementation

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Premises: Delta hepatitis has been known since 1977 and is a defective virus that requires HBV infection. Efficacy of interferon treatment has always been limited, as has the availability of an HDV-RNA test. In 2020, Bulevirtide (BLV) was conditionally approved as first HDV antiviral drug for treatment of chronic delta hepatitis (CHD) and since 2023, AIFA reimbursement was obtained.

Materials and Methods: We evaluate how BLV availability and HDV-RNA tests have changed our attention to patients in our center we had followed in the past 10 years 250 HbsAg positive patients.

Results: Until 2021, patients were screened HDV in only 55% of cases of HBSAg positivity with finding of 15 positive for HDV Antibody. Since 2021, screening or rescreening in patients with risk factors has been carried out in 85% of cases, finding 7 new cases, of which 6 are viremic. 5 of the 6 viremic patients were found to be cirrhotic with high viremia and biohumoral disease activity. All 6 were started treatment as available, with a rapid shutdown of biochemical activity and a constant reduction in viremia, which was high in all, even up to HDV RNA negativization. In all of them, there was no progression of the disease to decompensation and SWE stiffness data improved.

Conclusions: Despite the daily injection route, compliance was optimal and no major side effects were highlighted. In our experience, availability of BLV and HDV-RNA has increased attention to HBSAg patients for research of HDV infection, also through re-screening, and implementation of the treatment, despite what happened earlier.

Prognostication, a life saving skill in medical practice

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Premises: The term overdiagnosis describes a correct diagnosis in a patient with mild or doubtful symptoms, while overtreatment denotes a treatment unlikely to provide any benefit. Overtreatment often stems from medicolegal concerns, lack of awareness of appropriate indications or poor ability to prognosticate.

Description of the Case report: An 82-year-old man with a history of coronary artery disease, atrial fibrillation and anemia was diagnosed with a critical stenosis of right coronary artery (RCA) despite being asymptomatic. He underwent a percutaneous coronary intervention (PCI) with a drug-eluting stent (DES) followed by treatment with direct oral anticoagulant (DOAC) and dual antiplatelet therapy (DAPT). Shortly after he presented to the Emergency Department with a severe anemia and was admitted to our

unit. An esophagogastroduodenoscopy revealed an active bleeding duodenal ulcer. The hospitalization was complicated by multiple episodes of delirium, one leading to a fall with femoral fracture, treated conservatively. Prolonged bed rest resulted in pneumonia, ultimately causing his death. The patient was prescribed a coronary-CT angiography without having any appropriate indication. This exam led to the diagnosis of a critical stenosis of medium RCA, treated with PCI+DES along with DOAC+DAPT. This treatment proved harmful, resulting in a hospitalization that culminated with patient's death.

Conclusions: This clinical case underlines the importance of prognostication. The frailty of our patient, combined with his medical history and the absence of symptoms, should have prompted a more conservative approach.

Evidence of how a non consistent application of the guidelines for infection prevention control and antimicrobial stewardship may negatively affect the outcome of a critical patient

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Premises: Infection prevention and control (IPC) involves strategies and interventions aimed at preventing patients, health workers and visitors in healthcare facilities from avoidable infections, including those caused by antimicrobial-resistant pathogens, acquired during healthcare services. Healthcare-associated infections (HAIs) are among the leading causes of death in acute-care hospitals. These infections can result in increased complications, higher mortality rates, increased hospital costs and a greater risk of future infections.

Description of the Case report: We report the case of a long-term hospitalized man, admitted due to multiple traumatic injuries resulting from a severe car crash. Various access devices were used to treat him. During a transfer to a private rehabilitation center, the man became infected and colonized with carbapenem-resistant *Klebsiella pneumoniae* (CR-Kp). Subsequently, he experienced recurrent infections caused by multidrug-resistant organisms (*Proteus mirabilis*, *Staphylococcus hominis*, *Staphylococcus capitis*, *Pseudomonas aeruginosa*, *Providencia stuartii* and KPC-producing *Klebsiella pneumoniae* which led to sepsis twice within five months).

Conclusions: Our case suggests that, in over two years of hospitalization, selective pressure has affected the patient and the prevention measures taken against HAIs have not been consistent across the different healthcare facilities involved. It is therefore evident the need for a correct application of international, national, regional and local guidelines for the control and management of HAIs and IPC.

Phenotype-specific dynamics of serum albumin and their impact on sepsis mortality

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Background: Sepsis remains a health challenge, with high mortality. Phenotyping sepsis patients, can help standardize management. Serum albumin is a potential prognostic marker for endothelial damage, reflecting microvascular dysfunction.

Methods: This prospective, observational study analyzed 254 septic patients admitted to the Intermediate Medical Care Unit in Alto Vicentino Hospital, Italy, between September 2022 and June 2024. Serum albumin levels were measured daily for five days, and patients were classified into sepsis phenotypes. Primary outcomes included 30-day mortality and albumin's predictive value, analyzed through ROC curves, multivariable logistic regression, and Cox proportional hazard models according to different phenotypes.

Results: Phenotypes α , β , γ , and δ accounted for 32.7%, 31.1%, 27.5%, and 8.7% of patients, respectively. The δ phenotype exhibited the lowest serum albumin levels (mean 2.2 g/dL) and the highest 30-day mortality (45.4%), while the α phenotype showed the highest albumin levels (mean 2.8 g/dL) and lowest mortality (3.6%). Cox regression demonstrated that a 1 g/dL increase in albumin reduced mortality risk by 63%. Despite phenotype-dependent differences in absolute levels, albumin trajectories followed similar patterns across groups.

Conclusions: Serum albumin is a significant prognostic marker for sepsis-related mortality and reflects the extent of endothelial dysfunction. Integrating serial albumin measurements into clinical practice may enhance risk prediction, particularly for phenotypes characterized by severe endothelial damage.

Co-management internista-chirurgo: analisi di un anno di attività

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Premessa e scopo: Da Gennaio 2024 nell'ASST Pavia è nata la Struttura Semplice Dipartimentale S.S.D. Medicina Interna a supporto del paziente chirurgico. La tipologia dei pazienti chirurgici è complessa per l'età geriatrica e per la presenza di pluripatologie e politerapie. Scopo della SSD è migliorare la qualità della gestione clinica dei pazienti chirurgici e l'appropriatezza prescrittiva dei farmaci, ridurre la durata della degenza, favorire una ripresa precoce dell'autonomia del paziente operato.

Materiali e Metodi: I dati sono stati valutati con frequenza semestrale tramite indicatori di controllo avente come fonte dati un applicativo aziendale. Su richiesta del Chirurgo, la SSD programma l'attività nei vari Presidi. Da gennaio sono stati valutati 1593 pazienti (786 SC Orto-traumatologia Voghera, 549 SC Orto-traumatologia Vigevano, 131 SC Chirurgia Generale Voghera, 64 SC Chirurgia Generale Vigevano, 4 SC Chirurgia Generale Stradella, 13 SC Chirurgia Vascolare Vigevano, 46 SC Urologia Voghera).

Risultati: Drastica riduzione delle consulenze internistiche eseguite dalle UO di Medicina, maggior numero di pazienti anziani operati per correzione delle problematiche internistiche, riduzione del numero dei trasferimenti negli altri reparti, precoce ripresa autonomia.

Conclusioni: La terapia chirurgica ha raggiunto ormai

ottimi livelli di efficacia, ma il tradizionale approccio non sembra essere sufficiente per realizzare un'efficiente gestione pre, peri e postoperatoria. Il co-management porta ottimi risultati per la continua ed accurata sorveglianza dei pazienti.

Epatite acuta da riso rosso (monacolina K): descrizione di un caso clinico

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Premesse: Gli integratori a base di riso rosso fermentato sono molto diffusi per il loro potere ipocolesterolemizzante. La capacità di ridurre il colesterolo LDL è attribuibile alla monacolina K, in grado di inibire la idrossimetilglutaril-CoA reductasi. Tra il 2002 e il 2015, sono stati segnalati 52 casi di epatite acuta legate all'assunzione di riso rosso fermentato.

Descrizione del Caso clinico: Una donna di 59 anni è stata ricoverata per un'epatite acuta. La paziente aveva notato, 5gg prima, urine ipercromiche e ittero e assumeva da 20 gg un integratore alimentare a base di monacolina K (risso rosso). Dalle analisi chimico-cliniche risultavano: bilirubina totale (BT) 14.1 mg/dL, aspartato aminotransferasi (AST) 1536 U/L, alanina aminotransferasi (ALT) 1748 U/L, gamma-glutamyl transferasi (GGT) 138 U/L, fosfatasi alcalina (AP) 181 U/L, albumina 4 g/dL, INR 1,19. Un'etiologia autoimmune o virale del danno epatico furono escluse. La biopsia epatica evidenziava un'epatite acuta con necrosi confluyente degli epatociti, infiltrato infiammatorio e colestasi (epatite di tipo idiosincrasico). La terapia con prednisone e acetilcisteina ha progressivamente normalizzato l'epatogramma.

Conclusioni: Il profilo di rischio dei prodotti a base di riso rosso fermentato è risultato confrontabile con quello delle statine di sintesi. Per questo motivo è importante che il personale medico sia adeguatamente informato dei rischi legati a questo tipo di integratori, per poter effettuare un costante monitoraggio delle funzioni epatiche ai pazienti.

Euglycemic diabetic ketoacidosis in a 74-year-old woman during bowel preparation for colonoscopy

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Background: Sodium-glucose co-transporter 2 (SGLT-2) inhibitors are effective drugs for improving glycemic control in patients with type 2 diabetes mellitus (T2DM). Furthermore, their cardio- and nephroprotective effects have expanded their use to non-diabetic patients as well. Although generally safe, reported adverse effects include urinary tract infections, hypovolemia and euglycemic diabetic ketoacidosis (eu-DKA).

Case report: A 74-year-old woman with T2DM treated with metformin, insulin, and empagliflozin was admitted for

syncope. Common causes of syncope were excluded. Blood tests revealed iron deficiency and microcytic anemia. An endoscopic evaluation was proposed to exclude gastrointestinal bleeding. Empagliflozin and metformin were discontinued before starting the colonoscopy preparation. Basal insulin was initially administered. The onset of paralytic ileus required suspension of the procedure and fasting. Hypoglycemia required suspension of basal insulin. In the following days, the patient developed metabolic acidosis, resistant to the administration of HCO₃. The urine test showed severe ketonuria and glycosuria. Suspecting eu-DKA secondary to SGLT-2 inhibitor use, continuous glucose and insulin infusion was initiated, resolving the metabolic acidosis within 24-36 hours.

Conclusions: Eu-DKA is a potentially life-threatening complication, often challenging to diagnose and sometimes requiring intensive care. With the increasing prescription of SGLT-2 inhibitors, heightened awareness and preventive strategies are essential to avoid that kind of complications.

Violent incidents targeted at nurses in the workplace: a cross-sectional observational study

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Background and Purpose of the study: Workplace violence refers to all situations in which staff are abused, threatened or attacked due to circumstances related to their work. The purpose of the study was to describe the characteristics of episodes of violence against nurses.

Materials and Methods: Cross-sectional observational study (July-October 2023) on a simple random sample of 382 nurses from the AOUC Policlinico di Bari who assisted adult and pediatric patients in the medical and critical areas. The Italian version of the Violence in Emergency Nursing and Triage (VENT) questionnaire was administered via Google Forms. It consists of 75 questions grouped into 6 dimensions and interviews nurses about episodes of violence at work.

Results: 102 nurses (26.7%) with an average age of 40 consented to respond; the average length of service was 14 years. 43 nurses (42.1%) had suffered violence at work; of these, 32 (74.4%) suffered verbal violence and in particular 52% (n=17) in the critical area and 48% (n=15) in the medical area. 25.6% (n=11) also suffered psychophysical violence. 65.7% (n=28) identified the categories of the aggressor as: low sociocultural extraction, people with psychiatric/addiction problems. 46.5% (n=20) did not report because they were certain they would not receive help.

Conclusions: The analysis showed that almost half of the nurses were involved in episodes of violence in the medical

and critical area. It is necessary to carry out constant risk assessments, increase knowledge of the phenomenon and implement training programs.

Lumbosacral spondylodiscitis complicated by phrenic nerve paralysis: an unusual case report

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Premise: Diaphragmatic dysfunction is a rare condition often related to phrenic nerve neuropathy, which is difficult to diagnose. The clinical presentation varies from mild dyspnea to severe respiratory failure.

Clinical case: A 54-year-old man presented to the Emergency Department with dyspnea and edema of the right knee. Physical examination revealed: BP 118/80 mmHg, SpO₂ 82%, HR 90 bpm, RR 15 breaths minute; reduced vesicular murmur at the bases, hyperemic edema of the knee. Arterial blood gas analysis showed hypoxic metabolic alkalosis. Oxygen therapy was initiated with nasal cannulae, then with venturi mask 60%. Blood tests, cultures, knee CT were performed. Chest X-ray showed elevation of the right hemidiaphragm. Empirical antibiotic therapy was started for suspect of septic arthritis. MRI of the lumbosacral spine with contrast showed multiple enhancements in D12-S1, consistent with spondylodiscitis; chest CT angiography confirmed the elevation of the right hemidiaphragm with associated atelectasis of the lung parenchyma in the lower right lobe. Unilateral diaphragmatic paralysis due to phrenic nerve compression as a complication of spondylodiscitis was suspected. Due to progressive clinical worsening, the patient was transferred to the ICU for ventilation with CPAP with gradual recovery from respiratory failure.

Conclusions: Diaphragmatic paralysis is a rare complication of spondylodiscitis and should always be evaluated in cases of respiratory failure with concomitant septic conditions.

A suggestive case of secondary hypertension

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Premises: Catecholamine-producing tumors may arise in the adrenal medulla or in extraadrenal chromaffin cells. Their prevalence is about 0.1% in patients with hypertension and 4% in patients with a fortuitously discovered adrenal mass. Tests for plasma metanephrines are more sensitive than tests for plasma catecholamines or urinary metanephrines. The tumor can be located by CT or MR imaging. Treatment requires resection of the tumor. About 10% of tumors are malignant either at first operation or during follow-up.

Description of the Case report: A young 34-year-old man, was hospitalized on the occasion of the National Cardiovascular Diseases Screening program promoted by FADOI, due to the finding of high blood pressure values (210/120 mmHg). A mass of the left adrenal gland was detected at abdominal ultrasound. CT confirmed a left

adrenal mass of 9×7cm size. Under treatment with ramipril and doxazosin blood pressure was less than 140/90 mmHg. The initial 24h-urinary catecholamine and metanephrine levels were in the normal range. Levels of free plasma metanephrine were 3-fold and of normetanephrine 2-fold elevated. Left-sided adrenalectomy was performed and pheochromocytoma histologically confirmed. Postoperatively hypertension improved.

Conclusions: This case underscores the superiority of measuring free plasma metanephrines for the diagnosis of pheochromocytoma. Normal plasma concentrations of metanephrines exclude the diagnosis of pheochromocytoma, whereas normal plasma concentrations of catecholamines and normal urinary excretion of metanephrines do not.

Validation of a delirium risk assessment score in an Internal Medicine unit

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Premises and Purpose of the study: Identifying patients at risk of developing delirium and implementing measures to mitigate its onset is a fundamental skill for internists. A delirium risk assessment tool for patients admitted to the Emergency Department was recently developed, including the following variables: age, dementia, hearing impairment, chronic use of psychotropic drugs. This study aims to validate this delirium risk score in patients admitted to an Internal Medicine Department.

Materials and Methods: This single-center retrospective validation study was conducted in the Medicine Department of Moncalieri Hospital between January and November 2024. Patients were excluded if they had already developed delirium in the ED or presented with delirium upon admission. The performance of the delirium risk score was assessed using ROC curve analysis and the Hosmer-Lemeshow test; sensitivity, specificity and predictive values were evaluated.

Results: A total of 983 patients were enrolled, of whom 304 were excluded based on the study criteria. The delirium risk score demonstrated an AUC of 0.689 (95% CI: 0.638–0.74). The Hosmer-Lemeshow test a p value of 0.148. A cut-off of ≥ 3 points identified delirium with a sensitivity of 0.64 (95% CI: 0.55–0.73), specificity of 0.65 (95% CI: 0.61–0.69), a positive predictive value of 1.87 (95% CI: 1.57–2.23) and a negative predictive value of 0.54 (95% CI: 0.42–0.70).

Conclusions: In this validation study the delirium score demonstrated moderate performance in predicting the development of delirium even in an Internal MD; further studies are needed to introduce this tool into clinical practice.

Sneddon-Wilkinson disease vs hydroxychloroquine-induced acute generalized exanthematous pustulosis in rheumatoid arthritis patient

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Premises: Sneddon-Wilkinson disease, also known as subcorneal pustular dermatosis (SPD), is a rare chronic skin disorder characterized by recurrent crops of sterile pustules arranged in a characteristic arcuate or annular pattern. We report a case of SPD primarily defined hydroxychloroquine (HCQ)-induced Acute Generalized Exanthematous Pustulosis (AGEP).

Case report: A 68-year-old woman with a history of hypertension and a recent diagnosis of rheumatoid arthritis, being treated with prednisone 5 mg/bid and HCQ 200 mg/bid, was admitted to our hospital for generalized erythema, pruritic pustular eruption, and a burning sensation all over her body. These symptoms developed after starting treatment with HCQ, and two weeks prior to hospital admission, the treatment had been interrupted. A biopsy was performed, and histological examination consistent with AGEP induced by HCQ. The patient started topical and systemic corticosteroids. Nevertheless, during her hospitalization, another biopsy was performed due to the poor symptomatic improvement. New histopathology showed a superficial perivascular infiltrate of neutrophils and lymphocytes. This presentation led to a diagnosis of SPD. The patient started on acitretin 25 mg bd, with improvement of the lesions.

Conclusions: SPD has been considered a subtype of psoriasis and pemphigus vulgaris. Histopathological similarities with other conditions further complicate the diagnosis, leading to diagnostic challenges. This highlights the importance of an accurate diagnosis in patients with autoimmune diseases for appropriate treatment.

Sequential nephron blockade vs standard therapy in heart failure: a single centre study

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Background and Aim of the study: Acute heart failure (HF) is a leading cause of hospitalization and is often resistant to treatment with loop diuretics alone. This study evaluates the efficacy and safety of sequential nephron blockade—achieved by combining multiple diuretics—compared to intravenous furosemide monotherapy.

Materials and Methods: This retrospective study analyzed 80 patients admitted for HF at Livorno Hospital between July 2023 and April 2024, aged 56 to 102 years, with various comorbidities and EF profiles (HFpEF, HFmrEF, HFrEF). Patients were divided into two groups: one treated with furosemide alone and the other with furosemide combined with additional diuretics (acetazolamide, thiazides, antialdosteronic, or SGLT2-i). Clinical, laboratory, and ultrasound parameters were assessed during the first four days of hospitalization. The primary endpoint was diuresis at 48, 72, and 96 hours, while secondary endpoints included adverse events (acute kidney injury and hypokalemia) and length of hospital stay.

Results: The sequential nephron blockade group showed significantly greater diuresis within the first 48 hours ($p=0.0096$). The incidence of acute kidney injury (22.5% vs. 27.5%) and hypokalemia (7.5% in both groups) was comparable, with no significant differences observed in

laboratory parameters (creatinine, sodium, potassium, and eGFR).

Conclusions: Sequential nephron blockade may improve diuresis in acute heart failure without increasing adverse events. More research is needed to confirm its safety and efficacy.

Protected hospital discharges: analysis of one year's operation of a hospital in Apulia, Italy

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Background and Purpose of the study: Protected hospital discharge (PHD) is a useful tool for ensuring continuity of care for “frail” patients with chronic and degenerative diseases who are hospitalized. PNRR Mission 5, “Strengthening social services for home care,” funds its development and implementation. This study aims to verify the impact on total hospital discharges, of PHDs, in a hospital in Apulia.

Materials and Methods: Of the 10,037 subjects >65 yr (out of 21,600 total discharges), 2.48% (249) were PHDs. Those to RSSA, RSA, Hospice, ADI, and Rehabilitation Centers were identified as PHDs.

Results: PHDs were divided as follows: 44.9% (112) to Hospice, 18.4% to RSSA (46), 16.4% to RSA (41), 8% (20) to rehabilitation centers, and 6.8% to ADI (17). With respect to departments we have: geriatrics 27%, oncology 20%, internal medicine 17.4%, intensive care, 6.4%, pulmonology 4.8%, orthopedics 3.6%. Analysis of the Geriatrics department shows that the average hospital stay of PHD subjects is 18 day+11 vs. 11 day+9 for the average of other patients.

Conclusions: Geriatrics expresses the highest number of PHDs. Discharges from oncology are predominantly directed vs hospice while from orthopedics and pulmonology vs rehabilitation centers. The prolongation of the average length of stay is an issue impacting the overall management of hospitalizations and is an indication of insufficient availability of beds in residential facilities.

Acute ischemic stroke in patients with thrombocytopenia: critical analysis of a HIT case

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Case report: A 65-year-old man was admitted to our Stroke Unit for acute ischemic stroke with right hemiplegia and aphasia upon awakening, nine days after undergoing coronary artery bypass grafting. After surgery, he received aspirin and enoxaparin 4000 IU/day. Imaging showed left internal carotid artery T occlusion, no acute parenchymal lesions, but a non-significant mismatch (<50%) on perfusion CT scan. Intravenous thrombolysis and endovascular treatment were both excluded. Laboratory testing revealed thrombocytopenia (53,000/mm³), so heparin-induced thrombocytopenia (HIT) was suspected and specific tests turned positive. In our case, anticoagulation wasn't feasible due to a large ischemic lesion with high risk of bleeding. Heparin was promptly stopped and

an association of aspirin and fondaparinux 2.5 mg was prescribed. Our patient survived with permanent severe disability.

Discussion: In our case, endovascular treatment was excluded because of the reduced ischemic penumbra on perfusion CT. However, endovascular devices should be avoided in this setting, resulting in a large release of tissue factor that could trigger coagulation and platelets activation, with a consequent high risk of early stent occlusion. HIT should be considered as a cause of acute ischemic stroke in all patients with new-onset thrombocytopenia and recent exposure to heparin. Early diagnosis allows to start appropriate therapy and avoid invasive procedures that could be useless or even harmful to the patient.

Cannabis medicinale per il miglioramento della qualità di vita in pazienti terminali dimessi dalla Medicina Interna

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Premesse e Metodologia: Questo studio raccoglie l'esperienza di impiego di cannabis medicinale in un servizio di cure palliative domiciliari in pazienti terminali dimessi dalle Medicine Interne dell'Oltrepò Pavese con particolare attenzione ai sintomi "non-dolore".

Risultati: Su 21 pazienti dimessi nel 2024 avevano sintomi non controllati 16 e sono stati monitorati con la scala ESAS. Di questi non sono stati trattati con cannabis medicinale 5 pazienti (4 dispnee e 1 sonnolenza). Degli 11 trattati 6 hanno iniziato cannabis per dolore, 5 per altri sintomi: 4 anoressia/cachessia (tumori: 2 testa/collo, 1 stomaco, 1 colon con sostituzione metastatica del fegato), 1 nausea/vomito (carcinoma pancreas). In questi 5 pazienti si sono utilizzate preparazioni magistrali a base di CBD e/o THC (olio 10% per il dolore di base e fumo/vaporizzatore per dolore episodico intenso): 3 con THC/CBD 6/8%, 2 con CBD 7.5%. La nausea ha risposto bene (NRS 8>2) già dopo pochi giorni, ma poi il paziente è stato ricoverato in Hospice per occlusione intestinale e sedato per vomito refrattario. Anoressia/cachessia è migliorata in 3 pazienti su 4 (NRS medio 7>3) in 4 settimane di trattamento. Tra gli item secondari (ansia, depressione, malessere) negli 11 pazienti trattati 9 hanno avuto sensibile miglioramento, soprattutto nell'ansia (NRS medio 9>2) e riposo notturno, riducendo l'uso di benzodiazepine.

Conclusioni: I cannabinoidi fitoterapici possono essere considerati nell'armamentario terapeutico dell'internista con un ruolo di terapia di supporto nei sintomi gastrointestinali, per ridurre lo stress di malattia e per migliorare la qualità della vita.

Effetto di empaglifozin sulla pressione arteriosa in pazienti ipertesi affetti da diabete mellito tipo 2

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Premesse e Scopo dello studio: Nella pratica clinica l'ipertensione arteriosa è spesso associata al DMT2 contribuendo ad aumentare il rischio CV dei pazienti. Negli studi registrativi la molecola SGLT2 Empaglifozin ha

dimostrato di ridurre la pressione arteriosa clinica, in particolare quella sistolica. Il monitoraggio dinamico non invasivo della P.A. può essere utile per indagare l'effetto di Empaglifozin sui valori pressori delle 24 ore.

Materiali e Metodi: In questo studio 22 pazienti con DMT2 della durata media di 9 anni (età media: 64.6 anni; M: 16, F: 6) e ipertesi in terapia (PAS clinica media: 148.2±18.4 mmHg; PAD clinica media: 88.6±10.2 mmHg) sono stati sottoposti ad ABPM (Spacelabs 90207) prima e dopo 8 mesi di terapia con Empaglifozin 10 mg/die, prescritto per non ottimale controllo glicemico.

Risultati: Dopo 8 mesi di terapia, Empaglifozin ha ridotto la PAS clinica: 135.8±17.7 mmHg (p<0.001) e la PAD: 81.5±12.5 mmHg (p= 0.0069) e ridotto significativamente (p<0.001) i valori di PAS (129.6±2.7 mmHg; 124.6±2.7 mmHg), PAD (75.7±1.6 mmHg; 73.6±1.6 mmHg) e PP (54.0±2.4 mmHg; 50.6±2.4 mmHg) monitorati nelle 24 ore, in particolare nelle ore del risveglio mattutino.

Conclusioni: Il nostro studio conferma l'efficacia di Empaglifozin sulla riduzione della pressione arteriosa, sia quella clinica che quella monitorata delle 24 ore. La riduzione della P.A. osservata nelle prime ore del mattino contrasta il fenomeno del "morning surge" e ciò potrebbe in parte contribuire all'effetto protettivo di Empaglifozin sui MACE documentato nei trials clinici.

Vericiguat in patients with heart failure and reduced ejection fraction: a retrospective analysis at the outpatient clinic for heart failure of Ospedale di Circolo in Varese

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Premises and Purpose of the study: Vericiguat is currently approved for patients with HFrEF following a recent worsening. We present a retrospective analysis summarizing our clinical experience with vericiguat.

Materials and Methods: Eighteen HFrEF patients attending the Outpatient Clinic for Heart Failure of Ospedale di Circolo (Varese, Italy) were followed for 16 weeks between July 2023 and December 2024. Clinical, laboratory, and echocardiographic parameters were recorded.

Results: Mean age was 79 years, and 11% (n=2) were women. Main comorbidities were chronic kidney disease (72%, n=13), heart valve disease (61%, n=11), and coronary artery disease (56%, n=10). Mean NT-proBNP levels were 2,951 pg/mL. Vericiguat was initiated during hospital admission in 28% (n=5) of patients (mean dose 2.8 mg daily) and titrated to 10 mg in all patients. Across the follow-up, a trend toward a reduction in NT-proBNP levels, estimated central venous pressure and an improvement in left ventricle ejection fraction and right ventricle function was observed. In addition, a statistically significant increase in blood pressure was recorded, that allowed the introduction of sacubitril-valsartan in three cases (17%) and its titration to the maximum dose in one case (5.5%). Hyperkalemia was observed in 28% (n=5) and symptomatic hypotension in 17% (n=3) during the follow-up.

Conclusions: Vericiguat improved the functional and hemodynamic status of HFrEF patients with few adverse

events and facilitated the initiation and/or titration of other guideline-directed medical treatments.

IL6 secreting paraganglioma as a potential cause of fever of unknown origin

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Premises: Paragangliomas are neuroendocrine tumors arising from extra-adrenal chromaffin cells. While excessive catecholamine secretion leads to the classic triad of headache, palpitations and diaphoresis, paragangliomas may also be asymptomatic or present atypical features like fever of unknown origin due to the release of other bioactive substances.

Case description: A 55-year-old woman with a growing lateral cervical paraganglioma presented with high-grade fever. Laboratory tests showed normocytic hypochromic anemia and elevated inflammatory markers, GGTs and INR levels. Empirical antibiotic therapy with piperacillin-tazobactam was ineffective. Blood and urine cultures, chest CT, abdominal US, echocardiography and 18F-fluorodeoxyglucosePET resulted negative. Considering her history of growing paraganglioma, biochemical tests were performed, raising the suspicion of paraneoplastic inflammatory syndrome based on elevated interleukin-6 levels (134 pg/mL). Corticosteroid therapy (prednisone 50 mg/day) was administered with rapid fever resolution, along with doxazosin therapy to prevent hypertensive crises. Paraganglioma surgery followed with normalization of IL-6 levels, anemia and liver function tests resolution, supporting the diagnosis of SIRS secondary to IL-6 secreting paraganglioma, confirmed by resected tumor histopathological examination.

Conclusions: The evaluation of clinical presentations other than the classic triad of headache, palpitations and diaphoresis could improve the diagnostic workup of paragangliomas and drive the development of targeted therapies.

Aggiornamento del PDTA aziendale sulla gestione della sepsi: un approccio multidisciplinare per l'implementazione delle migliori pratiche

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Introduzione: La sepsi è una causa importante di ospedalizzazione e mortalità ospedaliera. I dati di letteratura supportano l'utilizzo da parte degli ospedali di PDTA condivisi e di strumenti per il riconoscimento precoce della sepsi.

Metodi: L'aggiornamento del documento è stato condotto da un gruppo multidisciplinare con il coinvolgimento della direzione aziendale per garantire un approccio condiviso. Il

PDTA si basa sulle più recenti evidenze fornite dalle linee guida, con l'obiettivo di uniformare la gestione della sepsi a standard di eccellenza. Aspetti rilevanti: 1. Riconoscimento precoce: adottato lo slogan "Può essere una sepsi?" per sensibilizzare gli operatori sanitari sul ruolo critico dell'identificazione tempestiva. 2. Ruolo degli infermieri: gli infermieri sono identificati come figura centrale per identificare i pazienti a rischio e, con l'introduzione del NEWS2, per la stratificazione del rischio e l'attivazione dei percorsi di gestione. 3. Implementazione: sono state pianificate attività formative sul campo, tra cui simulazioni cliniche, analisi di casi reali e giochi di ruolo, per migliorare l'aderenza e superare le barriere all'adozione.

Conclusioni: L'approccio multidisciplinare, ha consentito di realizzare un documento aziendale aggiornato e orientato al miglioramento della pratica clinica ed è supportato da un forte focus sull'implementazione pratica. Ci si attende che la combinazione di strumenti come il NEWS2 e strategie formative mirate permettano di migliorare il riconoscimento precoce della sepsi e, di conseguenza, gli esiti clinici.

Necrotizing community-acquired pneumonia caused by *Staphylococcus aureus*. Case report

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Premises: We present the case of a patient with a community-acquired multilobar pneumonia, with extensive necrotizing and cavitating areas.

Description of the Case report: A 52-years-old caucasian man, smoker, presented to our hospital with fever of five days duration, peaked at 41°C, associated to productive cough. When he was admitted in our emergency room, he was alert and oriented but with fever, hypotension and in hypoxic respiratory failure. His blood tests confirmed septic shock, as we expected, with neutrophilic leukocytosis and procalcitonin 69.3 ng/mL; he had also acute kidney failure (creatinin 5.3 mg/dL). A computer tomographic scan of the chest revealed bilateral extensive lung consolidation with areas of cavitation and lung destruction and extensive areas of crazy-paving. We immediately started empiric antibiotic therapy, with vancomicina and meropenem, which subsequently proved to be targeted against the pathogen found in the bronchoalveolar lavage, that was *Staphylococcus aureus*. The control tomographic scans of the chest revealed, first, diameter increase of the areas of cavitation and, then, initial resolution of the lung destruction. After 18 days of antibiotic therapy, the patient was discharged in good clinical condition. The final diagnosis was community-acquired methicillin-resistant *Staphylococcus aureus* pneumonia (CA-MRSA pneumonia).

Conclusions: To the best of our knowledge, this case report is one of the few to describe a serious necrotizing pneumonia, but not fatal, in an immunocompetent adult patient.

CAPNO-TEC study: correlative analysis in 20 patients with chronic venous thromboembolism. Five-year experience (2020-2024)

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Premises and Purpose of the study: “CAPNO-TEC” study, acrostic from “chronic venous CAPNO-Thromboembolism” reports 20 patients affected with chronic venous thromboembolism from 2010 to 2024. The aim was to check if there is a significant relationship between pCO₂ values at the entry and the chronic embolism. Our research has two main goals: first of all, to check any differences in pCO₂ values at the entry in 20 patients affected with chronic pulmonary embolism. Moreover, to check its statistical importance by applying the Cochran’s Q test.

Materials and Methods: To calculate χ^2 we apply the following formula: $\chi^2 = (k-1)[(k \ x) - y^2] / (k \ y) - z = 28,9$. “K” refers to 3 variables, “X” refers to the total sum of squares of the 3 variables. “Y” stands for the total of the chosen scores. “Y²” is the square of the total chosen scores. “Z” means the sum of the squares of the chosen scores.

Results: By applying the Cochran’s Q test to the pCO₂ values in 20 patients, the results demonstrate how pCO₂ values with FiO₂ 21% at the entry in those patients affected with chronic pulmonary embolism are not at all due to chance. They have indeed a significant importance because the χ^2 obtained relative value (RV) is 20,95 with Degrees of Freedom (DF)=2, and the χ^2 critical value (CV) per p=0,001 is 13,816. The differences in choice are consequently strongly significant with p<0,001.

Conclusions: “CAPNO-TEC” study points out the correlation between pCO₂ values from 36 to 45mmHg and the chronicity of illness due to the opening of vascular shunts in 20 patients with venous thromboembolism.

The impact of sex on the diagnosis of sarcopenia in cirrhotic patients

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Premises and Purpose of the study: Sarcopenia is a progressive and generalized skeletal muscle disorder identified by low muscle strength and low muscle quantity or quality associated with decreased survival. However, assessment of muscle mass in cirrhotic patients remains challenging.

Materials and Methods: The aim of our study was to evaluate the psoas muscle index (PMI), the total psoas muscle area indexed for height on CT at the third lumbar vertebra, as marker of sarcopenia and predictor of survival in 628 liver transplant (LT) candidate patients. We used dedicated software to measure sarcopenia indices and also analyzed epidemiological characteristics and laboratory indices.

Results: At multivariable Cox regression analysis, Sarcopenia L3- PMI (HR, 1.58; 95% CI, 1.08-2.33; P=0.020) age (HR 1.05; 95% CI, 1.03-1.07; P=0.000) and MELD score (HR 1.14; 95% CI, 1.10-1.18; P=0.000) were significantly associated with mortality. We used the sex specific lowest quartile for PMI for the population studied for the definition of sarcopenia by PMI. This leads to a different threshold for sarcopenia PMI: 580 mm²/m² in men and 443 mm²/m² in women.

Conclusions: We found that PMI is a good marker of sarcopenia and sarcopenia as defined by sex-related PMI (yes/no based on the 25th percentile definition) predicts mortality in LT candidates. Patients with sarcopenia should be made aware of their higher risk of wait-list mortality and

of complications after LT. A sex-orientated body composition measurement would improve the accuracy of sarcopenia diagnosis and management.

Ruptured splenic artery aneurysm with acute bleeding in the main and secondary pancreatic ducts: a rare case of melena

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Introduction: Splenic artery aneurysm (SAA) is a rare condition and the diagnosis is often accidental. Treatment can be surgical or endovascular with coil embolization (CE). Urgent treatment is recommended in case of rupture and in women of childbearing age for any size of the SSA. In other cases, treatment is recommended when the SSA is >3 cm and in presence of conditions predisposing the rupture (portal hypertension, waiting for liver transplantation, nonatherosclerotic SSA, interval growth >0.5 cm/y).

Description: A 70-year-old woman was hospitalized for hematemesis with severe anemia. In medical history: recent deep vein thrombosis, SAA, IPMN, arterial hypertension. Esophago-gastro-duodenoscopy (EGDS) was performed with evidence of gastric ulcer, treated with topical adrenaline and intravenous infusion of PPI; transfusion support was performed. Anticoagulant therapy (AT) was suspended and a caval filter (CF) was placed. During hospitalization the patient presented episodes of melena with acute anemia but the control EGDS and colonoscopy showed no signs of bleeding. Abdominal CT was performed with findings of fissuring of the SAA in contiguity with the pancreatic body in the presence of hyperdense material within secondary pancreatic ducts and in Wirsung’s duct. CE of the SAA was performed. The patient no longer presented melena or acute anemia and the control CT showed no bleeding.

Conclusions: This case describes a rare complication of ruptured SSA and reminds us of the importance of excluding the presence of rupture of known aneurysms in cases of obvious or occult bleeding.

The contribution of intestinal microbiota to the development and slowing of neurodegenerative disorders in institutionalized elderly

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Introduction and Purpose: Assessing nutritional status (MNI), related to cognitive disorders (MMSE) of institutionalized elderly subjects, such as intestinal dysbiosis, may increase or reduce neurodegenerative evolution. Methods and Patients: 126 guests of a geriatric facility (40 beds), all women, were observed in the period 2020-2021, with an average age 87.5 years old (range 70-103). In 2021 the average age of women was 84.7 years; the study groups were divided into two: 1 group 41 old people (>85 years); 2 group 85 elderly people (70-84 years) all were carriers of chronic diseases. All have been studied by MNA (Mini Nutritional Assessment, 18 Item).

Results: MNI: I group: 18.5=at nutritional risk; I group: 22.1= at nutritional risk ps=ns; Cumulative Illness Rating Scale (CIRS) I group: CIRS/IS=2.2 and CIRS/IC=3.6; II group: CIRS/IS=1.8 and CIRS/IC=2.8. ps=ns. We identified 74 patients (59%) with dyslipidemia, diabetic and digestive disorders with intestinal dysbiosis, also divided into two groups: I group=41 pt MNI=15 <14.2 Malnutrition and MMSE <15 MNI=26=22.8 at nutritional risk and MMSE between 24 and 30; The group =33 pt MNI=22.1 at nutritional risk and MMSE between 24 and 30 MNI/MMSE =ps=0.009.

Conclusions: Recent studies (2022-2024) have shown how the microbiota-axisgut-brain and the composition of the intestinal microbiota plays an important role in the physiology and pathophysiology of neurodegenerative disorders through the immune system, the vagus nerve and microbial metabolites.

The sickle cell crisis with ischemic multi-complications the importance of early erythrocyte exchanges

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Premise: In sickle cell crises, triggered in many cases of hypoxia in patients with sickle cell anemia, one of the therapeutic objectives is to prevent tissue ischemia that can involve all body districts. To do this, it is necessary to assay globin chains and, based on this, perform erythrocyte exchanges. A 33-year-old male man from Gambia, who went to the ED for fever and widespread pain (joint, thoracic and abdominal) was placed under brief intensive observation for 48 hours with a diagnosis of sickle cell crisis associated with extra-vascular hemolysis not requiring blood transfusions. At the time he did not have serious complications related to acuteness and vital parameters, effective pain control, hydration, antithrombotic prophylaxis and empirical antibiotic therapy were monitored. This was followed by hospitalization at the Medicine department, where instead the globin chains were immediately dosed and the indication for erythrocyte exchange was placed. In the meantime, the patient manifested sudden left hearing loss as a result of an arterial occlusion for which antiplatelet therapy was set. The course continued with monitoring and execution of erythrocyte exchanges until non-dangerous values of mutated globin chains were reached.

Conclusions: In conclusion, the timing of the indication for erythrocyte exchanges cannot be delayed even in the absence of acutia at the diagnostic moment, as the ultimate goal must be to prevent more serious events.

Dyskinesia-hyperpyrexia syndrome in Parkinson's disease: a case report

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Introduction: Parkinson's disease (PD) is a chronic, progressive movement disorder. However, PD patients

sometimes develop acute complications that are serious or even life-threatening. Dyskinesia-hyperpyrexia syndrome (DHS), a rare medical emergency in PD caused by antiparkinsonian drug abuse, is characterized by dyskinesia, rhabdomyolysis and hyperthermia.

Case report: A 58 year-old male affected by PD was admitted for hyperpyrexia and dyskinesia. He had been taking levodopa/benserazide 1200/300 mg/day and levodopa/carbidopa/entacapone 900/225/1200 mg/day. On admission he was in stable clinical condition with T° 39°C. Neurological examinations revealed dyskinesia over the trunk and four limbs. Laboratory tests showed high levels of CK (1501 IU/L) with normal CRP and procalcitonin levels. Blood and urine cultures were negative. Abdominal ultrasound, chest and brain CT scans were normal. To rule out CNS infection a lumbar puncture was performed: both biochemical and microbiological samples of cerebrospinal fluid were negative. Based on the clinical features and laboratory findings, a diagnosis of DHS was made and all anti-parkinsonian drugs were discontinued. Dyskinesia markedly improved two days later; T° and serum CK were back to normal within five days.

Conclusions: DHS is a rare but life-threatening complication of PD. Physicians should consider the possibility of DHS as a complication in patients with PD presenting with hyperthermia and dyskinesia. Early recognition and proper management can lead to favorable clinical outcomes and minimize morbidity and mortality rates.

C1-C2 Staphylococcus aureus osteomyelitis, a case report

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Premises: Staphylococcus aureus is a well-known pathogen responsible for acute hematogenous osteomyelitis and spondylodiscitis, in addition to endocarditis. Cervical osteomyelitis is a relatively rare condition, representing only 3% to 6% of all cases of vertebral osteomyelitis.

Description of the Case report: We describe the case of a 82-year-old man who was hospitalized twice within a short period. During the first admission, a bloodstream infection (BSI) caused by methicillin-susceptible Staphylococcus aureus (MSSA) was diagnosed. Transthoracic echocardiography (TTE) excluded endocarditis. Sixteen days after discharge, the patient was readmitted with destructive C1-C2 osteomyelitis and paravertebral abscess. This time he underwent a 10-week antibiotic course (parenteral followed by oral therapy), achieving complete infection eradication. However, due to the destruction of the C1-C2 vertebrae, neurosurgical stabilization was ultimately required. The only identifiable portal of bacterial entry was the peripheral venous catheter placed during the first hospitalization.

Conclusions: The two infectious episodes were evidently connected to each other and the rapid progression of infection, despite recent antibiotic therapy, was striking. The detection of S. aureus in the bloodstream was sufficient for microbiological diagnosis and target antibiotic treatment, without requiring aspiration biopsy. S. aureus is one of the most severe pathogens, even in the absence of antimicrobial resistance; early and effective antimicrobial therapy is crucial for favorable clinical outcomes.

Un modo per contrastare l'inerzia terapeutica nello scompenso cardiaco

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Premesse e Scopo dello studio: L'ospedalizzazione per scompenso cardiaco è il momento fondamentale per ottimizzare la terapia ed impostare il follow up.

Materiali e Metodi: Nel 2023 presso il reparto di Medicina d'Urgenza e di Medicina Interna dell'Ospedale Giovanni Paolo II di Olbia sono stati raccolti per quattro mesi i dati riguardo la terapia in atto di 135 pazienti ricoverati consecutivamente, aventi come diagnosi di dimissione lo scompenso cardiaco (HF). È stata analizzata la terapia alla dimissione (categoria e posologia) ed eseguita un'analisi rispetto all'aderenza alle linee guida più recenti. Questi dati sono stati mostrati durante un hospital meeting e successivamente condotta la medesima analisi nel reparto di Medicina d'Urgenza in 103 pazienti ricoverati consecutivamente con diagnosi di HF nei sei mesi successivi al meeting.

Risultati: Nelle due unità operative differenti è stata la prevalenza di HFrFE, ma analoghi risultati mostravano che l'80% dei diabetici con diagnosi di scompenso cardiaco non avessero a bordo iSGLT2 e questi fino al 90% non venissero prescritti nemmeno alla dimissione. Nel 70% non c'era utilizzo di anti-aldosteronici (MRA), nel 100% dei casi non si prescrivono leganti del potassio piuttosto si sospende l'MRA; si predilige l'ACE inibitore all'ARNI nonostante HFrFE quasi nel 100% dei casi.

Conclusioni: Nei sei mesi successivi l'hospital meeting la prescrizione degli iSGLT2 è stata incrementata fino al 65% e degli MRA fino al 20%. Mostrare i dati è stato uno strumento per sensibilizzare i clinici ed iniziare a contrastare l'inerzia terapeutica.

Analysis of the prescriptive appropriateness of low-molecular-weight eparins between regulatory and distribution channels

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Background: Low molecular weight heparins are a widely used therapeutic category in clinical practice and have a major impact on pharmaceutical spending. Due to the regulatory complexity governing their prescription and delivery, they are often improperly prescribed. In line with the Determinations of the Lazio Region, ASL has implemented a series of governance actions to realign objectives and promote more appropriate use.

Methods: An analysis of the expenditure and prescription of heparins, the provision of specific reports as a tool for self-analysis, the audit activity for general practitioners and the verification of prescribing behaviors (Interdistrict Regulatory Appropriateness Committees) were carried out.

Results: From the comparison of net expenditure compared to 2022/2023, data show an important reduction in consumption, especially of enoxaparin with a calculated saving of € 362,454.22, bringing this speciality from the second to the fourth most prescribed speciality at company

level. In addition, the data from the analysis showed that the use of biosimilars reduced the net expenditure per specialty compared to the use of the brand drug.

Conclusions: The governance actions taken by the ASL have had a strong impact in optimising prescriptions and realigning the spending values of the proprietary pharmaceutical EBPM.

Isolation and characterisation of carbapenem-resistant *Klebsiella pneumoniae* positive for KPC and NDM from patients undergoing microbiological screening by rectal swab on admission to the Internal Medicine department

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Premises and Aim of the study: Active surveillance for carriage of carbapenem-resistant *Klebsiella pneumoniae* (CR-KP) has become part of national programmes to control the spread of CRE in the healthcare setting. The aim of this study was to collect clinical and epidemiological data and perform molecular characteristics of CR-KP isolated in an Internal Medicine Department of a small public hospital.

Materials and Methods: From October 2023 to October 2024, 156 pts underwent a rectal swab, from which CR-KP were isolated on CHROMID CARBA SMART agar and identified by MALDI-TOF. This was followed by the determination of the antibiotic resistance profile using BD PHOENIX M50 and disk diffusion test (EUCAST). The phenotype and genotype of associated beta-lactamases were detected with KPC/MBL test kit (ROSCO Diagnostics) and PCR, respectively. Clinical parameters and patient characteristics were considered.

Results: Five patients (3.2%), all from long-term care facilities, tested positive for CR-KP and a varied multidrug resistance profile. All but one were producing KPC and two of them were positive to a metallo-beta-lactamase (MBL). Genetic analysis confirmed the presence of the KPC genes in KPC+ strains and detected the NDM gene in the two MBL+ strains.

Conclusions: The circulation of carbapenem-resistant *K. pneumoniae* with genetic characteristics that are not frequent in our country represents a risk for hospitals and long-term care facilities. Active surveillance is essential for effective Infection Prevention and Control (IPC) practice.

Serum albumin is independently associated with length of hospital stay in elderly heart failure patients: a real-life experience

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Background: Hypoalbuminemia is associated with poor prognosis, particularly in elderly patients or those with comorbidity. Heart failure (HF) patients are often elderly and have multiple comorbidities resulting in a worse nutritional status, which may favor the presence of low serum albumin. This study investigated the effect of serum albumin level on length of hospital stay in older patients with all HF types.

Materials and Methods: Study population included patients aged >65 years with HF, admitted to General Medicine Department of our hospital (“Ospedale del Mare” of Naples, Italy) from January 1 to December 31, 2022. Negative binomial multivariate regression was used to examine the association between serum albumin levels and duration of hospitalization.

Results: 56 HF older patients (mean age: 78.6 years, SD: 7.5; 39 women, 69.6%) were included in the study. Mean length of hospital stay was 14.8 days (SD: 10.1), and mean serum albumin levels were 3.58 g/dL (SD: 0.559). The duration of hospitalization in HF older patients was reduced by 31.4% for every 1 g/dL increase in plasma albumin (IRR: 0.69, 95% CI: 0.52-0.91, p=0.01), regardless of age, comorbidity severity, HF type, renal function and CRP levels.

Conclusions: HF is highly prevalent condition in older patients, in whom several comorbidities are often present, such as malnutrition, which worsen the prognosis. Hypoalbuminemia is independently associated with longer hospital stay in older HF patients. Further studies are needed to determine whether albumin correction can improve prognosis.

A case of hemophagocytic lymphohistiocytosis linked to immune checkpoint inhibitors

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Premises: Hemophagocytic lymphohistiocytosis (HLH) is an aggressive syndrome characterized by excessive immune activation with multiorgan involvement, which can be triggered by infection or other factors altering immune homeostasis. Diagnosis can be challenging due to its nonspecific clinical presentation. Early treatment is crucial and should address the triggering condition, if possible.

Description of the case: A 61-year-old female patient with lung cancer was admitted to our department due to confusion, speech impairment, fever and a skin rash she developed around 10 days after receiving her first dose of the immune checkpoint inhibitor atezolizumab and a recent SARS-CoV-2 vaccination. Brain MRI, EEG and lumbar puncture were normal. Laboratory findings showed pancytopenia, hypofibrinogenemia and elevated CRP, liver enzymes, LDH and ferritin. Infections and further malignancies were ruled out, and symptoms persisted despite antibiotic treatment, so a bone marrow biopsy was performed which confirmed the clinical suspicion of hemophagocytosis. IV steroids (1 mg/kg) were then initiated, resulting in rapid improvement.

Conclusions: HLH can be an uncommon complication of immune checkpoint inhibitor use, but data availability is limited due to its rarity. In this case, the immune activation caused by atezolizumab and the vaccination trigger likely contributed to provoking the clinical picture. We reached an exclusion diagnosis, supported by HLH-2004 criteria;

however, proper treatment should be initiated in any case of reasonable clinical suspicion, due to the high mortality.

Fever of unknown origin: a challenge for the internist

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Premises: Fever of unknown origin (FUO) is a challenging condition for a physician, with an impressive relevance in hospitals, associated with many differential diagnoses. FUO identifies with fever characterized by high temperature on several occasions over more than 3 weeks, where the diagnosis remains uncertain after an initial diagnostic work-up.

Case report: A 46-year-old woman from Côte d’Ivoire, was admitted to the ED for night fever, dry cough, vomit and weight loss. Her remote pathological history showed hypertension and previous thyroidectomy. The patient underwent the following diagnostic exams: chestX-ray showing an accentuation of the pulmonary vascular pattern and hilar thickening. HRTC had interstitial thickening with groundglass areolae, alveolar bronchiolar involvement with bilateral parenchymal nodular formations associated with mediastinal lymphadenopathy. The patient blood tests revealed a neutrophilic leukocytosis, anaemia and positive inflammatory indices with negative serum testings. PET/CT was positive for high glucose metabolism pathology in lymph node and lung. EBUS-TBNA and anatomopathological examination found non-caseous granulomas. The diagnosis of Sarcoidosis was made.

Conclusions: FUO associated with rare diseases remains a diagnostic challenge, especially when still undiagnosed and unsuspected. It’s always good to think outside the box when the physician faces with uncommon symptoms. After all, this is also the task of the internist, when he hears the sound of hooves, to think of zebras and not horses.

Leptospirosis: an uncommon cause of jaundice

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Background: Leptospirosis is a zoonosis whose incidence is underestimated. The patient is usually asymptomatic but the possible and dreaded complication is Weil’s disease (isolated hyperbilirubinaemia, acute renal failure AKI, thrombocytopenia and multi-organ impairment).

Clinical case description: 30-year-old man recently moved from India and currently working as a cleaner in a dairy. There is no noteworthy information in his remote pathological and family history. Admitted for marked jaundice (total bilirubin >40 mg/dl, conjugated 24), AKI (creatininemia >8 mg/dl), thrombocytopenia. Negative major and minor hepatitis viruses, negative autoimmunity. Abdominal ultrasound and liver biopsy were substantially within normal limits. All possible infectious causes were also investigated, starting with brucellosis, dengue, rickettsiosis. During this screening, leptospira IgM antibodies were requested, which were then found to be positive and appropriate antibiotic therapy was administered, resulting in clinical and laboratory improvement

of the patient with recovery within about a month.

Conclusions: The above case demonstrates the importance of understanding the patient's history, including work history, in order to identify the correct diagnosis earlier. In patients with isolated hyperbilirubinemia, renal failure, and suggestive medical history, it is important to suspect the presence of infections (including leptospirosis), which often occur, in order to set up an effective therapy and avoid the onset of life-threatening complications

The new PDTA for dyslipidemia management at ASST Mantova

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Premises: Dyslipidemia represents a significant clinical challenge in both primary and secondary prevention. The new Diagnostic Therapeutic Care Pathway (PDTA) developed by ASST Mantova highlights the crucial role of internists in managing cardiovascular risk through a holistic and multidisciplinary approach.

Materials and Methods: The clinical criteria for lipidology evaluation, which determines the need for Lipidologist evaluation, include: • Primary prevention: total cholesterol >300 mg/dL, LDL-C >190 mg/dL, lipoprotein (a) >70 nmol/L, triglycerides >300 mg/dL, family history of early cardiovascular events, or failure to achieve therapeutic targets in high-risk patients. • Secondary prevention: patients with recent acute coronary syndrome are fast-tracked to a lipidology visit within one month of the event to ensure timely and effective intervention. This PDTA not only helps achieve therapeutic targets for the index patient but also enables cardiovascular primary prevention in family members by identifying familial genetic dyslipidemias, thereby reducing population-wide cardiovascular risk. The Dyslipidemia Clinic serves as a key hub for managing complex cases, offering comprehensive evaluations (family history, lipid profile, cardiovascular risk) by Internal Medicine Lipidologist evaluation and promoting target achievement through a network involving cardiology, diabetology, and general practitioners. This model optimizes resource use, ensures appropriate therapies, and enhances the prevention of ischemic recurrences, aligning with European guideline recommendations.

Burnout among medical professionals: a Campania region study

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Burnout is a state of emotional, physical, and mental exhaustion caused by prolonged stress and overwork. It can lead to reduced performance, increased absenteeism, higher risk of medical errors. We investigated the prevalence of burnout among medical professionals in 3 Campania wards:

the Long Care Medicine Unit at Cardarelli Hospital, the Emerging Infectious Disease Unit at Cotugno Hospital in Naples, and the Medicine Unit at Vallo della Lucania Hospital. The clinical staff were subjected to the Maslach Burnout Inventory (MBI) test to assess their levels of burnout. We studied 47 health care workers in the same day who were on a morning shift: 25 women and 22 men aged 48+8 years. They completed the 3 MBI test: Section A depressive anxiety syndrome, Section B: Depersonalization and Section C: Personal achievements.

Results: Section A: 67% experienced Moderate burnout (Total between 18 and 29), Section B: 83% scored less than 5 (low level burnout), Section C: 56% had a total score of 35 (moderate burn out). Our findings indicate that the medical professionals in these units are experiencing moderate levels of burnout. This intermediate burnout status is largely attributed to their reluctance to take on shifts in the emergency room. The results highlight the need for targeted interventions to support medical staff and address the factors contributing to their burnout, particularly concerning emergency room duties.

A rare case of mesenteric fibrosis: Erdheim-Chester's disease

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Background: Erdheim-Chester disease (ECD) is a rare form of non-Langerhans cell histiocytosis characterized by clonal myeloid cells proliferation associated with inflammatory features. Mutations of BRAF and MEK proto-oncogens are involved in the pathogenesis. Manifestations include osteosclerosis of the lower extremities, CNS, heart and large vessels involvement, retroperitoneal fibrosis, xanthelasmas and orbital pseudotumour.

Case report: 47-year-old female, previously diagnosed as sclerosing mesenteritis on omental mass biopsy. Histological exam showed fibrosis with CD68+/CD163+ foamy histiocytes. She went to ED with abdominal pain and fever. PE noted xanthelasmas. Lab analysis observed increased CRP and negative autoimmunity. Abdominal CT scan showed diffuse thickening of peritoneum and retroperitoneal fibrosis, but no neoplastic lesions or infectious foci were identified. Less than 5% IgG4+ plasma cells were present on histological examination. FDG-PET highlighted hypermetabolism of retro-orbital area, aorta, epiaortic vessels, pericardium, peritoneum and retroperitoneal adipose tissue. Bone scintigraphy-SPECT revealed osteosclerosis of tibiae, epiphyses of femurs and humeri. A review of biopsy showed a positive BRAFV600E gene mutation and presence of p16 by ICH on histiocytes. Hence, ECD's diagnosis was confirmed.

Conclusions: Diagnosis of ECD requires integration of clinical, radiological, molecular and histological findings. Peritoneal involvement has been described, but it may be misdiagnosed with other abdominal lesions (TB, IgG4 disease, mesenteric panniculitis, neoplasm).

A case of an iatrogenic adrenal insufficiency

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Introduction and Background: Nivolumab is a monoclonal antibody currently used to treat many types of advanced tumors.

Case presentation: A 59-year-old man with stage IV penile melanoma who had been treated with nivolumab since 2019 with the last administration in June 2024, arrived at the hospital last July for nausea and vomiting uncontrollable. Blood tests showed hyponatremia and hypoglycemia severe. Subsequent tests showed low serum levels of cortisol, associated with a low circulating level of adrenocorticotropic hormone. The patient also underwent gastroscopic examination which was negative. Screening for adrenal antibodies and the search for adrenal lesions on abdominal CT were negative. The patient was subjected to infusion of hypertonic solutions; subsequently, he began replacement treatment with hydrocortisone with resolution of symptoms and normalization of the values of sodium and glycemia.

Discussion: Nivolumab is a immunoglobulin G4 (IgG4) monoclonal antibody that binds to the programmed death-1 (PD-1) receptor and blocks the interaction with its ligands PD-L1 and PD-L2. This is the first anti-PD-1 drug approved in Italy, and the second immuno-oncology drug after ipilimumab, for the treatment of advanced melanoma. However, reports of immune-related adverse events during this therapy, such as adrenocortical insufficiency, are increasing

Conclusions: We report a case of a patient who presented with adrenal insufficiency following nivolumab therapy. This case report highlights the importance of early recognition of adrenal insufficiency during nivolumab therapy.

Outcomes nei pazienti adeguatamente trattati per setticemia da *Klebsiella pneumoniae* produttrice di NDM. Risultati: di uno studio multicentrico retrospettivo in Medicina Interna in un'area endemica

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Scopo: Valutare nei pazienti internistici la mortalità a 30 giorni correlata all'infezione del torrente ematico da *K. pneumoniae* NDM+ (Kp-NDM) trattata con la migliore terapia mirata possibile.

Metodi: Studio osservazionale retrospettivo su pazienti consecutivamente ricoverati in tre reparti di Medicina Interna dell'area endemica Toscana Nord-Ovest, gennaio 2021-dicembre 2023, per setticemia da Kp-NDM e trattati con terapia antibiotica definitiva adeguata.

Risultati: 27 pazienti sono stati trattati con l'associazione di ceftazidime/avibactam più aztreonam, 3 con cefiderocol. Età media: 75,3 anni. Charlson Comorbidity Index (CCI) medio: 7.5. Tutti i pazienti erano colonizzati da Kp-NDM. La mortalità a 30 giorni è stata del 46.7%. L'età media, il CCI e il SOFA score sono risultati significativamente più elevati nei pazienti deceduti rispetto ai sopravvissuti (80.1 vs 71.2, p=0.036; 8.6 vs 6.6, p=0.047; 5.9 vs 4, p=0.043). Nei 13 pazienti con infezione comunitaria la sopravvivenza è risultata significativamente più elevata rispetto ai pazienti con infezione nosocomiale (76.9% vs 35.3%, p=0.024). All'analisi di regressione logistica multivariata penalizzata, l'età, il CCI, il SOFA score e l'origine nosocomiale sono stati identificati come predittori indipendenti di mortalità.

Conclusioni: Questo studio fornisce i primi dati riguardanti gli outcomes nei pazienti anziani e con plurime comorbidity ricoverati in Medicina Interna per setticemia da Kp-NDM ed evidenza che la complessità dei pazienti influenza gli outcomes clinici indipendentemente dall'adeguatezza del trattamento.

Caso clinico: severa pancitopenia e shock settico dopo prima dose di secukinumab in una paziente con artrite psoriasica

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Premesse: L'artrite psoriasica (AP) è una patologia autoimmune che nei casi più severi può richiedere l'impiego di immunosoppressori, di solito ben tollerati. I farmaci biotecnologici sono parimenti ben tollerati e solo raramente causano eventi avversi significativi.

Descrizione del Caso clinico: Riportiamo il caso di una paziente che afferiva presso il nostro ospedale nel luglio 2022 per febbre e oliguria dopo alcuni giorni dalla prima dose di secukinumab, anticorpo monoclonale anti-IL17A impiegato per l'artrite psoriasica severa. Tale farmaco era stato aggiunto al metotrexate 2.5 mg/die, che la paziente tollerava. Nei giorni successivi aveva anche iniziato aciclovir per os nel sospetto di una infezione erpetica per via di una lesione eczematosa al tronco. Comparivano quindi lesioni ulcerative al cavo orale, severa dermatite esfoliativa alle mani, mielosoppressione con severa pancitopenia e shock settico per cui praticavasteroide, noradrenalina, fattori di crescita, antibioticotera, con graduale miglioramento delle condizioni cliniche e della funzione d'organo.

Conclusioni: Al meglio delle nostre conoscenze descriviamo il primo caso di severa mielosoppressione e susseguente shock settico indotti dalla prima dose di secukinumab nel contesto di una condizione di immunosoppressione preesistente. Resta da chiarire il meccanismo patogenetico per cui sarebbero necessari ulteriori studi specifici.

Unmasking tumor-induced osteomalacia: a clinical case of phosphaturic mesenchymal tumor

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Premises: Tumor-induced osteomalacia belongs to a rare group of acquired paraneoplastic syndromes. The most common cause is phosphaturic mesenchymal tumor.

Description of the Case report: A 36-year-old female patient started complaining of low back pains about 2 years ago, after her second pregnancy. The case was initially misdiagnosed as axial spondyloarthritis and treated with salazopyrin, without improvement. In the following months, she developed a progressive lower limbs paresis. A MRI scan showed non traumatic pelvic and bilateral femoral fractures. She was therefore hospitalised for complete examinations. Laboratory tests showed hypophosphatemia, phosphaturia, high serum alkaline phosphatase, low levels of active vitamin D, increased levels of fibroblast growth factor (FGF23). Imaging

examinations included a bone scintigraphy, showing aspecific signs of metabolic bone disease (rosary beads, tie-sternum). A FDG-PET showed focal glucose uptake in correspondence with an osteoblastic lesion of the left femoral head. The lesion was further analysed with a 68GA-PET, showing high expression of somatostatin receptors. The CT guided bone biopsy gave the definite diagnosis of phosphaturic mesenchymal tumor.

Conclusions: In presence of muscle weakness and fragility fractures associated with hypophosphatemia and high serum alkaline phosphatase, tumor-induced osteomalacia must be suspected. Specific laboratory and imaging examinations must be performed in order to identify the causative neoplasm and plan its prompt removal.

Rising cases of obstructive jaundice admitted to Internal Medicine in 2022-2024: a single centre prospective analysis

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Background: Obstructive jaundice (OJ) is often a cause of urgent or elective hospitalization for diagnosis and treatment by endoscopic or percutaneous drainage. Patients may be admitted to Internal Medicine (IM) wards, even if the underlying cause may require surgery. In this prospective study, we analysed the characteristics of patients urgently admitted to IM for OJ in a secondary hospital in Rome during 2022-2024.

Methods: All urgent admissions to IM during 2022-2024 were prospectively recorded with demographic data, length of stay (LoS), type of discharge and outcome. Patients admitted for OJ were retrospectively analysed, as well as underlying cause (malignancy or benign lesions such as lithiasis or stenosis).

Results: 1667 admissions to IM were included (49.3% males, median age 79 years, IQR 19 years); 84% from the Emergency Department, 11.8% from the Intensive Care Unit. OJ was present in 150 (9.0%), 38% males, median age 77.5 years (IQR 21.25). OJ admissions rose from 6.5% in 2022 to 10.9% in 2024. Cause of OJ was malignancy in 39 (26%) overall. Median LoS for OJ was significantly shorter than for other diagnoses (8 days vs. 9 days, $p=0.003$). In-hospital mortality and discharge outcome did not differ significantly from non-OJ related admissions.

Conclusions: Urgent admissions for OJ have increased steadily in our IM in 2022-2024, the majority due to non-malignant causes. This patient population had a significantly higher female prevalence, and a significantly shorter median hospital LoS compared to patients admitted to IM for other disorders.

Non alcoholic steatohepatitis after bariatric surgery: a rare case

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Background: Obesity is often associated with non-alcoholic

fatty liver disease (NASH). Among the therapeutic options for morbid obesity, bariatric surgery plays an important role when conventional therapies fail. The effects of bariatric surgery on liver function are controversial in the literature. We report the case of an obese woman who developed NASH six months after gastric bypass.

Case report: A 56-year-old woman was admitted to our hospital for jaundice and asthenia. She underwent gastric bypass for severe obesity six months before. She experienced a rapid weight loss (70 kg) with a reduction in BMI of 40%. Upon admission laboratory tests showed anaemia, liver cytolysis and hyperbilirubinemia (total bilirubin 0.12 g/L, normal values <0.01 g/L), hypoalbuminemia (2.5 g/dL, normal value 35-55 g/dL). Serum markers for hepatitis B and C virus and other causes of liver damage were negative. No alcohol abuse was reported. No paracetamol or other drug consumption was detected. Computed tomography scan revealed only hepatomegaly with steatosis. A liver biopsy was performed and showed NASH with mild fibrosis.

Conclusions: Although improvement of metabolic syndrome has been documented after bariatric surgery, decompensation of liver function and NASH should be considered a rare complication. It's important the monitoring of liver function in the management of obese patients before and after bariatric surgery, including adequate supplementation with specific nutrients to prevent rapid weight loss and consequent liver injury.

L'effetto del protocollo HESM (*hospitalized elderly structured mobilization*) sulla durata della degenza ospedaliera dei pazienti over 65 secondo il modello Orem: uno studio quasi sperimentale.

Risultati preliminari

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Premesse e Scopo dello studio: Il ricovero ospedaliero rappresenta un evento critico per la popolazione anziana, con un'elevata incidenza di disabilità acquisita non correlata alla patologia acuta. Lo scopo di questo studio è descrivere l'effetto dell'intervento interdisciplinare HESM sulla riduzione del grado di disabilità acquisita e sulla durata della degenza ospedaliera dei pazienti anziani ricoverati in Medicina Interna.

Materiali e Metodi: È stato condotto uno studio quasi-sperimentale before-and-after su pazienti di età ≥ 65 anni con $MRS \leq 4$ e $MEWS < 5$. L'analisi statistica è stata condotta adottando un livello di significatività di $p < 0,05$.

Risultati: Al 6 Febbraio 2025, sono stati arruolati 300 pazienti nella Fase 1 e 271 nella Fase 2. I due gruppi sono risultati simili per caratteristiche demografiche e cliniche. I pazienti arruolati nella Fase 2 (implementazione HESM) hanno mostrato una differenza significativamente minore nel punteggio di MRS (0,73 vs 0,35 punti, $p=0,00$) e nel punteggio di BIM (15,03 vs 8,77 punti, $p=0,00$). Non sono state osservate differenze significative nella durata della degenza.

Conclusioni: I risultati preliminari suggeriscono che l'implementazione di un protocollo strutturato di mobilitazione precoce, come il protocollo HESM, può contribuire a ridurre il declino funzionale negli anziani ospedalizzati, migliorando gli esiti clinici ed assistenziali. Nonostante la mancanza di differenze nella durata della

degenza, l'intervento ha mostrato un impatto positivo su altri indicatori di qualità, come la riduzione dell'istituzionalizzazione.

Risk factors for hospital readmission: a single-center retrospective study

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Premises and Purpose of the study: Hospital readmissions occurs when a patient is readmitted within a short period after hospital discharging. Hospitalization often causes loss of autonomy and worsening of physical performance. It is also correlated to several complications, including a high risk of mortality. For these reasons readmissions represent a significant concern in healthcare.

Materials and Methods: In this retrospective study, 1441 patients discharged alive from the Medicine Unit of Ospedale Fondazione Macchi in Varese were enrolled. Demographic and clinical data were collected from medical records. The main objective of the study is to describe the characteristics of patients readmitted within 30 days (early hospital readmission [EHR]) and within 90 days. Secondary objectives include identifying risk factors for readmissions and evaluating the correlation between readmission and mortality.

Results: We observed 116 hospital readmissions within 30 days (8%) and 228 within 90 days (15.88%). Most of the hospital readmissions (>90%) were unplanned. The main risk factors for EHR were heart failure (HF) and neoplastic diseases. Diabetes mellitus has emerged as risk factor for hospital readmissions at 90 days. EHR was a risk factor for 30-days mortality (OR 1.958) and 90-days mortality (OR 1.834).

Conclusions: HF, neoplastic disease and diabetes mellitus are risk factors for readmission. Patients with these conditions should be followed more carefully to avoid readmission. Future prospective studies are needed to evaluate strategies that reduce readmissions and mortality.

Rectal colonization with carbapenem-resistant *Klebsiella pneumoniae*: prevalence and clinical characteristics in patients admitted to the medical ward

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Background: Screening for rectal carriage of carbapenem-resistant *Klebsiella pneumoniae* (CRKP) is part of a multimodal strategy aimed at controlling the dissemination of this threatening organism in hospital setting. We assessed the prevalence and the clinical characteristics of patients with CRKP colonization admitted to the medical ward of an acute care hospital.

Materials and Methods: Retrospective study of patients admitted between January 1st 2021 and May 31st 2023. All patients with a positive screening for CRKP rectal colonization were enrolled.

Results: 305 patients were identified as CRKP carriers (prevalence 2.5%). The mean age was 76.4±12.9 years, and the median Charlson comorbidity index was 6 (IQR 5-8).

The carbapenemase genes identified were KPC (216 patients, 70.8%), VIM (61 patients, 20%), OXA-48 (17 patients, 5.6%), and NDM (11 patients, 3.6%). 183 CRKP carriers (60%) showed signs and symptoms of infection at the admission or during hospital stay; of these, 30 (16.4%) were infected with the colonizing CRKP. In-hospital mortality was 13.1% (40 of 305 patients) among the entire study population.

Conclusions: The prevalence of CRKP colonization was low; KPC was the main carbapenemase gene identified. CRKP carriers had a high comorbidity burden and frequently had an infection. The rate of infection with CRKP among carriers with signs and symptoms of infection was low but not negligible. Screening for rectal colonization is a pivotal activity for the prevention of CRKP spread and may help guide empiric antibiotic treatment in patients with diagnosis of infection.

Management of a *Pneumocystis jirovecii* pneumonia in an immunocompetent patient: a rare case report

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Background: *Pneumocystis jirovecii* pneumonia (PJP) is a disease typically associated with immunodeficiency states, such as HIV infection or immunosuppressive therapy. However, its occurrence in immunocompetent patients is extremely rare and represents a diagnostic challenge.

Description of the Clinical case: A 45-year-old man, with no significant history of immunosuppression, presented to our hospital with progressive dyspnea, fever, and a dry cough that had persisted for 10 days. Laboratory tests showed leukocytosis and elevated LDH levels. The chest CT scan showed bilateral interstitial "ground glass" opacities. Bronchoscopy with bronchoalveolar lavage confirmed the presence of *Pneumocystis jirovecii*. Despite the absence of obvious causes of immunosuppression, cellular immunity tests have shown a moderate transient lymphocyte dysfunction of idiopathic origin. The patient after 14 days of treatment with trimetoprim-sulfamethoxazole and steroids presented a complete healing of the picture at discharge.

Conclusions: PJP can occur in patients without apparent immunocompression, making the in-depth and timely diagnostic approach essential to ensure effective treatment and prevent complications.

Un'insolita addominalgia

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Premesse: La rettocolite ulcerosa (RCU) è una malattia infiammatoria cronica intestinale (MICI), immunomediata e idiopatica, con caratteristico coinvolgimento limitato alla mucosa del colon e ad estensione continua ascendente (dal retto al ceco) colon. Le principali caratteristiche cliniche sono: diarrea muco-sanguinolenta, rettorragia, tenesmo rettale, addominalgia; descritte inoltre manifestazioni extraintestinali, tra cui la pancreatite autoimmune di tipo 2 (AIP-2).

Descrizione del Caso Clinico: Uomo, 33 anni, negati fumo,

allergie/intolleranze, viaggi recenti. Da 3 settimane diarrea mucosanguinolenta, urgenza, tenesmo rettale, epigastralgia, fasi piretiche e calo ponderale. APR muta. EO: dolorabilità palpatoria in epigastrio e fossa iliaca destra. Eseguiti es. di laboratorio (neutrofilia assoluta ed incremento di PCR, amilasemia, lipasemia; coprocultura e sierologia virale negative; calprotectina fecale positiva), TC addome con mdc (ispessimento parietale colico prevalentemente all'ascendente ed alla flessura epatica, modica tumefazione-edema del pancreas), colonscopia con biopsie (iperemia, erosione e tumefazione della mucosa dalla flessura epatica al retto; conferma istologica di RCU severamente attiva). Iniziato prednisone 0.75 mg/Kg/die po con efficacia clinico-laboratoristica. Il 15-30% delle MICI può associarsi ad AIP-2; di esse, i 2/3 sono rappresentati da una RCU. Si ipotizzano meccanismi immunomediati condivisi, data la comune infiltrazione neutrofilia all'istopatologia.

Conclusioni: Il trattamento corticosteroidico (es. prednisone 0.6 mg/Kg/die) con tapering graduale risulta efficace nell'80-99% dei casi.

An uncommon initial presentation of C1 inhibitor deficiency

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Background: C1 inhibitor angioedema is a rare disease that can have serious consequences. The mediator of the symptoms is bradykinin which is released following activation of the contact phase not controlled by the C1 inhibitor.

Description of the Clinical case: 29-year-old patient, with history of ED visits for gastroenteritis, presented with abdominal pain, nausea and vomiting for 3 days. Abdominal CT revealed free effusion and edema of the ileal loops, with a diagnosis of terminal ileitis and hospitalization elsewhere. Discharged, he returned to the ED with pharyngodynia, swelling of the right hand, altered tone of voice and severe dyspnea. Despite adrenaline and steroids, the condition worsened, necessitating a minicricothyrotomy due to difficulty in intubation. Transferred to intensive care, he was subsequently hospitalized in Medicine. Complement dosages showed normal C3, transiently reduced C4, C1-INH normal antigen (32 mg/dL), but reduced functional antigen (33.7%). Clinical and instrumental re-evaluation was consistent with intestinal manifestations of angioedema. The final diagnosis was angioedema due to functional C1-INH deficiency (type 2). No new episodes occurred during hospitalization, allowing the tracheal cannula to be removed. A subcutaneous bradykinin B2 receptor antagonist was prescribed for future attacks, and follow-up was set up at a reference center.

Conclusions: A correct classification of angioedema due to C1INH deficiency allows effective patient management, guaranteeing access to life-saving drugs and reducing the risk of complications.

FIB-4: a useful test for metabolic dysfunction-associated steatotic liver disease staging in Internal Medicine department

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Background: Metabolic dysfunction-associated steatotic liver disease (MASLD) is a highly prevalent condition. Guidelines suggest FIB-4 index to identify the patients with high risk of advanced liver disease. A FIB-4 >1.3 has high sensitivity, while a value >2.67 has high specificity.

Aims: identify patients with MASLD admitted to IM departments.

Materials and Methods: We analysed data of all patients admitted from 01/01/24 to 31/03/24 in Internal Medicine (IM) department. We evaluated the presence of hepatic steatosis and the presence of at least one cardiovascular (CV) risk factor such as: hypertension, obesity, dyslipidaemia or diabetes. Were excluded patients with alcohol abuse, viral hepatitis or other causes of liver disease.

Results: A total of 224 patients were analysed, 36 were excluded. Among the 188 patients included, 42 (22.3%) had MASLD. In 16 patients FIB-4 was >1.3 (Group A) and in 7 FIB-4 >2.67 (Group B). In Group A, 18.7% had one CV and 75% had >1 CV; in Group B, 14.2% had one CV and 85.8% >1 CV. In Group A, only 5 patients (31.2%) had an hepatologic evaluation, while in Group B only 2 patients (28.6%).

Discussion: MASLD is a common condition in IM departments, but a more accurate hepatologic evaluation is necessary.

Progetto sperimentale AMA-Area-Medica di Ammissione

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Premesse: Il sovraccollamento in DEA è determinato dalla sproporzione tra la domanda sanitaria e risorse fisiche e/o umane e/o strumentali necessarie a soddisfarla.

Descrizione: Presso l'ospedale L. Bonomo di Andria è stato proposto un modello sperimentale "AMA-Area Medica di Ammissione" i cui obiettivi erano quelli di ridurre il boarding in DEA mediante la presa in carico precoce dei pazienti internistici, garantendo una appropriatezza dei ricoveri del 100%. Sono stati confrontati due periodi Periodo A (AMA non attivo) e Periodo B (AMA attivo). Nel primo i pazienti presi in carico dal PS e poi ricoverati in MI erano 670 e la permanenza calcolata in h in PS era in media di 36 ore.

Risultati: La degenza media in MI era di 7,39 giorni. Nel periodo B invece i pazienti presi in carico dall'AMA erano 997, di cui 845 (84,7%) venivano ricoverati in MI, 141 (14%) venivano dimessi a domicilio e lo 0,01% (11 pazienti) veniva ricoverato in LDPA. La permanenza in PS era di 35 h, di cui 23 h a carico del PS e 12 h a carico dell'AMA. La degenza media MI è stata di 5,59 giorni. I pazienti del gruppo A venivano presi in carico 12 h prima con una riduzione del boarding del 33%. Si osservava una riduzione della degenza media in MI di 1,8 giorni, quindi da 7,39 a 5,59 giorni, con una stima annua di riduzione dei costi di circa 2 milioni di euro.

Conclusioni: Il progetto AMA offre la possibilità di una presa in carico precoce del paziente, con un tempestivo avvio del percorso diagnostico terapeutico, che consente di ridurre il boarding del PS riducendo anche il tempo totale di degenza media in IM con una netta riduzione dei costi.

Lysosomal acid lipase deficiency: a case report

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Premises: The phenotypic spectrum of Lysosomal Acid Lipase (LAL) deficiency ranges from the infantile-onset form (Wolman disease) to later-onset form collectively known as cholesterol ester storage disease (CESD). CESD may present in childhood in a manner similar to Wolman disease or later in life with such findings as serum lipid abnormalities, hepatosplenomegaly, and/or elevated liver enzymes. The diagnosis is confirmed by identification of either biallelic pathogenic variants in LIPA or deficient LAL enzyme in peripheral blood leukocytes, fibroblast.

Description of the Case report: 20-year-old patient; evidence of severe hypercholesterolemia (total cholesterol 340; LDL 280; HDL 30; triglycerides 150) and increased transaminases (AST 58; ALT 61); hepatic steatosis on abdominal ultrasound with negative biopsy; no signs of atheromasia in the cardiovascular system. Genetic analysis (2021) showed E8SJM mutation and subsequent diagnosis of CESD; after framing at Rare Disease Center, started at our DH, course of therapy with Sebelipase-alpha (Kanuma) 5fl in 100cc 2 times/week. Absence of hepatic and/or cardiovascular manifestations at follow-up (4 years), with normalization of lipid balance.

Conclusions: since CESD is an often under diagnosed disease, it is very important to make a correct differential diagnosis and to initiate affected individuals into treatment early. Particularly in subjects with CESD, therapy is useful to prevent the development of atherosclerosis and slow down the progression of hepatic steatosis towards chronic hepatitis and cirrhosis.

The enigma of dyspnea without a cause.**When a change of perspective (and position) reveals the solution: a rare case of platypnea-orthodeoxia syndrome**

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Premises: Platypnea-orthodeoxia syndrome is a rare clinical condition characterized by arterial desaturation and dyspnea that worsen in orthostatism and is often associated with right-to-left shunting.

Description of the Case report: A 69-year-old female patient with metastatic breast adenocarcinoma was admitted to our department due to type 1 respiratory failure. The symptoms, initially attributed to an obstructive respiratory disease, proved refractory to treatment. Pulmonary CT angiography, chest HRCT, and lung scintigraphy excluded major pulmonary causes of respiratory failure. Echocardiography revealed diastolic dysfunction, preserved left ventricular ejection fraction and septal hypertrophy, but optimization of medical therapy did not improve clinical outcomes. Blood gas analysis

performed in different positions demonstrated marked orthostatic deoxygenation (pO₂ 62 mmHg *versus* pO₂ 53 mmHg), strongly suggestive of a cardiac shunt (intrapulmonary shunting had been previously excluded by scintigraphy). Transcranial Doppler confirmed the presence of a right-to-left shunt. Subsequently, a transesophageal echocardiogram confirmed the diagnosis of a patent foramen ovale (PFO) with bidirectional shunting. Percutaneous closure of the PFO resulted in complete resolution of respiratory symptoms.

Conclusions: Platypnea-orthodeoxia syndrome, often masked by other clinical conditions, presents a diagnostic challenge. A multidisciplinary approach, sound clinical reasoning, and the judicious use of diagnostic modalities are crucial for effective diagnosis and treatment.

Microcirculatory alterations in patients with diabetic nephropathy: evaluation by videocapillaroscopy

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Background and Aims: Diabetic nephropathy (DN) is a microvascular complication of diabetes mellitus (DM) and is the most common cause of end-stage renal failure throughout the world. Nailfold videocapillaroscopy (NVC) was determined to be an effective method in the early diagnosis and determination of diabetic complications. However, only a few researches have been conducted to investigate the relationship between DN and NVC. The aim of our study is to evaluate nailfold capillaries in type 2 DM patients (pts) to determine any correlation between the development of nephropathy and changes in microcirculation.

Materials and Methods: We underwent NCV 46 pts (25M and 21F) affected by T2DM and a 40 healthy individuals (22M and 18F, control group). T2DM pts were separated into groups of normoalbuminuric, microalbuminuric and macroalbuminuric DN stages according to the albumin/creatinine ratio. GFR was evaluated using the CKD-EPI formula. We used Videocap 3.0, 200x magnification and software (DS Medica, Italy).

Results: Pts with albuminuria had more microhemorrhages (13.8%), capillary aneurysms (15.4%), bizarre capillaries (40.3%), bushy capillaries (26.2%) and greater tortuosity (66.2%) than the control group. Only tortuosity was significantly correlated with albuminuria (p<0.05).

Conclusions: Our data demonstrate that NVC represents a very useful diagnostic tool also in the evaluation of microcirculatory alterations that occur in ND, confirming the results of the few clinical studies existing in the literature. Of course, further evidence with larger case series is needed.

Neo-angiogenic manifestations of the peripheral capillary circulation in hypothyroid patients: evaluation by periungual videocapillaroscopy

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Background and Aims: Angiogenesis is regulated by several factors, including VEGF, whose serum levels increase significantly in untreated hypothyroid post-Hashimoto's thyroiditis patients (pts) and correlate with those of TSH in hypothyroid and with goiter pts, decreasing significantly after replacement treatment. Serum levels of endostatin, a natural inhibitor of angiogenesis, are reduced in hypothyroidism. Active secretion of VEGF by thyrocytes has been demonstrated; during thyroid pathologies, changes in TSH and VEGF are observed both in the thyrocytes and in the endothelial cells of the microcirculation. In our study we evaluated the neo-angiogenic manifestations of the peripheral capillary circulation in hypothyroid pts using periungual videocapillaroscopy (NVC).

Materials and Methods: We subjected 30 pts with thyroid struma (26F and 4M) age 46 y (range 16-66) and 26 controls (22F and 4M) age 44 y (range 19-64) to NVC, using a VideoCap 3.0 with optics 200X and dedicated software (DS Medica). The presence of tortuosity of the capillary loops (ratio between the number of tortuous loops and normal loops) was considered as an expression of neoangiogenesis.

Results: We found a significantly higher number of tortuous capillary loops, expression of neoangiogenesis, in pts with hypothyroidism vs. controls ($p < 0.001$).

Conclusions: Our data suggest that neo-angiogenic phenomena affect the peripheral microcirculation of pts with hypothyroid struma and confirm the important role of NVC in the study of microcirculatory alterations even in extra-rheumatic diseases.

Trombosi venosa polmonare: una revisione sistematica della letteratura

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Premesse e Scopo dello studio: La trombosi delle vene polmonari (PVT) è una rara patologia la cui descrizione è limitata a case report ed analisi di piccoli gruppi. È associata alle neoplasie e alla chirurgia del polmone. Gli approcci terapeutici comprendono interventi di trombectomia e uso di anticoagulanti. Le complicanze includono l'insufficienza respiratoria, cardiaca e l'embolizzazione arteriosa sistemica.

Materiali e Metodi: Partendo da un caso di PVT trattato nel nostro reparto, abbiamo svolto una revisione su PubMed® identificando 91 case report relativi a PVT nel periodo 1946-2024, con un aumento dal 2012 in poi. Sono stati analizzati i dati anagrafici, i fattori di rischio, le metodiche di diagnosi e terapia.

Risultati: L'età media era di 57 ± 17 anni (DS), il 58% maschi. La presenza di neoplasia è stata rilevata nel 33% dei casi, chirurgia polmonare nel 21%, trapianto del polmone nel 13%, SARS-CoV-2 nel 7%. La presentazione più frequente era l'embolizzazione arteriosa sistemica nel 31%, in particolare cerebrale. La diagnostica iniziale era la TC del torace nel 67% e l'ecocardiografia transesofagea nel 26%. Il 25% dei pazienti è stato trattato con DOAC.

Conclusioni: Dai nostri dati le neoplasie e la chirurgia polmonare risultano importanti fattori di rischio. Data l'elevata embolizzazione arteriosa sistemica della PVT, questa andrebbe maggiormente indagata come causa di ictus cerebrale. La terapia con DOAC viene sempre più

considerata. Sono necessari maggiori studi per stimare la reale prevalenza ed incidenza della PVT ed i migliori approcci diagnostico-terapeutici.

Dabigatran associato ad IRA: un ostico caso di sovradosaggio

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Introduzione: Il dabigatran etexilato è un inibitore diretto della trombina, l'effetto anticoagulante non necessita di aggiustamenti posologici né di monitoraggio periodico. **Caso clinico:** Uomo di 85 anni, in terapia con dabigatran da un mese per FA, afferisce al PS per anemia acuta ($Hb=5.5$ g/dL) da enterorragia ed ascite sieromeatica. Concomita IRA in fase anurica (azoto ureico=179, creatinina=4.98 mg/dl); l'aPTT ratio è 1.88. Stabilizzato con eritrociti, dopo trattamento con idarucizumab 5 g ev l'emorragia si arresta. L'indomani l'emorragia riprende; con aPTT ratio di 1.65 viene ripetuto l'idarucizumab e infuso PCC a 4 fattori. Il dTT è 102 ng/ml e, di fronte alla persistenza dell'anuria nonostante espansione volemica, si avvia CRRT con un sorbente utilizzato come terapia adiuvante. A distanza di 24 ore il dTT risulta < 20 ng/ml e l'aPTT ratio è 0.86. La dialisi viene interrotta e a distanza di ulteriori 24 ore la concentrazione del dabigatran aumenta di nuovo (dTT=69 ng/ml). Con la ripresa della funzione renale il dTT scende spontaneamente.

Risultati: L'impiego dell'idarucizumab in combinazione con l'emoadsorbimento di un sorbente utilizzato come terapia adiuvante si è dimostrato efficace nell'abbassare i livelli plasmatici del dabigatran, tuttavia il grande volume di distribuzione può spiegare il fenomeno del rebound.

The importance of a tailored and integrated vaccination program in people living with HIV

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Background: According to the WHO, globally 39 million people were living with HIV at the end of 2022. Vaccinations are crucial in People living with HIV (PLWH), who are at greater risk of contracting infectious diseases and developing complications. We introduced an active promotion plan for recommended vaccinations (the "VacciNetwork Project") and the "Clinical Vaccinology Workbook" was produced. The target was to establish collaborative networks between hospitals and healthcare facilities, integrating vaccination plans with clinical and healthcare pathways in PLWH, in order to reduce preventable complications.

Materials and Methods: Data regarding vaccinations in PLWH performed in 2022 and 2023 were extracted from our databases and from the Regional Vaccine Register.

Results: In the period from July to December 2023, a total amount of 1020 doses were administered, vs the 455 doses administered in the same period of 2022 (+124.18%). The greatest increase was observed in the HBV vaccination

(+528.57%, n=14 vs 88), followed by the recombinant zoster vaccine (+432%, n=25 vs 133). Other important increases were observed in the meningococcal B vaccines (+220.45%, n=44 vs 141), in the PNC20 vaccine (+137.5%, n=16 vs 38), in the HPV9 vaccine (+105.66%, n=106 vs 218), and in the meningococcal ACWY conjugated vaccine (+96.15%, n=52 vs 102).

Conclusions: This study shows the importance of aimed vaccinations programs in chronic care patients such as PLWH. It also points out the importance of collaboration among different healthcare settings, optimizing the patient's final outcome.

A systematic review on the validity in predicting left ventricular systolic dysfunction of a new echocardiographic measurement: E-point septal separation

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Premises and Purpose of the study: E-point septal separation measurements (EPSS) could be an useful echocardiographic parameter for assessment of Left Ventricular ejection fraction (LVEF): it is fast and easy to measure. We calculated the reliability and validity of EPSS in predicting LVEF depression.

Materials and Methods: This review, based on the PRISMA guideline, explored the PubMed database. We included studies with adult, on the reliability and/or accuracy in predicting LVEF. We reported receiver operating characteristic curves for sensitivity and specificity (AUC); the Likelihood Ratio (LR+; LR-). Two researchers assessed the quality of studies included using the QUADAS-2 guidelines. The key words for search were: E-point septal separation measurements and left ventricular systolic function.

Results: We collected 101 studies: 6 studies included with 376 patients. An EPSS higher than 7 mm was valid in predicting a LVEF inferior to 50%: LR positive range=2-10; LR negative range=0,1-0,3; Sensitivity 80-100%; Specificity=50-90%. EPSS showed a strong significant negative correlation with LVEF ($r=0,7-0,8$) and moderate inter-rater reliability ($k \text{ inter}=0,6-0,75$). The studies collected showed moderate quality according to QUADAS-2 guidelines.

Conclusions: An EPSS higher than 7 mm could be useful in the rule in and out of depression of LVEF. It seems to have a moderate inter-rater reliability and a strong negative correlation with LVEF. Further studies should be planned to confirm these results.

Young patient with secondary hypertension

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Premises: Secondary hypertension affects almost 10% of patients with arterial hypertension. Pheochromocytoma is a rare tumor deriving from the chromaffin cells of the adrenal medulla and it is the cause of secondary hypertension in 0.5% of all hypertensive patients, with the most frequent age

of onset between 40 and 60 years. Affected patients present hypertension in 95% of case and moreover headache, palpitations, sweating. Pheochromocytoma is associated with all MEN syndromes.

Description of the Case report: A 20-year-old-patient was admitted for liver abscesses. Bilateral adrenal nodularities were incidentally found on abdominal CT-scan, a finding later confirmed by MRI and PET. The patient developed uncontrolled arterial hypertension, so a screening for secondary causes of hypertension was performed. Aldosterone, renin, cortisol and thyroid function resulted within limits. Urinary metanephrines were instead significantly increased. The patient underwent bilateral adrenalectomy, with histological evidence of bilateral pheochromocytoma. Genetic analysis confirmed a RET gene mutation compatible with MEN IIA.

Conclusions: After the adrenalectomy, blood pressure values normalized. The patient continued a close and careful follow-up during which papillary thyroid carcinoma was found, requiring thyroidectomy. This case shows how in young patients, with poorly controlled arterial hypertension, it is essential to exclude secondary causes of hypertension, such as pheochromocytoma. In case of confirmation of pheochromocytoma it is important to exclude concomitant MEN syndromes.

Insulin resistance and visceral obesity in non diabetic older patients with metabolic syndrome: a cross sectional observational study

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Premises and Aim of the study: Visceral obesity is an essential component for the diagnosis of metabolic syndrome (MetS) and insulin resistance (IR) is the most important metabolic problem associated with it. The aim of the study was to evaluate the correlation between TyGi (IR index) with: HOMA-IR (IR index), LAP index and VAI (visceral adiposity indices).

Materials and Methods: At the Int Med Dep, a cross-sectional observational study was conducted on non diabetic older (>65 yrs) pts with MetS. All pts underwent to IR indices (HOMA-IR and TyGi) and visceral adiposity indices (LAP index and VAI). Lipid profile was evaluated in all pts. Spearman, Student's T and Mann-Whitney test were used for statistical analysis.

Results: There were 30 pts with MetS (33.3% M, 66.7% F, mean age 79 ± 7.7 ys, mean BMI 32 ± 3.7). HOMA-IR has shown mean of 1.94 ± 0.81 ; TyG index has shown mean 4.64 ± 0.65 ; LAP index has shown mean 75.67 ± 41.3 and VAI has shown mean 2.96 ± 2.75 . The study showed that TyGi correlates with HOMA-IR ($p=0.007$), LAP index ($p<0.001$) and VAI ($p=0.001$). Based on HOMA-IR (>2), 46% of pts had IR. These pts had worse lipid profile in comparison of pts with no IR (total cholesterol $p=0.022$, non-HDL cholesterol, $p=0.032$, triglycerides $p=0.036$ and Apo B $p=0.032$).

Conclusions: TyGi is a good index of IR and presents a good correlation with visceral adiposity indices, so with simple dosage of TG and glucose, we could have a representation of patient's metabolic profile. This study demonstrated that the lipid profile is worse in pts with IR, confirming that IR alters lipid metabolism.

Hirata disease: a rare case report

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Premises: Insulin Autoimmune Syndrome (IAS), also known as Hirata disease, is a rare cause of hypoglycemia caused by an autoimmune response to trigger factors such as drugs containing sulfur/sulphydryl groups (including alpha-lipoic acid - ALA). Endogenous antibodies bind insulin/proinsulin or/and insulin receptors and shut out insulin's hypoglycemic action. When the production of insulin overcomes the amount of autoantibodies, the release of "unbound" insulin provokes postprandial and/or fasting hypoglycemia.

Description of the Case report: A 59-year-old male was admitted to the hospital for symptomatic hypoglycemic crisis. Relevant medical history included recent subacute thyroiditis treated with corticosteroids and the assumption of oral supplements containing ALA. Lab exams showed hypoglycemia, hyperinsulinemia, high levels of C-peptide and elevated levels of Anti-Insulin Autoantibodies (AIA). Other causes of hypoglycemia were excluded by laboratory tests and radiologic investigations (endoscopic ultrasound, MRI and 68-Ga-PET/CT). A diagnosis of IAS was made, supported by clinical improvement after ALA supplements were discontinued.

Conclusions: Autoimmune forms of hypoglycemia are uncommon. However, they should be considered when unsuppressed insulin levels are associated with anti-insulin or anti-insulin receptor antibodies. In our case, recent corticosteroid treatment probably masked hypoglycemia symptoms, which appeared when it was discontinued. Clinicians should be vigilant about the possible clinical consequences of the constant growth of supplements assumption.

A rare case of pancreatitis: when elevated IgG4s don't make IgG4-related disease

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Premises: Autoimmune pancreatitis (AIP) is a rare form of chronic pancreatitis. We recognize type 1 (IgG4-related, prevalence of 10/100000), type 2 (associated with IBD, prevalence of 1-4/100000) and type 3 (related to immunotherapy, IT). Diagnosis could be definite or probable depending on clinical, radiological, biochemical and histological criteria and response to steroid. Differential diagnosis: other chronic pancreatitis subtypes but mainly pancreatic cancer.

Description of the Case report: A 28-year-old man was admitted for chest pain, dyspnoea and fever, with a past medical history of Crohn Disease (CD). His ECG was normal.

CT scan was negative for pulmonary embolism but demonstrated bilateral lung consolidations. Blood tests showed elevated CRP, ESR, cholestatic and pancreatic enzymes, IgG4, c-ANCA; reduced faecal elastase. Blood cultures, beta-D-glucan, galactomannan, bronchoalveolar lavage culture, urine Legionella and Pneumococcal antigens were negative. At PET, MR and endoscopic-US we observed autoimmune pancreatitis with biliary involvement. We performed multiple biopsies: absent IgG4 infiltration in lung and papilla of Vater; gastrointestinal biopsies were positive for active CD. After steroid beginning, we observed enzymes reduction.

Conclusions: AIP is a rare and misdiagnosed chronic pancreatitis subtype, to be suspected after exclusion of other more common aetiologies, mainly in asymptomatic patients or with a story of IBD. It is an emerging matter of study thanks to the increasing concern for the IgG4-related disease and to the expanding application of IT.

Burden of known and unknown non-valvular atrial fibrillation as etiology of acute ischemic stroke: a real life experience

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Premises and Purpose of the study: Non-valvular atrial fibrillation (NVAf) represents the most frequent arrhythmias found in the population and a major aetiology of acute ischemic stroke (AIS). The aim of our study was to focus on the burden of NVAf as aetiology of AIS in real life.

Materials and Methods: We retrospectively analyzed patients admitted to our Stroke Unit over the year 2024.

Results: In the analyzed period, 340 patients, with mean age 76.9±14.1 years, were admitted for AIS. NVAf was diagnosed in 138 (40.5%). Moreover, in 45 patients (13.2%) an embolic stroke pattern was found, and further diagnostic examinations, aimed at detecting subclinical NVAf, were planned in a lot of them. Among patients with diagnosed NVAf, this was known before AIS in 65 patients (47.1%), while new onset NVAf was detected in 73 patients (52.9%). Among those with known NVAf, 39 patients (60%) were on direct oral anticoagulants, 6 (9.2%) on vitamin K antagonists, and 20 (30.8%) were not on oral anticoagulant therapy. The burden of AIS despite oral anticoagulant therapy accounted for 13.2% of entire population. In 35 patients (25.3%) intravenous thrombolysis (IT) and/or mechanical thrombectomy (MT) were performed; in particular, T and MT were performed in 12 patients (18.4%) with known NVAf and 23 of patients (31.5%) with newly diagnosed NVAf (p=0.1162).

Conclusions: Nowadays, NVAf represents the main aetiology of AIS in real life. In about one half of patients NVAf is known before AIS, and in about 70% of patients with known NVAf, AIS occurs despite oral anticoagulant therapy.

Acute pancreatitis of the young: a suspected unknown autoimmune condition

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Background: Autoimmune pancreatitis (AIP) is a rare disease, diagnosed through clinical, radiological and serological evaluation. Type 1 AIP is considered a pancreatic manifestation of IgG4-related disease. It affects predominantly young people and responds well to steroid medications.

Clinic case description: A 23-year-old male was admitted to the Internal Medicine department of AORN Cardarelli with a diagnosis of AIP, made in the ER. His past medical history was unremarkable and there was no family history of AIP. The patient denied alcoholism, cholelithiasis, prior surgeries, endoscopic procedures or other contributing factors. Given the young age of the patient, the acute event was considered unlikely to be sporadic. Imaging studies such as abdominal ultrasound, CT and MRI were conducted, together with serum IgG levels evaluation: they revealed an edematous pancreas with heterogeneous parenchyma and serum IgG4 levels >2.45 g/L. The diagnosis of type 1 AIP was established on the basis of 2/3 definitive ACR/EULAR criteria. It was prescribed a therapy of continued hydration, initiation of corticosteroid therapy and consideration of eventual specific immunotherapy.

Conclusions: Acute pancreatitis episode in young people without risk factors is an alarm sign for underlying conditions, of which AIP can be a possible, though rare, cause. A rapid identification of AIP can accelerate diagnosis, prescription of effective treatment, like corticosteroids or immunotherapy, and prevent recurrence of acute episodes.

Ministerial report FLS.21 as indicator of basic assistance at UOS intermediate care district H3 at ASL RM6 in the last 5 years (2019-2024)

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Introduction and Aim of the study: Data sent to Health Ministry by model FLS.21 have been used by authorities to study the trend of the assistance given to patients in Care District H3 at ASL RM6 in the last 5 years.

Materials and Methods: Model FLS.21 report from 2019 to 2024, sent by UOS intermediate Care District H3 at ASL RM6 to Health Ministry.

Results: Patients have exponentially increased (from 698 in 2019 to 5816 in 2024). Over 65 patients represent the highest rate of this increase, while the number of terminals has tripled in 2021, it reduced then in next years (499->248->300->281). In the period in question the number of access of nursing and rehabilitation staff has suddenly increased (IP 6091->36062 e FKT 1542 ->11170). A patient with many pathologies asked more often for specialist examinations, especially physiatry (510), neurological (471) and cardiology (388).

Conclusions: Annual reports FLS.21 sent to Health Ministry showed a clear increase of home assistance for patients of UOS intermediate Care District H3 at ASL RM6 in the years after the pandemic (2019). The right organization of home assistance for frail patients reduced the check in Emergency and hospitalizations.

Thiamine deficiency in a patient with chronic alcohol consumption: a rare cause of lactic acidosis type B

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Premises: Lactic acidosis is observed when the production of lactic acid exceeds its excretion and commonly associated with reduced tissue perfusion. We described a rare cause of lactic acidosis.

Description of Case report: A 63-year-old man with a history of chronic alcoholism was admitted to our clinic due to bradycardia, hypoglycaemia (glucose: 40 mg/dL) and lactic acidosis with an increased anion gap (pH: 7.00, lactate >15 mmol/L, HCO₃: 7 mmol/L). On clinical evaluation, no fever, hypotension, or other signs of sepsis were noticed (SOFA score: 0). Lactic acidosis is divided into two types. Type A lactic acidosis is associated with tissue hypoperfusion, which was excluded from the clinical findings (normal blood pressure, respiratory rate, saturation, absence of fever). Regarding type B, presence of diabetes, drug overdose, human immunodeficiency virus infection and neoplasms (negative imaging assessment) were excluded. Based on the history of chronic alcoholism, thiamine deficiency was considered as a possible cause of lactic acidosis, so the patient was treated with high doses of thiamine. Rapid restoration of lactic acidosis within eight hours was observed.

Conclusions: Severe thiamine deficiency is a rare cause of lactic acidosis type B, usually seen in patients with chronic alcohol abuse. On clinical suspicion, we should proceed with aggressive administration of thiamine with the therapeutic criterion being the rapid restoration of lactic acidosis.

Studio osservazionale, prospettico, monocentrico sull'utilizzo del teclistimab in Medicina Interna

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Premessa: La terapia con Teclistamab indicata nel MM IV stadio refrattario. Le casistiche sono limitate e non essente da tossicità anche fatali. In questo studio osservazionale monocentrico stato descritto l'uso del Teclistamab nel trattamento del mieloma multiplo refrattario e la gestione delle sue principali complicanze, in pazienti trattati in setting ad alta intensità nella UO Medicina Livorno nel 2024.

Materiali: Sono stati raccolti i dati di 7 pazienti ricoverati presso il setting 2A durante terapia con Teclistamab con gestione condivisa fra internisti, ematologi e neurologi.

Risultati: Tutti i pazienti ricoverati erano affetti da mieloma

multiplo refrattario alla IV o pi linea di terapia, tutti di sesso maschile e con et maggiore di 70 anni. La febbre stata la reazione immunologica pi frequente. Non stato necessario somministrare Tocilizumab o terapia steroidea, come nei casi pi gravi di CRS descritti in letteratura. Le neuropatie periferiche sono state la principale tossicit neurologica. L'exitus dei pazienti si verificato in tre casi: uno per complicanze da infezione SARS-CoV-2, uno per progressione della malattia e uno per evento ischemico acuto.

Conclusioni: Questo approccio multidisciplinare che ha coinvolto ematologi, internisti e neurologi. si dimostrato essere un modello innovativo fondamentale per il monitoraggio delle tossicit e per l'intervento tempestivo al verificarsi di esse. Questo approccio suggerisce l'importanza di ripensare il ruolo dell'internista come figura chiave capace di orchestrare le diverse competenze e specialit.

A curious case of onset of Type 1 diabetes mellitus

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Premises: Hypertriglyceridemia (HTG) is a rare but well-known cause of acute pancreatitis. Poorly controlled diabetes mellitus and diabetic ketoacidosis (DKA) can trigger Hypertriglyceridemia-induced pancreatitis (HTGP).

Description of the Case report: A 40-year-old Chinese woman comes to the ER for abdominal pain; laboratory tests and imaging are compatible with acute pancreatitis (APACHE II score=8). Other tests showed metabolic acidosis, leukocytosis, multiple disionies, hyperglycemia (333 mg/dl), hypertriglyceridemia (>2,000 mg/dl), hypercholesterolemia (523 mg/dl) and ketone bodies in urine. The patient was tachycardic and tachypneic. Initial management included pain control, fasting, correction of electrolytes imbalance, i.v. infusion of insulin and bicarbonates. Plasmapheresis was started in urgency and stopped when triglycerides (TG) were <500 mg/dl. Type 1 diabetes mellitus was diagnosed: positivity of antibodies to decarboxylase, suppression of peptide C, glycated hemoglobin 107 mmol/mol. A genetic test for familial chylomicronemia syndrome was negative. The course was complicated by peripancreatic collections, pneumonia, and catheter-related thrombosis. During hospitalization therapy for diabetes was started together with that for dyslipidemia (fenofibrate, omega 3, ezetimibe, and statins).

Conclusions: Management of patients with HTGP includes treatment of acute pancreatitis, reduction of serum TG levels, and also treatment of secondary causes of HTGP such as decompensated DM, with the goal of preventing necrotizing pancreatitis and organ failure.

A particular case of pneumonia

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Premises: Organizing pneumonia (OP) is a diffuse subacute Interstitial Lung Disease (ILD) characterized by peripheral lung infiltrates and responsiveness to systemic steroids. A lack of response to empiric antibiotics for pneumonia can be the

initial sign of non-infectious inflammatory pneumonia. OP can be idiopathic or associated with rheumatic diseases, drugs, malignancy, infections.

Case report: A 77-year-old woman comes to the ER for high fever (BT >39°C), asthenia and dyspnea. Three months earlier she had bilateral pneumonia treated with antibiotics and steroids. Her past medical history was negative. HRCT of the lung showed multiple and bilateral confluent ground-glass areas associated with peribronchial consolidative thickening. Empiric antibiotic therapy was started; the bronchoalveolar lavage (BAL) for microbiological examination and blood cultures were negative. The autoantibodies and immunophenotype were negative. For persistence of fever and respiratory failure an immunological BAL was performed, which showed a lymphocytic alveolitis (>60% CD8+ T cells). High doses of intravenous steroids were started with rapid clinical improvement. The clinical and radiological findings are referable to post-infectious organizing pneumonia.

Conclusions: OP is a rare disease that often mimics infectious pneumonia. Clinical and radiographic features and the lack of response to antibiotics may guide the diagnosis. The overall prognosis of OP is much better than other ILDs, but early diagnosis is important.

Outcome sulla qualit  della vita in pazienti adulti e anziani affetti da OSAS moderata o severa dopo terapia con CPAP: studio prospettico e osservazionale

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Premessa e Scopo dello studio: La qualit  della vita   un indicatore di bisogni di salute e di risultati degli interventi sanitari. La CPAP in pazienti con OSAS migliora l'indice di apnea-ipopnea(AHI), l'ipossiemia intermittente notturna ed influenza positivamente la qualit  della vita. L'obiettivo dello studio   analizzare gli effetti sulla qualit  della vita della terapia con CPAP in pazienti adulti e anziani con OSA misurata attraverso parametri soggettivi(questionario GBI)e oggettivi(AHI pre e post CPAP, SpO2 media pre e post CPAP).

Materiali e Metodi:106 pazienti, suddivisi in 2 gruppi: 35 adulti e 71 anziani. Criteri di inclusione: AHI>15al baale, CPAP-terapia per 4h per notte, autosomministrazione del GBI.

Risultati: Riduzione dell'AHI dopo terapia con CPAP nei pazienti adulti (p<0.0001) e nei pazienti anziani (p<0.0001), l'SpO2 dopo terapia con CPAP   risultata aumentata nei pazienti adulti (p<0.0001) e nei pazienti anziani (p<0.0001). Dal GBI   emerso che gli adulti avevano nel 66% un miglioramento della qualit  della vita, il 34% nessun miglioramento. Nessuno era peggiorato. Negli anziani   emerso che il 79% aveva percepito un miglioramento della qualit  della vita, il 18% nessun miglioramento e il 3% un peggioramento.

Conclusioni: I risultati dello studio dimostrano come un corretto uso della terapia con CPAP porti a significativo miglioramento della qualit  della vita attraverso il miglioramento dei parametri ossimetrici e la riduzione dell'AHI, soprattutto nella popolazione anziana. E' importante individuare strategie per migliorare l'aderenza alla terapia con CPAP.

A proposal for explainable breast cancer detection from histological images

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Premises and Purpose of the study: Breast cancer is the second most common cancer and the leading cause of cancer death among women, after lung cancer. We propose the description of convolutional neural networks, capable of classifying H&E, stained breast histology images into three classes: benign tissue, atypical lesions and malignant tumors.

Materials and Methods: The method adopted capable of classifying histological images as positive or negative for BC and uses five main steps: composition of the dataset, selection of deep learning models, execution of the experiments, generation of heatmap through Grad-CAMs, and analysis of the results. We assess qualitative outcomes by incorporating the concept of explainability, enabling the visualization of areas within tissue images deemed relevant to the presence of breast cancer by the model.

Results: The experiments carried out to test and prove the functioning of this methodology were performed on a dataset of 4539 breast tissue images. The performances of the MobileNet e VGG-19 models proved to be the best to classify to correctly classify images with accuracy of 73%.

Conclusions: The proposed model reveals a proper detection of the presence of benign, atypical and malignant tumors. The results obtained are very promising; the identified potential in terms of reliability and speed could enhance accuracy and minimize human error, alongside pathologists without replacing their role, fostering a collaborative approach for improved diagnostic outcomes.

When hypereosinophilia hides more: a case report of B-cell lymphoblastic Lymphoma

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Premises: A 22-year-old male, presented to the Emergency Department with dyspnea and chest pain. Blood tests showed marked hypereosinophilia (40,000 eosinophils) and the CT revealed findings consistent with eosinophilic pneumonia and left basal empyema. His medical history was unremarkable, with no chronic medications. Due to sudden respiratory deterioration, a chest drain was placed, yielding purulent fluid with marked eosinophilia and MSSA positivity.

Description of the Case report: Hypereosinophilia (eosinophils >1500/ μ L) may have infectious, hematologic, immunologic, paraneoplastic or idiopathic origins. It is defined as hypereosinophilic syndrome (HES) when associated with organ damage, as in this case. Infectious etiology was excluded via targeted microbiological and serological tests (stool cultures, Quantiferon, Leishmania, Entamoeba, Echinococcus, syphilis, HBV, HCV, Toxocara, Schistosoma, Strongyloides) and autoimmune causes were ruled out by negative antibody screening. Paraneoplastic origin was investigated through total-body CT with contrast and negative bone marrow biopsy. Contrast-enhanced CT revealed femoral bone rarefaction, which showed uptake on PET and was biopsied, revealing B-cell lymphoblastic lymphoma.

Conclusions: This case highlights how hypereosinophilia can be an epiphenomenon of various diseases, including those with challenging diagnoses. Initially suspected to be idiopathic, hypereosinophilia in the present case was ultimately secondary to a hematologic malignancy.

Multiparametric evaluation of congestion status in patients recovered for acute heart failure

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Congestion is the leading cause of hospitalization, recurrence in heart failure. Natriuretic peptides and lung ultrasound have demonstrated accuracy in congestion.

Purpose: To assess congestion with three methods comparing BNP and echo. Prognostic analysis in the admission-discharge values of BNP, B-lines in an admitted population for acute heart failure.

Methods: The single-center observational study enrolled all patients admitted for signs and symptoms of acute HF. Assessed the traditional signs of congestion score from 0-5 (jugular turgor, rattles, hepatomegaly, edema, third tone; measured the BNP and no B-lines with simplified echo. Evaluate the three different measurements at admission-discharge.

Results: 215 pcs enrolled, 133 with HF rEF, 83 HF pEF. Pcs with HF rEF showed a significant increase in BNP at admission (1150 vs 851 pg/ml p <0.002), while congestion signs and B-lines did not differ between groups. Univariate, multivariable analysis showed that a congestion score >3 points + number of B > 36 lines both correlated with a negative outcome. Pre-discharge analysis showed that a congestion score >2, decreased BNP <33%, and decreased B-lines <27% were associated with an increased rate of adverse events. With an AUC for Δ BNP and Δ B lines is 0.75 and 0.81 respectively.

Conclusions: The comparative evaluation of congestion score BNP and B lines appears useful in the recognition of pulmonary and systemic congestion. The comparison between admission and pre-discharge values appears to be the best method of risk stratification.

Effects of treatment with metolazone as an adjunct to loop diuretic in patients hospitalized for ADHF

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Premises: Advanced heart failure requires high doses of diuretics, this patients often are not included in clinical trial.

Purpose: This study evaluates the effect of oral metolazone addition on diuresis, NTproBNP, renal function, loop diuretic dose change and electrolyte balance in pcs with ADHF. We also compared the effects of metolazone on 6 month outcome.

Methods: 92 pts enrolled with ADHF NYHA IV EF <35% taking an average of 250 mg daily of IV furosemide during hospitalization. 46 pts have received a traditional cycle diuretic treatment, plus metolazone group M; the mean dose ranges from 5 to 15 mg/week based on clinical evaluation

of BP and daily diuresis. 46 pts continued the diuretic infusion in a continuous cycle with possible adjustment in relation to the daily assessment group F.

Results: Group M and group F showed a similar prevalence of chronic kidney disease at baseline [61% vs 70%; $p=0.38$]. Group F experienced a worse diuretic response than group M 440 ± 149 mL/40 mg furosemide day vs 741 ± 414 mL/40 mg furosemide day; $p<0.001$. The pcs group M showed an increase in reduction in NTproBNP levels at discharge compared to group F. No differences were found between the two groups in terms of WRF development. Group M had a higher rate of administration of intravenous NaCl/KCL solution than group F 48% vs 24%; $p=0.02$. During follow-up, 16 patients in group M 35% and 26 in group F 56% achieved the composite endpoint of death and rehospitalization.

Conclusions: Administration of metolazone could be useful in patients with diuretic resistance and refractory decompensation.

Diabetes and retinopathy: a dangerous liaison

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Premises and Purpose of the study: Diabetic retinopathy manifests itself with a wide array of signs and symptoms as microaneurysms, intraretinal hemorrhage, exudates, macular edema, macular ischaemia, neovascularization, vitreous hemorrhage, and tractional retinal detachment. Early diagnosis and management are essential to saving sight

Materials and Methods: On July 5th 2024, the Diabetology Unit and the Ophthalmology Unit of Monaldi Hospital organized an awareness and prevention campaign day for diabetic maculopathy entitled “Diabete, teniamolo d’occhio”. We selected 65 type 2 diabetic patients with retinopathy.

Results: We performed 55 eye exams to 30 male and 25 female T2D patients. Mean age was 56 ± 7 , HbA1c 7.1 ± 0.9 ; 10% of all pts suffered from heart failure, 78% suffered from blood hypertension, 39% was hypercholesterolemic. Despite their routinary yearly eye visits patients showed: 23% microaneurysms, 10% macular ischaemia, 16% neovascularization, 7% tractional retinal detachment, never observed in previous check

Conclusions: As hospital physicians we strongly advice to perform awareness campaigns that give diabetic patients the opportunity to learn about the risks linked to the onset of retinopathy and the importance of prevention itself.

Cocaine and levamisole induced vasculitis may mimic granulomatosis with polyangiitis

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Premises: Levamisole, an anthelmintic and immunomodulatory agent commonly used as a cocaine adulterant, enhances cocaine’s sympathomimetic effects and

can cause severe immunological complications such as neutropenia, agranulocytosis and necrotizing skin lesions. Furthermore, cocaine itself induces vascular trauma and immune system activation through neutrophil extracellular traps (NETs), potentially triggering ANCA-associated autoimmune responses.

Case description: A 36-year-old female with a history of cocaine abuse presented with acute cutaneous purpura and intermittent asthma-like symptoms. Physical examination was unremarkable except for purpura and nasal pyramid deformity already present for at least 3 years. A nasal cavity biopsy showed fibrinoid necrosis with inflammatory aggregates and lymphoplasmacytic infiltration. No nasal polyps were observed. Laboratory testing revealed a positive PR3 pattern cANCA, while other investigations (Absolute Eosinophil Count, ANA, ENA, Anti-GBM, complement levels, cryoglobulins, HBV/HCV markers, HIV, Quantiferon-TB, chest X-ray and spirometry) were normal. Based on clinical and laboratory findings, cocaine-induced vasculitis was diagnosed. The patient was treated with prednisone and methotrexate, leading to symptom resolution. Cocaine use was discontinued.

Conclusions: Cocaine and levamisole-induced vasculitis presents a complex and often nonspecific clinical picture. Management requires cocaine abstinence, treatment of potential infections and personalized immunosuppressive therapy based on pattern presentation and symptom severity.

A rare twist: solid pseudopapillary neoplasm of the pancreas presenting as fever of unknown origin

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Premises: Fever of unknown origin (FUO) is a complex diagnostic challenge, with 20-50% of cases remaining unresolved. Among identified cases, the etiology is typically infectious, rheumatologic, or neoplastic. This report examines a rare presentation of solid pseudopapillary neoplasm (SPN) of the pancreas in a young female patient presenting with FUO.

Description of the Case report: A 19-year-old female presented with a two-month history of fever reaching up to 39°C, which was unresponsive to outpatient oral antibiotic therapy. Initial investigations, including laboratory tests and imaging, failed to pinpoint the source of the fever. A contrast-enhanced abdominal CT scan revealed a 5 cm pancreatic lesion with mass effects on splenic vessels. Subsequent endoscopic ultrasound with fine-needle aspiration (EUS-FNA) confirmed the diagnosis of SPN, a rare pancreatic tumor of low malignancy. The patient underwent a successful robotic distal splenopancreatectomy as part of the established multidisciplinary care pathway.

Conclusions: The systematic diagnostic approach in this FUO case facilitated the identification of SPN, an uncommon but treatable neoplasm predominantly affecting young women. This report highlights the importance of

maintaining a broad differential diagnosis and employing stepwise clinical evaluations in FUO cases to identify rare underlying causes.

Unresponsive Behçet's disease or a complex form of neutropenia? The answer found in the transition

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Premises: A 17-year-old male was hospitalized in Pediatric departments with fever, aphthous stomatitis, arthralgia, and asthenia. He presented severe neutropenia, mild cognitive delay and splenomegaly. The initial suspicion of Behçet's disease led to colchicine and anakinra therapy, with no benefit.

Description of the Case report: At age 21, clinical re-evaluation showed hepatosplenomegaly, leukocyte formula inversion and chronic Epstein-Barr virus (EBV) infection. These findings suggested a lysosomal storage disorder. Subsequent Whole Exome Sequencing (WES) identified pathogenic variants both in NAGLU (MPSIIIB) and SH2D1A (XLP1), later confirmed by enzymatic and biochemical tests. XLP1 causes an altered immune response to EBV, with neutropenia and lymphoma risk, while MPSIIIB is a neurodegenerative disorder with multiorgan involvement.

Conclusions: The late diagnosis affected disease progression. Hematopoietic stem cell transplantation (HSCT) could correct neutropenia but does not improve neurological damage. Internists play a key role in differential diagnosis and the transition to adulthood in rare disease patients. Advanced tools like WES and artificial intelligence can reduce diagnostic delays and improve patient care.

Retrospective study on reporting times for blood cultures with traditional phenotypic methods: impact of the introduction of H24 clinical microbiology laboratory service

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Premises and Purpose of the study: Blood culture analysis remains the gold standard for diagnosing bloodstream infections and is an essential component of the clinical management of septic patients. The production of a definitive microbiological report is crucial for enabling clinicians to initiate appropriate antibiotic therapy. The aim of this study is to compare the reporting times of blood cultures before and after the introduction of the H24 service in the Microbiology Department, using traditional phenotypic methods.

Materials and Methods: Starting from the time of blood culture positivity, we calculated the reporting times during the period of October-February 2022 and compared it with the reporting times during the period of July-December 2024, prior to and after the introduction of the H24 service. Vitek2 automated system (bioMérieux) was used for isolate identifications and antibiotic susceptibility tests. Polymicrobial and fungal-positive blood cultures were excluded from the analysis

Results: In the period from October-February 2022, the reporting times of 91 positive samples were analyzed, with an average time of 67:07 hours. In the period from July-December 2024, the reporting times of 124 positive samples were analyzed, with an average time of 45:37 hours.

Conclusions: After the introduction of the H24 service in the Clinical Microbiology laboratory, we recorded a significant decrease in reporting times, resulting in an earlier definitive report by nearly one day (21:30 hours).

Asymptomatic paroxysmal nocturnal hemoglobinuria clone in acquired aplasia

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Background: Paroxysmal nocturnal hemoglobinuria (PNH) is a rare, acquired clonal hematopoietic cell disease characterized by destruction of hematopoietic cells through the activation of the complement system with manifestations that can be life threatening including hemolysis, thrombosis, and marrow failure. Small clinically silent PNH clone are found in patients with bone marrow disorders. We describe a case of acquired aplasia (AA) with silent PNH clone.

Case report: A 62-year-old male was admitted to the hospital for anemia and dyspnea. His laboratory tests showed leukopenia (leukocytes 0.84 x10³/uL, with 45% neutrophils and 49% lymphocytes), anemia (hemoglobin 8.1 g/dL) and thrombocytopenia (Platelets count was 9.0 x10³/uL). Intravascular hemolysis was not proven and a direct Coombs test and ADAMTS-13 were negative. An ultrasound of the abdomen showed normal spleen size and echotexture. A bone marrow aspirate revealed hypocellularity of the erythroid and myeloid lineage with absent megakaryocytes and no increase in blasts. PNH flow cytometry reveals 3% PNH granulocytes, 8% PNH monocytes. He was then diagnosed as having AA with coexisting silent PNH. Prednisolone and granulokines treatment was initiated and he was candidate for allogeneic bone marrow transplantation.

Conclusions: It is important to note that the presence of PNH clone does not necessarily equate to a PNH diagnosis. Patients with AA with subclinical PNH clones should be monitored prospectively as most classical PNH arises out of AA.

18F-FDG PET/MRI patterns to assess large vessel vasculitis activity

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Premises and Purpose of the study: The 18FDG-PET/MRI integrates functional information on inflammatory activity

with anatomical characterization. We wanted to evaluate correlation among PET, MRI findings and inflammatory markers.

Materials and Methods: Patients with GCA, Takayasu's arteritis, aortitis, or chronic periaortitis referred to AOU delle Marche, undergoing 18 FDG-PET/MRI were enrolled. Vascular inflammatory activity was evaluated using qualitative assessment "visual score" and semi-quantitative approach of standardized uptake value (SUV) and target-to-background ratio. Correlation with inflammation markers was investigated. Vessel MRI analysis included vessel wall thickness, contrast enhancement, perivascular inflammation. Patients were classified into four categories: inflammatory (PET+/RM+), fibrous (PET-/RM+), metabolic (PET+/RM-), and normal (PET-/RM-).

Results: 22 patients underwent 28 examinations. Significant correlations were found between PCR and FDG uptake. 18 PET/MRI examinations showed inflammatory pattern, 7 fibrous pattern, 2 metabolic pattern, and 1 normal pattern. Correspondence was noted between PET positivity and MRI contrast enhancement. Vascular wall thickening was not indicative of active disease. Patients exhibiting a fibrous pattern had a longer disease history.

Conclusions: 18FDG-PET/MRI appears useful in management of LVS. The semi-quantitative approach provide greater confidence in monitoring disease activity. Further studies are needed to establish standardized PET/MRI parameters to support clinical decisions.

Minor stroke in subclavian steal syndrome with bilateral artery stenosis: which is the most best management?

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Premises: Subclavian steal syndrome (SSS) is defined as retrograde blood flow (BF) in the vertebral artery (VA) due to proximal subclavian artery (SCA) occlusion. Bilateral carotid artery (CA) stenosis in the SSS is an extremely rare finding.

Description of the Case report: A 76-year-old men experienced a right facial paresis and dysarthria after holding arms up for 3-4 minutes to insert lights into the chandelier. He has a history of hypertension, dyslipidemia and peripheral artery disease revascularized. 6 years ago, for a suspected cardiogenic syncope, a pacemaker (PM) was implanted, but 2 transient aphasias after physical effort occurred later. He has a difference in systolic blood pressure values between arms, lower of 40 mmHg in the left than the right. ECG showed sinus rhythm and after checking PM no AF was found. The CA color-Doppler ultrasound revealed 60% stenosis of the right CA, 40% stenosis of the left CA, reversal BF of the left VA and sub-occlusive stenosis of the left SCA. TC angiography revealed a small right thalamic stroke, while the above CA stenoses were over-estimated. Transcranial Doppler ultrasonography at rest revealed a reverse BF in the extra-cranial and intracranial left VA while BF of basilar artery was normal. This latter become reversal with post-ischemic hyperemia induced in left upper arm.

Conclusions: SSS management depends on symptoms and includes medical, surgical, endovascular intervention. After a multidisciplinary consultation with a neurologist and a neuroradiologist, concluded for a conservative approach with 3-month of follow-up.

Impact of household characteristics on patient outcomes post hip fracture: a retrospective observational study in long-term rehabilitation facilities

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Premises and Purpose of the study: The aim of the study is to verify how family characteristics influence the clinical outcome at discharge of patients with hip fracture in long-term rehabilitation.

Materials and Methods: In a retrospective observational study, 3054 cases were analyzed from 1/1/21 to 6/30/24. Of these 518 with hip fracture. The number of days of hospitalization, discharge and outcomes were correlated with the caregiver profile. During the initial interview with the caregiver, a hypothesis was made regarding the outcome of discharge, which was correlated with the actual destination at the end of hospitalization.

Results: In the cluster analyzed the average days of hospitalization is 31,125. The data show how caregiver characteristics modify discharge outcomes. The days of hospitalization increase if the caregiver is not a first degree relative 25.45 vs 36.8 with a standard deviation of 8.025. The expected and analyzed discharge method (home or other destination) changes significantly compared to the actual discharge method based on the type of caregiver, first degree relatives (daughters and sons) and others. the former are more efficient with regard to actual rather than planned discharge with a standard deviation of 6.71.

Conclusions: The analyzed data confirm that the impact of family characteristics is statistically significant both with regard to the average hospital stay and the patient's expected discharge.

A rare case of cognitive impairment in a Toscana virus patient

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Premises: Toscana virus (TOSV) is emergent in the Mediterranean region and responsible for outbreaks of encephalitis or meningoencephalitis. In the most severe forms, TOSV can cause neuro-invasive diseases in humans: meningitis and meningo-encephalitis, peripheral neuropathies and cranial nerve have been described.

Description of the Case report: A 82-year-old man with (TOSV) with acute symptomatic status epilepticus was admitted to a long-term hospital in a coma Glasgow 4. The patient also had multiple bedsores. The antiepileptogenic therapy set by the department of origin was maintained with slow and gradual improvement of the general conditions. Enteral nutrition was suspended and oral feeding was resumed, with the progressive recovery of the sensorium there was a gradual recovery of the BADL, with resumption of

walking with a walker. On discharge the patient appeared compliant but slowed in his ideomotor skills. MMSE 5/30 corrected for age and education 4.7/30. He also had initial behavioral disturbances CDR1 not present before the infection.

Conclusions: This case is interesting because although the patient completely recovered his BADL after a state of coma caused by (TOSV) he developed cognitive impairment with associated behavioral disorder not previously described in the literature.

Acute eosinophilic pneumonia with severe respiratory failure in a young adult

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Introduction: Acute eosinophilic pneumonia (AEP) is a rare lung disease characterized by rapid eosinophilic infiltration, leading to severe respiratory failure. Early diagnosis and corticosteroid therapy are crucial for recovery.

Case report: A 28-year-old non-smoker presented with fever, progressive dyspnea, and dry cough for five days. On admission, he had tachypnea (RR 30/min), oxygen saturation of 88% on room air, and bilateral crackles. Blood tests showed leukocytosis with eosinophilia (12%) and elevated CRP. Chest X-ray revealed bilateral infiltrates, confirmed on high-resolution CT as ground-glass opacities. Infectious causes were ruled out. Bronchoalveolar lavage showed 40% eosinophils, confirming AEP.

Treatment and Outcome: High-flow oxygen therapy and IV corticosteroids (methylprednisolone 1 mg/kg/day) led to rapid clinical and radiological improvement. Symptoms resolved within seven days, and eosinophilia normalized. No relapse occurred after steroid tapering.

Conclusions: AEP should be suspected in young patients with acute respiratory failure and diffuse infiltrates without infectious causes. Early steroid therapy ensures a favorable outcome, preventing complications.

The use of FDG-PET in Internal Medicine: a retrospective observational study

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Premises and Purpose of the study: The use of PET as a diagnostic tool in Internal Medicine departments is becoming increasingly common. However, its application is not without limitations, including spatial resolution, different tissue avidity for FDG, and costs. The aim of this study is to analyze PET scan requests from Internal Medicine units and evaluate their appropriateness based on the obtained results.

Materials and Methods: This is a retrospective observational study. Using computer software of our hospital, we collected PET clinical indications and scan reports of patients from the Internal Medicine departments of ASST Sette Laghi from January 1, 2017, to December 31, 2022.

Results: A total of 1,051 PET scans were performed. The most frequent requests were for the evaluation of persistent fever/inflammatory markers (275), with a diagnosis obtained in only 125 cases (45%). The second most common indication was for the staging of a known malignancy (271). PET was used for the metabolic characterization of a pulmonary nodule in 102 cases, with a positive result for malignancy in 56 cases (55%). Among 85 cases of lymphadenopathy evaluation, 34 led to an oncological diagnosis, 20 showed nonspecific/reactive uptake, and 31 had no uptake.

Conclusions: PET is undoubtedly a valuable diagnostic tool; however, the high number of negative scans may suggest an excessive number of requests, sometimes not aligned with clinical guidelines.

A “fastidious” case of endocarditis

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Premises: No symptom, no matter how unspecific, can be taken for granted.

Clinical case: A 65-year-old male presenting with deterioration of general health conditions and fever; he was an ex-smoker, recently had dental surgery, and sometimes took care of farm animals. The first exams showed a type I RF with pneumonia and circulatory overload. The blood cultures and urinary antigens were negative: empirical AMT was started with levofloxacin and ceftriaxone. After identifying a newlyfound heart murmur with aortic insufficiency, a TOE confirmed the presence of two vegetations. According to the Duke criteria, this accounts for a possible infectious endocarditis, with a mayor echocardiographic criterion and a minor clinical criterion. The blood cultures were persistently negative, and a TB TC scan didn't show signs of embolization. The AMT was switched to ampicillin, ceftriaxone and vancomycin and, due to clinical instability, the patient underwent surgery. A serological exam was requested to identify exposition to “fastidious bacteria”. While waiting for the results, he deteriorated due to complicated cholecystitis with hepatic abscesses, as well as HAP. Serology showed positivity for *Coxiella Burnetii*, confirming the suspect of culture-negative endocarditis, which was treated with doxycycline and HCQ. Literature only shows 185 cases of *Coxiella* endocarditis, most occurring in males handling farm animals, typically presenting with fever and asthenia.

Conclusions: culture negative endocarditis, though considered an exclusion diagnosis, must never be excluded “a priori”.

Endocardite, possiamo ancora definirla una malattia rara?

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Introduction: Infective endocarditis (IE), traditionally rare, has shown shifting epidemiological trends. Managing IE is particularly challenging in patients with prosthetic valves or

intracardiac devices, who face higher infection risks. This study analyzes the epidemiology, clinical characteristics, and impact of IE in a 36-bed Internal Medicine ward from 2015 to 2024.

Methods: A retrospective review of patients hospitalized with IE from 2015 to 2024 was conducted. Data included total cases, presence of prosthetic valves or pacemakers/ICDs, and ischemic stroke as a clinical manifestation. Two periods were compared: 2015–2019 and 2020–2024.

Results: From 2015–2019, 24 IE cases were recorded, 14 (58.3%) involving prosthetic valves, with ischemic stroke in 4 patients (16.7%). Between 2020–2024, cases rose to 34 (+41.7%), with 15 (44.1%) involving prosthetic valves and 2 (5.9%) linked to pacemakers/ICDs. Ischemic stroke occurred in 7 patients (20.6%).

Discussion: The significant rise in IE cases (+41.7%) may reflect population aging and greater intracardiac device use. While prosthetic valve infections remained stable, pacemaker/ICD-related IE emerged in 2020–2024, reflecting an epidemiological shift. The increased ischemic stroke rate (16.7% to 20.6%) underscores the neurological risks of IE.

Conclusions: The growing IE incidence and evolving profile highlight the need for timely diagnostic and therapeutic strategies, especially for neurological complications and device-related infections.

Therapeutic and technological innovation in hospital discharge through the use of telemedicine and telerehabilitation

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Premises and Purpose of the study: Patients with diabetes mellitus (DM) from 2021 to 2030 is estimated to increase by 30% (5 million), 21% of them will be over 75 years old. These patients are 2-5 times more likely to have heart failure (HF), one of the main causes of hospitalization and mortality in the over 65s. Diabetic patients have 30-day rehospitalization rates of 16-20%. Telemedicine is a useful assistance tool to facilitate patient treatment, especially of chronic ones. The General Medicine and Endocrine Diseases and Nutrition UOCs of the Ospedale del Mare want to invest in teleassistance, with a new project of telemedicine and telerehabilitation for patients discharged from hospital.

Materials and Methods: Patients over 65 years of age, suffering from DM and HF, with elevated risk of worsening, frail, comorbid, who meet the technological criteria will be selected upon hospital discharge. They will be followed via telemedicine for 30 days, with monitoring of vital signs. They will undergo televisits on the 10th and 20th. On the 30th they will be re-evaluated through an in-person visit. Some will be selected to carry out telerehabilitation.

Results: The expected results will concern: better quality of care; reduction of hospital admission times; reduction of re-hospitalizations in the first 30 days after hospital discharge; increase in the number of frail elderly patients in ADI.

Conclusions: The telemedicine service allows integration between the hospital and the territory, especially considering a fragile category such as comorbid diabetics over 65 years of age.

Hemosuccus pancreaticus: an unusual case of severe gastrointestinal bleeding due to rupture of a splenic artery aneurysm into the pancreatic ducts

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Premises: Hemosuccus pancreaticus (HP) is an unusual, but potentially life-threatening cause of gastrointestinal (GI) bleeding, characterized as a hemorrhage from the ampulla of Vater through the main pancreatic duct toward the second portion of the duodenum. Pancreatitis and arterial aneurysm are the main causes. The presentation is recurrent abdominal pain associated with intermittent upper GI bleeding. Endoscopic investigations are often inconclusive and the diagnosis is mainly through contrast-enhanced CT scan that demonstrates signs of blood clots within the pancreatic duct. However, the diagnosis is frequently missed due the difficult anatomical site, the intermittent nature of symptomatology and the unfamiliarity of physicians to this condition.

Description of the Case report: A 71-year-old woman referred to Cecina Hospital due to severe acute anemia (Hb 3.7 g/dl) secondary to digestive tract bleeding, initially presented as hematemesis and subsequently as recurrent melena, associated with intermittent epigastric pain. No lesions were found at multiple endoscopic investigations (3 EGD and 1 colonoscopy) neither at 2 contrast-enhanced CT. Finally, a last contrast-enhanced CT revealed active bleeding into the pancreatic ducts following the rupture of a splenic artery aneurysm and urgent embolization treatment was successfully performed.

Conclusions: Beyond its rarity, HP should be considered in differential diagnosis of upper GI bleeding, especially in patients presenting with features of overt GI bleeding without an obvious source at endoscopy.

Implementation of revised simplified Geneva score in triage nurse evaluation for patients with suspected pulmonary embolism: an observational study

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Premises and Purpose of the study: Pulmonary embolism (PE) is a clinical condition frequently encountered in the Emergency Department (ED). We aimed to evaluate whether the current five-level triage (SLT) system can identify patients with PE and differently prioritize them for medical evaluation.

Materials and Methods: An observational study on ED patients who underwent computed tomography pulmonary angiography (CTPA) in 2023. Patients were divided into two subgroups: CTPA PE-negative and CTPA PE-positive. We then searched for correlations between PE diagnosis and triage priority level, time needed for medical evaluation, simplified revised Geneva Risk Score (SRGS), and National Early Warning Score 2 (NEWS2).

Results: Of the 196 patients included in the analysis, 45

(23.0%) were CTPA PE-positive (26 proximal PE and 19 distal PE). There was no correlation between the assigned triage colour code and CTPA results. Although we found a difference in the prevalence of CTPA-confirmed PE according to the results of the SRGS ($p=0.014$), SGRS calculated at triage showed poor predictive accuracy for subsequent PE diagnosis (area under curve 0.608).

Conclusions: The current 5LT system was unable to differently prioritize patients with or without PE. It seems unlikely that the implementation of SGRS in the triage nurse evaluation would significantly improve the prioritization of patients with suspected PE. Nonetheless, applying SGRS in triage evaluation may improve the appropriateness of the subsequent clinical pathway for PE diagnosis and risk stratification.

The boy with a pearl necklace: a case of primitive sclerosing cholangitis

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Premises: La colangite sclerosante primitiva è una patologia colestatica cronica rara ad eziologia autoimmune, spesso asintomatica all'esordio, con possibile evoluzione in quadri di cirrosi e grave insufficienza epatica, con necessità di trapianto. La diagnosi è radiologica e nel 50% dei casi è associata a malattie infiammatorie croniche dell'intestino.

Description of the Case report: Un uomo di 21 anni senza precedenti anamnestici di rilievo veniva ricoverato in Medicina Interna per un quadro di anemia sideropenica, epatopatia di non definita diagnosi e splenomegalia. Per quanto riguarda l'anemia, dopo screening sierologico ed EGDS veniva posta diagnosi di celiachia. Considerando il quadro di epatopatia mista e splenomegalia solo in parte ascrivibili al morbo celiaco, si eseguiva uno screening infettivologico e autoimmune per patologie epatiche con positività per ANA ad alto titolo e p-ANCA. Alla colangiografia RMN di completamento evidenza di epatopatia cronica ad impronta cirrotica e multiple stenosi delle vie biliari "a collana di perle", possibile evoluzione di colangite sclerosante primitiva. Data la forte associazione con le IBD, si eseguiva colonscopia con riscontro di RCU pancolitica. Il paziente veniva posto in trattamento farmacologico e inviato presso Centro di Riferimento per presa in carico e avvio dell'iter trapiantologico.

Conclusions: Nella disamina diagnostica di quadri clinici complessi è importante porsi delle domande adeguate e non fermarsi alla prima risposta plausibile, vagliando tutte le alternative possibili e mantenendo una visione d'insieme.

Reliability of internal jugular ultrasound: a multicenter observational transversal study

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Premises and Purpose of the study: The Internal Jugular Vein ultrasound (IJV-US) predicts Central Venous Pressure (CVP) but it might have great inter-rater variability. We measured the inter-rater reliability among four IJV-US measurements using 60 images from patients admitted in Medicine.

Materials and Methods: In this multicenter cross-sectional transversal observational study, conducted using Strobe checklist, we included eight expert sonographers, 11 students and 10 patients. The sonographers and students measured, independently, the Antero-posterior max diameter (AP-IJV max), maximum area (CSA-IJV max), the Aspect ratio, the collapsibility index (IJV-c), at supraclavicular, cricoid and mandibular angle view of neck. Reliability measured using ICC (inter-class correlation coefficient).

Results: There were no significant differences between the measurements of expert sonographer and students in all windows using all US measures. The CSA max and the AP-IJV max showed excellent inter-rater reliability, at the supraclavicular view, among students (CSA -IJV max and AP-IJV max had ICC=0.98 [95, CI: 0.96-0.99] and ICC=0.97 [95, CI: 0.94-0.99] and sonographers: CSA-IJV max and AP-IJV max had a ICC=0.97 (95, CI: 0.95-0.99) and a ICC=0.98 (95, CI: 0.95-0.99).

Conclusions: This study suggests that inter-rater reliability of AP-IJV max and CSA-IJV max, measured at the base of the neck is excellent among expert sonographers and students, after a short training. If these results were confirmed, these measures could be included in Ultrasound protocols for evaluation of volemic status.

The OSAS patient: multidisciplinary approach in Internal Medicine

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Premises: Obstructive sleep apnea syndrome is related to the partial or complete repetitive obstruction of the upper airways, which is largely underestimated both due to a lack of information and the confusing symptoms. A multidisciplinary approach is often required due to its potential pathophysiological consequences (increased risk of cardiovascular, cerebrovascular, and metabolic diseases).

Description of the Case report: A 58-year-old female patient, a former smoker with a BMI of 30.2, suffering from asthma and primary hypertension. She presents with a reported worsening of symptoms: loud snoring, excessive daytime sleepiness, apneic episodes, and fatigue. A differential diagnosis is performed, excluding conditions such as gastroesophageal reflux, heart failure, panic attacks, and central apnea. The patient is then subjected to polysomnography and the ESS test. Primary treatment involves targeted health education aimed at lifestyle modifications, including weight loss. Improvement of symptoms will also depend on the patient's compliance with treatment and management of comorbidities.

Conclusions: The management of OSAS requires timely diagnosis and a multidisciplinary approach. CPAP is the first-line treatment for moderate-to-severe OSAS, but the treatment should also take into account patient adherence to therapy and the patient's willingness to modify unhealthy lifestyles to optimize long-term outcomes.

Un piccolo passo per l'antibiotic stewardship, un grande passo per l'internista

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Premesse e Scopo dello studio: L'antibiotico resistenza è la "pandemia silente" del secolo. Per contrastare questo fenomeno è stata introdotta l'Antimicrobial Stewardship (AS), ossia una serie di interventi coordinati per promuovere l'uso appropriato degli antibiotici. Per migliorare il governo del processo di scelta è necessario partire da un dato microbiologico valido.

Materiali e Metodi: Con il supporto di BD Dream BSI, abbiamo analizzato nel triennio 2022-2024 le emocolture eseguite nell'Ospedale Pertini di Roma ed in particolare nel reparto di Medicina. Gli indicatori di performance, che riguardavano la qualità del prelievo, erano: il volume di sangue, % di singolo set in un evento settico, le emocolture accoppiate da vena periferica e da accesso centrale e il tasso di contaminazione. Nel 2022 vi erano: 52% di set singoli, 31% emocolture da vena periferica non accoppiate a centrale, 3 flaconi medi prelevati, <8 ml di sangue prelevato, >5% contaminazioni. L'intervento di Stewardship ha sensibilizzato medici ed infermieri con condivisione di un protocollo per la corretta esecuzione delle emocolture.

Risultati: Alla fine dell'osservazione nel 2024 i set singoli erano il 27%, le emocolture da vena periferica non accoppiate a centrale il 20%, i flaconi prelevati medi 3,64, il sangue prelevato >8 ml, le contaminazione <5%.

Conclusioni: Un intervento mirato di AS, secondo i core elements del Center for Disease Control, consente di ottenere un rapido miglioramento della performance come valido indicatore di processo e per un uso ottimizzato e consapevole della terapia antibiotica.

Prevalenza e incidenza delle complicanze a lungo termine nei lungo sopravvissuti da tumore pediatrico: il ruolo del passaporto del lungo sopravvissuto e l'importanza di una transizione efficace verso l'età adulta. L'esperienza in Liguria

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Premesse: I lungo-sopravvissuti da tumore pediatrico (LSTP) sono a rischio di condizioni croniche (CC) legate ai trattamenti ricevuti. L'Ist. G. Gaslini ha sviluppato il Survivorship Passport (SurPass), uno strumento digitale personalizzato che fornisce raccomandazioni per il FU a lungo termine basate su linee guida internazionali.

Descrizione: Nello studio NET2016, sono stati valutati clinicamente 126 LSTP liguri (età mediana 23 anni; intervallo mediano dalla fine cure 14 anni) per rilevare eventuali CC, classificate secondo CTCAE. Questionari online, sviluppati con LimeSurvey e inviati ai LSTP e ai rispettivi MMG, hanno raccolto dati sulla soddisfazione per il SurPass e sulle rispettive preferenze per il follow-up. Ad ogni LSTP è stato consegnato il suo SurPass.

Risultati: Il 94% dei LSTP presentava almeno una CC, che era di grado moderato o severo (CTCAE 3-4) nel 33% dei casi.

In totale si sono documentate 613 CC, di cui 116 (19%) in occasione della visita di FU. I sistemi maggiormente coinvolti erano endocrino/metabolico 30%, muscoloscheletrico 16%, riproduttivo 12% e cardiovascolare 6%. Il SurPass è stato giudicato utile dal 96% dei LSTP e dal 95% dei MMG. Preferenze divergenti sono emerse sulla gestione del follow-up: il 49% dei LSTP e il 18% dei MMG ha indicato il centro pediatrico, mentre il 41% e il 66%, rispettivamente, hanno preferito un programma di transizione dedicato. Il 79% dei MMG suggerisce l'integrazione del SurPass nel FSE.

Conclusioni: I risultati evidenziano la fragilità dei LSTP, l'efficacia del SurPass e la necessità di programmi di transizione verso l'assistenza dell'adulto.

Benefits of sequential teriparatide-denosumab therapy on fracture risk in patients older than 65 years suffering from severe postmenopausal osteoporosis

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Premises and Purpose of the study: Sequential therapy with teriparatide-denosumab demonstrated the greatest gains in bone mineral density in patients with severe postmenopausal osteoporosis. The aim of this study is to evaluate the reduction in the risk of osteoporotic fracture in patients over 65 years of age who have undergone therapy with teriparatide followed by denosumab.

Materials and Methods: We studied 20 patients aged 69 to 89 years with severe postmenopausal osteoporosis who had presented new vertebral fractures during bisphosphonate therapy. We measured BMD before (T0) and after (T1) 2 years of teriparatide therapy and after 2 years of denosumab (T2).

Results: At the lumbar spine, BMD at T0 was 0.7137±0.109 g/cm²; at T1 0.7895±0.11 g/cm², at T2 0.7945±0.105 g/cm². This increase in lumbar BMD was statistically significant, with p <0.01, and the mean percentage increase was 8.44% at T2 compared to baseline at T0. At femoral neck, at T0 BMD was 0.664±0.08 g/cm², at T1 0.6753±0.08 g/cm², at T2 0.6828±0.08 g/cm². The percentage increase in femoral BMD from T0 to T2 was 1.07%, not statistically significant.

Conclusions: In our experience sequential therapy with teriparatide-denosumab has proven to be safe and effective. No new fractures occurred during treatment, although it is necessary to continue the follow-up of patients who continue therapy with denosumab beyond 24 months of treatment, to evaluate both the possible further increase in BMD, and the drug tolerance and the long-term risk/benefit ratio.

When age doesn't matter: it's never too late to diagnose cystic fibrosis

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Premises: Diagnosing cystic fibrosis (CF) at any age is important to ensure optimal treatment.

Case report: In July 2022, a 45-year-old woman went to the emergency room with profuse sweating, abdominal and muscle cramps. The objective examination revealed: tachycardia and tachypnea in apyrexia; significant muco-

cutaneous dehydration; pulmonary hypophonesis without pathological sounds. Blood tests showed severe hypokalemia and hyponatremia (K 2.6 mEq/L, Na 122 mEq/L), with metabolic alkalosis, determining alterations of repolarization on the ECG. She was admitted to the Internal Medicine department, where intravenous rehydration therapy was started. In anamnesis: allergic asthma; airways colonization by MSSA; frequent pneumonia during childhood; increased amylase and lipase without clinical significance; 3 miscarriages; 2 episodes of hypochloremic hyponatremic alkalosis in the summers of 2015 and 2017 due to profuse sweating. Among the investigations performed: documentation of bronchiectasis on chest CT; mild airway obstruction on spirometry; airway colonization by *P. aeruginosa* and MSSA; elevation of pancreatic enzymes without clinical correlation. Combining clinical and anamnestic data, the suspicion of CF was very high, so we performed sweat test (resulted positive) and genetic test, demonstrating the N1303K and T338I mutations of the CFTR. The patient was referred to a center for CF.

Conclusions: The diagnosis of CF should also be considered in adults who have not undergone neonatal testing, in the presence of a high clinical suspicion.

Incidence of post-thrombotic syndrome in carriers of inherited thrombophilia treated with direct oral anticoagulants *versus* vitamin K antagonists

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Premises and Purpose of the study: Post-thrombotic syndrome (PTS) is the most frequent and disabling complication of deep vein thrombosis (DVT). Several studies evaluated the efficacy of direct oral anticoagulants (DOACs) in preventing PTS *versus* vitamin K antagonists (VKAs). The efficacy of DOACs in preventing PTS in carriers of inherited thrombophilias (IT) remains unclear. We aimed to assess the incidence and severity of PTS in a population of IT carriers with proximal DVT of the lower extremity.

Materials and Methods: Cases were IT carriers consecutively diagnosed with a first DVT episode at Padova University Hospital, Italy between 2014 and 2021, treated with DOACs. A cohort of IT patients consecutively diagnosed with DVT between 2004 and 2019, treated with VKAs were controls. In both groups the onset and grade of PTS — diagnosed using the Villalta score — was evaluated at 3, 6, 12, 24 and 36 months after DVT diagnosis.

Results: Seventy-eight (24.7%) cases developed PTS vs. n.133(26.2%) controls (p=0.64). Adjusted hazard ratio (HR_{adjusted}) for the development of PTS in the comparison between cases and controls was 0.87 (95% Confidence Interval, 0.61-1.24; p=0.57).

Conclusions: DOACs were as effective as VKAs in preventing PTS in patients with IT following a first DVT episode of the lower extremity.

Acute intermittent porphyria: diagnostic and treatment challenges in a young patient with abdominal pain and infection

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Premises: Acute intermittent porphyria is a rare disease characterized by a deficiency of enzymes involved in the biosynthesis of the heme group. Main symptoms include acute abdominal pain, vomiting, constipation and neuropathies. Trigger factors may be stress, medications, unbalanced diets or infections. Diagnosis is based on urinary tests, which reveal an increase in the precursors of hemoglobin synthesis. We report the case of a 22-year-old patient, with no known intolerances, with a family history of porphyria, who came to the ER for intermittent and crampy abdominal pain.

Description of the Case report: The patient experienced one-month-long recurring abdominal pain and vomiting. Ultrasounds and CT scan revealed biliary sludge and signs of dehydration, but no significant abnormalities. Following admission to our department, urinary tests were performed, confirming the diagnosis of porphyria (porphobilinogen 120, delta-aminolevulinic acid 127). The patient was treated with intravenous glucose solution, showing progressive improvement. However, due to a recrudescence of symptoms caused by a *C. jejuni* infection, second-line therapy with antibiotics and hemin was required.

Conclusions: Acute intermittent porphyria is a rare but serious metabolic disorder since mistreatment leads to neurological and visceral complications. Timely diagnosis is crucial to initiate appropriate treatment and prevent clinical deterioration. Regular follow-up is essential to prevent disease progression and further acute episodes.

Use of the bacterial/viral infection test based on host immune response proteins (TRAIL, IP-10, CRP) to optimize antibiotic management in Internal Medicine: a preliminary analysis

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Premises and Purpose of the study: The bacterial/viral infection test, based on TRAIL, IP-10 and CRP, was effective in the Emergency Department and in pediatric settings. We evaluated the use of the test in Internal Medicine to distinguish between bacterial/viral infections and reduce the inappropriate use of antibiotics.

Materials and Methods: A retrospective analysis of 59 patients (median age: 80 years; 50.8% women) over three months: bacterial/viral infection test, procalcitonin (PCT), microbiological findings, clinical information.

Results: The test showed: high probability of bacterial infection 71.2%, moderate 18.6%; high probability of viral infection 0%, moderate 6.8%. Patients (pts) with a test indicative of bacterial infection had higher PCT values (p<0.05). 84.7% of pts received antibiotic therapy (72% in the emergency room or upon admission to the ward). Pts who did not receive antibiotics had a higher percentage of “moderate probability of viral infection” scores (p<0.001). For respiratory tract infections (52.5% of cases): PCT value 0.25 ng/ml [0.06.1.93]; etiological agent: viruses in 16.1% of cases, bacteria in 9.7%, co-infection in 6.5% and no agent in 67.7%; with no differences in the test score between the various categories.

Conclusions: Within the limitations of this analysis (small sample size, absence of a control group), the test appears valuable in ruling out bacterial infections. However, the high prevalence of scores indicative of bacterial infection reduces its impact on antibiotic prescribing practices. Further prospective studies are warranted.

Hepatic localizations of multiple myeloma: a case report and review of the literature

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Premises: Multiple myeloma (MM) is a hematological disease characterized by clonal plasma cell expansion in the bone marrow. In rare cases (3-5% of new-diagnosed-cases) extramedullary localization of MM occurs and can involve skin, liver, lymphatic system, pleura, or central nervous system, and may mimic a solid mass.

Description of the Case report: A 47-year-old man was admitted for a month-long history of increasing fatigue, weight loss, palpitation during exercise and atypical chest pain. The patient had no relevant medical history. Blood tests revealed severe normocytic anemia (hemoglobin 4.5 g/dL) and acute kidney failure associated with hypercalcemia. A monoclonal component IgG kappa was detected and osteomedullary biopsy confirmed the suspicion for MM. Abdominal ultrasound showed hyperechogenic hepatic lesions, the largest one appeared as a solid nodule (maximal diameter 33 millimeters) localized in the sixth hepatic segment, with peripheral and intralesional hypervascularization and microcalcifications. The findings were confirmed by abdominal computed tomography, which showed an arterial phase hypervascularization of the lesion with a wash-out signal in venous phases. The patient underwent a hepatic biopsy and the histological examination documented the presence of plasma cells kappa-chain restricted consistent with a hepatic localization of MM.

Conclusions: Extramedullary localization should be considered during the work up of MM, and can be easily suspected by using hepatic ultrasound, a rapid and economic diagnostic tool.

A case of diabetes insipidus

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Premises: The hypothalamic region has been observed to be an atypical and rare site of metastatic localization of non-Hodgkin's lymphomas. The range of presentations can vary, from non-specific constitutional symptoms to mass-effect syndromes, and even deficiency of the hypothalamic-pituitary axis.

Description of the Case report: A 45-year-old woman presented at the Medical Clinic with symptoms including polydipsia, polyuria, fatigue, and weight gain following a gastroenteritis episode. The hormonal structure indicated

central panhypopituitarism associated with diabetes insipidus. After ruling out infectious causes, the brain MRI study revealed a hypothalamic lesion without involvement of the pituitary peduncle or the optic nerves, which could be a possible expression of a metastatic lesion. A CT scan with contrast medium was performed, revealing an expansive mass in the renal lodge that was subjected to percutaneous biopsy. A thorough histological examination revealed high-grade B lymphoma, HG-BL with blastoid morphology. The CSF cytological examination was negative. The patient was subsequently referred to the Hematology department for specialized treatment.

Conclusions: While the localization of lymphomatous disease is rare, it is considered when hypothalamic lesions are identified. MRI and lumbar puncture represent minimally invasive diagnostic methods in the case of CNS lesions. An early etiological diagnosis plays a fundamental role in these cases, which are already burdened by an unfavorable prognosis at the time of diagnosis.

COVID-19 and FIB-4: a monocentric study

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Introduction: increasing evidence has suggested that liver injury is one of the most common complication of COVID-19. COVID-19 has been associated with systemic inflammation and potential liver damage, regardless of pre-existing liver disease.

Aim: To evaluate the association between COVID-19 disease and liver fibrosis scores.

Methods: A total of 2,092 COVID-19 adult survivors were seen in a Post-COVID-19 Outpatient Service after a mean of 121±89 days from hospital discharge or after 144±84 days after the first negative nasal-oro-pharyngeal swab test. A total of 575 FIB4 computation was performed on pre and post COVID-19 data. Normality was assessed using the Shapiro-Wilk test, which indicated non-normal data distribution ($p < .001$). A Wilcoxon Signed-Rank Test, a non-parametric method, was used to compare pre- and post-COVID-19 FIB-4 scores.

Results: The mean FIB-4 score increased from 1.13 pre-COVID-19 to 1.29 post-COVID-19, with corresponding medians of 0.96 and 1.08. The Wilcoxon Signed-Rank Test revealed a statistically significant difference between the two conditions ($W=59044$, $p < .001$), suggesting a post-COVID-19 increase in FIB-4 scores.

Conclusions: This retrospective observational study highlights a significant increase in FIB-4 scores following COVID-19, suggesting potential liver damage or fibrosis progression in patients recovering from the infection. This finding underlines the importance of long term liver monitoring in post-COVID-19 patients to identify and manage severe complications.

An insidious case of “down” fall

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Premises: Statins are among the most widely used drugs worldwide for cardiovascular prevention. The most frequent

adverse events are hepatic cytolysis and myalgia with or without myonecrosis. An extremely rare condition is immune-mediated necrotizing myopathy.

Description of the Case report: a 78-year-old man with cardiovascular comorbidities (whose polypharmacotherapy included atorvastatin) was referred to ED after multiple falls causing rib fractures, pulmonary contusions and lacerated-contused wound of the scalp. He reported worsening muscle weakness in the last 6 months. Laboratory exams showed very high CPK, aldolase and myoglobin levels refractory to medical therapies, so we performed an electromyography showing signs of myositis-myopathy. Then we tested for other causes of myositis, ruling out paraneoplastic and infective causes. Instead, among autoantibody tests, anti-HMGCR antibodies resulted positive. Diagnosis of immune-mediated necrotizing myopathy was made and therapy with steroids and IVIG was started. Because of QuantiFERON TB Gold positivity (LTBI), methotrexate was started after two weeks of LTBI treatment.

Conclusions: In presence of elevated levels of muscles enzymes refractory to medical therapies after several falls is mandatory to investigate pre-existing conditions. Statin-induced necrotizing autoimmune myopathy is an exceptionally rare yet severe complication that must be investigated.

Fifteen years of missed diagnosis: a case of Sèzary syndrome misidentified as psoriasiform dermatitis

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Introduction: Sèzary syndrome (SS) is a rare cutaneous T-cell lymphoma characterized by itchy erythroderma, generalized lymphadenopathy and neoplastic T-cells with cerebriform nuclei (Sèzary cells) in the blood, skin, and lymph nodes.

Case report: A 59-year-old man was admitted for hyperpyrexia, worsening of an itchy skin rash on the face, hands and feet, periorbital edema and tremors. He had been suffering from an itchy maculopapular skin rash on his trunk and lumbosacral region. Multiple biopsies were inconclusive despite suspicion of psoriasiform dermatitis. During hospitalization contrast-enhanced CT and FDG-PET revealed bilateral axillary and inguinal lymphadenopathy. Clinical and laboratory tests excluded iatrogenic, autoimmune, or infectious causes. Skin biopsy and blood immunophenotyping confirmed atypical clonal T lymphocytes, consistent with Sèzary cells. Therapy with methotrexate and methylprednisolone was started, with consequent clinical improvement.

Conclusions: SS often presents with non-specific symptoms and this causes problems of differential diagnosis with erythrodermic dermatoses. Skin biopsies may be inconclusive, causing diagnostic delays that worsen prognosis.

Epstein-Barr virus-associated cholestatic hepatitis

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Premises: Epstein-Barr virus (EBV) is a DNA virus causing infectious mononucleosis. Infections are common in childhood and young adulthood, and are usually asymptomatic, while fever, pharyngitis and lymphadenopathy may infrequently occur, often associated with self-limited increase in transaminases. EBV-induced cholestatic hepatitis (CH) is a rare presentation, turning into severe cholestasis in 5% of cases.

Description of the Case report: A 21-year-old woman presented to the Emergency Department with fever and self-limiting skin rash. She denied sore throat, cough and abdominal pain. She had no allergies or family history of liver disease and never used illicit drugs or alcohol. Physical examination revealed diffuse jaundice. Laboratory study showed a pattern of CH: ALT/AST 374/248 U/L (range 0-35), γ GT 262 (range 0-38), ALP 583 U/L (range 30-120), LDH 573 U/L (range 0-247), total bilirubin 19 mg/dl (range 0.3-1.2) with direct bilirubin 10mg/dl. Blood count showed leucocytosis with lymphocytic predominance and anaemia (haemoglobin 11.2 g/dl, MCV 60 fl) with decreased haptoglobin level (<30); direct Coombs test was negative. Hepatitis A, B, C and E serology was negative as well, while EBV serology showed an infection. The abdominal CT scan and MR cholangiography revealed non dilated bile ducts but splenomegaly (18 cm). She was managed conservatively and her liver enzymes trended down with supportive therapy.

Conclusions: EBV should enter into differential diagnosis for cholestatic hepatitis, particularly when typical EBV symptoms are reported, in order to prevent further unnecessary investigations.

Increasing prevalence of diabetes mellitus and its impact on liver cirrhosis and hepatocellular carcinoma: a single-center prospective analysis

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Premises and Purpose of the study: Prevalence of diabetes mellitus (DM) is increasing worldwide as well as the number of patients with metabolic-associated cirrhosis. The aim of this study was to analyze the trends in prevalence of DM in patients with cirrhosis with and without hepatocellular carcinoma (HCC) over time in a secondary hospital in Rome, Italy.

Materials and Methods: All admissions to IM during 2014-2024 were prospectively recorded along with demographic data, diagnosis, hospital stay and outcome. Patients with liver cirrhosis were retrospectively analysed for aetiology, comorbidities, and concomitant HCC.

Results: 7440 admissions to IM in 2014-2024 were included (83.9% from the Emergency Department), 48.9% males, median age 80 years (IQR 17). Prevalence of DM was 18.4% overall, and significantly increased during 2020-2024 (21.4% vs 16.5% in 2014-2019, $p < 0.001$). Admissions with liver disease were 508 (6.9%), of which 396 had cirrhosis (67% males, median age 71.5, IQR 23 years). DM was present in 27.3% of cirrhotic patients vs 17.9% in non-cirrhotics ($p < 0.001$); concomitant HCC was present in 20.4% of cirrhotic patients overall, reaching 38.3% in diabetics ($p = 0.01$). In-hospital mortality did not differ between diabetics and non-diabetic cirrhotics.

Conclusions: As expected, prevalence of DM was significantly higher in cirrhotic patients in our cohort and has

increased in the last five years, reflecting the worldwide trend. Diabetic patients with cirrhosis showed very high rates of concomitant HCC adding to the clinical complexity of this cohort.

Integrative approaches to systemic immune-mediated diseases

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Premises and Purpose of the study: Systemic immune-mediated diseases (IMDs) challenge modern medicine, impacting quality of life due to chronic pain and fatigue, despite effective pharmacological treatment. This study aims to evaluate if supplementing standard therapy with an integrative approach involving yoga, mindfulness, Chinese medicine, and shiatsu can improve the overall quality of life in IMD patients.

Materials and Methods: Outpatients with IMDs, experiencing distress despite standard treatment, were enrolled in an uncontrolled observational study. The integrative approach, provided free of charge within the hospital, included weekly group sessions of yoga or mindfulness and eight individual sessions of Tuina, Shiatsu, or counseling. Quality of life was assessed using the SF-36 questionnaire. A six-month follow-up and subgroup analyses by disease were conducted.

Results: Between May 2019 and September 2023, 105 patients were enrolled, and 47 (17 SSc, 12 SLE, 3 UCTD, 1 RA, 12 PsA, 1 SS, and 1 GPA) completed the study. Significant differences ($p < 0.05$) were observed between pre- and post-treatment values across all SF-36 scales, particularly in the mental health component. At six months, physical health benefits diminished, but mental health gains persisted.

Conclusions: This study demonstrates the effectiveness of a multidisciplinary approach for IMDs, addressing both physical and mental aspects. The shift in the hospital's image from a place of suffering to one of well-being represents a significant advancement in enhancing the quality of life for IMD patients.

Rabdomiolisi secondaria ad ipokaliemia: case report

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Premesse: L'ipokaliemia (potassio sierico < 3.5 mEq/L) può indurre di rado rabdomiolisi. Riportiamo il caso di un paziente con rabdomiolisi secondaria a ipokaliemia.

Descrizione del Caso clinico: Uomo di 70 anni in terapia con perindopril, amlodipina, indapamide e furosemide, si recava in PS dopo alcuni giorni di vomito, diarrea profusa, addominalgia e mialgie ingravescenti ed invalidanti agli arti inferiori; riscontro domiciliare di creatininemia 7.52 mg/dl. Al PS rilievo di insufficienza renale acuta con creatininemia 6.91 mg/dl, Urea 422 mg/dl, potassio 4.4 mEq/L, acidosi metabolica scompensata con GAP Anionico elevato per cui è stato sottoposto a trattamento emodialitico urgente. Dopo ripresa della funzionalità renale e cessazione della dialisi,

persistenza delle mialgie invalidanti, riscontro di ipokaliemia 2.6 mEq/L ed incremento di CPK 2246 UI/L e mioglobina 1793 ng/ml. Pertanto il paziente è stato trattato correggendo gli squilibri idro-elettrolitici con progressiva e graduale normalizzazione dei valori di CPK e mioglobina, stabilizzazione della funzionalità renale e scomparsa delle mialgie con ripresa della deambulazione e della postura.

Conclusioni: L'insufficienza renale acuta ha mascherato una condizione di ipokaliemia preesistente, quest'ultima determinata dal quadro clinico acuto e dalle terapie concomitanti. L'ipokaliemia e la rabdomiolisi sono condizioni interconnesse che richiedono un approccio diagnostico-terapeutico mirato e tempestivo per garantire una migliore prognosi per il paziente "quoad valetudinem e quoad vitam".

Alfabetizzazione sanitaria della popolazione anziana dell'entroterra pesarese: uno studio trasversale

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Premesse: L'alfabetizzazione sanitaria (Health Literacy, HL) è cruciale per l'autogestione della salute, soprattutto tra gli anziani, dove una comprensione limitata può compromettere gli esiti clinici.

Materiali e Metodi: Per determinare il livello di HL tra gli anziani over 65 dell'entroterra pesarese residenti nei comuni dell'AST Pesaro Urbino è stato condotto uno studio osservazionale di tipo cross-sectional con somministrazione del questionario HLS-EU-Q16/6 per valutare il livello di HL.

Risultati: I dati del questionario rivelano che il 58,2% dei 134 utenti intervistati si colloca in una fascia di HL inadeguata, con score 0-8; solo il 15,7% ha un livello adeguato di alfabetizzazione sanitaria.

Discussione: Questi dati evidenziano una prevalenza di difficoltà nella comprensione e gestione delle informazioni sanitarie, la maggior parte dei rispondenti si trova infatti in una condizione che potrebbe limitarne la capacità di prendere decisioni informate riguardo alla propria salute, con un impatto negativo sui risultati assistenziali. Si suggeriscono interventi educativi/formativi per potenziare l'HL e la gestione autonoma della salute, anche nella prospettiva di implementare tecnologie avanzate come telemedicina, tele-visita e sistemi informatizzati. Tali dati sottolineano l'importanza di interventi formativi mirati per migliorare le competenze sanitarie degli utenti e facilitare una gestione più consapevole e autonoma della propria salute.

Conclusioni: Gli esiti documentati da questo studio sostengono la necessità di adottare il modello dell'infermiere di famiglia e di comunità nell'intero territorio afferente all'AST Pesaro – Urbino.

A prospective multicentre observational study for analysis of delayed discharge issue in Internal Medicine: "DIRIMI"

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Premises and Purpose of the study: A delayed hospital discharge (DD) for chronically ill patients admitted to Internal Medicine (IM) Units occurs when a patient is medically approved to be discharged, but remains in hospital for non medical reasons. DD can result in hospital patient flow issues, increased health-care costs, an increased risk of functional decline, hospital-related adverse events, mortality and poor patient and family experiences. We designed (as Apulian section of FADOI) a prospective multicentre observational study called DIRIMI (DImissioni RItardate in Medicina Interna), conducted in IM, Geriatrics and Long-term care wards of Apulia region, Italy, where we analyzed the prevalence of DD for a 4 months term and defined their epidemiologic and clinical characteristics.

Materials and Methods: DIRIMI enrolled patients hospitalized between September 15, 2024 and January 15, 2025. 18 wards from 16 metropolitan and extra-metropolitan hospitals in Apulia participated to the study.

Results: Preliminary results obtained from 12 wards out of 15 (IM and Geriatrics) showed that the mean prevalence of DD was 9%, the mean length of stay of DD was 23,3 days (general mean stay 11 days), the mean delay in hospital discharge was 11,4 days. Demographic information, concomitant diseases are under analysis, care dependency and individual frailty are evaluated with BRASS-score and MPI score, hospitalization outcome and mortality is assessed.

Conclusions: the aim of this study is to depict for the first time a wide and complete scenario of discharge barriers in IM units of Apulia.

A challenging diagnosis: acitretin-induced autoimmune-like hepatitis

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Premises: Clinical and laboratory features of autoimmune hepatitis (AIH) and drug-induced liver injury (DILI) frequently overlap. Drug-induced autoimmune-like hepatitis (DI-ALH) mimics AIH, making differentiation challenging.

Description of the Case report: A 52-year-old woman presented to our Hepatology Center due to increasing levels of transaminases (AST 314, ALT 685 IU/ml), nausea and abdominal pain. She had history of psoriasis treated with acitretin, recently increased from 25 to 30 mg/day. No other medications, herbal remedies, or dietary risks were reported. Further testing confirmed elevated liver function tests (LFTs) (AST 314 IU/L, ALT 712 IU/L, GGT 111 IU/L, ALP 111 IU/L) and IgG (1619 g/dL), with normal synthetic function. Viral hepatitis was excluded. Autoimmunity testing revealed ANA positivity. Imaging (abdomen US and MRI) showed only gallbladder lithiasis without dilated bile ducts. Given the suspicion of autoimmune hepatitis, the patient underwent a liver biopsy, revealing moderate AIH (Knodell score 8), showing chronic lymphoplasmacytic inflammation of portal ducts and PAS-positive hepatocytes with occasional feathery degeneration. Prednisone treatment led

to LFTs normalization, confirming AIH. Due to worsening psoriasis, acitretin was restarted. Shortly after, transaminases rose markedly, suggesting acitretin-related DI-ALH.

Conclusions: Increasing evidence shows the involvement of immune mechanisms in DILI, though correlations with specific agents remain uncertain. Correct diagnosis is crucial, as DI-ALH management remains an open question.

The prognostic value of clinical frailty scale in COVID-19 pneumonia across different pandemic phases: a comparison between the first and the fourth wave

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Premises and Purpose of the study: The COVID-19 pandemic has placed unprecedented strain on health-care systems. Frailty is being used in clinical decision making for patients with COVID-19. We aimed to establish the prevalence of frailty in older patients with COVID-19 admitted to hospital and investigate its association with mortality comparing non-vaccinated patients *versus* vaccinated patients.

Materials and Methods: This was an observational study conducted at one single hospital center in Italy. All older adults (≥ 70 years) admitted with confirmed COVID-19 were included. Data of 658 patients (493 non-vaccinated Covid-19 patients admitted during the first wave and 165 patients vaccinated against COVID-19 during the fourth wave), were collected from clinical records. Frailty was assessed by clinical frailty scale (CFS) and patients were grouped according to their score (≤ 4 : fit; 5-6=initial signs of frailty; > 7 =severe frailty).

Results: In comparison with vaccinated patients, unvaccinated patients from the first wave had reduced prevalence of heart disease (35% vs 56%), renal failure (9% vs 15%), but lower burden of frailty. In a stepwise multivariable logistic regression model, unvaccinated patients had a higher risk of death regardless of CFS (Odds Ratio (OR) 2.241, 95% confidence interval (CI) 1.492-3.336, $p \leq 0.001$), while in the fourth wave, CFS was significantly associated with hospital mortality.

Conclusions: Our study suggests that in non-vaccinated older patients from the first pandemic wave CFS was unable to stratify the risk of death.

Impact of age and sex on viral load in hepatitis C virus infection

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Premises and Purpose of the study: The determinants of hepatitis C virus (HCV) viral load remain incompletely understood, and may differ in females, who are relatively protected from the consequences of HCV infection during their reproductive years. We aimed to evaluate how age

affects the relationship between sex and viral load.

Material and Methods: We studied a consecutive series of 922 naïve patients (males $n=497$, median age 62 years) which had been referred to our Center for the treatment of chronic hepatitis C.

Results: Females were older (median age 68 vs. 57, $p<0.001$) and had a higher prevalence of HCV genotype 2 (33% vs. 20%, $p<0.001$) than males; there was no difference between sexes regarding the METAVIR fibrosis stage. The median HCV RNA concentration was 1.017×10^6 IU/mL (interquartile range, 0.286–2.400), with no differences between males and females in the whole study population, but with significantly higher geometric means of circulating HCV RNA in the males below 55 years. Among males, the METAVIR stage was the strongest independent predictor of a high viral load (defined as the highest two quartiles), with advanced stages inversely associated with viral load ($p=0.008$). In females, age was the only independent predictor, with women aged ≥ 55 years exhibiting higher HCV viremia ($p=0.009$).

Conclusions: These findings are consistent with data showing that estrogens exert an antiviral effect in *in vitro* models of HCV. Their declining levels after the menopause may explain the “catch-up” phase of HCV-related liver disease observed in older women.

Non-autoimmune diabetes mellitus and hyperthyroidism from combined treatment with ipilimumab and nivolumab for melanoma

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Premises: Immunotherapy is one of the treatment options for certain stages of melanoma. However, such treatment, whether as monotherapy or in combination, can be associated with adverse events. We report a rare case of the onset of dual immune-related endocrinopathy due to therapy with ipilimumab and nivolumab in a woman with melanoma.

Description of the Case report: a 46-year-old woman (74 kg) had been affected by cutaneous melanoma (stage IIIC; T4 N2 M0). The patient was undergoing her third three-weekly cycle of treatment with ipilimumab (3 mg/kg) and nivolumab (1 mg/kg). She initially presented to the clinic with hyperglycaemia (~350 mg/dl; insulin therapy had been initiated two weeks prior) and later, with fever and evidence of pulmonary opacity on body CT, was admitted to the Internal Medicine Unit. On admission: blood glucose 236 mg/dl, HbA1c 8.9%, lipase 89 U/l, CRP 44.55 mg/dl, IgA Chlamydia pneumoniae positive, TSH 0.01, fT4 2.7 ng/dl, PCT 0.4, TPO, ATA, anti-TSH receptor, anti-Langerhans cells, and anti-GAD antibodies negative, C-peptide 0.5 ng/ml. The patient underwent antibiotic treatment with a macrolide, achieving resolution of pneumonia, continued insulin therapy with normalisation of blood glucose and HbA1c, and started treatment with methimazole, which normalised thyroid function.

Conclusions: the case we report is significant due to the

simultaneous occurrence of two distinct immune-related endocrinopathies associated with antineoplastic therapy, of which the pancreatic form is uncommon. Treatment with immunomodulatory drugs was permanently discontinued.

Exploring the impact of GLP-1 agonist treatment on body composition: an observational study

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Premises and Purpose of the study: GLP-1 (glucagon-like peptide-1) agonists are effective in managing obesity, promoting weight loss, and improving body composition by reducing fat mass while preserving lean muscle. The aim of the study is to analyze the changes in body weight and body composition associated with GLP-1 therapy in patients affected by obesity.

Materials and Methods: Over a period of 7 months, 90 patients (equally divided by gender) were analyzed, of which 30 (group 1) were only treated with a low-calorie diet (LCD), 30 (group 2) were treated with LCD plus liraglutide at dose escalation, while the remaining 30 (group 3) were treated with LCD plus semaglutide at dose escalation. All patients had follow-up visits monthly with anthropometric and bioimpedance analysis.

Results: At the end of 7 months, in terms of weight loss, group 1 had lost 4.5% ($\pm 0.2\%$) of its initial weight, group 2 had lost 8.9% ($\pm 0.4\%$), and group 3 had lost 11.9% ($\pm 0.3\%$). When considering body composition after 7 months, fat mass had reduced by 5.2% ($\pm 0.4\%$) in group 1, 8.9% ($\pm 0.3\%$) in group 2, 10.2% ($\pm 0.5\%$) in group 3. Fat-free mass increased by 2.3% ($\pm 0.2\%$) in group 1, 5.2% ($\pm 0.3\%$) in group 2, 8.2% ($\pm 0.4\%$) in group 3 ($p<0.05$).

Conclusions: GLP-1 receptor agonists play a crucial role in the reduction of visceral fat through their multifaceted mechanisms. Given their promising benefits, GLP-1 receptor analogs represent an effective therapeutic approach for managing obesity and improving overall metabolic health.

VExUS protocol in the management of hepatorenal syndrome

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Premises: Management of hepatorenal syndrome – acute kidney injury (HRS-AKI) is challenged. Here we report a case of HRS-AKI where venous excess ultrasound (VExUS) protocol changed the conventional treatment plan.

Description of the Case report: A 65 year-old man was admitted to the emergency room for jaundice and ascites. In the last days he reported terry stools. When compared with a one month previous control, the blood tests showed anemia, impairment of renal function, increased bilirubin and PT-INR. A gastroscopy was performed with the diagnosis of multiple bleeding peptic ulcers. Therapy with e.v. PPI, antibiotics and albumin 1 g/kg was administered. After 24 hours kidney function did not improve so terlipressin infusion was started. After 48 hours of terlipressin infusion diuresis was still contracted so the

intravascular volume status was evaluated with VExUS protocol. Inferior vein cava diameter was 3 cm, portal vein flow was pulsatile, the hepatic vein flow showed diminished s-wave amplitude and the renal vein flow was biphasic. Since left ventricle systolic function was preserved, e.v. diuretic was administered obtaining an increase in diuresis over 100 mL/h and an improvement of serum creatinine. Patient was diagnosed with grade 3 of ACLF, so he was referred to the Liver Transplant center to start the work up.

Conclusions: Our case demonstrated that according to ADQI and ICA consensus, HRS-AKI management should be personalized according to the features of patient. VExUS protocol should be always performed to better customize HRS-AKI therapy.

L'impatto dell'età e delle comorbidità nella sepsi e nello shock settico

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Premesse e Scopo dello studio: Età e le comorbidità sono importanti determinanti di prognosi nella sepsi; tuttavia, in un'analisi preliminare dei nostri dati non erano risultate significativamente associate all'outcome. Abbiamo voluto valutare il ruolo del Charlson Comorbidity Index (CCI) in una coorte di pazienti anziani ricoverati per tale patologia estendendo la numerosità campionaria

Materiali e Metodi: Studio retrospettivo di coorte monocentrico condotto presso la Medicina Interna INRCA-Osimo(AN). Sono stati raccolti età, items del CCI, giorni di degenza ospedaliera e outcome, definito come morte intraospedaliera o trasferimento in Unità di terapia intensiva.

Risultati: Abbiamo ottenuto una coorte di 593 pazienti consecutivi, età media 81.047.22 anni, 300 (50.6%) maschi, degenza media 12.39.6 giorni, 243 (41%) eventi. Il CCI è risultato associato all'outcome (Pearson's: 0.25; $p < 0.0001$) e significativamente più elevato se l'outcome era sfavorevole (6.742.08 versus 7.922.41; $p < 0.0001$). Il CCI si è confermato poco accurato (AUC: 0.64; 95% CI: 0.61-0.66; $p < 0.0001$). Un $CCI \geq 7$ era associato ad un rischio maggiore di eventi (HR: 1.78; 95% CI: 1.3-2.3; $p < 0.0001$) nei pazienti, il 58.8% con $CCI < 7$ ed il 22.5% di quelli con $CCI \geq 7$ non aveva sviluppato outcome a 36 giorni ($p < 0.0001$; log-rank test).

Conclusioni: CCI si associa ad un peggior outcome nella sepsi e nello shock settico. La significatività di questo dato è emersa solo ampliando la casistica, suggerendo come altri fattori, ad esempio il SOFA score, possano influenzare maggiormente la sopravvivenza nella fase acuta di malattia.

Interprofessional collaboration and person-centered care. A review of the literature

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Background and purpose: The prevalence of age-related chronic diseases requires a change in organizational models that should be based on collaborative practices. Interprofessional care teams and patient involvement are necessary. A critical revision of the literature review, together with an analysis of the Italian reality, has been conducted to provide insights into the topic of interprofessional collaboration and the concept of patient-centered care.

Results: Interprofessional collaboration that includes the person being cared for and therefore person-centered care has been widely studied.

Discussion: A systematic review conducted in 2013 found that person-centered care leads to positive care outcomes. The treatment of diseases must become "personalized, predictive, preventive and participatory". The concept of "standard patient" must change into the more correct view of the "genetically unique individual", to adopt the best approach to preserve health and the most appropriate care. It seems appropriate to refer to the principles of value-based medicine, according to which the care delivery model must have the objective of providing high-quality services to patients.

Conclusions: Although the literature provides preliminary information to support the benefits of the patient-centered approach, in the Italian healthcare reality the aspects of practicability and "sustainability" of this model for its implementation should be better defined.

Chronic active Epstein-Barr virus: a case report

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Introduction: Chronic Active Epstein-Barr Virus (CAEBV), is characterized by systemic inflammation and clonal proliferation of EBV-infected T/NK cells. The pathogenesis of CAEBV is not yet fully understood. Diagnosis of CAEBV is based on the combination of clinical features (fever, swollen lymphnodes, hepatosplenomegaly) and high copy number of EBV genome (EBV DNA load > 10.000 IU/mL in whole blood) and EBV-infected T or NK cells. Hematopoietic stem cell transplantation (HSCT) is the only curative treatment, chemotherapy could be administered to control disease activity before HSCT.

Clinical case: A 73-year-old male with medical history of EBV infection was admitted to the hospital because of intermittent fever, splenomegaly, pancytopenia. Laboratory tests showed increased values of inflammation, bilirubinemia, transaminase and cholestasis, pancytopenia, elevated EBV DNA load in blood. Abdominal-CT/RM: splenomegaly. BOM: negative. Liver biopsy: sinusoidal lymphomonocytic hepatitis compatible with CAEBV. As the patient wasn't candidate to HSCT, after multidisciplinary discussion with hematologist and infectious disease specialist, we started therapy off-label with PD-1 inhibitor (pembrolizumab).

Conclusions: CAEBV is a potentially life-threatening illness; early diagnosis and prompt treatment are crucial due to the aggressive nature of CAEBV. Ongoing research aims to better understand the disease's pathophysiology and improve therapeutic strategies.

Transfusion-related acute lung injury: a case report

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Premises: Transfusion-related acute lung injury (TRALI) is a serious, potentially fatal complication of blood transfusion in which a patient develops rapid lung injury and non cardiogenic pulmonary edema due to activation of immune cells in the lungs. The characteristic clinical presentation of TRALI is the sudden onset of hypoxemic respiratory insufficiency during or shortly after the transfusion of a blood product.

Description of the Case report: A 78-year-old woman was hospitalized for multifocal pneumonia. The patient in good hemodynamic and respiratory compensation, was transfused with a platelet concentrate. During the transfusion she developed dyspnea. At the physical examination: tachypnea, tachycardia pulmonary crackles. Arterial gas analysis documented hypoxemic respiratory insufficiency. Chest TC demonstrated bilateral pulmonary infiltrates. The transfusion was stopped, intravenous therapy with diuretics, steroids, nitrates and high-flow oxygen therapy was administered, achieving hemodynamic stabilization

Conclusions: TRALI should be considered whenever a patient develops hypoxemic respiratory insufficiency during or shortly after transfusion of any blood product. The diagnosis is essentially clinical. The differential diagnosis includes other conditions that can manifest with respiratory distress following transfusion: transfusion-associated circulatory overload, hemolytic transfusions reactions, anaphylaxis. When TRALI is suspected, the transfusion should be stopped immediately, vital signs and respiratory status should be assessed, chest imaging should be obtained

Single liver nodular lesion in a dysmetabolic patient with multiple myeloma in remission: keep in mind the clinical hypothesis of an unusual relapse

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Premises: Multiple myeloma (MM) can manifest through plasma cell leukemia and extramedullary MM. Extraosseous manifestation of MM is >63% and liver involvement is >40% of patients (radiologically underestimated). We report a case of MM with single hypervascular nodular hepatic lesion.

Case report: A 71 year old man with MM IgGkappa, stage IIIA, ISSI, underwent two lines of therapy (3 VTD, 1 VD, Daravd), then was lost to follow-up due to infection. Abdomen US showed single nodule of 54 x 42 mm in hyperechoic liver. In anamnesis DMII. CEUS and MRI showed arterious uptake and late wash-out of the lesion, compatible with HCC or MM infiltration. Liver tests, AFP, CA 19-9, HBV, HCV serology were normal. PET-CT revealed one hypermetabolic lesion (SUV max 7) in the liver and one weak uptake in skeletal systems. The liver biopsy suggests cholangiocarcinoma (contrasting with late washout in CEUS). The patient undergoes partial hepatectomy and surgical histology reveals localization of pleomorphic, kappa MM in area of liver fibrosis. The patient begins third-line therapy (pomalidomide).

Conclusions: Liver lesions of MM may present with

hepatomegaly, jaundice, ascites, liver failure, or are asymptomatic. In sensible research hepatomegaly was reported in 58% of cases, hepatic plasma cell infiltration in 40%. Diffused infiltration is predominant, single lesion is very unusual. Both HCC and hepatic localization of MM are characterized by intense arterial wash-in and late venous wash-out, as in our case, so histological examination is essential, as clinical findings are often not decisive.

Prescription rate of SGLT2 inhibitors in patients with heart failure admitted to Internal Medicine in 2022-2024: a single centre prospective analysis

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Background: Patients with acute or acute on chronic heart failure (HF) may be admitted to Internal Medicine (IM) or Cardiology wards. Recent guidelines introduced sodium-glucose cotransporter-2 (SGLT2) inhibitors as a pillar of HF treatment. In this prospective study, we analysed the characteristics of patients urgently admitted to IM for HF in a secondary hospital in Rome during 2022-2024.

Methods: All admissions to IM were prospectively recorded with demographic data, length of stay (LoS), type of discharge and outcome. Patients admitted for HF were retrospectively analysed, including prescription rates of SGLT2 inhibitors.

Results: A total of 1667 admissions to IM were included (49.3% males, median age 79 years, IQR 19 years). Urgent admissions for HF were 193 (11.6%), 46.1% males, median age 86 years (IQR 11). HF patients were significantly older than non-HF ($p < 0.001$). Median LoS for HF was 10 days (IQR 10.75), in-hospital mortality 12.4% and negative outcomes (death, transfer to intensive care, transition to hospice care) 21%, not differing from non-HF patients. Prevalence of diabetes mellitus was significantly higher in HF patients (26.9% vs. 20.6%, $p = 0.04$), however treatment with SGLT2 inhibitors was prescribed only in 7.4%.

Conclusions: Patients with HF admitted to our IM in 2022-2024 were very elderly and over 25% had concomitant diabetes mellitus. Hospital outcomes were not significantly different from non-HF patients, however a low rate of SGLT-2 inhibitors prescription was observed, possibly reflecting higher perceived risk of adverse effects due to advanced age.

Early screening for Good's syndrome in thymoma patients: a critical step to prevent diagnostic delay

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Introduction: Good's syndrome is a rare adult-onset combined B and T cell immunodeficiency that occurs in patients with a thymoma. Patients affected by Good's syndrome have increased susceptibility to bacterial, fungal, viral and opportunistic infections. Early immunoglobulin replacement therapy is warranted to prevent severe morbidity and mortality. To date, even though protocols suggest screening tests for Good's syndrome in patients with

newly diagnosed thymoma, serum electrophoresis and lymphocyte immunophenotyping is often overlooked.

Case presentation: A 45-year-old male with family history of psoriasis came to our attention for recurrent respiratory tract infections. He had been suffering from fever and productive cough for a year after surgery for thymoma. He was admitted several times to pneumology and internal medicine units for pneumonia due to CMV and Chlamydia, as well as bronchiolitis. A lymphocyte immunophenotyping and serum protein electrophoresis were requested, showing B CD19+ lymphocytes <2% along with hypogammaglobulinemia. The diagnosis of Good's syndrome was established after one year from thymectomy and the patient has been receiving IvIg replacement therapy with no occurrence of infection ever since.

Conclusions: This case underscores the critical need to prioritize the assessment of immune dysfunction in patients with newly diagnosed thymoma. To avoid diagnostic delays and facilitate early intervention, we strongly recommend the routine inclusion of lymphocyte immunophenotyping and serum protein electrophoresis at the time of thymoma diagnosis.

Un raro caso di ipokaliemia resistente a terapia infusioneale

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Premesse: Un raro caso di ipokaliemia resistente a terapia infusioneale

Descrizione del Caso clinico: Uomo di 27 anni ricoverato per ipokaliemia e astenia. Esclusi vomito, diarrea, uso di diuretici o lassativi. Gli esami ematochimici hanno rilevato ipokaliemia, ipomagnesemia e alcalosi metabolica. Autoanticorpi e radiografie delle articolazioni sono risultati nella norma. L'analisi delle urine mostrava pH alcalino e basso peso specifico, suggerendo una tubulopatia. Rilevata elevata sodiuria e kaliuria e ridotta calciuria. ACTH, cortisolo e aldosterone risultavano normali, mentre la renina era elevata. La somministrazione di potassio per os ha migliorato la potassiemia e l'astenia. La diagnosi di Sindrome di Gitelman è stata confermata da mutazioni nel gene SLC12A3. **Conclusioni:** La Sindrome di Gitelman è una tubulopatia autosomica recessiva, caratterizzata da ipokaliemia, ipomagnesemia, alcalosi metabolica e ipocalciuria. La malattia si manifesta dalla fanciullezza in poi, spesso con sintomi aspecifici (astenia, crampi muscolari, tetania, artralgie). È causata da mutazioni nel gene SLC12A3, che codifica per il cotrasportatore Na-Cl sensibile ai tiazidici, presente nel tubulo distale. Questa mutazione porta a un ridotto riassorbimento di NaCl, con contrazione della volemia e attivazione del sistema renina-angiotensina-aldosterone. Questo meccanismo aumenta il riassorbimento di sodio a livello del dotto collettore corticale, in cambio dell'escrezione di potassio e idrogeno, determinando ipokaliemia e alcalosi metabolica.

Nutritional screening in an Internal Medicine Department: is it the same "skeleton in the hospital closet"?

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Premises: Malnutrition in hospitalized patients is a very frequent and underestimated condition worldwide. In Internal Medicine departments patients are frequently frail and older with multimorbidity and polypharmacy.

Materials and Methods: We evaluated the nutritional status of 100 subjects over the age of 65 admitted to our Internal Medicine unit for acute patients, carrying out an evaluation with blood tests (blood count, total proteins, albumin, creatinine, calcium electrolytes, vit D, total cholesterol, glycemia) and a screening with MUST evaluation within 72 h of admission (ESPEN indications). The average age of the subjects, coming from home or long-term care facilities, was 79 years (M:47, F: 53); the main comorbidities were DM, HF, COPD, neoplasms, dementia; 36% were affected by 4 or more morbidities. The MUST score classified our patients at low (0 points, 18%), moderate (1 point, 43%) or high (2 points, 39%) risk of malnutrition. Subjects with MUST score 0 underwent to normal clinical care and observation, while those with score 1-2 were treated with nutritional supplementation, based on this screening and the clinical conditions of the patients.

Conclusions: Malnutrition in Internal Medicine wards is underdiagnosed and undertreated and it remains today "The Skeleton in the Hospital Closet" that was described 50 years ago by C.E. Butterworth. Nutritional screening may provide a tool to elaborate a better management and a more effective intervention in hospitalized patients.

Reference

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Caval index-pulmonaryembolism severity index correlation. "CAPESI" study: comparative analysis with student's test in 30 patients with venous thromboembolism. Three-year experience (2022-2024)

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Premises and Purpose of the study: The "CAPESI" study, acronym of "CAVAL index - Pulmonary Embolism Severity Index" (PESI), enrolled 30 patients with venous thromboembolism during the 2022-2024 period. The PESI was measured pre-lysis and the CAVAL INDEX was measured pre-lysis in all the patients (IVCd exp-IVCd insp/IVCd exp, VN at rest in inspiration from 0 to 14 mm, at rest in exhalation 15 to 20 mm). The "CAPESI" study has the following objective: to verify any relationship between the values of pre-lysis CAVAL INDEX and pre-lysis PESI; verify the statistical significance observed by applying Student's "t" parametric test.

Materials and Methods: The pre-lysis CAVAL INDEX values were compared with the pre-lysis PESI values in the 30 patients enrolled. Therefore, the test calculates the relative value (RV) of the t index to be associated with the difference found by the following formula: $t = (M1 - M2) / \sqrt{DS12 / DS22 + N1/N2}$.

Results: Student's "t" test shows a highly significant correlation ($p < 0.001$) of the two variables examined (pre-lysis CAVAL INDEX values and Miller Score) and, therefore,

cannot be attributed to chance. In fact, the value of “t” obtained is 6.94 and the CV (critical value) of “t” for $p=0.001$ is 3.659 with $DOF=29$. The data obtained suggest that the inverse co-variation of the pre-lysis CAVAL INDEX and pre-lysis PESI values expresses a highly significant difference.

Conclusions: The “CAPESI” study has shown that there is a highly significant correlation between the two variables considered: pre-lysis CAVAL INDEX and pre-lysis PESI.

Drug-induced pancreatitis: the focus on glucagon-like peptide-1 receptor agonists

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Premises: Drug-induced pancreatitis is rare (<5%). Due to the different pathophysiological mechanisms and latency, proving the association with drugs is often challenging. Recent evidence suggests a significant risk linked to GLP-1 RA, which are increasingly recommended for the treatment of type 2 DM and obesity. Immediate recognition of symptoms and discontinuation of the drug are crucial to prevent severe outcomes.

Description of the Case report: We report the case of a 42-year-old woman with a history of PCOS presenting to the ER for asthenia, epigastric pain and vomiting. She denied abdominal injury, history of pancreatitis, smoking, alcohol or illicit drug use. In the ER she was hypotensive and dyspnoic. ABG showed metabolic acidosis and blood tests revealed elevated markers of pancreatitis. Abdominal CT confirmed the diagnosis of interstitial edematous pancreatitis without signs of biliary pathology. She was admitted to ICU for distributive shock. Laboratory tests were negative for hypertriglyceridemia, hypercalcemia, viral serologies, autoimmune antibodies and IgG4. She reported taking weekly injections of semaglutide for weight loss over the past five months. This was suspected to be the most likely cause of pancreatitis and was discontinued. Lipase levels normalized, confirming the diagnosis of drug-induced pancreatitis.

Conclusions: Defining a drug as the cause of acute pancreatitis is a challenge. As GLP-1 RA use increases, providing indubitable cardiovascular benefits, clinicians should be aware of their potential to cause pancreatitis with a consistent latency period, probably due to overstimulation of acinar cells.

Near miss events in an Internal Medicine department in the first year of introducing computerization in the prescription of therapy

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Premises: Near errors”, *i.e.* situations which only once did not have a negative effect, are a sort of “lessons” that allow us to improve without causing harm to patients and without consequences for staff.

Materials and Methods: From 11.2023 to 11.2024 in Internal Medicine (30 beds) department we collect reports

of almost exclusively medical errors through “incident reporting”. We discussed behind closed doors without blaming the actors, but only to draw lessons from them. In 10.2023 we introduced the totally computerized WHospital electronic record with the totally computerized therapeutic prescription.

Results: Of the 38 near misses, 24 can be attributed to the computerization of therapy.

Discussion: The analysis of the period shows 7 types of errors. 24 cases of incorrect prescription: 8 cases concern antibiotic prescriptions: prescribed with excessive or frankly incorrect/toxic doses; 5 cases reactivation of suspended therapies resulting in multiple active therapies; 6 cases administration of insulin according to an inappropriate schedule; 3 cases setting of incorrect therapies due to incorrect typing. Too little training was offered for learning (1 hour of course and 2 hours of coaching), many critical issues emerged only months after use and an interlocutor who was able to resolve them was no longer available.

Conclusions: The collection and discussion of near errors was a way to prevent active errors by making nursing staff an important part of the reporting and verification of therapies in the prevention of latent errors.

Efficacy and safety of seladelpar in patients with primary biliary cholangitis and compensated cirrhosis in the phase 3 placebo-controlled RESPONSE trial

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Premises and Purpose of the study: In the Phase 3 RESPONSE trial (NCT04620733), seladelpar (SEL)—a first-in-class delpar (selective PPAR δ agonist)—significantly improved biomarkers of cholestasis in patients (pts) with primary biliary cholangitis (PBC) over 12 months (M) vs placebo (PBO). More pts with cirrhosis met the primary endpoint in the SEL arm (39%) vs PBO (22%). We report additional results in pts with or without cirrhosis in RESPONSE.

Materials and Methods: Eligible pts had inadequate response/intolerance to ursodeoxycholic acid, alkaline phosphatase (ALP) $\geq 1.67 \times \text{ULN}$, and total bilirubin $\leq 2 \times \text{ULN}$; they received SEL 10mg or PBO (2:1 randomisation) for 12M. Cirrhosis was defined by medical history, liver biopsy, transient elastography, laboratory

findings, and radiological features. Safety and changes in laboratory parameters were assessed.

Results: Of 193 pts, 27 (14%) had Child-Pugh A compensated cirrhosis at baseline (BL; 18 SEL, 9 PBO). Mean ALP change was -121.4 U/L for SEL vs 23.2 U/L for PBO pts with cirrhosis, and -134.8 U/L for SEL vs -18.0 U/L for PBO pts without cirrhosis. Greater decreases in other laboratory parameters were observed with SEL vs PBO regardless of cirrhosis status. Adverse events (AEs) with SEL vs PBO were similar in pts with and without cirrhosis. No pts with cirrhosis discontinued SEL due to AEs. Elevations in alanine aminotransferase or aspartate aminotransferase of $>3 \times \text{ULN}$ occurred in 3 pts with cirrhosis.

Conclusions: SEL reduced biomarkers of cholestasis and was overall safe and well tolerated in pts with PBC with or without cirrhosis.

Autoantibodies against interleukin-1 receptor antagonist in recurrent pericarditis: a link between autoimmunity and autoinflammation

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Background: Interleukin (IL)-1 is central to recurrent pericarditis (RP) pathogenesis.

Materials and Methods: The aim of the prospective multicenter PERIPLO (PERicarditis: IL-1Ra antibodies and suPAR Levels Observational) Study (NCT05925790) was to assess proinflammatory autoantibodies (Abs) in RP. Plasma from a discovery (n=111) and validation cohort (n=31) of RP patients was analyzed for autoantibodies against interleukin-1 receptor antagonist (IL-1Ra), progranulin (PGRN), and IL-18 binding protein (IL-18BP) via ELISA. Additional tests included Western blots for immune-complexed/free IL-1Ra and PGRN, ELISA for IL-1Ra, isoelectric focusing for hyperphosphorylated isoforms, Luminex for inflammatory mediators, and functional assays in IL-1 reporter HEK cells.

Results: IL-1Ra-Abs were detected exclusively during active disease in 16/31 (51.6%) discovery and 9/16 (56.3%) validation patients, PGRN-Abs in one active patient, no IL-18BP-Abs were found. IL-1Ra-Abs were associated with immune-complexed IL-1Ra, reduced IL-1Ra plasma levels, a hyperphosphorylated IL-1Ra isoform, higher C-reactive protein and IL-6 (especially in anakinra-naïve patients), and a trend towards higher soluble urokinase plasminogen activator receptor (suPAR) and IL-18. Functional assays confirmed the neutralizing effect of IL-1Ra-Abs. Follow-up showed IL-1Ra-Abs decline was linked to reduced inflammatory markers and IL-1Ra recovery.

Conclusions: IL-1Ra-Abs are common in active RP, linking autoimmunity and autoinflammation. Future

studies will assess their role as predictive biomarkers for tailored therapies.

Outcomes after lusutrombopag administration in patients with liver cirrhosis and thrombocytopenia undergoing invasive procedures

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Premises: Thrombocytopenia (TP), defined as a PLT count below $150 \times 10^9/L$, is common in chronic liver disease (CLD). Management of CLD often involves invasive procedures, with variable bleeding risk. Patient's specific factors to consider include coagulopathy, medications, bleeding history, PLT refractoriness, but also the prothrombotic state. Prophylactic PLT transfusions pose risks and can lead to refractoriness requiring HLA-selected PLTs. Thrombopoietin receptors agonists like lusutrombopag have been studied to demonstrate their efficacy and safety in CLD patients.

Materials and Methods: We report the outcomes of lusutrombopag administration in CLD patients with TP attending our center with a scheduled invasive procedure (endoscopic polypectomy, variceal ligation, a bone marrow biopsy and a thyroidectomy). Lusutrombopag 3 mg 1 cp/day was administered for 7 days and the procedures were scheduled 3 to 6 days later. PLT values were evaluated before and after the administration and also after the procedure. It was registered whether patients required transfusion support or experienced bleeding.

Results: All patients had an increase of at least 20×10^9 PLT/L from baseline ($34000-155000 \times 10^9/L$). Furthermore PLTs remained stable after the invasive procedure. No patients required transfusion support or experienced bleeding and no thrombotic events reported. All patients had a treatment response (PLT at least $50 \times 10^9/L$).

Conclusions: Moreover the efficacy outcome (no need of PLT transfusion and no bleeding events for at least 7 days post procedure) was achieved after the therapy.

SW- elastography and MASLD in metabolic syndrome: are there sex differences?

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Premises: MASLD (metabolic dysfunction-associated steatotic liver disease) affecting about 30% of the people that needs to be stratified because MASLD can lead to cirrhosis, HCC and transplantation. If there are sex differences in relation to demographic characteristics and disease progression is unclear.

Aim: Aim of study is evaluation of liver fibrosis degree, demographic differences and comorbidities in the 2 sexes affected by metabolic syndrome (MS) and referred for SW elastosonography (SWE).

Materials and Methods: We performed 151 SWE in pz with steatosis of metabolic origin. ALT and the possible relationship with fibrosis were also evaluated.

Results: Of the 151 pz (ages 22–75y), 99 were man, 52 female (no difference for age and indicators of MS). A degree of fibrosis was detected in 57% of pz: F0 59 pz, F1

34, F2 19, F3 25, F4 9. 34 pz (22,5%) have significant fibrosis (F3-F4). Stratifying pz into the 2 sexes, the frequency in pz with F0 was similar, but the mean age of women was significantly lower than in men (43.5 vs 54). In the 53 pz with F1-F2, the woman was less represented (13vs.23) and the average age significantly lower (40, 5vs.55). In the 34 pz with fibrosis F3-F4, the males was more represented (26vs8), but the women, had a higher

average age than the previous groups (mean age 67.5). The ALT was altered in 47% of pz with advanced fibrosis (NS between the 2 sexes).

Conclusions: The higher the degree of fibrosis, the greater the number of comorbidities. In our study, women have more pronounced degrees of fibrosis at a significantly higher age; with normal ALT, in 1/4 of pz reveal as an advanced degree of fibrosis.



ABSTRACTS

Enhancing autonomic regulation and mental health through non-pharmacological interventions: a case study on managing anxiety and panic disorders

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Premises and Purpose of the study: This research explores the effectiveness of a non-pharmacological intervention designed to improve the quality of life and manage symptoms of anxiety and panic attacks in a psychosomatic patient. As anxiety disorders continue to rise globally, innovative non-drug approaches are crucial for comprehensive patient care.

Materials and Methods: A 30-year-old male, previously treated with psychotherapy for anxiety and panic disorders, underwent 12 weekly sessions of a non-pharmacological treatment focused on enhancing autonomic nervous system function. The intervention aimed to increase serotonin levels and autonomic regulation to reduce dependence on psychotropic medications.

Results: Post-intervention, the participant demonstrated notable improvements in life quality and reported decreased muscle pain and anxiety. Objective measures including heart rate, blood pressure, and electrocardiogram outputs were recorded before and after the treatment, indicating significant physiological improvements.

Conclusions: The intervention highlights the potential of non-pharmacological treatments in supporting mental health, particularly for patients with anxiety and panic disorders. This approach offers a beneficial alternative to traditional medical treatments, promoting psychological and physical health without the use of medications, thereby aligning with growing patient and clinician interest in holistic care strategies.

Evaluating the impact of respiratory therapy on posture and lung function in young adult smokers of heated tobacco products

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Premises and Purpose of the study: This study investigates the impact of a non-pharmacological respiratory treatment on young adult smokers using the IQOS heating system. The purpose is to assess changes in posture and respiratory function, considering the physiological modifications induced by the unique smoke inhalation dynamics of heated tobacco products.

Materials and Methods: The study involved 11 participants aged 19-26 years, all regular users of IQOS for over three years. Using a controlled design, participants underwent postural and respiratory assessments both pre- and post-intervention. The intervention included tailored respiratory techniques aimed at enhancing diaphragmatic function and overall respiratory mechanics.

Results: Initial findings indicated a significant improvement in participants' posture and respiratory parameters post-treatment. Measurements of respiratory rate, oxygen saturation, and carbon dioxide expulsion efficiency showed marked enhancement, aligning with reported decreases in respiratory discomfort during physical activity and rest.

Conclusions: The results suggest that specific respiratory-focused treatments can effectively improve physiological parameters related to posture and lung function in young adult smokers of heated tobacco products. These findings advocate for the integration of specialized respiratory therapy in health strategies targeting smokers to mitigate the adverse effects of smoking on respiratory health and posture.

Fasting hypoglycemia can reveal rare diagnosis: a case of insulinoma

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Premises: Insulinoma is an insulin-secreting tumor

originating from the pancreas beta cells. Almost all patients with insulinoma present with hypoglycemia symptoms, which generally occur during fasting period. Up to 6% of insulinoma cases is associated with multiple endocrine neoplasia type 1 (MEN1).

Description of the Case report: A 55-year-old male nurse presented to the Emergency Department with drowsiness and ideomotor impairment. Fasting hypoglycemia was observed (40 mg/dl). The patient had no history of diabetes mellitus and he did not take hypoglycemia-inducing drugs. In the last few months, he had experienced episodes of unspecified malaise, asthenia, myalgias, lower limbs hyposthenia and unexplained agitation at rest, all worsening after physical activity. He did not report fever or other infective illnesses. In the Internal Medicine Department diagnostic tests were performed. Serum C-peptide and insulin levels were inappropriately elevated. A 72-hour fasting test was suggestive for insulinoma. An abdominal contrast-enhanced CT observed a round pancreatic lesion of 24 mm. An Echo-endoscopy with biopsies was performed and an histological diagnosis of insulinoma was made. Treatment with diazoxide was started and the patient was sent to surgical assessment.

Conclusions: Hypoglycemia is common in hospitalized patients, both among those who have diabetes mellitus and those who do not. We report a case of insulinoma, a rare functional neuroendocrine tumor requiring a prompt differential diagnosis, as prognosis depends on staging and grading of the lesion after surgery.

Herpes zoster in the elderly patient with heart failure and acute coronary syndrome

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Premises: Herpes Zoster Virus (HZV) is a relatively common infectious complication in elderly patients with cardiovascular comorbidities. The physiological stress associated with hospitalization may trigger viral reactivation, impacting with clinical outcomes.

Description of the Case report: An 85-year-old female presented to the Emergency Department with dyspnea and severe hypertension. Her medical history included chronic heart failure, hypokinetic cardiomyopathy, and mitral-aortic valve disease. She exhibited hypertensive pulmonary edema and received prompt treatment. Diagnostic tests revealed first-degree atrioventricular block and coronary intervention was planned upon clinical stabilization. During hospitalization, the patient developed right hemifacial pain and a vesicular-erythematous skin eruption in the right periocular region diagnosed as ophthalmic Herpes Zoster. Antiviral therapy with acyclovir was promptly initiated. Coronary angiography revealed a significant stenosis of the mid-left anterior descending artery treated with angioplasty and stent placement. The patient was discharged in stable condition with follow-up appointments in cardiology and infectious disease specialties.

Conclusions: Hospitalization stress in elderly cardiovascular fragility can trigger HZV reactivation,

increasing complications and prolonging hospital stays. In populations with cardiovascular comorbidities and impaired immune function, HZV vaccination is crucial in this high-risk population to reduce morbidity and improve outcomes.

A strange edema of the upper limbs

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Description of the Case report: A 64 years old man had a rapidly worsening edema of chest and upper limbs, with a severely reduced strength of both arms and, to a lesser extent, of the lower limbs. His medical history included hypertension, DM, hypercholesterolemia on statin therapy. The US of the upper limbs and the chest angiography excluded thrombosis; CPK were high; ANA, ANCA, ENA were negative. The statin was suspended and steroidal therapy was started with partial improvement. The abdominal CT scan revealed a right adrenal adenoma of 44x27 mm (resulted to be non functional), confirmed by MNR and PET. In addition, the latter showed a pathologic uptake of the muscles suggesting myositis, confirmed by EMG, which revealed myositis of brachial biceps. The skin biopsy was negative while a muscle biopsy was not diagnostic and was not repeated because of clinical improvement. The HMGCoA reductase antibodies were negative, while the myositis panel was positive for NPX2 Ab. The patient was treated with prednisone, methotrexate and anti reabsorptive therapy with clinical improvement. During follow-up, he developed pharyngeal dysphagia, disappeared with parenteral high-doses IG.

Conclusions: Polymyositis is a rare condition characterized by progressive symmetric muscle weakness, involving predominantly proximal muscle, especially of the lower limbs; in this case edema and weakness of the upper limbs were prevalent. Differential diagnosis is crucial and includes autoimmune diseases, drug reactions, cancer with very important therapeutic and prognostic implications.

An unexpected cause of pericardial effusion

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Description of the Case report: A 74 years old woman had fever, dry cough and dyspnea, weight loss (-30 Kg in 4 months). The chest X ray revealed left pleural effusion and the US showed a moderate pericardial effusion. Ibuprofen and colchicine were started without clinical improvement and were stopped for liver toxicity; pericarditis panel was negative but blood cultures were positive for *Listeria Monocytogenes*, which was successfully treated with ampicillin-sulbactam. The chest angio-CT showed a 54x29 mm mass (invading the right atrioventricular sulcus and involving the right coronary artery) and nodular pericardial thickening, together with pulmonary embolism. Anticoagulant therapy favored a vast hematoma of the abdominal muscles, stopped by endovascular hemostasis. Cytology on drained pleural fluid was non conclusive. The abdominal CT and PET showed multiple ubiquitous

enlarged lymph nodes. The bone marrow biopsy was negative, while the surgical biopsy of a supraclavicular lymph node showed a centroblastic subtype of diffuse large B-cell lymphoma (DLBCL NOS, stage IV B). The patient was treated with 6 cycles of R-CHOP chemotherapy with complete remission at the following PET and CT scans.

Conclusions: DLBCL is an aggressive form of NHL and it is rapidly fatal if untreated. Cardiac involvement is rare and enhances the need for a rapid start of chemotherapy, which is frequently successful, as in this case. In this patient an extensive work up of pericardial and pleural effusion was crucial for the right diagnosis and rapid treatment, with great prognostic impact.

Medicina e salute di genere: la visione futura di ANiMO. I risultati di una survey

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Premessa e scopo: ANiMO, Associazione Nazionale Infermieri di Medicina, è fortemente sensibile al tema della Medicina di Genere. Essere Infermieri per ANiMO significa gestire la “care” della persona assistita e personalizzare l’Assistenza Infermieristica applicando il ragionamento clinico-assistenziale nella logica della capacità di autodeterminazione e autogestione. Centralità della persona e personalizzazione delle cure rappresentano il “core” della filosofia ANiMO. Obiettivo dello studio è sondare, attraverso strumenti validati, gli interessi della popolazione infermieristica, relativamente alle tematiche della Salute di genere.

Materiali e Metodi: È stata condotta una survey mediante applicativo Google Moduli con fonte il Questionario N-GAMS modificato, interrogando gli infermieri iscritti ad ANiMO.

Risultati: La survey è condotta tra marzo-giugno 2024 e ha esitato in 604 risposte. Il campione esprime le seguenti caratteristiche: genere femminile (83,2%), età media 50-55 anni, Laurea in Infermieristica o titolo equipollente (46,35%). I filoni di ricerca attenzionati: cronicità e gesto di cura, tematiche di fine vita ed esiti correlati all’assistenza infermieristica.

Conclusioni: Lo studio ha fotografato l’ambito di interesse e intende orientare le conoscenze diffondendole ai vari livelli strategici e individuando gli indicatori sesso-stratificati per studi clinici con dati disaggregati per genere. I filoni di ricerca consentiranno il confronto con altre Società scientifiche e di sensibilizzare la formazione anche negli ambiti accademici.

Moraxella catarrhalis sepsis in periorbital cellulitis in a young woman with SLE

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Description of the Case report: A 22-year-old woman presented to the ED with arthralgia, rash, fatigue, and fever (40°C) lasting for two months. Recent blood tests indicated

inflammatory activation and low complement levels. Medical history: Systemic Lupus Erythematosus (SLE) diagnosed in May 2020, with skin, joint, and blood involvement. Positive for AbDNA, AbSSA, Ro52, AbSM, Nucleosoma, and ANCA (PR-3 and MPO negative). Home therapy included prednisone 25 mg/day, hydroxychloroquine 200 mg and 400 mg on alternate days, pantoprazole 20 mg/day. On ED admission, she had a petechial rash, including palmar regions. Lab results: CPR 8 mg/dl, PCT 0.7, Hb 9.5 g/dl, high D-dimer (2473 ng/ml), low C3 (40 mg/dl), C4 (4 mg/dl), high IgG (2385 mg/dl), ANA positive (1:1280), granular pattern, anti-native DNA (IgG) 410.7 IU/ml, and positive for other autoantibodies. The patient developed significant right eyelid edema, hyperemia, and conjunctival involvement the day after admission. Ophthalmic exam revealed hemorrhagic chemosis and MRI showed periorbital soft tissue edema and myositis.

Conclusions: Blood cultures were positive for *Moraxella* species. Treatment with ceftriaxone and daptomycin led to improvement in ocular involvement, complete recovery, and resolution of the petechial rash.

La talassemia domata

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Premesse: Il supporto trasfusionale della talassemia è correlata a rischi di sovraccarico marziale, di alloimmunizzazione, di infezioni. Luspatercept, approvato da FDA ed EMA per il trattamento delle talassemie trasfusioni dipendenti, esalta la fase avanzata dell’eritropoiesi midollare.

Descrizione del Caso clinico: Paziente di 64 anni, tratto beta talassemico e splenectomia a 16 anni, valori medi di Hb inferiori a 8 g/dl. Comorbidità: osteoporosi con crollo vertebrale T6-11 in denosumab, Ipertensione arteriosa, artropatia psoriasica. Presa in carico da ambulatorio ematologico con diagnosi di beta talassemia intermedia (omozigosi per I/S 1.6 (T>C), assenza di mutazioni alfa globiniche associate). Tramite SQUID si evidenzia accumulo di ferro significativo (ferro epatico 1435, ferritina sierica 960 ng/ml). Dal 2017 trasfusioni di 1-2 unità di GRC ogni 21-28 giorni e deferasirox al dosaggio di 720 mg/die. Avvia luspatercept (1,33 mg/kg) con risposta precoce, ottenendo dalla prima infusione la trasfusione indipendenza (Hb di 11 g dl, prima 7,9 g/dl tra le trasfusioni). Il decorso è senza effetti collaterali, no trombosi o algie per espansione di emopoiesi attiva extramidollare. La ferritina sierica diminuisce fino a sospendere la ferrochelazione orale.

Conclusioni: L’uso di luspatercept nella B-tallemia trasfusione dipendente (studio BELIEVE: riduzione del fabbisogno trasfusionale dal 33% al 50% rispetto al basale), ha indotto una risposta completa al trattamento, con rapida trasfusione-indipendenza, discontinuazione della terapia ferrochelante.

Eltrombopag, il mio nuovo amico spagnolo

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Premesse: Eltrombopag (E.) è registrato per porpora la trombocitopenica idiopatica (ITP) refrattaria; ci sono dati limitati nei pz >65aa e assenti pz >85aa. Nel quotidiano è usuale confrontarsi con casi di pz anziani.

Descrizione del Caso clinico: Ricovero di pz di 91aa per ITP severa. In APR epatopatiaHCV+, ipertension, insuff. cardiaca, colecistectomia. PLT 8000, ematici NN, autoimmunità neg, HIV e H. pylorii neg, HCV+ e HBV+, viremia HCV/HBV neg, SarsCov2 neg. Avviato(11/8/2023) prednisone 0.5mg/kg/die per età e copatologie, senza risposta. La successiva aggiunta di immunoglobulina umana è risultata inefficace. Controindicate (età,copatologie) splenectomia e altra immunosoppressione (antiCD20, aza), pz avviata a E. 25 mg/die senza risposta, con necessità di incremento dose, prima a 50mg, poi a 75mg per 2 sett, dimettendo pz con 25.000 PLT. Ai successivi controlli, E. ridotto a 50mg (PLT 56.000 il 22/9/23, 158.000 il 4/10/23) per poi sospenderlo il 12/10/23 con PLT 329.000. Successivamente, la pz ha mantenuto PLT tra >50.000-250.000 con 25 mgx3 volte /sett. e poi x2 dosi settimana, con picchi PLT>300.000. All'ultimo controllo (gen.'25), la pz presentava plt 250.000 con 25mg/settimana.

Conclusioni: la pz ha ben tollerato il trattamento. Senza alternative valide (altorischio infettivo e chirurgico), abbiamo valutato rischi/benefici, impiegando E. nonostante pochi dati di sicurezza in pz >65aa. Nel nostro caso abbiamo ottenuto beneficio clinico come nei pz <65aa, senza tossicità aggiuntive; si segnala la nostra esperienza consapevole della necessità di ulteriori conferme cliniche.

Pituitary apoplexy: when a headache is a life-threatening warning

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Premise: Panhypopituitarism is a condition characterized by a deficiency in the production of most or all pituitary hormones, leading to dysfunction in various endocrine axes. The most common cause is pituitary apoplexy, typically due to hemorrhage or infarction of a pituitary macroadenoma.

Case report: A 65-year-old male with a history of hypertension and atrial fibrillation on DOAC was admitted for a persistent headache, which responded to NSAIDs. Two weeks before the patient had been discharged from the Emergency Department with a diagnosis of headache due to sinusitis. Brain CT and MRI revealed a pituitary macroadenoma with hemorrhagic signs. The patient also had a previous episode of syncope and orthostatic hypotension was diagnosed. No visual disturbances were detected. Laboratory tests showed hyponatremia and hypopituitarism (low levels of ACTH, FSH, LH, TSH, prolactin), leading to adrenal insufficiency, hypothyroidism, and hypogonadism. The DOAC was suspended, high-dose hydrocortisone was started, and the patient underwent transsphenoidal surgery to remove the macroadenoma.

Conclusions: Pituitary apoplexy can lead to panhypopituitarism and dysfunction of multiple endocrine axes. The most severe symptoms are associated with adrenal insufficiency, which can be life-threatening. This case highlights the importance of early recognition, especially in patients presenting with milder forms such as headache and orthostatic hypotension without visual disturbances. Timely diagnosis through imaging and lab tests enables appropriate treatment, preventing further complications.

Un caso clinico di dermatomiosite Mi2-positiva

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Premesse: La dermatomiosite (DM) è una miopatia infiammatoria acquisita caratterizzata da manifestazioni cutanee (papule e segni di Gottron, rash eliotropo) e muscolari (miosite della muscolatura prossimale) ma correlata anche a coinvolgimento sistemico, in particolare polmonare e cardiaco. Il 20% delle forme adulte è associato alla comparsa di neoplasie nei primi 5 anni dall'esordio di malattia.

Descrizione del Daso clinico: Donna, 63 anni, giunge all'osservazione clinica per ipostenia degli arti superiori e inferiori. Alla valutazione clinica riscontro di edema ed eritema in regione peri-orbitaria, malare e di papule violacee alle articolazioni interfalangee. Agli esami ematici incremento degli enzimi di citolisi muscolare (CPK 5037 U/L, AST 336 U/L, ALT 283 U/L, LDH 621 U/L), ridotti valori di C4 (<0,02 g/L) e linfopenia (0,69x10⁹/L). All'elettromiografia riscontro di miopatia del cingolo pelvico e scapolare. TAC-TAP, PET, esami endoscopici del tratto gastroenterico hanno escluso la presenza di lesioni neoplastiche e il coinvolgimento sistemico della malattia. La positività di FR, ANA e Ab anti-Mi2 ha confermato la genesi idiopatica. La paziente è stata trattata in acuto con metilprednisolone 250 mg/die e Immunoglobuline 2 g/kg e successivamente con prednisone 50 mg/die e metotrexato 15 mg/sett.

Conclusioni: La DM è una malattia rara che può portare a compromissione della qualità di vita. È importante un approccio multidisciplinare per effettuare una diagnosi precoce necessaria all'identificazione delle complicanze sistemiche e allo screening delle neoplasie DM-correlate.

The POCUS expert internist who works in the Emergency Department

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Introduction: Today in Italy due to the shortage of health personnel, some Internists work sometimes in Emergency Departments. The Internist who works in the Emergency Room and is an expert in ultrasound can make rapid diagnosis.

Clinical case: A twenty-five year-old adult goes in Emergency Department because of a swollen left thigh for about two hours. He has no pathologies in his medical history, he does not smoke, he is thin, he has no familial history of cardiovascular or thromboembolic diseases. The vital signs were: BP 90/55, HR 160 bpm, SpO2 97% in room air. The ECG showed sinus tachycardia. The patient did not present chest pain, dyspnea, palpitations. The first thing I did when visiting him was an ultrasound of the veins which revealed thrombosis of left femoral veins. I immediately performed an echocardiogram which showed a dilated and hypokinetic right ventricle, PAPS 40 mmHg. The patient immediately underwent an angio-CT scan which showed massive pulmonary embolism. The patient, due to the presence of high-risk pulmonary embolism

(hemodynamic instability, cardiac damage) and without bleeding performed systemic thrombolysis successfully.

Conclusions: An Internist with advanced ultrasound skills makes an immediate diagnosis of high-risk pulmonary embolism in the ED, without the need for a cardiology consultation. The case highlights how the presence of an internist expert in whole-body ultrasound in the Emergency Department can immediately diagnose potentially fatal time-dependent pathologies, a condition of extreme importance especially in healthy young adults.

Leadership inclusiva infermieristica in area medica

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La leadership inclusiva in ambito infermieristico rappresenta una dimensione cruciale per migliorare la qualità dell'assistenza e promuovere un ambiente di lavoro positivo e collaborativo. Questo approccio si basa sulla valorizzazione della diversità e sulla partecipazione attiva di tutti i membri del team, favorendo così un clima di fiducia e rispetto reciproco. La letteratura evidenzia come la leadership inclusiva possa migliorare non solo la soddisfazione dei dipendenti, ma anche gli esiti clinici dei pazienti (Cummings *et al.*, 2018; Wong *et al.*, 2013). I leader inclusivi sono in grado di riconoscere e affrontare le barriere alla partecipazione, promuovendo pratiche che incoraggiano l'espressione delle idee e delle opinioni di tutti i membri del team (Dreachslin *et al.*, 2017). Inoltre, tali leader tendono a favorire lo sviluppo professionale e la crescita personale, contribuendo così a una maggiore retention del personale e a una cultura organizzativa più forte (Laschinger *et al.*, 2014). L'argomento vuole prendere in analisi e aprire la discussione sull'importanza della leadership inclusiva, analizzando le sue implicazioni pratiche e teoriche, e suggerendo direzioni future per la ricerca e la pratica clinica.

Stanford type A aortic dissection: a challenging diagnostic assessment in a patient with comorbidities and socioeconomic vulnerability: a case report

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Premises: Stanford Type A aortic dissection is a life-threatening condition that often presents atypically, leading to delayed diagnosis. In patients with cardiovascular comorbidities and socioeconomic challenges, the diagnostic process becomes even more complex, impacting clinical outcomes.

Description of the Case report: A 59-year-old man with atrial fibrillation, COPD, chronic kidney disease, and an aortic aneurysm (45 mm) presented with acute dyspnea and chest pain. A heavy smoker and long-term cocaine user, he was initially diagnosed with heart failure and COPD exacerbation, receiving diuretics, oxygen, and antibiotics. Echocardiography showed ascending aortic aneurysm (59 mm), aortic insufficiency, and pulmonary hypertension. After clinical deterioration, CT angiography confirmed Stanford Type A aortic dissection, extending to the iliac

arteries. He was urgently transferred for Emergency Surgery.

Conclusions: This case highlights the diagnostic challenges of aortic dissection in patients with overlapping symptoms. A history of cocaine use, hypertension, and aortic disease should have raised suspicion earlier, but socioeconomic vulnerability contributed to delays. Early recognition of chest pain in high-risk patients, along with prompt echocardiography and CT angiography, is crucial to avoid delays and improve outcomes. A multidisciplinary approach is essential for optimal management of vulnerable patients.

Raro caso di ascesso del muscolo psoas in paziente con rene a ferro di cavallo

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Introduzione: Il rene a ferro di cavallo è la più frequente anomalia di fusione renale. Prevalenza maschile (1/400 – 1/600 nati) spesso riscontro casuale. Condizione soggetta frequentemente a complicanze (calcolosi renale con idronefrosi, la stenosi del giunto e la pielonefrite). Rara associazione con ascesso del muscolo psoas. Riportiamo il caso clinico di una pz con RFC ricoverata per sepsi e IRA su IRC.

Caso clinico: Donna, 83 aa, in PS per dolore al fianco destro da alcuni giorni. Anamnesi paziente plurimorbida, con IRC V stadio complicata da anemia cronica in terapia con EPO, DM2 in basal-bolus, BPCO in OLT, litiasi biliare. In PS esami ematochimici con leucocitosi neutrofila, spiccato aumento di indici di flogosi e IRA su IRC. TC addome con raccolta sovrafluida verosimilmente flogistica retroperitoneale (13x7 cm), in corrispondenza del muscolo psoas di destra in sede pararenale su rene grinzoso a ferro di cavallo.

Trattamento: Terapia iniziale antibiotica empirica, cristalloidi e monitoraggio emodinamico. Eseguito drenaggio percutaneo, con materiale purulento e isolato ceppo di *Klebsiella pneumoniae* produttore di ESBL, sensibile ai carbapenemi. Proseguiva tp specifica e drenaggio in sede per 13 giorni, con progressivo miglioramento clinico e laboratoristico. A controllo TC raccolta non più apprezzabile.

Conclusioni: Sintomi aspecifici con triade "febbre, dolore al fianco, movimento limitato dell'anca (segno dello psoas)" presente in piccola percentuale di pazienti. Anemia, neutrofilia, VES e PCR elevate sono riscontri comuni. trattamento: drenaggio chirurgico e antibiotico a lungo termine.

A rare case of persistent MRSA bacteraemia

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Premises: *Staphylococcus aureus* (SA) is the most common Gram positive founds in blood cultures. The emergence of methicillin resistance SA (MRSA) complicates therapy and is an independent risk factor for mortality. In SA bacteraemia, infective endocarditis needs always to be considered but other rarer complications must also be taken into consideration.

Description of the Case report: A 84 years old man presented to our medical ward for fever. A MRSA was isolated from blood cultures. We started antibiotic therapy with daptomycin and we first performed a transthoracic and then a transesophageal echocardiography without evidence of endocarditis. In the strong suspicious of endocarditis we planned a PET without evidence of elevated metabolic activity at the valve site but rather at the retrosternal and ascending aorta level. We finally performed an angioCT scan with evidence of aortic ulcer with wall inflammatory hematoma compatible with aortitis. During control blood cultures, MRSA bacteraemia persisted, therefore we implemented antibiotic therapy with ceftaroline as indicated by infectious diseases specialist and we performed a cardiac surgery consultation. The specialist evaluation ruled out surgical indication due to the high surgical risk and patient's frailty, so we continued with long-term antibiotic therapy.

Conclusions: An infected aortic aneurysm is a rare clinical condition with significant morbidity and mortality and Gram-positive organisms, such as SA, are the most common cause. Therefore in case of persistent MRSA bacteremia we have also to think about aortitis.

Gestione di un caso di sospetta EGPA in un ospedale periferico

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Premesse: La granulomatosi eosinofila con poliangioite (EGPA) è una vasculite sistemica rara, caratterizzata da infiammazione dei vasi sanguigni, eosinofilia e formazione di granulomi.

Descrizione del Caso clinico: Paziente donna di 56 anni con anamnesi di distiroidismo, bronchite asmatiforme e osteoporosi, giunta con astenia, febbre, perdita di peso, mialgie. Durante il ricovero ha presentato dispnea, febricola, anomalie di conduzione cardiaca ed importante eosinofilia (9130/mm³). La tomografia toracica ha mostrato infiltrati polmonari bilaterali a vetro smerigliato. Gli esami microbiologici e sierologici (ANA, ENA, ANCA PR3, MPO) sono risultati negativi. Il dosaggio delle IgE totali era elevato (656 KU/L, v.r. <85). È stato avviato un trattamento con corticosteroidi ad alte dosi con miglioramento clinico e risoluzione radiologica degli infiltrati polmonari. È stata indirizzata al centro immunologico di riferimento, che ha confermato la diagnosi, per la migliore gestione terapeutica.

Conclusioni: Il caso evidenzia la complessità diagnostica della EGPA, che richiede una valutazione clinica, laboratoristica e radiologica. Il sospetto e la gestione precoce con terapie immunosoppressive è cruciale per evitare danni permanenti. Questo caso di malattia rara sottolinea l'importanza di un approccio multidisciplinare anche in ospedali periferici, un adeguato inquadramento clinico e trattamento terapeutico per poi fare riferimento ai centri specialistici. Il follow-up è essenziale per monitorare eventuali ricadute.

Gestione di un caso di sospetto angioedema in un ospedale di primo livello

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Premesse: L'angioedema addominale è una manifestazione rara e complessa di angioedema, che può essere associato a diverse patologie, tra cui angioedema ereditario, reazioni allergiche o farmaco-indotte. La diagnosi precoce è cruciale per differenziarlo da altre cause di dolore addominale acuto.

Descrizione del Caso clinico: Donna di 39 anni, senza patologie pregresse significative, si presenta al pronto soccorso con dolore addominale acuto diffuso, alterazione dell'alvo ed edema dei piedi insorti improvvisamente senza trauma o modificazioni recenti nella dieta. Gli esami di laboratorio e l'ecografia addominale non mostrano alterazioni significative, ma il quadro clinico e l'esclusione di altre cause suggeriscono il sospetto di angioedema addominale. Il dosaggio di C1-inibitore è stato eseguito per escludere angioedema ereditario, risultando nei limiti di norma. C1-INH funzionale era lievemente ridotto. È stata avviata una terapia con corticosteroidi e antistaminici, con rapido miglioramento dei sintomi. Alla dimissione indirizzata al centro di riferimento allergologico con raccomandazioni per un follow-up clinico e con un piano terapeutico preventivo in caso di recidiva (icatibant).

Conclusioni: Il sospetto di angioedema deve essere preso in considerazione in pazienti con dolore addominale acuto, soprattutto quando le indagini radiologiche non rivelano cause evidenti. Il trattamento tempestivo con corticosteroidi e antistaminici può garantire un buon esito clinico. Un approccio diagnostico e terapeutico appropriato è fondamentale per prevenire complicanze.

Una sindrome di cushing associata a nocardiosi

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Descrizione del Caso clinico: Uomo di 54 aa, ricoverato in OBI per astenia, calo ponderale e ipokaliemia severa resistente. Recentemente dimesso dopo un ricovero per scompenso cardiaco e infarto miocardico acuto (IMA), con diagnosi di diabete mellito (DM) e terapia con indapamide sospesa per disionia iatrogena. Il pz è stato rivisitato in ambulatorio con persistente ipokaliemia severa, ulteriore calo ponderale e scompenso diabetico. Al torace, si evidenziavano addensamenti multipli. Emocolture positive per *Pseudomonas aeruginosa*, trattato con ceftazidima. Ecocore TT negativo, test ACTH e cortisolemia elevati, con risposta positiva al test con Decadron (0.5 mg, 2 compresse la sera). RM della sella turcica negativa, PET Gallio negativa. La TCTB evidenziava lesioni nodulari sospette, in particolare cavitazioni polmonari e noduli epatici. L'agobiopsia della lesione polmonare cavitata ha rivelato organismi filamentosi positivi alla colorazione di Grocott compatibili con *Nocardia*. Il pz è stato trattato con Metirapone e antibiotici mirati, con stabilizzazione progressiva dei livelli di K e miglioramento delle condizioni generali. Confermato sospetto di sindrome di Cushing secondaria, con ipokaliemia, DM, crolli vertebrali, immunodepressione con sovrainfezione da *Nocardia*. Il pz ha proseguito trattamento domiciliare e monitoraggio con

PET FDG e TC torace. Non è stata esclusa l'ipotesi di una neoplasia, continuerà follow-up periodico.

Conclusioni: La letteratura riporta 18 casi di Nocardiosi associata a Cushing secondario, prevalentemente nelle forme polmonari, suggerendo una possibile connessione tra le 2 condizioni

Ematoma splenico rara complicanza di crisi favica in deficit di glucosio-6-fosfato-deidrogenasi

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Premesse: Il deficit di glucosio-6-fosfato-deidrogenasi (G6PD) è una condizione ereditaria legata al cromosoma X,+frequente nel bacino del Mediterraneo, che protegge dal Plasmodium falciparum. Questo deficit predispone a crisi emolitiche acute scatenate da farmaci (es. sulfamidici), infezioni o alimenti, come le fave. Una rara complicanza è l'ematoma splenico, che può evolvere in rottura splenica con esiti gravi.

Descrizione del Caso clinico: Uomo di 30 anni, marocchino, meccanico di mezzi pesanti, in buona salute, nega allergie, consumo di farmaci e tabagismo. Dopo il lavoro consuma una zuppa pronta, si corica e si sveglia con dolori addominali acuti. In PS presenta febbre, crisi emolitica (LDH 1000; Hb 6 g/dL; bilirubina totale 18 mg/dL; aptoglobina 20 mg/dL) ed ematoma splenico in splenomegalia. Eseguiti emocolture, emocromo di II livello, HIV, EBV, e ricerca Leishmania (anche per sospetto di sindrome emofagocitica secondaria), tutti negativi. Il dosaggio di G6PD (fattore che protegge dallo stress ossidativo) risulta ridotto. Si pone diagnosi di crisi favica con ematoma splenico. La crisi favica comporta splenomegalia acuta funzionale per emolisi massiva, con rischio di ematoma splenico (incidenza 3-5%) e possibile rottura. La gravità della crisi si correla al livello di deficit enzimatico, mentre la formazione dell'ematoma splenico può essere favorita da infezioni o splenomegalia preesistente. La gestione prevede monitoraggio, idratazione, trasfusioni e prevenzione dell'esposizione ai fattori scatenanti.

Ematomi recidivanti e diagnosi di dermatomiosite a corpi inclusi

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Descrizione del Caso clinico: Uomo di 46 anni, con buona salute generale, ricoverato 2 anni prima per un ematoma nella coscia sinistra. La RMN e TC con mezzo di contrasto avevano suggerito possibile interessamento miositico (corpi inclusi), ma la diagnosi non fu confermata da EMG e biopsia muscolare. Dimesso con diagnosi di "Ematoma coscia sinistra post-traumatico con severa anemizzazione secondaria". Due anni dopo, il paziente sviluppa un ematoma al polpaccio destro, febbre e severa anemizzazione, iniziando alcuni giorni dopo l'uso di un martello pneumatico. Gli esami di laboratorio

(ANAr 1:80, FR, LAC, C3, C4, ANCA, CPK, mioglobina, pannello per polimiosite, celiachia, anticorpi anti-cardiolipina e anti-beta2 glicoproteina) sono risultati negativi, così come le emocolture, fibrinogeno, Von Willebrand, fattore VIII e fattore XIII. L'ECG e la TC arteriosa (AAIL) hanno mostrato un ispessimento globale del sottocutaneo sopra fasciale della coscia sinistra, compatibile con infiammazione sottocutanea sopra fasciale e, nelle arterie iliache-femorali, segni di miosite-fascite. L'EMG risultò nella norma. Un'analisi multidisciplinare con il coinvolgimento di reumatologo, neurologo e anatomopatologo ha suggerito che la diagnosi iniziale non fosse stata confermata a causa di problematiche nell'esecuzione della biopsia (standard non rispettati per conservazione del campione). Il pz è stato inviato a un centro di riferimento fuori regione, dove è stata infine confermata la diagnosi di dermatomiosite a corpi inclusi, con presa in carico specialistica per il trattamento.

Un'artrite sottostimata

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Premesse: Da Aprile a Giugno 24, sono afferite al nostro reparto 6 pazienti donne, tra 30-50 anni, con analoga sintomatologia e diagnosi finale (tra cui un operatore sanitario). Riferivano atralgie migranti a carico delle articolazioni di mani e piedi, di rado a carico del rachide lombare, con differenti ordini di gravità, condizionanti importante impotenza funzionale e poco responsive a terapia antalgica. 4 di queste pazienti presentava figli in età scolare/pre-scolare.

Descrizione del Caso clinico: Donna di 49 anni, giunge alla nostra osservazione per una sintomatologia caratterizzata da: atralgie migranti, a livello delle articolazioni di polsi e mani bilateralmente (interfalangee prossimali) e in seguito a carico delle ginocchia. La paziente ha riferito impotenza funzionale e dolore intenso invalidante. Non febbre né esantema. Nessun incremento degli indici di fase acuta emerso dagli esami ematochimici. Reuma test, anti-CCP, ANA, anti-dsDna, C3, C4, VES, tampone faringeo sono risultati negativi. L'ecografia muscoloscheletrica ha mostrato una sinovite radio-carpale di II grado e politendinosinovite del polso bilateralmente. La sierologia per parvovirus B19 ha mostrato un aumento delle IGM (una figlia aveva presentato esantema cutaneo). Dopo terapia con metilprednisone, risoluzione della sintomatologia algica e iniziale risoluzione ecografica.

Conclusioni: La numerosità dei casi evidenzia come, soprattutto durante i periodi di maggior diffusione, debba essere sospettata un'infezione da Parvovirus B19 in pazienti di sesso femminile, con artriti sieronegative.

Riattivazione da Citomegalovirus in paziente immunocompetente: un insolito sanguinamento gastrointestinale

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Premesse: Il Citomegalovirus (CMV) ha un'elevata sieroprevalenza nella popolazione generale e le riattivazioni sono più comuni nei pazienti immunocompromessi. Il colon è uno

dei siti più frequentemente infettati dal CMV negli immunocompetenti con raro interessamento del retto, proctite e diarrea fino al sanguinamento.

Descrizione del Caso clinico: Maschio di 85 anni, proveniente dal domicilio, ricoverato per insufficienza respiratoria in corso di polmonite. In anamnesi ipertensione arteriosa, neoplasia prostatica trattata con radioterapia, glaucoma e diabete mellito tipo 2. La degenza si complica con scompenso cardiaco in fibrillazione atriale per cui si intraprende la terapia anticoagulante orale; successiva insorgenza diarrea con ematochezie, fino a franca rettorragia e necessità di emotrasfusioni. Si sospende la terapia anticoagulante e si esegue colonscopia con riscontro di ulcera isolata del retto con immunistochemica positiva per citomegalovirus (>5 corpixHPF). Escluse le comuni cause di immunodeficienza acquisita, si intraprende terapia con Valganciclovir con progressivo riduzione del CMV-DNA (da 5681 a <178 UI/ml), stabilità dell'emocromo e reintroduzione della terapia anticoagulante.

Conclusioni: I casi di riattivazione di CMV clinicamente significativi in pazienti immunocompetenti in letteratura sono rari, la maggior parte in pazienti ospedalizzati anziani con comorbidità, tra cui il diabete di tipo 2. In questo setting è quindi da considerare come possibile causa di diarrea ematica la riattivazione da CMV anche in immunocompetenti.

EGPA's hidden surprises: rare neurological features

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Premises: Eosinophilic granulomatous polyangiitis (EGPA) is ANCA-associated vasculitis, characterized by asthma, eosinophilia and nasal polyposis. Central nervous system involvement is demonstrated in less than 10% of cases and is usually characterized by ANCA-negative phenotype.

Description of the Case report: A 55-year-old man with history of bronchial asthma, eosinophilia and nasal polyposis, presented to the ER complaining of transient diplopia, blurred vision and postural instability. CT brain scan and CT angiography of the intra and extracranial vessels were negative; to rule out a posterior circulation stroke, brain's MRI was performed, revealing multiple ischemic areas in the supra and infratentorial cortex and in the deep periventricular white matter. Neurological, cardiological, and hematological causes were excluded. Since his medical history, ANCA test was performed and was negative. Moreover, ECG record diffuse ST depression and low voltage, patient underwent cardiac ultrasound with evidence of myopericarditis. Elevated troponin levels were also found so cardiac MRI was performed, with the diagnosis of Loeffler syndrome. Therefore the patient was treated with high-dose of steroid and cyclophosphamide with gradual improvement of the symptoms.

Conclusions: Neurological manifestations of EGPA are rare but should be considered in patients with multiple cerebral ischemic lesions and history of eosinophilia, bronchial asthma and nasal polyposis. Early diagnosis and therapy have a clear impact both on the prognosis and on quality of life of patients.

Avere poco sale in zucca: un caso di iponatriemia

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Premesse: L'iponatriemia è tra le disonie più frequenti nel reparto di Medicina. Riconosce numerose cause ma quelle meno frequenti, se non correttamente inquadrate, sono le più difficili da riconoscere.

Descrizione del Caso clinico: Maschio di 59 anni accedeva in PS per vomito striato di sangue che non veniva testimoniato nonostante osservazione protratta e posizionamento di SNG. Agli esami ematici eseguiti nulla di rilevante. Veniva ricoverato per esecuzione di EGDS (piccola ulcera gastrica). Obiettivamente nulla da segnalare, in anamnesi solo ipertensione arteriosa. Si osservano però in reparto episodi di vomito con vertigini ai passaggi posturali. Sviluppava quindi iponatriemia progressivamente ingravescente con nadir 119 mmol/L (all'ingresso Na 137 mmol/L). Si eseguivano esami ematici per la diagnostica differenziale dell'iponatriemia che escludevano le principali patologie mediche causa di iponatriemia. Date le vertigini e il nistagmo si decideva di effettuare TC cranio che mostrava frattura dell'osso parietale sinistro e della rocca petrosa omolaterale con associato ematoma cerebrale parietale. Veniva quindi supplementato con soluzione ipertonica per via ev e successivamente con Na per os.

Conclusioni: Veniva quindi posta diagnosi di 'cerebral salt wasting syndrome' secondaria a trauma cranico che il paziente non ricordava (amnesia retrograda) e di cui non mostrava segni esterni come ematomi o alterazioni della scatola cranica. Una volta sospesa la supplementazione di sodio per os, con concomitante riassorbimento dell'ematoma, la sodiemia permaneva nei limiti.

Oltre un banale raffreddore: uno strano caso di pneumoencefalo

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Premesse: Lo pneumoencefalo può rappresentare la complicanza, potenzialmente fatale, di una fistola rinoliquorale la cui causa può essere traumatica, iatrogena, infettiva, tumorale, idiopatica. L'intermittenza dei sintomi, la scarsa evidenza degli stessi e l'assenza di anomalie esterne sono causa frequente di ritardo diagnostico.

Descrizione del Caso clinico: Presento il caso di una donna giunta alla nostra attenzione per sopore e febbre. In anamnesi OSAS, cirrosi epatica, esiti di intervento per cordoma ipofisario (40 anni prima). Agli esami ematici elevazione degli indici di flogosi e dell'ammoniemia, al RX torace segni di bronchite acuta. Nonostante un iniziale miglioramento clinico e laboratoristico dopo trattamento antibiotico, la paziente ha cominciato a manifestare lieve cefalea e rinorrea. Alla TC encefalo abbondante quantità aerea intracranica, alla RMN evidenza di fistola rinoliquorale per cui la paziente è stata trasferita in urgenza in ORL ove è stato eseguito un delicato intervento di riparazione del difetto paraclivale responsabile del quadro intracranico.

Conclusioni: In letteratura è stato dimostrato che la desaturazione durante il sonno causerebbe vasodilatazione cerebrale, con aumento di produzione di LCS e della sua pressione. Nel nostro caso la paziente soffriva di OSAS per cui probabilmente la fistola rinoliquorale si è generata in

seguito all'aumento della pressione intracranica su un'area di minor resistenza per un precedente intervento della rinobase. Il caso ci pone di fronte a una patologia poco comune la cui diagnosi è spesso difficoltosa.

Studio pilota sulla mobilitazione precoce post sindrome coronarica acuta in un singolo centro UTIC dell'AST di Pesaro-Urbino

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Introduzione: La mobilitazione precoce dopo la fase acuta della SCA è raccomandata come pratica standard dalle attuali linee guida, tuttavia la letteratura ad oggi rimane carente di raccomandazioni precise e protocolli uniformi, di conseguenza rimane scarsa l'effettiva attuazione in terapia intensiva.

Obiettivi: Valutare l'impatto di un progetto infermieristico di quality improvement, analizzando i dati prima e dopo l'implementazione di un protocollo evidence-based.

Materiali e Metodi: Prima fase di raccolta dati (baseline) si è svolta dal 01/04/23 al 30/07/23 rilevando tempi di mobilitazione e complicanze secondo le abitudini del setting assistenziale. La seconda fase (post implementazione) si è svolta dall'01/09/23 al 31/12/23 con la stessa modalità di raccolta dati. Criteri di inclusione: SCA non complicata, pazienti deambulanti, assenza di disturbi cognitivi e comorbidità limitanti la mobilitazione, assenza introduttore femorale.

Risultati e Conclusioni: Arruolati 50 pazienti alla baseline e 50 pazienti post implementazione. Riduzione media del ricovero del 4,04% pari a 0,28 giorni, con un calo del 5,77% (0,4 giorni) di degenza in terapia intensiva. Riduzione incidenza totale di complicanze del 20% (66% vs 46%): ipotensione 18% vs 8%, delirium 4% vs 0%, cadute 4% vs 0%, bradiaritmie 14% vs 10%, angina 6% vs 8%, tachiaritmie 10% vs 6%, dispnea 6% vs 4%. Abbiamo rivoluzionato l'approccio alla mobilitazione dei pazienti, standardizzando l'assistenza, aumentando l'autonomia infermieristica. I risultati evidenziano una riduzione delle complicanze e dei tempi di degenza.

A rare case of tuberculosis in an immunosuppressed male

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Premises: Instillations with bacillus Calmette-Guerin (BCG) are frequently used in patients with bladder neoplasms, activating a local immune response that can counteract tumor growth.

Description: Male, with history of bladder cancer at 63 years of age treated with BCG instillations. At 72 years of age, diagnosis of positive PL-7 antisynthetase syndrome with pulmonary joint and interstitial involvement. He was treated with high-dose steroids and, after infectious disease screening including Quantiferon and chest CT,

with intravenous CFX therapy with improvement of the joint picture. One month after the end of the therapy, he was admitted to our ward for fever unresponsive to antibiotics with increased inflammation indices, without signs of organ recall. After numerous negative culture tests, a total body PET scan was performed which showed uptake of the cervical spine, where an MRI confirmed the presence of C4-C6 spondylodiscitis. Blood culture for bacilli of the tuberculosis complex gave positive results. The patient started specific antibiotic therapy with defervescence, improvement of inflammation indices and clinical picture.

Conclusions: BCG therapy for bladder cancer is generally well tolerated. However, particular attention should be paid to patients who have to take immunosuppressive therapy, due to the risk of reactivation even many years after BCG therapy.

Manifestazioni rare di una malattia rara: un caso di eosinofilia

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Premesse: In casi aneddotici, la granulomatosi eosinofila con poliangioite (EGPA) può esordire con manifestazioni atipiche.

Descrizione: Uomo, 63 anni, ammesso nel Gennaio 2024 presso la neurologia per parestesie e ipostenia emisoma di sinistra. Alla TC encefalo riscontro di lesione ischemica a livello della capsula interna di sinistra. Durante il ricovero riscontro di ipereosinofilia (7400/L). Indici di flogosi elevati (VES 65 mm/H, PCR 23 mg/dL). Dalla storia clinica, quadro di asma late onset (50 anni circa) e alla RM del cranio presente un'ipertrofia dei turbinati. Peggioramento progressivo della funzionalità renale. ANCA negativi. Nel forte sospetto clinico di una EGPA si iniziava comunque una terapia steroidea in boli ed in seguito ciclofosfamida 500 mg ogni 2 settimane con rapida riduzione degli indici di flogosi e degli eosinofili. Dopo il primo ciclo di trattamento, il paziente mostrava melena ed anemizzazione, con TC addome che mostrava sanguinamento attivo digiunale e perforazione. Sottoposto a intervento chirurgico di resezione di ansa intestinale, l'istologia era compatibile con . Il quadro vasculite intestinale. In seguito le condizioni del paziente con la terapia immunosoppressiva miglioravano e, dopo un anno, il paziente è in remissione.

Conclusioni: La presentazione dell'EGPA può essere atipico con sintomatologia ischemica cerebrale. Durante il trattamento, l'indebolimento dei tessuti legati alla scomparsa degli infiltrati eosinofili, può complicare ulteriormente il quadro clinico richiedendo anche un approccio chirurgico.

Ultrasound study of the abdomen in bronchopneumonia

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Premises and Purpose of the study: in Western countries the number of patients hospitalized with bronchopneumonia is continuously increasing, a condition mainly linked to the

general aging of the population. This situation is often associated with the involvement of various organs of abdomen and poses considerable problems of diagnosis, often becoming a medical challenge. Our study aims to evaluate the role of abdominal ultrasound within the first day of hospitalization to highlight the involvement of multiple organs.

Materials and Methods: From 2022 to 2024, 296 patients diagnosed with bronchopneumonia were examined (141 men and 155 women) with abdominal ultrasound with the aim of identifying abdominal pathologies not known at the time of admission, some of which are fatal if not diagnosed in time.

Results: With abdominal ultrasound it was possible to highlight 42 new cases of gallstones, 8 cases of cystic or nodular liver diseases, 66 cystic and malformative and obstructive renal diseases, 8 cases of abdominal aortic aneurysm, 12 cases of peritoneal effusion, 18 cases suspected for prostatic, ovarian and bladder neoplasia or pathology.

Conclusions: Thanks to the use of abdominal ultrasound it was possible, in patients hospitalized for bronchopneumonia, highlight and treat these pathologies more effectively, reducing both complications and hospital stays. Based on this new evidence and because today it can already be done easily at the patient's bedside, it will be necessary to consider the systematic application of abdominal ultrasound in these patients at hospital admission.

A case of persistent fever in a young woman

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Premises: Hemophagocytic Lymphohistiocytosis (HLH) is a rare condition characterized by sustained immune system activation, leading to severe systemic hyperinflammation. It may occur as a genetic or sporadic condition, triggered by autoimmune diseases, neoplasms and infections. Clinical presentation results in a wide range of non specific signs and symptoms common to sepsis. Treatment involves immunosuppressants and specific antimicrobial therapy for cases secondary to infection.

Description of the Case report: A 22 years woman presented fever, abdominal pain, diarrhea, and weight loss of 15 kg in 4 months. Blood tests showed anemia (Hb 9.5 g/dl), leukocytosis (WBC 10,300, N 80%), increased Procalcitonine (22). EGDS revealed non-HP-related gastric ulcerations. Empirical ceftriaxone and ciprofloxacin therapy was started. Despite upgrade therapy with meropenem, fever persisted. A new chest-abdomen CT scan showed pleuro-peritoneal effusions and mesenteric lymph node packets. HIV, TORCH, HBV, HCV, EBV, Leishmania and Brucella serology, Clostridium research, M Tuberculosis PCR, Blood and urine cultures were all negative. The lymph node package was biopsied and the histological examination found to be compatible with HLH. Tropheryma Whipplei was isolated on duodenal biopsy. High-dose steroids and Trimethoprim/sulfamethoxazole treatment was started and the patient recovered.

Conclusions: HLH must be considered in the differential diagnosis of persistent fever forms. The pathogen involved in this case causes Whipple's disease that is generally observed in middle-aged Caucasian males.

A rare cause of abdominal pain

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Background: Renal artery dissection (RAD) is a rare cause of abdominal pain and the best therapeutic strategy is not well defined.

Description: A young Asian man, affect by hypertension and diabetes, with a recent trauma, referred to Emergency Department for abdominal pain. The abdominal CT angiography showed a double renal artery with dissection of the superior renal artery and renal infarction. Blood tests showed normal renal function and no increase of inflammation indices. The patient was treated with intravenous UFH then with warfarin (VKA) bridged initially with LMWH and empirical antibiotic therapy for fever (urine and blood cultures were negative). Serial blood tests and radiological findings were stable, without renal complications. Neither atrial fibrillation nor a hypercoagulable state were detected. The therapy of cardiovascular risk factors was optimized.

Conclusions: According to literature data the RAD is rare, the mean age of presentation is 43 years with a male predominance (79%); the spontaneous RAD are more difficult to diagnose than traumatic or iatrogenic forms. The treatment options vary depending on the severity of patient's clinical condition and on the presence of complications (infection, hemorrhage, acute renal failure). More than half of RAD are managed medically (blood pressure control and anticoagulation). Most of the experience published so far has been with VKA. The optimal duration of anticoagulation is unclear and depend on the underlying condition. In the presence of complications an endovascular or surgical procedure is necessary.

Un caso di granulomatosi con poliangioite in un reparto Medicina Interna

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Premesse: La granulomatosi con poliangioite (GPA) è una vasculite necrotizzante delle arterie di piccole dimensioni; colpisce prevalentemente reni e vie aeree superiori ed inferiori; è una vasculite ANCA-associata.

Descrizione del Caso clinico: Donna di 64 anni, viene ricoverata per "Polmonite interstiziale, insufficienza respiratoria tipo I, anemia, HF". OL presentava anemia, insufficienza renale acuta associata a proteinuria ed ematuria e con Test Coombs Indiretto (RAI) e diretto polispecifico positivi, quadro polmonare TC di interstiziopatia flogistica coinvolgente tutti i lobi polmonari con risparmio degli apici, Film array per patogeni vie aeree superiori negativo ed antigenurie per Legionella e Pneumococo negative. Avviata terapia antibiotica per polmonite comunitaria, associata a terapia steroidea a bassi dosaggi. Veniva sospettata una eziopatogenesi autoimmune confermata con ANA 1:160, ANCA(anti proteinasi3 141U/l, anti MPO 0,3U/ml).

Conclusioni: Posta diagnosi di GPA, dopo esclusione di infezioni latenti, è stata avviata terapia steroidea 1 mg/Kg/die e Rituximab 375 mg/mq previa induzione con metilprednisolone 1 g/die. Ad un mese dal termine dell'infusione di rituximab, OL presenta ottime condizioni

cliniche con miglioramento di tutti i parametri bioumorali e completa risoluzione dell'interstiziopatia polmonare; la paziente è stata avviata a trattamento con avacopan in un'ottica di risparmio della terapia steroidea. La risposta clinica ed il miglioramento bioumorale sono stati resi possibili grazie alla diagnosi precoce che ha consentito un tempestivo trattamento.

Una strana iperkaliemia

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Premessa: Le sindromi da deficit polighiandolari sono caratterizzate da insufficienza funzionale simultanea o sequenziale di diverse ghiandole endocrine, provocata soprattutto da una causa autoimmune. La classificazione dipende dalla combinazione dei diversi deficit e si distingue in tre tipi principali. La diagnosi richiede una attenta valutazione dell'anamnesi, della clinica ed il dosaggio dei livelli ormonali e degli autoanticorpi contro le ghiandole endocrine interessate, nonché una accurata diagnostica radiologica/strumentale. Il trattamento si basa sulla terapia sostitutiva degli ormoni deficitari e talvolta sull'utilizzo di immunosoppressori.

Caso clinico: Pz di 54 aa, con storia da almeno 4 mesi di lombalgia, astenia ingravescente; riscontro di iperkaliemia inquadrata in corso di ricovero ospedaliero come disionemia da abuso di FANS ed integratori salini. Progressivo peggioramento dell'astenia, comparsa di alterazione dell'eloquio e della deambulazione, peggioramento delle algie. Insorgenza di insufficienza renale imputata a disidratazione ed utilizzo FANS. Durante il nostro ricovero a novembre u.s., la rivalutazione laboratoristica e radiologica evidenzia un quadro compatibile con iposurrenalismo primitivo, tiroidite cronica autoimmune, morbo di Basedow, suggestivo per una sindrome di Schmidt.

Conclusioni: Si conclude con diagnosi di sindrome polighiandolare autoimmune di tipo 2 o di Schmidt. Il trattamento con cortone acetato, fludrocortisone e tiamazolo ha permesso rapido controllo dei sintomi e normalizzazione dei principali dati bioumorali. Attualmente in follow up.

Uncommon cause of impaired consciousness in a trauma center: fat embolic syndrome with cerebral involvement, report of a case

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Premises: Fat embolism syndrome is a rare complication of trauma associated with respiratory failure, neurocognitive deficit, and, in severe cases, death. Symptoms are the result of the release of fat in the circulation following bone fractures, soft tissue injury (involving adipose tissue) and more rarely following burns, liposuction and orthopaedic procedures.

Description of the Case report: We report a case of a 77-year-old woman admitted to our trauma center for left hip and radius fracture. About 24 hours later the implantation of cemented hip prosthesis the patient presented impaired consciousness, dysphagia, aphasia, in absence of hemodynamic alterations. Brain MRI was performed, and

showed typical pattern of diffuse, punctate, hyperintense lesions on diffusion-weighted imaging, compatible with the diagnosis of cerebral fat embolism. Multidisciplinary evaluation involving internist, neurologist and orthopaedic surgeons was made, and supportive therapy was guaranteed to the patient. After about 72 hours from the presentation the patient showed gradual clinical improvements reaching previous neurological conditions in the following days.

Conclusions: Fat embolic syndrome may be uncommon complication in traumatological and orthopaedic patients. Its diagnosis is not easy because of confounding factors, the absence of specific biomarkers and validated diagnostic criteria.

Diagnostic challenges and management of Löfgren syndrome presenting as fever of unknown origin: a case report

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Premises: Sarcoidosis is a systemic inflammatory disease characterized by noncaseating granulomas, commonly affecting lungs and thoracic lymph nodes. Löfgren syndrome (LS), a distinct acute presentation, is marked by arthritis, erythema nodosum, and bilateral hilar lymphadenopathy, with high diagnostic specificity. Though typically self-limiting, LS can pose diagnostic challenges due to symptom overlap with other conditions.

Description of the Case report: A 49-year-old woman with no significant prior medical history presented with a one-month history of remitting fever, fatigue and arthromyalgias. Initial blood test and standard serologies were inconclusive, as well as a trial of empirical levofloxacin therapy. On hospital assessment, physical examination revealed a violaceous nodular lesion on the pretibial region. Laboratory findings showed normocytic anemia and a negative comprehensive infectious and autoimmune screening. Thoracic radiology and abdominal echography were normal, but PET-CT identified hypermetabolic symmetric supraclavicular, hilar and mediastinal lymphadenopathy. Bronchoscopic biopsy confirmed non-necrotizing granulomatous inflammation and an elevated CD4+/CD8+ ratio, consistent with a diagnosis of sarcoidosis. Corticosteroid therapy resulted in both clinical and radiological improvement.

Conclusions: This clinical case illustrates the diagnostic challenges of Löfgren's syndrome presenting as fever of unknown origin (FUO), highlighting the importance of a systematic diagnostic approach, appropriate patient risk stratification, and personalized therapy to achieve optimal outcomes.

Ruolo di vericiguat nell'introduzione dei "quattro pilastri" terapeutici per HFrEF

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Premesse: La letteratura evidenzia la necessità di introdurre i “quattro pilastri” nel paziente con scompenso cardiaco, ma questo non è sempre possibile per scarsa tolleranza.

Descrizione del Caso clinico: Uomo di 75 anni, noto per MALToma gastrico trattato con chemioterapia (CHT). A marzo 2024, ricovero per scompenso cardiaco con riscontro di cardiopatia ipocinetico-dilatativa con ridotta frazione d’iezione (FE 30%) ed incremento delle pressioni polmonari (40+5 mmHg). Agli esami ematici, creatinina 1,27 mg/dL, NT-proBNP 17000 ng/L. Alla coronarografia, coronaropatia bivasale non critica. Alla cardioRM esclusi patologia infiltrativa ed esiti cicatriziali. Posta diagnosi di cardiomiopatia tossica in esiti di CHT. Avviati beta-bloccante, SGLT2-I e vericiguat per peggioramento della funzionalità renale ed ipotensione sintomatica dopo ACE-I. Alla dimissione il paziente veniva affidato all’Ambulatorio Scompenso. Salvo la necessità di terapia diuretica ev non programmata ad aprile 2024, si è assistito a miglioramento del profilo pressorio e della funzionalità renale (creatinina 1.13 mg/dL, NT-proBNP 2000 ng/L), per cui si decideva di avviare dapprima MRA, poi sacubitril/valsartan a Giugno 2024 fino a completa titolazione a Dicembre 2024, senza complicanze e con miglioramento del quadro ecocardiografico (FE 40%, PAPs 27+3 mmHg).

Conclusioni: Dopo avvio e titolazione di vericiguat, si è assistito a miglioramento del profilo pressorio, che ha consentito di introdurre MRA e ARNI fino a dose target, con miglioramento della FE e delle pressioni polmonari.

...Non è sempre decadimento cognitivo

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Premesse: L’iponatriemia è la più comune causa di disionia nell’anziano. Solo nel 2% dei casi si tratta di insufficienza surrenalica.

Descrizione del Caso clinico: Maschio, 88 aa, ricovero per scompenso cardiaco, iponatriemia e anemia in ulcera gastrica, iniziale decadimento cognitivo, allettamento e progressivo scadimento delle condizioni generali. Ricoverato 2 mesi prima per vomito, dolore addominale, iponatriemia e ipotensione e dimesso come gastroenterite. TC cerebrale negativa. Non cefalea, non disturbi visivi. Stante l’iponatriemia riscontrata da circa 4 mesi eseguiti accertamenti biumorali con riscontro di ACTH e cortisolemia molto ridotti. Riscontrato alla RM ipofisi macroadenoma. Valutata funzione ipofisaria con riscontro anche di ipotiroidismo centrale, ipogonadismo ipogonadotropo e deficit dell’ormone della crescita. Sintomi regrediti dopo inizio di tp sostitutiva prima con steroide e poi con levotiroxina e miglioramento del quadro cognitivo.

Conclusioni: Negli adenomi ipofisari non discernenti lo sviluppo dell’ipopituitarismo è lento e insidioso, con progressiva perdita delle funzioni dell’ipofisi anteriore, prima GH e gonadotropine, poi TSH, e infine di ACTH e PRL

A very old woman with pneumococcal pneumonia: management

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Background: Pneumococcal pneumonia is a common disease in Internal Medicine departments.

Case report: A 96-year-old Caucasian female independent in ADL e IADL without cognitive impairment, admitted to the Hospital for dyspnea. The x-ray showed a consolidation of the left lung. The hemodynamic and SO₂ with only low flow of oxygen were normal but the CURB 65 was 4 points and the PSI/PORT Score was 211 both indicated high mortality at 30 days. PCR was 21 mg/dl. Intravenous empirical antibiotic therapy with Amoxicillina/ac. Clavulanic and claritromicin were administered. In the second day pneumococcal urinary antigen was positive. We continued the therapy due to reduction of PCR to 10 mg/dl in according also with internation indication. The patient developed an delirium with agitation and confusion that required therapy with haloperidol. After three nights of hospitalization the PCR was 3 and in according with the family members we the decided to discharge the patient with oral therapy and prescribed home oxigen. At home no more sign of delirium. The patient was valuated after seven and a thirty days at our ambulatory: she was fine.

Conclusions: After three night was discharged. A discharged too fast or a geriatric approach? We thing the our work is to treat the disease but also to preserve the ability of older people so a rapid return to own home reduces the side effects of hospitalization, like nosocomial infection, delirium, bedrest, bedsores etc, that are common in old people.

Un caso di polmonite in paziente con leucemia linfoblastica acuta Philadelphia-positiva in area geografia disagiata: il successo di un approccio multidisciplinare e della rete di soccorso

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Premesse: La leucemia acuta linfoblastica Philadelphia-positiva (LLA Ph⁺), leucemia a cellule B, rappresenta circa il 30% delle LLA dell’adulto. Nuove terapie (TKIs e anticorpi), hanno aumentato la sopravvivenza fino al 90% (studio D-ALBA: dasatinib e blinatumumab).

Descrizione del Caso clinico: Uomo, 48 anni, con diagnosi di LLA Ph⁺ nel 2022. Eseguiti vari schemi terapeutici: ultimo, aprile 2024, con Ponatinib. Ottobre 2024 accedeva in PS di Portoferraio per febbre. Ricoverato in Medicina del P.O dell’Elba, veniva subito posto il sospetto di riacutizzazione di LLA Ph⁺ (75% di blasti all’emocromo). Eseguiva TC del torace: cavitazioni polmonari. Subito posto in attesa di trasferimento presso la U.O Ematologia dell’AOU Pisana. Veniva trasferito presso la Medicina 2 AOUP, medicina ad indirizzo ematologico, per eseguire l’indagine midollare. Confermata la recidiva, veniva trasferito in ematologia e sottoposto a chemioterapia di salvataggio (schema FLANG) e 2 rachicentesi diagnostico-medicate (localizzazione centrale di malattia): il paziente faceva ritorno al proprio domicilio.

Conclusioni: L’internista è fondamentale nella gestione dei

pazienti acuti con malattia ematologica, sospetto clinico, gestione delle comorbidità, diagnosi (eseguita BOM in reparto internistico) ma anche nel saper far rete. Questo è stato reso possibile dal progetto regionale "Anch'io all'Elba" che ha portato medici di altre aziende presso l'Ospedale di Portoferraio favorendo uno scambio di conoscenze non solo cliniche ma anche sui percorsi specifici aziendali migliorando la rete di soccorso.

Osteoporosis in the fast lane: streamlining outpatient pathways to cut waiting times

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Premises and Purpose of the study: Osteoporosis requires an efficient diagnostic-therapeutic pathway to reduce fracture risk. The study aims to compare the time required for diagnostic work-up between traditional access to an Osteoporosis outpatient clinic and a coordinated outpatient pathway model.

Materials and Methods: A retrospective observational study was conducted on a sample of patients attending two different osteoporosis management models: the traditional pathway and the coordinated outpatient model, which includes consultation, blood tests, vertebral morphometry, DEXA scan, and nutritional assessment. Collected data included waiting times for instrumental (bone densitometry, radiographs) and laboratory tests, as well as the total time needed to complete the diagnostic process. Statistical analysis involved independent t-tests and ANOVA.

Results: Patients in the coordinated outpatient model showed a significant reduction in the mean time to complete the diagnostic therapeutic pathway compared to the traditional model (7.8 days±1.3 vs 48.7 days±18.8, p <0.01). Specifically, the mean time to complete the diagnostic process was reduced by 47%, with greater efficiency in appointment scheduling and management.

Conclusions: The coordinated outpatient pathway for osteoporosis management allows for a significant reduction in diagnostic exam completion times and cost. This approach facilitates quicker diagnosis and earlier initiation of therapy, with benefits for both patients and the healthcare system in terms of efficiency and resource optimization.

Aplasia megacariocitaria in paziente recentemente trattata con dostarlimab: causalità o casualità?

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Donna di 82 anni ricoverata per severa epistassi ed ematomi diffusi su tutto il corpo. In anamnesi: carcinoma endometriale trattata 3 mesi prima con dostarlimab, anticorpo anti PD1. All'emocromo severa piastrinopenia (0/mm³) tendenzialmente refrattaria alle trasfusioni, con leucociti ed emoglobina nella norma. Nel sospetto di piastrinopenia

autoimmune iniziava desametasone 40 mg/die e immunoglobuline ev per 5 giorni, senza risposta clinica; escluse altre cause di piastrinopenia secondaria (non nuovi farmaci recenti, HBV, HIV, HCV, *Helicobacter pylori*, parvovirus B19, ANA, anticorpi anti PLT, folati e B12 nella norma). All'emocromo l'indice di fluorescenza piastrinico (IPF) pari a 0% era più suggestivo per piastrinopenia iporigenerativa piuttosto che da consumo periferico e l'agoaspirato midollare mostrava aplasia megacariocitaria senza cellule neoplastiche. Si soprassedeva a terapia con ciclosporina, che avrebbe potuto peggiorare il quadro neoplastico di base, e si iniziava TPO mimetico (eltrombopag) a dosaggi crescenti con rialzo dell'IPF, possibile segno di iniziale ripresa midollare, ma senza apprezzabile rialzo della conta piastrinica. Purtroppo la paziente è andata incontro al decesso dopo emorragia gastrointestinale.

Conclusioni: L'aplasia megacariocitaria è una condizione rara ad elevato rischio di mortalità; i farmaci anti PD1 possono scatenare citopenie autoimmuni periferiche e, in rari casi, anche midollari; nel nostro caso non abbiamo potuto stabilire, ma solo fortemente ipotizzare, un ruolo diretto di dostarlimab escludendo altre cause.

Infezione da *Streptococcus gallolyticus* e carcinoma del colon: un legame da non trascurare

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Descrizione del Caso clinico: Maschio di 84 anni ricoverato per rachialgia lombare e febbre da 3 settimane. La RMN evidenziava un quadro di spondilodiscite lombare; il paziente negava recenti traumi, infiltrazioni peridurali o interventi odontoiatrici. Le emocolture risultavano positive per *Streptococcus gallolyticus*, l'ecocardiogramma transtoracico era negativo per endocardite. Vista l'associazione descritta in letteratura tra l'infezione da *Streptococcus gallolyticus* e la presenza di neoplasie del colon-retto, si eseguiva colonscopia che rivelava la presenza di un adenocarcinoma del retto, confermato istologicamente. La TC total-body escludeva la presenza di metastasi linfonodali o splancniche. Il paziente veniva sottoposto a prolungata terapia antibiotica per 6 settimane, dapprima con ceftriaxone ev e successivamente con amoxicillina come da antibiogramma, e veniva preso in carico dai Colleghi Chirurghi per la resezione intestinale.

Conclusioni: *Streptococcus gallolyticus* è un germe Gram+associato alla presenza di endocardite e spondilodiscite ed è stata descritta, da tempo, la correlazione con lo sviluppo di carcinomi del colon: i meccanismi invocati sono molteplici e riguardano in particolare produzione di beta-catenina, la quale potrebbe facilitare la crescita e la proliferazione di cellule tumorali. La conoscenza di questa associazione può aiutare l'internista a ricercare la presenza di neoplasie occulte del tratto colico in pazienti affetti da infezione da *Streptococcus gallolyticus*.

Una legionellosi... complicata!

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Premessa: La Legionella ha soprattutto localizzazione polmonare e si acquisisce per inalazione di gocce d'acqua. Predisponenti sono: immunodepressione, etilismo, fumo di sigaretta, diabete mellito, patologie polmonari croniche. Frequente dopo 50 anni, si presenta con tosse, dispnea, dolore toracico, e, se non correttamente diagnosticata e trattata ha mortalità del 40-80% negli immunodepressi e, se correttamente trattata, del 5-30%.

Descrizione del Caso clinico: Donna di 71 anni, ipertesa, diabetica, pregresso stroke, presenta dispnea, febbre, astenia, stato confusionale. PA 90/60 mmHg, FC 115 bpm, SO₂ 96% in aria ambiente, all'esame obiettivo fini crepitii nei campi polmonari, PCR 35 mg/dl, PCT 3ng/ml, neutrofili 90.8%. Alla TAC torace addensamento parenchimale al LSS come da polmonite. Inizia antibiotico terapia. Nelle prime 48 ore peggiora clinicamente: delirio e crisi tonico-cloniche generalizzate, raddoppiamento della creatinina (1021 U/l), PCR: 45,16 mg/dl, insufficienza renale acuta su cronica (creatinina 4.27). La TAC encefalo negativa per acuzie. All'esame delle urine positività all'antigene urinario della *Legionella Pneumophila*. Si modifica la terapia antibiotica introducendo azitromicina. Dopo 72 ore di antibiotico e fluido-terapia si assiste a riduzione della CPK, della mioglobina (1021 U/l, 750 ng/dl rispettivamente) e a miglioramento della funzionalità renale (creatinina: 1,81 mg/dl).

Conclusioni: Il caso descritto rientra nel 25% di casi di legionellosi complicata alla cui diagnosi bisogna pensare.

Unusual pancreatitis

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A 61 y f was admitted to the E.R. for worsening of nausea, vomiting and abdominal pain, symptoms that started few days before. Clinical history: cholecystectomy, hypercholesterolemia. Laboratory: neutrophilia (N# 15000/uL), an increment of the liver cholestasis and pancreatic markers (amylase 396 U/L, lipase 772 U/L). Suspecting a diagnosis of acute pancreatitis, fluid, antibiotics, total parenteral nutrition, antiemetic were started. In order to exclude an acute pancreatitis, an abdominal US was performed conveying a moderate dilatation of both the left biliary duct and the main bile duct (12 mm) with hyperechogenic signs compatible with biliary stones. A Liver-Specific Contrast-Enhanced MRCP was executed, which accidentally revealed a diverticulum of the second duodenal section. Thus, an US was done, confirming the suspected Paravaterian diverticulum but also sludge and biliary microlithiasis in the distal portion of the primary bile duct. Furthermore, a second diverticulum, bigger than the first one (3-4 cm) but also containing small stones, was identified next to the first one. An abdominal CT using Gastrografin as contrast was requested but it was not conclusive; she underwent an ERCP with sphincterotomy so as to clear the biliary ducts from the microlithiasis. A surgical consult determined the contraindication to urgent surgery and required a FU in a 1m.

Conclusions: In conclusion, possibly both the Paravaterian diverticula and the biliary microlithiasis were the cause determining the acute pancreatitis symptoms. It is important in order to avoid severe complications as peritonitis.

How to treat euglycemic ketoacidosis caused by empaglifozin? A case report and literature review

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Background: The use of SGLT2 is becoming increasingly widespread, having also found indications in heart failure and kidney disease. These drugs can cause very severe complications, sometimes fatal, such as euglycemic ketoacidosis.

Description of Clinical case: Here we describe the clinical case of a 79-year-old woman admitted to our Emergency Department with a diagnosis of severe euglycemic ketoacidosis and severe hypokalaemia after femoral osteosynthesis surgery. The use of bicarbonates did not improve the clinical picture, favouring the further worsening of hypokalaemia and the latter made the use of insulin difficult. Therefore, we decided to use somatostatin in the synthetic form – octreotide - subcutaneously. The use of this drug has contributed to the rapid resolution of ketoacidosis and to an improvement in clinical conditions, proving to be an excellent therapeutic option. The use of bicarbonates does not improve the clinical picture, instead favoring the appearance of hypokalemia; therefore, it is recommended only in cases of pH lower than 7. The prolonged presence of ketonuria above 80 mg/dl highlights a prolonged effect of glucagon with consequent advantage of the use of somatostatin in these euglycemic forms of DKA.

Conclusions: In the case reported, the use of octreotide speeded up the recovery time, reducing the ketogenic effects. In cases of severe euglycemic ketoacidosis such as the one described where hypokalemia makes management complicated, somatostatin can represent a very effective therapeutic option.

Pulmonary vasculitis: a rare diagnosis and effective management

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While Internists often deal with pneumonia, malignancies, or COPD exacerbations, there are cases where the differential diagnosis of pulmonary involvement requires consideration of other less clearly defined nosological entities. An 82-yo patient was admitted for sepsis. Despite a significant improvement in inflammatory markers, after antibiotic therapy, the patient continued to report fatigue and cough with hemoptysis and miastenia. A chest CT revealed multiple inflammatory-looking lesions with cavitation. Then, a bronchoscopy was performed, and while microbiological examination, comprehensive tuberculosis test, was negative, cytologic exam revealed a granulocytic-

macrophagic component. The antibiotic therapy was implemented, but another CT scan showed the development of new lung lesions and the resolution of some of the previous inflammatory areas. Therefore, serum autoantibodies were tested finding a positivity for Rheumatoid Factor and AntiNuclear Antibodies; in addition levels of interleukin 6 and erythrocyte sedimentation rate were high. Based on radiological images, the absence of tumoral cells in a biopsy, the presence of extra-vascular granulomatosis, a restrictive pattern on spirometry and the autoimmunity, a clinical diagnosis of pulmonary vasculitis was made. So, corticosteroid therapy was initiated, resulting in complete regression on follow-up CT after one month. Pulmonary vasculitis involves inflammatory processes in lung vessels of varying sizes. It includes diverse disorders and primarily requires treatment with corticosteroids or immunosuppressive agents.

Granulomatosis with polyangiitis: avacopan as an additional therapeutic intervention to improve outcomes in a patient with severe oroantral fistula

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Introduction: Granulomatosis with polyangiitis (GPA) is a vasculitis affecting small to medium-sized vessels with circulating anti-neutrophil cytoplasmic antibodies (ANCA). **Case report:** A 52-year-old man with a previous diagnosis of GPA was admitted to Emergency Department for fever and swelling with pain in maxillary bone. The patient presented a disease with upper respiratory tract, lung and kidney involvement complicated by oroantral fistula (OAF) and destructive phenomena of nasal septal and medial wall of left maxillary sinus. Blood tests showed leucocytosis, elevation of acute-phase reactant parameter and circulating ANCA. Massive facial and lung CT scan was performed showing ground-glass opacity, severe tissue destruction with an abnormal connection between oral cavity and antrum. He was admitted to our department and received three pulses of daily intravenous methylprednisolone (followed by oral prednisolone) and intravenous rituximab. Maintenance immunosuppression was continued with tapering dose of steroid and avacopan was started within the first month after induction treatment, reducing inflammation and allowing surgical intervention of closure of OAF.

Conclusions: Alternative complement pathway is involved in the pathogenesis of vasculitis and avacopan is a new oral selective C5a receptor inhibitor. Combination of more therapeutic agents acting on different mediators may represent a great possibility for disease control. The start of therapy with avacopan allowed better control of the disease with an excellent result of the complex surgical intervention.

Uno strano esantema

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Premesse: Una donna di 61 viene ricoverata per febbre, esantema maculo-papuloso pruriginoso diffuso. In anamnesi ipertensione arteriosa, bypass gastrico; riferita terapia con telmisartan/idroclorotiazide e recente introduzione di allopurinolo. Agli esami ematochimici si rileva danno renale (creatinina 2,41 mg/dl) ed epatico (GOT 245, GPT 450 U/L), rialzo degli indici di flogosi (PCR 112 mg/l), leucocitosi con eosinofilia (GB 17000/mm³, EOS 9%, 1570/mm³).

Descrizione del Caso clinico: Viene impostata terapia reidratante e copertura antibiotica empirica. Vengono eseguiti esami colturali, sierologie virali, autoimmunità e tampone faringeo tutti negativi. Persiste costante ipotensione, danno renale con oliguria, danno epatico e compare insufficienza respiratoria tipo I. Dopo valutazione collegiale si pone diagnosi di Drug Reaction with Eosynophilia and Systemic Symptoms (DRESS). Si concorda per terapia steroidea (prednisone 75 mg) ed emulsioni locali cutanee. Si osserva lento e progressivo miglioramento clinico e laboratoristico.

Conclusioni: La sindrome DRESS è una forma potenzialmente letale di reazione da ipersensibilità a farmaci; i sintomi compaiono in genere 2-6 settimane dopo l'inizio della terapia; si associa più frequentemente a sulfamidici, antiepilettici, ma molti farmaci possono essere coinvolti (allopurinolo). I sintomi tipici sono febbre, rash tipo morbilliforme, prurito; possibili danno renale, epatico, cardiaco e polmonare. La terapia prevede la sospensione del farmaco e terapia steroidea (prednisone 1 mg/kg) con lento tapering in 3-6 mesi.

Un'acidosi a sorpresa

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Premesse: Una donna di 76 viene ricoverata per vomito, nausea, sopore e dispnea. In anamnesi diabete mellito in terapia attuale con dapaglifozin, metformina, semaglutide; riferita recente sindrome influenzale. All'ingresso paziente si presentava soporosa con insufficienza respiratoria ipossica; alla radiografia del torace focolaio broncopneumonico destro; agli ematochimici leucocitosi e rialzo degli indici di flogosi; minimo danno renale (creatinina 1,21 mg/dl), ma severa acidosi metabolica (pH 6.96, HCO₃ 7mmoli/l); glicemia mai oltre i 250 mg/dl.

Descrizione del Caso clinico: Viene intrapresa terapia reidratante, bicarbonati e antibiotico a spettro allargato. Si rileva intanto positività per antigene pneumococcico su urine. Persiste acidosi metabolica severa con lattati elevati (4 mmoli/l), glicosuria, chetoni su urine (>80 mg/dl), ipofosfemia e ipofosforemia severi corretti solo dall'introduzione di insulina endovenosa, poi sottocute.

Conclusioni: La chetoacidosi diabetica euglicemica è una rara condizione associata al diabete mellito. Si caratterizza per acidosi metabolica tipica, con chetonemia e chetonuria, livelli di glicemia inferiori a 250-300 mg/dl, malessere, dispnea, nausea e vomito, confusione. Gli inibitori del cotrasportatore sodio glucosio2 (SGTL2) possono essere raramente tra le cause scatenanti. La recente sindrome

influenzale e sovrainfezione batterica della paziente possono essere state la causa scatenante del disordine. La terapia prevede la sospensione degli SGTL2, reintegro volumico, correzione dell'acidosi e somministrazione di insulina

Brainstem involvement in Sjögren syndrome: a case report

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Premises: Sjögren Syndrome (SS) is a systemic autoimmune disease with exocrine glands and extraglandular involvement. Neurological manifestations can occur in up to 67% of patients with primary Sjögren Syndrome (pSS), occasionally preceding sicca symptoms, and a 5% can present central nervous system (CNS) involvement. The spectrum of CNS manifestations is wide and can be challenging, imaging and cerebrospinal fluid (CSF) analysis are important for the diagnosis.

Description of the Case report: A 51-year-old woman with a family history of immune-rheumatological diseases presented to the hospital with signs and symptoms suggestive of bulbar involvement (hypotension, bradycardia, intractable hiccups, vomiting) and fingers hypesthesia since the week before. Brain MRI revealed a hyperintense area on FLAIR and T2 sequences with hypointensity on T1 at the bulbo-medullary junction; a mild sensory axonal polyneuropathy was found at the electromyography. Further investigations revealed positivity for ANA screening and anti-SSA antibodies in both serum and CSF. A biopsy of the salivary glands confirmed the diagnosis of Sjögren's syndrome (focus score 2). Treatment with high dose corticosteroids and intravenous immunoglobulin resulted in both clinical and instrumental improvement.

Conclusions: Brainstem involvement in pSS, while relatively rare, is a recognized and documented phenomenon in medical literature. Our case further highlights this uncommon manifestation and the importance of early recognition for optimal and effective treatment.

Ipercalcemia e paratormone: non sempre relazioni pericolose

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Premesse: L'ipertiroidismo (IT) è una causa spesso trascurata di ipercalcemia (IP). L'IP indotta da IT è in genere lieve e associata a PTH ridotto. La patogenesi non è chiara, ma sembra legata all'aumento del turnover osseo indotto dagli ormoni tiroidei. Presentiamo 2 casi di IT complicato da IP.

Casi clinici: 1) Donna di 77 anni, con recente ictus ischemico in corso di fibrillazione atriale. Quadro ecografico/scintigrafico compatibile con gozzo multinodulare (GMN), con noduli funzionalmente autonomi. Esami di laboratorio:

FT3 9.64 pg/ml [2-4.4], FT4 3.95 ng/dl [0.93-1.7], TSH<0.05 mU/l [0.22-4.2], calcio corretto 11mg/dl [8.8-10.2], PTH 22.2 pg/ml [14.9-56.9], TRAb negativi. Completa normalizzazione di calcemia/PTH, col miglioramento della funzione tiroidea in terapia tireostatica: FT3 4.57 pg/ml, FT4 0.81 ng/dl, TSH 0.01 mU/l, calcio corretto 9.46 mg/dl, PTH 44.5 pg/ml

2) Donna di 74 anni, con storia di GMN normofunzionante. Comparsa in itinere di IT, da M. di Graves. Esami di laboratorio: FT3 8.15 pg/ml, FT4 7.76 ng/dl, TSH<0.05 mU/l, calcio corretto 11.2 mg/dl, PTH 11.2 pg/ml, TRAb 17.9 U/l [<1.75]. Completa correzione della calcemia, con la normalizzazione delle frazioni libere, in corso di terapia con metimazolo: FT3 3.47 pg/ml, FT4 1.29 pg/ml, TSH <0.005 mU/l, calcio corretto 9.9 mg/dl, PTH 64.2 pg/ml.

Conclusioni: L'IP associata ad IT va considerata in diagnosi differenziale con altre forme a PTH soppresso e non costituisce in genere un rilevante problema terapeutico: l'alterazione elettrolitica, per lo più asintomatica, risponde rapidamente alla terapia dell'IT.

Uno strano caso di artrite della mano in un pescatore: perché il clinico dovrebbe conoscere le micobatteriosi atipiche

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Premesse: *M. marinum*, un micobatterio non tubercolare, può causare infezioni di cute e tessuti molli (SSTIs) dopo contatto con acqua marina, acquari e organismi marini, con comparsa 2-6 settimane dopo l'inoculo di noduli granulomatosi lungo il decorso dei linfatici con andamento simil-sporotricoide. Il 29% può sviluppare tenosinoviti o osteomieliti; negli immunodepressi sono descritte infezioni disseminate.

Descrizione del Caso clinico: Pescatore di 55 anni, presentatosi per tumefazione 3° dito mano destra a seguito di ferita cutanea provocata durante la pesca. Trattato con linezolid per 25 giorni con parziale beneficio, successivamente con etanercept per diagnosi di artrite di mano posta da reumatologo, seguita da peggioramento progressivo. Giunto da internista dopo 15 mesi, veniva disposto esame culturale su biopsia risultato positivo per *M. marinum* (flogosi granulomatosa necrotizzante gigantomitotica dermo-epidermica, colorazione speciali per BAAR negative). Trattato per 60 giorni con doxiciclina più inizialmente claritromicina, poi sostituita per intolleranza con cotrimossazolo.

Conclusioni: *M. marinum* è una causa rara di SSTIs, per cui sono fondamentali anamnesi e prevenzione (uso di guanti). L'istologia mostra granulomi necrotizzanti, spesso senza evidenziare BAAR. Il trattamento prevede da 6 a 52 settimane di terapia con macrolidi, tetracicline, cotrimossazolo, fluorochinoloni, a nostro avviso in combinazione; nelle forme con distribuzione sporotricoide o con coinvolgimento osteoarticolare si possono associare etambutolo e rifampicina.

Acute encephalopathy in primary biliary cholangitis neo diagnosis: a double trouble

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Background: Acute encephalopathy refers to a pathological process that can clinically manifest as delirium or coma but in 22% of cases, the underlying causes are extrahepatic. Differential diagnosis is essential to evaluate extrahepatic causes of delirium in patients with liver disease.

Case report: A 69-year-old European man with dyspnea, gastrointestinal bleeding, and diarrhea presented altered white cell count, anemia, normal platelets, altered hepatobiliary-pancreatic enzymes and PT-INR. A chest CT showed bilateral pleuro-pericardial effusion and hepatosplenomegaly. Gastroscopy revealed F2-F3 varices. After an acute episode of psychomotor delirium a diagnostic workup was performed, revealing normal blood ammonia, electrolyte balance and glycemic profile. Viral and alcoholic causes for the hepatopathy were ruled out, except for HSV 1/2. A total body CT excluded major neurological events and oncological diseases. A lumbar puncture was not performed due to the spontaneous resolution of symptoms and the negative EEG. Given ANA and AMA positivity, primary biliary cholangitis was diagnosed. Based on the positivity of ANA, anaemia and syerosites, the delirium and psychosis were most likely attributed to a presentation of neuropsychiatric lupus, describing an overlap syndrome.

Conclusions: Acute encephalopathies are often present in patient with chronic liver disease. Despite the most of cases are due to acute liver impairment, secondary and more rare causes should always be explored.

Ultrasonographic features in urinary schistosomiasis

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Premises: Schistosomiasis is an endemic tropical disease with a high mortality rate in developing countries, most caused by the helminth *Schistosoma haematobium*. Schistosomiasis is characterized by nonspecific signs and symptoms, including anemia, hematuria, asthenia and cough. *S. haematobium* enters the organism through the skin; then the larvae migrate to all the organs through the blood and lymph streams. Once having reached the genitourinary system, they replicate producing eggs inside the bladder.

Description of the Case report: A 23-year healthy male born in Senegal, who spent his last 8 years in Italy, was admitted for acute onset of fever, asthenia, hematuria and abdominal pain. He had travelled to Africa 3 months earlier. Abdominal ultrasound revealed thickening of the bladder walls, with echogenic content and hyperechoic nodules (the largest of 28 x 29 mm), with vascular signal at doppler module. The microscopic examination of the urine was positive for *S. haematobium* infection, while urinary cytology did not show neoplastic markers. According to the diagnosis, the patient was treated with praziquantel. Four months later at a follow up visit the patient appeared asymptomatic with normal urine, cytologic and ultrasonography features.

Conclusions: Schistosomiasis should be considered in the differential diagnosis of patients with urinary symptoms and with a history of recent travel to endemic areas. Ultrasound

represents a fast and economic tool to early suspect this disease.

Oncologic butterfly effect

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Premises: A 57-year-old woman with no previous medical conditions underwent an abdominal ultrasound due to a feeling of tightness and mild pain in the right flank. The exam, along with a screening mammogram, was negative. However, six months later, the pain intensified, and she experienced shortness of breath. A new evaluation revealed an enlarged liver with multiple lesions and widespread bone alterations, leading to hospital admission.

Case description: Upon admission, the patient presented with marked asthenia, loss of appetite, lower back pain, and sub-jaundice. Blood tests showed severe hypercalcemia, acute renal failure, and liver impairment. Hypercalcemia, attributed to metastatic osteolysis, was treated with hydration, diuretics, bisphosphonates, and calcitonin, with partial improvement. A liver biopsy confirmed metastatic neuroendocrine carcinoma. Further radiological and histological investigations identified a neuroendocrine breast tumor. Despite starting Letrozole therapy and pain management, the patient passed away within weeks due to the advanced disease.

Conclusions: This case highlights the diagnostic challenges of neuroendocrine breast tumors, a rare condition with variable neuroendocrine marker expression. Paraneoplastic hypercalcemia requires prompt and targeted management. Prognosis depends on histology, receptor expression, and staging, with a therapeutic approach integrating surgery, targeted therapies, and metastatic disease management.

La diagnostica delle epatopatie: biopsia vs elastografia

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Premesse e Scopo dello studio: La prognosi e la gestione clinica dei pts con malattia epatica è influenzata dalla gravità della fibrosi e dalla sua progressione nel tempo. E' importante una diagnosi precoce allo scopo di prevenire le complicanze.

Materiali e Metodi: Tra il 2018-2024 sono stati arruolati 400 pts (250 M; 150 F) con malattia cronica di fegato a cui è stata eseguita la biopsia epatica e l'elastografia per la definizione dello staging e del grading.

Risultati: I livelli di fibrosi riscontrati sono stati: F1 (100); F2 (150); F3 (100); F4 (50).

Conclusioni: Il fibroscan è risultato accurato per la classificazione ed il monitoraggio della fibrosi; la migliore performance del fibroscan è nella determinazione della fibrosi severa (F3) e nella Cirrosi epatica.

Acute idiopathic pancreatitis

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Background: The pharmacological genesis of acute pancreatitis (PA) continues to be underestimated in the clinical scenario, often erroneously leading to the diagnosis of idiopathic PA without a careful pharmacological history having been conducted.

Clinical case: A 76-year-old patient with a mute medical history, after about 3 weeks of chronic lower back pain, enters the ED for acute worsening. On the emergency physical examination, a pain in the bar is reported and on the blood chemistry tests lipase 2500U/L and amylase 1780 U/L, TG within limits, negative abdominal ultrasound. The patient denies potus, denies history of biliary colic, denies trauma, reports that the acute pain experienced before hospitalization had been different from that experienced in the previous weeks. He then performs abdominal CT and MRI cholangiography, both negative for lithiasis/complications; at the same time, there is a clear clinical/haematochemical improvement. A careful medical history showed that for chronic pain (from widespread osteoarthritis of the spine on CT) he had taken paracetamol/codeine 2-3 hours before entering the ED.

Conclusions: In the absence of any type of morphological or functional alteration affecting the hepato-biliary-pancreatic duct system and in the absence of anamnesticly found FRs, the pharmacological etiology of PA must be thoroughly investigated. Codeine belongs to drugs related to PA for its likely spasmic effect on the sphincter of Oddi. In the last 40 years, the number of reported drugs has grown exponentially.

Necrosi epidermica tossica: il pericolo è sempre dietro l'angolo

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Descrizione del Caso clinico: Uomo, 42enne, senegalese, ricoverato a Dakar nel Dicembre '23 per addominalgie e cefalea con riscontro di insufficienza renale avanzata da ipertensione maligna. Nel Febbraio '24, ricoverato in nostra UO per IA non controllata per cui veniva potenziata la terapia e introdotto allopurinolo per iperuricemia (10,6 mg/dl), quindi dimesso. 28 Marzo '24 giungeva nuovamente in Ospedale per febbre (39°C) con brivido da 4 giorni, iperemia congiuntivale, cefalea e faringodinia. E.O: ipertrofia tonsillare, iperemia faringea, edema labbro superiore, assenza di meningismo o obiettività CV, PA e SO₂ normali, creatinina 6,7 mg/dl, PCR 42 mg/L, non leucocitosi. Iniziava Ceftriaxone ev e reidratazione in PS e successivo ricovero c/o il nostro reparto. Nella notte comparsa di rash maculopapulare diffuso, peggioramento indici di flogosi e funzionalità epatorenale. Sierologia EBV, CMV, HSV1-2-6-8, Cocksackie, parvovirus, HIV, virus influenzale: negativa. In poche ore, rapido aggravamento del quadro con scollamento degli strati epidermici esteso al 90% della superficie cutanea ed edema della glottide con intubazione e

trasferimento in UTI. IL quadro cutaneo deponiva per diagnosi di TEN (Necrosi epidermica Tossica), verosimilmente da allopurinolo che assumeva da 1 mese. Ipotesi confermata alla biopsia cutanea. Iniziativa terapia con IGvena e betametasona. Dal settimo giorno, netto miglioramento del quadro clinico e cutaneo con progressiva normalizzazione degli esami ematochimici per cui veniva nuovamente trasferito presso il nostro reparto senza supporto di O₂ e dimesso in buona salute dopo 10 giorni.

Un caso di perdita persistente di liquido ascitico post-paracentesi. Analisi dei fattori di rischio e del trattamento

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Premesse: La perdita di liquido ascitico post paracentesi (Post-paracentesis Ascitic Fluid Leak) è una delle possibili complicanze della procedura di paracentesi nei pazienti con cirrosi e ascite.

Descrizione del Caso clinico: Una paziente di 83 anni, affetta da ascite recidivante in corso di eteroplasia epatica, è stata sottoposta a ripetute paracentesi diagnostiche ed evacuative con ago di Verres. Successivamente ad una di queste procedure, la paziente ha sviluppato una perdita persistente di liquido ascitico dal sito di ingresso di ago di Verres a livello della parete addominale. È stata fatta una ricerca sulla frequenza di tale complicanza, sui fattori di rischio e sulle modalità di trattamento per arrestare la perdita. Secondo la letteratura, la maggior parte di questi pazienti può essere gestita con un approccio sequenziale.

Conclusioni: La paziente in oggetto aveva fattori di rischio per lo sviluppo di tale complicanza. L'applicazione dell'approccio sequenziale (stepwise) ha permesso di arrestare facilmente la perdita di liquido ascitico nel caso in oggetto.

Un caso di endocardite infettiva con infarto splenico: utilità della ecografia clinica integrata

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Premesse: L'uso di ecografia clinica o bedside (Point of Care Ultrasound, POCUS) è codificato in letteratura recente per la diagnosi di endocardite infettiva.

Descrizione del Caso clinico: Un paziente di 78 anni è stato ricoverato in Medicina per febbre ricorrente da circa 2 mesi. Paziente sottoposto, circa 15 mesi prima, a sostituzione valvolare aortica con protesi biologica per stenosi valvolare. Il pz ha avuto anche ictus ischemico, in corso di febbre, circa 2 mesi prima di attuale ricovero. Le emocolture dell'attuale ricovero sono risultate positive per *E. faecalis*. L'ecografia clinica (POCUS) ha messo in evidenza sospetto di lesione sulla cuspid non coronarica della valvola aortica. Inoltre, l'esame con sonda convex ha messo in evidenza milza globosa e una lesione al polo inferiore della milza, compatibile con infarto splenico. Risultano quindi presenti criteri di Duke modificati che stabiliscono la diagnosi di endocardite infettiva (ALMENO 1 criterio maggiore, emocolture tipiche e 3 criteri minori: febbre: condizione cardiaca predisponente, fenomeno vascolare).

Conclusioni: L'ecografia clinica integrata, cardiaca ad addominale, ha permesso in questo caso il riconoscimento di criteri di Duke per la diagnosi definitiva di endocardite infettiva (non precoce).

Un caso di emottisi

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Premesse: L'emottisi, definita come l'emissione di sangue proveniente dalle basse vie respiratorie è una emergenza medica, potenzialmente fatale per asfissia.

Descrizione del Caso clinico: Giungeva in Pronto soccorso una donna di 51 anni, fumatrice, per emottisi. La TC torace senza mdc mostrava "plurimi addensamenti parenchimali con aspetto "ground glass" a pressochè tutti i segmenti del polmone destro in stretta contiguità con la componente bronchiale omolaterale". Trasferita c/o la ns UO, in discrete condizioni cliniche, è stata sottoposta a valutazione otorinolaringoiatrica (nella norma), ecocardiogramma (assenti vizi valvolari significativi); negativi gli esami microbiologici e il pannello autoimmunitario. L'angioTC polmonare ha documentato "regolare opacizzazione delle arterie polmonari e dell'aorta toracica, da cui emerge vaso arterioso che decorre cranialmente compiendo un loop e portandosi al LSD come arteria bronchiale ipertrofica". L'angiografia ha confermato la presenza di un territorio polmonare lobare superiore destro coincidente al sanguinamento parenchimale polmonare; è stata quindi sottoposta ad embolizzazione da una equipe di Radiologi interventisti esperti. La paziente non ha avuto più episodi di emottisi.

Conclusioni: L'angioTC è utile non solo da un punto di vista diagnostico ma anche come studio propeedeutico per l'angiografia e l'embolizzazione, opzione terapeutica migliore per le forme di emottisi idiopatica, ricorrente. La TC del torace senza mezzo di contrasto è poco utile, mettendo in evidenza solo segni indiretti di sanguinamento.

A case report of lupus myocarditis: a rare manifestation of systemic lupus erythematosus

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Premises: Lupus myocarditis is a potentially life-threatening manifestation of Systemic Lupus Erythematosus (SLE). Although it is regarded as a rare complication, post-mortem analyses reveal a high incidence, indicating a significant prevalence of subclinical disease.

Description of the Case report: A 39-year-old female of Moroccan origin, previously diagnosed with SLE over 10 years ago, was hospitalised in the general medicine unit because of fatigue, dyspnea and swollen legs, which persisted for 2 months. Blood tests showed elevated pro-BNP values, pancytopenia, increased inflammation indices, high anti-dsDNA antibodies and complement consumption, and the presence of anti-Ro (SS-A) and anti-ribonucleoprotein (anti-RNP) antibodies. Echocardiography

was performed, which showed a modest degree of pulmonary hypertension and severe tricuspid regurgitation with a normal systolic function. In the first days of admittance, the signs and symptoms of congestive heart failure worsened despite a full dose of a loop diuretic. We performed a cardiac MRI, which confirmed the diagnosis of myocarditis. High-dose methyl-prednisolone therapy was started, along with intravenous cyclophosphamide, with a rapid improvement of the symptoms and a decrease in inflammation indices.

Conclusions: Lupus myocarditis should always be considered in patients with SLE and symptoms of cardiac involvement. The purpose of reporting this case is to emphasise the importance of early diagnosis and immunosuppressive therapy in these patients.

Role of CEUS in the treatment and monitoring of the hepatic abscess

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Premises: The hepatic abscess (HA) is a severe and potential life-threatening disease caused by bacteria, parasite or fungi. Microbial contamination of the liver parenchyma leading to HA can occur via the bile ducts or vessels (arterial or portal) or directly, by contiguity. Previously managed with surgery, current treatments now utilize interventional radiology and antibiotics, reducing complications to 2,5%.

Description of the Case report: A 81-year-old Caucasian female with a history of subtotal gastrectomy for adenocarcinoma was admitted for persistent fever and vomiting. Blood tests showed elevated inflammation and liver enzymes values, associated with a great focal inhomogeneous and irregular hepatic lesion at US. Abdomen CT highlighted a corpuscular fluid collection of 9 x 7 cm at VIII/V hepatic segment compatible with HA. Contrast-enhanced ultrasonography (CEUS) confirmed the suppurative nature, with only a peripheral vascular enhancement, therefore we performed US-guided HA drainage. Cytology and culture sample were inconclusive, such as blood cultures and search of anti-amoeba antibodies. We administered intravenous piperacillin/tazobactam+metronidazole+ciprofloxacin, obtaining a progressive normalization of the laboratory picture. We monitored HA with CEUS. On day 30 a further US-guided drainage was executed. Two months later from discharge CEUS showed a residual lesion of 2 cm in diameter.

Conclusions: CEUS is valuable for diagnosis, performing therapeutic procedures and monitoring HA and can replace CT as an effective, less harmful and cheaper method.

I diversi volti della flogosi

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Premesse: La polimialgia reumatica è una malattia infiammatoria che può insorgere in diversi scenari clinici, rappresentando spesso una sfida diagnostica, poiché può confondersi con altre condizioni infiammatorie o infettive. Presentiamo il caso di un uomo di 70 anni con una storia di lombosciatalgia presente da mesi, associata a rigidità muscolare prossimale, marcata flogosi e progressiva impotenza funzionale.

Descrizione del Caso clinico: Ricoverato per accertamenti, gli esami laboratoristici confermavano una spiccata sindrome infiammatoria, mentre le indagini radiologiche (TC, RMN e PET) mostravano una spondilodiscite L4-L5 a ridotta attività metabolica. Per la presenza di disestesie agli arti inferiori, è stata effettuata una EMG e una rachicentesi che hanno escluso l'ipotesi di sindrome di Guillain-Barré. Il progressivo peggioramento della sintomatologia e della flogosi, nonostante l'applicazione di diversi cicli di antibioticoterapia, e la negatività degli esami colturali hanno spinto all'avvio della terapia steroidea con una brillante risposta clinica e risoluzione della sintomatologia, confermando la diagnosi di polimialgia reumatica concomitante.

Conclusioni: Il caso evidenzia la complessità nel percorso diagnostico della polimialgia reumatica, quando si sovrappone ad altre condizioni infiammatorie o infettive, come la spondilodiscite. Un approccio diagnostico accurato e un trattamento tempestivo sono fondamentali per la gestione di pazienti con patologie complesse e sovrapposte, al fine di migliorare gli outcomes clinici e prevenire le complicanze.

Miopia necrotizzante anti-HMGCR associata

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Premesse: La miopia necrotizzante immunomediata (IMNM) rappresenta il 10% delle miopatie infiammatorie idiopatiche; è solitamente associata ad anticorpi muscolo-specifici (anti-HMGCR o anti-SRP). Si manifesta con miopia prossimale simmetrica degli arti e possibile disfagia e/o disfonìa. Può essere innescata dall'assunzione di statine ed è stata correlata all'allele HLA-DRB1*11:01.

Descrizione del Caso clinico: Maschio, 73 anni, in PS per debolezza e limitazione funzionale degli arti, disfagia, calo ponderale; in terapia da 3 mesi con rosuvastatina 20 mg per ipercolesterolemia. Per riscontro di iperCPKemia (13.000 U) si ricovera in Medicina con diagnosi di rhabdomiolisi. EO: deambulazione anserina, ipostenia ed ipotrofia della muscolatura prossimale degli arti. Si richiedono anticorpi miosite associati (anti-HMGCR: 184.3 CU), EMG (miopia infiammatoria), RMN cingolo pelvico (edema muscolare), biopsia muscolare (miosite necrotizzante). Si sospende statina e si introduce terapia steroidea ev e poi per os a dosi immunosoppressive ed Ig vena, con graduale calo di CPK (970 U/L alla dimissione) e recupero della forza. Terapia domiciliare: prednisone, methotrexato ed acido folico, ciclo di Ig vena a distanza.

Conclusioni: La IMNM è una condizione rara, spesso associata all'uso di statine. La diagnosi si fonda su storia clinica, presenza di Ab anti-HMGCR e reperto bioptico muscolare. La sospensione della statina e l'inizio del trattamento immunosoppressivo aggressivo, nonché il

monitoraggio a lungo termine, sono necessari per arrestare il danno muscolare e migliorare la qualità di vita del paziente.

A strange case of systemic embolism

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Premises: Cardiac myxomas represent the most common benign cardiac tumors in adults. The clinical presentation consists of symptoms due to embolism and intracardiac obstruction. Embolic phenomena occur in 10-50% of patients, with the central nervous system being involved in 50% of embolic cases. Other less common vessels potentially affected by thromboemboli include the coronary arteries, abdominal aorta, visceral and peripheral arteries. Resection of the tumor resulted in complete resolution of symptoms.

Description of the Case report: A 62-year-old man was hospitalized for wheezing and shortness of breath. With a strong background smoking history, the initial impression was that of acute bronchospasm. Despite appropriate medical management the patient deteriorated rapidly, with decreased consciousness and sudden pain in his left side. Bedside transthoracic echocardiography was performed with the evidence of a large mass in the left atrium. A CT of abdomen revealed a systemic embolization. Laboratory studies revealed an elevated white cell count, lactate dehydrogenase, creatinine, aspartate transaminase, alkaline phosphatase and moderate thrombocytopenia. The patient underwent broad-spectrum antibiotic therapy and anticoagulant therapy with fondaparinux with progressive clinical improvement. Resection of the tumor was performed and atrial myxoma histologically confirmed.

Conclusions: Atrial myxoma can have a non-specific presentation resulting in a missed diagnosis. The presentation of a left-sided atrial myxoma with cardiac asthma can mimic respiratory disease and confound diagnosis.

Cannabis medicinale: terapia adiuvante nel trattamento del dolore in pazienti terminali dimessi dalla Medicina Interna

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Premesse: Questo studio raccoglie l'esperienza di terapie analgesiche con cannabis medicinale in un servizio di cure palliative domiciliari in pazienti dimessi dalle Medicine Interne dell'Oltrepò Pavese.

Materiali e Metodi: Su 21 dimessi nel 2024 dall'ospedale verso il territorio 16 avevano sintomi non controllati e sono stati monitorati con la scala ESAS. Tra questi 11 avevano dolore non controllato dal protocollo "scala OMS" (NRS medio=4, NRS max=9): 10 dolore oncologico, 1 dolore neuropatico non oncologico; solo 2 presentavano dolore neuropatico puro, 1 dolore nocicettivo puro, 8 dolore misto. Il dolore è stato inizialmente trattato con titolazione degli oppiacei insieme a 3 g/die di paracetamolo. Quindi in una seconda fase: introduzione di adiuvanti, switch degli oppiacei, terapie non farmacologiche. Infine in una terza fase: aggiunta di cannabis medicinale. In questi 6 pazienti con dolore resistente alla terapia ordinaria (5 affetti da cancro e 1 affetta da sclerosi multipla) si sono utilizzate preparazioni magistrali

a base di CBD e/o THC (olio 10% per il dolore di base e fumo/vaporizzatore per dolore episodico intenso): 3 con THC 22%, 2 con THC/CBD 6/8%, 1 con CBD 7.5%.

Risultati: Il dolore difficile è stato controllato in 3 pazienti su 6. Tutti questi 3 pazienti avevano avuto parziale beneficio da paracetamolo. Degli altri 3: 2 sono stati avviati a sedazione palliativa per sintomi refrattari e 1 è stato perso di vista.

Conclusioni: I cannabinoidi fitoterapici rappresentano una promettente categoria di adiuvanti nella terapia analgesica dei pazienti con dolore difficile in stadio avanzato di malattia anche nel paziente internistico.

Nosocomial candidemia in patients admitted to Internal Medicine wards

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Premises and Purpose of the study: Candidemia is an increasingly common condition in hospitalised patients with high risk of severe complications and associated mortality. The purpose of our study is to analyse the prevalence and severity of candidemia among the patients admitted to our hospital.

Materials and Methods: We analysed data of all pts admitted to our hospital during three years (2021-2023) and divided them into subgroups based on the ward they were admitted to, the type of candida and the severity of infection (whether they developed shock or not).

Results: Among patients included in our survey, 147 developed nosocomial candidemia, average age was 77,8 years for women and 78 for men. Average length of stay was 45 days. 106 patients were hospitalized in a medical ward, while 35 and 5 where respectively hospitalized in a surgical and intensive care unit. *Candida albicans* was identified in 66 pts, *parapsilosis* 42, *glabrata* 20, *tropicalis* 16, *dubliniensis* 1, *kruzei* 2, *lusitanae* 1. 94 patients (63,9%) developed septic shock, of these 56 (59,6%) died. Among those who didn't develop septic shock 28,3% died. None of the patients has been treated with empirical therapy.

Conclusions: In our experience, candidemia is a serious nosocomial infection occurring more frequently among patients admitted to medical wards who usually develop septic shock and high associated mortality. In this kind of patients, a prompt empirical antifungal therapy should be considered.

Microangiopatia trombotica da gemcitabina: raro effetto avverso di un chemioterapico molto usato

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Descrizione del Caso clinico: Pz di 71 aa con adenocarcinoma della colecisti noto dal 2016 sottoposto a colecistectomia e resezione epatica. Per progressione nel 2023 inizia gemcitabina. Inviata in PS da DS Onco per anemia e progressiva insufficienza renale. In PS crea 2.6 mg/dl, anemia e PLTpenia, bilirubina nella norma, non diarrea. PA 210/100.TC addome escludeva cause ostruttive. In reparto trasfusa 2 UEC nel sospetto di mielotossicità da CT. Progressivo peggioramento dell'insufficienza renale e dell'anemia, PA elevata, comparsa di edemi peri-orbitari. Escluse cause pre e post-renali, ad indagare l'insufficienza renale, l'ipertensione e l'anemizzazione, richiesto dosaggio di indici di emolisi risultati

positivi (aptoglobina consumata, reticolociti aumentati, bilirubina in rialzo quando all'ingresso era nella norma, schistociti 1.1%, C3 ridotto). ANA ed ANCA negativi. Quadro compatibile con danno renale acuto su cronico in microangiopatia trombotica (TMA) in prima ipotesi secondario a gemcitabina. In Nefrologia ulteriore riduzione delle funzione renale (crea 5.5 mg/dl) per cui avviata terapia con eculizumab (MAB anti C5) ed eseguita biopsia renale con quadro di TMA con esteso danno cronico.

Conclusioni: Le TMA sono un gruppo di malattie caratterizzate da anemia emolitica microangiopatica, PLTpenia e microtrombi che causano danno d'organo ischemico. La gemcitabina è un inibitore DNA polimerasi che può dare TMA fino ne 2% dei casi con un meccanismo non noto (probabile lesione dell'endotelio con esposizione di matrice extracellulare). Il trattamento con eculizumab (MAB anti-C5), ma il danno renale può progredire fino alla dialisi.

Un raro caso di shock in una giovane adulta

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Premesse: La sindrome da shock tossico (TSS) è una malattia ad esordio acuto ad elevata mortalità caratterizzata da febbre, ipotensione, rash e rapido deterioramento con insufficienza multiorgano. Causata da un ceppo tossigeno di *Staphylococcus aureus* o *Streptococcus Pyogenes*, è associata all'uso di tamponi endovaginali o infezioni dei tessuti molli, ustioni, corpi estranei trattenuti come tamponi nasali e cateteri per dialisi.

Descrizione del Caso clinico: Donna di 50 anni giunta presso il Dipartimento di Emergenza per algie addominali associate a vomito e diarrea. Ricoverata presso il reparto di Medicina Interna manifestava un rapido deterioramento con instabilità emodinamica, MOF e necessità di IOT e ricovero in UTI. In considerazione della positività colturale per *S. pyogenes*, dell'insorgenza dei sintomi durante il ciclo mestruale e del riferito uso anamnestico recente e prolungato di tamponi vaginali, dell'esordio clinico nonché del rapido deterioramento si deponeva per sindrome da shock tossico streptococcico. Somministrata antibiotico terapia mirata, emofiltrazione e terapia di supporto dell'insufficienza d'organo con progressivo miglioramento clinico.

Conclusioni: Il caso presentato mostra la gravità di questa sindrome e il rapido deterioramento di pazienti spesso ricoverati inizialmente in Medicina Interna. Nonostante l'elevato tasso di mortalità associato, la nostra paziente è sopravvissuta. Il sospetto e il riconoscimento precoce, una stretta sorveglianza e un trattamento rapido e intensivo, sono fondamentali per migliorare i risultati e ridurre la mortalità.

Un caso di infezione da parvovirus B19 in paziente ultranovantenne con neutropenia e piastrinopenia

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Premesse: Il parvovirus B19 è un virus ampiamente diffuso con uno spettro di manifestazioni che variano a seconda dell'ospite. Nei bambini causa una malattia esantematica nota come quinta malattia, negli adulti una malattia simile all'influenza minimamente sintomatica o con poliartropatia; in soggetti predisposti, con patologie ematologiche, può dare anemia aplastica. Sono descritti casi di adulti in buona salute

con neutropenia e/o trombocitopenia. La diagnosi è ottenuta tramite sierologia o con PCR su sangue.

Descrizione del Caso clinico: Presentiamo il caso di un uomo di 91 anni senza precedenti ematologici affetto da infezione da parvovirus B19 con neutropenia. Il paziente ha accusato per circa due settimane febbre serotina fino a 38°C, con tosse secca, senza altri richiami d'organo. Eseguita al domicilio levofloxacin per polmonite sinistra all'Rx torace. Accesso in PS per persistenza dei sintomi con riscontro di neutropenia (770/mm³) associata nei giorni successivi a piastrinopenia lieve. Rx torace invariato. Durante il ricovero riscontrate sierologie suggestive di infezione acuta da Parvovirus B19 (IgG negative e IgM positive) e DNA virale positivo (valore oltre il limite di quantificazione); non blasti alla conta leucocitaria manuale, evidenza di linfociti attivati. Il paziente è stato trattato con terapia di supporto e terapia antibiotica di copertura con miglioramento clinico e risoluzione della neutropenia.

Conclusioni: Il parvovirus B19 dovrebbe essere considerato nella diagnosi differenziale delle leucopenie e neutropenie negli adulti e negli anziani.

Vericiguat: unexpected help in ATTR-CA

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Premises: In recent times, disease-modifying drugs have been approved for trans-thyretin cardiac amyloidosis (ATTR-CA); however, not all patients with CA are candidates for such treatments, so that supportive treatment represents the only therapeutic strategy.

Description of Case report: An 84-year-old man known for ischemic heart disease with heart failure with preserved ejection fraction (HFpEF) since 2011 experienced dyspnea due to volume overload, leading to our Heart Failure (HF) Outpatient clinic in December 2022. Main guideline-directed medical therapies were not initiated due to hyperkalemia, spontaneous bradycardia, and hypotension. The echocardiography showed severe left ventricular concentric hypertrophy with EF of 40%. In July 2023, vericiguat was initiated and titrated up to 10 mg daily. In October 2023, acute decompensation occurred leading the patient to hospital admission. Echocardiography showed severe EF reduction, septal hypertrophy (16 mm), and signs of pulmonary hypertension. Due to suspected CA, a bone tracer scintigraphy was performed and yielded positive results (Perugini score 2). Paraproteinemia was excluded, leading to a diagnosis of ATTR-CA. Treatment with TTR stabilizers was deemed unsuitable due to older age. At discharge, the patient was referred to our Outpatient clinic, during which vericiguat was reintroduced, achieving clinical stability and improvement in subsequent months.

Conclusions: Based on its mechanism of action, vericiguat could be considered in patients with CA, although additional data are needed.

Lactobacillus endocarditis: a rare case report in Puglia

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Premises: Lactobacilli are facultative anaerobic bacteria that commonly inhabit the oral cavity, gastrointestinal tract, and genitourinary system. However, they rarely cause endocarditis, typically affecting only immunocompromised patients with prosthetic heart valves.

Description of the Case report: A 76-year-old male with a history of chronic ischemic heart disease treated with CABG, type 2 diabetes, dyslipidemia, BPH, thalassemia trait, and a bioprosthetic aortic valve replacement performed 2 years earlier. He was immunocompetent. He presented with a 3-month-old fever unresponsive to antibiotic treatment. Blood cultures confirmed the presence of *Lactobacillus casei*. Abdominal CT revealed partial thrombosis of the right renal artery, fondaparinux treatment was started. Transthoracic and transesophageal echocardiography revealed severe degeneration of the prosthetic valve and the presence of endocarditic vegetations (11x8mm) on the ventricular side of the aortic valve. Intravenous antibiotic treatment with amoxicillin-clavulanic acid and rifampicin was promptly initiated. During hospitalization, the patient developed an intraparenchymal cerebral hemorrhage. He was discharged with negative blood cultures and significant reduction in vegetation size. Elective reintervention for valve replacement was performed because of post-endocarditic prosthetic degeneration.

Conclusions: In cases of lactobacilli-induced sepsis and prosthetic heart valves, should be considered the possibility of endocarditis, even in immunocompetent patients without a history of regular probiotic use.

Not only *Campylobacter jejuni*: a tale of two *Campylobacter* species

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Premises: Campylobacteriosis leads primarily to enteric disease, but also to bacteremia and non-enteric infections.

Case report: Case 1: A male, ICD carrier, was hospitalized for fever and hypotension after a tooth extraction. Antibiotics were started and blood cultures tested positive for *C. rectus*. Endocarditis of the ICD as well as the aortic and mitral valves was detected and consequently the ICD was replaced. Case 2: A male patient, carrier of a aortic valve prosthesis and multiple aortic vascular prostheses, was referred for fever. After two ineffective lines of antibiotics, in light of the positive blood cultures for *C. fetus*, the treatment was adjusted. Investigations were negative for endocarditis, but revealed enhancement of the wall of the excluded sac of the descending aorta. Despite appropriate therapies, the patient rapidly succumbed to septic shock. We report two cases of campylobacteriosis, resulting respectively in endocarditis and aortitis, unexpectedly in immunocompetent patients. Endocarditis caused by *C. rectus* is an uncommon clinical presentation, even among non-periodontal infections it is known to cause. On the other hand, *C. fetus* is reported to cause life-threatening systemic conditions, such as bacteremia and vascular infections, as observed in our patient.

Conclusions: In conclusion, it is important to consider that *Campylobacter* not only encompasses species that cause enteric disease, but also includes species associated with sepsis, which may exhibit tropism for valves, devices and vessels, which must be carefully evaluated to establish the most appropriate and timely treatment.

Optimization of anticoagulant therapy: an analysis of the transition from VKAs to DOACs in clinical practice

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Introduction: The use of Direct Oral Anticoagulants (DOACs) has significantly increased due to their improved safety profile, ease of use, and simplified management compared to vitamin K antagonists (VKAs). Despite these advantages, some patients remain on VKA therapy even when DOACs could be a viable alternative.

Methods: We examined 231 outpatients from our oral anticoagulant therapy clinic. Among them, 126 had absolute indications for VKA therapy (particularly mechanical valves, antiphospholipid antibody syndrome), and 44 had contraindications for DOACs (renal failure, drug interactions). However, 61 patients on VKA therapy had no contraindications to switching to DOACs. We compared the characteristics of these patients with those who required continued VKA therapy, to identify any differences.

Results: Patients on VKA therapy who could switch to DOACs were significantly older (mean age: 81.46 years, SD 9.05) compared to those on appropriate VKA therapy (mean age: 68.17 years, SD 15.43; $p < 0.0001$). They had also been on anticoagulant therapy for a longer duration (mean: 3671 days, SD 1217.01 vs. 2227 days, SD 3676.25; $p = 0.00001$). These findings suggest the need for reassessment of long-term VKA therapy, particularly in older patients, to optimize treatment strategies.

Conclusions: A substantial number of patients who are eligible for DOAC therapy still remain on dicoumarol treatment, particularly older patients with long-term anticoagulation. Regular reassessment and potential transition to DOACs may improve safety and treatment management in this population.

La sfida della sepsi in Medicina Interna: analisi monocentrica su gestione ed esiti clinici

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Premesse e Scopo dello studio: L'incidenza di sepsi è cresciuta nell'ultimo decennio, complici l'invecchiamento della popolazione e il numero crescente di pazienti immunodepressi. Sebbene associata alla medicina intensiva, la maggior parte dei casi è oggi trattato in Medicina Interna, ma i dati sulla gestione in questo contesto sono limitati.

Materiali e Metodi: Lo studio "EPSI" ha analizzato retrospettivamente 203 cartelle cliniche di pazienti ricoverati nella Medicina Interna dell'Ospedale San Paolo di Savona tra il 01/01/23 e il 31/05/24, con emocolture positive e sepsi.

Risultati: L'età media era 78±13 anni (56% uomini e 53% con dispositivi invasivi); SOFA score medio 3.9±0.71; tra le comorbidità rilevanti, patologie neurologiche (41%), CKD (29%) e diabete (27%). I germi più spesso isolati erano Gram-negativi (in primis *E. coli*), seguiti da Gram-positivi (in primis

Staphylococcus spp.). Il focolaio settico era indeterminato nel 31%, urinario nel 28% e respiratorio nel 20%. L'escalation del trattamento mirato è stata necessaria nel 32% dei casi e il 30% degli isolati era resistente ad antibiotici di uso comune (*E. coli* ESBL 34% e MRSA 16%). La degenza media era 16 giorni, con mortalità intra-ricovero del 21%. Il tasso di ricovero a 30 giorni era del 22%.

Conclusioni: Comorbidità e resistenza antibiotica impattano negativamente su mortalità, tempi di ricovero e riammissioni fra i casi di sepsi in Medicina Interna. La natura "tempo-dipendente" della patologia necessita di una terapia antibiotica empirica, spesso subottimale per la difficile stratificazione del rischio.

Say YES to the DRESS

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Premises: DRESS syndrome (Drug Rash with Eosinophilia and Systemic Symptoms) is a severe delayed hypersensitivity drug reaction. Clinical signs appear 2 to 6 weeks after taking the triggering drug. For diagnosis at least 3 criteria must be met: fever, exanthema, eosinophilia, atypical circulating lymphocytes, lymphadenopathy, and hepatitis. Early recognition and suspension of the responsible drug are the cornerstone of treatment.

Description of the Case report: A 61-yo woman was admitted to the ED with a pruritic skin eruption started 6 days before. Erythematous pustular lesions initially appeared on the trunk and later spread to the face and the whole body, followed by fever, facial and leg swelling. She took amoxicillin 2 weeks before. Blood tests showed leukocytosis, increased CRP and elevated transaminases. Chest X-ray was normal, abdominal US showed liver steatosis. Suspecting a morbilliform rash *Vs* an allergic reaction, additional serology (EBV, CMV, B-19 Parvovirus, Measles) and a pharyngeal swab for *S. Pyogenes* was made, being negative. Skin biopsy showed spongiotic dermatitis with subcorneal pustules, consistent with a drug-induced hypersensitivity reaction. Dermatological assessment confirmed DRESS syndrome. She was administered with corticosteroids. Skin lesions evolved to confluent exudative lesions, followed by a desquamative phase. The patient was diagnosed with Amoxicillin-related DRESS syndrome.

Conclusions: It can be challenging to distinguish DRESS syndrome from AGEP and sepsis. A multidisciplinary approach is necessary for prompt diagnosis and treatment.

Una strana astinenza

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Premesse: I glucocorticoidi siano altamente efficaci nel curare patologie autoimmuni e infiammatorie, ma possono causare reazioni avverse se somministrati a dosi elevate e/o per un periodo lungo come sindrome di Cushing e insufficienza surrenalica centrale

Descrizione del Caso clinico: Maschio, 52 aa, ricovero per insufficienza respiratoria in polmonite. Sarcoidosi con interessamento polmonare e linfonodale extrapolmonare in

remissione quindi consigliato di scalare fino a sospendere lo steroide che assumeva da 4 anni, OSAS in CPAP, IPA, asma, gozzo multinodulare, obesità. Durante il ricovero in TSI trattato con HFNO, terapia antibiotica, diuretico e steroide ev. Con miglioramento clinico ridotto lo steroide fino a prednisone 5 mg/die per os come da dosaggio domiciliare. Il pz ha iniziato a lamentare sensazione di costrizione al giugulo, astenia e capogiri. Eseguiti numerosi accertamenti cardiologici e TC collo nel sospetto di sintomi compressivi da gozzo e altri. Il pz riferisce dopo qualche giorno che non era mai riuscito a scalare lo steroide e prima del ricovero assumeva prednisone 25 mg/die. Riportato lo steroide a 25mg/die i sintomi sono regrediti.

Conclusioni: I pz che iniziano riduzione graduale dei glucocorticoidi assunti per lungo termine devono essere istruiti sulla possibilità di sindrome da astinenza da glucocorticoidi e di insufficienza surrenalica. In pz che sviluppano grave sindrome da astinenza da glucocorticoidi nonostante riduzione lenta l'aumento della dose di glucocorticoidi alla più recente prima dell'insorgenza della sindrome allevierà i sintomi.

Ambulatorio ipertensione e iperaldosteronismo primitivo: il percorso di un ospedale spoke

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Premesse e Scopo dello studio: L'iperaldosteronismo primitivo (IP) è causa più comune di ipertensione arteriosa secondaria. Scopo è diagnosticare precocemente IP essendo forma curabile di ipertensione arteriosa.

Materiali e Metodi: Dal 09/2023 al 09/2024 studiati 64 pz con incidentalomi surrenalici e 304 pz con ipertensione arteriosa di cui 47 per sospetta ipertensione secondaria inviati da MMG e altri reparti. I pz sono stati studiati presso il nostro Day Service previa sospensione di farmaci interferenti. Eseguiti renina e aldosterone, ARR, ionemia, test di conferma con carico salino e captopril, cortisolemia, ACTH, Test soppressione desametasone, metanefrine U, Holter pressorio, ECG, ecocardio.

Risultati: Riscontrati 11 pz con IP e 4 pz con fenotipo mild e senza lesioni surrenaliche. Età media è minore nei pz studiati per ipertensione secondaria. 1 pz con test soppressione desametasone positivo. 3 pz sottoposti a cateterismo delle vene surrenaliche risultato concorde con lesione nodulare sono stati operati, 4 pz in attesa di cateterismo delle vene surrenaliche e gli altri posti in terapia medica poiché non candidabili alla chirurgia.

Conclusioni: Un adeguato trattamento medico e/o chirurgico consente un buon controllo dell'iperaldosteronismo primitivo con conseguente prevenzione, cura o regressione del danno d'organo e delle comorbilità associate. Il nostro centro si sta impegnando nel fare rete per uno screening precoce dei pazienti con sospetto iperaldosteronismo primitivo al fine di garantire un'ottima qualità di assistenza per quanto riguarda la diagnosi, il trattamento e il follow-up.

Giant cell arteritis presenting with Bernard-Horner syndrome

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Background: Giant cell arteritis (GCA) is a systemic inflammatory disease affecting medium- and large-sized arteries, potentially leading to permanent vision loss. Horner syndrome is a rare, but reported as a manifestation in GCA, with only a few cases described in the literature. The underlying mechanism remains unclear, though vasculitic involvement of first-order sympathetic neurons has been hypothesized.

Description of the Case report: A 73-year-old male presented to the Emergency Department with severe headache, neck pain, and left-sided ptosis with anisocoria, compatible with Horner syndrome. Neurological examination also revealed left brachial plexopathy with upper limb weakness. Brain MRI and CT angiography of supra-aortic and intracranial vessels were unrevealing. Given the suspicion of GCA, a whole-body PET scan was performed, revealing intense vascular radiotracer uptake, particularly in the vertebrobasilar and carotid arteries, as well as in multiple systemic vascular regions. Temporal artery biopsy confirmed the diagnosis of GCA. The patient was treated with high-dose corticosteroids, leading to complete symptom resolution, including regression of Horner syndrome and functional recovery of the affected limb.

Conclusions: This case describes an uncommon presentation of GCA with Horner syndrome and brachial plexopathy, emphasizing the importance of considering GCA in patients with unexplained neurological symptoms and systemic inflammation.

Progetto pilota di medication review e deprescribing attraverso un approccio multidisciplinare in un distretto della ASL Roma 1

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Premesse e Scopo dello studio: La polifarmacoterapia nei pazienti anziani cronici può determinare scarsa aderenza alle terapie, interazione tra farmaci ed inappropriata prescrizione. Si propone un progetto pilota di riconciliazione terapeutica (medication review/deprescribing) in un Distretto della ASL Roma 1 mediante il coinvolgimento di un Team multidisciplinare.

Materiali e Metodi: Steps del progetto: identificazione cabina di regia multidisciplinare composta da Epidemiologi, Geriatri ospedalieri, Internisti del Distretto, Farmacisti ospedalieri e territoriali e coinvolgimento attivo dei MMG; individuazione della popolazione target tra i pazienti over 65; analisi di linee guida, note AIFA, foglietti illustrativi, interaction checker tools; preparazione di materiale illustrativo, incontri informativi/formativi, presenza di Facilitatori non medici a disposizione dei MMG.

Risultati: Analisi dell'effetto di tale approccio e della presenza del Facilitatore nel realizzare il processo di

medication review/deprescribing relativamente ad una prima classe farmacologica scelta attraverso confronto cambiamenti pre- post intervento, esiti in termini di prescrizioni inappropriate, rischi evitati per il paziente, costi e valutazione qualitativa tramite survey.

Conclusioni: La complessità clinica dei pazienti anziani, la necessità di implementare la medicina territoriale e di personalizzare il percorso di cura sulla base di fattori clinici, psicologici, sociali ed economici stimola a sperimentare nuovi approcci che possano facilitare il percorso di medication review/deprescribing.

Lesioni ossee litiche diffuse: non sempre la causa è neoplastica

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Descrizione del Caso clinico: Un paziente maschio di 70 anni ricoverato per epigastralgia, astenia, nausea, dolori ossei e lesioni litiche scheletriche diffuse. In anamnesi IRC III-IV stadio, FA in DOAC. Agli ematici: Hb: 9.5 g/dl, eGFR: 30 ml/min, ipercalcemia (12.5 mmol/l) ed incremento PTH sierico (95 pg/ml). Esclusi foci infettivi cardiaci, mieloma multiplo con BOM, FISH ed immunofissazione sierica-urinarica e tumore gigantomucinoso dell'osso con analisi molecolari. Alla biopsia ossea quadro di osteite fibro-cistica (tumore bruno dell'osso). Alla scintigrafia tiroidea/paratiroidea con Tc99m-pertechnetato ipercaptazione polo inferiore del lobo tiroideo sinistro. Trattato con idratazione, steroidi, diuretici e intervento chirurgico di paratiroidectomia sinistra+lobectomia con conferma istologica di adenoma paratiroideo. Frequentemente la presenza di lesioni ossee diffuse rappresentano lesioni secondarie da tumori solidi, mieloma multiplo oppure tumore gigantomucinoso dell'osso

Conclusioni: L'osteite fibro-cistica è un disturbo scheletrico con indebolimento osseo e sostituzione delle strutture calcifiche con tessuto fibroso; si formano tumori bruni simili a cisti dentro e intorno all'osso. E' frequentemente causata da iperparatiroidismo primitivo ma in alcuni casi risulta secondaria a IRC con deficit di vitamina D. Colpisce più frequentemente donne ed è provocata da adenoma paratiroideo monolaterale, raramente carcinoma o iperplasia diffusa.

L'arte terapia nella prevenzione dell'insorgenza del delirium nel paziente ricoverato in area medica, uno studio pilota

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Premesse: Il delirium rappresenta una sindrome frequentemente riscontrata nei pazienti anziani ospedalizzati, identificabile come il risultato di un processo multifattoriale. La sua insorgenza può essere influenzata da numerosi fattori, alcuni dei quali possono essere gestiti attraverso interventi non farmacologici. La letteratura scientifica ha ampiamente evidenziato gli effetti positivi degli interventi non farmacologici multifattoriali. In questo contesto, l'arteterapia emerge come un potenziale intervento complementare alla prevenzione del delirium, sebbene sia meno documentata nella letteratura corrente. Lo scopo di questo studio è valutare l'efficacia dell'arteterapia come intervento non farmacologico

nella prevenzione dell'insorgenza di delirium nei pazienti over 65 anni ospedalizzati.

Materiali e Metodi: È stato condotto uno studio sperimentale con campionamento non probabilistico di convenienza. I pazienti sono stati suddivisi in tre gruppi. La raccolta dei dati è avvenuta mediante una scheda di monitoraggio multifattoriale, mentre la sfera cognitiva è stata valutata utilizzando la scala 4AT. Lo studio ha coinvolto un totale di 56 pazienti distribuiti nei tre gruppi, durante il periodo dal 30 maggio al 30 agosto 2024. I risultati indicano una riduzione dell'incidenza di delirium nel gruppo A (15%) rispetto al gruppo B (28,6%) e al gruppo C (31,8%).

Risultati: I risultati suggeriscono una potenziale efficacia dell'arteterapia come intervento nella prevenzione del delirium, suggerendo l'opportunità di integrare di confermare tali risultati in campioni di studio più ampi e multicentrici.

She is just feeling a bit down

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Premises: Medical mimic is a term used to describe a clinical condition in which an underlying medical disease may masquerade as a psychiatric disorder. The presence of atypical features, such as symptom severity, should focus the attention on the differential diagnosis, through an in-depth anamnesis and an extensive laboratory screening.

Description of the Case report: A 60-year-old woman is taken to the E.R. after being found comatose and hypotensive at home. The patient's family reports new-onset depression during the last two months, ascribed to grief over the loss of two relatives. In the last few weeks, the patient has complained fatigue, anorexia and inability to focus on work. Five days earlier, a therapy with levothyroxine was started, since a new diagnosis of autoimmune hypothyroidism was made. At admission, tests show severe hypoglycemia, hyponatremia and hyperkalemia. The patient is therefore admitted to the Internal Medicine ward with diagnosis of electrolyte imbalance in severe depression. As the clinical conditions rapidly deteriorate during the first hours of observation, a reevaluation of the case is made and a suspect of Addison's disease in a polyglandular autoimmune syndrome, triggered by the recent thyroid hormone replacement, is suggested. Prior to initiation of glucocorticoids, cortisol, ACTH and adrenal antibodies measurements are sent, and will later confirm the diagnosis.

Conclusions: Adrenal crisis is a life-threatening emergency that should be ruled out in every patient with shock. Its treatment should never be delayed to perform diagnostic tests.

Nothing is as it seems

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Premises: Most patients with suspected lung cancer present because of suspicious symptoms. The goal of the initial evaluation is to obtain information to guide staging and treatment.

Description of the Case report: A 49-year-old man presents at the ER with one-week-history of cough, fever and dyspnoea, persisting despite adequate antibiotic therapy.

The initial exams show high CRP, slight leucocytosis and elevated LDH. Chest xray highlights multiple round nodules, left pleural effusion and ilary congestion. The patient is then admitted to the Internal Medicine ward, where a total body CT scan shows multiple pulmonary, mediastinal and cerebral lesions and a single renal nodule, highly suggestive of neoplasm. Tumor markers are then sent over and a percutaneous agobiopsy of mediastinal tissue is arranged, but, while waiting for its result, hCG values turns out greater than 135.000. Meanwhile, clinical conditions rapidly deteriorate, and a new chest CT scan highlights a consistent dimensional increase in the recently identified lesions. The patient is then transferred to the Oncology Department, and a chemotherapy for suspected germinal tumor is started, based upon the high level of tumor marker and the rapid disease progression. Biopsy will later confirm the diagnosis of infiltrative choriocarcinoma.

Conclusions: Mediastinal nonseminomatous tumors are aggressive cancers, usually diagnosed in males between the ages of 20 and 40 years. Most patients are metastatic at presentation and may need emergency treatment because of severe symptoms before a tissue diagnosis is obtained.

Drug induced liver injury indotta da curcumina

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Premesse: Il danno epatico indotto da farmaci (Drug Induced Liver Injury, DILI) riconosce un meccanismo idiosincrasico alla base; sebbene gli antibiotici siano la classe di farmaci più frequentemente associati alla DILI, anche gli integratori erboristici ed alimentari sono una causa sempre più riconosciuta.

Descrizione del Caso clinico: Il paziente accedeva in Pronto Soccorso per comparsa da due giorni di feci acoliche, urine ipercromiche ed ittero; all'esame obiettivo, i segni di Blumberg e di Murphy risultavano negativi. Gli esami ematochimici evidenziavano un rialzo di transaminasi (GOT 178 UI/L; GPT 315 UI/L) e di colestasi (Gamma glutamil transferasi 677 UI/L; bilirubina totale 12,21 mg/dL; bilirubina diretta 9,82 mg/dL); con sintesi epatica nella norma (INR 1,14; albumina 42 g/L). Il paziente veniva ricoverato in chirurgia nel sospetto di ittero ostruttivo. Tuttavia, gli esami radiologici (ecografici, tomografici e di risonanza magnetica addominale) risultavano negativi per ostruzione a livello di colecisti e vie biliari. Interrogato con un'attenta anamnesi alimentare, risultava che il paziente avesse assunto nella stagione estiva un integratore multivitaminico a base di curcumina. Una biopsia epatica confermava il sospetto clinico di DILI.

Conclusioni: La DILI rappresenta una causa di danno epatico iatrogeno sempre più emergente, soprattutto con l'aumento di consumo di integratori alimentari da parte della popolazione, che necessita da parte del clinico di un'attenta anamnesi alimentare durante la visita di un paziente con danno epatico da inquadrate.

Amisulpride therapeutic dose-induced asymptomatic bradycardia

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Description of Case report: A male of 65-year-old with mild type 2 Diabetes and Hypertension treated with aspirin, oImesartan and doxazosin was admitted to hospital for a significant bradycardia with a heart rate lower than 40 beats at minute. At the ECG we found bradycardia 40 bpm with 1st degree atrioventricular block and normal blood pressure. The patient had started a week ago taking amisulpride 50 mg/die. There were no other cardiac abnormalities in the ECG examination and the QTc interval was normal. Amisulpride was immediately discontinued and cardiac frequency returned to normal (rate 70 bpm). A special cardiologic examination did not find any cardiac disease and the occurrence of bradycardia was considered to be a result of amisulpride therapy. Amisulpride specifically and selectively antagonizes the dopamine D2 and D3 receptor subtypes. Its antagonist character was demonstrated *in vivo* by its effects on indices of dopamine synthesis, release and metabolism and on acetylcholine levels. Furthermore *in vitro* studies found that amisulpride acts on muscarinic cholinergic receptors.

Conclusions: Significant bradycardia not associated with prolongation of the QT segment has also occasionally been described for other drugs (olanzapine, risperidone, etc.) used for the treatment of depression and for various psychiatric pathologies. It is therefore advisable that patients to whom these drugs are prescribed are also carefully monitored with heart rate checks and possibly an ECG.

May a back pain in a young healthy boy be alarming?

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Premises: Spondylodiscitis is an infection that affects the intervertebral discs and adjacent vertebral bodies, causing pain, fever, and potentially neurological deficits. Early diagnosis through imaging and biopsy is crucial to prevent permanent damage.

Description of the case report: A 15-year-old healthy boy, had been experiencing back pain and recurrent fever for about three months. Multiple visits to the Emergency Department, including blood tests, film array, dorsal spine X-rays, abdominal ultrasound, autoimmune screening, and infectious disease evaluations, did not lead to a diagnosis. NSAIDs were administered. Subsequently an MRI performed on primary care physician suggestion revealed suspected D6-D7 spondylodiscitis. The patient was admitted to the internal medicine ward. Contrast-enhanced MRI confirmed spondylodiscitis. Blood and urine cultures were negative. Vertebral biopsy isolated *Cutibacterium acnes* at low bacterial load. Antibiotic therapy with ceftriaxone and daptomycin was initiated, later replaced by dalbavancin and cefixime. A PET scan confirmed inflammatory activity at D7. The patient showed rapid clinical improvement. He was discharged with antibiotic therapy to be continued for six weeks. A follow-up PET scan one month later showed complete resolution of the infectious focus.

Conclusions: Diagnosing spondylodiscitis without risk factors is challenging. In this case, the source of bacteremia causing the infection could not be clearly identified. The only potential entry point was an intramuscular injection performed 48 hours before the onset of fever.

Study of the hair matrix in EDX for the detection of heavy metals in patients with cancer and belonging to the Campania geographical area

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Background: The aim of this study is find a correlation between Heavy Metals presence in Hair matrix and cancer. We have made an analysis of the hair matrix through the technique of EDX in SEM. The sample collection procedure is not invasive, it allows easy retrieval of the sample with a significant compliance for the patient and the transport and storage do not require special precautions.

Materials and Methods: Given the biological characteristics of the sample (hair matrix), we opted for a technique that in our opinion can give our study a high impact in terms of sensitivity, specificity and repeatability of the examination on the same sample. Therefore we have identified in the EDX technique, thanks to its sensitivity in tracking and verifying quantities, very small in terms of nanomoles / nm, of all the elements of the periodic table, including the heavy metals of our interest.

Results: The study investigated a total of 15 patients all suffering from various types of Tumor and all belonging to the same geographical area, with particular reference to the Campania region, enclosed in the municipality of Quarto. Biological samples, human hair, collected in the manner described above, from patients in the city of Quarto were analyzed with EDX method.

Conclusions: In our Opinion this study is the first step for an deeper and widely investigation about Heavy metal and their effect on people that live in That Region of Italy (Campania) especially in some areas that are more interested by that phenomena of pollution of the soil.

A rare common carotid artery aneurysm when patient history plays a central role

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Premises: Carotid artery aneurysms are very rare. They can occur as the result of atherosclerotic degeneration, fibromuscular dysplasia, or traumatic injury, due for example to carotid endarterectomy. These aneurysms can have significant clinical implications, including the risk of thrombotic occlusion, embolic events or rupture, and symptoms such as a pulsatile mass in the neck or neurological deficits including TIA, stroke and Horner's syndrome.

Description of the Case report: Here we report the case of a 56-year-old man who came to our attention for a supra-aortic trunk echocolor Doppler for dyslipidaemia. The patient had a history of surgery at the age of 7 years for aortic coarctation. On examination, we found no carotid plaques bilaterally, but an aneurysmal dilatation of the left CCA of 21 mm in its lower third, assessed with a linear probe; 24 mm using the low-frequency convex probe. The calibre of the vessel in its upper third was normal. On CT angiography, it was seen that the aneurysm reached a maximum calibre of 28 mm near the origin from the aortic arch. The patient was referred to colleagues in vascular surgery for surgical treatment.

Conclusions: This is a case of a post-traumatic aneurysm. The patient's history is of considerable importance and prompted us to carefully evaluate the calibre of the epiaortic vessels and make the diagnosis of a left CCA aneurysm in an asymptomatic patient. A diagnosis that we can describe as occasional and lifesaving. In conclusion, study more carefully those cases in which trauma can lead to the genesis of aneurysms.

... E se non fosse TBC?

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Premesse: La Nocardiosi è un'infezione causata da batteri Gram positivi del genere *Nocardia*. Colpisce soprattutto soggetti immunodepressi e interessa polmoni e cute anche se non è rara la diffusione ematogena a distanza. La diagnosi è microbiologica e il trattamento si basa sulla somministrazione di trimetoprim/sulfametossazolo.

Descrizione del Caso clinico: Uomo, 62 anni, si ricovera nel nostro reparto per febbre, tosse, dispnea e toracoalgia sx. In anamnesi: ipertensione, DMT2 e pregresso ETP orofaringeo radio-chemio-trattato in remissione. Recente infezione da Sars-CoV-2. L'Rx del torace mostra persistenza dell'addensamento polmonare sx e gli esami incremento di PCR e PCT. Intrapresa terapia antibiotica a largo spettro e inviate emocolture, urinocoltura, ag urinari per legionella e pneumococco, sierologia per mycoplasma, *C. pneumoniae*, aspergillo e quantiferon, tutti negativi. Per il peggioramento dell'insufficienza respiratoria trattata con NIV e lo sviluppo di FAP a elevata FVM cardiovertita farmacologicamente, eseguiti TC del torace con riscontro di multiple lesioni polmonari cavitate e versamento pleurico sx ed ecocardiogramma negativo per endocardite; eseguita infine fibrobroncoscopia con BAL positivo per *Nocardia* e iniziata terapia con imipenem e TMP-SMX con beneficio.

Conclusioni: La Nocardiosi merita di essere considerata nella diagnosi differenziale delle polmoniti sia nei soggetti immunodepressi che in quelli immunocompetenti (20-30% dei casi) soprattutto in polmoniti radiologicamente sospette per TBC o non rispondenti alla terapia antibiotica empirica.

Drug-induced liver injury and late-onset severe thrombocytopenia: a case report

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Premises: Drug-induced liver injury (DILI) is a common cause of acute liver inflammation, ranging from self-limiting cases to acute liver failure (ALF) requiring transplantation. Thrombocytopenia is typically observed early in such conditions.

Description of the Case report: We report the case of a 52-year-old North African man without comorbidities presenting with jaundice, elevated AST and ALT (1300 and 3800 U/L), and bilirubin (14.2 mg/dL, mostly conjugated). Tests confirmed past HAV, HCV, and HEV infections with no active replication and negative autoimmune markers. The patient consumed glucosamine (1500 mg) and methylsulfonylmethane (1500 mg) daily. Initial treatment with N-acetylcysteine (1200 mg/day) led to a decrease in

transaminases. Liver biopsy confirmed DILI, and treatment with prednisone (25 mg/day) was initiated. Twenty days later, thrombocytopenia ($15 \times 10^9/L$) developed during ALF recovery. First-line treatments, including increased prednisone doses and methylprednisolone, failed, prompting high-dose IVIG therapy.

Conclusions: This case highlights severe thrombocytopenia occurring 20-30 days after initiating steroid therapy for DILI in the resolution phase of ALF. Unlike reports linking thrombocytopenia to SIRS or MOF early in ALF, this phenomenon is rare in late ALF recovery. Possible factors include transient liver dysfunction, steroid effects and bone marrow toxicity. As severe thrombocytopenia correlates with DILI-related fatalities, further research into this association is warranted.

The hidden costs of ketogenic diets: fat mass recovery and muscle weakness. A case study

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Premises: Ketogenic diets can promote weight loss and improve metabolic parameters. However, the interruption of such diets can lead to a rapid weight regain, often in the form of fat mass.

Description of the Case report: A 50-year-old woman arrives at the clinic for weight excess and the inability to lose weight. During the medical history, the patient denies significant pathologies and chronic pharmacological therapy. She reports having tried various weight loss therapies, the latest being a ketogenic diet proposed by a nutritionist. The patient had withdrawn from follow-up after a few months, as despite the weight loss, a growing sense of fatigue had emerged. Upon discontinuing the ketogenic diet, she had regained the lost weight. In order to evaluate her metabolic state and muscle strength, the following tests were performed: blood chemistry tests, indirect calorimetry, body impedance analysis, and handgrip test. The results showed an initial alteration in fasting blood glucose, a low basal metabolism, a body composition with a prevalence of fat mass, and a handgrip test with a value below average. Based on the results, a dietary plan based on the Mediterranean diet and a physical activity program were proposed. Currently, the patient shows a good response to the prescriptions.

Conclusions: Ketogenic diets can offer benefits in weight loss, but the transition from a state of ketosis to a normal diet must be monitored, as it can lead to a rapid recovery of fat mass without the recovery of muscle mass.

Post-placement complications of the intragastric balloon in a patient with comorbidities: the importance of operative evaluation and multidisciplinary follow-up

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Premises: The intragastric balloon is increasingly used for weight loss. It is rarely considered that stomach distension and the consequent vagal overstimulation can be an important complication in patients with certain types of comorbidities.

Description of the Case report: 62-year-old patient with moderate obesity, a decade-long history of depression, gastroesophageal reflux disease and fibromyalgia. There have been numerous dietary attempts conducted independently and with professionals that have led to poor results. Therefore, consider undergoing sleeve gastrectomy. The surgeon she consults, however, considering the low BMI, proposes the intragastric balloon as an alternative. At the placement, the patient complains of severe abdominal pain, which the surgeon explains is normal and would improve within 72 hours. The persistence of abdominal discomfort, beyond the time indicated to her, led the patient to go to the Emergency Department where imaging showed no problems. The persistence of the pain led her to stop eating. So, she would turn to the bariatric surgeon again, who advised her to have the balloon removed. This brought immediate relief with the resumption of enteral nutrition within the next 24 hours.

Conclusions: An accurate preoperative assessment of comorbidities that may affect device tolerance and treatment response is essential. As well as a multidisciplinary follow-up involving an internist as a specialist in managing complex conditions and clinical nutrition to prevent complications and improve clinical outcomes.

Pernicious anemia presenting as pancytopenia: a case report

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Introduction: Pernicious anemia (PA) is the first cause of vitamin B12 stools and is due to the presence of auto-antibodies against gastric parietal cells (PCA) or intrinsic factor. It can have many clinical presentations but in the majority of cases it presents with macrocytic anemia: the most severe cases can present with indirect signs of intramedullary hemolysis and may present permanent neurological and haematological sequelae. The treatment is based on the administration of cyanobalamin.

Description: A 78 yo man was hospitalized for dyspnea and asthenia. In medical history: type 2 diabetes and dyslipidemia. Blood tests showed severe pancytopenia (HGB 4.4 g/dl, PLT $49 \times 10^9/L$, WBC $2.92 \times 10^9/L$) with macrocytosis. The tests performed showed evidence of intramedullary haemolysis (high serum values of bilirubin and LDH ad low of haptoglobin and reticulocyte, with negative direct and indirect Coombs tests) in the presence of severe vitamin B12 deficiency (<100 ng/L). Cyanobalamin replenishment was performed, obtaining normalization of PLT and WBC values in the following days and improvement of hemoglobin values (4.4 g/dl vs 9.3 g/dl in a week and 13.5 g/dl after a month). Gastric biopsy showed chronic gastric inflammation and PCA were positive. The other tests excluded celiac disease, IBD, neoplasia or other autoimmune diseases.

Conclusions: This case is an example of how a correct diagnostic approach can allow the differential diagnosis of pancytopenia without invasive tests (osteomedullary biopsy), bringing rapid and effective treatment and the prevention of complications.

Quality of life dei pazienti portatori di peripherally inserted central catheter port o arm totally implantable venous access device, una revisione narrativa della letteratura

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Premesse e Scopo dello studio: Il *peripherally inserted central catheter port* (PICC-PORT) e l'*arm totally implantable venous access device* (Arm TIVAD) sono cateteri venosi centrali totalmente impiantabili inseriti nella parte superiore del braccio. Scopo dello studio è valutare se il posizionamento di questi presidi impatti sulla *quality of life* (QoL) dei pazienti oncologici rispetto all'inserimento del PICC o del chest-PORT.

Materiali e Metodi: È stata condotta una revisione narrativa della letteratura attraverso le banche dati Cochrane e Pubmed, selezionando tutti gli articoli pubblicati negli ultimi 10 anni che indagano specificamente la QoL nei pazienti adulti portatori di PICC PORT o di Arm TIVAD. Sono stati inclusi 5 articoli.

Risultati: Il campione è composto da pazienti oncologici, in 3 studi si specifica con cancro al seno o al colon, con la necessità di infondere terapie per almeno 6 mesi. In 3 articoli viene utilizzato il questionario validato Quality-of-Life Assessment Venous Device Catheters Questionnaire (QLAVD). In tutti gli studi, i pazienti esprimono soddisfazione per il migliore impatto estetico e la minore interferenza nelle attività di vita quotidiana, sportive e sociali rispetto a PICC o ai chest-PORT. In un solo caso il gruppo con PICC PORT ha riferito maggiore dolore nel posizionamento e nell'infusione rispetto al gruppo PICC. Non ci sono differenze, tranne in uno studio, sulla preoccupazione di possibili complicanze come infezione, dislocazione o rottura.

Conclusioni: La scelta di un PICC PORT o di un Arm TIVAD è da considerarsi funzionale e sicura. Il minor impatto estetico e sulle attività di vita quotidiana li rendono particolarmente graditi ai pazienti.

The medical history is the most important data: the case of infection of *Mycobacterium marinum*

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Premises: The anamnesis is always essential for an early, correct diagnostic and decisive classification in the rarest diseases.

Description of Clinical report: A man, 40 years old, with papulo-nodular and painless skin lesions on the back of his left hand, performed a therapy that was not useful before the correct diagnosis. The patient went to his doctor for the appearance of lesions associated with edema of the back of the hand, so in the suspicion of skin and soft tissue infection he was first subjected to treatment with amoxicillin / clavulanic acid 1 g every 8 hours for 15 days and, obtaining

only a slight reduction in edema, to a second antibiotic treatment with ceftriaxone 1 g IM for 15 days. Due to the persistence of the papulo-nodular lesions, sometimes bleeding, he went to the ED and there an anamnestic question was fundamental: how did you cause the wound to your hand? The patient explained that he had a deep wound while handling the equipment of his boat about 15 days before the onset of the injuries. At that point the diagnostic suspicion was clear: possible infection with *Mycobacterium marinum*, he performed a skin biopsy that confirmed the diagnosis and an MRI of the hand to rule out bone involvement. Then he started the correct therapy with clarithromycin (500 mg x 2/day) and ethambutol (25 mg/kg every 24 hours), with visible improvement after one month and complete recovery at two months.

Conclusions: The correct anamnesis was decisive.

Oltre gli scenari di preeclampsia, sindrome HELLP e colestasi gravidica: acute fatty liver of pregnancy, l'insufficienza multiorgano materna attribuibile al potenziale citotossico degli acidi grassi fetali

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Premesse: L' AFLP è un'emergenza ostetrica rara causante insufficienza epatica acuta in grado di evolvere in MOF. L'eziopatogenesi è attribuibile a deficit del metabolismo degli acidi grassi la cui concentrazione plasmatica aumenta nella tarda gravidanza per sostenere la crescita fetoplacentare. Se il feto non è in grado di procedere all'ossidazione, i composti liposolubili tornano per via placentare alla circolazione materna determinando stress metabolico epatico, eccesso di attività enzimatica e citolisi.

Descrizione del Caso clinico: Gestante di 31 anni (EG 39W), accede in DEA per astenia e addominalgia. Al monitoraggio bioumorale riscontro di alterazione degli indici di funzionalità epato-renale, dei markers di citolisi e diatesi emorragica. In urgenza somministrati plasma, fattori della coagulazione ed eseguito TC. Il decorso è stato complicato da compromissione respiratoria con necessità di IOT; instabilità emodinamica; AKI anurica sottoposta a CVVHDF. La TC TB ha evidenziato versamento pleurico-addominale massivo e raccolte saccate peripancreatiche. In assenza di indicazioni chirurgiche, il trattamento mediante supporto aminico, plurime emotrasfusioni, cicli di plasmaferesi, NAC e Vitamina K si è rivelato efficace.

Conclusioni: Il quadro clinico-bioumorale, l'assenza di miglioramento post-partum, la repentina evoluzione in MOF hanno deposto per diagnosi di AFLP, maggiormente associata a deficit epato-renale rispetto alle sindromi HELLP e preeclampsia. L'esito dell'AFLP è tempo dipendente dunque gestione multidisciplinare tempestiva costituisce il caposaldo terapeutico.

Connubio tra trombofilia ereditaria e acquisita nella genesi di una trombosi venosa massiva: l'efficacia dell'innovativa combinazione tra infusione farmacologica ed ultrasuoni

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Premesse: La trombosi venosa massiva è un quadro clinico severo associato ad elevata mortalità. La distinzione tra provoked, unprovoked e cancer-associated permette di definire prognosi e iter terapeutico appropriato. Tra le innovative soluzioni terapeutiche si annovera EKOS, trattamento trombolitico che prevede l'infusione farmacologica *in situ*, potenziata dall'immissione di US che accelerano la dissoluzione trombotica.

Descrizione Caso clinico: 50enne maschio accede in DEA per tumefazione dolente AAILI sx. Eseguita angioTC T/A con riscontro di TEP massiva, adenopatie multiple, trombosi femoro iliaca sx da compressione della vena iliaca comune sx dall'arteria iliaca comune dx. Confermata sdr di May-Thurner, è stata posta indicazione ad EKOS con immediata ricanalizzazione della vena iliaca. La PET-TC TB ha evidenziato voluminose linfadenopatie sovra e sottodiaframmatiche. Nel sospetto di malattia linfoproliferativa, eseguita EBUS che ha documentato adenoK di origine polmonare (PD-1 +). Successiva migrazione trombotica in VCS, vena anonima e giugulare dx conclamata in sindrome mediastinica. Trattato dunque dapprima con UFH, poi con EBPM a dosaggio aumentato del 25%. Avviata infine immunoterapia con pembrolizumab.

Conclusioni: L'interessamento linfonodale del NSCLC è assai frequente e può confondere la diagnosi; la biopsia risulta fondamentale per dirimere l'orientamento diagnostico-terapeutico. L'adeguatezza e la tempestività del trattamento sono elementi chiave nel determinare l'outcome del paziente favorendo la stabilità emodinamica e limitando l'estensione trombotica.

Corynebacterium as a possible cause of infective endocarditis

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Premise: In case of fever of unknown origin, infective endocarditis (IE) is a cause that should always be considered. The most frequent cause is bacterial and the diagnosis must be based on the Duke's criteria.

Case description: 61-year-old male presented with fever for one month, after a revascularization procedure for ischemic cardiomyopathy. Blood tests showed elevated inflammatory markers and blood cultures were positive for *Corynebacterium jeikeium*. Given the suspicion of IE, a transthoracic (TTE) and transesophageal echocardiogram (TEE) were performed, both negative. Vancomycin was started. Abdomen ultrasound and chest CT were both negative. On relapsing fever, blood cultures were repeated, confirming the bacteria. A new TEE showed vegetations on the right aortic cusp, consistent with endocarditis. Rifampicin and gentamycin were added to the previous therapy with an initial response. A second TTE showed an unchanging vegetation size and possible involvement of a second cusp. Given the suboptimal source control despite optimized therapy, surgery for aortic valve replacement was performed (cultures were negative). Previous antibiotic therapy was continued for two weeks after surgery, then a consolidation therapy with Linezolid was continued for the next three weeks, with uneventful postoperative course.

Conclusions: *C. jeikeium* is one of the possible causes of bacterial IE. Heart surgery evaluation is important, as antibiotic therapy alone, even for a native valve, may not be sufficient for the eradication.

Efficacy of a multidisciplinary treatment approach on modulating the hypothalamic-pituitary-adrenal axis in chronic stress management

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Premises and Purpose of the study: Chronic stress significantly deteriorates mental and physical health, necessitating effective intervention strategies. This study examines the impact of a multidisciplinary treatment approach, incorporating elements from various medical disciplines, on the hypothalamic-pituitary-adrenal axis—the central coordinator of the body's response to stress. The objective is to evaluate how combining different therapeutic modalities can alter symptom perception and enhance life quality.

Materials and Methods: The research involved 45 Caucasian female participants aged 20-40. A structured questionnaire was used to measure stress and anxiety levels before and after the intervention, assessing the impact across biological, psychological, and social domains.

Results: The findings indicate a significant reduction in perceived stress and anxiety symptoms among participants, accompanied by an improvement in their overall quality of life. This suggests that a multidisciplinary approach to treating the vagus nerve can be an effective strategy for managing stress-related conditions.

Conclusions: A multidisciplinary treatment strategy targeting the vagus nerve presents a viable option for reducing stress and anxiety by modulating the hypothalamic-pituitary-adrenal axis. Future studies should focus on long-term outcomes and the development of standardized treatment protocols to fully establish the efficacy of this approach in clinical settings.

La scabbia: un argomento tabù

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Descrizione del Caso clinico: Una donna di 44 anni ricoverata in ODC presentava un'eruzione maculo-papulare da mesi; valutata ambulatorialmente da un dermatologo interpreta come dermatite eczematosa. La paziente viveva con il padre e frequentava un CDD per esiti di paralisi cerebrale infantile. Durante la degenza manifestava intenso prurito trattato con anti-istaminico e steroide; una consulenza dermatologica confermava dermatite eczematosa. Successivamente il padre e diversi operatori sanitari manifestavano prurito e lesioni cutanee. Il dermatologo, anche considerando la contestuale sintomatologia del care giver, poneva il sospetto di caso di scabbia. Il padre contestualmente comunicava che la ragazza era in sorveglianza per contatto con caso di scabbia avvenuto presso il CDD e dispiaciuto chiedeva dimissione precoce a domicilio. La diffusione dei casi di scabbia tra gli operatori ha comportato l'allontanamento lavorativo con conseguente blocco dei ricoveri e delle dimissioni; anche i pazienti degenti venuti a contatto con gli operatori infetti sono stati posti in sorveglianza e trattati. Questo caso ha evidenziato come la mancanza di informazioni sanitarie ha comportato un ritardo di diagnosi e un'epidemia intraospedaliera con notevole impatto socio-sanitario. L'imbarazzo del care giver ha

evidenziato come alcune informazioni siano omesse perché associate a preconcetti. Inoltre si evidenzia la mancanza di flussi di informazioni tra ATS e ASST.

Conclusioni: È auspicabile implementare dei programmi di educazione sanitaria e sistemi informatici che permettano la condivisione di dati socio-sanitari sensibili.

A rare case of hypophysitis with isolated ACTH deficiency complicating treatment with PD-1 inhibitor pembrolizumab

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Introduction: Pembrolizumab is an immune checkpoint inhibitor (ICI) that targets the programmed cell death protein 1 antigen (PD-1) to stimulate an immune response against tumor cells. While useful for targeting malignant tissue, ICIs may result in immune-related adverse events affecting multiple organs, including endocrine organs. Hypophysitis is very rare and usually presents with minimal symptoms.

We present a case of lung cancer treated with pembrolizumab who developed isolated ACTH deficiency.

Case report: A 58-year-old man with left lung squamous cell carcinoma with ipsilateral pulmonary diffusion, treated for three months with pembrolizumab, was admitted for general fatigue and appetite loss. On admission, the patient was found to be hypotensive. Laboratory data revealed a low am serum cortisol level (0.29 µg/dL) with inappropriately low ACTH (1.6 pg/mL) and hypoglycemia (66 mg/dL). TSH, FT4, FSH, LH, and PRL were within normal limits. Further endocrine workup included a cosyntropin stimulation test, which showed an unsatisfactory cortisol response at 30-60 min intervals after cosyntropin administration. A pituitary MRI was unremarkable. As a result, a diagnosis of central adrenal insufficiency possibly due to hypophysitis was made and iv hydrocortisone was started with clear clinical improvement.

Conclusions: Isolated ACTH deficiency can suddenly arise during ICI therapy such as pembrolizumab, although probably only rarely. Caution should be exercised to ensure that adrenal insufficiency is recognized immediately in order to achieve swift recovery by steroid replacement.

Pulmonary thickening and haemoptysis: a combination not always of obvious genesis

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Introduction: Aspergillosis is an infection caused by the inhalation of spores of the *Aspergillus* spp. Although it is generally considered an opportunistic infection, it must be considered that even immunocompetents can contract the infection and develop complications, especially if affected by neoplasia or chronic lung diseases.

Description of the Clinical case: 40-year-old woman, with a history of bronchial asthma diagnosed in childhood and whose exacerbations are treated with inhaled salbutamol. She reports the onset of cough, chest pain, dyspnea, fever with

chills and hemoptysis. Finding of neutrophilic leukocytosis and increased inflammation indices on blood tests; finding of pulmonary consolidation in correspondence with the left upper lobe on radiological investigations (X-ray and CT). She then underwent a lung biopsy, which was negative for malignant cells, and subsequently a bronchoalveolar lavage on which a search for DNA of respiratory pathogens was performed, which was then positive for *Aspergillus*. The initial empirical antibiotic therapy was then optimized with the addition of an appropriate antifungal.

Conclusions: Infection by the ubiquitous fungus *Aspergillus* shares with other pathologies, not only infectious, the clinical, laboratory and radiological characteristics, therefore it is useful to consider aspergillosis in the context of differential diagnoses even in immunocompetent patients but with other risk factors, to allow for a more rapid diagnosis and therapy.

A case of polymyalgia rheumatica in a patient with a history of vitiligo, antiphospholipid syndrome, alopecia areata, and hypogonadotropic hypogonadism: diagnosis of autoimmune polyendocrinopathy type 4

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Premises: The association between vitiligo and Autoimmune Polyendocrine Syndromes (APS) is well documented, and it is in this context that our clinical case is presented, describing a patient with polymyalgia rheumatica and a history of vitiligo, alopecia areata, antiphospholipid antibody syndrome, and hypogonadism, consistent with the diagnosis of autoimmune polyendocrinopathy type 4.

Description of the Case report: A 54-year-old patient presented with pain and stiffness in the shoulders, neck and hips, accompanied by elevated inflammatory markers. His medical history included vitiligo and alopecia areata that began during adolescence, deep venous thrombosis and irritable bowel syndrome. Physical examination revealed vitiligo, baldness, gynoid obesity with gynecomastia, tenderness and limitation of the active and passive range of motion of the affected joints. Blood tests showed low free testosterone with inadequate gonadotropin levels, elevated C-reactive Protein and positivity for LAC antibodies. The treatment with Prednisone promptly resolved the inflammatory condition and the painful symptoms.

Conclusions: The clinical presentation suggests polymyalgia rheumatica in a patient affected by autoimmune polyendocrinopathy type 4, characterized by alopecia areata, vitiligo, hypogonadotropic hypogonadism, and antiphospholipid antibody syndrome, highlighting the importance of performing a comprehensive endocrinological and immunological evaluation in patients with vitiligo or other organ-specific autoimmune diseases.

Iron repletion induced thrombocytopenia: a case report

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Premises: Iron deficiency anemia is commonly associated

with thrombocytosis but less common is the development of thrombocytopenia following replenishment of iron stores.

Description of the Case report: A 42 year old male who presented with a chronic asymptomatic anemia (his hemoglobin on admission was 4,5 g/dl) from hemorrhoidal bleeding. White blood cell count was $2,9 \times 10^3/\text{mcL}$ with 65 segmented neutrophils and his platelet count was $198 \times 10^3/\text{mcL}$. Iron studies revealed a percentage saturation of 1 and ferritin level of $<0,9 \text{ ng/ml}$, denoting a severe form of iron deficiency anemia. He was started on intravenous iron replacement therapy with ferrous carboxy-maltose, no blood transfusion. Five days after the initial iron infusion there was a drop in his platelet to $100 \times 10^3/\text{mcL}$ up to $44 \times 10^3/\text{mcL}$ after ten days. In the peripheral blood smear there were no elements attributable to microangiopathy or platelet aggregates. The hematologist concluded iron replacement therapy may cause that transient decline in megakaryopoiesis. In the last follow up of the patient (after eight days), hemoglobin concentration was found to be increased to 9.3 g/dl and platelet count had increased to $260 \times 10^3/\text{L}$ without platelet transfusion.

Conclusions: This case illustrates a rather uncommon association: severe iron deficiency anemia may be associated with bi-cytopenia and iron replacement may cause a transient decline in megakaryopoiesis. It is a rare phenomenon, its pathogenesis is thought to be related to the alteration in the activity of iron-dependent enzymes involved in thrombopoiesis.

Interpretation of dermatological pathologies in Internal Medicine. Case report

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Description of Case report: A 48-year-old woman with an allergy to dust mites and without other major pathologies, she started treatment with hydroxychloroquine for small joint arthralgias on the recommendation of the rheumatologist. After a few days of therapy, he reported generalized itching without rash, discontinuing the drug after about 20 days. About 10 days after the suspension, the patient had diffuse erythema in the upper and lower limbs, face and trunk, which is why she went to the Emergency Department. Admitted to the Internal Medicine Unit, she was treated with antihistamines and intravenous steroids. The allergy and dermatological evaluation diagnosed a delayed reaction to hydroxychloroquine, with a picture of polymorphous erythema. This reaction may occur up to 14 days after the last administration due to the long half-life of the drug. The patient started methotrexate therapy for rheumatoid arthritis with good clinical outcome. The erythema resolved gradually over the next few weeks until complete remission.

Advantage of using SGLT2-i in congestive heart failure case report

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Description of Case report: 78-year-old man with a history: chronic heart failure with estimated EF of 35%, left atrium dilation (43 ml/sqm), arterial hypertension, previous carotid ATE surgery. In 2023 IMA treated with PTCA DES. Episodes of paroxysmal tachyrequent AF. Central obesity. stage IIa chronic renal failure. Home therapy: metoprolol, ramipril, furosemide 125 mg and 50 mg every other day, doxazosin, rivaroxaban. He was admitted to the ED for dyspnea, performed EGA finding of respiratory failure type 2 EGA: pH 7.39, pO₂ 56, pCO₂ 52, SO₂ 89%. CHEST X-ray: reinforcement of the interstitial plot, multiple reproachable effusion of modest entity. On examination, bilateral edema and jugular turgidity. RR widely reduced and abolished at the basics. He was hospitalized at our Unit and underwent CPAP with improvement in the respiratory picture. After treatment with furosemide as a continuous infusion for 3 days, he underwent 60 mg bolus therapy twice daily and therapy with SGLT2-i (dapagliflozin 10 mg) was introduced. In the following days there was clinical and laboratory improvement. After an initial transient increase in creatinine (1.3—>1.8 mg/dl) the values stabilized around 1 l/min. The values at the CONTROL EGA were: pH 7.42, pO₂ 76, pCO₂ 48, SO₂ 96%. The introduction of dapagliflozin (SGLT2-i) therapy has contributed to a significant optimization of heart failure management, allowing a reduction in the dose of diuretic necessary for congestion control. At discharge, the patient had hemodynamic and respiratory stabilization, with a reduction in diuretic therapy to only 25 mg/day of furosemide.

When a common gastrointestinal syndrome turns out to be a rare disease

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Description of Case report: We present the case of a 69-year-old Albanian woman, residing in Italy for 20 years, diagnosed with hereditary transthyretin amyloidosis (ATTRv) during hospitalization for progressive deterioration with vomiting, anorexia, weight loss, severe asthenia, and bedridden status. Her history included bilateral glaucoma with low vision, lower limb hypoesthesia of unclear origin, fragility fractures (femur, vertebrae), recurrent UTIs, and multinodular goiter with hyperthyroidism. Over two months, she worsened with vomiting, hyporexia, diarrhea, low mood, and severe asthenia, leading to immobilization. Admitted in critical condition, she presented raccoon eyes, lower limb weakness, and hypoesthesia, without signs of heart failure. Lab tests were unremarkable; the patient was afebrile. ECG: left bundle branch block. Total-body CT: no organ damage. EMG: severe sensorimotor polyneuropathy. Echocardiography: infiltrative cardiomyopathy, suggestive of amyloidosis. Bone scintigraphy: cardiac uptake (Perugini Score 3), intestinal and thyroid involvement. Genetic test: TTR c.160A>G (p.Arg54Gly) variant in heterozygosity. Given advanced disease and no therapeutic options, palliative care was initiated for symptom control. This case underscores the need for early ATTR diagnosis, as timely treatment is effective in earlier stages. Additionally, recognizing hereditary amyloidosis allows early screening in family members.

Role of gender differences in the composition of the colon cancer tumor microenvironment

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Background and Aim: Much evidence suggests the role of gender differences on pathogenicity and survival in patients with colon cancer (CRC). Our study aimed to search for pathological anatomical differences in the characteristics of CRC tumor microenvironment between the two sex.

Methods: 99 patients (54 men and 45 women) with stage III CRC underwent resection and adjuvant therapy. A qualitative categorization of desmoplasia was obtained using Ueno's stromal CRC classification. Desmoplasia was related to mortality using Spearman correlation and stratified between the two genders with other histological variables (inflammatory infiltrate and embolization) that concurred to the major determinant of malignancy using the Chi-square test.

Results: The type of desmoplasia did not differ between genders ($p=0.39$). Inflammatory infiltrate was present in 51% of women compared to 72% of men ($p: 0.05$), although mortality by gender was similar. In patients without inflammatory infiltration, we note that there is a statistically significant difference in mortality between males (93%) and females (22%), ($p<0.00001$). Lymphatic and venous emboli are more common in male than in female subjects ($p=0.06$). In patients without embolization, there is a significant difference between mortality in males (52%) and females (28%), $p=0.04$.

Conclusions: We found gender differences in CRC tumor microenvironment in favor of better survival in females.

Analysis of prescriptive appropriateness: the case of a healthcare company in Lazio on the PPI class

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Background: The monitoring of pharmaceutical expenditure affiliated in a Lazio ASL has shown that among the first twelve active ingredients for maximum net expenditure, there are three proton pump inhibitors with a net expenditure of € 1,519,008.87. The ASL Latina has implemented a number of governance actions to realign consumption with the regional average and promote more appropriate use of IPP.

Methods: Governance actions have been implemented, such as the provision of specific reports as a tool for self-analysis, audit activity and verification of prescriptive behaviors (Inter-District Prescriptive Appropriateness Commissions), and an important training/information project has been undertaken for all General practitioners.

Results: Compared to data for the years 2022 and 2023, a significant reduction in IPP consumption was demonstrated with a decrease in net expenditure relative to all members of the therapeutic class. The comparison of net expenses for 2022/2023 has resulted in savings of € 851,044.65. Pantoprazole is the only active ingredient left in the list of the ASL's top 15 most prescribed drugs, with a net expenditure of 257,284.07 euro lower than in 2022.

Conclusions: the governance actions taken by the ASL have had a strong impact on the on affiliated pharmaceutical spending, recording a sharp decline in consumption, especially for PPIs

An insidious case of hypoglycemia in a non-diabetic patient

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Premises: hypoglycemia in non-diabetic patients can be insidious and needs an accurate process of differential diagnosis to recognize the specific etiology.

Description of the Case report: a 16-year-old woman was transported in ER for alteration of the sensorium. Over the past year weight gain of about 10 kg and asthenia. Blood glucose level was 30 mg/dL measured by glucostick test, confirmed by laboratory tests. Endocrinological hematochemical exams measured insulinemia values 20.1 mcU/ml (n.v. <3) and c-peptide 4.08 ng/ml (n.v. <0.6). During hospitalization she had repeated spontaneous hypoglycemia episodes, improved after Diazoxide administration. First and second level instrumental exams did not identify focal pancreatic lesions. Congenital late onset hyperinsulinism and autoimmune diseases were ruled out. Prolonged fasting test with glucagon gave positive result. On suspicion of insulin-secreting neuroendocrine tumor, 68Ga-DOTATOC-PET/CT was performed, and it highlighted a pseudonodular hyperfixating lesion at the level of the pancreatic body. Ecoendoscopy procedure with biopsy was then performed and the histological result was insulinoma G2 Ki67 5%. The patient underwent central pancreatectomy surgery with clinical recovery.

Conclusions: the hypothesis of secreting neuroendocrine tumor, such as insulinoma, should be considered in case of severe hypoglycemia in non-diabetic patients.

SIADH and CSWS: a diagnostic and therapeutic challenge

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Premises: Neurosurgery can be complicated by SIADH and CSWS, two syndromes that cause hyponatremia. Their presentation can be similar, but treatments are basically opposite.

Description of the Case report: A young male gets in ER for headache and hypovisus in the last 2 months. Cranial CT scans revealed signs of a sellar lesion. Blood tests showed central hypothyroidism and ACTH below the limit. DVE placement and surgical debulking were performed, resulting in pituitary adenoma. Thyroid hormonal therapy and cortisone acetate were started. The post-operative course was complicated by neurological fluctuations and worsening hyponatremia, presence of natriuresis with normal urinary osmolality and low plasma osmolality. Suspecting post-operative multifactorial SIADH, water restriction was set in consideration of the optimal water balance and no hypovolemia. However, progressive neurological deterioration happened with further worsening natremia. The hypothesis of CSWS was advanced, supported by a

slight increase of creatinine and urea. Hydration with saline solution was initiated, leading to gradual recovery of neurological status and normal natremia values.

Conclusions: The differential diagnosis between SIADH and CSWS can be complicated in neurosurgical patients due to the lack of well-defined diagnostic features, but it's necessary to perform the right therapy.

Leukocytoclastic vasculitis as a rare manifestation of spondylodiscitis

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Premises: Leukocytoclastic vasculitis (LCV) is a small cutaneous blood vessels inflammation, triggered by heterogeneous agents such as drugs, infections and immunological diseases. It is associated with bacteremia or represents a reaction to antibiotic treatment. It rarely appears during chronic infective diseases in absence of bacteremia and no cases are described in the context of spondylodiscitis.

Description of the Case report: A 87-year-old man (with recent history of *Staphylococcus aureus* sepsis two months before) presented to hospital because of a new onset of purple non itchy and non painful rash localized to lower and then upper extremities; no other symptom was reported except mild low back pain and fatigue. Physical examination revealed palpable, non-blanchable petechial skin changes and a heart murmur suggesting mitral failure. Transthoracic and transesophageal echocardiography showed severe mitral disease due to prolapse with suspect for endocarditis. A total body PET-scan showed hypercaptation in the intervertebral disk between lumbar vertebrae L2 and L3, without signs of endocarditis. Blood cultures were negative. A biopsy of skin lesions showed leukocytoclastic vasculitis. Vancomycin based antibiotic regimen was administered bringing to resolution of back pain and skin lesions.

Conclusions: LCV could be a clinical manifestation of heterogeneous agents. This case highlights the importance of considering latent chronic infection in the differential diagnosis when evaluating a case with LCV, even in absence of bacteremia or recent antibiotic treatment.

A case of *Micrococcus luteus* bloodstream infection

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Premises: *Micrococcus luteus* is Gram-positive cocci broadly found in natural environments such as soil and water resources and it is usually considered a normal inhabitant of human skin and oropharynx mucosa. In recent years, *M. luteus* has been reported to possibly cause infections such as hepatic and brain abscess, native valve endocarditis, bacteremia, and septic arthritis in immunocompromised patients.

Description of the Case report: A 84-year-old Caucasian female with a severe comorbidity (CKD, multifactorial chronic anemia, diabetes mellitus, parkinsonism, hypertension) was admitted for fever and anuria. Blood tests showed anemia, elevated values of creatinine, WBC, CRP

and PCT. Two sets of blood cultures were positive for *M. luteus*. CT showed pleural effusion in the absence of infectious foci, on the echocardiogram left ventricular hypertrophy and mitro-tricuspid insufficiency in the absence of vegetations were found. We administered high-dose diuretics, transfusions and antibiotic therapy with beta-lactams, obtaining a progressive clinical improvement which allowed her discharge to home care.

Conclusions: At present, it is still challenging to distinguish between *M. luteus* infection and contamination. Clinical judgment and two positive blood culture samples directed us towards the septic picture. The value of this case report is to document the pathogenicity of *M. luteus* in immunocompromised patients without valvular heart disease, surgically implanted artificial prosthetic devices, polyethylene intravenous catheters or abscess collections.

NSAID-induced ischemic colitis

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Premises: Drug-induced colitis encompasses a wide spectrum of colonic disorders that can manifest microscopically or macroscopically. Among them, several cases of microscopic, ischemic and eosinophilic colitis have been reported. Approximately 10% of newly diagnosed colitis cases were related to nonsteroidal anti-inflammatory drug (NSAID) administration. The pathogenesis of colitis caused by NSAIDs lies in the inhibition of COX 1-2 that leads to an activation of intestinal permeability and a vulnerability of the mucosa with a potential risk of complications such as bleeding, protein loss, stenosis and perforation.

Description of the Case report: A 72-year-old Caucasian female with a history of smoking and hypertension was admitted for diarrhea and rectal bleeding following the intake of NSAIDs for neck pain. Blood tests showed elevated inflammation values. Abdomen CT highlighted a diffuse thickening of the left colon wall with submucosal edema. We performed a colonoscopy, with evidence of hyperemic and swollen mucosa and aphthoid lesions of the descending colon. The histological examination oriented for a drug induced ischemic colitis with a chronic inflammatory infiltrate in the lamina. She discontinued NSAID and received antibiotic therapy, hydration and Mesalazine, obtaining a rapid normalization of the clinical picture.

Conclusions: NSAID-induced enteropathy is a underdiagnosed pathology. Treatment usually requires stoppage of the offending therapy, which leads to disease improvement in the majority of cases. Physicians must be aware of this nosological entity.

The challenge of secondary cardiovascular prevention in patients with very high lipoprotein (a) levels

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Background: Advances in technology and pharmacological treatments have improved outcomes after Percutaneous Coronary Intervention (PCI). However, residual risk (RR) for recurrent cardiovascular (CV) events remains high. Elevated lipoprotein(a) [Lp(a)] is RR contributor. This case highlights the challenges in managing RR in patients with recurrent ischemic events (IE) and elevated Lp(a).

Case presentation: A 52-year-old woman with no CV risk factors besides smoking (30 pack-years) presented in 2010 with unstable angina. Coronary angiography revealed critical right coronary artery (RCA) stenosis, treated with PCI and a drug-eluting stent (DES). From 2010 to 2023, she experienced three hospitalizations for recurrent IE due to in-stent restenosis, requiring repeated revascularizations, despite achieving optimal LDL-C levels (<18 mg/dL) with rosuvastatin, ezetimibe, and alirocumab. Lipidology evaluation revealed Lp(a) >428 nmol/L and incomplete corneal xanthoma, confirming Lp(a) as the main driver of RR. Multidisciplinary consultation recommended prolonged high-potency dual antiplatelet therapy (DAPT) and lipoprotein apheresis to address extreme Lp(a) elevation.

Conclusions: This case underscores that (1) Lp(a) is crucial for CV risk assessment and should be measured early after CV events; (2) elevated Lp(a) demands innovative strategies such as prolonged DAPT and lipoprotein apheresis; (3) collaboration with lipidology specialists is essential in managing rare lipid disorders contributing to RR, emphasizing the need to address Lp(a) in CV prevention strategies.

Medical humanities: art to cure in Kahlo's graphic autopathography

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Premises and Purpose of the study: Medical humanities is an interdisciplinary area of knowledge which examines human health and illness using the tools and insights of creative arts and humanities. In this context, autopathography, a term used to describe autobiographical accounts or narratives written by patients about their own experiences of illness, represents a powerful medium useful to physicians to know their patients. This contribution explores artistic works of Mexican painter Frida Kahlo (1907-1954) that refers mostly to her biographical traumatic events, realizing that we call graphic autopathography.

Materials and Methods: It is used Frank's classification for analysis of narratives, which identifies chaos narratives, anti-narratives revealing vulnerability of the narrator, restitution narratives, when the narrator explores the care pathway experience and meaning, and quest narratives, when the condition is lived as a motivation for change.

Results: By observation of Kahlo's paintings it is possible identify these phases of her illness narratives. From chaos to a motivation for change, she carry out a treatment course.

Conclusions: Pathography, authored by individuals who are directly affected by the events they relate, places them with being sick, suffering disabilities and traumas, at the very center, restoring themselves and giving a new meaning to this condition. These narratives, also graphics, can be useful

to physicians to know their patients and can become an important object of research and a powerful tool for medical profession and healthcare systems.

Persistent hematuria in a patient with bullous pemphigoid: a case of acquired A hemophilia

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Premises: Acquired Hemophilia A (AHA) is a rare and potentially life-threatening disorder caused by anti-Factor VIII neutralizing antibodies. Diagnosis can be challenging, but isolated aPTT prolongation may raise clinical suspicion. Treatment primarily involves hemostatic therapies and immunosuppressive agents, tailored to the patient's clinical phenotype.

Description of the Case report: An 82-year-old man was referred to our center for cystoscopy due to persistent hematuria and recurrent bladder polyps. His medical history included ischemic heart disease and bullous pemphigoid, recently reactivated. Following cystoscopy, his bleeding symptoms rapidly worsened, with cutaneous and central venous catheter site bleeding leading to a drop in hemoglobin levels. Laboratory findings revealed a markedly prolonged isolated aPTT (2.5 ratio) and severe Factor VIII deficiency (<0.1%), consistent with acquired A hemophilia. The anti-Factor VIII antibody titer was elevated (176 BU). Intravenous steroid therapy combined with oral cyclophosphamide was initiated but failed to achieve significant improvement. Rituximab therapy was then introduced, resulting in bleeding control and increase in Factor VIII levels. After one month the patient was discharged and successfully resumed antiplatelet therapy.

Conclusions: AHA represents a medical emergency in Internal Medicine. Diagnosis can be particularly challenging in elderly patients on antiplatelet therapy. However, a careful coagulation workup and clinical evaluation are essential for accurate identification and management of AHA.

Neo-mothers' knowledge and attitudes about newborn screening: a narrative review of the literature

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Premises and Purpose of the study: Neonatal screening is a health prevention intervention that allows early diagnosis of congenital diseases, with positive impact on the quality of life of the newborns. A full understanding of this diagnostic method from the neo-mothers could allow the success of the diagnostic process. The aim of this study is to summarize the results of a literature review on neo-mothers' knowledges and attitudes towards the newborn screenings.

Materials and Methods: A narrative review of the literature was performed consulting the Medline database. The search strategy involved MeSH terms, including 'Screening neonatal', 'Mother', 'Knowledge', 'Attitude', 'Test',

‘Guthrie’, combined through the Boolean operators. A total of 36 bibliographic sources were identified.

Results: Literature has shown that the neo-mothers usually perceive the information received from the healthcare professionals about newborn screening procedures as lacking, and the majority of them do not know the newborn screening procedures; moreover, neo-mothers often consider being appropriately informed about the care interventions as a sign of respect and a mean to promote trust.

Conclusions: Although a complete understanding by neo-mothers about the neonatal screening would enhance the adoption of a positive maternal attitude, the efforts of the healthcare professionals in this regard are neither sufficient nor effective. Therefore, it would be fundamental to train nurses, involved in newborn screening procedures, on the educational strategies to be implemented towards neo-mothers.

An Italian cross-sectional study related to the neo-mothers’ knowledges and attitudes about newborn screening

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Premises and Purpose of the study: The full understanding and acceptance from the neo-mothers, primary caregivers of the newborns, of the neonatal screening process allows its successful completion, improving the prognosis and quality of life for newborns. The aim of the study was to assess knowledges and attitudes of the neo-mothers towards the screening program in the two hospitals of the Territorial Health Company of Ascoli Piceno (Marche region, Italy), also evaluating the possible associations with the socio-demographic variables.

Materials and Methods: The study, conducted between December 2023 and March 2024, involved 85 neo-mothers hospitalized the Territorial Health Company of Ascoli Piceno. After having obtained the authorization from the hospital management and after having collected informed consent from the participants, a self-assessment questionnaire, validated by literature, was given to the neo-mothers, to be filled in digitally or on paper.

Results: 75% of the participants had a good level of knowledge and a positive attitude towards newborn screening. The variables ‘number of children’, ‘country of origin’ and ‘level of education’ were discretely/strongly associated with some items of the questionnaire ($p < 0.05$ and V Cramer between 0.34 and 0.58).

Conclusions: Although the neo-mothers have shown a good level of knowledge and a positive attitude towards newborn screening, health care personnel should support the foreign neo-mothers, and/or the neo-mothers with many children and/or with a low level of education, to improve the quality of the neonatal care.

Rare, but real: una diagnosi di malattia eosinofilia gastrointestinale in Medicina Interna

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Premesse: Non capita ogni giorno di imbattersi in casi di

ipereosinofilia (HE) nei comuni reparti di Medicina Interna. Se il primo step rimane l’anamnesi accurata del paziente, si dovrà poi impostare una complessa diagnostica differenziale che richiede un approccio triplice: indagine parassitologica, studio complessivo del danno d’organo con attenzione al target biotico, esclusione di malignità e forme ematologiche primitive.

Descrizione del Caso clinico: Una donna di 52 anni accede in Pronto Soccorso per dolore addominale, diarrea, febricola. Agli esami emerge leucocitosi con trend crescente di eosinofili (Eo), dal 20 al 64%. Nega viaggi recenti all’Esterio, allergie, farmaci. L’esame parassitologico su feci è negativo, come la sierologia per *Strongyloides*. La TC addome a completamento dell’eco evidenzia discreta falda ascitica e notevole ispessimento dell’esofago distale, del duodeno e del tenue. Le indagini per malattia autoimmune e danno d’organo risultano negative, come quelle per tumori solidi ed ematologici. Le biopsie in sede multipla da EGDS e colonoscopia evidenziano marcata ed estesa infiltrazione di Eo; inoltre su liquido ascitico il 93% dei PMN è costituito da Eo, suggerendo l’ipotesi di interessamento della sierosa. La diagnosi di HE con malattia eosinofilia gastrointestinale (EGID) motiva l’introduzione di terapia steroidea con azzeramento rapido della conta degli Eo: un’ecografia delle anse intestinali a 6 mesi escluderà reperti patologici.

Conclusioni: Sebbene di appannaggio specialistico, le EGID rientrano nel complesso della patologia degli Eo, quindi spesso una sfida diagnostica dell’Internista.

Recent scientific evidence on the effectiveness of beta-blockers in post-heart attack: are they really necessary or redundant drugs?

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Background: Beta-blockers after myocardial infarction do not reduce the risk of reinfarction and mortality in less severe patients, as demonstrated by the multicenter REDUCE-AMI study, presented at the American College of Cardiology congress in Atlanta in 2024 and published in the New England Journal of Medicine. So is it time to reduce beta-blockers post-heart attack?

Clinical case: A sixty-year-old man, suffering from metabolic cardiovascular syndrome with diabetes mellitus, ischemic heart disease already revascularized percutaneously and smoking, is admitted to cardiology for unstable angina. Subjected to hemodynamic study and new percutaneous revascularization procedure, after finding significant stenosis of the right coronary artery. Treatment at discharge: antiplatelets, lipid-lowering drugs, sartans, ivabradine, ranolazine, beta-blockers (increased home dose), diuretics. Asymptomatic at follow-up.

Conclusions: The use of beta-blockers post-infarction is a consolidated clinical practice. The effectiveness of these drugs, however, was based on the effect demonstrated in dated clinical studies, conducted before the current percutaneous revascularization techniques, the systematic implementation of statins, the availability of effective drugs for primary and secondary prevention and modern therapies antiaggregants. The value of beta-blocker therapy in patients with myocardial infarction, without heart failure, has been

questioned, as only observational studies with conflicting results are available to date.

Type 2 diabetes mellitus complicated by nephropathy: benefits of semaglutide on cardioneurovascular risk

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Background: In patients with type 2 diabetes and chronic kidney disease, the administration of semaglutide significantly reduces the risk of clinically important renal events and the risk of death from cardiovascular causes.

Clinical case: An obese, diabetic patient on insulin therapy, with chronic renal failure, hypertensive heart disease, previous stroke, arrives in the Emergency Department in a drowsy state. Vital signs acceptable. Blood tests show hyperglycemic coma with ketoacidosis, hyperkalemia and chronic renal failure exacerbated by dehydration. After subintensive treatment and clinical-laboratory normalization, the patient was discharged confirming the optimized home therapy with semaglutide. Subjective well-being and no more exacerbations at outpatient checks.

Conclusions: In patients with type 2 diabetes and kidney disease, semaglutide, at a dose of 1 mg once a week, significantly reduces the risk of major renal and cardiovascular events and death from any cause, also slowing the loss of renal function. The mechanism of renal protection of semaglutide is multifactorial (reduction of inflammation, oxidative stress and fibrosis). The benefits of semaglutide on renal function, the cardiovascular system and survival in high-risk patients are evident, adding strength and concreteness to other evidence on the improvement of cardiovascular outcome demonstrated in randomized clinical trials published in recent years.

Paucisymptomatic hyponatremia: timeliness of a correct diagnosis for adequate treatment

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Background: Hyponatremia, frequently observed in hospital settings, is associated with increased mortality and hospitalization times, especially in severe forms. It is necessary to verify the clinical picture, excluding acute neurological symptoms (convulsions, nausea/vomiting, respiratory distress, confusion, headache). The presence and severity of symptoms and the absolute sodium value are determining factors in the correct therapeutic approach.

Clinical case: Eighty-year-old man (smoker, hypertensive and with chronic cerebral vasculopathy) hospitalized with pneumonia and hyponatremia. Chest CT scan: right hilar neoplasm and pneumonia. Bronchoscopic biopsy: small cell lung tumor. The patient refused chemotherapy and was admitted to a hospice.

Conclusions: The patient developed hyponatremia in the context of a lung lesion and post-structural pneumonia. Clinically euvolemic, with high urinary sodium concentration. Clinical presentation is consistent with syndrome of inappropriate antidiuretic hormone secretion

(SIADH). Biopsy of the lung mass confirmed the diagnosis of small cell lung cancer, which accounts for approximately 75% of SIADH associated with neoplasia. The patient has no symptoms attributable to hyponatremia, but is judged to be at risk of hyponatremia due to severe SIADH. Severely symptomatic conditions require treatment with hypertonic saline and furosemide, in addition to judicious water restriction. In addition to causal treatment, vasopressin antagonists (vaptans) may be used.

Un caso di dispnea in Medicina Interna

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Premessa: Spesso in Medicina Interna la definizione etiologica, la gestione della dispnea richiede interdisciplinarietà.

Descrizione del Caso clinico: Paziente di 50 anni giunge per dispnea, febbre, cachettico, recente decremento ponderale. PA 125/85, FC100 bpm, SpO293% in a/a. EO torace: murmure vescicolare aspro, toni cardiaci parafonici; addome trattabile. Non edemi declivi. ECG:RS, scarsa progressione della R in sede settale. Anomalie dell’atriogramma. Presenta leucocitosi neutrofila; incremento di fibrinogeno (616mg/dl), Ddimero (267ng/ml), IL6 15pg/ml, ProBNP 565 pg/mL; EAB pO2 84 mmHg, pCO2 44 mmHg, lac 5,3 mmol/l, HCO3 27 mmol/l; alla Tc-torace: diffuse aree di consolidazione parenchimale, in entrambi gli ambiti polmonari. Enfisema parasettale. Versamento pleurico basale bilaterale, linfadenomegalie mediastiniche. Diagnosi di ingresso di sospetta polmonite. Manifesta ipossia, artralgie, crisi ipertensive con edema polmonare acuto. All’Ecocardiogramma ipertrofia VS soprattutto del setto medio-basale, gradiente dinamico intraventricolare dopo Valsalva di 41 mmHg. Cinesi globale conservata come da Cardiomiopatia ipertrofica ipertensiva. Il paziente, trasferito in Cardiologia, nuovamente dispnoico, presenta ematemesi massiva e l’EGDScopia in urgenza evidenzia sospetta lesione eteroplasica. Markers tumorali al di sopra del range di normalità.

Conclusioni: L’origine della dispnea è stata resa chiara non solo dalla valutazione clinica ma anche dalla diagnostica strumentale che ha permesso il raggiungimento dell’obbiettivo diagnostico e terapeutico.

Kaposi sarcoma in a liver transplant recipient: challenges in diagnosis and management

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Premises: Kaposi sarcoma (KS) is a rare angioproliferative malignancy commonly seen in immunocompromised patients, particularly those undergoing solid organ transplantation. It typically presents with cutaneous lesions, but it can also affect less ordinary sites such as the gastrointestinal tract. The multifocal nature of KS can complicate diagnosis and management.

Description of the Case report: The patient is a 60-year-old

African American male with a history of primary sclerosing cholangitis with cirrhosis, liver transplantation complicated by acute rejection, ulcerative colitis, recent active tuberculosis and type 2 diabetes. He was admitted to our hospital for abdominal pain, significant weight loss and microcytic anemia requiring blood transfusion. Gastroduodenoscopy revealed large polyps causing mechanical obstruction with signs of bleeding. Due to the size and number of the polyps endoscopic intervention was not feasible. The patient was started on enteral nutrition after a nasoduodenal tube was placed. Histopathological analysis of the polyps confirmed Kaposi sarcoma. HIV testing was negative, while HHV-8 DNA was detected. Staging investigations revealed also skin and rectal lesions consistent with KS. Oncological consultation recommended palliative chemotherapy; however, considering the toxicity of the therapy and the patient's overall condition, supportive care was prioritized.

Conclusions: This case highlights the challenges of diagnosing and managing KS in an immunocompromised patient. The multidisciplinary approach played a key role in addressing this complex case.

Pericardial lipomas: a rare entity that needs attention

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Premises: Pericardial lipomas are benign, usually asymptomatic tumors, that can cause pericardial effusion due to inflammatory mechanisms.

Description of the Case report: A 77-year-old man presented to the Emergency Department complaining for severe dyspnea, with no chest pain, palpitations, syncope, fever or loss of weight. He suffered from atrial fibrillation and hypertensive cardiomyopathy, and had a history of epicardial and pericardial lipomatosis. At clinical evaluation, the patient was hypotensive. Echocardiography showed a hypertrophic left ventricle with preserved ejection fraction and circumferential pericardial effusion with "swinging heart" pattern and no relevant valve disease. Since clinical presentation, pericardiocentesis was performed, and blood effusion was drained resulting an exudate, with no findings of tumoral cells and infection. Whole body computerized tomography scan excluded a paraneoplastic cause. Screening for autoimmunity, quantiferon and hepatitis serology panel were negative. Anti-inflammatory therapy with colchicine was started and the pre-discharge echocardiography recorded a minimal pericardial effusion, and the same was found at 1-month follow-up.

Conclusions: Pericardial lipomas have usually a good prognosis, but may also result in life-threatening complications, such as cardiac tamponade.

Slowly resolving pneumonia in young adults: when to dig deeper

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Premises: Intralobar pulmonary sequestration is a congenital abnormality, involving a nonfunctioning mass of lung tissue that receives arterial blood supply.

Description of the Case report: A 31-year-old woman with a history of quiescent Crohn disease and recurrent bronchopulmonary infections during childhood came to our attention for recurrent fever and chest pain, for which she was evaluated at the Emergency Department a month earlier. At that time, a chest X-ray showed parenchymal consolidations in the lower left pulmonary lobe, and she was discharged on antibiotic therapy. Despite treatment, symptoms did not improve, and the patient was admitted to the Internal Medicine Division, where intravenous antibiotics were started. Blood cultures and serology excluded infections. Autoimmunity and immunodeficiency were also ruled out. The patient underwent bronchoscopy with bronchoalveolar lavage, that resulted negative for tumoral cells and pathogens. A chest contrast-enhanced computed tomography scan described intralobar pulmonary sequestration with superinfection. Once the infection resolved, the patient underwent a pulmonary resection. The post-operative course was uncomplicated, and no other bronchopulmonary infections were reported in the following 6 months.

Conclusions: Intralobar pulmonary sequestration is a congenital disorder usually identified later in life because of recurrent infections, especially during childhood, which usually raise the suspicion for this entity.

Stroke ischemico ed infarti splancnici multipli associati a piastrinopenia: un interessante caso di malattia di Moschowitz

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Premesse: La PTT (Porpora Trombotica Trombocitopenica) è una microangiopatia trombotica causata da ridotta attività da ADAMTS13, proteasi di clivaggio del fattore di von Willebrand. È caratterizzata da trombocitopenia, anemia emolitica microangiopatica e talvolta danno d'organo. La PTT può essere immunomediata, con autoanticorpi inibitori diretti contro ADAMTS13, o ereditaria, con mutazione genetica di ADAMTS13.

Descrizione del Caso clinico: Paziente di 53 anni giungeva in PS per disastria con riscontro di ictus ischemico da occlusione di M1-M2 dell'arteria cerebrale media di sinistra per cui veniva intrapresa fibrinolisi poi interrotta per riscontro di severa piastrinopenia. In anamnesi: ipertensione arteriosa, dislipidemia. Veniva trasferita presso il nostro reparto dalla Stroke Unit per persistenza di piastrinopenia. Una TC addome effettuata per dolore addominale mostrava aree ischemiche spleniche e renali. Si riscontravano inoltre emorragie sottocongiuntivali bilaterali. L'ematochimica mostrava valori di Hb nei limiti ma in riduzione, quadro

emolitico con riscontro di bassi valori di aptoglobina, schistociti allo striscio di sangue periferico, test di Coombs negativo. Nel sospetto di PTT si richiedeva dosaggio dell'attività di ADAMTS13 che risultava soppressa con presenza di ADAMTS13 inibitore. Si poneva diagnosi di PTT autoimmune e la paziente intraprendeva terapia con Plasma Exchange poi con Rituximab e Vincristina.

Conclusioni: Descriviamo un raro caso di PTT autoimmune, emergenza medica quasi sempre fatale in mancanza di diagnosi immediata e trattamento tempestivo.

Un raro caso di ipertensione arteriosa maligna secondaria a paraganglioma secernente

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Premesse: I paragangliomi sono rari tumori neuroendocrini che hanno talora la capacità di secernere catecolamine vasoattive. Solo in alcuni casi i paragangliomi secernenti sono associati a crisi ipertensive. Nel 20-25% dei casi i paragangliomi si presentano come malattia metastatica.

Descrizione del Caso clinico: Paziente di 70 anni giungeva in PS per tachiaritmia sopraventricolare e picco ipertensivo complicati da arresto cardio-respiratorio e successivo ROSC. In anamnesi: ipertensione arteriosa, DMT2, decadimento cognitivo. Una TC addome mostrava grossolana massa del surrene ds compatibile con feocromocitoma. Risultava difficile il controllo pressorio con terapia antipertensiva massimale. I livelli di catecolamine urinarie risultavano molto elevati. La paziente veniva sottoposto ad intervento chirurgico in urgenza di surrenectomia ds con riscontro istologico di paraganglioma simpatico extra-surrenalico. Si poneva diagnosi di ipertensione maligna secondaria a paraganglioma. I livelli di catecolamine post-intervento chirurgico si mantenevano elevati seppur in riduzione con miglior controllo pressorio e possibilità di riduzione posologica della terapia antipertensiva. Veniva eseguita PET con 18F-DOPA per escludere malattia metastatica. Si eseguivano indagini per escludere sindromi genetiche.

Conclusioni: Si descrive un raro caso di ipertensione arteriosa maligna associata a paraganglioma secernente catecolamine e si sottolinea l'importanza della ricerca di forme di ipertensione secondaria in paziente iperteso con improvvisa instabilità pressoria nonostante terapia abituale.

Walking barefoot is more dangerous than you think

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Case report: We report the case of a *Strongyloides stercoralis* infection in a 72 ys old man presenting to the Emergency Department with fever lasting over a month, marked asthenia, and vomiting. Initial blood tests revealed moderate anemia (Hb 8.5 g/dL), and a CT scan identified a pulmonary nodule in the absence of respiratory symptoms. The patient was admitted to our Internal Medicine ward, where anemia worsened (Hb 7.5 g/dL), necessitating 3 blood

transfusions. Stool and blood analyses confirmed the presence of 2 concomitant infections with *S. Stercoralis* e *Staph. Haemolyticus*, that were promptly treated with Albendazole and antibiotic therapy that led to the normalization of inflammatory markers, resolution of anemia, and disappearance of the pulmonary nodule on follow-up CT scan.

Discussion: Strongyloidiasis is a parasitic infection caused by the nematode *S. Stercoralis*, which enters the human body through skin penetration. It can present in 3 clinical forms: acute infection, chronic autoinfection due to larval migration through the lungs, and hyperinfection, typically seen in immunocompromised individuals, characterized by extensive tissue invasion and hematogenous dissemination. Although often asymptomatic, it may cause pruritic skin eruptions, gastrointestinal symptoms (e.g., diarrhea, abdominal pain), pulmonary manifestations (e.g., cough, dyspnea, bronchospasm) sometimes associated with transient pulmonary opacities, and eosinophilia, which may evolve into eosinopenia in advanced stages. The recommended treatment is Ivermectin, with Albendazole as an alternative.

Macroprolattinoma a sorpresa

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Premesse: Gli adenomi ipofisari secernenti prolattina (PRL) sono la forma più frequente di adenoma ipofisario con una prevalenza di circa 50 per 100000 abitanti. Sono classificati in base alle dimensioni in microprolattinomi se inferiori al centimetro e macroprolattinomi se superiori od uguali al centimetro. La clinica è determinata dagli effetti legati all'accesso di PRL (oligo-amenorrea, galattorrea, calo della libido) e dall'effetto massa (ipopituitarismo, deficit visivo). La terapia di prima linea si avvale di agonisti dopaminergici; la neurochirurgia è riservata ai casi resistenti.

Descrizione del Caso clinico: Uomo di 38 anni senza patologie croniche giungeva a valutazione internistica per la comparsa di edema palpebrale destro con andamento remittente senza alterazioni del visus. Riferiva un calo della libido, presente da tempo, attribuito a stress lavorativo. La RMN encefalo evidenziava un macroadenoma ipofisario senza coinvolgimento del chiasma ottico. Veniva pertanto effettuata una valutazione ormonale ipofisaria con rilievo di marcato incremento di PRL (42 volte il limite) e testosterone ridotto; nella norma le restanti tropine ipofisarie. Intraprendeva terapia con cabergolina (0,5 mg due volte alla settimana). A distanza di due mesi rilievo di riduzione dei valori di PRL (9 volte il limite) e testosterone nella norma; i controlli RMN a distanza di 5 mesi ed un anno evidenziavano riduzione dell'adenoma.

Conclusioni: il caso mostra una presentazione atipica di macroprolattinoma con buona risposta farmacologica.

Una sepsi catastrofica

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Premesse: La sindrome catastrofica da anticorpi anti-

fosfolipidi (CAPS) è una rara forma di sindrome da anticorpi anti-fosfolipidi a rapida ed infausta evoluzione, caratterizzata da complicanze trombotiche diffuse.

Descrizione del Caso clinico: Donna di 81 anni con noto linfoma di Hodgkin indolente non in trattamento, pregressa neoplasia mammaria, cardiopatia ischemica, fibrillazione atriale ed anemia con esami endoscopici negativi. Giungeva in Reparto di Medicina Generale con ittero, iperbilirubinemia diretta, leucocitosi neutrofila e litiasi multipla della colecisti con ispessimento parietale; veniva ricoverata col sospetto di colecistite acuta litiasica. Agli esami riscontrava aumento di aPTT, indici di emolisi (aptoglobina indosabile, aumento LDH) ed indici di flogosi; durante la degenza si rilevava progressiva anemia, piastrinopenia, insufficienza epatica e renale.

Nel sospetto di patologia autoimmune effettuato screening con riscontro di marcata positività di anticorpi anticardiolipina e anti-beta2glicoproteina IgM. Veniva intrapresa terapia con EBPM e steroidi ad alto dosaggio senza miglioramento del quadro clinico. La paziente presentava inoltre episodi ischemici cerebrali e progressiva insufficienza multiorgano fino ad exitus.

Conclusioni: Il caso mostra la rapida evoluzione della CAPS esordita con un quadro apparentemente settico biliare.

Il potenziale ruolo della tipizzazione HLA nell'inquadramento di un caso clinico complesso con definizione di una sindrome overlap

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Premesse: Nell'ambito di casi clinici complessi caratterizzati da danno d'organo multisistemico di dubbia interpretazione, sospettare una sindrome disimmune in overlap può aiutare a far chiarezza ed orientare l'indirizzo gestionale del paziente.

Descrizione del Caso clinico: Riportiamo il caso clinico del paziente, 53 aa, ricoveratosi ad agosto 2024 per un vasto ematoma emitorace sinistro secondario a FNAB per tipizzazione di nodulo polmonare escavato subpleurico successivamente risultato positivo per *P. Aeruginosa*. Il paziente presentava artralgie, fenomeno di Raynaud, colonpatia infiammatoria cronica, estesa trombosi venosa portale con circoli venosi collaterali, embolia polmonare. Dopo aver escluso la genesi metabolica ed infettiva della cirrosi epatica, con ANA negativi, praticava tipizzazione HLA locus B con identificazione degli alleli DRB*0101 e B51, predisponenti rispettivamente per Artrite Reumatoide e Morbo di Behcet. Dai campioni biotipici epatici e polmonari non veniva evidenziata neoplasia. Intraprendeva trattamento empirico con prednisone a dosaggio medio/alto ed enoxaparina con parziale beneficio. Il paziente è attualmente in follow-up.

Conclusioni: Descriviamo un caso complesso con patologie multiorgano e tromboembolismo apparentemente iatrogeno, in cui è ipotizzabile che la predisposizione HLA a due patologie impattanti dal punto di vista immunoreumatologico possa spiegare sia la genesi del tromboembolismo, sia gli altri fenomeni clinici del paziente, in assenza di altre cause. Ulteriori studi sono necessari per confermare tale dato.

Acute pancreatitis as an uncommon presentation of melanoma

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Background: Melanomas are aggressive malignant lesions that can metastasize to subcutaneous tissue, lymph nodes, visceral organs and, rarely, skeletal muscle and pancreas. Melanoma of unknown primary (MUP) is defined as histologically confirmed melanoma in tissues without an identifiable primary lesion.

Case report: A 55-year-old woman with history of dyslipidemia, hypertension, and anxiety-depressive syndrome came to the ED with "belt-like" epigastric pain lasting two months, nausea, dyspepsia, and irregular bowel habits. Blood tests showed elevated lipase, amylase, LDH, and CRP, consistent with acute pancreatitis, confirmed by non-contrast abdominal CT. Imaging revealed a 26 mm pancreatic cystic lesion. Abdominal MRI identified multiple pancreatic and peri-pancreatic lesions compressing pancreatic duct, and suspected metastases involving intra-abdominal, subcutaneous, and skeletal sites. During hospitalization additional imaging revealed osteolytic lesions and subcutaneous nodules, which biopsy defined as melanoma metastases. Ocular and genital evaluations failed to identify a primary lesion, supporting a diagnosis of MUP.

Conclusions: This case highlights a rare presentation of metastatic melanoma with acute pancreatitis. Pancreatic metastases, despite rare, should be considered in cases with history of melanoma. Moreover, primary melanoma may theoretically occur in the pancreas. Comprehensive evaluation for MUP is critical for diagnosis and management. Future studies are needed to improve understanding of MUP and pancreatic melanoma.

Non si può tornare indietro ma si può cambiare il finale

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Premesse: Il tromboembolismo venoso (TEV) è una patologia ad alto impatto epidemiologico. Dopo il completamento del trattamento primario per TEV non provocato o provocato da fattori di rischio cronici, le attuali linee guida suggeriscono una terapia indefinita con DOAC. Si presenta il caso di una recidiva di embolia polmonare (EP).

Caso clinico: La paziente, donna 76enne, nel passato aveva avuto un 1° episodio provocato da EP e un 2° episodio non provocato, con riscontro di mutazione del fattore II, trattata con TAO per 6 mesi. In anamnesi bpco e carcinoma mammario. Ricoverata per riacutizzazione bronchitica. Per persistenza di insufficienza respiratoria, nonostante non peggri recenti di allettamento né di chirurgia, alla luce dell'anamnesi, ricercato D-Dimero, positivo. Quindi eseguiti angiote torace e ecodoppler venoso arti inferiori con riscontro di EP bilaterale e TVP delle gemellari. Avviata terapia anticoagulante con indicazione a regime extended, oltre i 6 mesi di trattamento acuto.

Conclusioni: La paziente al momento del 2° episodio di EP non era stata sottoposta a profilassi delle recidive, in

un'epoca storica antecedente all'evidence based medicine degli ultimi decenni, a partire dagli studi di "amplify extension" e "einstein choice". Nel 2024 invece, l'EP della paziente è stata meglio classificata come provocata da fattori di rischio cronici e candidata pertanto a una terapia indefinita nel tempo per la prevenzione delle recidive. Il TEV è una patologia per la quale il progresso scientifico ha fornito maggior chiarezza nelle indicazioni diagnostico-terapeutiche.

HEV/HCV hepatitis in an HIV-infected patient: virologically maintained response with sofosbuvir/veltapasvir and ribavirin regimen

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Premises: Hepatitis E virus (HEV) is a major cause of acute hepatitis worldwide. Although a high percentage of cases have self-limiting asymptomatic or subclinical infections, immunosuppression may modify the pathogenesis and clinical impact of this emerging disease. It needs to be clarified that HIV-infected MSM may be a population at higher risk for HEV acquisition.

Description of the Case report: Case of a 41-year-old man with HIV positive. Baseline serological tests were also positive for HCV and HEV. HIV-RNA of 187,675 cp/ml and CD4 290/mm³, ALT 1,156 and HCV-RNA 18,743,500 cp/ml and positive HEV IgM with HEV-RNA 1,000 cp/ml. A fibroscan was F1 and an ultrasound of the abdomen not reveal liver cirrhosis. Anti-HIV therapy was subsequently started. The patient was treated for HCV with sofosbuvir/veltapasvir 400/100mg and ribavirin 1000mg/day for HEV for 12 weeks: suppression of HIV-RNA, HCV-RNA and also HEV-RNA with negative HEV IgM.

Conclusions: Few studies have reported the cases of HEV in HIV-infected patients. HIV-infected include immunological, epidemiological and clinical characteristics that may modify the pathogenesis of HEV. The treatment Hepatitis chronic E is with ribavirin. In the HIV-infected population, the use of sofosbuvir in combination with RBV for 12 weeks has been evaluated in few case.

Non tutti "FANS" dell'anemia... Noi siamo pazzi per l'ecografia!

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Premesse: In Medicina ogni caso clinico è unico. Solo il ragionamento clinico basato sulle evidenze può condurre alla corretta diagnosi. L'Internista, servendosi di esami diagnostici di primo livello come l'ecografia, ha il ruolo di "allargare gli orizzonti"...

Descrizione del Caso clinico: Uomo di 60 anni, giunge in PS per astenia e algie al fianco sinistro, tachicardia sinusale. L'ecografia dell'addome è negativa; gli esami di laboratorio mostrano indici di flogosi elevati in assenza di febbre, anemia normocitica (HB 7,5 gr/dl). In anamnesi il paziente lamenta lombalgia da un paio di mesi, per cui avrebbe assunto FANS ed eseguito una RMN del rachide (discopatie). Ha assunto antibiotici da qualche giorno per

riferita bronchite. Viene ricoverato per l'emotrasfusione e accertamenti. Esegue TC dell'addome con mdc e, in attesa del referto, EGDS negativa per sanguinamenti. Alla TC si evidenzia una lesione splenica sottocapsulare cuneiforme, a densità disomogenea, con vasi indenni, e viene posto il sospetto di lesione infartuale o addirittura post-traumatica. Ma il paziente nega traumi. In previsione di un probabile intervento addominale urgente, viene eseguito un ecocardiogramma nel sospetto di infarto ad eziologia tromboembolica. L'ecocardiogramma infine mostra una vegetazione flutuante su valvola aortica nativa.

Conclusioni: La diagnosi finale è endocardite infettiva in paziente con sospetta spondilodiscite, complicata da infarto splenico ad eziologia tromboembolica con infarcimento emorragico favorito dai FANS. Il paziente è stato trasferito in cardiocirurgia per intervento.

When lead takes the lead: a clinical tale of saturnism

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Premises: Saturnism is a pathological condition caused by acute or chronic exposure to lead. The affected districts are the CNS and SNP, hematopoietic system, kidneys and GI tract. Absorption occurs through inhalation and ingestion. Numerous are the sources of contamination (paints, old pipes, metal smelting, battery manufacturing and welding..). Common clinical signs include: anemia, abdominal pain (saturnine colic), peripheral neuropathy, cognitive deficits, irritability, and renal changes. Diagnosis is based on history, supported by measurement of lead level (>3.5 µg/dL).

Description of the Case report: 21yr-old, male. Symptoms: abdominal and muscle cramps, constipation, nausea, vomiting, anorexia, asthenia, hypertension. In history: mental retardation and behavior disorder, smoking, potus, cannabis intake, vagabonding. On blood tests: hyporegenerative anemia, elevation of hepatocytolysis indexes, cholestasis and inflammation. On abdominal CT: hepatosplenomegaly, hepatic steatosis and biliary sludge. Excluded: infectious, autoimmune, hematologic, neoplastic, GI causes. Urine porfobilinogen, blood lead, ALAdehydratase were compatible with Saturnism; performed chelation therapy with ethylenediaminetetraacetic acid (EDTA) and scheduled follow-up.

Conclusions: Lead poisoning can induce short and long-term damage. Those who develop symptoms and signs of toxicity should eliminate the source of lead exposure, possible symptomatic support and, in severe cases, treatment with chelators such as EDTA or succimer.

Chi cerca trova: l'universo infinito delle TMA

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Caso clinico: Donna, 55aa, in PS per stato soporoso. APR

Allotraspianto di midollo, emotrasfusioni di emazie e piastrine per anemia e piastrinopenia da 1 mese. In PS, anemia/piastrinopenia, insufficienza renale, aumento degli indici di necrosi miocardica, AST/ALT, bilirubina, LDH, TC cranio negativa. Sospettata microangiopatia trombotica (TMA), dosaggio attività ADAMTS13 <5% (v.n. >10%), AbADAMTS13 10 BU (v.n. <0.2 BU), diagnosi di Porpora Trombotica Trombocitopenica (PTT). Avvia Plasma-exchange, caplacizumab 10mg/die, metileprednisolone 1gr/Kg p.c./die, risoluzione neurologica e normalizzazione degli esami di laboratorio. Per piastrinopenia ingravescente e riduzione ADAMTS13, BOM esclude recidiva di anemia aplastica, all'AngioTC lesione polmonare nodulare a margini spiculati a dx, diagnosi di adenocarcinoma. Avvia ciclo di rituximab con risoluzione della TMA (ADAMTS13 51% in follow-up ambulatoriale, Ab antiADAMTS13 <0.2 BU) e percorso specialistico per il trattamento della neoplasia polmonare. Le TMA (in particolare la PTT) rappresentano un'urgenza in Medicina Interna e spesso sottendono/precedono la diagnosi di patologie concomitanti (neoplasie comprese).

Conclusioni: Caplacizumab ha migliorato drasticamente la prognosi della PTT, con rapida normalizzazione delle piastrine, riducendo durata complessiva delle PEX e danno ischemico microvascolare. Tuttavia, soprattutto in caso di mancata risposta alla terapia o di recrudescenza/recidiva di malattia, occorre anche indagare su eventuali cause sottostanti da trattare per ottimizzare il successo terapeutico della PTT stessa.

Una sorvegliata speciale

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Caso clinico: Donna, 58aa, in PS per ittero di sclere/mucose (ingravescente da qualche giorno). Nega abuso di alcool e sostanze voluttuarie; 2 mesi prima, viaggio in Polonia. Esami di laboratorio severa citolisi epatica (ALT/AST/GGT), TC addome fegato a margini bozzuti, ecostruttura disomogenea. Ai prelievi ematochimici positività IgM antiHEV, Ab antiCore HBV (HBcAb). La paziente, a normalizzazione degli indici di citolisi epatica (facilitati da riposo e dieta leggera in degenza) avvia follow-up ambulatoriale diagnostico/terapeutico per epatite HBV correlata.

Conclusioni: HBcAb compaiono 3-5 settimane dopo HbsAg per avvenuto contatto con HBV, persistendo a vita, indipendentemente dall'esito dell'infezione. Concomitante negatività degli altri markers HBV, non esclude replicazione virale/fase attiva di malattia, da confermare con HBV-DNA. L'Epatite E (virus famiglia Hepeviridae) è emergente nei paesi industrializzati, con serbatoi animali (suini domestici, cinghiali, cervi selvatici). Trasmissione oro-fecale, principalmente attraverso acqua potabile contaminata, carni crude/poco cotte; periodo di incubazione 2-10 settimane; decorso solitamente autolimitante (risoluzione entro 2-6 settimane). Occasionalmente malattia grave (insufficienza epatica acuta), fatale o sintomi extraepatici (S. Guillan-Barrè, mielite trasversa/menigoencefalite acuta). In Europa e in Italia, in incremento i casi autoctoni, anche rispetto a quelli associati a viaggi in zone endemiche (es. Asia centrale), pertanto essa è inserita nel registro SEIEVA (Sistema Epidemiologico Integrato dell'Epatite Virale Acuta).

L'importanza della creazione di un network di professionisti per la gestione della amiloidosi

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Premesse: L'amiloidosi è una patologia secondaria a deposizione extra-cellulare di proteine patologiche in vari organi. L'amiloidosi da catene leggere (amiloidosi AL) è causata dal deposito di immunoglobuline prodotte da plasmacellule.

Descrizione del Caso clinico: Un uomo di 77 anni veniva ricoverato per la comparsa di edemi declivi colunnari ingravescenti. Il paziente riferiva episodi sincopali recidivanti. Gli esami emato-chimici mostravano la presenza di una componente monoclonale di tipo IgG Lambda, proteinuria di Bence Jones tipo Lambda e un rapporto Kappa/Lambda delle catene leggere libere circolanti di 0.20. La proteinuria era 5827 mg/24h, la creatinemia era 0.7mg/dl, il proBNP era 2516 pg/ml e la troponina era 141 pg/ml. Nel sospetto di un Amiloidosi AL a coinvolgimento cardiaco e renale veniva eseguita la biopsia del grasso periombelicale (GPO) per la ricerca dell'amiloido in due centri spoke diversi. In entrambi i casi la biopsia del GPO risultava negativa. Visto l'elevato sospetto clinico, il paziente veniva indirizzato al Centro Nazionale di riferimento per l'amiloidosi dove veniva ripetuta la biopsia del GPO che risultava diagnostica per amiloidosi e veniva intrapresa una terapia specifica con daratumumab, ciclofosfamide, bortezomib e desametasone.

Conclusioni: L'amiloidosi AL è una malattia rara che necessita della creazione di una rete di professionisti in grado di diffondere la conoscenza sul corretto approccio diagnostico/terapeutico. In presenza di un forte sospetto clinico, la ripetizione della biopsia del GPO può aumentare la sensibilità diagnostica.

A rare case of abiotrophia defectiva endocarditis and neoplastic right atrium mass

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Premises: Infective endocarditis (IE) is an uncommon infection of the heart valves, with variable clinical presentation, including fever, asthenia, sweating, weight loss, heart murmur and signs of peripheral embolization. Abiotrophia defectiva is a rare cause of IE, typically found in the GI tract and usually difficult to isolate. The search for echocardiographic evidence of IE to confirm diagnostic suspect can sometimes show unexpected masses.

Case report: An 83-year-old female was hospitalised with long-lasting fever (38.5°C), weight loss, malaise. Blood samples showed mild anemia, leucocytosis, CRP 24 mg/dL, PCT 13 ng/mL, positivity of blood culture for A.defectiva. We performed both a TT and a TE echocardiography that showed a large (55x48 mm) intracavitary mass attached to the inferolateral wall of the right atrium (RA); subsequently CT-scan and cardiac MRI were performed which better highlighted infiltration of the tricuspid annulus and the right coronary artery. A subsequent 18F-FDG PET/CT scan revealed accumulations of tracer in the RA (SUV max 35), mediastinal and mesenteric lymph nodes, oropharynx; a

biopsy were unsuccessfully attempted. Bacteremia was treated with a 4-week course of i.v. ampicillin.

Conclusions: RA masses are rare and can be classified as neoplastic or non-neoplastic. Malignancy is a rare cause of intracardiac masses. We diagnosed a rare bacterial cause of IE superimposed on an even rarer cause of intracardiac mass. In consideration of the clinical status and extent of disease, the case had a negative outcome.

Stato confusionale e febbre in un paziente con meningite da *Leptospira*

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Background: La meningite da leptospira è una complicanza rara e potenzialmente grave della leptospirosi da considerare in pazienti con disturbi neurologici acuti e febbre provenienti da zone endemiche ed anamnesi lavorativa suggestiva.

Case report: Un uomo di 74 anni, con storia recente di esposizione a liquami, accede al Pronto Soccorso per stato confusionale e febbre da 24h. All'esame fisico un GCS 11 senza segni di irritazione meningea. Agli esami ematochimici: lieve neutrofilia senza flogosi, tampone SARS-CoV-2/Flu positivo per Virus Respiratorio Sinciziale. TC torace negativa per polmonite e TC cranio negativa per lesioni ischemiche o emorragiche. Durante la degenza si è osservato un peggioramento neurologico con comparsa di rigidità nucale e crisi epilettiche autorisolti. Una rachicentesi ha mostrato liquor limpido con glicorachia, iperproteinorachia, leucociti elevati e FilmArray negativo per patogeni comuni. Nel sospetto di meningite batterica è stata impostata terapia empirica con penicilline ad alte dosi con buona risposta clinica. In Malattie Infettive una seconda rachicentesi ha confermato la diagnosi di meningite da *Leptospira*.

Discussion: Questo caso sottolinea l'importanza di considerare diagnosi rare in presenza di meningite asettica con esordio atipico, specie in pazienti con recente esposizione ad acqua contaminata o animali. Fondamentale è un'attenta anamnesi per formulare una diagnosi tempestiva ed avviare una terapia antibiotica precoce al fine di evitare complicanze severe come insufficienza renale o emorragie.

La sindrome cardio-renale cronica o SCR tipo II: caso clinico

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Premesse: La SCR tipo II si caratterizza da disfunzione cardiaca cronica (CHD) che causi malattia renale cronica (CKD) progressiva e permanente, la cui diagnosi necessita di relazione causale e temporale tra la CHD e la nuova insorgenza o progressione della CKD.

Descrizione del Caso clinico: Maschio, aa 60, affetto da

HFmEF in CCS (PCI 15aa fa), FA permanente da 10aa, FG lievemente ridotto G2A2 KDIGO da 5aa. In tp con bisoprololo, apixaban, e torasemide prn. Da 6 mesi poliuria e nicturia, da 3 settimane diuresi contratta non più responsiva a torasemide. All'EO: anasarca, PV stabili. Da segnalare: Cr.1.40mg/dl, eGFR 54.2 ml/min/m², urine ipostenuriche con cilindri grossolani e cerei. Proteinuria/24h: 1.1 g tipo Misto glomerulare selettiva/tubulare. Microbiologia, markers neoplastici e autoimmunità negativi. Ecocardiogramma: Ipertrafia eccentrica Vsx, FE 38%. ETG Addome: Reni iperecogeni, di ridotte dimensioni e ridotti spessori corticali. Si impostava tp ev ad alte dosi di furosemide e canrenoato, ma solo l'aggiunta di metazolone ha permesso la ripresa della diuresi e la riduzione anasarcatca.

Conclusioni: Il pz presentava un cuore già rimodellato e in avanzamento di stadio fino a scompensare acutamente con conseguente AKI su CKD (secondaria a 15 aa di ipoperfusione da CHF), di cui mostra esami urine ed ecografia renale caratteristici. La SCR II si caratterizza da precoce resistenza a terapia diuretica per il precoce rimodellamento dei nefroni residui, per cui occorre riconoscerla per attuare sin da subito associazione di diuretici con "blocco sequenziale del nefrone".

Sindrome da encefalopatia posteriore reversibile associata ad ipomagnesiemia: caso clinico

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Premesse: La sindrome da encefalopatia posteriore reversibile (PRES) è un disturbo ipoperfusivo che colpisce il territorio encefalico posteriore per la bassa capacità di autoregolazione del circolo di questa regione. La diagnosi di PRES indotta da ipomagnesiemia si basa sulla reversibilità dei segni neurologici e radiologici dopo normalizzazione dei livelli ematici di Mg.

Descrizione del Caso clinico: Maschio, aa 54, affetto da IA in trattamento con perindopril/amlodipina, DM tipo 2 in ADO e malattia peptica in tp con pantoprazolo da 1 anno. Da 6 mesi fascicolazioni, da 1 mese mioclonie di breve durata. All'EO: atassia dinamica, Romberg +/—, prova indice naso +/—. PV, Ecg, EGA nella norma. TC cranio senza mdc negativa. Agli esami da segnalare: [Mg]s 0.3mg/dl, [K]s 3,4 mEq/l. Ai limiti inferiori Magnesuria (2 mg/dl/24h) e Potassiuria (6 mEq/L/24h). CT, PTH, Vit D, TSH, ft3, ft4: nella norma. EEG: onde trifasiche in sede parieto-occipitale bilateralmente. Liquor negativo. Alla RMN: iperintensità cerebellare e in sede occipito-parietale bilateralmente nelle sequenze T2/FLAIR. Dopo sospensione dell'IPP, si introduceva Solfato di Mg ev con normalizzazione di [Mg]s, [K]s, [Mg]u24h, [K]u24h e miglioramento della sintomatologia neurologica. Si dimetteva con Citrato di Mg per os. La RMN encefalo a 21 gg mostrava risoluzione del quadro.

Conclusioni: Il Mg ha effetto stabilizzante dell'endotelio vascolare e la sua carenza, contribuendo all'edema cerebrale del circolo posteriore, dovrebbe essere sempre considerata nella diagnosi differenziale delle Sindromi Cerebellari poiché la sua precoce correzione può evitare danni permanenti.

An unusual case of hypoglycemia

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Premises: The most common causes of hypoglycemia are the use of medications (particularly for diabetes treatment) and alcohol abuse. Less frequently, hypoglycemia may be secondary to gastrointestinal disorders, surgery, or hormonal deficiencies. Rare causes include endogenous conditions such as insulin-secreting tumors or beta-cell dysfunctions.

Case report description: A 52-year-old woman, with a history of alcohol abuse and personality disorder, was found unconscious at home (GCS 4) with blood glucose 30 mg/dL in the setting of hypoglycemic coma. Over the previous two years, several hypoglycaemic episodes due to alcohol abuse have been reported. During hospitalization, given poor response to glucose solution infusions, the patient was initially treated with steroid, followed by diazoxide effectively. On further MRI, was relieved a pancreatic head lesion (11x10mm) located between the common bile duct and the duct of Wirsung, not capturing on PET with DOTATOC. Furtherly a diagnosis of pancreatic head insulinoma was made through echoendoscopy biopsy. Considering the hostile location of the lesion a surgical approach (DCPR or pancreasectomy) was ruled out, so she underwent radiofrequency ablation via endoscopic approach, after ERCP, sphincterectomy, and CBD prosthesis were performed. The procedure was performed without complications, and the patient achieved adequate glycemic control.

Conclusions: Although rare, insulin-secreting tumors should always be ruled out in patients with recurrent episodes of hypoglycemia, even if a more common cause is identified.

Integrazione ospedale-territorio nella gestione dei pazienti anziani con indicazione a terapie antibiotiche prolungate

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Premesse: La popolazione anziana, comorbida, necessita di frequenti ricoveri per patologie internistiche, con impiego crescente di risorse sanitarie. L'ospedalizzazione per infezioni e le infezioni correlate all'assistenza (ICA) prolungano la degenza con aumento del rischio di mortalità. L'implementazione e l'ottimizzazione delle risorse diagnostico-terapeutiche territoriali attraverso l'OPAT (out-patient antimicrobial therapy) e l'antimicrobial stewardship, può ridurre il numero e la durata delle ospedalizzazioni.

Descrizione del Caso clinico: 1) Pz di anni 91, sottoposto ad intervento di debridement in recente impianto di protesi anca infetta da *P. Aeruginosa*. Sottoposto a terapia con piperacillina/tazobactam in regime ospedaliero; alla stabilizzazione clinica e laboratoristica, il pz è stato gestito

a domicilio dall'ADI per la prosecuzione della terapia e monitoraggio. 2) Pz di anni 80, portatrice di protesi valvolare aortica biologica, diabete, ricoverata per endocardite infettiva da *Candida krusei*, trattata con caspofungina in regime ospedaliero e, alla stabilizzazione clinica e laboratoristica, gestita dall'ADI per la prosecuzione della terapia e monitoraggio.

Conclusioni: La complessità dei pazienti, la necessità di implementare la medicina territoriale e di personalizzare il percorso di cura sulla base di fattori clinici, sociali ed economici stimola a sperimentare nuovi percorsi al fine di ridurre i tempi di degenza, la mortalità ospedaliera per ICA, i costi del ricovero, migliorando la gestione del paziente a domicilio, garantendo la "casa come primo luogo di cura".

Progetto pilota: effetti dell'implementazione dell'OPAT e dell'antimicrobial stewardship in un distretto della ASL Roma 1

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Introduzione: Gli anziani vanno incontro a frequenti patologie infettive. Lo studio, condotto in un Distretto della ASL Roma 1, si propone di verificare se l'implementazione dell'OPAT e dell'antimicrobial stewardship sia efficace nel ridurre numero e durata dei ricoveri e nel ridurre il tasso di incidenza di ICA.

Materiali e Metodi: 1. Raccolta dati relativi ai ricoveri effettuati nei presidi ospedalieri dell'ASL Roma 1 mediante piattaforma di business intelligence e analisi statistica dei dati estratti; 2. Studio pilota con attivazione OPAT e antimicrobial stewardship in pazienti ricoverati con/per infezioni e in pazienti domiciliari che necessitano di terapie antibiotiche ad uso ospedaliero.

Risultati: Nel triennio 2022-2024 negli Ospedali della ASL sono avvenuti 9332 ricoveri ordinari, pari a 84011 giorni di degenza. I ricoveri per polmonite, sepsi e IVU costituiscono il 13,6% del totale, nonché l'11,25% del totale dei ricoveri negli over 65. Questi ultimi hanno generato 13848 giorni di degenza, che rappresentano il 16,48% del totale dei giorni di degenza. In medicina, fino al 50% dei pazienti prolunga il ricovero per concludere la terapia e in ortopedia circa il 40% dei pazienti con artroprotesi infetta potrebbe continuare la terapia a domicilio.

Conclusioni: L'analisi preliminare dei dati lascia ipotizzare che l'approccio OPAT potrebbe contribuire a ridurre numero e durata dei ricoveri incidendo positivamente su burden disease, turnover dei posti letto e riduzione delle ICA, favorendo dimissioni precoci e/o terapie adeguate nel setting domiciliare.

A case of non-necrotizing autoimmune myositis

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Premises: Idiopathic inflammatory myopathies (IIM) are a heterogeneous group of disorders characterized by chronic muscle inflammation. Here we present a case of non-necrotizing immune-mediated myopathy.

Description: An 82-year-old man presented to the ER with fatigue, dysphagia and progressive muscle weakness of all limbs. Blood samples revealed high levels of muscle enzymes and raised inflammatory markers. A brain CT ruled out neurological events; diffuse myopathy was present at the EMG and neurological assessment confirmed the hypothesis of an inflammatory muscle damage. He was later admitted to the General Medicine Unit for further investigations. High dose intravenous corticosteroids were administered with slight clinical and biochemical improvements. ANA tested positive at 1:1280 with a speckled pattern; ENA screening was positive for anti-RNP. Infectious and paraneoplastic etiologies were excluded. A muscle biopsy showed chronic lymphomononuclear inflammation without necrosis. A clinical deterioration occurred requiring oxygen therapy and enteral nutrition. Intravenous immunoglobulins were administered with yet poor benefits; a final attempt with anti-CD20 rituximab led to partial recovery and the patient was later discharged to a rehab unit.

Conclusions: Currently IIMs are subclassified into polymyositis, dermatomyositis, inclusion body myositis and immune-mediated necrotizing myopathy. As shown this classification has limitations since these subgroups often have overlapping features. Further investigations are therefore required for an appropriate stratification.

Chronic obstructive pulmonary disease: impact of triple inhalation therapy on hospital length of stay and mortality in an acute care geriatric ward

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Background and Purpose of the study: COPD is now the third leading cause of death in the world: in recent years there has been increasing use of triple inhaled therapy because of its effectiveness in reducing exacerbations and improving patients' quality of life. The purpose of the study is to test the impact of triple therapy on length of stay and to identify any differences in mortality in exacerbated patients receiving or not receiving triple inhaled therapy.

Materials and Methods: Single-center observational study conducted on patients admitted for COPD exacerbation at the UOC of Geriatrics of “Miulli” Hospital in Acquaviva delle Fonti from August 2024 to January 2025. Master data, comorbidities, duration and outcome of hospitalization were collected for each patient.

Results: Of the 51 total patients admitted for COPD exacerbation, 21 (41.18%) received triple inhaled therapy during hospitalization. Upon data analysis, the number of deaths was significantly lower in the group of patients treated with triple (1=5% vs 12=40%) while no significant differences were found in terms of length of hospitalization (10.4±6.9 vs 13.0±9.7).

Conclusions: Triple inhalation therapy seems to

significantly impact the hospital mortality figure but not the length of hospitalization. The small number of sample size may have affected the results, which are confirmed, however, to be encouraging for the use in clinical practice of triple therapy in patients with COPD exacerbation.

A rare case of myocarditis associated with a systemic inflammatory disease

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Premises: Myocarditis is an inflammatory disease of the cardiac muscle with highly variable clinical manifestations (fatigue, heart failure, chest pain, arrhythmias, cardiogenic shock, sudden death). The origin may be infectious or non-infectious (e.g., cardiotoxins, hypersensitivity reactions, or related to systemic disorders), although it is often unknown. Clinical suspicion is based on cardiac symptoms and ECG changes, and cardiac imaging supports the diagnosis. A definitive diagnosis is based on biopsy. Myocarditis may be a rare presentation of Adult-onset Still's disease (AOSD).

Description of the Case report: A 35-year-old man was admitted with fever, fatigue, pharyngodynia and arthralgias for ten days. On physical examination, a macular salmon-pink rash and mild splenomegaly were noted. Laboratory findings showed increased acute-phase reactants (CRP, ESR, IL-6) and serum aminotransferases. Microbiological investigations, autoimmune panel, and CT scan were inconclusive. Subsequently, clinical deterioration was observed, with respiratory failure, troponin I elevation, and ECG changes with T wave inversion in the anterolateral leads. The patient was transferred to the subintensive care unit. The MR findings were consistent with myocarditis. AOSD was suspected, and high-dose steroids and anti-IL1 therapy were started, resulting in progressive clinical improvement.

Conclusions: The diagnosis of myocarditis can be challenging due to the multiple potential causative factors. Cardiac involvement in systemic inflammatory diseases represents an important prognostic factor.

Formazione sul campo: pillole di medicina

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Premesse e Scopo dello studio: La mappatura delle competenze eseguita nel reparto di medicina ha evidenziato la necessità di omogeneizzare conoscenze e competenze all'interno del team. L'obiettivo del progetto era strutturare un piano di formazione sul campo, condotto da personale medico e infermieristico esperto, partendo dai bisogni emersi.

Materiali e Metodi: Sulla base dei bisogni emersi dall'analisi della mappatura delle competenze, sono stati identificati gli argomenti prioritari da trattare. È stato quindi sviluppato un progetto formativo, in collaborazione con il servizio di formazione, che ha definito tempi, contenuti, relatori e modalità di accreditamento. Ogni evento formativo mensile, della durata di due ore, ha coinvolto un medico e

due infermieri specialisti del tema. Gli argomenti sono stati trattati partendo da casi clinici incontrati durante la pratica clinica.

Risultati: Gli eventi formativi hanno registrato una partecipazione significativa. I feedback raccolti indicano un apprezzamento generale per la modalità di formazione sul campo e per i contenuti altamente trasferibili e legati al contesto. Il livello di conoscenze raggiunto, misurato attraverso questionari di valutazione, è risultato ottimo. Il confronto paritario nel team multi professionale è stato valore aggiunto di questo progetto.

Conclusioni: L'organizzazione di eventi formativi interni condotti dal personale di reparto si è rivelato un approccio utile per favorire il confronto, diffondere nuove evidenze scientifiche e veicolare messaggi fondamentali per garantire cure sicure e di qualità.

Progetto di pianificazione assistenziale in area medica

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Premesse e Scopo dello studio: L'assistenza centrata sul paziente è un elemento essenziale per garantire cure di qualità. Questo studio ha l'obiettivo di individuare, a partire dagli item della scala Barthel, un Minimum Data Set di obiettivi assistenziali. Lo scopo è supportare la pianificazione infermieristica, favorendo il mantenimento o il recupero dell'autonomia nei pazienti ricoverati in area medica.

Materiali e Metodi: Un gruppo di infermieri ha definito quattro livelli graduali di obiettivi per ciascun item della scala, differenziati nel medio e lungo termine. Gli obiettivi sono stati strutturati secondo criteri di temporalità, centralità del paziente, misurabilità dei risultati ed eventuale ripianificazione. È stata inoltre sviluppata una modalità informatizzata per tracciare il percorso e i progressi dei pazienti.

Risultati: Lo studio ha portato alla creazione di uno strumento operativo contenente obiettivi specifici per ciascun item della scala. Per ogni area di bisogno individuata, lo strumento consente di determinare il livello iniziale del paziente, definire il risultato atteso e pianificare l'assistenza in modo continuo. È stato prodotto inoltre un format attraverso il quale l'infermiere può verificare in maniera agile i progressi del paziente.

Conclusioni: Questo strumento rappresenta un supporto per sviluppare un'assistenza focalizzata sulla pianificazione con focus specifico sui bisogni di base. Per valutarne l'efficacia, saranno identificati indicatori di esito e di processo al fine di monitorare l'impatto sulla qualità dell'assistenza.

Influenza A acute encephalitis

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Case report: Male 52 ys old, came in ED due to fever and cough for about 1 week. Anamnesis of monoclonal gammopathy. First examination: GCS 15, stable vitals, apiretic, slight slowing of speech but no neurological signs; diffusely reduced VM. BGA: mild hyposodiemia. Lab tests

were normal. On brain CT: not focal lesions; chest CT: little abdensations at both lower lobes, pleural effusion, thin pericardial effusion. Empiric antibiotic therapy and nasopharyngeal swab for respiratory viruses were performed: positive for Flu virus A. Re-evaluating him a few hours later: worsening neurological conditions, aphasia and inability to make simple commands until the onset of seizure episode treated with Diazepam. He was placed in shock room and spinal tap was made: clear CSF, normal proteins and glucose, with slight increase in leukocyte count, compatible with viral infection, however, the filmarray was negative for the main viruses and bacteria. Due to the coma state (GCS 8), he was transferred to ICU assuming an Influenza A Virus encephalitis. After about 10 days the patient was progressively extubated and awakened.

Discussion: Influenza encephalitis is a rare neurological complication that can occur because of influenza virus infection, particularly influenza A and B. Diagnosis is based on clinical symptoms, and neurological examination. Treatment involves hospitalisation and supportive care. Antiviral medications like oseltamivir may be prescribed. The prognosis can vary, some cases can be mild, while others can be severe and result in long-term neurological deficits or death.

La pet therapy, il ruolo dell'infermiere nell'equipe multidisciplinare

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La pet therapy è un intervento terapeutico che impiega la presenza di animali per migliorare il benessere fisico, emotivo e sociale dei pazienti. Recenti studi hanno confermato che riducendo i livelli di stress, ansia e depressione, migliora la qualità della vita e favorire la socializzazione in contesti di ospedalizzazione, case di cura e strutture per la salute mentale. L'interazione con animali, stimola la produzione di ossitocina e riduce i livelli di cortisolo, contribuendo a un miglioramento del benessere psicologico. Il ruolo dell'infermiere è fondamentale nell'integrazione della pet therapy nei piani di cura in quanto è il professionista responsabile della valutazione delle esigenze dei pazienti e della pianificazione delle attività terapeutiche, assicurandosi che l'interazione con gli animali sia sicura e appropriata; monitorando le reazioni e i benefici. Inoltre, gli infermieri possono svolgere un ruolo attivo nella ricerca e nella raccolta di dati riguardanti l'efficacia della pet therapy, contribuendo a una base di evidenze sempre più solida. Collaborando con team multidisciplinari, l'infermiere può garantire un approccio olistico alla cura del paziente, integrando la pet therapy come intervento complementare nelle pratiche assistenziali. In conclusione, la pet therapy rappresenta un'opportunità significativa per migliorare la qualità della cura e il benessere dei pazienti. L'impegno degli infermieri nella sua implementazione e valutazione è essenziale per massimizzare i benefici terapeutici e promuovere un ambiente di cura positivo.

Extranodal NK/T-cell lymphoma: a diagnostic challenge

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Premises: According to the 5th edition of the WHO Classification of Haematolymphoid Tumours, Extranodal NK/T-cell Lymphoma (ENKTCL) represents a diagnostic challenge, as it can initially involve extranodal sites beyond the nasal region, including the testis. Additionally, ENKTCL can disseminate to other sites, including, rarely, the central nervous system (CNS) and progress to life-threatening disorders such as hemophagocytosis. This update emphasizes the heterogeneity of clinical presentations, which often mimic various non-hematological conditions, such as infectious diseases, complicating the diagnostic process.

Description of the Case report: A 66-year-old male was admitted with a three-month history of remittent fever, pancytopenia, left testicular swelling poorly responsive to antibiotics and the onset of neurological signs (left third cranial nerve deficit with ptosis, lower limb asthenia and paresthesias). A multidisciplinary diagnostic workup, including microbiological, laboratory, and instrumental investigations, was conducted to exclude other causes of febrile conditions, such as infectious diseases (*e.g.* tuberculosis) and neoplasms. Cytological cerebrospinal fluid analysis, testis histology, and marrow biopsy identified EBV-related NK lymphoma with CNS dissemination and hemophagocytosis. Despite prompt initiation of therapy, the patient died within a month.

Conclusions: This case report underscores the importance of multidisciplinary and systematic diagnostic workup in cases of fever of unknown origin with rare etiology.

Rare diseases united: a complex case of mixed histiocytosis

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Background: Mixed histiocytosis is a rare disorder defined by the coexistence of Langerhans Cell Histiocytosis (LCH) and Erdheim-Chester Disease (ECD), two systemic clonal and multi-organ fibro-inflammatory diseases. Clinical picture is multifocal, potentially affecting bones, lungs, lymph nodes, central nervous system and the vascular district. Diagnosis is complex and biopsy-dependent, as different specimens may reveal a pathological pattern only specific of one of the two diseases. BRAF mutation is often detected.

Case report: A 66-year-old woman presented with recurrent left cervical tumefaction, asthenia and intermittent fever. CT and PET revealed generalized lymphadenopathies with a colliquate aspect in the pericecal area, circumferential thickening of the aorta and the presence of bilateral perirenal tissue. A broad infectious, oncological and autoimmune workup was inconclusive. IgG4 disease was ruled out by a cervical lymph node biopsy, which showed xanthogranulomatous inflammation. Laparoscopic biopsy of the pericecal lymphadenopathy was performed, revealing LCH, however age of onset, clinical and radiological findings were more suggestive of a non-Langerhans histiocytosis, such as ECD. Presence of BRAFV600E mutation was identified.

Conclusions: A diagnosis of mixed histiocytosis was raised by a multidisciplinary team and the patient was referred to a tertiary care center. Given the poor characterization of the disease and the biopsy-dependent diagnosis, a sample displaying the ECD histological pattern is being sought, with a focus on the perirenal tissue.

Diagnosis and management of a rare case of hereditary angioedema without family history

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Background: Hereditary angioedema (AEH) is a rare disease characterized by recurrent episodes of subcutaneous and/or submucosal edema. Although it is generally associated with a positive family history, sporadic cases due to *de novo* mutations have been described.

Case report: 34-year-old woman presents for recurrent episodes of facial and abdominal edema, accompanied by intense pain and nausea. Episodes occur without apparent triggering factor and do not respond to antihistamines or steroids. No family history or self-immunity diseases. The laboratory shows low C4 levels and a marked reduction in the functional C1 esterase inhibitor, confirming the diagnosis of AEH. Genetic analysis shows a *de novo* mutation of the SERPING1 gene. The patient was initially treated with symptomatic therapy during attacks using concentrated C1 esterase inhibitor. Long-term prophylaxis with lanadelumab was then done with a reduction in acute attacks.

Conclusions: Hereditary angioedema can occur without a family history, requiring a high index of clinical suspicion. Personalized therapy allows a significant improvement in the patient's quality of life.

A rare case of Takotsubo syndrome in a young patient without cardiovascular risk factors

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Background: Takotsubo syndrome, or "stress cardiomyopathy," is a transient condition characterized by ventricular dysfunction similar to myocardial infarction, but without significant coronary obstructions. It occurs predominantly in postmenopausal women and rarely in young people without risk factors.

Case report: A 28-year-old man presents to the Emergency Department with acute chest pain and dyspnea that appeared after an intense episode of emotional stress related to a family bereavement. The electrocardiogram shows reversal of T waves in the anterior leads, while troponin I levels are moderately elevated. Coronary angiography excludes significant stenotic lesions. Echocardiography reveals apical akinesia with reduced left ventricular systolic function (EF 35%). After initial management with beta-blockers, ACE inhibitors, the patient shows rapid clinical improvement and normalization of left systolic ventricular function within six weeks.

Conclusions: this case highlights the importance of considering the syndrome also in young and male patients,

especially in contexts of high psychological stress. The absence of cardiovascular risk factors does not exclude diagnosis, and timely recognition can prevent complications.

A rare case of fulminant myocarditis: diagnosis and emergency management

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Background: Fulminant myocarditis is a rare and potentially fatal condition characterized by acute myocardial inflammation and rapid hemodynamic deterioration. Early diagnosis and timely management are crucial to improve outcomes.

Case report: A 34-year-old man presented to the Emergency Department with severe dyspnea, chest pain, and fatigue. He reported an upper respiratory infection 10 days prior. Physical examination revealed hypotension (BP 85/50 mmHg), tachycardia (120 bpm), and pulmonary congestion. Laboratory findings showed elevated high-sensitivity Troponin T (4.5 ng/mL, normal <0.014 ng/mL), CRP (45 mg/L), and BNP (1300 pg/mL). The ECG displayed diffuse ST-T abnormalities. Echocardiography revealed severe left ventricular dysfunction (EF 25%) and mild pericardial effusion. Cardiac MRI confirmed myocardial edema and necrosis consistent with myocarditis. The patient was admitted to the cardiac intensive care unit for inotropic support (dobutamine) and non-invasive ventilation. Intravenous immunoglobulin and high-dose steroids were initiated. After 10 days, significant clinical improvement and partial recovery of ventricular function (EF 45%) were observed.

Conclusions: This case underscores the importance of early clinical suspicion and multidisciplinary management in fulminant myocarditis. Timely intervention led to a favorable outcome in this life-threatening condition.

Danno neurocognitivo alcol-correlato: dati preliminari di uno studio osservazionale prospettico

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Premesse e Scopo dello studio: Questo studio indaga l'associazione tra disturbo da uso di alcol (DUA) e sviluppo di deficit cognitivo inteso come alterazione ai principali test di funzione neurocognitiva, danno ancora poco descritto in letteratura e privo di criteri diagnostici standardizzati.

Materiali e Metodi: Sono stati valutati 42 individui (età 49,6±9,9 anni, m/f 33/9) affetti da DUA afferenti a due Centri Alcolologici Ospedalieri con Mini Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA), Clock Drawing Test (CDT) al reclutamento (T0) e a sei mesi (T6) dopo astensione e riabilitazione alcolologica. I pazienti hanno eseguito RMN encefalo.

Risultati: Al T0 sono stati rilevati deficit cognitivi significativi (16.6% MMSE<24, 66.6% MoCA<26, 26.1% CDT<9). Al T6 si rileva un miglioramento significativo

nelle medie di MMSE e CDT, ma non di MoCA che persiste<26 nel 44.4% dei casi. In generale vi è correlazione statisticamente significativa ($p < 0.05$) tra deficit cognitivo e presenza di atrofia cerebrale, gliosi alla RMN, anamnesi positiva per uso di stupefacenti, benzodiazepine e sindrome astinenziale alcolica maggiore (AWS).

Conclusioni: I nostri risultati suggeriscono la necessità di esplorare con test adeguati le funzioni cognitive maggiormente alterate nei pazienti con DUA, in particolare funzioni esecutive e memoria a breve termine sembrerebbero maggiormente compromesse (persistente alterazione di MoCa nel tempo). Inoltre AWS potrebbe comportare un danno neurocognitivo sottodiagnosticato, con necessità quindi di una adeguata prevenzione.

Efficacia di tirzepatide nel trattamento di una paziente affetta da obesità e scompenso cardiaco a frazione di eiezione conservata

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Premesse: L'obesità è sempre più riconosciuta come un fattore determinante nello sviluppo dello scompenso cardiaco a frazione di eiezione conservata (HFpEF). Recenti trial clinici randomizzati mostrano come vi sia un rapido miglioramento dei sintomi cardiaci dopo calo ponderale ottenuto con l'uso di tirzepatide.

Descrizione del Caso clinico: Donna di 84 anni, affetta da HFpEF in cardiopatia ipertensiva, fibrillazione atriale, insufficienza renale cronica ed obesità di 3° classe con prediabete, in terapia con furosemide per os, metalazone, bisoprololo, potassio canreonato, dapagliflozin, atorvastatina, edoxaban e trattamento mensile aggiuntivo con furosemide endovena. Tra luglio e dicembre 2024, è stata ricoverata 4 volte per riacutizzazioni di scompenso cardiaco (agosto, ottobre, novembre, dicembre). Durante l'ultimo ricovero, è stato concordato di avviare il trattamento con tirzepatide sottocute per la gestione dell'obesità. Come da scheda tecnica la terapia è iniziata al dosaggio di 2.5 mg settimanali per un mese, poi aumentata a 5 mg. La paziente presentava inappetenza, ma non nausea/vomito. Dopo 2 mesi, al controllo di febbraio 2025, presentava calo ponderale di 10 kg, riduzione dei valori di proBNP/PCR e riferiva un netto miglioramento della dispnea e della qualità di vita.

Conclusioni: la terapia con tirzepatide nei pazienti affetti da obesità e HFpEF sembra ridurre i sintomi dello scompenso e la frequenza delle riacutizzazioni e potrebbe rappresentare una nuova strategia terapeutica per migliorare la gestione dello scompenso cardiaco in questa popolazione di pazienti.

A rare case of brain abscess and pyogenic ventriculitis in a low-risk, immunocompetent patient

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Premises: A brain abscess is a life-threatening infection, with an incidence of 0.4-1.3 per 100,000 people annually in Europe. Common causes in immunocompetent patients

include oral bacteria like *Streptococcus anginosus*, *Fusobacterium*, and *Aggregatibacter*, often linked to dental or ear infections.

Description of the Case report: A 75-yo male was admitted for sudden onset of aphasia associated with low fever, with a contrast CT scan revealing a lesion with well-defined margins, in the deep left frontal area. The differential diagnosis could include both a neoplastic lesion and an abscess-like lesion, even if the patient was immunocompetent, therefore therapy with ceftriaxone and metronidazole was started. Diagnostic workup included a negative chest/abdominal CT for neoplasia and a brain MRI that confirmed an abscess-like lesion extending to the ventricles, in a deep position unsuitable for drainage. Therefore, lumbar puncture revealed bacterial infection, with polymicrobial gram-positive flora compatible with oral microorganisms. Dental evaluation identified apical osteolysis leading to extractions. Infectious disease consultation recommended antibiotics for 8 weeks total, with follow-up brain MRI. Blood cultures, test for HIV and Toxoplasma were negative.

Conclusions: A brain abscess is challenging to treat, with neurosurgical drainage and high-dose antibiotics (3rd-generation cephalosporin combined with metronidazole) being the mainstays of management. Mortality rates are 7% at 30 days and 20% at 1 year. About 70% of survivors experience neurological deficits or epilepsy.

Winning against weakness: early action in a tricky neuropathy diagnosis

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Premises: Multifocal motor neuropathy (MMN) is a rare condition characterized by gradual, uneven muscle weakness and wasting, without sensory loss. It's an immune-mediated disorder that improves with IVIG treatment (while steroid therapy can worsen it), anti-GM1 antibodies may be positive but not specific.

Description of the Case report: A 63-yo woman with history of alcohol abuse, previously diagnosed with toxic sensory polyneuropathy, was hospitalized for rapid worsening of weakness in the lower limbs and inability to walk. Limb tendon reflexes were absent, no cranial nerves involved. She was supplemented with B12, folic acid and thiamine. EMG showed severe S-M polyneuropathy with motor predominance and demyelinating signs. IFE, SPEP and BJ protein were negative. Lumbar puncture was negative for infection and MS. MRI of the brain and spinal cord showed no significant alterations. In the suspect of MMN and with worsening symptoms, she was started early on immunoglobulin therapy for 3 days with progressive improvement in motor function and poor sensorial response. Anti-ganglioside antibodies and peripheral neuropathy panel showed later to be negative.

Conclusions: Spontaneous remission has not been observed. Treatment should be started early if the condition begins to interfere with daily activities. In this case the entity of the damage and the involvement of the motor component lead to the suspect that an autoimmune condition coexisted with toxic damage. Negativity of specific antibodies doesn't exclude the diagnosis, especially considering the optimal therapeutic response.

Thrombotic microangiopathy: a complex patient case

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Description of the Clinical case: A 58-year-old man presented to our department in October 2023 because of headache with abdominal pain and vomiting. Unknown hypertension was found (PA 200/110), laboratory tests showed severe renal insufficiency (Creatinine 8.4 mg/dL) and a laboratory picture compatible with thrombotic microangiopathy (Hb 7.2 g/dL, platelets 72000/μl, elevated LDH and bilirubin with the presence of schistocytes on the peripheral smear), positive brain CTA for cerebellar hemorrhagic lesion of no neurosurgical interest. The dosage of the ADAMTS13 was normal, the direct Coombs was negative, as well as the Shiga-Toxa search. Meanwhile, the patient was undergoing dialysis and plasmapheresis. In the following days he developed pulmonary edema on a hypertensive basis that readily resolved after antihypertensive therapy, diuretics and non-invasive ventilation. Upon clinical stabilization, he performed ultrasound-guided renal biopsy which confirmed the clinical suspicion of atypical uremic-hemolytic syndrome (aSEU). Patient undertook therapy with Eculizumab with gradual improvement of the clinical situation.

Conclusions: Our case presentation confirms that even an aSEU, generally with prevalent renal involvement, can present a varied picture with multi-organ involvement. Early identification of the clinical problem associated with accurate diagnosis can lead to a favorable prognosis.

West Nile virus case series: clinical, laboratory, neuroimaging features and off-label use of remdesivir

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Premises: West Nile virus (WNV) is a flavivirus transmitted by mosquitoes (*Culex* spp) mainly in the summer and autumn seasons. Recent cases have been reported in the province of Benevento, demonstrating the effects of climate change on the development of ideal environments for vectors.

Case report: This case series describes the clinical presentation, laboratory findings, outcomes of patients with confirmed or probable autochthonous WNV infection admitted to the "San Pio" Hospital from August to October 2024. Thirteen patients were enrolled, mean age 73 years. The most common symptoms were fever, postural instability and altered sensorium. According to the EU case definition, 38.5% cases were confirmed (positive WNV-RNA in serum or cerebrospinal fluid-CSF-) and 61.5% cases

were probable (positive serology only). The laboratory documented the presence of WNV-RNA in CSF in only one immunocompromised patient with severe illness, admitted to ICU. Blood tests showed a tendency towards lymphopenia and thrombocytopenia with negative PCR. Among patients who underwent brain MRI, two patients showed typical signs of WNV encephalitis. About therapy, the 30.7% received an off-label use of remdesivir for at least five days. The mortality rate was 0%; three patients required rehabilitation after hospitalization.

Conclusions: Most infections are asymptomatic or mild but in a minority of cases, especially in elderly or immunocompromised individuals, the infection may evolve into severe forms with central nervous system involvement. The use of remdesivir presents a therapeutic possibility with a good safety profile.

An unusual case of olmesartan's induced enteropathy

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Premises: Olmesartan, an angiotensin receptor blockade (ARB) antihypertensive drug, has recently been associated to enteropathy with an increased occurrence of symptoms like diarrhea, weight loss, acute kidney injury (AKI), and electrolytes imbalance.

Description of the Case report: A 70-years-old woman came to our attention manifesting profuse diarrhea and oligoanuria from 2 days. At laboratory tests: AKI with creatinine 11.81 mg/dl, hypokalemia (2.3 mmol/l), increased white blood cell count; at arterial blood gas (ABG) severe metabolic acidosis (pH 7.10, HCO₃- 5.10, pO₂ 114, PCO₂ 14.4, Spo₂ 98%). Her past medical history included: hypertension, previous deep vein thrombosis in treatment with doxazosin, olmesartan and hydrochlorothiazide. We set up bicarbonate, fluid and empiric antibiotic therapy and started to investigate the causes of diarrhea. Cultural exams (*Salmonella*, *Shigella*, *Campylobacter*, *Vibrio Cholerae*, *Clostridium Difficile*, parasitological exam and calprotectin in feces) and anti-transglutaminase and anti-endomysial antibodies, resulted all negative. Colonoscopy also resulted negative. Esophagogastroduodenoscopy showed atrophy of the villi and hyperplasia of the villi. Diarrhea still persisted. Patient was on home therapy with olmesartan which, can be associated to enteropathy characterized by profuse diarrhea, weight loss, malabsorption.

Conclusions: Olmesartan induced enteropathy is associated to diarrhea, weight loss, electrolytes imbalance. Its characteristic is the resolution of the symptomatology after drug suspension.

Dividing the pancreas multiplies lipases: acute pancreatitis by pancreas divisum

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Premises: Pancreas divisum is the most common congenital malformation of the pancreas. 95% of cases are asymptomatic with an incidental diagnosis.

Case report: 20 years old woman came to ED for abdominal pain, fever and diarrhoea unresponsive to treatment. On examination she presented stable vital signs and abdominal pain in the lower quadrants. Blood tests showed lipase 1850 IU/L. On suspicion of pancreatic pathology she performed ultrasound and CT scan of the abdomen and found an enlarged pancreas and peripancreatic fluid compatible with acute pancreatitis. There wasn't biliary lithiasis and she denied alcohol use. Therefore she started antibiotic and rehydration therapy. Due to lack of improvement she underwent abdominal MRI and cholangioRMN which showed an incomplete pancreas divisum.

Conclusions: Recurrent acute pancreatitis has a documented association with pancreas divisum. This abnormality is caused by a failure to fuse the ventral and dorsal pancreatic ducts early in embryogenesis, with a dominant dorsal pancreatic duct draining into the lesser papilla and a small ventral pancreatic duct draining into the greater papilla. The incomplete variant sees a small branch of communication between the two systems. Intermittent inflammation of the gland is caused by episodic obstruction of pancreatic secretions in the small dorsal duct orifice. Treatment is reserved for patients with recurrent attacks of acute pancreatitis. Sphincterotomy of the minor papilla is the first-line therapy and surgery is performed if endoscopic drainage fails or in cases with altered anatomy

Febbre e lombalgia.. e arrivò la sorpresa

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Premesse: Le cause di febbre di origine sconosciuta sono numerose. Il caso descritto rappresenta una sfida diagnostica per l'internista, soprattutto per l'assenza della classica sintomatologia della tubercolosi e del complesso primario polmonare, in un paziente italiano senza episodi di esposizione al micobatterio.

Caso clinico: Uomo di 75 anni giungeva alla nostra osservazione per un quadro caratterizzato da febbre a carattere ondulante da due settimane, con dolori lombari. In anamnesi, diabete mellito, ipertensione, pregressa artroprotesi sinistra. Gli esami ematici documentavano lieve incremento degli indici specifici di flogosi. Abbiamo inviato esami culturali e richiesto una TC total body, che ha documentato una lesione a carico dell'articolazione sacroiliaca destra, che la successiva RM ha descritto come una raccolta con materiale necrotico. Abbiamo richiesto una biopsia, che ha rilevato la positività per BK. Nessuna localizzazione polmonare di malattia. Il paziente ha intrapreso triplice terapia antitubercolare e il controllo RM a 8 mesi ha mostrato risoluzione del quadro.

Conclusioni: Una localizzazione ossea isolata di tubercolosi

va sospettata in pazienti con febbre e dolori articolari che non presentino cause ortopediche, reumatologiche o infettive note, nonostante sia, comunque, una patologia rara. Il pericolo è rappresentato dal possibile coinvolgimento midollare, con manifestazioni neurologiche via via maggiori. La diagnosi viene posta con esami ematici, RM e biopsia. La prognosi è buona a lungo termine, se trattata precocemente con farmaci antitubercolari.

La sindrome di Richter, questa sconosciuta

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Premesse: La sindrome di Richter è una rara complicanza che compare nel 5-10% dei pazienti con leucemia linfatica cronica e consiste nello sviluppo di linfoma aggressivo diffuso grandi cellule B che, spesso, costituisce un'evoluzione clonale della LLC-B stessa. I pazienti presentano un peggioramento rapido delle proprie condizioni. La SR può presentarsi in qualsiasi momento dopo una diagnosi di LLC, e in circa il 50% dei casi insorge in pazienti che non avevano ricevuto alcuna terapia per la loro leucemia.

Caso clinico: Donna di 85 anni, autonoma nelle attività della vita quotidiana, viene ricoverata per iperpiressia e difficoltà nella deambulazione da tre giorni. In anamnesi, si segnala leucemia linfatica cronica in follow up, mai trattata per stabilità del quadro. All'esame obiettivo si rilevano nodulazioni palpabili in sede sovraclaveare e a livello degli arti superiori e inferiori. La TC total body mostra la presenza di plurime localizzazioni di tessuto patologico in pressoché tutte le stazioni linfonodali. Richiediamo, dunque, una biopsia di un linfonodo inguinale, che pone diagnosi di linfoma B diffuso a grandi cellule, ad elevato indice mitotico. Nonostante l'inizio della terapia, la paziente muore dopo 2 settimane.

Conclusioni: La diagnosi di sindrome di Richter è da considerare nei pazienti affetti da leucemia linfatica cronica che presentino un rapido peggioramento delle condizioni cliniche. La sindrome ha una prognosi sfavorevole ed una sopravvivenza mediana di circa 10 mesi che, negli anni, non è stata modificata nonostante l'avvento di nuovi farmaci.

Lung and liver: a dangerous relationship!

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Premises: Hepatitis C virus (HCV) causes progressive liver damage up to cirrhosis and hepatocellular carcinoma. HCV is also responsible of extrahepatic manifestations such as cryoglobulinemia, lymphoma and cardiovascular, renal, metabolic, respiratory and central nervous system diseases driven by HCV-triggered immune-mediated mechanisms.

Description of the Case report: 59-year-old woman with hereditary spastic paraplegia presented to ED for trauma from road accident. Because of type 1 respiratory failure a

chest CT was performed that showed ground-glass opacity spread in the lung. In the suspicion of interstitialopathy we performed a bronchoalveolar lavage showing no features to support an alternative diagnosis. The patient had a history of untreated HCV infection. The HCV-RNA resulted 20.100.000 UI/mL (genotype 2a2c). Autoantibody testing and cryoglobulinemia resulted negative. We suspected an idiopathic pulmonary fibrosis, whose association with chronic hepatitis C is already described in literature. The role of HCV in the pathogenesis of interstitial lung diseases is not completely understood, but HCV-related chronic immune activation and inflammation may be involved.

Conclusions: the aim of this case-report is to remind the association between pulmonary fibrosis and chronic HCV infection, which is little described in literature so that many aspects remain to be clarified.

A tricky case of hyponatremia

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Background: Delirium represents a challenge in Emergency Departments and an early identification of the etiology is crucial. A common cause of delirium is hyponatremia.

Case description: A male patient from Sri Lanka, was admitted to Emergency Department of Antonio Cardarelli Hospital due to mental confusion. Blood tests revealed severe hyponatremia (101 mEq/L), elevated adrenocorticotrophic hormone, and decreased cortisol levels, consistent with Addison's disease. A full-body CT scan showed a pulmonary tuberculoma, adrenal calcification and spondylodiscitis. Sputum analysis confirmed a diagnosis of tuberculosis.

Conclusions: Hyponatremia is the most common electrolyte imbalance in the Emergency Department and it might be secondary to Addison's disease. When facing low blood sodium in high-risk subjects, such as migrants, a possible mycobacterial infection should always be taken into consideration. Indeed, the early identification of tuberculosis is important to improve treatment and reduce health-care costs.

Una strisciante polmonite

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Premesse: L'ascenso epatico è una rara patologia infettiva che può essere riscontrata in ambito internistico; circa un ascenso epatico su cinque è causato da *Entamoeba histolytica*.

Caso clinico: Uomo, 43 anni, ricoverato in Medicina Interna per polmonite bilaterale non responsiva alla terapia antibiotica domiciliare. Al RX torace segnalati polmonite bilaterale ed innalzamento dell'emidiaframma destro. Impostata terapia antibiotica con levofloxacina e ceftriaxone. Ricerca dell'agente eziologico d'infezione negativa. Clinicamente persistenza di febbre e dolore toracico pleurítico destro. All'ecografia del torace riscontro

occasionale di tre formazioni al lobo destro del fegato (max. 11 cm), che il successivo studio TC descriveva come ascessi epatici. In anamnesi riferiti frequenti viaggi, l'ultimo a Zanzibar l'anno precedente, durante il quale era comparsa una diarrea ematica non indagata. Sierologia per *Entamoeba histolytica* positiva. Non poste indicazioni chirurgiche, effettuato drenaggio ecoguidato dei due ascessi maggiori, con conferma della positività per *Entamoeba histolytica* mediante PCR sul materiale drenato. Modificata terapia antibiotica con metronidazolo e paramocimina.

Conclusioni: L'ascesso epatico è gravato da alta mortalità e richiede un approccio multidisciplinare infettivologico, radiologico e chirurgico. Il trattamento è inizialmente medico tramite terapia antibiotica ad ampio spettro ed eventualmente interventistico; l'approccio chirurgico è destinato alle complicanze. L'*Entamoeba histolytica* deve essere sempre esclusa come possibile causa eziologica.

Hypercalcemia-induced pancreatitis: a case report

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Premises: Acute pancreatitis (AP) continues to be one of the most common abdominal emergencies. Most common etiologies are stones and alcohol. Hypercalcemia though uncommon has been reported to cause acute, recurrent and chronic pancreatitis.

Case description: A 53-year-old patient, with history of recurrent pancreatitis, was admitted with a clinical, laboratory and radiological picture of AP. No evidence of stones (previous cholecystectomy), no alcohol neither viral etiology. On laboratory tests elevated serum calcium (11.6 mg/dl) and PTH (124 ng/dl). At parathyroid scintigraphy formation at right paratracheal site, posterior to lower third of right thyroid lobe: picture compatible with primary hyperparathyroidism. At PET choline scan multi nodular thyroid increased in size and tracer hyperfixation. The patient underwent right parathyroidectomy and total thyroidectomy. In the postoperative period, the levels of serum PTH and calcium decreased. No more episodes of pancreatitis. Histopathological examination confirmed diagnosis of right parathyroid adenoma and papillary thyroid carcinoma.

Conclusions: Hypercalcemia may lead to multi-organ clinical manifestations. However, AP as the first presentation of PHPT-induced hypercalcemia is rare (prevalence between 1.5% and 7%). The clinical features are nonspecific; therefore, diagnosis can be difficult. It should be actively investigated to prevent further attacks of AP and progression to chronic. Early recognition and early targeted treatment may be the best way to address the corresponding diseases.

Efficacia della naldemedina nel trattamento della stipsi indotta da buprenorfina in pazienti assistiti in cure palliative

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Premesse e Scopo dello studio: La stitichezza è un effetto collaterale degli oppioidi ed è associata a una ridotta qualità della vita. Obiettivo valutare l'efficacia della naldemedina (N) sulla risoluzione della stipsi resistente ai comuni lassativi

(OIC) indotta dall'utilizzo della buprenorfina, valutando anche il miglioramento della Qualità di Vita (QdV), considerando l'elevata affinità recettoriale della buprenorfina.

Materiali e Metodi: Studio osservazionale, retrospettivo, su pazienti oncologici avviati ad un percorso di cure palliative. Tutti in trattamento con buprenorfina transdermica da almeno 2 settimane e dolore controllato da almeno 7 giorni. Tutti hanno manifestato OIC, misurata dal Constipation Assessment Scale [CAS] e dall'Indice di funzione intestinale [BFI]. Tutti trattati con naldemedina 200 mg die, con concomitante sospensione dei comuni lassativi, per 4 settimane. La QdV valutata con intervista semi-strutturata. Tutti i parametri misurati al T0, a 1 e 4 settimane.

Risultati: 16 pazienti affetti da patologia neoplastica in cure palliative affetti da OIC. Nelle 4 settimane c'è stata risoluzione della stipsi nel 94% dei casi. 5 pazienti hanno risolto la stipsi nelle prime 12 ore. Il trattamento con N non ha inficiato sul controllo del dolore. Tre pazienti hanno manifestato effetti collaterali. L'88% ha riscontrato un "elevato" miglioramento della QdV.

Conclusioni: La N è un trattamento efficace nel trattamento della OIC indotta da buprenorfina, resistente ai comuni lassativi, portando ad un miglioramento della QdV.

Systemic lupus erythematosus and racial differences

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Premises: Systemic Lupus Erythematosus is an uncommon, chronic and autoimmune multi-system disorder. SLE is common in black young women residing in Europe and North America, but it's a rare disease in West Africa. Black people have a greater probability of developing serious complications, especially kidney disease.

Description of Case report: We report the case of a 37-year-old Nigerian male admitted to internal medicine for lung failure and CT finding of right pleural effusion, supraclavicular and axillary lymphadenopathies and hepatosplenomegaly. Laboratory tests showed a microcytic anemia, kidney failure (stage G3b) and severe proteinuria (16g/24h). The diagnosis of SLE was made after confirmation of positive autoimmunity (ANA and anti dsDNA) and histological examination of the kidney biopsy. The patient was referred for follow-up after starting therapy with steroid, hydroxychloroquine and mycophenolate mofetil, with partial reduction of proteinuria and improvement of kidney failure.

Conclusions: Although SLE is a rare disease, it's a one of the main causes of death in young black women. Despite the severity of the disease and the low chance of achieving complete remission, these ethnic groups are often underrepresented in clinical trials. Therefore, it is necessary to encourage knowledge of these mechanisms that could induce a fair clinical response both in relation to sex, and to different ethnic groups, encouraging a wider enrollment of these ethnic groups in clinical trials.

La vertigine: non sempre è quello che ci si aspetta

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Premesse: La vertigine è un sintomo che può essere attribuito a affezioni vestibolari (periferiche) o neurologiche (centrali). Nel secondo caso derivano principalmente da disfunzioni di tronco encefalico, cervelletto e vie che connettono queste strutture al sistema vestibolare. La diagnosi differenziale comprende ictus, sclerosi multipla, tumori e cause più rare come il conflitto neurovascolare.

Descrizione del Caso clinico: Uomo di 59 anni con elevato rischio cardiovascolare (ipertensione arteriosa, dislipidemia e diabete mellito scarsamente compensato), accede in PS per vertigine soggettiva ed instabilità posturale. Manifesta test di Romberg positivo, lateropulsione destra e nistagmo polidirezionale, head shaking test negativo. Nel sospetto di genesi centrale eseguita TC encefalo negativa per lesioni significative. Disposta quindi RM encefalo che confermava l'assenza di lesioni parenchimali, in particolare ischemiche, ma segnalava una sindrome da conflitto neurovascolare tra arteria cerebellare antero-inferiore destra (AICA) e VIII nervo cranico. Presi accordi per valutazione ed eventuale trattamento neurochirurgico.

Conclusioni: Le sindromi da conflitto neurovascolare si realizzano perlopiù a livello dell'angolo ponto-cerebellare e sono date dalla compressione da parte di una struttura vascolare su di un nervo cranico con comparsa di sintomatologia neurologica. Tra le più rare abbiamo quella tra VIII nervo cranico e AICA. La diagnosi si ottiene tramite RM e la gestione è tipicamente chirurgica.

Ramsay Hunt syndrome: the virus masquerading as ischemia

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Premises: Ramsay Hunt Syndrome (RHS) is a neurological disorder caused by the varicella-zoster virus (VZV) reactivation within the geniculate ganglion, with subsequent infection to the eighth and seventh cranial nerve. The typical symptoms include ipsilateral facial paralysis, ear pain and vesicles in the auditory canal; the prognosis is usually worse than simple Bell's palsy. Rarely RHS can manifest with a more complex clinical scenario, miming stroke of brainstem.

Description of Case report: The case is about a 66 years-old man, hypertensive and dyslipidemic, with a previous TIA, hospitalized for left ear pain, sore throat, chewing difficulty, oral rim's deviation, mastoid and cervical pain, hoarseness, dysphonia and dysphagia. Neurologically he had left hemifacial paresis, left palatine velum hypomobility and left hemitongue paraesthesia. Leucocytosis was found on blood tests. Brain and facial mass CT scan and MRI showed left mastoid and seventh cranial nerve inflammation but no ischemic lesions. On infectious disease specialist advice, a broad-spectrum antibacterial and antiretroviral therapy was started. Furthermore, spinal tap was performed; neurotropic viruses' search on cerebrospinal fluid was positive for VZV and the cytochemical analysis showed leucocytosis compatible with the inflammatory/infectious process. Thus, only antiviral therapy was continued, adding oral steroid therapy and gabapentin, with progressive improvement at follow up. Although neurological deficits could initially suggest an ischemia, the final diagnosis always requires clinical, pathological and multidisciplinary contribution.

Sindrome di Guillain-Barré: quadro neurologico o internistico?

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Premesse: La sindrome di Guillain-Barré (GBS) è la causa più comune di paralisi flaccida acuta. La maggior parte dei pazienti presenta un'infezione del tratto respiratorio superiore o gastrointestinale prima della comparsa dell'ipostenia motoria progressiva fino alla paralisi.

Caso clinico: Uomo, 74 anni. Anamnesi: Cardiopatia ipertensiva, by-pass axillo-femorale. Accedeva c/o il PSG per febbre e difficoltà nella marcia. Dimesso a domicilio con antibiotico terapia. Due giorni dopo nuovo accesso in PSG per ipostenia agli arti inferiori. Agli esami ematochimici leucocitosi neutrofila, incremento degli indici di flogosi, insufficienza renale acuta con rabdomiolisi, lieve insufficienza respiratoria, tampone per SARS-CoV-2 negativo. Ricoverato in Medicina Interna: in reparto si osservava rapida evoluzione del quadro neurologico, con ipostenia caudo-prossimale ed insufficienza respiratoria. Nel sospetto di GBS si eseguiva prelievo di liquor cefalorachidiano con riscontro di dissociazione albumino-citologica ed EMG. Si avviava terapia con immunoglobuline. Veniva inoltre eseguita RMN dell'encefalo e del midollo che non evidenziava lesioni espansive o traumatiche. In 5ª giornata pervenivano gli esiti delle indagini sierologiche e colturali che mostravano isolata positività per la ricerca di *S. aureus* su sangue periferico e urine.

Conclusioni: Diversi patogeni sono associati alla GBS, quali *C. jejuni*, virus Zika, *M. pneumoniae*, Citomegalovirus e, nel 2020, la SARS-COV-2. Molto rari, in letteratura, sono i casi segnalati successivi a infezione da *S. aureus*.

Un insolito caso di miocardite

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Premesse: La miocardite comprende una serie di manifestazioni cliniche e sintomatologiche derivanti da processi immunopatologici a carico del miocardio.

Caso clinico: Uomo, 63 anni. Accesso in PSG per improvvisa insorgenza di dolore toracico retrosternale irradiato alla spalla sinistra con dispnea. Agli esami ematochimici eosinofilia in assenza di leucocitosi, enzimi di miocardionecrosi lievemente positivi, ECG negativo, TC torace con minimo versamento pleurico bilaterale. Ricoverato c/o UO Medicina Interna. È stata avviata diagnostica laboratoristica mirata con riscontro di positività per catene lambda, immunofissazione sierica ed urinaria e sieroamiloidi positiva. La cardioRMN confermava il quadro di miocardite con esclusivo interessamento settale. Esclusa l'amiloidosi. Si poneva diagnosi di linfoma indolente linfociti B periferici a differenziazione plasmacellulare.

Conclusioni: La plausibile spiegazione è rappresentata dalla miocardite eosinofila (ME), forma acuta di malattia infiammatoria del miocardio. La causa è data

dall'infiltrazione eosinofila del miocardio e spesso, sebbene non sempre, da eosinofilia periferica. Nella maggior parte dei casi si associa a reazioni di ipersensibilità, disordini immuno-mediati o infezioni e talora, ma con minor frequenza, come sindrome paraneoplastica, nell'ambito di leucemia eosinofila, linfomi e carcinomi. La presentazione clinica varia da casi paucisintomatici a forme fulminanti di miocardite acuta o quadri clinici di cardiomiopatia cronica restrittiva.

Polmonite brucellare

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Premessa: La brucellosi è una zoonosi che si caratterizza per la comparsa di sintomi simil-influenzali. Le complicanze sono rare ma comprendono endocardite batterica subacuta, neurobrucellosi, orchite, colecistite, suppurazione epatica, e osteomielite. Raramente sono stati riportati casi di polmonite.

Caso clinico: Uomo, 52 anni, lavoratore agricolo. Affetto da psoriasi. Accesso in PSG per dispnea, dimesso con diagnosi di 'bronchite acuta'. 4 giorni dopo nuovo accesso in PSG. Veniva ricoverato in Medicina Interna. In reparto quadro di insufficienza respiratoria acuta che necessitava di supporto in O₂ con sistema HFNC. Avviava all'ingresso copertura antibiotica con ceftazidima poi sostituita, per positività dei test sierologici per brucellosi (positivi sia IgG che IgM), con doxiciclina e gentamicina (rifampicina non disponibile da indicazione AIFA). Si è ottenuto progressivo miglioramento clinico e sintomatologico fino a completo svezzamento dall'O₂terapia.

Conclusioni: L'infezione da brucella è stata sospettata alla luce dell'esposizione lavorativa del paziente. La TC torace non evidenziava addensamenti polmonari o quadri radiologici comunque compatibili con la severità del quadro clinico del paziente. La positività ai test sierologici prima e all'emocoltura successivamente, nonché la rapida risposta clinica all'avvio della terapia antibiotica con doxiciclina e gentamicina hanno confermato il quadro di polmonite brucellare.

Poco sale in zucca: SIADH

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Premesse: La sindrome da inappropriata secrezione di vasopressina (SIADH) è caratterizzata da iponatriemia normo-ipervolemica.

Caso clinico: Donna, 69 anni, ex-forte fumatrice, BPCO, ipertensione arteriosa. La paziente in seguito al riscontro di episodio di confusione e di disonie agli esami ematochimici di controllo si recava presso il PSG. In tale sede veniva posta diagnosi di neof ormazione mediastinica posteriore con diagnosi istologica di carcinoma polmonare a piccole cellule. Alla dimissione, per il persistere dell'iponatriemia seguivano diversi ricoveri, fino all'accesso c/o la nostra

UOC. All'ingresso in reparto severa iponatriemia (Na 101 mmol/l) per cui venivano avviate indagini mirate alla diagnosi di SIADH su base paraneoplastica: Osmolarità plasmatica nella norma; coeptina pro-AVP 74.99 pmol/L. Veniva avviata terapia con tolvaptan, sospesa terapia infusione e completata la correzione della disonia (Sodio 138 mmol/l alla dimissione) con conseguente miglioramento del sensorio.

Conclusioni: La SIADH riconosce una clinica variabile in base ai livelli di sodio ematici ed alla velocità con cui si instaura la disonia. L'eziologia è varia, tra cui cause iatrogene (farmaci, interventi chirurgici), utilizzo di sostanze di abuso, cause virali (AIDS), condizioni di inappropriata secrezione primitive, a loro volta da suddividere in neuroipofisarie ed ectopiche (tipicamente rappresentate da neoplasie tra cui si annoverano in misura maggiore il tumore polmonare a piccole cellule, il tumore della vescica, della prostata, del pancreas ed i linfomi).

Unusual clinical course of Legionnaires' disease with rhabdomyolysis and acute kidney injury

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Background: Pneumonia caused by *Legionella pneumophila* represents a form of atypical pneumonia, often associated with extrapulmonary complications such as rhabdomyolysis and acute kidney injury (AKI). These extrapulmonary manifestations, although rare, can lead to severe complications and increased mortality.

Case report: A 62-year-old woman presented to the Emergency Department with an acute onset of dyspnea and fever. Her medical history included arterial hypertension and obesity. A chest CT scan revealed signs of acute respiratory distress syndrome (ARDS) and bilateral consolidation, with a positive urinary antigen test for *Legionella pneumophila*. Blood tests showed significantly elevated creatinine levels (6.94 mg/dl), high inflammatory markers (CRP 63 mg/dl), and rhabdomyolysis (CPK 209 IU/L). The treatment included non-invasive ventilation (NIV), high-flow oxygen therapy (HFNC), targeted antibiotic therapy with azithromycin, and intensive hydration. The therapeutic course yielded favorable results, with the infection resolving and a progressive normalization of clinical, laboratory, and imaging parameters.

Conclusions: This case highlights the importance of early recognition of the clinical triad Legionella-rhabdomyolysis-AKI and prompt treatment to prevent adverse outcomes. Legionnaires' disease thus represents a significant challenge for clinicians, often requiring ventilatory support and prolonged targeted antibiotic therapy.

Valutazione dell'efficacia dello strumento "SIRC" per facilitare la compilazione della scheda *Primary* e la condivisione delle informazioni durante i *briefing* della Medicina Interna dell'ASL di Biella

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Premesse e Scopo dello studio: L'utilizzo del ragionamento clinico a supporto del *Primary Nursing* ha un ruolo

consustanziale nell'erogazione delle cure al fine di promuovere la salute delle persone assistite. Lo studio condotto nel 2024 presso l'ASL di Biella, ha evidenziato un margine di miglioramento rispetto alla documentazione del ragionamento clinico nella presa in cura delle persone assistite. Vista la rilevanza del tema, il progetto propone di valutare l'efficacia dello strumento "SIRC", implementato presso la Medicina Interna dell'ASL di Biella, per facilitare la compilazione della documentazione relativa alla pianificazione assistenziale e la condivisione delle informazioni durante il briefing rispetto al percorso di cura delle persone assistite.

Materiali e Metodi: La prima fase ha avuto l'obiettivo di costruire lo strumento che verrà utilizzato come metodo per facilitare il passaggio delle informazioni tra infermiere Primary e infermiere associato. La seconda fase ha avuto l'obiettivo di valutare l'efficacia dello strumento e ha previsto: presentazione del progetto, raccolta e analisi delle informazioni prima e dopo l'implementazione dello strumento.

Risultati: Prima dell'implementazione, la pianificazione delle attività assistenziali risulta documentata nel 50,9% dei casi.

Conclusioni: Attualmente è in corso la raccolta delle informazioni per valutarne l'efficacia.

Don't forget about IgG4-RD: the great mime in Internal Medicine

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Premises: IgG4-related disease is a fibro-inflammatory disorder which can affect multiple organ systems, including the cardiovascular system. While most reported cases of cardiovascular involvement are primarily associated with the aorta, there have been sporadic reports of pericardial involvement.

Description of the Case report: A 68-year-old man came to our attention in April 2024 due to anasarca and dyspnea on mild exertion. During hospitalization a diagnosis of constrictive pericarditis was made. The main hypotheses were considered and excluded: neoplastic, rheumatological, autoinflammatory, nefrologic, malabsorption. Total immunoglobulin levels were within the normal range for the individual classes; however, IgG subpopulation analysis revealed a modest elevation of the IgG4 subtype despite corticosteroid therapy. Given the involvement of the pericardium (constrictive pericarditis) and arterial vessels (thickening of the ascending aorta), in association with elevated IgG4 levels (200 mg/dL), we made a diagnosis of possible IgG4-RD according to Umehara's criteria. Upon discharge, the patient underwent pericardiectomy in December 2024. One month following the procedure, the presenting symptoms and the peripheral edema had entirely resolved. The patient continues on maintenance therapy (oral furosemide and corticosteroid) and remains under regular cardiological follow-up.

Conclusions: This case report sheds light on the importance of recognizing and evaluating cardiac manifestations in IgG4-related systemic disease to facilitate timely diagnosis and appropriate management.

When tips twist

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Premises: Acquired Long QT Syndrome is characterized by a prolonged QT interval on the electrocardiogram, which significantly increases the risk of life-threatening ventricular arrhythmias such as Torsades de Pointes, which can evolve into ventricular fibrillation, cardiac arrest and sudden death. The diagnosis is made when QTc is greater than or equal to 480 msec in patients without syncope or ventricular arrhythmias, and greater than 460 msec in those with history of syncope. Most common causes include electrolyte imbalances and medications.

Description of Care report: An 82-year-old patient with a history of hypertension and atrial fibrillation, on oral anticoagulants and atenolol. Admitted to the Emergency Department for acute heart failure with high-frequency atrial fibrillation. The patient was cardioverted with amiodarone and started on sotalol. A progressive QT interval prolongation was observed during the monitoring. On the fifth day of admission, the patient experienced hemodynamic instability, with electrocardiographic evidence of Torsades de Pointes, which was treated with magnesium sulfate, restoring sinus rhythm.

Conclusions: Several drugs can cause prolongation of the QT interval. In this case, QT prolongation was iatrogenic and related to the use of antiarrhythmic drugs (amiodarone initially and sotalol subsequently). For patients treated with these medications, it is therefore essential to frequently monitor the QT interval and electrolytes. In the case of significant prolongation, it is necessary to discontinue the responsible drug and administer intravenous magnesium in case of torsades de pointes.

An unusual case of rhabdomyolysis with underlying severe hypothyroidism in patient on statin therapy

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Premises: Rhabdomyolysis (RM) is a clinical syndrome characterized by breakdown of skeletal muscle tissue that causes the release of substances such as myoglobin, creatine kinase (CK) and lactate dehydrogenase (LDH) into the bloodstream. It can range from asymptomatic to life-threatening condition. RM can be a complication of hypothyroidism and can occur while taking statin medications.

Description of the Case report: A 67-year-old man came to our attention with severe hypercholesterolemia. Blood tests showed: total cholesterol (TC) 512 mg/dl, LDL-cholesterol (LDL) 392 mg/dl, HDL-cholesterol (HDL) 36 mg/dl, triglycerides (TG) 337 mg/dl. We initiated statin therapy; he came back complaining of myalgia. Laboratory tests showed: CK 1123 U/l, myoglobin 232 ng/dl, and LDH 334 U/l. CK and myoglobin levels remained high. He denied any precipitating cause of RM. We screened our patient's thyroid function: thyroid stimulating hormone was 178 U/mL, triiodothyronine 1,35 pg/ml and thyroxine 0,27 ng/ml; thyroid peroxidase and thyroglobulin antibody were both elevated suggestive of Hashimoto's thyroiditis. L-

thyroxine was prescribed. We switched therapy to Inclisiran, as LDL values persisted high. Myalgia improved as CK and myoglobin levels decreased simultaneously to TSH.

Conclusions: Hypothyroidism should be considered as a differential diagnosis of RM and we should not delay the screening of thyroid function. With prompt diagnosis and treatment of hypothyroidism before starting statin therapy we can decrease occurrence of RM's complications and the risk of mortality.

The importance of multidisciplinary approach in the treatment of bypass graft infections

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Premises: Bypass graft infection (BCI) is a challenging topic. Its incidence is reported to be 1% to 6%. Complications include sepsis, limb amputation, anastomotic pseudoaneurysm formation, embolization of infected thrombi.

Description of the Case report: A 63-years-old man came to our attention with hemorrhagic shock caused by rupture of pseudoaneurysm in the site of a previous femoro-popliteal bypass. At blood tests: white blood cells (WBC) count 16.000/mm³, creatinine 7 mg/dl, hemoglobin 8 g/dl, C-reactive protein (CRP) 15 mg/dl. At abdomen CT scan: voluminous subfascial hematoma in correspondence of the left popliteal cavity as from an infected hematoma. He was brought with urgency to operative room. Prosthesis was removed and sent to microbiology for cultural exam. Blood and urine cultures were performed, empiric therapy with daptomycin and ceftarolin initiated. Cultures showed presence of *S. epidermidis* and *C. Striatum*, sensible Dalbavancin, so we switched therapy. Patient also underwent positron emission tomography (PET) with evidence of captation at the level of the femoropopliteal cavity the surgical wound (SUV: 4.84/ 6.37). We observed gradual reduction of WBC and CRP. Patient was dismissed and followed at our Outpatient Clinic to continue subadministration of dalbavancin.

Conclusions: BCI is a very challenging condition leading to increased morbidity and mortality. Suspicion should arise based on medical history and clinical findings; PET can be useful in confirming the diagnosis, especially when traditional imaging fails to localize the source of infection.

Sutterella wadsworthensis bacteremia in a non surgical patient: an unique laboratory finding... with a clinical meaning?

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Premises: *Sutterella wadsworthensis* is an anaerobic, bile-resistant, rod-shaped Gram-negative bacterium isolated primarily from appendiceal and peritoneal fluid both in healthy individuals and in patients with GI disorders. To our current knowledge only three isolates derived from blood have been previously reported, all from patients with recent intraabdominal surgery. We describe the first case of bacteremia in a patient not lately undergone surgery.

Description of the Clinical case: A 72-year-old woman presented to the Emergency Department with worsening dyspnoea and left thigh cellulitis. She had a history of low-grade colonic tubular adenoma removed 7 years ago, pulmonary carcinoma and chronic obstructive pulmonary disease. Laboratory investigations revealed white blood cell count of 17000/mcL [4000-1000], NT-proBNP of 5900 pg/mL [<300] and C-Reactive Protein (CRP) of 44 mg/L [0-5]. Blood cultures taken when she was febrile were positive for *S. aureus* and *S. wadsworthensis* so antibiotic treatment with linezolid 600 mg q12h was completed with piperacillin/tazobactam 4.5g q6h to treat the latter according to antibiogram. The combination with diuretic therapy granted a positive clinical and laboratoristic impact proven by reduced oxygen needs and negative blood cultures in a row.

Conclusions: *S. wadsworthensis* isolate from blood in an asymptomatic patient for GI disorders and no recent abdominal surgery is an unexpected finding that may warrant closer research to verify the pathogenic potential of this enigmatic organism not yet clinically understood.

Neutrophils wanted! The curious case of mesalazine-induced agranulocytosis

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Premises: Agranulocytosis is a decrease in granulocytes in peripheral blood below 500/μL, which may result from defective production of precursors or increased destruction of mature cells. Infections, autoimmune disorders, and drugs must be investigated as potential etiological agents of secondary neutropenia. We describe a case of agranulocytosis likely induced by mesalazine, a drug associated with several hematologic disorders.

Description of the Clinical case: An 84-year-old woman presented to the Emergency Department with persistent fever despite five days of antibiotic therapy with amoxicillin/clavulanate. Her medical history included hypertension, osteoporosis and diverticulitis, for which she was being treated with mesalazine. Laboratory tests revealed a white blood cell count of 760/μL, with only 40 neutrophils/μL. During hospitalization, she experienced recurrent febrile episodes but blood cultures showed no bacterial growth; autoimmune panels and Parvovirus B19 antibodies were negative; attempts to perform a bone marrow biopsy were unsuccessful due to unfavorable anatomy.

Conclusions: immediately after admission we discontinued mesalazine suspecting it as the underlying cause of agranulocytosis. Treatment with G-CSF and steroids was initiated and after 30 days the patient's blood count showed an adequate neutrophil recovery, allowing for discontinuation of all medications. Follow-up testing confirmed normal white

blood cell counts reinforcing the suspicion that mesalazine was responsible for the agranulocytosis—an increasingly recognized adverse effect of this drug.

Shock settico ed emolisi: è sempre ad eziologia batterica?

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Premesse: La malaria rappresenta un’evenienza ormai rara, ma ancora sempre possibile nel nostro paese: lo shock settico in un paziente che ha soggiornato in una zona endemica deve far porre il sospetto clinico.

Descrizione del Caso clinico: Uomo di 82 anni, viene ricoverato per marcata ipotensione e sopore. Il quadro neurologico non permetteva di effettuare un’adeguata anamnesi e il paziente non aveva parenti noti. Gli esami di laboratorio eseguiti in urgenza mostrano incremento indici di flogosi, anemia e piastrinopenia lievi, iniziale insufficienza renale. Rx torace, TC cranio e addome negativi. In seconda giornata, peggioramento clinico-laboratoristico con ipotensione arteriosa refrattaria, coma, incremento indici di flogosi e anemia emolitica. Contattati telefonicamente da un conoscente ci riferisce viaggio in Angola due settimane prima. Inviato striscio periferico, l’esame microscopico riscontra trofozoiti a diverso stadio maturativo con indice parassitemico 18/100. Inizia terapia con artesunato ev ma decede pochi giorni dopo per grave insufficienza multiorgano.

Conclusioni: Il caso descritto ricorda l’importanza della corretta raccolta anamnestica compresi i dati epidemiologici in qualsiasi paziente che presenta segni clinici-laboratoristici di infezione acuta. Negli anziani ed immunocompromessi la diagnosi è resa ancora più complessa dal quadro paucisintomatico.

L’importanza di una diagnosi precoce nella malattia da prioni: un caso di malattia di Creutzfeldt-Jakob

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Premesse: La malattia di Creutzfeldt-Jakob (CJD) è una patologia neurodegenerativa rara rapidamente progressiva, con inevitabile esito fatale stimato entro i 6-12 mesi. Sono tre le forme principali di CJD (sporadica, ereditaria e acquisita) e quella più comune è la sporadica che colpisce principalmente soggetti con un’età compresa tra i 50-70 anni ed ha una sopravvivenza media di 5 mesi (a oggi non esiste cura).

Descrizione del Caso clinico: Presento il caso di una donna di 69 giunta alla nostra attenzione per rapido declino cognitivo con fluttuazioni comportamentali (agitazione, vocalizzi). I familiari riferivano cefalea e insonnia al domicilio. Agli esami ematici e alla TC encefalo non anomalie. Nel sospetto di delirium ipercinetico è stata più volte modificata la terapia deliriolitica senza beneficio. Dopo un mese dall’ingresso la paziente, ormai allettata, ha cominciato a manifestare mioclonie per cui è stata trasferita d’urgenza in Neurologia ove la RM, l’EEG, l’analisi del liquor non hanno rilevato alcuna anomalia. La paziente è deceduta per polmonite ab ingestis. Solo attraverso l’analisi autoptica del materiale cerebrale è stato possibile porre diagnosi di CJD.

Conclusioni: La CJD è una patologia la cui diagnosi è

difficoltosa poiché i segni della malattia sono spesso confondenti. Scopo del nostro caso è quello di aiutare a riconoscerne i primi sintomi (es. fluttuazioni comportamentali, agitazione, insonnia) al fine di garantirne un riconoscimento precoce per offrire al paziente sin da subito la migliore qualità della vita durante il suo rapido decorso.

Le metodiche dialitiche nell’insufficienza epatica acuta: un aiuto alla risoluzione di una criticità rischiosa per la vita

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Premesse e Scopo dello studio: L’emoadsorbimento, anche associato alla dialisi, si è rivelato una metodica depurativa molto utile nella gestione dell’insufficienza epatica acuta associata al paziente critico: ciò perché, essendo in grado di rimuovere selettivamente bilirubina e ammonio, rappresenta un valido supporto verso il superamento temporale della noxa causale.

Materiali e Metodi: Studi *in vitro* ed *in vivo* hanno dimostrato che la cartuccia emoadsorbitiva Cytosorb®, costituita da sfere di resina a struttura porosa in polistirene-divinilbenzene e polivinilpirrolidone, utilizzata su sangue intero nei principali sistemi di circolazione extracorporea (ECMO, CRRT a valle del filtro dializzatore), si è rivelata efficace nella rimozione delle citochine pro-infiammatorie, degli acidi biliari e dell’ammonio.

Risultati: L’emoadsorbimento avviene secondo il principio concentrazione-dipendenza. Il processo prosegue fino alla saturazione completa della cartuccia (24 ore) e può essere portato avanti nei giorni a seguire. La rimozione della bilirubina nelle prime 24 è stimabile intorno al 50%.

Conclusioni: L’emoadsorbimento si è rivelato di grande efficacia ma deve essere considerato una terapia sintomatica a breve termine fino alla ripresa funzionale dell’organo per rigenerazione epatica e successiva stabilizzazione. Rappresenta inoltre un ponte verso un eventuale trapianto del fegato.

Bedside gastrointestinal ultrasound in Internal Medicine: is it really a luxury for gastroenterologists only? 4-year experience compared with conventional abdominal ultrasound in 2074 elderly patients

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Premises and Purpose of the study: Aim is to evaluate the utility of gastrointestinal ultrasound (GI-US) in comparison with conventional abdominal ultrasound (CA-US) for diagnosis of abdominal pain.

Materials and Methods: 2.074 elderly patients (mean age: 75.6Y) were studied from January 2021 to 2025, using both CA-US and GI-US (with bedside handheld US) to explore abdominal pain. US may: confirm clinical diagnosis (Confirm-D); perform a finding clinically doubtful

(Etiology-D), exclude an abdominal or gastrointestinal condition (Exclusion-D) or perform unexpected diagnoses (Incidental-D). CA- and GI-US were compared with the gold standard references, and sensitivity, specificity, accuracy, PPV and NPV (AU-ROC curves) were weighed.

Results: CA-US: confirm-D: 387 cases, etiology-D: 446; incidental-D: 134; exclusion-D: 1107; overall diagnosis: 967/2074, 954 true+, 1100 true-, 7 false+ and 13 false- (Sens: 98,7%; Spec: 99,4%; DA: 99%) (AU-ROC: 0,9921); GI-US: confirm-D: 85, etiology-D: 872, incidental-D: 151; overall diagnosis: 1107/2074; exclusion-D: 967; 960 true+, 1094 true-, 13 false+ and 7 false- (Sens: 99,3%; Spec: 98,8%; DA: 99%) (AU-ROC: 0,9963). CA-US overall diagnostic skill in 46.9%, GI-US in 53.3% ($p < 0.001$); GI-US was also significantly better than CA-US in etiological diagnoses (42.05% vs. 21.5%). No difference in unexpected diagnoses (7.27% vs. 6.46%).

Conclusions: while both methods achieved high diagnostic values, GI-US outperformed CA-US in terms of overall diagnostic rate and etiological diagnosis. GI-US is an essential tool for internists in diagnosing abdominal pain.

Can supplements and dehydration promote thrombotic events?

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Premises: Drug administration should be considered a risk factor for venous thromboembolism in younger healthy patients. We present a case of new-onset thrombosis of the inferior vena cava and renal veins, possibly associated with creatine supplement intake and other supplements.

Description of the Case report: A 36-year-old non-smoker male presented to the Emergency Department with sudden pain in the right side that occurred after exercise in the gym. Computed tomography abdominal demonstrated thrombosis of the inferior vena cava and renal veins. The patient had no family history of VTE, and other causes of thrombophilia were unlikely. He reported a recent increase in the intensity of his workouts and supplements (creatine, finasteride, PBN weight gainer, my vitamin CLA, Omega 369, BCAA). He underwent a thrombophilia screening with negative results and a PET scan which was normal. He received anticoagulation therapy and the creatine supplements were discontinued.

Conclusions: The creatine supplements promoted dehydration during intense workouts and profuse sweating. Creatine supplements should be used cautiously when there is a higher risk of becoming dehydrated.

Malnutrition, uncontrolled diabetes, and sepsis: a complex interacting triad leading to adverse outcomes

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Introduction: Uncontrolled diabetes and malnutrition are often predisposing and precipitating factors for sepsis.

Case report: A 52-year-old woman presented to the Emergency Department with abdominal pain. Her medical

history included: celiac disease, BMI 13, uncontrolled type 1 DM, pancytopenia, previous purulent otitis media, right renal lithiasis, pyelonephritis and CKD. She presented with acute abdomen and laboratory evidence of sepsis; abdominal CT revealed pneumoperitoneum with abundant peritoneal fluid, and abscess collection in the right kidney and ipsilateral psoas muscle. An exploratory laparotomy was performed with evacuation of copious purulent fluid, followed by ICU admission and urgent nephrectomy. Upon clinical improvement, the patient was transferred to General Medicine. Uncontrolled hyperglycemia, leucopenia and severe malnutrition underscored a complex clinical picture complicated by massive bilateral pleural effusion, pneumonia, HZV infection, hypocalcemia, and hypertensive peaks. Antibiotic therapy was modified, insulin therapy increased, and infusions of calcium gluconate and TPN were administered. Follow-up chest and abdominal CT confirmed encapsulated collection in the perihaptic-posterior subhepatic space and resolution of pleural effusion. She was discharged after a 53-day hospital stay with outpatient insulin, antihypertensive therapy and nutritional supplements.

Conclusions: Severe cachexia, uncontrolled diabetes and sepsis are linked by a bidirectional relationship; multidisciplinary management is crucial, especially for complex clinical cases.

Le ustioni nei bambini: survey sulla conoscenza di genitori e familiari sulla gestione del primo soccorso

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Background: Le ustioni rappresentano una delle principali cause di infortunio nei bambini, in particolare nella fascia di età 0-5 anni. Una gestione tempestiva e appropriata del primo soccorso da parte di genitori e familiari risulta cruciale per ridurre le conseguenze.

Materiali e Metodi: Con questa survey si vuole valutare il livello di conoscenza di genitori e familiari riguardo la gestione delle ustioni pediatriche, identificare lacune formative e come end point secondario creare delle brochure esplicative, a scopo educativo, in collaborazione con la Pediatria dell'AST di Pesaro e Fano. I genitori e familiari di bambini di età inferiore a 14 anni sono stati invitati a rispondere ad una survey su alcune piattaforme social, garantendone l'anonimato. La survey si compone di 17 domande, di cui 5 sull'anagrafica, 12 inerenti la conoscenza del primo soccorso, e 7 con una risposta giusta tra le alternative proposte.

Risultati: Vi è una variabilità significativa nella conoscenza delle procedure di primo soccorso tra i 146 partecipanti. Il campione è prevalentemente di sesso femminile, il 41,8% è laureato ma nonostante ciò nessuno di questi ha risposto correttamente a tutte le sette specifiche domande sul primo soccorso.

Conclusioni: risultati evidenziano l'importanza di aumentare la consapevolezza e la formazione di genitori e familiari riguardo a tale argomento. La mancanza di adeguate conoscenze, può portare a errori con conseguenze potenzialmente gravi. Favorire le campagne informative mediante la creazione di brochure da distribuire negli ambulatori pediatrici, può aumentare la consapevolezza nei familiari.

Carcinoid syndrome associated with metastatic G3 NET: a challenging case report

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Premises: Carcinoid syndrome is a clinical condition characterized by nonspecific signs and symptoms such as cutaneous flushing, abdominal cramps and diarrhea. It occurs in 19-34% of patients with metabolically active neuroendocrine tumors (NETs). In literature, pregnancy appears to be associated with tumor progression in NETs.

Description of the Case report: A 36-year-old woman arrived at the Emergency Department for skin rash and facial edema with spontaneous resolution. At the beginning, ten months earlier, the symptoms were mistaken for work-related stress. Afterward, the patient got pregnant and the symptoms disappeared. At the 20th week of pregnancy she had a miscarriage and the symptoms reappeared. We initially treated her with antihistamines and steroids, with no response. We tested her for immuno-allergic and rheumatological diseases with negative results. Therefore we tested her for NSE, Chromogranin A, 5-HIAA and serotonin, turned all positive. A Gallium PET scan revealed diffuse uptake in lymph nodes, left ovary and multiple skeletal segments (SUVmax 129.4 at the sternal body). A bone biopsy confirmed bone metastasis of a G3 NET (Ki-67 25%). We also found a lesion in the pancreatic tail at the CT scan. An endoscopic biopsy confirmed a G1 NET. She was treated with FOLFOX regimen and Sandostatin/Octreotide for the symptoms.

Conclusions: The paucity of symptoms of this case played an important role in delaying the diagnosis of an advanced NET. That was initially due to the misinterpretation of symptoms by the clinicians, and later on to the pregnancy.

May remote working be harmful? A case of pulmonary embolism in pregnancy

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Premises: Pulmonary embolism is a major cause of death in pregnant women. On the other hand, physiologic changes of pregnancy make diagnosis of pulmonary embolism more difficult in these patients, and identifying pregnant women at risk of pulmonary embolism is becoming always more and more important for adequate prevention.

Description of the Case report: a 38-year-old woman at her first pregnancy presented at the Emergency Department at the 25th week of gestation with dyspnoea, respiratory failure and tachycardia. During the previous 7 days, the patient worked from home, spending most of her time in the bed. At the first evaluation, laboratory showed mild respiratory alkalosis and hypoxaemia, increased d-dimers and the computed tomography-pulmonary angiography confirmed the suspected diagnosis of massive pulmonary embolism. The treatment started in intensive care unit with unfractionated heparin and once more stable, continued with low molecular weight heparin for the whole pregnancy.

Screening for thrombophilia resulted negative and the only additional thrombophilic risk factor we identified was the self-imposed immobilization during patient “remote working” at home. Delivery was induced at 39 weeks and heparin was discontinued after 6 months of treatment.

Conclusions: pulmonary embolism can be a life-threatening event during pregnancy, for both mother and child. It is very important for the clinicians to be able to identify clinical signs of suspected pulmonary embolism in pregnancy and pregnant woman at increased risk to prevent unlucky outcomes.

Endocarditis by *Aerococcus urinae*: a case report and a systematic literature review

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Premises: Infective endocarditis (IE) is an infectious associated with high morbidity and mortality and the incidence has been increasing in recent decades. Most common causes of IE are *Staphylococcus aureus*, Streptococci and Enterococci. *Aerococcus urinae* is a Gram-positive bacterium that can cause common urinary tract infections but, can sometimes cause invasive infections such as IE. Incidence of *Aerococcus urinae* infections has probably been underestimated in the past because of its morphological features similar to Staphylococci and Streptococci.

Description of the Case report: We describe the case of a seventy-four year old woman with mitral valve endocarditis who presented to the Emergency Department with focal neurological symptoms associated with cerebral septic embolization; despite the development of severe mitral insufficiency, the size of the vegetation and the presence of septic embolization, the patient couldn't be treated with surgical valve replacement in the short term due to the haemorrhagic evolution of the cerebral lesion, which contraindicated extracorporeal circulation.

Literature review and Conclusions: We analysed 68 cases IE from *Aerococcus urinae* described so far in the literature of. IE from *Aerococcus urinae* seemed to be more frequent in males and in patients with urological risk factors. Almost a third of the patients developed septic embolization, and the most common site of embolization was the brain. Mortality rate was about 26.5%.

Uno strano mal di testa

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Premesse: Con aspergillosi si intende uno spettro di patologie causate da *Aspergillus* spp, che dipendono da fattori legati all'ospite. Le infezioni, infatti, sono associate a condizioni di immunocompromissione (ad esempio neutropenia o trapianto di cellule staminali ematopoietiche) e sono caratterizzate da un'elevata mortalità.

Descrizione del Caso clinico: Paziente di 78 anni, ricoverata per cefalea persistente da mesi, scarsamente responsiva alla terapia. In anamnesi cardiopatia ischemica

e valvolare, ipertensione arteriosa e vasculopatia carotidea. Prima del ricovero riscontro di aneurismi cerebrali e tessuto orbitario sinistro, di non univoca interpretazione. Dai vari accertamenti il quadro si poneva in diagnosi differenziale tra neoplasia e infezione micotica, pur in assenza di fattori di rischio e con antigene galattomannano e beta-D-glucano sierici negativi. Intrapresa terapia antifungina, senza miglioramento clinico, si programmavano PET-TC e biopsia della lesione, procedure non eseguite per decesso della paziente. Al riscontro diagnostico evidenza di emorragia subaracnoidea in arterie micotica della cerebrale media, associata ad aspergilloso retrobulbare sinistra.

Conclusioni: Le aspergillosi invasive extra-polmonari rappresentano una notevole sfida diagnostica, in particolare in pazienti non immunocompromessi, per i quali per altro non vi sono molti dati in letteratura. Viste la difficoltà nella terapia e l'elevata mortalità, è utile che il clinico conosca questa condizione per poterla considerare fin dall'inizio tra le diagnosi differenziali in quadri complessi.

Metaemoglobinemia trattata con blu di metilene e complicata da severa emolisi

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Premesse: Riportiamo 5 casi di migranti sbarcati a Lampedusa con grave metaemoglobinemia (MetHb), trattati in PS con blu di metilene (MB), farmaco che ha causato in tutti severa emolisi con necessità di emotrasfusione.

Descrizione dei Casi clinici: Età 24,2+12,9 aa, MetHb 54,4+10,9%. Il nadir dell'Hb (5,9+0,8 mg/L) avveniva dopo 3-7 gg dal trattamento con MB. N. 3 pazienti erano affetti da deficit di G6PD. N. 2 pz con deficit di G6PD sono stati trattati anche con ac. ascorbico ev. Tutti i pz sono stati sottoposti a emotrasfusioni (2-4 sacche di emazie concentrate). In tutti i pz si osservava una risoluzione clinica dell'emolisi.

Conclusioni: La MetHb è una possibile complicanza dell'esposizione inalatoria ad agenti tossici (verosimilmente idrocarburi) nei migranti che viaggiano su scafi di fortuna. In caso di MetHb è importante valutare la presenza di deficit di G6PD poiché in tali soggetti il trattamento con MB può indurre emolisi e può anche risultare inefficace, per alterazione del suo metabolismo. In caso di deficit di G6PD dovrebbe essere preso in considerazione il trattamento della MetHb con ac. ascorbico (la cui azione è però lenta) o nei casi più gravi con exanguinotrasfusione e/o ossigenoterapia iperbarica. Comunque non esistono linee guida univoche per tali soggetti. Nei pz con deficit accertato di G6PD, da noi osservati, il trattamento con MB è risultato efficace nel risolvere la MetHb, ma la successiva conseguente grave emolisi ha reso necessarie emotrasfusioni. Grave emolisi è stata osservata anche nei due pz senza deficit di G6PD.

Le ICA nella pratica assistenziale: effetti dell'implementazione di *bundle* nei *setting* di area medica

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Premesse e Scopo dello studio: Le ICA sono il più frequente evento avverso durante la somministrazione di cure e costituiscono un grave problema per la sicurezza dei pazienti. L'obiettivo dello studio è di valutare l'incidenza della tipologia di ICA maggiormente frequente in tre unità operative di area medica prima e dopo un intervento di miglioramento.

Materiali e Metodi: Valutazione iniziale in termini di incidenza di ICA attraverso un periodo di sorveglianza attiva. Sulla base dei risultati implementazione di un Bundle per la prevenzione delle CAUTI. A seguire valutazione di efficacia. I dati sono analizzati mediante tasso e densità di incidenza di CAUTI e rapporto di utilizzo del device.

Risultati: Le CAUTI sono risultate la tipologia di ICA maggiormente frequente, con un tasso di incidenza del 12% e una densità di 9,67 casi di CAUTI ogni mille giornate-cateteri. Nel post intervento il tasso di incidenza di CAUTI è del 9,38% e la densità è di 6,26 casi per mille giornate-cateteri. Il rapporto di utilizzo del device è in prima analisi pari all'83,3%, mentre nella valutazione post-intervento è del 62,06%.

Conclusioni: L'implementazione di un bundle è risultato efficace. Nonostante un singolo intervento permetta di ottenere un miglioramento, le organizzazioni sanitarie dovrebbero investire nella prevenzione delle ICA per attuare un cambiamento permanente nel tempo.

"Coca-Wegener". Una strana febbre in ulcere del setto nasale

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Premesse: Le ulcere del setto nasale sono patognomiche della granulomatosi con poliangiote (GPA), sebbene altre cause vadano indagate. La mucormicosi è una malattia fungina rara ma aggressiva che colpisce principalmente i pazienti diabetici e immunodepressi.

Descrizione: Donna di 58 anni ricoverata per febbre persistente. Da qualche settimana febbricola e astenia e valutazione ORL e reumatologica con riscontro di ulcere del setto nasale per cui era posto il sospetto di GPA ed avviata terapia steroidea ad alte dosi. Riferito in anamnesi consumo di cocaina. Gli autoanticorpi risultavano negativi. Alla Tc total body erano evidenziati diffusi addensamenti parenchimali polmonari ed linfadenomegalie ilo-mediastiniche confermate alla PET. Alla Tc cranio: ulcerazioni della mucosa delle fosse nasali con perforazione del setto. La RMN encefalo risultava negativa per vasculite. La broncoscopia con broncolavaggio risultava negativa. L'ecocardiografia TE escludeva endocardite. Le emocolture e i dosaggi della procalcitonina risultavano negativi. Il dosaggio del beta-d-glucano risultava positivo. Era avviata terapia con ambisome con progressiva risposta e posta diagnosi di infezione fungina a localizzazione rino-sinusale e polmonare.

Conclusioni: Le ulcere del setto nasale e la febbre costituiscono due elementi di sospetto per la GPA, sebbene altre cause possano indurre gli stessi sintomi. Le infezioni

fungine del setto nasale sono un'evenienza rara nei reparti di Medicina Interna, da sospettare in presenza di fattori di rischio fra cui il diabete mellito e l'immunosoppressione.

Un caso di ipernatriemia in Medicina Interna

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Premesse: L'ipernatriemia è comune tra i pazienti ospedalizzati, con una prevalenza di 0,5%- 2%. L'AVP ha un ruolo centrale nella regolazione dell'omeostasi osmotica.

Descrizione del Caso clinico: Donna, 36 anni. A.F. Risiede in struttura. Riferita autonoma nelle BADL fino a circa un mese fa. APR: oligofrenia e ritardo mentale associato. APP: accede per febbre, stato soporoso e rallentamento ideomotorio. Da circa un mese progressivo peggioramento del quadro clinico, cognitivo e motorio. Ipernatremia (151 mEq/L).TD: Litio, Clorpromazina, Acido valproico/Sodio valproato, Clozapina. Lo studio laboratoristico e strumentale metteva in evidenza una polmonite lobare dx. La RMN cerebrale non mostrava alterazioni specifiche. Rachicentesi negativa. Durante la degenza miglioramento del quadro cognitivo e motorio, ipertensione ma, per la persistenza di ipernatriemia (157 mEq/L) euvolemica, abbiamo effettuato un bilancio idrico e osmolarità urinaria con riscontro di poliuria e osmolarità urinaria di 28 mmol/L suggestivi per diabete insipido nefrogenico da litio. Sospeso quindi il litio e impostata terapia con amiloride/idroclorotiazide.

Conclusioni: I pazienti con ipernatriemia necessitano di un inquadramento diagnostico mirato a distinguere le forme ipervolemiche, ipovolemiche ed euvolemiche. Per questo è opportuno effettuare attento bilancio idrico, osmolarità e Na urinario.

“Crackles”

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Premesse: Il caso che trattiamo conferma l'importanza del ragionamento clinico, per non cadere in errori cognitivi come quello di conferma della soluzione apparentemente più ovvia.

Descrizione del Caso clinico: Una signora di 74 anni giungeva per dispnea notturna, preoccupata per aver avvertito “crocchioli” come quando ebbe l'edema polmonare 7 anni prima. In anamnesi remota riportava storia di cardiopatia dilatativa. L'obiettività mostrava fini crepitazioni polmonari diffuse, all'ecoscopia pattern tipo B bilaterale, lieve riduzione funzione del ventricolo sinistro, vena cava inferiore non dilatata. All'EGA insufficienza respiratoria, all'ECG BBS noto; all'RX torace ectasia ilare, segni di imbibizione e versamento pleurico; agli esami ematici flogosi spenta e moderato rialzo NT-proBNP. Dalla documentazione risultavano 2 TC torace effettuate l'una 3 mesi e l'altra l'anno prima, che non mostravano segni di pneumopatia. È stata eseguita HRTC, che sorprendentemente ha dimostrato segni di fibrosi e

addensamenti compatibili con polmonite interstiziale aspecifica.

Conclusioni: Sebbene la storia e molti dati laboratoristici e radiologici avrebbero potuto far propendere per un edema polmonare cardiogeno, due fattori hanno permesso di porre il dubbio diagnostico: il carattere delle crepitazioni, fini e non grossolane, e il diametro della vena cava inferiore. Questi elementi sono stati sufficienti a mettere in dubbio l'ipotesi più verosimile in favore di un approfondimento diagnostico, e l'esito delle indagini dimostra ancora quanto il ragionamento clinico debba guidare la nostra opera.

Dissociation of clinico-radiological findings in dyspnea

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Premises: What we are going to analyze is the case of a patient with clinical evidence of respiratory failure in the absence of radiological elements suggestive of a pulmonary or cardiac pathology.

Description of the Case report: A man aged 69 presented for chronic worsening dyspnea and syncope. No noteworthy pathologies were reported in APR, except history of positive cardiological stress test. Vital parameters and systemic objectivity were almost normal, except for peripheral oxygen saturation which was at lower limits. The EGA showed respiratory insufficiency, while the ECG was normal. In blood chemistry tests was elicited slight increase in C-reactive protein, moderate but steady increase in high sensitivity troponin I, and high increase of D-dimer. He was subjected to multiple investigations and specialist consultations, without reaching a definitive diagnostic conclusion. Of note, pulmonary CT angiography did not show signs of pulmonary embolism or pneumopathy whatsoever, and instead it revealed marked thickening of the stomach walls, perivisceral lymphadenomegaly, and signs of pancreas inflammation. Endoscopic biopsy and lung scintigraphy subsequently demonstrated adenocarcinoma of the stomach and diffuse micro-embolization of pulmonary vessels, despite of CT findings.

Conclusions: Chronic pulmonary microembolism is a known but not very frequent condition, which should be suspected when there is dissociation between clinical and radiological findings, since angio-CT does not have sufficient diagnostic sensitivity, and especially if there is evidence of cancer associated.

Streptococcus gallolyticus, il batterio in comune tra cuore e colon

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Premesse: La diagnosi di endocardite infettiva può essere tardiva a causa di una presentazione atipica. Lo *S. gallolyticus* è spesso coinvolto nelle endocarditi su valvola nativa e può associarsi al tumore del colon retto.

Descrizione del Caso clinico: Paziente di 68 anni, in anamnesi ipertensione arteriosa. Accedeva in PS per artralgia alla spalla sinistra con impotenza funzionale; la settimana precedente riferita febbre in sindrome influenzale. In PS: RX spalla e torace negative, ecografia toracica con evidenza di pattern A bilaterale, rialzo degli indici di flogosi, curva troponinica non significativa, ECG con RS senza alterazioni del tratto ST.

Seguiva ricovero, dove si impostava terapia con FANS per l'artralgia; prelevate emocolture ed intrapresa terapia con ceftriaxone. All'EO riscontro di soffio sistolico mitralico (non noto in precedenza). Le emocolture risultavano positive per *S. gallolyticus*, sensibile alla terapia in atto. Eseguito quindi ecocardio TE, con evidenza di vegetazione endocardica del lembo posteriore mitralico con perforazione del lembo condizionante insufficienza di grado severo. Il paziente veniva quindi sottoposto ad intervento di sostituzione valvolare mitro-aortica con bioprotesi. Data l'associazione tra *S. gallolyticus* e tumore del colon retto veniva eseguita colonscopia, con riscontro di polipo vegetante con displasia di grado severo.

Conclusioni: La positività alle emocolture per *S. Gallolyticus*, anche in assenza di sintomatologia tipica, dovrebbe far sospettare sia una possibile endocardite sia la presenza di lesioni al colon.

Antibiotic therapy on patient affected by periprosthetic periaortitis but unfit for surgical treatment: a conservative approach

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Background: Chronic idiopathic periaortitis is a condition that can arise following the surgical placement of stent/graft. Unlike infective or rheumatoid aortitis, periaortitis periprosthetic is evaluated by Magic score and requires a rapid diagnosis and an interdisciplinary approach. If the patient is unfit for surgical procedures, life-long antibiotic therapy is prescribed.

Clinical case description: A 85-year-old male, carrier of a prosthesis for an infrarenal aortic aneurysm and iliac bifurcation, with a history multi-vessel atherosclerosis, ischemic heart disease, current atrial fibrillation, and prior pacemaker implantation, was admitted to the internal medicine department of AORN Cardarelli, reporting abdominal pain and fever. CT and PET were conducted and they revealed the presence of a periprosthetic inflammatory process, saccular aneurysm, thickened and hyperemic walls of the left common iliac artery, downstream of the prosthesis, and infrarenal aortic aneurysm. Given the advanced age of the patient and his medical condition, the therapeutic plan included at first broad-spectrum antibiotic and then the initiation of corticosteroid therapy. Once the inflammatory markers and the general condition improved, the patient was discharged with indication of life-long antibiotic therapy.

Conclusions: periprosthetic periaortitis can occur following the surgical placement of stent/graft. High risk patients are treated with a conservative approach through antibiotic therapy, which is a valid alternative to invasive surgical procedures.

L'arresto cardiaco in sala di cardiologia interventistica: scenari e gestione degli eventi

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Background L'arresto cardiaco rappresenta una delle maggiori complicanze delle sindromi coronariche acute e può provocare grande disordine all'interno della sala dovuto alla concatenazione degli eventi, alla risposta emotiva degli operatori e nelle dinamiche del team intervenuto a risolverlo. Il personale sanitario del laboratorio di Cardiologia Interventistica di Pesaro ha voluto produrre un protocollo interno allo scopo di ridurre al minimo tali situazioni. La presenza di un team leader, deve avere il fine ultimo di semplificare e rendere il più chiaro possibile le azioni da intraprendere da ogni singolo operatore presente nello scenario. Il ripristino delle funzioni vitali deve essere l'obiettivo principale da raggiungere. Il protocollo: sono stati definiti due scenari possibili: arresto cardiaco da fibrillazione ventricolare ed arresto cardiaco da PEA ai quali corrisponde una flow chart. FV e PEA: in entrambi i casi il team leader (medico 1° operatore) riconosce lo scenario in cui ci si trova e ordina a tutti i membri dell'equipe le azioni da intraprendere. Ogni membro dell'equipe ha compiti previsti e standardizzati. Gli operatori responsabili della gestione dell'emergenza in sala sono: • Team leader (medico 1° operatore); • Infermiere strumentista; • Infermiere di sala; • Tecnico di radiologia; • Eventualmente medico rianimatore.

L'impatto della collaborazione interprofessionale nell'organizzazione e nella qualità di cura

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Premesse e Scopo dello studio: La collaborazione interprofessionale ha un notevole impatto sulla qualità assistenziale e di cura erogata ai pazienti. Le diverse figure professionali sono infatti coinvolte in un flusso di lavoro integrato con un unico obiettivo comune: il raggiungimento del benessere bio-psico-sociale del paziente. Come tanti tasselli di un puzzle le varie professionalità si incastrano attorno al sistema paziente/famiglia esaltando le singole abilità dell'equipe multidisciplinare.

Materiali e Metodi: La valutazione della efficiente ed efficace collaborazione interprofessionale avviene attraverso diversi modelli. Dall'Interprofessional Collaboration al modello di D'Amour ed Al, al modello di Bronstein fino all'Interprofessional Bedside Rounding e passando per il concetto di Evolutionary View of Concept Analysis l'obiettivo è quello di individuare le barriere e i facilitatori alla collaborazione interprofessionale.

Risultati: Dalla letteratura scientifica emerge come la collaborazione interprofessionale migliori la cura e l'outcome nel paziente, riduca gli errori medico/assistenziali, acceleri l'inizio del trattamento riducendone le inefficienze e i costi e incrementando le relazioni nel personale e la soddisfazione sul lavoro.

Conclusioni: Una buona collaborazione interprofessionale ha notevoli impatti positivi sulla qualità assistenziale erogata. È necessario però superare alcune barriere tra le varie professioni sanitarie, migliorando la comunicazione, intervenendo sulla formazione del personale e definendo ruoli e competenze in modo da ridurre i conflitti.

Single splenic lesions: a case of hidden lymphoma

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Premises: Splenic lesions are defined based on their nature (solid or cystic), number (single or multiple), and vascularization (present or absent); these diagnostic criteria are not always evident in clinical practice. The diagnostic and therapeutic work-up of these lesions poses a challenge for clinicians.

Description of the Case report: A 59-year-old man with a history of hypertension was admitted to the Internal Medicine department for left upper quadrant pain. Abdominal ultrasound and CT scan showed a heterogeneous, solid splenic lesion with poor vascularization, suspicious for neoplasia. A subsequent abdominal MRI suggested an organizing hematoma. The patient did not report any constitutional symptoms, nor recent abdominal trauma, no splenomegaly. Blood tests showed mild neutrophilic leukocytosis and increased LDH with normal coagulation profile. Peripheral blood smear was negative for atypia; serology for *Echinococcus* and Herpesviridae was within normal limits. To exclude a heteroplasmy in the splenic mass, a biopsy was performed. The morphological histological response suggested the presence of hematoma sequelae, while subsequent immunohistochemistry concluded for diffuse large B-cell lymphoma.

Conclusions: Despite the single, solid, poorly vascularized splenic lesion being indicative of lymphoma, the abdominal MRI was misleading due to a hemorrhagic complication within the lymphomatous lesion. Although a useful tool, diagnostic algorithms represent a simplification of reality, failing to consider the possible complications that lead to diagnostic uncertainty.

Batteriemia da *Pasteurella*

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Premesse: Trattasi di iperpiressia in Paziente anziana con isolamento emoculturale inaspettato.

Descrizione del Caso clinico: Giunge alla nostra attenzione una donna di 85 aa con spalla acutamente dolorosa e iperpiressia preceduta da brivido. PCR e procalcitonina sieriche elevate. Viene avviata terapia antibiotica con ceftriaxone in attesa dell'esito delle emocolture. Alla radiografia della spalla evidenza di alterazioni artrosiche, all'ecografia versamento corpuscolato articolare. Eseguita artrocentesi con prelievo di una minima quantità di materiale sieroso, insufficiente per accertamenti. Le emocolture rilevano la presenza di *Pasteurella Multocida* su 4 set. Un approfondimento anamnestico fa emergere un morso di gatto nei giorni precedenti la comparsa della febbre e delle algie alla spalla. La terapia antibiotica viene proseguita per 2 settimane con ceftriaxone, successivamente con levofloxacin, per un totale di 4 settimane di trattamento antibiotico. Il quadro clinico migliora progressivamente con ripristino della abituale cenestesi e recupero funzionale dell'articolazione.

Conclusioni: Trattasi di batteriemia da *Pasteurella*

multocida con artrite presumibilmente settica di spalla in Pz con diabete mellito e poliartrosi. La *Pasteurella* è ospite frequente dell'orofaringe di animali domestici sani. La trasmissione all'uomo può avvenire tramite morso, graffio, leccamento o scambio di cibo con possibile infezione dei tessuti molli. Sono segnalate infezioni sistemiche con localizzazioni d'organo in Pazienti diabetici, rara comunque la localizzazione articolare.

Un caso atipico di epatite colestatica

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Premesse: La sifilide è una malattia multisistemica sessualmente trasmissibile causata dalla *spirocheta Treponema Pallidum*. Il fegato è uno degli organi bersaglio ma l'epatite sifilitica acquisita negli adulti è stata raramente segnalata. Presentiamo il caso di un uomo immunocompetente di 34 anni, che si presenta con un'epatite colestatica.

Descrizione del Caso clinico: Uomo di 34 anni, anamnesi patologica muta, giunto alla nostra osservazione per la comparsa da circa due mesi di febricola, astenia, disturbi dispeptici e inappetenza. Agli esami ematochimici lieve screscio degli indici di citonecrosi epatica associati ad un marcato aumento degli indici di colestasi, in assenza di dilatazione delle vie biliari o alterazioni del parenchima epatico. Sierologia negativa per virus epatotropici. Anamnesi negativa per uso di alcol e/o droghe. Durante il ricovero comparsa di rash maculopapulare diffuso anche al palmo delle mani e alla pianta dei piedi. Titoli elevati di VDRL e il TPHA positivo hanno confermato le tipiche manifestazioni mucocutanee di sifilide secondaria. Il paziente è stato trattato con benzilpenicillina intramuscolare con rapida risposta clinica e bioumorale.

Conclusioni: La sifilide dovrebbe essere presa in considerazione nella diagnosi differenziale dell'epatite colestatica acuta o cronica soprattutto nei pazienti a rischio di malattie sessualmente trasmissibili, perché è facilmente trattabile e reversibile.

It seemed like a simple urinary tract infection..

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Premises: Fever in a diabetic patient undergoing gliflozin therapy can be attributed to a urinary tract infection. However, if the hyperthermia persists, a careful diagnostic evaluation is necessary, including a thorough review of the patient's medical history, in order to determine the underlying etiology

Description of the Case report: A 69-year-old male with type 2 diabetes mellitus, receiving gliflozin/metformin therapy and benign prostatic hyperplasia. He was admitted for a fever lasting one month, along with upper limb pain, mild pharyngodynia, and weight loss, despite receiving home antibiotic therapy for suspected urinary tract infection, without any defervescence. Microbiological cultures and virus serologies, all resulted negative, with persistent fever associated with upper limb arthralgia, leukocytosis, and elevated inflammatory markers, despite multiple courses of antibiotic therapy. Neoplastic pathology was excluded through instrumental examinations. Autoimmune screening

was negative. Upon re-evaluation of the patient's history, it was noted that he had received the COVID-19 and Herpes Zoster vaccinations a few weeks prior to the onset of hyperthermia.

Conclusions: Considering the persistence of fever, the negative results of all laboratory and instrumental tests, and in the context of an exclusion diagnosis, a multisystem inflammatory condition (Adult-onset Still's Disease) related to the recent vaccination was suspected. Steroid therapy was initiated, leading to a regression of hyperthermia and upper limb pain symptoms

Trombosi arteriosa in sindrome trombocitopenica: un caso di trombocitopenia trombotica indotta da vaccino?

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Premesse: La trombocitopenia trombotica indotta da vaccino (VITT o TTS) è una nuova entità nosografica, emersa in seguito alla campagna vaccinale anti-SARS-CoV-2. Dalla Letteratura, tale sindrome è molto rara. Il meccanismo eziopatogenetico appare simile alla piastrinopenia indotta da eparina (HIT), pur in assenza di eparina come trigger.

Descrizione del Caso clinico: G.I., maschio, 80 anni, con comorbidità cardiovascolari e neurologiche in buon compenso, in terapia con DOAC da circa 5 anni, giunge in PS per comparsa di piastrinopenia severa e claudicatio intermittens ingravescente. Tramite angioTC viene diagnosticata trombosi a carico dell'arteria poplitea destra. Risultano nella norma il profilo coagulativo, tiroideo, le sierologie immunologiche e virali (HIV compreso), con milza e BOM nei limiti. Non eseguito anti-PF4. Vengono somministrati e.v. steroide e Ig ad alte dosi, in previsione di eventuale trattamento percutaneo della trombosi. Il quadro, però, si complica con insorgenza di ematoma non rifornito del muscolo gemello laterale destro e con severa anemizzazione. Al follow-up, si osserva normalizzazione della piastrinopenia in terapia con eltrombopag e ricanalizzazione arteriosa con esclusiva terapia medica.

Conclusioni: Trattasi verosimilmente di piastrinopenia secondaria da consumo, correlata temporalmente a vaccinazione da SARS-CoV-2, associata a trombosi arteriosa e complicata da ematoma muscolare con anemizzazione. La diagnosi e la gestione delle complicanze ha richiesto consulto multidisciplinare anche per la valutazione tra rischio trombotico ed emorragico.

Febbre: il sintomo più comune, la diagnosi più complessa

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Premesse: La persistenza di iperpiressia per oltre 3 settimane non responsiva a plurime terapie antibiologiche viene considerata FUO. Tra queste si annoverano diverse entità: classica, nosocomiale, associata a neutropenia, associata ad HIV. Un'accurata diagnosi differenziale è

imprescindibile per impostare un corretto iter diagnostico-terapeutico.

Descrizione del Caso clinico: Donna di 63 anni condotta in PS per rettorragia in abuso di FANS per intensa cefalea. Accertamenti GEL negativi. Durante la degenza incremento dei markers flogistici, persistenza di febbre e cefalea. Nel sospetto d'infezione, eseguiti esami colturali e sierologici negativi; escluse vegetazioni valvolari all'ecocardio. L'imaging radiologico (TC ed RMN encefalo, TC Total Body) ha confermato l'assenza di neoplasie e patologie sistemiche di pertinenza neurologica primaria mentre l'RX rachide cervicale ha evidenziato quadro di artrosi polidistrettuale. Eseguito screening autoimmune con positività per Ab anticardiolipina IgG e Ab anti ds DNA. Effettuata infine PET suggestiva per vasculite dei grossi vasi. Avviata terapia steroidea con netto beneficio clinico. A conferma diagnostica eseguiti ecocolor Doppler e biopsia delle arterie temporali.

Conclusioni: Tra le cause di FUO, la vasculite rappresenta un enigma che si svela dopo plurimi accertamenti negativi o dubbi; è fondamentale includerla tra le numerose ipotesi diagnostiche in quanto rappresenta un'emergenza medica implicante plurime complicanze sistemiche.

Confronto biennale sulle prestazioni domiciliari tramite i coefficienti di intensità assistenziale erogate ai pazienti dell'UOS di cure intermedie del distretto H3 - ASL Roma 6. Anni 2023-2024

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Introduzione: Le prestazioni domiciliari vengono valutate tramite i coefficienti di intensità assistenziale (CIA). L'UOS di Cure Intermedie del Distretto H3 (Marino - Ciampino) dell'ASL Roma 6 fornisce assistenza ad un bacino di utenza di 84.567 abitanti (dati settembre 2023).

Obiettivi: Gli AA. vogliono confrontare la distribuzione 2023-2024 dei pazienti afferenti all'UOS di Cure Intermedie Distretto H3 - ASL Roma 6, secondo i valori di CIA dell'assistenza domiciliare.

Materiali e Metodi: Sono stati esaminati i dati informatizzati delle cartelle cliniche chiuse (2023-2024) dei pazienti seguiti dalla suddetta UOS di Cure Intermedie.

Risultati e Considerazioni: Le cartelle chiuse nel 2024 sono aumentate del 36%. Nel 2023, le cartelle chiuse erano distribuite tra il livello assistenziale base (44,4%) e quello a massima assistenza (livello 3A - 50%). Nel 2024, il 98,9% delle cartelle chiuse erano inserite nel livello base. Nel 2024, i casi nelle fasce intermedie dei CIA sono aumentati e si sono ridotti quelle estreme (0-0,13 e >1). I dati evidenziano che i pazienti hanno ricevuto un numero di accessi superiore alle giornate di cura, causando il non appaiamento tra inquadramento assistenziale iniziale e punteggio CIA. L'aumento delle prestazioni domiciliari ha comunque limitato gli accessi in P.S. e le ospedalizzazioni.

Conclusioni: Il livello di assistenza all'ingresso, spesso, non coincide con il valore CIA alla chiusura della cartella e che la distribuzione dei casi, secondo il valore del CIA, è

cambiata dopo un anno. Un inquadramento più completo sarà effettuato nei prossimi anni.

Doctor, what should we do? She still has a fever

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Premises: Adult-onset Still's disease (AOSD) is an inflammatory condition characterized by fever, arthralgia, leukocytosis and transient skin rash; pleuritis and pericarditis are often associated.

Description of the Case report: A 58-year-old woman was admitted for persistent fever without organ involvement. Blood tests showed elevated WBC, LDH, ferritin and procalcitonin and low platelets and fibrinogen. Fever and elevated PCT persisted despite several lines of antibiotic therapy and microbiological tests and transesophageal echocardiography were negative. Meanwhile, a maculopapular rash and pleural effusion appeared. A CT scan revealed multiple lymphadenopathies and hepatosplenomegaly. A PET scan showed a pattern consistent with lymphoproliferative disease, but excisional lymph node biopsy ruled it out. A bone marrow biopsy was performed which showed signs of hemophagocytosis / macrophage activation syndrome. The patient was started on steroids (1 mg/kg) with quick clinical improvement. She was discharged with instructions on steroid tapering and started on anakinra soon after.

Conclusions: AOSD is a rare condition and the diagnosis can be elusive. Treatment is based on corticosteroids and biologic drugs.

Multiple arterial ischemic disorders in a dyslipidemic young man using electronic cigarettes: a potential new cardiovascular risk factor

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Premises: Recently electronic cigarette (EC) use has risen significantly. Although EC are non-combustible, their aerosol contains reactive oxygen species, which cause endothelial dysfunction, critical in atherosclerosis and thromboembolism.

Description of the Case report: A 41-years-old man presented to the Emergency Department with moderate, worsening abdominal pain and nausea. A CT scan revealed ischemic areas in the brain, kidney and spleen and small thrombotic defect in the aortic arch and in left common iliac artery. The patient reported daily EC use (20/day), prior tobacco smoking (20 pack-years) and occasional cannabinoid use. Arterial thrombophilia tests (LAC, homocysteine, antiphospholipid antibodies) were negative. Cardiac embolism was excluded due to no evidence of infection or arrhythmic events. Oncological etiology was ruled out with a negative FDG-PET/CT and vasculitis was unlikely based on negative ANCA and inflammation markers. Toxicology detected traces of cannabinoids. Myeloproliferative syndromes were excluded. Tests revealed hypercholesterolemia (LDL 170 mg/dL). The most plausible diagnosis was thromboembolism of atherosclerotic origin, potentially worsened by EC exposure.

Treatment included platelet inhibitors, hypolipemiant and anticoagulant therapy.

Conclusions: EC is widely advertised as a safe alternative to traditional cigarette, but several recent systematic reviews show that EC use could be considered a new cardiovascular risk factor, as suggested in recent position statement of AHA

Acute generalised exanthematous pustulosis caused by macrolide: a case report

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Premises: Acute generalized exanthematous pustulosis (AGEP) is a severe skin reaction characterized by rash with multiple and sterile pustules. It is triggered mostly by drugs. We report the case of a woman with AGEP induced by clarithromycin.

Description of the Case report: A 57 yo woman with a history of post-surgical hypothyroidism was admitted to our hospital for a systemic skin rash with pustules. Five days before admission due to the onset of fever she started clarithromycin 500 mg bd and after 24–48 h of ingestion of this drug, she presented cutaneous adverse reaction. The patient was prescribed topical steroids, antipyretics, and antihistamines. Infection diseases, included viral and bacterial, cancer and autoimmune disease were excluded. A biopsy cutaneous lesion on the right gluteal region was performed. The histopathological findings showed spongiform pustules with perivascular lymphocytes and neutrophils infiltrated compatible with AGEP. Due the severe presentation, oral corticosteroids were used with improvement of cutaneous manifestations and reduction in length of hospital stay and morbidity

Conclusions: AGEP is a severe cutaneous adverse reaction associated with various medications, including macrolide antibiotics such as clarithromycin. Prompt recognition and management are essential to mitigate potential complications and ensure favorable outcomes for affected patients.

Telemonitoring and remote tele-mentored echocardiography: a case report of early diagnosis and integrated management of heart failure in a patient with amyloidosis cardiomyopathy at Isola d'Elba

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Background: Delayed diagnosis of cardiac amyloidosis (CA) can cause progression of the disease and increased mortality. Tele-consultation and tele-mentored echocardiography may facilitate prompt diagnosis. Non-

invasive remote patient monitoring (RPM) is effective in reducing hospitalizations and mortality in heart failure (HF) patients included in integrated care (IC) programmes. A case of HF from light chain CA is described to show a successful approach for early diagnosis and IC management.

Description: We report a case of a 79-years old man, admitted in Portoferraio Internal Medicine Unit, and included in the THE-Elba telemedicine IC pathway for HF patients. During acute HF management, suspected diagnosis of CA was verified by remote tele-mentored echocardiography and referred to a tertiary HF Center (FTGM, Pisa, Italy). Echocardiography (TTE) showed preserved left ventricular (LV) ejection fraction, grade II diastolic dysfunction, LV pseudohypertrophy, moderated dilation of left atria and pericardial effusion (max 22 mm); Light chain (IgG lambda) CA confirmed with cardiac MRI and myocardial biopsy. Was discharged at home in an IC RPM pathway based on a dedicated platform available to general practitioner, primary care nurses, Internal Medicine physicians involved.

Conclusions: CA is a challenging diagnosis in an Internal Medicine Unit far from tertiary centers; telemedicine IC pathway may improve diagnosis and management of HF patients, allowing more appropriated healthcare resources allocation and improving the effectiveness of long term management.

Una gammopatia monoclonale di difficile interpretazione

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Premesse: La gammopatia monoclonale è molto comune nella popolazione generale, spesso caratterizza la diagnosi ed il monitoraggio terapeutico del mieloma multiplo o della MGUS. Talvolta è associata ad altre condizioni cliniche non comuni.

Descrizione del Caso clinico: Una donna di 63 anni con anamnesi muta accedeva alla nostra osservazione per una tumefazione anterosternale di consistenza parenchimatosa, con astenia e sudorazione notturna. Nel work-Up diagnostico eseguiva: - Esami ematici: Hb 17 g/dl, creatinina 0.87 g/dl, Calcio 8,4 mg/dl, Proteine totali 7,8g/dl; protidogramma (GAMMA 29.8%, BETA2 3.3%; BETA1 5.2% ALBUMINA 48.2%; ALFA2 9.7%; ALFA1 3.8%; IgG totali 2746 mg/dl; Componente monoclonale gamma 3,92 g/dl, proteina di BJ negativa); - TC total body: Tessuto neoformato di dimensioni grossolane avvolge il manubrio ed il corpo sternale senza causare lisi dell'osso o alterazioni della corticale; - PET con 18 FDG: ipercaptazione (SUV 15) a livello della formazione già segnalata alla TC. La biopsia della tumefazione a livello sternale anteriore era diagnostica per plasmocitoma extraosseo.

Conclusioni: Il plasmocitoma rappresenta circa il 5% di tutti i tumori delle plasmacellule. L'80% dei plasmocitomi extramidollari si localizza sul viso, nel collo e nelle vie aeree superiori. Di fronte ad una gammopatia monoclonale senza i criteri clinici di mieloma, il sospetto diagnostico per plasmocitoma deve essere sempre avanzato perché la neoplasia può localizzarsi anche in sedi atipiche.

Un raro caso di lombalgia

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Premesse: Un uomo di 66 anni lamenta lombalgia da 3 settimane, scarsamente responsiva ad assunzione di FANS. Vive con la moglie, in completa autonomia o e presenta storia anamnestica di dislipidemia e progressiva abitudine tabagica.

Descrizione del Caso clinico: Eseguo una RMN rachide lombosacrale con mdc che evidenzia una lesione verosimilmente secondaria di D11 estesa allo spazio perivertebrale e alla giunzione costale posteriormente. In attesa di valutazione specialistica, per dolore incoercibile si reca in Pronto Soccorso e viene ricoverato in Medicina Interna. Posizionato catetere vescicale per ritenzione acuta di urina e impostata terapia antalgica. Sottoposto a esami ematochimici (lieve anemia sideropenica), TC total body con mdc (non lesioni parenchimali a livello encefalico nè toraco-addominale, non linfadenopatie in nessun distretto), PET globale corporea (area ipermetabolica unicamente a carico di nota lesione del rachide con impegno canalare), ecografia tiroidea e cardiaca (nei limiti) e colonscopia (nella norma). Eseguita pertanto agobiopsia TC guidata di lesione perivertebrale D11.

Conclusioni: L'esame istologico è risultato compatibile con linfoma B diffuso a grandi cellule aggressivo. Impostata terapia steroidea ad alte dosi, sottoposto a intervento neurochirurgico di decompressione e stabilizzazione vertebrale e candidato a chemioterapia sistemica presso Centro Oncologico.

L'uso delle arti espressive nelle strutture per anziani. Studio trasversale condotto nella regione Marche

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Premesse e Scopo dello studio: Si stima che la popolazione anziana sia in continuo aumento così come l'istituzionalizzazione di questa popolazione, con un incremento dell'insorgenza della depressione geriatrica, sindrome spesso sottovalutata. Lo studio mira a indagare l'uso delle arti espressive nelle strutture di assistenza agli anziani, nella regione Marche e l'integrazione con il trattamento farmacologico, nelle sindromi depressive.

Materiali e Metodi: È stato condotto una survey in 391 strutture marchigiane per anziani, 33 quelle partecipanti. È stato somministrato un questionario di 30 domande, raccogliendo dati su caratteristiche delle strutture, composizione del gruppo e attività offerte.

Risultati: Lo studio ha rilevato che il 73% delle strutture partecipanti offriva attività di arti espressive, come la pittura (93,9%) e musica (51,5%) soprattutto; Ma queste attività non erano standardizzate e la loro frequenza e durata variavano ampiamente; non erano percepite dal personale come uno strumento per migliorare l'umore, l'ansia e la qualità del sonno tra i residenti

Conclusioni: I risultati evidenziano che le strutture della Regione Marche non sono in linea con la ricerca internazionale, per le attività di arti espressive come strumento terapeutico nel migliorare la sintomatologia depressiva, ansiogena e migliorare la qualità del sonno, anche se presenti come attività all'interno della programmazione istituzionale. Si evidenzia come preponderante sia l'uso della farmacoterapia per il trattamento della sintomatologia depressive nell'anziano istituzionalizzato.

Miosite necrotizzante da anticorpi anti HMG-CoA-reduttasi

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Descrizione del Caso clinico: Un uomo di 51 anni, accedeva al PS per insorgenza da alcune settimane di disfagia, calo ponderale e febbricola. In anamnesi: cardiopatia ischemica (pregressa PTCA), ipercolesterolemia, ipertrofia prostatica. Terapia domiciliare: Rosuvastatina, Cardioaspirin, Tamsulosina, Perindopril/Bisoprololo. EO: ipostenia muscolare cingolo pelvico e scapolare e muscoli flessori del collo, lesioni nodulariformi violacee rilevate a livello di schiena e gamba, scialorrea. Esami ematochimici: CK 12474 U/L, Mioglobina 2302 mcg/L. ANA 1:320 (pattern nuclear dots), negativi anticorpi miosite specifici. Positivi anticorpi anti HMG-CoA-reduttasi (133.1 CU). RMN muscolare ed elettromiografia compatibili con miosite. EGDS :esofagite di grado B, duodenite. PET-TC negativa per neoplasia. Sospesa terapia con statine. Impostata nutrizione enterale mediante PEG. Iniziata terapia immunosoppressiva con Metilprednisolone 500 mg per 3 giorni, Methotrexate 15 mg, IgEV 2g/kg in 5 giorni, con scarsa risposta terapeutica; successivamente rituximab 500 mg in due somministrazioni in 15 giorni e Tacrolimus 1 mg. Progressivo miglioramento dell'ipostenia muscolare agli arti e della disfagia con ripresa autonomia dei movimenti e dell'alimentazione per via orale. **Conclusioni:** la miosite autoimmune da anticorpi anti HMG-CoA-reduttasi è una causa riportata e rara di miosite in corso di terapia con statine, anche dopo anni dall'inizio della terapia, che va indagata in particolare per la sua prognosi non sempre benigna e per la necessità di terapia specifica a lungo termine.

Hematologic tumors: the challenge of differential diagnosis in a clinical case of plasmacytoma

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Hematologic tumors, due to their insidious onset and heterogeneous clinical presentation, represent a challenge for early and accurate diagnosis. This variability necessitates a differential diagnosis that includes other oncological, infectious, inflammatory or hematologic malignancies. A 77-year-old patient with a history of melanoma and gastric adenocarcinoma presented CT findings of metastasis to the spine and vertebral collapse. Laboratory tests revealed anemia, elevated ESR, vitamin D deficiency and increased serum crosslaps with normal

calcium levels. Electrophoresis showed a monoclonal component and an altered k/lambda ratio and BJ proteinuria was positive, raising suspicion of multiple myeloma. Abdominal ultrasound revealed an enlarged prostate without pathological lymph nodes, with normal PSA levels. CT scans of the brain, chest and abdomen showed osteolytic lesions in multiple bone segments and a vegetative lesion in the left nasopharynx. Bone marrow biopsy (BMB) was negative but biopsies of the nasopharyngeal and bone lesions showed plasmacytoma. The definitive diagnosis of IgG/k plasmacytoma with multiple bone and nasopharyngeal involvement allowed the start of the therapy with dexamethasone and zoledronic acid, followed by specific hematological treatment. Plasmacytoma can present as a solitary lesion or as part of multiple myeloma, affecting various organs, highlighting the importance of early diagnosis for targeted treatment.

The management of methicillin-resistant *Staphylococcus aureus* infections in Internal Medicine departments: a case report

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Premises: Multidrug-resistant (MDR) bacterial infections are often difficult to treat, especially in cases of sepsis or septic shock.

Description of the Case report: 76-year-old female transferred to Internal Medicine from the Emergency Department, where she was admitted due to an accidental fall with CT scan of lower lobar pulmonary consolidations and biliary sludge with common bile duct stones without surgical indications (liver and pancreatic function indices in range). Empirical therapy with piperacillin/tazobactam. In the ward: Cholangio-MR not performable due to incompatible tibia/fibula nail. On the fifth day, fever (3 sets of blood cultures and negative urine culture), desaturation, contraction of diuresis and hypotension (responsive to volemic refill), neutrophilic leukocytosis, increase in PCR and procalcitonin. Nasal swab for MRSA (positive) and rectal swab for MDR germs (negative) are required to guide empirical antibiotic therapy while waiting for culture tests with upgrade to Linezolid and Meropenem. A multidisciplinary evaluation does not indicate ERCP due to high surgical risk, to be reassessed upon resolution of the septic condition. 3 sets of positive blood cultures for MSSA Linezolid sensitive with antibiotic de-escalation to Linezolid.

Conclusions: clinical-laboratory-radiological remission of pulmonary consolidations; she is discharged and connected to gastroenterology for elective ERCP. Optimizing antibiotic prescription minimizes the risk of antibiotic-associated infections and the selection/transmission of antimicrobial-resistant bacteria.

A case of idiopathic chylous ascites and the dual role of lymphography

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Premises: G.S., a 55-year-old male, presented to our E.D.

with abdominal tenderness and swelling and ascites was diagnosed. His past medical history was unremarkable, with no mention of recent or past trauma, nor alcohol abuse. He presented no other symptoms, clinical examination was within limits. The first paracentesis drained over 2L of milky fluid consistent with chylous ascites. Subsequent paracenteses removed a total of 10 liters of chyle.

Description of the Case report: Chylous ascites is a rare condition characterized by milky, triglyceride-rich peritoneal fluid deriving from lymph accumulation. Etiology includes congenital, traumatic, immune-mediated, infectious, or neoplastic causes. Infectious causes were ruled out through targeted serological and cultural tests (negative blood, urine and stool cultures, Quantiferon and PCR for *M. tuberculosis* in stool and urine, HIV, parasitology and Whipple disease). Autoimmune causes were ruled out despite non-specific ANA positivity. A whole body-CT with contrast only showed a peritoneal thickening but the biopsy was negative. Neoplastic causes were ruled out with upper and lower endoscopy and a negative PET-FDG 18F scan, tumor markers were all negative.

Conclusions: after a final paracentesis removed an additional 2L of fluid, lymphography was performed and showed no structural, traumatic, or malformative abnormalities of lymphatic ducts. The patient experienced no recurrence of ascites post-procedure, demonstrating how lymphography can be both diagnostically and therapeutically effective in idiopathic chylous ascites.

Ecografia bedside nei reparti di Medicina del Lazio: analisi dei dati della survey

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Premesse e Scopo dello studio: La pratica clinica ha dimostrato quanto l'approccio ecografico al letto del paziente (ecografia bedside) migliori l'inquadramento clinico. È un'integrazione di clinica ed anamnestica utilizzando l'ecografia per rispondere a specifici quesiti. La survey nasce per valutare l'interesse e le competenze degli internisti in questa metodica, verificandone l'utilizzo e la costanza.

Materiali e Metodi: La survey elaborata dall'area di studio imaging FADOI Lazio è stata inviata a tutti i soci tra l'08/02/24 ed il 31/03/24. 15 domande: presenza e tipologia degli ecografi nei reparti, modalità e tempo disponibile per la pratica ecografica, competenze e interesse personali nell'approfondimento della metodica.

Risultati: 28 centri partecipanti: 17 medicine interne, 3 DEA, 2 strutture territoriali, 2 reparti specialistici, 4 sconosciuti. Dei 304 medici partecipanti il 75% è interessato o esegue ecografie: 59% livello base, 28% avanzato, 6% CEUS, 7% sconosciuto. Tuttavia, nei 26/28 centri con ecografo, pratica (64%) ed apprendimento della metodica (82%) sono preclusi per il carico di lavoro. Inoltre solo 2 reparti specialistici ed 1 struttura territoriale presentano ambulatori dedicati.

Conclusioni: Dai dati riportati appare evidente l'interesse degli internisti nei confronti della ecografia bed-side. È pertanto auspicabile favorire all'interno delle UOC di Medicina un'organizzazione che consenta agli internisti di impadronirsi delle competenze della metodica ecografica. Ciò permetterebbe un beneficio in termini di qualità dell'assistenza, di ottimizzazione dei tempi e di riduzione dei rischi.

ARDS in legionellosis

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Premises: Acute respiratory distress syndrome (ARDS) is a condition characterized by inflammatory lung injury. Most common cause is community acquired pneumonia (CAP). Among possible aetiologies, *Legionella Pneumophila* is one of the most common. Frequently patients need non-invasive mechanical ventilation (NIV).

Description of the Case report: 57-year-old man came to Emergency Department with malaise, fever, confusion. Physical exam shows crackles in both lung lobes, tachycardia, tachypnea. ABG shows respiratory alkalosis, hypoxemia, hyponatremia. Chest X-ray shows extensive hypotransparency in left lung. Patient begins oxygen with Venti mask. Antibiotic therapy for suspected CAP is initiated. Chest CT scan reveals consolidation in both lobes. High-flow nasal cannula (HFNC) is initiated. Blood cultures, urinary antigen tests, nasopharyngeal swabs for respiratory viruses are taken. NIV is started. Lung ultrasound shows "white lung". Positivity for *Legionella* urinary antigen was found. Levofloxacin and glucocorticoids are initiated. Conditions worsen. We begin prone positioning cycles in NIV, then alternation with HFNC. After complete weaning from oxygen, he is discharged home to continue respiratory physiotherapy and pneumological follow-up.

Conclusions: Novelty of our case is application of prone positioning to fully awake patient treated with HFNC and NIV due to ARDS from *Legionella* infection. Its early application may avoid intubation. This strategy must be carefully monitored since risks of delayed intubation are greater than benefit associated with early prone positioning.

Il bacillo di Calm tte-Guerin: luci e ombre

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Premesse: Le instillazioni di Bacillo di Calm tte-Guerin (BCG) sono una tp di frequente impiego per i tumori uroteliali vescicali ma a volte possono causare infezioni.

Descrizione: Un uomo (78 anni) accede al PS per febbre (max 39°) da 10 gg non responsiva a ceftriaxone. Anamnesi: ipertensione, dislipidemia, etp renale in FU; pregressa resezione trasurretrale di etp vescicale e instillazioni di BCG poi sospese per febbre. In PS rilievo di sepsi (PCT 7) in assenza di chiari foci infettivi. In reparto viene iniziata tp con piperacillina/tazobactam nel sospetto di IVU e poi con meropenem per persistenza di febbre ma senza efficacia. Urino ed emocolture risultano negative. Alla TC total-body si rilevano diffuse micronodularità polmonari suggestive per secondarismi, non potendone escludere la natura flogistico-infettiva; etp renale stabile, non altre lesioni neoplastiche. Ad una precedente TC non erano presenti i micronoduli polmonari. In considerazione della clinica, della febbre e delle instillazioni vescicali è stata sospettata un'infezione disseminata da BCG e iniziata tp con rifampicina/isoniazide/etambutolo per 6 mesi.

Conclusioni: L'instillazione vescicale di BCG è di comune impiego ma il suo utilizzo può determinare una risposta immunitaria e, in rari casi, può associarsi ad un'infezione disseminata, con localizzazione polmonare e sepsi. La diagnosi può essere fatta isolando BCG su esami colturali, ma nella maggior parte dei casi si basa sull'anamnesi e sull'assenza di diagnosi alternative. Il trattamento è con triplice tp antibiotica come l'infezione da Bacillo di Koch.

Un albero per la salute FADOI: celebrating a global health in Campania region

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The One Health approach underscores the interconnectedness of human, animal, and environmental health. This holistic approach recognizes that the well-being of humans, animals, and ecosystems are interlinked and that collaborative efforts are essential to address health challenges. On October 29th, 2024 the FADOI "Un albero per la salute" initiative was celebrated across Italy for the second year. During this special day, many trees were planted in the Campania region, in 3 different provinces. In the "San Luca" Vallo della Lucania hospital garden 4 geo tagged trees were planted (1 oak, 2 apples, 1 carrub). The event saw the participation of representatives from the Carabinieri's biodiversity unit and many in-hospital workers and local politicians. This initiative emphasizes the importance of environmental stewardship in promoting public health. The planting of trees symbolizes a commitment to a healthier environment and a recognition of the vital role that natural ecosystems play in our overall well-being. By planting trees, the FADOI initiative fosters a deeper understanding of the global, holistic approach to health. This event serves as a reminder that our health is intertwined with the health of the planet, and that through collaborative efforts, we can create a more sustainable and

healthier future for all. This initiative is crucial in fostering a healthier, more resilient world.

Di-mission impossible: quando la dimissione diventa molto difficile

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Introduction: Hospital discharge can be a burden in non-Italian residents.

Clinical case: >40 year old male of Romanian nationality and non-Italian resident was hospitalized in very poor clinical conditions in our Internal Medicine Unit from 254 years for complicated HBV-related liver cirrhosis.

Clinical outcome: During the first weeks of hospitalization the patient presented behavioral disorders and poor compliance to treatments thus leading to a progressive worsening of his clinical status and the outbreak of a sepsis, hepato-renal syndrome and coma that required intensive care treatment for 7 days. The patient then was readmitted to our unit. Thereafter, the patient's general medical conditions improved with a residual multifactorial anemia, axonal sensorimotor polyneuropathy, sacral and forefoot lesions.

Discussion: In our case, the discharge of our patient was difficult since he did not have a European Health Insurance Card therefore with no access to the needed outpatient general medical services, drug prescriptions and other special medical support. Furtherly, he did not have social or family support.

Management strategies: Since the Temporarily Present Foreigner was not applicable, we searched support at the local Social Worker and the Romanian Embassy.

Conclusions: The discharge of EU patients without Italian residency poses important ethical, clinical and administrative difficulties, requiring bureaucratic procedures, social services and specific healthcare pathways in order to guarantee the outpatient continuity of care after hospitalization.

A guilty goiter

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Premises: Defining the etiopathogenesis of ischemic stroke is not always straightforward; not only patient's cardiovascular, but also endocrinological risk factors need to be considered.

Description of the Case report: A 73-year-old woman, affected by arterial hypertension, dyslipidemia, and hyperthyroid multinodular goiter (surgical intervention previously refused by the patient) came to the Emergency Department (ED) for aphasia, confusional state, and right facial palsy. A brain CT angiography showed two recent ischemic lesions with embolic pattern and, collaterally, a massive goiter with complete thyroid architectural distortion and reduction of the tracheal space. Blood tests were normal. The cause of embolic stroke remained undefined. The patient

was discharged on dual antiplatelet therapy, and further etiologic examinations were planned. After a week, she came back to the ED due to worsening of cognitive status. The electrocardiogram showed high rate (140 bpm) atrial flutter and left bundle branch block (previously unknown); a troponin value of 1260 pg/ml, and a fT3 value of 8.26 pg/ml were found. There was also moderate to severe left ventricular dysfunction with septal and apical akinesia and inferior wall hypokinesia, but negative coronary angiography, consistent with thyrotoxicosis-induced Takotsubo syndrome.

Conclusions: The importance of a global patient evaluation is crucial in defining the etiopathogenesis and management of ischemic stroke patients. Frequently, among causes of clinical instability, underestimated factors, such as the thyroid status, are found.

When the diabetes... splits in two

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Premises: Diabetes insipidus (DI) and diabetes mellitus (DM) are characterized by polydipsia and polyuria; however they are distinct diseases and rarely occur in the same patient.

Description of the Case report: A 51-year-old man, with nephrogenic DI (NDI) from age of 12, presented to ED for weakness and increased water intake by his normal of 12-15 l a day. He denied fever, vomiting or nausea, was awake and hemodynamically stable. The chemistry panel showed: glycemia 593 mg/dl, [K⁺] 3,8 mmol/l, [Na⁺] 132 mmol/(corrected for hyperglycemia 140 mmol/l), creatinine 1,05 mg/dl, normal [Ca⁺⁺] and [Cl⁻]. Arterial blood gases showed: pH 7,54, HCO₃⁻ 36,4 mmol/l, lactate 1,2 mmol/l. An ECG showed a sinus tachycardia of 106 and a prolonged QTc of 552 ms. A diagnosis of new onset DM was made. Due to the absence of DKA and vomiting we allowed the patient to drink water, tracking the volume intake, with a fluid balance goal net positive without a specific margin. We started insulin therapy (th) by basal-bolus scheme and administered intravenous (IV) fluid by NS 0,45% added with [K⁺] because of its quickly lowering level, until 1,8 mmol/l.

Conclusions: The management of patients with NDI and DM in DKA is challenging and no guidelines exist for their initial fluid resuscitation, since 0,9% NS as a bolus or continuous infusion can precipitate an increase in [Na⁺]. Our patient had no DKA but needed to integrate oral fluids intake, already high, with IV fluids because of his dehydration with metabolic alkalosis at the admission.

A volte il sodio fa bene...

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Premessa: In questo caso clinico la presenza di SIADH ci ha guidato nella diagnosi di microcitoma polmonare (precursore della lesione polmonare radiologica)

Descrizione del Caso clinico: Veniva ricoverato presso la nostra U.O. un assistito di sesso maschile di 58 anni per comparsa da 10 giorni di astenia, confusione, visione offuscata e dolore al fianco sinistro. Riscontro agli esami di laboratorio di iposodiemia severa (114 mEq/L, nella norma il mese precedente), ipocloremia e ipersodiuria. Nulla di rilevante in anamnesi e nell'esame obiettivo. Presente abitudine tabagica. Esami radiologici: • La Tac Total body eseguita in quinta giornata documentava la comparsa, rispetto ad esame TC del torace di 3 mesi prima, di un linfonodo di 12X9 mm nel mediastino superiore a destra; adenopatia di 23 X 15 mm in sede para tracheale destra e di linfonodo di 11 X 9 mm all'ilo polmonare di destra. • La PET/TC Total body con FDG eseguita in quattordicesima giornata documentava la presenza di intensa captazione del radiofarmaco (SUV max 17.6) a carico di multiple linfadenopatie in sede mediastinica e ilare polmonare di ds. Ipercaptazione in sede apicale polmonare destra, privo di un corrispettivo morfologico alla TC. Eseguita biopsia di linfonodo toracico (ventitreesima giornata). Il prelievo della lesione mostrava presenza di popolazione cellulare neoplastica polmonare (microcitoma).

Conclusioni: È stata posta la diagnosi di SIADH secondaria a microcitoma e il paziente è stato affidato ai curanti oncologi per l'impostazione di iter terapeutico.

Clinical characteristics of patients with infective endocardites diagnosed in an Internal Medicine ward

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Premises and Purpose of the study: Infective endocarditis (IE) is defined by infection of the endocardial surface of the heart, usually the valves. Clinical manifestations of IE can be highly non-specific. Our objective was to describe the clinical characteristics of patients (pts) with IE initially referred to our Internal Medicine ward of Cardarelli Hospital (Naples).

Materials and Methods: We conducted a retrospective monocentric cohort study of pts hospitalized in our Internal Medicine ward between June 2024 and December 2024, who fulfilled "ESC 2023 diagnostic criteria" for definitive or possible IE.

Results: 60 pts were admitted in our Internal Medicina ward between June 2024 and December 2024 with diagnosed of sepsis. Out of these pts, 9 received diagnosed of definitive and 2 of possible IE according to "ESC 2023 diagnostic criteria". Pts were mainly female with at median age at diagnosis of 64 years. Four patients had a cardiac risk factor, three had a non-cardiac risk, four had both. Most patients presented with various systemic, cardiac, embolic and rheumatic findings. All pts underwent at least one transthoracic echocardiography and one transesophageal echocardiography. Blood cultures were positive in 8 pts. All 11 pts received antibiotics after IE definite or possible diagnosis. 2 pts were indicated for surgery in the presence of severe heart failure.

Conclusions: In our Internal Medicine, patients with IE present nonspecific symptoms and multicorbidities that often cause a prolonged delay in diagnosis.

Pericardite ricorrente con normale proteina C reattiva: caratteristiche cliniche e di laboratorio, biomarcatori ed esiti di un fenotipo non infiammatorio

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Premessa: Non si conoscono le differenze fra la pericardite a proteina C reattiva (PCR) normale ed elevata.

Materiali e Metodi: Sono stati arruolati 448 pazienti con pericardite ricorrente o incessante. Normali sono i livelli di PCR <10 mg/L. Quarantuno pazienti con PCR normale sono stati testati per interleuchina 6 (IL-6), siero amiloide A (SAA) and recettore solubile urochinasico dell’attivatore del plasminogeno (suPAR).

Risultati: Nella coorte (età mediana 43 anni, 48.4% sesso femminile), 336 pazienti (75%) hanno avuto PCR elevata, mentre 112 (25%) ha avuto livelli normali. I pazienti con PCR negativa erano più giovani ($p=0.007$) e prevalentemente di sesso femminile ($p<0.001$); presentavano meno frequentemente febbre ($p<0.001$) e leucocitosi neutrofila ($p<0.001$). Fra i pazienti con PCR negativa, 47.3% hanno avuto un decorso incessante caratterizzato da sintomi persistenti; si sono riscontrate alterazioni all’ECG in 28.6%, l’iperreflettività o lieve versamento pericardico all’ecocardiografia in 86.6% e versamento, edema e late gadolinium enhancement alla RM cardiaca in 43.7%. L’anakinra è stato somministrato a 14.3% dei pazienti con PCR elevata e 8% a PCR spenta, con sospensione di FANS e steroidi rispettivamente in 75% e 55.6%. Fra i pazienti con PCR negativa, i livelli di IL-6 e suPAR sono sempre stati normali, mentre SAA era elevato in 17.1%.

Conclusioni: La pericardite con PCR normale mostra un quadro clinico e laboratoristico distinto, a decorso incessante. Elevati livelli di SAA suggeriscono il suo potenziale ruolo nell’identificazione dell’inflammazione oltre la PCR.

Pericardite ricorrente negli anziani: caratteristiche cliniche e laboratoristiche ed outcome

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Premessa ed Obiettivo dello studio: Le attuali linee guida per la diagnosi ed il trattamento delle pericarditi fa riferimento ad una popolazione generale adulta, mentre ci sono solo pochi dati frammentati su soggetti anziani. Lo studio ha lo scopo di definire le differenze clinico-laboratoristiche, terapeutiche e di outcome fra giovani ed anziani con pericardite ricorrente idiopatica.

Materiali e Metodi: Studio retrospettivo multicentrico internazionale su pazienti adulti affetti da pericardite ricorrente (idiopatica o post-danno cardiaco) afferenti presso centro di riferimento terziario. Confronto su dati clinici, laboratoristici, terapeutici e di outcome fra pazienti anziani (>65 anni) e giovani (<65 anni).

Risultati: Sono stati arruolati 133 anziani e 142 giovani. Come sintomi d’esordio, la dispnea era prevalente in pazienti anziani ($p<0.001$) mentre il dolore toracico e la febbre erano prevalenti nei giovani ($p<0.001$). Il versamento pleurico era più frequente negli anziani ($p<0.001$), così come il versamento pericardico severo con necessità di pericardiocentesi ($p=0.016$ e 0.042 , rispettivamente). Inoltre, presentavano una leucocitosi di entità minore rispetto ai più giovani ($p=0.016$). I soggetti anziani assumevano meno frequentemente FANS, colchicina ed anakinra ($p=0.003$, 0.023 e 0.044 , rispettivamente), viceversa gli steroidi ($p<0.001$).

Conclusioni: I pazienti anziani affetti da pericardite ricorrente mostrano un quadro clinico-laboratorio e terapeutico differente dalla popolazione generale, con diagnosi talvolta difficile da effettuare in tale popolazione.

Severe skeletal involvement in primary hyperparathyroidism: a case report

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Background: Primary hyperparathyroidism is characterized by excessive secretion of parathyroid hormone (PTH) caused by parathyroid adenoma (80% of cases), hyperplasia (15-20%), or carcinoma (1-2%). The most common clinical presentation is asymptomatic hypercalcemia. Among the cases of symptomatic disease, osteolytic lesions and nephrolithiasis are the most common presentations.

Case report: A 36-year-old man presented with left lower limb pain following minor trauma. An X-ray revealed a basicervical fracture of the left femur. Further diagnostic imaging with CT revealed multifocal lytic lesions located in the pelvis, iliac wing, pubic ramus, ribs, and bilateral femoral neck. Laboratory tests showed significant hypercalcemia (13 mg/dL), hypophosphatemia, and markedly elevated PTH levels (894 pg/mL). Bone biopsy demonstrated fragments of spongy bone with remodeling, without evidence of malignancy. A parathyroid scintigraphy identified a hypercaptant lesion in the lower pole of the left thyroid lobe, compatible with a parathyroid adenoma. Treatment with cinacalcet successfully reduced calcium and PTH levels. Subsequently, the patient underwent parathyroidectomy, with histological findings confirming adenomatous hyperplasia. During follow-up, the patient developed hypocalcemia due to hungry bone syndrome, which was treated with calcium citrate and calcitriol.

Conclusions: This case highlights the skeletal complications of primary hyperparathyroidism and emphasizes the importance of thorough diagnostic evaluation and surgical treatment to resolve the clinical condition.

Out of sight hemolysis

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Anemia due to vitamin B12 deficiency is a common finding in Internal Medicine, but this rare and misleading manifestation can complicate its diagnosis.

Description of the Case report: The patient is an 80-year-old man who presented to the ED with worsening asthenia, lethargy and jaundice. He suffers from T2D, hypertension, PAD; his medication list includes metformin, ASA, PPI and ACEi. On physical examination, the patient presents with cognitive-motor slowing, fatigue, tachypnea and torpor. Blood tests show Hb 4.4 g/dl, MCV 134 fl, total bilirubin 3.55 mg/dl, LDH 1529 U/l, haptoglobin <10 mg/dl. Hemolysis is suspected and the Coombs test is negative. He is then transfused to a target Hb of 7 g/dl, started on steroids and admitted to Internal Medicine for further assessment. The reticulocyte count is very low ($25 \times 10^9/L$) resulting in an RPI <2%. A peripheral blood smear is ordered which shows anisopoikilocytosis, hypernucleated neutrophils and <1% schistocytes. B12 is found to be almost undetectable (<100 ng/l) and there is also a mild folate deficiency (7.4 ug/l); there is no iron deficiency. These findings are consistent with non-immune intramedullary haemolysis in severe B12 deficiency, responsible for both the anemia and the neurological symptoms. Upper and lower endoscopy show no evidence of chronic inflammation, dietary intake appears adequate. Metformin and PPIs are both responsible for impaired B12 assimilation. Treatment with blood transfusion and intramuscular B12 repletion and oral folate is started, with preliminary clinical benefit on lethargy. The patient is discharged with weekly CBC.

Macro and micro biology: complex physio pathology of a rare coagulation disorder

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Premise: GI blood loss is caused by various diseases, primarily involving mucosal lesions, blood vessel abnormalities, or neoplasms. An unusual syndrome links them to aortic stenosis through complex physiopathological alterations. The patient is a 78-year-old man who presented to the ED with worsening dyspnea and asthenia after being recently hospitalized for acute anemia of suspected GI origin despite negative endoscopy, new-onset AF treated with DOAC, and severe aortic stenosis. He is hemodynamically stable, but fatigued, pale, tachycardic, and tachypnoic. Blood tests show Hb 6.5 g/dl (ex 9 g/dl), ferritin 30 g/dl (during iron repletion therapy), TSAT 8%, MCV 80 fl, Reticulocyte <2%, no hemolysis markers, minimum aPTT prolongation. Upper and lower endoscopy is repeated, yielding negative results. A video-capsule endoscopy is performed, showing multiple ileal angiodysplasia with signs of recent bleeding. The coexistence

of aortic stenosis and GI bleed from angiodysplasia is consistent with Heyde syndrome. The exact mechanism is unclear, but it is suspected to be related to mechanical disruption of von Willebrand multimers during turbulent passage through the narrowed valve. In this case, VWF dosing was performed and resulted normal.

Conclusions: The presence of angiodysplasia may be linked to the AS itself, or the higher incidence can be determined by the increased number of endoscopies performed on these patients. After the aortic stenosis was corrected, the patient experienced no further GI bleeding despite continuing DOAC treatment for AF.

Gastritis and Parvovirus B19

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Premises: An immunocompetent man with *Parvovirus B19* gastritis and mixed cryoglobulinaemia syndrome secondary to the infection.

Description of the Case report: A 61-year old man presented to the ED of our hospital with fever, vomiting, myalgias and a purpuric rash. Following admission to our ward, he was investigated and found positive for acute Parvovirus B19 infection, with Parvovirus B19 29.724 copies/ml in the serum. Following gastroscopy, hyperaemic stomach wall mucosa with erosions was observed. On biopsy of the stomach mucosa, there was a finding of *Parvovirus B19* with 8.376 copies/ml. Furthermore, the patient's stay was complicated by anaemia and acute kidney injury. After laboratory investigations, a diagnosis of mixed cryoglobulinaemia was established (positive serology for cryoglobulins with cryocrit 1%, positive Rheumatoid Factor, and consumption of C4) presumably caused by Parvovirus B19. He also had positive serology for Coxsackie and Borrelia, which was considered to be due to cross-reactivity. Malignancies were excluded by CT and PET scans. He was given supportive treatment for gastrointestinal symptoms, and IV iron for anemia. His symptoms, including the purpuric rash, auto-resolved. He was then discharged with instructions for follow-up with laboratory testing.

Conclusions: This is the first reported case of acute Parvovirus B19 infection causing erosive gastritis due to localisation in the stomach wall, in an immunocompetent patient.

Gestione multidisciplinare di ACLF-2 avviata a trapianto di fegato

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Caso clinico: Uomo tra i 55-60. 10 anni fa circa tentamen (alcool/benzodiaz). Epilessia da più di 10 anni. Terapia sospesa stabilità neurol. Cardiop ischemica. Epatologia Giugno 2022 ittero, I° scompenso ascitico. Un litro birra/die. In seguito astinente. Paracentesi e prot ANSWER. 77 kg e 172 cm. EGDS (2022): Gastropatia congest severa. Aprile 2024: MCV 91, Glu 113, PLT 45.000, Crea 0.60, Bil tot 2.03, BD 1.32, Prot tot 8, Alb 51.7%, AST 105, GGt 734, ALP 112, INR 1.21, Ammonio 112. ECOadd Giugno 2024 cirrosi, no les focali, trombosi portale (EBPM) Giugno 2024: Child Pugh A6. Settembre 2024 ECO add. trombosi portale parziale.

Novembre 2024 sta bene. Nega alcool. EGDS Ottobre 2024 Varici esofagee di I° grado. Gastropatia congestizia. Novembre 2024 creat 0.6, acido urico 7.1, BT 1.51, GB 5000, Hb 12.1, Ht 37, MCV 91, PLT 59000, glic 115, ammonio 109, Na 145, K 4.8, PT 7.2, alb 49%, gamma 21, BT 1.7, ast 97, alt 26, ggt 874, falc 125, INR 1.23, AFP 6.2, CHILD PUGH B6, MELD 11. ECO add. Novembre 2024 trombosi portale. Novembre 2024: crisi epilettica generalizzata e fratture omerali bilat. Vasto ematoma. Ittero, oliguria. Trasferimento rianime avvio CRRT per AKI. Novembre 2024 Creat 4.70, CK totale 2931, Mioglobina 6384.1. CHILD PUGH C, MELD Na 25. Novembre 2024 Creat 0.95, Na 137, K 3.75, Bil tot 27.04, AST 134, ALT 114, PCR 79.8, G.Bianchi 22.280, Hb 8.9, Ht 25.8, Piastrine 145000. Novembre 2024 Centro Trapianti: ACLF-2, cirrosi esotossica. MELD 28, trombosi portale. Prosegue metodiche dialitiche/plasma exchange bridge a OLT. Dicembre 2024 trapianto fegato. Gennaio 2025 Creat 1, Bil tot 0.75, AST 13, Piastrine 150000. Riabilitazione per FKT Febbraio 2025 paziente dimesso al domicilio.

Sweet syndrome induced by hydroxychloroquine in a patient with rheumatoid arthritis: a case report

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Premise: Sweet syndrome, also known as acute febrile neutrophilic dermatosis, is a rare inflammatory condition characterized by fever, neutrophilia, and painful erythematous skin lesions. Although drug-induced Sweet syndrome is well-documented, its association with hydroxychloroquine—a medication commonly used for autoimmune diseases such as systemic lupus erythematosus, rheumatoid arthritis, and Sjögren's syndrome due to its immunomodulatory properties—is exceedingly rare, with only four cases reported in the literature.

Description of the Case report: We present the case of a 61-year-old female with rheumatoid arthritis who developed Sweet syndrome shortly after initiating hydroxychloroquine therapy. Initially, the patient presented with typical cutaneous findings of Sweet syndrome, including painful erythematous plaques. These lesions later evolved in a centrifugal pattern and later onset of purpura that recalled vasculitic lesions. Notably, no enanthema was observed. Clinical presentation and histopathological findings confirmed the diagnosis, with symptom resolution following hydroxychloroquine discontinuation and appropriate therapy.

Conclusions: This case highlights the importance of considering hydroxychloroquine, largely used for its immunomodulating efficacy, as a potential trigger for Sweet syndrome, emphasising a rare but significant adverse reaction. It also stresses the need for prompt recognition and management of evolving cutaneous manifestations to prevent further complications.

Scempenso cardiaco ad elevata portata: mito o realtà?

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Descrizione del Caso: Donna, 76 anni, accede in PS per

dispnea da tre giorni. In anamnesi ipertensione, dislipidemia, BPCO in ex fumatrice, anemia cronica, aneurisma ACM sinistra trattato con stent, cardiopatia ischemica cronica, etp mammella trattata chirurgicamente, in follow up negativo. In PS quadro di scompenso cardiaco congestizio. Durante il ricovero adeguata terapia cardioattiva (ARNI, diuretico, betabloccante) con scarso beneficio. All'ecocardiogramma FE 40% (nota), severa dilatazione delle sezioni destre e insufficienza tricuspidalica massiva (in peggioramento), VCI non collassabile, suggestivo per scompenso cardiaco destro subacuto. Per la ricerca delle cause scatenanti ha eseguito: AngioTC polmonare (negativa per EP) ed ETE (negativo per shunt sn-dx). Durante la CUS arti inferiori emerge sospetta FAV nel sito di accesso transfemorale post recente intervento di stent per aneurisma ACM. La FAV è stata confermata ad AngioTC e classificata ad elevata portata. E' stato deciso quindi di procedere a correzione chirurgica. Ai controlli graduali risoluzione della dispnea e normalizzazione della PAPS, riduzione delle dimensioni delle sezioni destre.

Conclusioni: Le FAV congenite o acquisite (es. iatrogene), seppur poco comuni, si associano a basse resistenze vascolari sistemiche, tipiche dei quadri di scompenso ad elevata portata. Vanno considerate come possibili cause, a fronte di dati clinico-laboratoristici ed ecografici suggestivi di scompenso cardiaco ad elevata portata, quando non sono identificate altre cause e si osserva risposta terapeutica dopo risoluzione della fistola.

Renal denervation for the refractory hypertension in end-stage kidney disease: last hope or a new challenge?

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Premises: In the 2023 ESH and 2024 ESC hypertension (HT) guidelines (GL), renal denervation (RDN) is a therapeutic approach additive or alternative in uncontrolled resistant HT. However, in these GL RDN is not recommended (Class III-C) for treating HT in patients with moderately to severely impaired renal function (*i.e.* eGFR <40 mL/min/1.73 m²). A RDN performed in a dialysis-dependent end-stage kidney disease (ESKD) patient with refractory HT is described herein retrospectively.

Description of the Case report: A 47-year-old male, with renal amyloidosis following a dialysis program 3 times weekly had uncontrolled blood pressure (BP) values on antihypertensive therapy with nifedipine 60mg twice-daily, ramipril 5mg twice-daily, furosemide 500mg daily, doxazosin 4mg 3 time-daily and valsartan 320mg daily. It was admitted to the Emergency Department more times for hypertensive crisis (averaged BP of 250/140 mmHg) and acute encephalopathy. After RDN by 2020, day-time 24h-systolic BP decreased by up to 40 mmHg and office BP were controlled (<130/80 mmHg) with 4 antihypertensive drugs long-term. 5 years later patient underwent kidney transplantation (KT) and he is currently in good health.

Conclusions: The BP lowering effects of RDN suggest its beneficial role in selected patients with ESRD. Furthermore, uncontrolled BP is associated with the risk of developing graft failure in KT recipients for which BP control is mandatory. However, to confirm our results, multicenter trials on the effects of RDN in large cohorts of patients with ESRD are needed.

Dalla pelle alla diagnosi: un caso di sindrome DRESS

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Premesse: La sindrome Drug reaction with eosinophilia and systemic symptoms (DRESS) è una reazione di ipersensibilità da farmaci che si presenta con ipereosinofilia e coinvolgimento sistemico.

Caso clinico: Uomo di 74 anni, con storia di neoplasia renale, giungeva alla nostra attenzione per comparsa di febbre e rash maculopapulare del tronco e degli arti da due giorni. Riferiva di assumere allopurinolo da 2 mesi. Agli esami ematici si riscontrava ipereosinofilia, aumento degli indici di flogosi e delle transaminasi di due volte sopra la norma. Gli esami immunologici erano negativi. Una TC addome mostrava multiple linfadenomegalie. Veniva intrapresa terapia steroidea e antibiotica ad ampio spettro. Per la comparsa di epidermiolisi e shock settico si modificava la terapia antibiotica, con beneficio. La biopsia cutanea mostrava infiltrato infiammatorio linfo-plasmogranulocitario e reazione vasculitica, compatibile con sindrome DRESS. Il paziente veniva sottoposto a terapia steroidea ad un dosaggio con beneficio.

Discussione: La sindrome DRESS è una reazione di ipersensibilità indotta da vari farmaci. Il tempo di comparsa delle manifestazioni cliniche è in media di 7 settimane dall'introduzione del farmaco. La sospensione del farmaco è fondamentale per prevenire le complicanze. In passato, l'ipersensibilità all'allopurinolo (AHS) costituiva un'entità a sé stante, apparentemente senza differenze con la sindrome DRESS. Tuttavia, la sindrome DRESS dovuta ad altri farmaci è associata a una mortalità inferiore, circa il 10%.

Two possible causes of ischemic stroke: the carotid web

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Premesse: Carotid web (CaW), atypical variant of fibromuscular dysplasia, is a fibrous intimal flap originating from the wall of the carotid bulb and projecting into the arterial lumen, which can promote thrombogenesis. A strong association between CaWs and TIA/strokes of unknown etiology has been documented.

Case report: A 63-year-old woman with right atrial myxoma treated with surgery, shows up at the hospital for sudden symptoms of left facial paresthesia, clumsiness in left upper limb and confusion. The CT cranial scan showed an ischemic right area cortico-subcortical temporo-parietal, CT angiography and MRI confirmed an occlusion of the right

middle cerebral artery's M2 branch. As a collateral finding, an opacification defect was reported at right carotid bulbs, suspicious for CaW, subsequently confirmed at the Doppler ultrasound. Over the exams performed, a transesophageal echocolor Doppler reported the presence of mobile material at the left atrial appendage, doubt between myxoma recurrence or thrombotic material adhered to the Teflon residues left from the myxoma operation. Since a cardio-embolic stroke could not be ruled out, the patient was transferred to a surgical setting for subsequent removal of the mass.

Conclusions: This case confronted us with two possible causes of ischemic stroke. The possibility of an event related to CaW, even if rare, shouldn't completely be ruled out since it accounts for about 13% of cryptogenic stroke in young patients, with a 2-year recurrence rate of 20%. CaWs should always be excluded in all cases of cryptogenic ischemic events.

Leishmaniosi viscerale

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Premesse: La Leishmaniosi è una malattia infettiva causata da protozoi del genere *Leishmania*; nei pazienti immunocompromessi, come quelli affetti da mieloma multiplo, rappresenta una sfida diagnostica e terapeutica complessa.

Descrizione: Donna, 82 anni, in PS per melena. EO: cute e mucose pallide, splenomegalia, ipotensione, tachicardia, TC 38.4°C. Per Hb 5.6 g/dL viene sottoposta a trasfusioni di EC. All'EGDS: ulcera duodenale. Ricoverata in Medicina, agli esami di laboratorio presenta alterazione degli indici di flogosi, pancitopenia, componente monoclonale in zona gamma al QPE, ipoalbuminemia. Per febbre remittente, si introduce antibiotico terapia empirica e si richiedono emocolture (negative), autoimmunità (negativa), oncomarkers (negativi), striscio periferico (anisocitosi e ipocromia emazie, neutrofilii ipersegmentati), immunofissazione sierica (presenza di CM IgG-K), catene leggere sieriche e urinarie (presenza di catene leggere K libere), immunoglobuline (↑ IgG), β2 microglobulina (↑), ecografia addome (splenomegalia), TC total body per ricerca di lesioni ossee (negativa), biopsia osteomidollare (infiltrazione midollare da amastigoti di *Leishmania* e da quota di plasmacellule del 15%). Terapia: Amfotericina B. Al quarto giorno di terapia si assiste a improvviso e irreversibile peggioramento delle condizioni cliniche con exitus.

Conclusioni: Sono descritti in letteratura rari casi di mieloma in pazienti affetti da Leishmaniosi viscerale. La sovrapposizione delle due patologie peggiora la prognosi, soprattutto nel caso di pazienti anziani comorbidi.

MAFLD, HCC e stile di vita

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Premesse: La MASLD è una patologia in aumento. L'unica terapia attuale è l'intervento sullo stile di vita.

Descrizione del Caso clinico: F, 67aa, s. depressiva, ipercolesterolemia, BMI 31.5.2022 transaminasi elevate e riscontro ecografico di epatopatia steatosica con area disomogenea, di aspetto solido di 32 mm all'VIII segmento. Virus e autoimmunità neg; ipertrigliceridemia, ipercolesterolemia ed alterata glicemia a digiuno, marcatori oncologici negativi. TAC addome con mdc al passaggio SV-SVIII di "diffusa alterazione strutturale caratterizzata da immagini serpiginose-ramificate e nodulari" sospette per HCC infiltrante. RMN: disomogenea steatosi epatica più evidente in sVeVII iniziale evoluzione. invitata a modifica dello stile di vita con follow up dietistico e controlli ambulatoriali seriati ogni 2 mesi ed ECO a 4-6 mesi. Stiffness 4,2 KpA. Ad 1 anno, BMI 26,3 RMN epatica "significativa regressione della steatosi ora di grado lieve con aspetto più omogeneo". Tansaminasi profilo lipidico e glicemico normali. invitata a mantenere lo stile di vita corretto seguito nell'ultimo anno. Visita a 1 anno: fallimento dell'intervento, BMI 28.

Conclusioni: È stata ottenuta un'ottima risposta al trattamento dietetico ed alla modifica dello stile di vita fino a che la paziente è stata stettamente sorvegliata. Fallimento nel lungo periodo. Alla luce di questo risultato abbiamo redatto un protocollo che prevede uno stretto monitoraggio dei pazienti con steatosi severa in collaborazione con dietista che prevede contatti telefonici nel follow up per valutare l'adesione del paziente alle prescrizioni per 2 anni.

Hypercalcemia and second-degree (2:1) atrioventricular block: a case report

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Premises: Hypercalcemia can cause significant conduction system alterations, including complete atrioventricular block, which can occur due to structural or functional causes. It can have a reversible or permanent aetiology, which can lead to proper management.

Description of the Case report: A 47-year-old woman presented for a syncopal event with a history of hypercalcemia and first-degree AV block. The patient was admitted to the cardiology unit, where we found a serum calcium level of 11.5 mg/dL (reference range: 8.4–10.2 mg/dL) and 2(nd) degree (2:1) atrioventricular block with junctional rhythm and 7.3 seconds pause. The aetiology of hypercalcemia was investigated following the acronym "PAMPSCHMIDT": hyperparathyroidism, Addison, Multiple Myeloma, Paget, Sarcoidosis, Cancer, Hyperthyroidism, familial hypocalciuric hypercalcemia, Metastasis, Immobilization, Hypovitaminosis, and Thiazide diuretics. It also investigated the aetiology of second-degree AV: infections and autoimmune diseases. PTH was elevated (142 pg / ml), with normal levels of vitamin D, sodium, and potassium, urinary normetanephrine, and M component. There was no history or clinical signs of cancer, no drugs, and a chest X-ray excluded lymphadenomegalies. Urine calcium levels were low, and a parathyroid scan revealed parathyroid adenoma.

Conclusions: The patient continued to have AV block despite the treatment of hypercalcemia (presuming for the degeneration of the AV node due to calcium deposit), and a DDDR pacemaker was implanted. Proper management still remains controversial.

Unmasking the dual nature autoimmune thyroiditis: a rare case of concurrent Graves' disease and Hashimoto's thyroiditis

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Premises: Graves' disease (GD) and Hashimoto's thyroiditis (HT) are autoimmune thyroid diseases with opposite manifestations: hyperthyroidism in GD and hypothyroidism in HT. Both share T-cell mediated autoimmunity and autoantibodies. These conditions can coexist, and in GD, up to 15% of patients may develop autoimmune hypothyroidism later. The presence of both stimulating and blocking antibodies against the TSH receptor may explain the transition between the two diseases.

Description of the Case report: We present a 22-year-old female with bilateral acute pyelonephritis who had mild bilateral exophthalmos but no tremors or significant weight changes. Laboratory tests revealed subclinical hyperthyroidism (TSH 0.08 mIU/ml, fT4 10.62 pg/ml) and positivity for antibodies against thyroglobulin, thyroid peroxidase, and the TSH receptor. Thyroid ultrasound showed a heterogeneous gland with hypoechoic areas and increased vascularity. The diagnosis was subclinical hyperthyroidism in a mixed autoimmune thyroid disorder (GD+HT). Treatment included methimazole and selenium.

Conclusions: The coexistence of GD and HT is rare but possible, and symptoms or thyroid function abnormalities may be absent, as seen in this case where only exophthalmos was present. The diagnosis of mixed autoimmune thyroid disease should be considered when symptoms are subtle or laboratory values borderline, to implement personalized treatment and improve patient management.

Odontogenic brain abscess: a case report highlighting the importance of early diagnosis and multidisciplinary management

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Premises: Brain abscesses are a rare but severe neurological Emergency Department, often associated with odontogenic, sinus, or hematogenous infections. Their management requires a multidisciplinary approach to ensure timely and appropriate treatment, reducing the risk of complications.

Description of the Case report: <25 male patient from north Africa, with no significant medical history, presented to the Emergency Department with tonic-clonic seizures and persistent headache. A CT scan revealed a left fronto-parietal lesion (18 mm) with surrounding edema. Brain MRI confirmed a lesion consistent with a brain abscess. The patient was initially treated with steroids, antiepileptic drugs, and empirical antibiotics and was transferred to a neurosurgical center, where he underwent two surgical evacuations. Intraoperative microbiological analyses identified an infection by *Fusibacterium* spp. Concurrently, dental evaluation revealed carious lesions in the lower molars, which were extracted. The patient is currently on ceftriaxone and metronidazole therapy, awaiting radiological follow-up to confirm complete resolution of the condition.

Conclusions: This case highlights the importance of early diagnosis and a multidisciplinary approach in managing brain abscesses. Particular attention should be paid to identifying odontogenic infectious foci, which may represent the primary source of the condition.

An unexpected case of Wernicke's encephalopathy

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Premises: Hyperemesis gravidarum (HG) is a complication of pregnancy characterised by weight loss, dehydration, ketosis, and electrolyte imbalance. It can also cause complications such as transient thyrotoxicosis and, more rarely, liver dysfunction, Wernicke's encephalopathy and oesophageal rupture.

Description of the Case report: A 41-year-old woman with an unremarkable medical history was admitted for hyperemesis gravidarum. The patient presented with recurrent vomiting and weight loss; her blood tests showed hyperthyroidism and elevated liver enzymes. She was treated with antiemetics, intravenous hydration, and electrolyte support. During her hospitalisation she suddenly developed severe acute neurological deficits, characterised by lateral gaze nystagmus, ataxia, and disorientation. She underwent an MRI, which was diagnostic for Wernicke's encephalopathy. When the specific treatment (intravenous thiamine supplementation, intravenous magnesium sulphate, and nutritional support) was initiated, the neurological symptoms abated.

Conclusions: Wernicke's encephalopathy is a well-known complication of alcohol abuse. However, it is rarely associated with other malnutritional conditions, such as hyperemesis gravidarum. If these cases are not recognised and treated appropriately, they can lead to irreversible neurological damage, highlighting the importance of considering this diagnosis and starting treatment early.

Infectious aortitis: a case report

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Premises: Aortitis and periaortitis are the inflammation of the aorta secondary to either infectious or non-infectious etiologies. Infectious aortitis (IA) is a rare but potentially life-threatening condition. A high index of suspicion is required for timely diagnosis and management. IA requires immediate diagnostic workup (labs, cultures, and CT imaging). Once IA is diagnosed early antibiotic therapy and surgery are crucial.

Description of the Case report: An 74 yrs man presented to hospital with fever, and generalized weakness. He reported recent necrotic hemorrhagic pancreatitis, endoscopic drainage of pancreatic pseudocyst and fluid collection in peripancreatic adipose tissue. His medical history included bisiliac prosthesis for abdominal aneurysm, esophageal varices and hypertension. The patient was admitted for left pneumonia. He was treated with broad-spectrum antibiotics. On day 5, the patient started having fever, and abdominal pain. An abdominal CT scan showed an aortitis complicated by periaortic abscess. Blood cultures

were negative. No surgical indication was done, and a high broad spectrum antibiotics were continued.

Conclusions: The route by which aortitis occurs includes hematogenous seeding of an existing intimal injury, septic emboli, direct spread from an infectious site, and bacterial inoculation. In our case, it is likely that IA was due to the infection of aortic endograft branched by contiguity of the recent necrotic hemorrhagic pancreatitis. Small asymptomatic aneurysms are usually managed conservatively with long-term parenteral antibiotic therapy.

Nuove acquisizioni nella valutazione dello stato osseo in pazienti affetti da sindrome da edema midollare osseo: studio in un'ampia casistica ambulatoriale

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Premesse e Scopo dello studio: Con il diffuso impiego della Risonanza Magnetica per lo studio delle patologie scheletriche, è divenuto frequente il riscontro di un'alterazione di segnale definita come "edema midollare osseo". Questo termine è associato a diverse condizioni cliniche, con un aspetto comune ossia la sintomatologia dolorosa. Scopo dello studio è stato quello di valutare la densità minerale ossea (BMD) ed i markers di turnover osseo in pazienti con differenti pattern di BME ed in controlli sani.

Materiali e Metodi: Abbiamo studiato 150 soggetti affetti da BME e 150 controlli sani. In tutti abbiamo misurato la BMD a livello lombare e femorale con metodica DXA.

Risultati: I soggetti con BME hanno presentato valori di BMD significativamente ridotti a livello di tutti i siti scheletrici rispetto ai controlli sani. Nell'ambito dei pazienti con BME, il 37.3% aveva un quadro compatibile con Complex Regional Pain Syndrome di tipo 1 (CRPS-1), il 24.7% un BME a livello dell'anca ed il 38.0% a livello del ginocchio. Tutti i tre sottogruppi hanno mostrato una maggiore prevalenza di osteoporosi rispetto ai controlli sani e tale prevalenza è risultata più evidente nei pazienti con CRPS-1 e BME dell'anca rispetto a quelli con BME del ginocchio. I valori di vitamina D e i marcatori del turnover osseo non hanno mostrato differenze significative tra pazienti BME e controlli.

Conclusioni: I pazienti con BME sono caratterizzati da una maggiore prevalenza di osteoporosi rispetto ai controlli sani confermando così l'importanza dello studio dello stato osseo nella patogenesi di BME.

Una rara causa di anemia da ricordare

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Premises: Hemolytic anemia involves indices of erythrocyte destruction, haptoglobin consumption and increase in reticulocytes.

Description of the Case report: A patient with known spherocytosis was admitted for low-grade fever and anemia (5.7 gr/dl) for a month. Upon admission no foci of bacterial infection were found, high ferritin, non-measurable

haptoglobin, a slight increase in indirect bilirubin and LDH but without reticulocyte crisis. Direct and indirect Coombs tests and three SOFs were negative. B12 and folate levels were normal. The white blood cell and platelet count were normal. These data confirmed the diagnosis of hemolytic anemia secondary to known spherocytosis with an associated erythroid bone marrow aplastic crisis. An abdominal ultrasound showed no significant findings. A *Parvovirus B19* infection test was conducted and came back positive for acute form due to high titre positivity of both IgM and with confirmation of high viral DNA replication. The patient underwent red blood cell transfusions and symptomatic therapy. Improvement was noted. At follow-up, stabilization of Hb and a progressive reduction in *Parvovirus B19* viral load, along with the inversion of IgG/IgM, were observed. The diagnosis was severe anemia due to a transient aplastic crisis during an acute *Parvovirus B19* infection in known spherocytosis with chronic hemolysis. The knowledge that *Parvovirus B19* infection can be a cause of such severe anemia, especially in patients with RBC alterations such as spherocytosis, helped the diagnosis.

A rare case of intestinal pneumatosis in a patient with diabetes and colon cancer complicated by septic shock

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Premise: We present the case of a patient with a history of type 2 diabetes mellitus, surgically treated adenocarcinoma of the sigmoid colon on adjuvant chemotherapy, who recently developed hypertrophic lichenoid dermatitis.

Description of the Case report: The patient had been admitted for a severe septic shock episode during severe neutropenia and ketoacidosis. The hospital course was complicated by herpes encephalitis and the onset of abdominal pain. Abdominal ultrasound revealed the presence of aereobilia and microbubbles in the portal branches. Abdominal CT confirmed the suspicion, showing air microbubbles in the intrahepatic portal branches of the left lobe and anteriorly at the porto-mesenteric confluence, as well as pneumatosis in the ileal loops in the pelvis, right flank, and gastric viscera. The imaging findings were consistent with diffuse gastrointestinal pneumatosis during septic shock. Surgical intervention was excluded due to the extent of the condition.

Conclusions: Following appropriate antimicrobial and antiviral therapy, including supportive treatment, there was clinical and objective improvement, albeit slow and gradual. Intestinal pneumatosis (or gastrointestinal pneumatosis) is a rare condition characterized by the presence of gas within the intestinal wall, which can be visualized using imaging techniques like CT or ultrasound. It can be asymptomatic or symptomatic (pain, distension, etc.) and may be caused by various conditions, including infections, septic shock, chronic inflammatory diseases, ischemia, and trauma. Treatment depends on the underlying cause and severity of the condition.

Endocrine dysionia: severe refractory hypokalemia due to Cushing syndrome

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Premises: Cushing Syndrome (CS) is a rare clinical condition; hypokalemia is not infrequent (25%) at presentation and usually more prevalent in case of ectopic secretion of ACTH (57-100%) vs Cushing Disease (9-10%). However hypokalemia is rarely severe and refractory.

Description of the Case report: A lady between 65 and 75 years of age was admitted for dispnea and oedema; she was recently discharged after in-hospital treatment for heart failure and atrial fibrillation; she was also attending for work-up for neoplastic lung nodules. At clinical onset kalemia was 2,2 mmol/l, first attributed to furosemide and succeeding sigma perforation, for which the patient was submitted to surgical resection. During recovery hypokalemia was then very difficult to correct and progressively declined to 1,44 mmol/l, so correction with till 160 mEq of KCL iv/die was necessary, obtaining values of 3 mmol/l. ACTH and cortisol were very high and biopsy revealed lung small cell carcinoma. The patient was transferred to tertiary hospital for Cushing treatment and after a few weeks died.

Conclusions: Ectopic ACTH secretion secondary to neoplasia is often associated to hypokalemia. The case depicted is very unusual in the magnitude of dysionia, probably for the extension of cancer disease and the burden of the levels of cortisol.

Systemic mastocytosis: when to go beyond the skin

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Premises: Mastocytosis is a rare disease due to the abnormal accumulation of atypical mast cells in one or several organs/tissues, often accompanied by mast cell activation. Its clinical presentation and is eterogeneous and in some cases, it is associated with hematological malignancies which affects its prognosis.

Description of the Case report: A 74-year-old male presenting fatigue, loss of appetite and weight loss for 2 months. He refers diabetes in oral treatment, recent diagnosis of polycythemia vera and recent onset of diarrhea. He was found to have massive hepatosplenomegaly, abdominal and thoracic lymphadenopathy with mild pleural effusion and ascites, worsening anemia and thrombocytopenia. FDG/PET showed increased up-take to the liver, spleen and all along the bone marrow. A diagnosis of systemic mastocytosis was made based on the observation of many mast cells in his bone marrow, bowel infiltration and elevated serum tryptase levels (>200). No benefit with cladribine, second-line treatment with midostaurin was introduced.

Conclusions: Our patient had no skin manifestation, but several extracutaneous organ involvement, with infiltration signs (as hypersplenism for liver and spleen infiltration) and mast cell activation signs (as abdominal pain and diarrhea). Bone marrow aspirate was hypercellular with trilineage hematopoiesis and immunohistochemistry showed 35% of CD117 /tryptase -positive cells. Bowel infiltrate showed plasma cells, lymphocytes and a prevalence of monomorph mast cells (CD117 /tryptase -positive).

NoOst NoFract un progetto per la cura dell'osteoporosi e la prevenzione secondaria della frattura di femore

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Premesse e Scopo dello studio: 1/3 degli ultraottantenni italiani incorre in fratture del femore, di cui il 20% muore entro l'anno e il 40% non recupera un'autonomia funzionale. L'osteoporosi aumenta il rischio di fratture femorali e il suo trattamento riduce del 40% l'incidenza di nuove fratture femorali.

Materiali e Metodi: Il Reumatologo visita tutti i pazienti trattati chirurgicamente per frattura del femore ricoverati presso la UOC di Ortopedia dell'Ospedale di Urbino, richiede esami di laboratorio e prescrive farmaci anti-osteoporotici con consigli nutrizionali; previsto follow-up a 6 mesi.

Risultati: Sono stati visitati 92 pazienti (67 femmine e 25 maschi), età media di 87,1 per le femmine e di 79,5 per i maschi. Comorbidità: 96% per le femmine e 95% per i maschi. Frattura più frequente: femore (86,9%), quindi anca (11,9%), costole (4,3%) e polso (2,9%). Ipo- o ipocalcemia media intorno a 16 ng/mL e ipocalcemia media intorno a 7,6 mg/dL. I farmaci prescritti nel 99% dei pazienti visitati, hanno lo scopo di implementare i livelli ematici di vitamina D e calcio. In circa 88% dei pazienti sono stati prescritti anche farmaci anti-risorbimento osseo. Il T-score era presente solo nel 4% dei pazienti.

Conclusioni: Nella quasi totalità del campione esaminato si evidenzia: presenza di bassi livelli di calcio e vitamina D, scarsa diagnosi di malattia, necessità di trattamenti con farmaci anti-osteoporotici. Di qui la necessità e la valenza di un progetto integrato Medicina-Ortopedia per la cura dell'osteoporosi e la prevenzione secondaria delle fratture.

An unexpected neutropenia

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Premises: Mesalazine is widely used treatment of chronic inflammatory bowel diseases and is considered a safe therapy. The main side effects include gastrointestinal disturbances and headaches, while cases of neutropenia have been reported more rarely, typically occurring between two weeks and one year of treatment. It is still unknown whether this is due to bone marrow toxicity or immune-mediated destruction of peripheral blood cells.

Description of the Case report: A 80-years-old man, recently diagnosed with ulcerative colitis and started on mesalazine one month before, presented with a two-weeks history of fever and temporal headache. Blood tests showed an increase of inflammatory markers, while hematological evaluations, including serum protein electrophoresis and serum immunoglobulins test, identified reactive inflammatory state. Microbiological analysis were negatives. Instrumental investigations (temporal artery ultrasound, CT scan, PET scan, echocardiography and

cardiac RM) showed non-specific reactive findings. During clinical observation severe neutropenia occurred. Immunophenotyping and peripheral blood smear identified mild increase of granular lymphocytes with agranulocytosis. Based on the anamnestic data and diagnostic findings, the suspicion of mesalazine-induced neutropenia was raised. Mesalazine was stopped and treatment with G-CSF was successfully initiated with normalization of the blood count. **Conclusions:** Mesalazine-induced neutropenia is a rare occurrence, but periodic blood count monitoring could be recommended in all patients undergoing this treatment.

Effect of renal denervation on 24-h blood pressure pattern: which parameters predict its effectiveness?

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Premises and Purpose of the study: Renal denervation (RDN) is a therapeutic approach additive or alternative in uncontrolled resistant hypertension confirmed on 24-h ambulatory blood pressure monitoring (ABMP-24h). The aim of this study was to assess the effects of RDN on ABMP-24h pattern.

Materials and methods: A retrospective evaluation of data at baseline and after 6 months in 5 males (mean age 56,5±10,9 years) undergoing RDN between 2016 and 2023. Were considered as responders if a reduction of at least 10 mmHg in systolic BP (SBP) was found. Mean 24h-BP, day-time BP, night-time BP and heart rate (HR), day-time and night-time BP and variability parameters [(systolic BP standard deviation (SD) and dipping status)] were analyzed.

Results: The responders (80%) compared to non-responders had a significant reduction of the all-BP values (data not shown); a drop on SD_SBP24h (12.2 vs 17.2), on mean night-time HR (-9.0 vs +2.0 bpm) and an improvement of the dipping status was found. No short-term or long-term complications due to RDN were found.

Conclusions: RDN lead to an improvement of all 24h-ABMP values and particularly on BP variability, HR values and dipping status. These parameters appear as potential predictors of RDN effectiveness.

Mixoedema coma, an underrated presentation of extreme hypothyroidism

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Case report: We report the case of a 71 ys old patient with a history of primary hypothyroidism, chronic cerebral vasculopathy, Parkinson, CKD stage IIIb, and BPCO, who presented to the Emergency Department with dyspnea and lethargy. A chest CT scan revealed bilateral pleural effusions and ground-glass opacities. She was then hospitalized in our Internal Medicine ward for pneumonia and hypoxemic-hypercapnic respiratory failure, where the clinical condition worsened, necessitating non-invasive ventilation. The

clinical presentation of infection (a known trigger), combined with respiratory failure, marked macroglossia due to severe hypothyroidism (TSH 197 μ IU/mL on initial lab tests), sinus bradycardia, and lethargy led to a diagnosis of myxoedema coma. The patient was treated with antibiotics, steroids, and levothyroxine, resulting in significant improvement in respiratory status and consciousness. Furthermore, atropine was administered, which normalized the heart rate, and a follow-up chest CT scan was conducted to assess pneumonia resolution.

Discussion: Myxedema coma is a rare and severe complication of hypothyroidism, often triggered by infections, hypothermia, or medications such as lithium and amiodarone. Its clinical manifestations are bradycardia, neurological alterations and respiratory failure. This potentially life-threatening condition has a mortality rate of up to 60%. Treatment involves respiratory support, intravenous administration of levothyroxine and hydrocortisone, correction of hypoglycemia and electrolyte imbalances, and management of precipitating factors.

Quality of life and impact of symptoms in patients with exacerbated COPD hospitalized Internal Medicine: three-month follow-up

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Premises and Purpose of the study: COPD affects 5.6% of adults and is responsible for 55% of respiratory disease deaths. Patients with COPD have a 30-day mortality rate of 9.8% and 13.45% new hospitalizations at 30 days. The aim of the study was to measure the mortality rate, re-hospitalizations, symptoms and quality of life of the patient at a follow-up of 30 (time 2), 60 (t3) and 90 (t4) days after discharge (t1).

Materials and Methods: Twenty-seven patients (M 74%) with a mean age of 74±12 yr, Gold Class E (92%), discharged with closed triple therapy (81%) and diagnosis of COPD, from the UOC of Internal Medicine of the F. Miulli Hospital in Acquaviva delle Fonti were studied. CAT, mMRC, SF 36 scales were administered to assess symptoms and quality of life at admission and at 30, 60, 90 days.

Results: Data analysis showed a mortality rate at 30 days of 3.7% and 7.4 at 60 days. There were no re-hospitalizations. CAT score increased from 27±7 to 21±6 (1 vs 4 p<0.001), SF36 from 93±9 to 84±8 (1 vs 4 (p<0.001). On admission these were the therapies of the patients: LABA 4%, LABA/LAMA 15%, LABA/ICS 30%, LABA/LAMA/ICS open 19%. Closed triple therapy was present in 19% of patients at admission and 92% at discharge and follow-up.

Conclusions: Although limited by the small case series, the study demonstrates a low 30-day mortality rate and a significant improvement in respiratory symptoms and quality of life. Closed triple therapy represents the therapy of choice in this type of patient.

Atypical paroxysmal dysphagia and atypical ECG with ST elevation (Tombstone-like)

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Introduction: In clinical practice, it is not uncommon to encounter ACS with atypical onset. We present the case of an 82-year-old woman.

Clinical case: Patient with hypertension, diabetes, dyslipidemia and permanent NVAf. In the ER for transient dysphagia due to throat constriction and accompanied by dyspnea. On examination, crackles throughout the area. Laboratory findings: LDL 116 mg/dl, HbA1c 51 mmol/mol, pro-BNP 1200 μ g/dl, WBC 14.8 $\times 10^3$, RBC 4.12 $\times 10^6$, Hb 12 gr/dl, PLT 196 $\times 10^3$, PCT 6 ng/ml, CRP 14 mg/dl. ECG: Atrial fibrillation at 80 b/m². Echocardiogram: Batrial dilation—EF 55%. Chest CT: ground glass pneumonia. During hospitalization, pneumonia resolved, but the patient complained of paroxysmal episodes of transient dysphagia and throat tightness lasting a few minutes and an unchanged ECG. The last episode was associated with hypotension and a sense of impending death. The ECG was atypical, with ST elevation Tombstone-like appearance only in DIII. Stabilized and conducted in hemodynamics, subtotal occlusion of the CDx and 80% stenosis of the LAD were found. Treated with PTCA+stents on LAD and CDx, the patient presented a good clinical recovery.

Conclusions: The atypical and elusive presentation of the angina symptoms, initially without ECG changes, associated with pneumonia and subsequent appearance of STEMI with atypical ECG made the case a real challenge for the clinician. This case underlines how the atypical clinical presentation should not be a reason for failure to diagnose.

Cryptogenic stroke during rivaroxaban therapy

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Introduction: Cryptogenic stroke represents approximately 25% of the etiopathogenetic subtypes of ischemic stroke. We present the case of a 72-year-old woman.

Clinical case: Patient HFpEF, hypertensive, permanent FANV, diabetic and dyslipidemic. Under treatment with dapaglifozin, rivaroxaban 20 mg, dulaglutide 1.5 mg, rosuvastatin 20 mg, ezetimibe, nebivolol and valsartan 160 mg. She was found on the floor, in the bathroom, in a coma. Vomiting, diarrheal stools and urine were present. Routine blood chemistry within limits. ECG: Atrial fibrillation at 60 b/m². Echocardiogram: Batrial dilation—EF 56%. Brain CT: In posterior cranial fossa large inhomogeneous area with perilesional edema and mass effect from ischemia with blood infarction. The IV ventricle is not appreciable. Supratentorial ventricular system is dilated. In angio CT the arterial trunks of the anterior and posterior cerebral circulation were clearly visible. A ventricular shunt catheter was placed with right transfrontal access and distal end in the right lateral ventricle. On the 2nd day the patient died.

Conclusions: The case highlights how there are subtypes of stroke whose etiopathogenesis is outside our current knowledge. The patient was adherent to treatment. All risk factors were under control, even those determining residual risk. She had no vascular stenosis or unstable plaques in any district. She had been anticoagulated for about 6 years. These

rare clinical cases must stimulate research in order to be able to erase the term “cryptogenic” from medical treatises.

Un ospite inatteso: diagnosi “ileale” di giardiasi resistente

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Premesse: *Giardia Intestinalis* è un protozoo flagellato responsabile della giardiasi la cui diagnosi si basa sulla ricerca del parassita nelle feci. La resistenza al trattamento con metronidazolo è un fenomeno che può complicare la gestione clinica.

Descrizione del Caso clinico: Uomo di 31 anni giunge in ambulatorio con storia di diarrea cronica, mucorrea, dolori addominali e astenia. Presenta anemia macrocitica e ipogammaglobulinemia, nella norma gli indici di flogosi. L'ecografia intestinale mostra aspetto pluristratificato di parete delle anse con spessore ai limiti superiori della norma. L'esame parassitologico delle feci evidenzia la presenza di cisti da *Giardia I.* Il paziente viene trattato per 7 giorni con metronidazolo con recidiva alla sospensione. Esami colturali negativi, esami endoscopici con evidenza di infiammazione cronica aspecifica. Inizia terapia con mesalazina e steroide. Al persistere della diarrea e del calo ponderale, il paziente viene ricoverato in ambiente ospedaliero. Gli esami colturali in PCR su feci per ricerca di *Giardia I.* e *T. Whipplei* risultano negativi e gli esami endoscopici evidenziano la presenza di trofozoiti di *Giardia I.* adesi all'epitelio. Si avvia una terapia di seconda linea con albendazolo 400 mg/die associato a metronidazolo 250 mg x 3 volte al giorno per 5 giorni, con risoluzione della sintomatologia.

Conclusioni: L'infezione da *Giardia I.* tramite biopsie ileali è rara e indica un'adesione profonda del parassita alla mucosa intestinale, che può spiegare la resistenza al metronidazolo, l'uso di altri farmaci è fondamentale nei casi refrattari.

Quando la colecisti diventa un problema epatico: un caso di accessi secondari a colecisti scleroatrofica

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Premesse: La colecisti scleroatrofica è associata a complicanze bilio-digestive: ileo biliare e accessi epatici.

Descrizione del Caso clinico: Uomo di 64 anni, pregresso intervento chirurgico per ileo biliare risolto con enterotomia e rimozione del calcolo, senza colecistectomia associata. Il paziente si presenta in PS per febbre (38,5°C), dolore addominale in ipocondrio destro, nausea e ipoessia. Esami ematici: aumento degli indici di flogosi, di citolisi e colestasi epatica. TC addome con mdc: dilatazione della VBP e VB intraepatiche, pareti con enhancement post-contrastografico, versamento in sede peri-pancreatica, embolia polmonare lobare destra e diverticolosi del sigma con ispessimento delle pareti. Introdotto digiuno terapeutico, terapia anticoagulante e antibiotica con piperacillina-tazobactam, il paziente viene ricoverato in Medicina Interna. La RMN addome/colangio mostra colecisti sclero-atrofica, dilatazione VBP e VBI, assenza di formazioni litiasiche, aspetto contrastografico

suggestivo di colangite a carico della VBP, formazione ascessuale epatica (38 mm), analoghe formazioni endoaddominali (15 mm e 11 mm). La revisione delle immagini ha escluso la presenza di tramiti fistolosi colecistico-enterici. La valutazione chirurgica ha indicato intervento di colecistectomia. Il paziente mostra miglioramento clinico e bio-umorale e quasi totale scomparsa dell'ascesso epatico.

Conclusioni: Questo caso sottolinea la necessità di una colecistectomia precoce nei pazienti con ileo biliare per prevenire complicanze tardive come l'infezione biliare e gli accessi epatici

L'idrocolonerapia come supporto nella gestione della disbiosi intestinale e dei disturbi del colon

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Premesse e Scopo dello studio: L'idrocolonerapia è una pratica utilizzata per la pulizia del colon e viene sempre più considerata un supporto nella gestione di diversi disturbi intestinali, tra cui la sindrome dell'intestino irritabile (IBS), la disbiosi intestinale e la diverticolosi. Questo studio si propone di valutare gli effetti dell'idrocolonerapia sulla sintomatologia e sul benessere intestinale in pazienti con disturbi funzionali e organici del colon.

Materiali e Metodi: Sono stati selezionati 50 pazienti con diagnosi di IBS, disbiosi fermentativa o putrefattiva e diverticolosi. I partecipanti hanno ricevuto un ciclo di tre sedute di idrocolonerapia nell'arco di quattro settimane. Prima e dopo il trattamento sono stati valutati parametri clinici, tra cui gonfiore, dolore addominale, irregolarità intestinale e qualità della vita, mediante questionari standardizzati.

Risultati: Dopo il trattamento, il 76% dei pazienti ha riportato una riduzione significativa del gonfiore, il 68% ha riferito un miglioramento della regolarità intestinale e il 54% ha evidenziato una diminuzione del dolore addominale. Inoltre, il 72% dei partecipanti ha dichiarato un miglioramento generale della qualità della vita.

Conclusioni: L'idrocolonerapia si è dimostrata un valido strumento di supporto nella gestione di vari disturbi intestinali, contribuendo a ridurre sintomi fastidiosi e a migliorare il benessere complessivo dei pazienti. Ulteriori studi con un campione più ampio e follow-up a lungo termine sono necessari per confermare questi risultati.

La cefalea senza sale e zucchero

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Premesse: Il panipopituitarismo è una condizione clinica caratterizzata dalla mancata produzione delle tropine ipofisarie. Tra le cause primarie riconosciamo l'adenoma ipofisario non secernente, questo, oltre a provocare un quadro clinico legato alla ridotta stimolazione delle ghiandole endocrine a valle dell'asse ipofisario, determina anche una sintomatologia legata all'effetto massa (cefalea, alterazioni del visus).

Descrizione del Caso clinico: Paziente di 37 anni ricoverato per iponatriemia, ipoglicemia e cefalea. All'angioTC dell'encefalo evidenza di espanso parasellare sinistro. All'esame obiettivo rallentamento ideo-motorio, incapacità

a mantenere la stazione eretta, ipotensione arteriosa, non deficit del visus. Agli esami: sodiemia 105, glicemia 45. Eseguito prelievo per indagare tropine ipofisarie, funzionalità tiroidea, surrenalica e avviata soluzione fisiologica al 3% per iposodiemia severa, sostituita con cortone acetato per os e idrocortisone ev al bisogno appena ottenuta conferma di panipopituitarismo. Il paziente ha mostrato rapido miglioramento clinico. Solo a stabilizzazione dell'ipocorticosurrenalismo si è introdotta terapia per l'ipotiroidismo. Alla RMN encefalo con mdc macroadenoma ipofisario per cui è stato trasferito in neurochirurgia per trattamento chirurgico.

Conclusioni: Nonostante la bassa incidenza annua di adenoma ipofisario non secernente, è necessario sospettarlo in soggetti giovani con alterazioni elettrolitiche, ipoglicemia, cefalea. E' altresì importante effettuare la terapia sostitutiva ormonale stabilizzando prima l'asse corticosurrenalico.

Takotsubo cardiomyopathy in lithium intoxication: a heartbroken story

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Premises: Takotsubo cardiomyopathy (TCM) is a reversible stress-induced cardiomyopathy featuring symptoms of acute myocardial infarction without significant coronary artery abnormalities. Drug-induced TCM (DITC) can be distinguished from typical TCM by a clear association with drug exposure without physical or emotional stressors.

Case report: A 75 years old woman with bipolar disorder on lithium treatment was admitted to the Emergency department due to progressive dysphagia and anorexia. Blood tests showed elevated serum lithium concentrations (2.12 mMol/L). At electrocardiogram an episode of torsade de pointes was detected with a QTc of 541 ms. Transthoracic echocardiography highlighted a left ventricular ejection fraction (LVEF) of 30% with akinesia of the medium-apical myocardial segments. Lithium was discontinued and parenteral fluids were administered. After a few days LVEF was of 55% with normalization of the heart kinetics. Coronary-computed tomography showed normality of the coronary arteries. Serum lithium levels decreased till normalization and the patient's symptoms resolved.

Conclusions: Lithium is a mood stabilizer used in bipolar disorder. Its serum concentration has to be strictly monitored because of its side effects at high concentrations. It affects kidneys, the gastrointestinal system and the brain, nevertheless, a small percentage of heart manifestations, as TCM, have been reported. Besides TCM has pre-existing psychiatric illness as risk factors. Clinicians should pay attention to cardiac manifestations during lithium intoxication.

L'“ABCDE” del paziente con scompenso cardiaco: valutazione ecografica integrata del paziente ricoverato in dipartimento medico. Uno studio multicentrico

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Premesse e Scopo dello studio: Lo scopo è la creazione di un percorso a 5 step ecografici (“ABCDE”) per valutare e monitorare pazienti con Scompenso Cardiaco (SC) ricoverati in Dipartimento Medico.

Materiali e Metodi: Il paziente viene sottoposto ad indagini routinarie con PaO₂/FiO₂, RX torace ed ECG e all'“ABCDE” bedside in vari momenti della degenza. A corrisponde all'indice cavaglia-braccio, B al numero di linee B polmonari, C allo spessore medio intimale carotideo, D al diametro dell'aorta e all'indice di collassabilità della vena cava ed E alla frazione di eiezione ventricolare sinistra. Si ottiene così un punteggio complessivo che identifica lo stato cardiovascolare del paziente. La raccolta dati dei 6 centri partecipanti afferisce ad ASST Mantova, centro Promotore.

Risultati: Sono stati ad oggi arruolati 100 pazienti (età media di 82 anni) suddivisi per classi di E. Di seguito i principali risultati: 1) un “ABCDE” più elevato all'ingresso comporta un tempo di degenza più lungo; 2) il monitoraggio delle linee B permette shift più ravvicinati della terapia diuretica; 3) c'è una associazione più forte tra PaO₂/FiO₂ e linee B rispetto all'associazione tra PaO₂/FiO₂ e peptidi natriuretici, evidenziando come essi non siano marker così attendibili di miglioramento della congestione polmonare.

Conclusioni: L'“ABCDE” sottolinea l'importanza dell'approccio ecografico integrato bedside nella gestione diagnostico-terapeutica dello SC. Oltre all'ecocardiografia, altre indagini ecografiche sono dunque utili nel definire il quadro cardiovascolare globale del paziente.

Refractory hypoxemia in a patient with spondylodiscitis: a case of massive shunt

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Premises: We report three challenging cases of inflammatory disorders with cerebral lesions.

Description of the Case reports: Case 1: A 57-year-old woman experienced 6 months of fever of unknown origin. Common infectious causes were excluded. CT body scan and bone marrow biopsy were negative, FDG-PET showed nonspecific bone uptake. She became confused: MRI showed cerebral inflammatory lesions; lumbar puncture was unconvulsive. Patient complicated with intracranial hemorrhage and liver lesions which were biopsied, leading to diagnosis of intravascular lymphoma. She died despite therapy. Case 2: A 77-year-old man presented with fever unresponsive to antibiotics and confusion. He had elevated inflammatory markers with hypereosinophilia. Echocardiogram and chest CT scan were negative. Brain MRI revealed multiple lesions possibly inflammatory or embolic. Sudden gastrointestinal hemorrhage led to death. p-ANCA resulted positive, suggesting a diagnosis of vasculitis. Case 3: A 64-year-old with prior breast cancer and MGUS presented with altered mental status. Inflammatory markers and LDH were elevated. MRI demonstrated brain lesions with ambiguous features (vasculitis vs lymphoma). Lumbar puncture was performed. Suspected coronary vasculitis complicated clinical picture. Investigations are ongoing.

Conclusions: A systemic disease with prominent neurological features poses challenges due to limited tools for CNS exploration. Neuroimaging may not suffice, while

invasive strategies, though sometimes essential, carry high hemorrhagic risks, and diagnostic delay may prove fatal.

Inflammatory syndromes with cerebral lesions: when neuroimaging is not enough

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Premises: We report three challenging cases of inflammatory disorders with cerebral lesions.

Description of the Case reports: Case 1: A 57-year-old woman experienced 6 months of fever of unknown origin. Common infectious causes were excluded. CT body scan and bone marrow biopsy were negative, FDG-PET showed nonspecific bone uptake. She became confused: MRI showed cerebral inflammatory lesions; lumbar puncture was inconclusive. Patient complicated with intracranial hemorrhage and liver lesions which were biopsied, leading to diagnosis of intravascular lymphoma. She died despite therapy. Case 2: A 77-year-old man presented with fever unresponsive to antibiotics and confusion. He had elevated inflammatory markers with hyper eosinophilia. Echocardiogram and chest CT scan were negative. Brain MRI revealed multiple lesions possibly inflammatory or embolic. Sudden gastrointestinal hemorrhage led to death. p-ANCA resulted positive, suggesting a diagnosis of vasculitis. Case 3: A 64-year-old with prior breast cancer and MGUS presented with altered mental status. Inflammatory markers and LDH were elevated. MRI demonstrated brain lesions with ambiguous features (vasculitis vs lymphoma). Lumbar puncture was performed. Suspected coronary vasculitis complicated clinical picture. Investigations are ongoing.

Conclusions: A systemic disease with prominent neurological features poses challenges due to limited tools for CNS exploration. Neuroimaging may not suffice, while invasive strategies, though sometimes essential, carry high hemorrhagic risks, and diagnostic delay may prove fatal.

A case of jaundice and hepatopathy: unraveling the diagnostic puzzle

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Premises: The differential diagnosis of jaundice and unexplained hepatopathy presents a considerable challenge, as initial clinical and laboratory findings can resemble a variety of conditions, ranging from benign to serious and rapidly progressing diseases.

Description: A 74-year-old woman with no significant medical history was admitted to the Medical Department for jaundice and mild epigastric pain. Laboratory results showed elevated markers of hepatic cytolysis, cholestasis, and non-specific inflammation. A cholangio-MRI was performed revealing thickening of gallbladder wall with microlithiasis, an unremarkable biliary tract and slight alteration in hepatic parenchymal diffusivity as sign of peribiliary edema. Given the suspicion of cholangitis/cholecystitis, despite absence of typical abdominal pain, empirical therapy with ceftriaxone and metronidazole was initiated. The hypothesis of infectious hepatitis was ruled out by serology for hepatitis viruses,

Brucella and *Coxiella* tested negative. In light of the persistence of altered blood tests, autoimmune screening was carried out revealing medium-positive ANA titre in a homogeneous pattern, positive ASMA, and an elevated IgG titre, with subclasses within the normal range, suggesting a potential diagnosis of autoimmune hepatitis type 1. The confirmation of the diagnostic hypothesis was obtained through a liver biopsy. Initial clinical and laboratory improvement was observed when starting cortisone therapy. **Conclusions:** autoimmune hepatitis is a diagnosis of exclusion that is reached by proceeding in a stepwise fashion.

Hemolytic anemia associated with CAD: condition of life-threatening severity

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Promises: Hemolytic anemia is defined as anemia due to a shortened survival of circulating red blood cells due to their premature destruction. Causes of hemolytic anemia include inherited and acquired conditions, acute and chronic processes.

Case report: A 57-years old woman was admitted to hospital in November 2024 with asthenia, jaundice. In remote pathological history she had high blood pressure. The EAB show HB value 3.3 gr/dl, so the first therapeutic approach was blood transfusion. Then in Emergency Department clinical and laboratory signs were consistent with a state of hemolytic anemia, in fact, hemoglobin values was 3,3 gr/dl, associated with LDH 700 UI/l and unconjugated bilirubin was 5,5 mg/dl, RBC $1.25 \cdot 10^6$ /uL and the direct Coombs test was positive. Metilprednisolone 1mg/kg was started then with rituximab, because subsequent investigations show the lymphoproliferative disorder associated with CAD (cold agglutinin disease).

Conclusions: CAD is a form of autoimmune hemolytic anemia in which cold agglutinins (IgM autoantibodies against red blood cell antigens that bind at cold temperatures) can cause clinical symptoms related to RBC agglutination and hemolytic anemia. Primary or secondary CAD may be suspected in an individual with cold-induced symptoms or may also be suspected in a person with unexplained hemolytic anemia. Treatment aims at targeting the pathogenic B-cell clone in the bone marrow to reduce the production of monoclonal cold agglutinin. Therapy generally involves rituximab in combination or as monotherapy.

Case report of a young woman with neuroleptic malignant syndrome

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Neuroleptic malignant syndrome (NMS) is a neurologic emergency mainly occurring as an idiosyncratic reaction to antipsychotic agent use. It is characterized by a distinctive

clinical syndrome of mental status change, rigidity, fever, and dysautonomia.

Case report: An 18-year-old woman was admitted to the Emergency Department with disorientation, anxiety, delusions and hallucinations occurred after taking Ecstasy (indirect monoaminergic agonist) three days earlier. She was admitted to Department of Psychiatry for acute psychosis and she was treated with antipsychotic drugs (haloperidol and clotiapine). After about 7 days she showed rigidity, mental agitation, fever, increasing CPK levels (3645 U/L). Alternative neurologic and medical disorders were excluded by performing MRI brain, lumbar puncture and EEG. Specific treatment with muscle relaxants dantrolene, dopamine agonist bromocriptine and ample intravenous fluid, to prevent kidney failure from rhabdomyolysis, was started with a clear improvement in extrapyramidal symptoms and general conditions.

Discussion: Almost every class of antipsychotic drug has been implicated in NMS, as well as the antiemetic drugs whose mechanism of action involves dopamine blockade. Symptoms usually develop during the first week after initiation or increase of antipsychotic therapy. Discontinuing the offending agent is paramount, followed by supportive care and specific medical therapy (benzodiazepines, dantrolene and bromocriptine). Mortality can exceed 30%; however, early diagnosis and better supportive care can reduce mortality to less than 10%.

Management of inferior vena cava filter: a case series

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Premises: The aim is to examine the challenges of various vena cava filters placed prophylactically in Neurosurgical patients. As in some cases anticoagulation is not indicated, a transfemoral inferior vena cava filter (IVCF) can be placed; the indication is still debated. In this case series we present neurosurgical patients who underwent retrieval IVCF placement from 2022 to 2024.

Description of Case series: We considered 10 patients who developed DVT requiring anticoagulant therapy and all of them had to undergo neurosurgery. The mean age was 66 and six of them were female. Most of them were oncologic patients and underwent excision surgery. None had history of DVT, six had a proximal DVT and the other four had distal DVT. In three cases also PE was found before positioning IVCF, but no one developed it after. The mean stay of the filter was 45 days and all the patients started prophylaxis with LMHF; two of them were discharged with anticoagulant doses. We observed only one complication, which was the inability to technically remove the filter.

Conclusions: Temporary caval filters appear reasonable when there are clear indications, such as iliac vein or caval thrombosis and the risk of thrombus mobilization, as they don't have long-term complications.

Un caso di porpora trombotica trompocitopenica idiopatica

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La porpora trombotica trompocitopenica (PTT) è causata da un severo deficit di ADAMTS13, proteasi clivante il fattore von Willebrand (VWF); ne deriva l'accumulo di multimeri di VWF sulla superficie endoteliale, formazione di microtrombi, trombocitopenia, anemia emolitica microangiopatica e danno d'organo. Il deficit può essere ereditario o acquisito per la presenza di anticorpi.

Caso clinico: Donna di 71 anni, ipertesa. Arriva in PS per stato confusionale. TC cranio negativa. Agli esami ematici anemia normocitica (7,8 g/dl) e piastrinopenia (34000/mcl), creatinina e assetto coagulativo nella norma, indici di emolisi positivi con aptoglobina soppressa, elevati livelli di LDH, bilirubina e dimero; test di Coombs negativo. Allo striscio di sangue periferico 7.6% di schistociti. Posto sospetto di porpora trombotica trompocitopenica idiopatica (PTTi) (Plasmic Score Intermedio 5). Eseguito prelievo per ADAMTS13 attività e anticorpi. Nell'attesa dei risultati la paziente viene sottoposta a plasmaferesi e terapia steroidea. Il sospetto diagnostico viene confermato: ADAMTS13 attività <0.20% (vn 60-130) e Inibitori positivi. Vengono proseguiti aferesi terapeutica (totale 11 sedute), supporto trasfusionale e terapia steroidea osservando progressivo miglioramento clinico-laboratoristico con risalita dell'attività ADAMTS13 (81.7%) accompagnata da normalizzazione dei valori di Hb, PLT e indici di emolisi. Nel frattempo vengono completati gli accertamenti che escludono patologie oncologiche o infettive sottostanti. Alla dimissione prosegue terapia steroidea e follow-up in Medicina Trasfusionale.

Una diagnosi inaspettata

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Donna di 87 anni, diabetica. Nel 2018 riscontro TC di linfoadenopatie toraciche e addominali. PET indicativa di malattia linfoproliferativa. Alla TC torace evidenza inoltre di interstiziopatia. Proposti esami biotici che vengono rifiutati. Negli anni follow-up strumentale e specialistico in ambito ematologico e pneumologico. Nel 2024 importante calo ponderale e comparsa di ascite. Eseguita paracentesi: esame chimico-fisico indicativo di essudato, all'esame citologico presenza di tappeto di linfociti inglobante rare cellule mesoteliali. I markers tumorali risultano Ca-125 176 UI/ml, Ca-15.3 36.1 UI/ml, Ca-19.9 e AFP negativi. Ripetuta TC TB con evidenza di progressione di malattia: multiple linfoadenopatie toraciche in parte colliquate; grave interstiziopatia diffusa con aree di consolidamento parenchimale; diffusa carcinosi peritoneale con linfoadenopatie retroperitoneali; lesioni spleniche sospette per disseminazione. La paziente accetta le indagini proposte e viene sottoposta a biopsia escissionale linfonodale. L'esame istologico documenta parenchima linfonodale con flogosi cronica granulomatosa con necrosi simili-caseosa a cellule giganti tipo Langhans. Viene quindi posta diagnosi di tubercolosi disseminata. Nel frattempo si manifestano anche episodi febbrili e tosse con espettorato. A completamento diagnostico eseguiti Quantiferon positivo, Mantoux positiva a 48 ore, PCR ed esame diretto su espettorato e liquido ascitico positivi per BK. Avviata terapia

antitubercolare a 4 farmaci (isoniazide, rifampicina, etambutolo, levofloxacina).

Lupus nephritis with posterior reversible encephalopathy syndrome as the first manifestation of systemic lupus erythematosus

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Background: Posterior reversible encephalopathy syndrome (PRES) is an acute neurological disorder characterized by a variety of neurologic symptoms. The common trigger of PRES is kidney disease, as lupus nephritis. We describe a case of lupus nephritis with PRES as the first manifestation of Systemic lupus erythematosus.

Case report: A 20-year-old female was admitted to the hospital for lower extremity edema and malar rash. Her laboratory tests showed anemia, mild elevated creatinine and nephrotic syndrome. Anti-nuclear antibodies (ANA) and anti-double stranded deoxyribonuclease (dsDNA) were both positive (ANA 1: 320, anti dsDNA+++). C3 and C4 complement factors were low. Ultrasounds demonstrated normal kidneys. A renal biopsy showed stage IV lupus nephritis and treatment with Hydroxychloroquine, glucocorticoids and Mycophenolate was started. During hospitalization she referred headache with visual disturbances and she was found to have a high blood pressure. After initial stabilization with antihypertensives (furosemide 40iv), a magnetic resonance imaging (MRI) showed patchy cortical and subcortical edema in frontoparietal and occipital regions suggestive of PRES. She was treated with antihypertensives. She was monitored and was subsequently discharged showed complete renal remission and no obvious abnormality of brain MRI.

Conclusions: Although PRES is uncommon in lupus nephritis, it should be considered in the differential diagnosis of patients presenting with epilepsy, headache and hypertension for a prompt diagnosis and aggressive treatment.

The mountain hiking fever

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Premises: Fever of Unknown Origin (FUO) is a clinical condition defined by a persistent fever $\geq 38.3^{\circ}\text{C}$ lasting more than three weeks, unexplained after thorough diagnostic investigations. Causes may include infections, malignancies, inflammatory disorders and other conditions. Lyme disease, caused by *Borrelia* species, has potentially three stages (early localized, early disseminated, late disseminated) that may cause FUO characterized by nonspecific symptoms, such as joint pain and pancytopenia.

Description of the Case report: A 46-year-old woman presented with a seven-month history of remittent fever,

asymmetric migratory arthralgia, elevated transaminase levels and pancytopenia. She often hikes in the mountain. Instrumental investigations (abdominal ultrasound, PET scan, CT scan, echocardiography) revealed polyserositis and mild hepatomegaly. Serum detection of autoantibodies were negative. Immunophenotyping, peripheral blood smear, and bone marrow biopsy ruled out hematologic malignancies. Microbiological analysis initially identified IgM positivity for *Borrelia burgdorferi*, which was confirmed by Western blot. *B. burgdorferi* DNA PCR on bone marrow, confirmed *Borrelia* infiltration (possible late disseminated stage). Doxycycline therapy led to rapid clinical and laboratory improvement.

Conclusions: This case shows a rare hematologic manifestation of Lyme disease, as a part of FUO diagnostic evaluation.

Challenging diagnosis of sarcoidosis relapse: a case of acute hypercalcemia

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Premises: Sarcoidosis is a multisystem granulomatous disorder of unknown etiology, primarily affecting individuals between ages of 20-60 years. Clinical manifestations depend on the affected organs, but intrathoracic involvement occurs in approximately 90% of cases.

Description of the Case report: A 77-year-old male was admitted to the hospital for dizziness, mild hypercalcemia and worsening renal function. His relevant medical history included pulmonary sarcoidosis, latent tuberculosis, chronic renal failure and low grade papillary urothelial carcinoma. Laboratory tests showed reduced PTH levels, non-suppressed vitamin D and absence of monoclonal gammopathy on serum protein electrophoresis. To investigate hypercalcemia, a thoracic HRCT scan was made, which revealed a bilateral ground-glass pattern, mainly in the apical lobes, with ilo-mediastinal lymphadenopathy. Pulmonary infections were ruled out through laboratory tests and BAL. A more detailed history revealed that the patient had discontinued the sarcoidosis therapy approximately a year prior due to multi-organ failure and bone marrow aplasia caused by methotrexate intoxication. A diagnosis of sarcoidosis relapse was made and therapy with hydroxychloroquine was started.

Conclusions: Hypercalcemia, in the absence of systemic or pulmonary symptoms, is a rare presenting manifestation of sarcoidosis relapse. Sarcoidosis relapse is common when medications are discontinued, but the unusual presentations could make the diagnosis challenging.

Strategie integrate multiprofessionali in Medicina Interna: un case report

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Premesse: L'Unità Operativa di Medicina Interna ospita persone anziane fragili e pluricomorbidi che presentano patologie internistiche croniche e acute con alta complessità assistenziale e con alti livelli di dipendenza motoria. La mobilitazione dei pazienti è una tra le cure infermieristiche mancate maggiormente omesse a livello nazionale.

Descrizione del Caso clinico: Uomo ricoverato in Medicina Interna. Al momento del ricovero è vigile e orientato e presenta edemi declivi, punteggio di scala Braden 16 (medio rischio di lesioni) e di scala Barthel 20 (dipendenza totale). Alla prima valutazione fisioterapia il paziente riesce a verticalizzarsi a bordo letto. Si decide di applicare un framework di valutazione assistenziale multiprofessionale con briefing strutturati tra assistenti sanitari, collaboratori professionali, dietisti, fisioterapisti, infermieri e medici. Si instaura un piano assistenziale multiprofessionale con rieducazione motoria e programma nutrizionale personalizzato che include attività di mobilitazione mattina (fisioterapia), pomeriggio e sera (infermieristica e con personale di supporto). Dopo due settimane il paziente riesce a deambulare per tutto il corridoio con doppio appoggio laterale. Inoltre presenta punteggio di scala Braden 20 (basso rischio di lesioni) e Barthel 65 (dipendenza moderata), e assenza di edemi declivi.

Conclusioni: Impostare piani assistenziali multiprofessionali permette una migliore presa in carico della persona assistita in modo da ottimizzare ed efficientare la degenza ospedaliera e ridurre le cure mancate.

Acquired haemophilia A, a rare bleeding disorder

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Premises: Acquired haemophilia(AH) is a rare condition (incidence 1.5-per-million/year), caused by neutralizing autoantibodies against coagulation factors, more frequently factor VIII (AHA). We here report a case of AHA.

Description of the Case report: A 84-years-old woman came to our attention for pain and hematoma in the right thigh. No trauma or history of bleeding disorders were reported. She also referred in the last month gingival bleeding and others hematomas, for which she stopped treatment with acetylsalicylic acid. Lab examinations revealed Hb 9.2 g/dl, PT 0.59, aPTT 1.65. Detection of autoantibodies against factor VIII was positive and factor VIII dosage was reduced. Treatment with prednisone 1mg/kg was started, associated to support with recombinant activated factor VII and blood transfusion, with partial benefit. CT-scan of the lower limbs revealed bleeding in the right gluteus medius and vastus lateralis muscles. Treatment with cyclophosphamide 1mg/kg was added, with clinical improvement. No predisposing factors were identified (chest-abdomen CT-scan was negative for cancer, no signs of infections or autoimmune diseases). After about 15 days since admission we found SARS-CoV-2 infection (not tested before).

Conclusions: AHA is a rare condition. Several factors can predispose to its development like infections, cancer, autoimmune diseases, drugs but in about half of cases no precipitating factor is identified. In our patient COVID could be a predisposing factor but due to the late positivity finding it is difficult to establish a link between the two conditions.

Preliminary data on COPD patients admitted to our unit: undertreatment and poor compliance

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Premises and Purpose of the study: COPD is one of the most frequent disease in patients admitted in Internal Medicine department. The aim of our study is to evaluate the characteristics of patients with COPD hospitalized in our unit, in particular the admission therapy, as we often observed undertreatment of this condition.

Materials and Methods: We collected data about patients with COPD admitted to our unit, in particular sex, age, admission diagnosis, comorbidities and therapy.

Results: We enrolled 24 patients (9/15 female/male) with COPD admitted to our department. Median age was 81.5 (range 71-92 years-old). Most frequent admission diagnosis were: heart failure (n=10); pneumonia (n=5); COPD exacerbations (n=4). Most patients presented one or more comorbidities (median and mean 5, range 0 – 10). The most frequent comorbidities reported were: hypertension (n=20), atrial fibrillation (n= 14), chronic kidney disease (n=11) and ischemic heart disease (n= 10). Admission COPD therapy was distributed as follows: LABA/ICS (n=7); LABA/LAMA (n=1); LAMA (n=2); no therapy (n=4); triple therapy "open" (n=4); triple therapy single-device (n=6).

Conclusions: In our work preliminary data showed that many COPD patients are not treated or treated not correctly as the most recent guidelines report. Furthermore, several patients discontinue therapy during the stable phase of the disease, denoting also a poor education and compliance. Physicians should improve the treatment of this frequent condition and promote patients education and therapeutic adherence.

Lo strano caso di E.T.

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Descrizione: Donna di 69 anni con addominalgia diffusa, dolore e plegia dell'arto superiore sinistro. APR: IPA. EO: vigile, parzialmente orientata, amnesia e lieve afasia. Addome trattabile, prevalente dolorabilità in ipocondrio sinistro, milza palpabile. Non linfadenomegalie. Acrocianosi I e II dito mano sinistra. Eseguiti: TC addome con mdc (splenomegalia con architettura sovvertita e trombosi all'emergenza del tripode celiaco, della vena splenica), TC encefalo e collo con mdc (multiple trombosi instabili dell'arco aortico, estesi al tratto prossimale dell'ACC sn e all'origine del tronco brachiocefalico, focali ipodensità cortico-sottocorticali frontali e parietali a sinistra), Es. ematici (Neutrofili 49040/L, monociti 6550/L, piastrine 1312000/L, Hb 8.6 g/dL, MCV 88.8 fl, mutazione JAK2 e BCR/ABL assente), biopsia osteomidollare come da neoplasia mieloproliferativa tipo CMML-1 (WHO 2022). Impostata terapia con triplice antitrombosi, idrossicarbamide, eritropoietina e prostanoidi. All'angioTC di controllo splenomegalia incrementata (12x18x22cm) con ampio ematoma e contestuale ischemia. Eseguita splenectomia e

falangectomia distale di I e II dito (necrosi in ischemia critica). all'es. istologico sovvertimento splenico per materiale necrotico-emorragico marginato da tessuto fibroso infiltrato da flogosi e scarso parenchima residuo. Pz in follow-up ematologico, trombosi plurifocale risolta in toto. **Conclusioni:** Il tromboembolismo artero-venoso può avere come fattori eziopatogenetici le malattie mielolinfoproliferative e spesso con prognosi più sfavorevole.

An uncommon complication of acute pancreatitis following mini gastric by-pass

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Premises: Obesity is becoming a global health burden along with its comorbidities. Bariatric surgery has emerged as the definitive treatment option for severely obese patients. The laparoscopic gastric bypass is the second most performed bariatric procedure with a low mortality and morbidity. Several postoperative complications have been reported, including hemorrhage, suture leakage, small bowel obstruction, and infection, while pancreatitis is very uncommon.

Description of the Case report: <60 Caucasian female with a history of hypertension and obesity treated with laparoscopic mini gastric by-pass surgery one month later was admitted to our department for epigastric pain with laboratory tests compatible with acute pancreatitis. She reported ketogenic diet and episodes of self-induced vomiting following surgery. Abdomen CT showed a swollen appearance and edema of the pancreas. MRI confirmed the picture of an edematous interstitial pancreatitis with bile sludge in the absence of gallstones and biliary tract dilation. We observed a rapid clinical and laboratory resolution with specific therapy and oral refeeding.

Conclusions: Acute pancreatitis (within 2 weeks) following laparoscopic bariatric surgery is a rare early complication and the pathophysiology of acute pancreatitis is unclear. We hypothesize that an incorrect diet and vomiting favored stasis and reflux of gastrointestinal content, bile and pancreatic secretions, leading to acute pancreatitis in our patient.

Vedo non vedo: un caso di neurite ottica alcol correlata

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Premesse: Il danno neurologico alcol correlato è molto diffuso, ma i casi di neurite ottica sono rari in letteratura.

Discussione Caso clinico: Uomo di 48 anni con sdr metabolica, steatosi epatica e disturbo da uso di alcol senza remissione clinica, a settembre 2023 ha lamentato progressivo calo del visus con impossibilità a guidare e lavorare. Alla visita oculistica riscontro di visus con lenti occhio destro 3/10, occhio sinistro 8/10. Venivano eseguiti RMN encefalo con MDC con riscontro di alterazioni gliotiche aspecifiche della sostanza bianca periventricolare e dei centri semiovali, Tomografia Ottica Computerizzata con lieve diminuzione dello strato delle cellule ganglionari

per OD>OS, elettroretinogramma e potenziali visivi evocati con marcata alterazione della conduzione retino-corticale bilaterale alla stimolazione pattern/reversal. Escluse varie possibili cause di otticopatia (deficit vitaminici, sclerosi multipla, herpes virus, ab anti GAD e anti acquaporina) veniva posta diagnosi di neurite ottica su base esotossica. In gennaio 2024 veniva ricoverato per disintossicazione da alcol, in tale occasione veniva avviata terapia per la neurite ottica alcolica con ciclo di terapia steroidea oltre alla terapia anti astinenziale (tiamina, valium ev). Nei mesi successivi il paziente ha mantenuto l'astinenza, i controlli oculistici hanno documentato un progressivo e stabile recupero del visus con rientro all'attività lavorativa.

Conclusioni: I casi di neurite ottica alcol correlati sono così rari che sarebbe interessante una revisione della letteratura.

Confronto fra trombolisi a dosaggio ridotto e a dosaggio standard in pazienti con embolia polmonare a rischio intermedio-alto e alto

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Premesse e Scopo dello studio: Secondo studi recenti la trombolisi a dose ridotta sembra avere efficacia sovrapponibile alla terapia a dose piena e minori tassi di sanguinamento nel trattamento dell'embolia polmonare. Scopo dello studio è confrontare l'efficacia e la sicurezza della trombolisi a dose ridotta rispetto alla dose piena in pazienti con embolia polmonare a rischio intermedio-alto e alto.

Materiali e Metodi: Studio retrospettivo di coorte, confronto fra trombolisi a dose standard (alteplasi >50 mg) e a dose ridotta (alteplasi ≤50 mg) in pazienti con embolia polmonare classe 3-4 ESC. Gli outcome valutati sono mortalità intraospedaliera per tutte le cause e correlata all'embolia, regressione della disfunzione ventricolare destra e incidenza di sanguinamenti maggiori e minori (ISTH)

Risultati: Arruolati 57 pazienti, 18 trattati con dose ridotta e 39 con dose piena. 36 pazienti in classe ESC 3 e 21 in classe ESC 4. Non sono emerse differenze statisticamente significative nella mortalità né nella regressione della disfunzione ventricolare destra. I sanguinamenti sono risultati sovrapponibili (11 vs 20%; p= 0.478), con un trend in riduzione nel gruppo trattato con dose ridotta.

Conclusioni: La trombolisi a dose ridotta è associata a tassi di mortalità intraospedaliera e regressione della disfunzione destra sovrapponibili a quelli della dose piena, con tassi di sanguinamento ridotti seppur senza significatività statistica. Sono necessari ulteriori studi per stabilire in modo più accurato l'efficacia e la sicurezza della trombolisi a dose ridotta rispetto alla dose piena.

Neurological effects of hypomagnesemia: a case series

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Premises: Hypomagnesemia is a very common condition encountered in Internal Medicine Departments. Magnesium levels are affected by poor intake, by renal/gastrointestinal losses, or by use of diuretics. It can present with mild symptoms like fatigue, tremors, weakness or more severe conditions like seizures, arrhythmias, tetany and delirium. We describe three different cases.

Description of the Case report: First one is about a 78-years-old man with history of relapsing tonic clonic seizures. At blood tests: severe hypomagnesemia (0.39 mmol/L). After excluding all possible causes for hypomagnesaemia, chronic use of proton pump inhibitors (PPIs) was considered. In fact, at esophageal gastroduodenoscopy he presented hyperplastic micro polypoidlike mucosa, indicative of chronic gastropathy. He was on therapy with PPIs for more than 1 year. After their interruption, seizures stopped. Second one is about an 86 years-old man who came with pulmonary edema and was treated with large amount of diuretics. He had severe hypomagnesemia (0.4 mmol/l) and severe hypocalcemia (5.3 mg/dl). He presented a tetanic crisis that stopped with the restoration of electrolytes values. Third one is about a 67-years-old patient who had severe hypomagnesemia and hypocalcemia cause by prolonged use of PPIs and diuretics, manifesting only mild neurological symptoms.

Conclusions: We want to underlie the importance of serum magnesium assessment in patients admitted in Internal Medicine and the research of the underlying cause, because hypomagnesemia can have many life-threatening complications.

Chetoacidosi diabetica euglicemica: una sfida diagnostica

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Premesse: L'uso sempre maggiore di SGLT2-inibitori aumenta la probabilità di quadri prima rari, come l'EDKA.

Descrizione del Caso clinico: Uomo indiano, <50, giunge in PS per febbre, addominalgia, e nausea da 2 giorni, a digiuno dal mattino. Per barriera linguistica è difficile raccogliere l'anamnesi patologica e farmacologica. All'arrivo è tachicardico, tachipnoico, ipoteso, agitato per addominalgia diffusa, con addome trattabile e mostra disidratazione mucocutanea. Agli EE non vi sono alterazioni (creatinina e PCR nei limiti, non disionie, glicemia 97 mg/dL). Con idratazione ev ed antiemetici il quadro non migliora, anzi inizia a vomitare. All'EGA: severa acidosi metabolica ad anioni gap aumentato (pH 7.05). Allo stick urine chetoni 3+. Improbabile l'intossicazione da salicilati e paracetamolo, etanolemia negativa. Un conoscente riferisce che il pz è affetto da DM II, ma non è nota la tp in atto. Si sospetta una chetoacidosi diabetica euglicemica (EDKA) e il pz viene gestito con idratazione endovenosa, insulina in i.c. in sol. glucosata e supplementazione ev di KCl, con miglioramento clinico. In seguito i familiari riferiscono che assumeva canaglifozin.

Conclusioni: La EDKA non è facile da sospettare per l'assenza di iperglicemia, inoltre non vi sono i segni e sintomi legati all'iperosmolarità. Richiede una diagnosi differenziale da altre forme di chetoacidosi (specie da

digiuno) e di acidosi metabolica ad anion gap aumentato. Take home message: dosare il pH ematico ed i chetoni urinari in un paziente acuto se in terapia con un farmaco che finisce in "gliflozin".

A case report of new-onset Marfan syndrome, ready to triple, in a very unfortunate family!

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Background: Marfan syndrome (MFS) is one of the most common inherited disorders of connective tissue. It is an almost exclusively autosomal dominant condition (incidence 1:3000-5000), due to a mutation in FBN1 gene encoding the connective tissue protein fibrillin-1, though in about 25% of cases it is due to a *de novo* mutation, clinically characterized by ocular, cardiovascular and musculoskeletal abnormalities. The diagnosis of MFS relies on clinical diagnostic criteria confirmed by genetic test. We report a misdiagnosed case of MFS, ready to triple, due to a *de novo* mutation.

Case report: A 22 year old male presented to our Dept for abdominal pain e diarrhoea from 1 month. The patient was extremely tall and thin with all the typical musculoskeletal features of MFS as arachnodactyly, pectus carinatum, and scoliosis. He was normotensive but bradycardic with a mitral murmur and echocardiographic evidence of mitral vlve prolapse and aortic dilatation confirmed by CT-scan, while the genetic check confirmed a *de novo* MFS. Since also his brothers presented a marfanoid habitus, we understood that probably all the three brothers were MFS subjects! The patient refused cardiac surgery, but he was instructed to restrict strenuous activity and discharged on losartan and we call his brothers for the necessary health checks.

Discussion: MFS is a potentially fatal disease that always requires very accurate medical history, a careful medical evaluation and genetic study, as well as medical and surgical therapy, that can save the unfortunate patients who often belong to the same family!

An unusual case of scabies in a subject, without history of pre-existing immunodepression, associated with transient absolute lymphocytopenia which encountered complete resolution upon remission of the dermatological symptoms

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Introduction: Scabies is a universal disease caused by a mite, *Sarcoptes scabiei*, clinically characterized by itching essentially in areas with thin skin with possible complications due to scratching lesions and secondary bacterial infections. It is transmitted by prolonged direct skin-to-skin contact and by indirect contact with infested objects.

Clinical case: A 68 years old allergic man, presented to our Dept for intense itching resistant to antihistaminic and steroid therapy. Since his blood examen revealed an absolute B-lymphocyte deficiency, we suspected a lymphoma and the patient underwent to total body CT-scan and PET evaluation, which resulted negative, and dermatological visit that showed

a widespread erythematous-scaly-crustous eruption, all over the body, in particular the back, abdomen, upper and lower limbs. The dermatologist places clinical suspicion between Sneddon-Wilkinson dermatitis, pustular psoriasis and paraneoplastic syndrome and requests histological examination from skin biopsies which, on the contrary, revealed the presence of a female *Sarcoptes scabiei*! We made diagnosis of scabies and the patient started therapy with oral ivermectin (two cycles) and topical application of benzyl benzoate. Finally, three months after the onset of symptoms, he improved and his mysterious B lymphocytopenia completely disappeared!

Conclusions: The scabies mite is an obligate human parasite. Travel to endemic areas, promiscuous conditions and poor sanitation levels constitute risk factors. Immunosuppression aggravates its course or rarely it can be due to the disease.

Quando l'endocardite è dubbia, ruolo della PET-TC

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Premesse: L'endocardite infettiva (EI) è una patologia prevalentemente di origine batterica. La diagnosi si basa sul sospetto clinico (Criteri di Dukes, sensibilità 80%) ed esecuzione di ecocardiografia TT. Quest'ultima presenta limitazioni dovute ad una bassa sensibilità sia per diagnosi su valvola protesica che sul riscontro di complicanze.

Descrizione del Caso clinico: Uomo 83 anni, ricoverato per febbre, dispnea, edemi declivi. APR: cardiopatia dilatativa ipocinetica a coronarie indenni, portatore di PM-ICD. Prelevate emocolture su picco febbrile, positive per *S. Aureus* oxacillino sensibile, ed eseguita ecocardiografia che evidenziava IA di grado moderato di nuovo riscontro, senza evidenza di vegetazioni. Forti del sospetto clinico (un criterio maggiore e 3 minori secondo Dukes), veniva impostata Ab terapia per 4 settimane ed eseguito ETE, questo dubbio per una lesione millimetrica del LAM. Ad 8 giorni emocolture di controllo negative su due campioni, PCT negativa. Considerando il rischio legato alla presenza di dispositivo impiantabile si procedeva con esame di secondo livello richiedendo PET/TC, anch'esso negativo per endocardite infettiva. Il paziente ha assunto Ab terapia per 25 giorni senza riscontro di EI.

Conclusioni: La diagnosi di EI si basa sul sospetto clinico e sui risultati di emocolture ed imaging. In presenza di protesi valvolari e ICD l'ecocardiografia ha una bassa sensibilità e l'uso di altre tecniche è fortemente raccomandato. La revisione delle LG ESC 2023 include TC Cardio e PET/TC come esami diagnostici di prima linea tra i criteri maggiori di Dukes.

The technological challenge of continuous wireless monitoring in Internal Medicine unit to improve management of complex patients: green line H-T Study final results

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Background: In Internal Medicine unit (IMU) are increasing patients with serious illness, under acute exacerbation of previous diseases needing high intensity care and evaluation of clinical deterioration risk. Literature reported different results (3.5-15.1%) about major complications (MC) in patients discharged at home, no Telemedicine randomized trials.

Materials and Methods: Prospective, randomized, controlled, open-label, multi-center study for the evaluation of critically ill patients admitted in IMU and sent to earlier home discharge to evaluate the effectiveness of continuous wireless monitoring (CWM) of clinical conditions vs. traditional clinical monitoring (TCM) on outcomes. CWM of vital parameters was assured by WIN@Hospital devices. The overall sample size calculated was 200. Results. 212 patients were enrolled (M 115/F 97), mean age 76.8 (89% >65 years), Comorbidity: Cumulative Illness Rating Scale CIRS-CI: 4, CIRS SI: 1.8. About 30% scored BRASS (Blaylock Risk Assessment Screening Score) ≥20, Barthel mean value 63,2; Extton-Smith scale 15,7, Charlson Index 3,8, indicating need for step-down care. Mean FADOI Complimed Score 1 was 25,33 in TCM group and 28,98 in CWM group. Overall MCs at 5 and 30 days of follow-up was 16%. A reduction of MC (CWM 9,9% vs TCM 23% with 2,62 odd ratio), length of stay (1 day), re-hospitalizations (30%) and access to Emergency Department (50%) in CWM group were registered.

Conclusions: Integrating hospital and field is a new challenge of Telemedicine to improve patients' management in and out of the hospital.

Digital ulcers: what causes it?

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Background: Buerger's disease (thromboangiitis obliterans) is a rare nonatherosclerotic segmental inflammatory disease of small and medium-sized arteries of the distal extremities. Predominantly young male tobacco users.

Case report: 43-year-old woman with onset of distal-extremity ischemia, pain and ischemic digital ulcers in the hands bilaterally. Excluded autoimmune diseases, hypercoagulable states and diabetes mellitus, proximal source of emboli. She was active smoker. Arterial Doppler was performed with evidence of radial and ulnar artery thrombosis at the palmar level bilaterally. We recommended smoking cessation. She started antiplatelet, anticoagulant with DOACs (low-dose rivaroxaban) therapy and infusion cycle with prostanoids. After three months of therapy with antiplatelet and DOACs the patient had no more digital ulcers or ischemia or pain. Complete recovery of functionality of hands.

Conclusions: Combination of low-dose rivaroxaban and cardioapirin in lower limb obliterating disease has reduced major amputations (about 70%). No studies have been conducted on thromboangiitis obliterans. Smoking cessation

and rivaroxaban in combination with cardioaspirin seem to have been effective in our patient with digital ulcers in Buerger's disease, avoiding amputation.

Not always bone metastasis

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Background: There are different types of infection caused by *Mycobacterium tuberculosis*, the pulmonary variety is the most common of them. Osteoarticular tuberculosis (OATB) is rare.

Case report: 46-year-old woman with evening fever, preceded by shaking chills, lumbar pain and right lung base pain. The patient presented significant functional limitation with inability to walk. Blood tests showed increased inflammation markers, thrombocytosis; increased IL6 and IL2. Bence-Jones negative. Quantiferon test negative. Chest and abdomen CT were negative. MRI of the total spine showed target-shaped bone lesions. PET-CT showed diffuse bone marrow lesions with pathological hypermetabolism (with hyperdense border and hypodense nucleus). We performed bone marrow and bone biopsy (increased amount of plasma cells), raising doubts regarding oncological pathology. New bone biopsy was performed where acid-fast bacilli were detected. The patient started specific anti-tuberculosis therapy with clinical improvement.

Conclusions: Diagnosis was made approximately 3 months after the onset of symptoms. At the beginning bone metastases were suspected, in light of the negative initial tests. Conventional diagnostic methods may be insufficient for the diagnosis of OATB. The delay in the diagnosis of OATB can lead to negative consequences, affecting the quality of life of the patient.

Quando il farmaco diventa un problema: un caso di diarrea cronica in Medicina Interna

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Premesse: La diarrea cronica è spesso causa di ospedalizzazione, la diagnosi differenziale può risultare complessa e sono spesso necessarie numerose indagini prima di giungere alla diagnosi.

Descrizione del Caso clinico: Paziente di 74 anni, in terapia con olmesartan. Da mesi comparsa diarrea, vomito, calo ponderale. Accedeva in P.S. per ematemesi, eseguiva EGDS che mostrava un'ulcera gastrica, tc torace addome e colonscopia negative. Gli esami ematici mostravano anemia, insufficienza renale acuta, ipokaliemia, prot C reattiva lievemente aumentata. L'esame delle feci nella norma: colturale, parassitologico e clostridium negativi, calprotectina fecale lievemente aumentata; negative le sierodiagnosi di Widal Wright, la sierologia per celiachia, il dosaggio ematico di gastrina e cromogranina e urinario dell'acido idrossiindolacetico. Escluse cause infettive ed organiche, data l'anamnesi farmacologica del paziente (terapia con olmesartan) e della implicazione di tale molecola come causa di diarrea, si optava per la sospensione del farmaco: si assisteva ad una regressione completa della sintomatologia.

Conclusioni: La enteropatia da Olmesartan è una causa rara di diarrea; i sintomi insorgono anche dopo anni dall'inizio della terapia. Dei casi identificati, quasi il 98% riguardavano l'olmesartan e il 2% altri sartani. La fisiopatologia non è chiara, sembra essere coinvolta una risposta cellulo-mediata responsabile di danno alla mucosa intestinale, che determina atrofia dei villi, iperplasia delle cripte e infiltrati linfocitari. La sospensione del farmaco determina la risoluzione dei sintomi.

Una dermatomiosite senza miosite

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Premesse: La dermatomiosite (DM) è una malattia disimmune, spesso paraneoplastica e si presenta con lesioni cutanee tipiche e sintomi muscolari ai grossi cingoli. Più frequente nelle donne fra 40 e 50 anni. Lesioni patognomoniche sono le papule di Gottron ed il rash eliotropo. La variante amiopatica ha solo interessamento cutaneo, spesso prima manifestazione di neoplasia occulta.

Descrizione del Caso clinico: Donna del nord Africa, <60 anni, ricovero per dermatite pruriginosa, artralgie e lesioni esulcerate a tronco e arti, segno della farfalla ed ipereosinofilia, nonostante terapia steroidea e antibiotica. Ipotesi di prurigo escoriata, sindrome di Ekbom, pemfigo seborroica, LEC, DM. Scarsa risposta ad antibiotico, steroide ad alte dosi e antistaminico. Alla biopsia dermatite aspecifica. Alla HRCT multiple nodularità. Screening negativi per sarcoidosi, vasculiti, connettiviti, si. aPL, micobatteriosi. Positività per anti-SAE1 ad alto titolo, diagnostici per DM amiopatica, non responsiva a corticosteroidi, ma ad immunosoppressori. Indicato MTX, ma per riscontro di HBV cronica introdotto antivirale. TC-TB negativa. Alla PET reperti polmonari e ilomediastinici ad attività metabolica. BAL negativo. Indicato follow up delle lesioni e biopsia qualora persistenza dopo terapia specifica.

Conclusioni: La DM amiopatica si presenta con coinvolgimento cutaneo e positività ad anticorpi ANA (come SAE1). La diagnosi è ostacolata dall'assenza di criteri diagnostici e sintomi muscolari, e in questo caso, dal fototipo; richiede un attento screening per neoplasia occulta.

Cerebral wasting syndrome

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Premesse: La perdita di sale cerebrale (CSW) è una potenziale causa di iponatriemia nel contesto di una malattia del sistema nervoso centrale (SNC). La perdita cerebrale di sale è caratterizzata da iponatriemia con elevati livelli di sodio nelle urine e ipovolemia

Descrizione del Caso clinico: Paziente di 81 anni viene ricoverato per caduta al domicilio con trauma cranico. Agli esami ematici iponatriemia. Durante la degenza il bilancio ha evidenziato iponatriemia con ipoosmolarità plasmatica, sodiuria inappropriatamente elevata, non ipovolemia clinicamente rilevabile. Escluse neoplasie, alla TC encefalo quadro compatibile con lieve idrocefalo. Non risposta alla correzione da restrizione idrica ed infusione ipertonica.

In sospetta cerebral wasting syndromedimesso con terapia con urea 10 g+NaHCO₃ 2 g+acido citrico 1.5 g+saccarosio

200 mg con beneficio: risoltasi l'instabilità alla marcia ed iponatriemia.

Conclusioni: Importante riconoscere questa causa di iponatriemia, l'urea per os si è dimostrata un valido trattamento.

Nephrotic syndrome: when appearances deceive

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Premises: A 81-year-old man presented dyspnea associated with bilateral lower extremity swelling. In past medical history: acquired Von Willebrand disease, arterial hypertension, chronic kidney disease, ischemic heart disease low-grade non-Hodgkin B lymphoma and anaphylactic shock due to factor VIII concentrate.

Description of the Case report: Laboratory tests documented anemia (Hb 9 g/dl), acute renal failure (creatinine 2 mg/dl), nephrotic syndrome (albumin 2g/dl, proteinuria 17 g/24h), presence of Kappa chains on protein electrophoresis migrating in gamma position, negative Bence Jones proteinuria, elevated SAA dosage. An electrocardiogram revealed a sinus rhythm with trifascicular block and chest X-ray showed bilateral pleural effusion. An echocardiogram found hypertrophic cardiomyopathy suspect to infiltrative pathology. In consideration of the high risk of bleeding he underwent a biopsy of the periumbilical fat which was negative for amyloidosis. So, after adequate preparation, a renal biopsy was performed and revealed glomerular, tubular and vascular serum amyloid A(SAA) deposits visible after immunostaining and positive Congo Red staining.

Conclusions: Amyloidosis involves the deposition of abnormal proteins in various tissues and results in progressive organ dysfunction. Two types of systemic amyloidosis are AA and AL; the former is associated with acute phase reactions and the latter is composed of light chain immunoglobulins. According to clinical studies, AL amyloidosis has a worse prognosis than other types of amyloidosis as cardiac involvement is more frequent in this subgroup.

Iperaldosteronismo primario in giovane donna con dissecazione aortica tipo B e fibrodisplasia multifocale

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Premessa: La dissecazione aortica è un evento raro nelle giovani donne adulte e ancor più raramente risulta correlata a endocrinopatie.

Descrizione del Caso clinico: Donna, 52 aa. APR ndr. In apr 2024 accesso in PS e ricovero in ICU per dolore lombare con riscontro alla TAC di dissecazione aortica tipo B. Riscontro di ipertensione arteriosa grado 3°, trattata con plurima terapia farmacologica (anche diuretici) ed ipokaliemia (2.8 mEq/l). In precedenza riferita normotensione. Confermato il sospetto di fibrodisplasia multifocale per iniziale interessamento carotideo. Non posta indicazione chirurgica. A domicilio, buon controllo dei valori pressori con amlodipina e carvedilolo. Nel FU, riscontro TAC di formazione micronodulare al braccio laterale del surrene sn riferibile ad adenoma. Effettuati

accertamenti nel sospetto di iperaldosteronismo primario (Renina 0.4 ng/dl, Aldosterone 242 pg/ml; Aldosterone post-captopril 137 pg/ml; Aldosterone post-carico salino 180 pg/ml) risultati diagnostici. Eseguito campionamento venoso surrenalico (no cosyntropin): indice di lateralità altamente significativo per lateralizzazione sn (IL =7.1). Posta indicazione a surrenectomia sn (gen 2025). Iniziata terapia antialdosteronica in aggiunta a carvedilolo; ottimale controllo pressorio ad ABPM.

Conclusioni: Nonostante la limitata prevalenza, questo caso sottolinea l'importanza di considerare l'iperaldosteronismo primitivo nella diagnosi differenziale delle dissezioni aortiche acute (Pu *et al.* Higher plasma aldosterone concentrations in patients with aortic diseases and hypertension: a retrospective observational study. *Eu.J.Med Res*, 2023;28:541).

Chilitorace post-traumatico in un paziente anziano: un caso di trauma toracico complesso con evoluzione clinica favorevole

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Premesse: Il chilitorace è una raccolta di linfa nel cavo pleurico, che può verificarsi in seguito a trauma toracico, interventi chirurgici o condizioni patologiche come neoplasie o malformazioni vascolari. È caratterizzato dalla presenza di un liquido pleurico lattiginoso, ricco di trigliceridi e linfociti.

Descrizione del Caso clinico: Un uomo di 78 anni ha presentato un trauma toracico grave a seguito di un incidente da schiacciamento. L'esame radiologico ha mostrato fratture costali multiple, pneumotorace destro e altre lesioni polmonari e epatiche. Inizialmente trattato in terapia intensiva con drenaggio toracico per emotorace e pneumotorace a destra e toracentesi a sinistra. Trasferito in reparto di medicina, è stato osservato dal drenaggio toracico fuoriuscita di materiale lattiginoso corpuscolato, esclusa la natura infettiva del quadro è stato sospettato un chilitorace. Le analisi chimico-fisiche hanno confermato la presenza di chilitorace, con linfociti e trigliceridi elevati. Il trattamento con digiuno e successiva nutrizione ipolipidica ha portato a una risoluzione progressiva del quadro.

Conclusioni: Il chilitorace è una complicanza rara, ma grave, che può svilupparsi a seguito di trauma toracico. Il trattamento conservativo, comprensivo di nutrizione ipolipidica e drenaggio toracico, ha portato a una buona risposta clinica nel nostro paziente. La diagnosi precoce e il trattamento appropriato sono fondamentali per evitare complicanze a lungo termine.

Un caso di sindrome emofagocitica nell'anziano

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Premessa: Identificare la causa della febbre persistente (frequente motivo di ricovero in Medicina Interna) risulta spesso difficile e l'eventuale inizio di una terapia immunosoppressiva diventa uno snodo decisionale complesso.

Caso clinico: Maschio, 79 aa, ricoverato per febbre

persistente nonostante terapia antibiotica. APR: HBP, BPCO, IPB, pregressa panniculite idiopatica. TD: ASA, ACE I, finasteride, tamsulosina. EO: solo lieve edema desquamato dell'arto sup dx, da tempo indefinito. In PS: Rx torace n.n.; GB 1910, N 400, Hb 11,7, PLT 83, INR 1,45, aPTT 1,67, fibrinogeno ridotto, creatinina, ALT e indici di colestasi n.n., LDH 506, PCR 82. Iniziata terapia con ceftriaxone e clindamicina nel sospetto di erisipela; esclusa recidiva di panniculite idiopatica. Esami: panel culturale e sierologico, emocromo di II livello, sottoclassi IgG, ANA, ANCA, C3-C4, assetto lipidico, TSH n.n.; ferritina 1602, aptoglobina consumata, Coombs negativo. TC: ispessimento tissutale periaortico a partenza dalla radice del mesentere fino al carrefour bisiliaco, moderata splenomegalia. PET: modesto gradiente metabolico a carico dell'ispessimento tissutale periaortico. BOM: esclusa patologia linfoproliferativa; aspetti di emofagocitosi diffusa. Nel sospetto di sindrome emofagocitica (SE) intrapresa terapia con desametasone con rapida risposta clinica e bioumorale. **Conclusioni:** La SE comprende uno spettro di malattie caratterizzato da una risposta infiammatoria eccessiva contro un trigger occulto (che bisogna fare ogni sforzo per identificare); in questo caso ipotizzata una genesi autoimmune (aortite).

A rare case of eosinophilic hepato-cholangiopathy

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Premises: Hepatic involvement in Hypereosinophilic syndromes (HES) has been reported in up to one-third of patients and typically presents as hepatomegaly or mild abnormalities in liver chemistry. However, clinically relevant liver disease or chronic active involvement has been reported quite rarely.

Description of the Case report: A man of 45 yo, with diagnosis of Crohn's ileocolitis at the age of 19, treated with mesalazine and oral corticosteroids and subsequently with adalimumab comes to our attention due to the finding in blood tests of isolated hypertransaminasemia (ASTx3ALT x2) along with a hypereosinophilia (39.5%5170 cells/ μ L) the latter was confirmed in a second measurement taken after 1 month. Infectious, immunological, pharmacological, and hematological causes of hypereosinophilia are excluded, as well as organ damage through instrumental diagnostic investigations. Concurrent ultrasound findings indicate advanced liver disease, prompting an MR cholangiography, which revealed hepatomegaly of the right lobe measuring 20 cm with heterogeneous signal, reactive lymph nodes in the hilar and interporto-caval regions, enlarged in size, a picture consistent with cholangitis. A liver biopsy was performed and the morphological pattern was found to be consistent with eosinophilic hepato-cholangitis with vasculitis.

Conclusions: If there is a strong suspicion of hypereosinophilic syndrome, the most common causes (hematological/infectious) should first be ruled out, while simultaneously investigating organ damage with the support of a multidisciplinary clinical evaluation of the patient.

GPA: a multidisciplinary approach

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Premises: Granulomatosis with polyangiitis (GPA) is a rare, potentially life-threatening systemic vasculitis of small vessels. Early recognition of the disease onset is essential for diagnosis and treatment that often requires a multidisciplinary team. We describe the case of a patient who presented to our attention with an unspecific clinical picture.

Description of the Case report: 64-year-old with systemic symptoms (high fever, cough, fatigue): a chest CT scan revealed pulmonary consolidations, suggesting an infection or inflammatory process. The results of the bronchoalveolar lavage, along with the absence of microbiological infections and tumor markers, excluded other pathologies. The progression of the disease, with the development of temporal episcleritis and acute renal failure, raised the suspicion of an autoimmune vasculitis. The diagnostic confirmation was provided by a high titer of anti-PR3 antibodies, a distinctive marker for GPA, and renal biopsy (necrotizing glomerulonephritis). The intervention of a multidisciplinary team was crucial in managing the complications and establishing an appropriate therapeutic regimen, which included corticosteroids, cyclophosphamide, plasmapheresis, hemodialysis. Discharge with spontaneous diuresis and a therapeutic plan of corticosteroids and azathioprine.

Conclusions: Managing GPA requires careful monitoring and a proactive approach to prevent organ damage and improve the patient's quality of life. A coordinated approach among specialists is essential to address the clinical complexities and optimize outcomes for patients.

A strange case of mimicry, somatostatinoma or endometriosis?

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Premises: Somatostatinomas are neuroendocrine tumors localized on pancreas or duodenum. Related symptoms include abdominal pain and weight loss. Endometriosis is defined as endometrial tissue outside the uterine cavity. It can cause dysmenorrhea, dyspareunia, chronic pain, and infertility. MRI, CT scan and functional PET using Gallium 68 dotatoc are used to diagnose both diseases.

Description of the Case report: A 44 yo woman was hospitalized for fever, abdominal, dorsal and lumbar pain non responsive to analgesic drugs. Blood tests showed increased transaminases and cholestasis exams, increased amylase, lipase, CRP and procalcitonine. A Chest and abdominal CT scan showed pleural and abdominal effusion, ectasia of the suprahepatic, cava and iliac veins and pancreatic nodule suspicious for neuroendocrine tumor with perigastric, periaortic and peripancreatic adenopathies. Broad-spectrum antibiotic therapy was started with a progressive clinical improvement and normalization of transaminases, amylase and lipase. After discharge, abdominal MRI, 68 Gallium DOTATOC PET and a surgical consultation, in center specializing in neuroendocrine pancreatic tumors, were performed and excluded a metastatic somatostatinoma.

Conclusions: Excluding a somatostatinoma, the most likely diagnosis is endometriosis. Some studies describe bone and

pancreatic lesions due to endometriosis, moreover endometriosis can pick up gallium on PET Ga. So the patient probably has pancreatic and vertebral localization of endometriosis.

Un raro caso di addominalgia post prandiale e microematuria: compasso aorto mesenterico e sindrome nutcracker

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Premesse: Il compasso aorto mesenterico è una riduzione dell'angolo aorto mesenterico <20°, rara causa di addominalgia post-prandiale e di ostruzione del terzo tratto duodenale. Anche la vena renale sinistra, passante per tale angolo, può essere compressa (sindrome nutcracker). Il gold standard per la diagnosi sono l'angioRMN e l'angioTC addome mdc con scansioni a riposo e in Valsalva. Il trattamento è principalmente conservativo, di rado chirurgico.

Descrizione del Caso clinico: Uomo di 38 anni, con storia di addominalgia post-prandiale e calo ponderale. Al ricovero ha presentato una consistente documentazione clinica con diversi esami radiologici, endoscopici e visite specialistiche, tutti negativi. Come unico reperto microematuria. Agli esami ematici: TSH reflex, autoimmunità, ALA e PBG urinari nella norma, screening per celiachia negativo; l'esame chimico fisico delle urine riportava la nota microematuria. In considerazione delle caratteristiche dell'addominalgia in paziente con nicturia e microematuria si è pensato ad una sindrome da compressione; all'angioTC addome l'angolo aorto mesenterico è risultato di 15° con conseguente compressione duodenale e della vena renale sinistra. Dimesso con trattamento conservativo.

Conclusioni: In letteratura esistono pochi case reports sulla coesistenza di sindrome nutcracker e sindrome da compasso aorto mesenterico. Per la loro rarità, queste sindromi sono spesso misconosciute e la diagnosi può essere tardiva. L'identificazione precoce di queste sindromi può avere un impatto significativo sulla qualità di vita del paziente.

A case of third cranial nerve paralysis

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Premises: Management of Cushing's syndrome (CS) can be challenging in the elderly, as it may be misdiagnosed as metabolic syndrome. Additionally, age-related physiological changes can affect the interpretation of diagnostic tests.

Case report: A 77-year-old woman with hypertension and osteoporosis was admitted to our Dept for right palpebral ptosis, myalgia, difficulty walking, low back pain and worsening peripheral edema. Clinical examination revealed moon facies, easy bruising, central obesity, sarcopenia, muscle weakness and third cranial nerve paralysis with right superotemporal quadrantanopsia. Brain CT showed enlargement of the sella turcica. Laboratory tests revealed acute renal failure, hypokalemia, hypocalcemia and hypothalamic-pituitary axis evaluation confirmed primary hypercortisolism with hypothyroidism, hypogonadism, and hyperprolactinemia. MRI showed a pituitary macroadenoma

with extrasellar invasion. A venous Doppler ultrasound revealed femoral thrombosis and spinal X-ray detected a vertebral fracture. The patient underwent transsphenoidal surgery for campimetry deficit and severe hypercortisolism. Histopathological examination confirmed corticotrophic differentiation with Ki67 at 15%.

Conclusions: Managing CS in the elderly is more challenging than in younger individuals due to difficulties in symptom recognition, reliability of hormone tests, the greater burden of comorbidities, and limited information on the safety and efficacy of treatments.

Attenti al "lupo"! Un curioso caso di anemia emolitica

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Premesse: Circa il 12% dei pazienti affetti da Lupus Eritematoso Sistemico (LES) sviluppa anemia emolitica autoimmune (AEA), spesso anche anni prima della diagnosi; l'AEA può anche essere l'unica manifestazione di malattia.

Descrizione del Caso clinico: Uomo di 75 anni giunge in Pronto Soccorso per astenia ingravescente e ittero. In anamnesi si segnala IPB e discopatie del rachide. Gli esami ematochimici hanno evidenziato una severa anemia macrocitica con crisi reticolocitaria, iperbilirubinemia indiretta, consumo dell'aptoglobina e leucopenia. L'ecografia addominale ha documentato splenomegalia e una formazione ipocogena pancreatica. La positività del test di Coombs diretto e indiretto ha fatto diagnosi di AEA. Per indagarne l'eziologia sono state condotte indagini infettivologiche, risultate negative, una TC torace-addome con mdc e indagini ematologiche che hanno escluso neoplasie solide e linfoproliferative. Un'ipergammaglobulinemia ha orientato le ipotesi verso un disordine autoimmunitario. La svolta è arrivata con la positività degli ANA ad alto titolo (1:1280 pattern omogeneo), degli anticorpi anti-DNA nativo e consumo del C3 e C4, che hanno posto diagnosi di LES.

Conclusioni: Nonostante l'età e le modalità d'insorgenza (con esclusivo impegno ematologico), la diagnosi di LES va presa in considerazione in assenza di altre cause. La terapia mirata del LES, causa dell'AEA, con l'ausilio di farmaci biologici ha permesso un più rapido décalage dello steroide e ridotto il rischio di recidiva, rispetto una AEA idiopatica.

Sindrome DRESS

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Premesse: La farmacologia ha portato a grandi risultati nella cura di patologie e/o sintomi, ma sono aumentati anche gli effetti avversi.

Descrizione del Caso clinico: Uomo di 48 anni giunge all'osservazione con reazione cutanea maculare diffusa, insufficienza renale acuta con oliguria, eosinofilia, anemia grave, storia pregressa di posizionamento di stent in IVA per stenosi critica. Durante ricovero cardiologico aggiungeva in terapia allopurinolo successivamente sospeso, tigacrerol, ASA. Agli esami del sangue negativo per l'autoimmunità, eseguiva biopsia cutanea che mostrava fenomeni vasculitici da immuno-complessi. Il quadro in esame era suggestivo per DRESS syndrome. Impostata terapia con corticosteroidi,

antistaminici, idratazione, residuava una lieve insufficienza renale.

Conclusions: La S.D. (Drug Rash with Eosinophilia and Systemic Symptoms), è una reazione avversa da farmaci grave e potenzialmente fatale. È caratterizzata da una triade clinica principale: eruzione cutanea, anomalie ematologiche (principalmente eosinofilia) e coinvolgimento di organi interni. La diagnosi si basa su criteri clinici e di laboratorio. Vengono utilizzati diversi sistemi di punteggio, come i criteri di RegiSCAR e di Bocquet. La tempestiva sospensione del farmaco e un trattamento sono cruciali per ridurre la morbilità e la mortalità. Il trattamento consiste in corticosteroidi sistemici, Antistaminici, Terapia di supporto come Idratanti per la pelle. In casi refrattari, possono essere considerati altri immunosoppressori come la ciclosporina o l'immunoglobuline endovenosa.

Endocardite in dialisi

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Premesse: Il paziente in trattamento emodialitico (HD) è fragile per le comorbidità e i fattori di rischio cardiovascolare, infettivo e metabolico. L'HD richiede un accesso vascolare valido e meno rischioso per il paziente. Esistono alcuni tipi di accesso vascolare, come il catetere venoso centrale (CVC), con un rischio infettivo elevato.

Descrizione del Caso clinico: Uomo di 58 anni, allettato da un mese, con DM tipo 2, ipotensione, MRC terminale in HD con CVC di Tesio, giunge in PS per episodio di sincope durante HD. Gli esami evidenziano: TC cranio: emorragia parenchimale; ECG: nella norma; leucopenia, anemia, indici di funzione renale compatibili con insufficienza renale, PCR aumentata, PCT fuori range. Alla visita, paziente cosciente, vigile, collaborante con emilato destro. All'auscultazione cardiaca riscontro di fremito. All'ecocardiografia transtoracica formazione sospetta sul lembo mitralico anteriore e insufficienza valvolare moderata. All'ecocardiografia transesofagea, vegetazione di 3,8 cm in sede mitralica. Emocolture da CVC e vena periferica positive per *Enterococcus faecalis*. Avviata terapia empirica con Daptomicina e Ceftriaxone e richiesta consulenza cardiocirurgica in attesa della quale il pz muore per arresto cardiaco.

Conclusions: Il paziente in HD portatore di CVC è ad altissimo rischio di infezione. La diagnosi di endocardite, seppur con sintomi sfumati, è cruciale. Un ritardo diagnostico può compromettere l'integrità valvolare e rendere necessario intervento cardiocirurgico, non sempre possibile, riducendo le possibilità di guarigione.

A case of hypercalcemia

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Introduction: Hypercalcemia is described in granulomatous diseases such as sarcoidosis. Sarcoidosis is the most common cause of hypercalcemia after hyperparathyroidism and tumors.

Case report: A 52-year-old woman was sent to the ED because her calcium level was 14.5mg/dl on routine blood

tests. She was symptomatic of asthenia. She had a recent diagnosis of breast cancer, for which she had undergone mastectomy and chemotherapy (CHT). The follow up was negative for tumor reactivation. She had also been diagnosed with sarcoidosis 10 years earlier. During hospitalization a CT scan excluded neoplastic pathologies. The parathyroid hormone and 1,25(OH)₂Vitamin D were low and 25OH-Vitamin D was of insufficient level. She was treated with infusion fluids, furosemide, methylprednisolone and bisphosphonates with rapid decrease of calcium levels and resolution of asthenia. It was supposed that breast cancer and the CHT had led to sarcoidosis exacerbation and for this reason therapy was undertaken with 1mg/kg of prednisone with normalization of the calcemia.

Conclusions: Sarcoidosis is an important cause of hypercalcemia, and its diagnosis is critical to treating life-threatening hypercalcemia.

Neurological disease or not? “That is the question”

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Premises: The diagnosis of functional neurological disorders needs the exclusion of other organic neurological diseases. Patients with functional neurological disorders may have psychiatric comorbidity and refer several physical symptoms not linked to each other.

Description of the Case report: A 37-year-old woman with congenital achromatopsia (ACHM) presented to ED referring: severe left migraine associated to face allodynia since two years, dysphagia and other symptoms including unintentional muscle contractions, dizziness, ptosis, erector muscles weakness. Previous laboratory and imaging tests (including brain CT scan and MRI) showed negative results. She was also referred to otolaryngologist without evidence of organic etiology of dysphagia. She was, at last, diagnosed a depressive disorder, but after a while she discontinued therapy. During hospitalization in our ward all the diagnostic exams were repeated, with only evidence of suspected fibromuscular dysplasia. Then she was transferred to Neurologic Department, where she had uncontrollable crying episodes with hypochondriac focus. She was diagnosed with conversion disorder and therapy with olanzapine and venlafaxine was started. Migraine was well controlled with benzodiazepine. The patient was finally moved to Psychiatric Service.

Conclusions: Non-specific neurological symptoms may be insidious and underlie important psychiatric disorders delaying their diagnosis.

Post-hospitalization transition phase after an episode of acute congestive heart failure program (P.E.A.C.H. program). Adoption of a remote medicine system in the post-hospitalization transition phase after an episode of acute congestive heart failure

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Abstract: The transition phase after hospital discharge for acute heart failure must be governed to achieve the best

guideline-directed medical therapy (GDMT) and to avoid major outcomes. For this reason, we planned a 30-day follow up with tele visit and with bio humoral and heart-lungs ultrasound parameters. The KCCQ score, a clinical monitoring form, a HLPOCUs diagram and a database were used to titrate the drugs and to record a prognostic score. Four weeks after discharge the percentage of patients in GDMT had increased, the clinical signs of heart failure had disappeared, the echo graphic parameters of systolic/diastolic function and pulmonary congestion were significantly improved, the blood tests did better. The quality of life was also significantly improved as evidenced by the KCCQ score. Furthermore, the number of Emergency Department visits and hospitalizations for heart failure in the short follow up were reduced. In conclusion, post-hospitalization during the transition phase and with the help of tele nursing made it possible to optimize heart failure therapy, improve prognostic parameters and short-term outcomes.

A case of pulmonary alveolar proteinosis

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Premises: Pulmonary alveolar proteinosis (PAP) is an ultra-rare disease in which surfactant components accumulate in the alveoli. Crazy-paving pattern on chest computer tomography (CT) is suspicious for PAP. A milky-looking bronchoalveolar lavage with a positive PAS reaction indicating extracellular proteinaceous material confirms PAP. Rarely in necessary surgical lung biopsy.

Description of the Case report: A 57-year-old female patient was hospitalized in July 2024 with a diagnosis of Haemophilus Influenzae pneumonia. After discharge, she underwent CT scan, showing increased lung texture and multiple patchy enhanced densities of both lungs, with no obvious adhesion to the pleurae (crazy paving pattern). A bronchoscopy with BAL was performed, which showed augmented eosinophilia cellularity. The patient was treated with steroid therapy with benefit. In December, she returned for dyspnea and thoracic pain. High resolution CT scan confirmed crazy paving pattern. She was treated with methylprednisolone and antibiotic, without benefit. To reach a conclusive diagnosis, bronchoscopy with transbronchial biopsy (TBB) was performed. The pathological examination of the lung tissue showed pulmonary alveoli filled with PAS-positive acellular eosinophilic material compatible with PAP. **Conclusions:** Due to rarity of this disease, time for diagnosis could be prolonged. Surgical biopsy could be useful to reach the diagnosis when clinical characteristics are not conclusive, considering TBB an alternative. In our case report we showed the success of TBB in diagnosing PAP.

Storie di resilienza e nuove competenze, la comunità di pratica infermieristica del *caring massage*: uno studio etnografico

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Premesse e Scopo dello studio: All'interno della USL Toscana Sud Est è stata istituita la Comunità di pratica infermieristica del *Caring Massage*® (CM). Lo studio mira a descrivere e analizzare le percezioni e le esperienze degli infermieri riguardo ai concetti legati alla pratica del CM e i significati attribuiti alla partecipazione alla comunità di pratica nella sua dimensione professionale, sociale e culturale.

Materiali e Metodi: È stato adottato un approccio etnografico focalizzato con analisi tematica riflessiva di Braun e Clarke. La raccolta dati è avvenuta attraverso interviste individuali semi-strutturate e sessioni di osservazione non partecipante della comunità di pratica.

Risultati: L'analisi ha evidenziato quattro temi principali: benessere mentale ed emotivo, presenza nella cura, relazione e reciprocità, e limiti o problemi. Il CM è stato percepito come un fattore che favorisce equilibrio interiore e consapevolezza emotiva sia nella persona che lo riceve che per chi lo offre, migliorando la gestione dello stress e il legame con i pazienti. La presenza nella cura è emersa come un elemento chiave, attraverso il contatto consapevole che facilita la relazione.

Conclusioni: Il CM rappresenta un'opportunità e una nuova competenza che arricchisce la pratica infermieristica, migliorando la consapevolezza, il benessere degli operatori e la qualità della relazione di cura. Studi futuri potrebbero approfondire l'impatto del CM sulla qualità della vita dei pazienti.

Diagnosi, trattamento e complicanze infettive nel paziente ematologico con versamento pleurico

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Premesse: Analisi di un versamento pleurico, ipotizzato inizialmente da scompenso cardiaco, poco responsivo al diuretico. La corretta diagnosi è frutto di un lavoro interdisciplinare e ha permesso l'avvio di un iter terapeutico caratterizzato però da complicanze infettive e prolungamento della degenza.

Descrizione del Caso clinico: Donna di 78 anni, pregresso linfoma splenico in remissione, in DEA per dispnea e dolore epigastrico. Il versamento pleurico, scarsamente sensibile al diuretico, viene drenato e analizzato (colturale negativo; citologico, immunoistochimica e citofluorimetria compatibili con origine linfoproliferativa). A sostegno dell'ipotesi depongono i reperti radiologici (TC torace e

successivamente PET-FDG). Si avvia trattamento combinato (clorambucile-rituximab). Per comparsa di febbre con emocolture ripetutamente negative, eseguito pannello virale con riscontro di CMV su sangue (trattato con ganciclovir). A negativizzazione della viremia un nuovo evento infettivo (sepsi da *Coli* ESBL trattata con meropenem) complica il decorso. A ripresa della terapia combinata segue la completa risoluzione del versamento recidivante con dimissione della paziente in buone condizioni generali.

Conclusioni: L'eziologia anomala del versamento costituisce il primo elemento di interesse; le infezioni descritte delineano poi un campionario di complicazioni riscontrabili nel paziente immunodepresso ospedalizzato, utili da considerare nella gestione di casi simili, sempre più frequenti con i trattamenti immunosoppressivi in ambito internistico.

Dall'analisi delle competenze infermieristiche alla job description dell'infermiere di area medica: uno studio qualitativo

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Premesse e Scopo dello studio: Lo scenario sanitario esprime un cambiamento nella domanda di salute della popolazione, la quale si caratterizza per la presenza di malattie croniche e una pluralità di patologie associate i che ne aumentano la complessità assistenziale. Al fine di garantire l'appropriatezza e migliorare la qualità dell'assistenza infermieristica, è necessario avere dei professionisti pronti a gestire tale complessità. Mappare le competenze specifiche infermieristiche nei contesti di area medica risulta utile per permetterne un più appropriato impiego e per strutturare nel tempo lo sviluppo della formazione e delle skill.

Materiali e Metodi: E' stato condotto uno studio qualitativo fenomenologico rivolto ad Infermieri di area medica di 4 presidi ospedalieri al fine di mappare le competenze di infermieri esperti in area medica. Per l'elaborazione dello strumento di analisi delle competenze sono state considerati il modello teorico della Benner e il modello delle competenze ISFOL.

Risultati: Il documento oggetto di analisi è stato strutturato per aree di riferimento e suddiviso in due categorie; infermiere competente e infermiere esperto. Relativamente all'infermiere esperto sono state individuate 44 competenze: 27 per "Descrizione delle attività operative", 2 per "Gestione", 6 aree "Dimissione e Formazione", 3 per "Garanzie verso l'organizzazione".

Conclusioni: Dall'analisi delle valutazioni espresse si evidenzia che più del 70% delle competenze individuate per ogni area sono considerate essenziali e circa il 25% utili, mentre una piccola percentuale (3-4%) non essenziali.

Exploring the link between bullous pemphigoid and neurodegeneration: two cases of bullous pemphigoid in elderly patients with cognitive impairment

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Premises: Bullous pemphigoid (BP) is an autoimmune blistering disorder, predominantly affecting elderly patients,

often in conjunction with neurodegenerative diseases such as dementia. Emerging research suggests a complex and bidirectional relationship between BP and cognitive decline, highlighting the need for deeper exploration into their shared pathophysiology.

Case report: • Female, 78 years old, diagnosed with Lewy body dementia, presented with pruritic erythematous-bullous lesions that began on the limbs and later spread to the trunk. Diagnostic tests confirmed BP180-type BP. Treatment with topical steroids and systemic methylprednisolone led to significant improvement, though a flare-up occurred when steroid dosage was reduced. • Male, 81 years old, diagnosed with mild neurocognitive disorder and Meniere's syndrome, developed pruritic bullous lesions on both lower limbs, accompanied by fever. Diagnostic process confirmed BP180-BP230-type BP. His condition improved rapidly with betamethasone and methylprednisolone, with no flare-ups upon treatment completion.

Conclusions: These cases highlight the complex relationship between BP and neurodegenerative diseases in elderly growing population. The mechanisms remain unclear, but potential factors include shared risk factors, autoantibody cross-reactivity, and BP as a marker of neurodegeneration. Preliminary evidence suggests that cognitive impairment may influence BP's clinical presentation, with different autoantibodies patterns linked to dementia severity. Continued research is crucial to elucidate these links.

La continuità assistenziale dei pazienti con cardiopatia ischemica cronica: il progetto dell'ambulatorio infermieristico all'interno del laboratorio di emodinamica di Pesaro

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Premesse e Scopo: I pazienti affetti da Cardiopatia ischemica cronica (CIC) hanno un elevato rischio di malattia cardiaca recidivante, la cui incidenza può essere ridotta attraverso un'efficace programma di prevenzione secondaria. L'infermiere entra in contatto col paziente affetto da CIC sin dal suo ricovero, che rappresenta per lui un'importante figura di riferimento, in grado di educarlo su come abbassare il rischio di una possibile recidiva. Obiettivo primario del nostro studio è stato quello di indagare le conoscenze che il paziente possiede in merito alla sua malattia. Obiettivo secondario è assicurare un'adeguata educazione sanitaria.

Materiali e Metodi: Sono stati previsti dei metodi di raccolta dati che prevedono l'utilizzo dei seguenti strumenti: Questionario il giorno del day hospital; Compilazione di un database; Lettera di dimissione infermieristica; Brochure informativa; Follow up telefonico a un giorno e ad un mese; Rivalutazione a tre mesi presso il nostro ambulatorio.

Conclusioni: Nel laboratorio di Emodinamica di Pesaro è stato avviato questo studio con raccolta dati nel biennio 2024/2025, prendendo come campione la popolazione affetta da cardiopatia ischemica cronica. Lo scopo è quello di garantire il miglioramento della qualità di vita e dello stato di salute, tramite il mantenimento della continuità assistenziale.

A rare case with a detection of high vitamin B12 values

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Premise: The increase in vitamin B12 (CBL) is hardly symptomatic but is associated with various benign or malignant pathologies so it deserves further investigation when found.

Clinical case: A Latin American woman, <40, admitted to our Internal Medicine Unit from the ED for sepsis from *E. Coli* starting from the urinary tract in right pyelonephritis and with negative remote pathological history. During hospitalization, high levels of CBL (>2600 pg) are detected, progressively increasing even after discharge and resolution of pyelonephritis. Negative tests: blood tests including lymphocyte typing, HIV, virological tests, peripheral blood smear and bone marrow aspirate, chest abdomen CT, EGDS and pancolonoscopy. After detailed medical history, weekly intake of liver in the diet was found. After discontinuation and dietary adjustment, progressive reduction and normalization of CBL values.

Conclusions: The finding of high CBL values with diet and in the absence of supplement intake is described as very rare. The detailed medical history in this case made the difference.

Fever and polyarthritis a case report

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Clinical case: Patient, <35, male, South Asia with reported migraine, pneumonia press and CoV2 vaccination 13 days before admission presents with fever 38.6°C, profuse sweating, and polyarticular pain with predominance of the large joints. Upon entry into our Internal Medicine Unit, detection of purpuric lesions in the hands bilaterally and reported scotomas. On ingress examinations I detect neutrophilic leukocytosis, increased ESR and CRP with normal PCT. The tests performed in the following days were normal (blood cells, urine cultures, multiple PCR respirators and feces, battery complete with autoimmunity, total body CT, echocardiography and X-rays of the affected areas. On the other hand, it is worth mentioning pathological fundus ocular with the finding of ischemic areas and subsequently detection of ischemic capillaroscopy with aneurysmal endings and late venous uptake on fluoroangiography. Finding compatible with Eales disease.

Conclusions: After initiation of steroid therapy, complete regression of the clinical and fluoroangiographic picture.

Bosutinib induced pleural effusion in a patient with Philadelphia chromosome positive chronic myeloid leukemia: case report

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Premises: Bosutinib is a tyrosine kinase inhibitor (TKI) approved the management of bcr/ab positive chronic myeloid

leukemia (CML). TKIs are associated with pulmonary complications but are rarely described with bosutinib.

Description: A 63 year-old-woman, with history of CML in major molecular remission with bosutinib was admitted to Internal Medicine for progressive dyspnea and cough, requiring oxygen therapy. Initial labs were notable for a mild anemia and thrombocytosis. TC of chest showed right pleural effusion (PE). Echocardiogram highlighted a small pericardial flap. Thoracentesis revealed fluid consistent with a lymphocytic predominant exudate. Infections causes were excluded. Pleural fluid bcr/abl test was negative. Therefore bosutinib was discontinued starting steroids. Respiratory symptoms PE and pericardial flap resolved after two months. Patient is currently being treated with asciminib.

Conclusions: The patient's finding of a lymphocytic exudative PE in the absence of infection or heart failure, suggests a drug-related etiology. Bosutinib-induced PE has an incidence of 2% and 6%. PE is reversible with discontinuation of TKI.

La superiorità diagnostica della clinica rispetto all'imaging nella colecistite acuta

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Premesse: La perforazione della cistifellea è una complicanza della colecistite acuta con elevato tasso di mortalità; può presentarsi con differenti pattern clinici e non essere evidenziata mediante le tecniche di imaging.

Descrizione del Caso clinico: BL, 83 anni, inviata dall'ambulatorio di Cardiologia per FA rapida con segni di scompenso cardiaco in corso di febbre. Nei primi giorni di ricovero, importante peggioramento delle condizioni generali con comparsa di abbondante ascite. Agli ematochimici netto incremento delle amilasi; alla TC addome quadro di pancreatite edematosa focale, colecistite acuta senza segni di perforazione e abbondante versamento ascitico per cui avviata terapia antibiotica con piperacillina/tazobactam. Inoltre importante desaturazione con necessità di ventilazione con NIV. Non indicazioni chirurgiche a causa del quadro compromesso e dell'assenza di perforazione d'organo. Eseguita plurime paracentesi evacuative di liquido aranciato ed evidenza di importante quota di bilirubina al chimico-fisico su liquido peritoneale. Dopo graduale miglioramento degli scambi respiratori con possibilità di sospendere la NIV, è stata eseguita colecistectomia con evidenza di colecistite acuta gangrenosa perforata.

Conclusioni: L'importanza della clinica, è spesso superiore all'evidenza radiologica e ci permette di indirizzare le nostre ipotesi diagnostiche correttamente. In questo caso clinico, il riscontro di liquido ascitico aranciato con importante quota bilirubinica, ha permesso di ipotizzare un quadro di colecistite perforata, in assenza di evidenza radiologica.

Educazione del paziente e della famiglia per il rientro a domicilio dopo la frattura di femore

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Premesse e Scopo dello studio: La frattura del femore è un problema socio-sanitario importante, con conseguenze sulla salute e per l'impatto economico; si verifica generalmente nelle persone di età superiore ai 65 anni ed è associata per lo più ad una caduta. L'incidenza aumenta in modo significativo con l'età, per l'aumentata presenza di fattori di rischio di caduta ed una riduzione della qualità ossea associata all'età. Le fratture di femore possono avere un impatto sulle attività di vita quotidiana: riduzione della mobilità, perdita della funzionalità e della indipendenza; il 29% dei pazienti con frattura del collo del femore a distanza di un anno dall'evento non ha raggiunto il livello di ADL precedente alla frattura e il 35% non è in grado di camminare autonomamente. La ripresa del movimento e delle abilità motorie preesistenti è un obiettivo assistenziale primario, al fine di promuovere la dimissione al domicilio e contenere l'istituzionalizzazione. Programmi educazionali strutturati (in fase pre-post operatoria e post dimissione) con il coinvolgimento dei care-giver, migliorano la compliance, l'autoefficacia e l'empowerment del paziente, il recupero della funzionalità, l'aderenza alle raccomandazioni e la soddisfazione per le cure ricevute.

Metodi e Risultati: Nell'anno 2024 sono stati sottoposti ad intervento 147 persone, di questi sono andati al domicilio 88 e 59 in residenzialità a fronte dell'anno precedente in cui il 90% dei pz erano stati inseriti in strutture residenziali.

Conclusioni: Il processo educativo facilita il ritorno al domicilio e favorisce il reinserimento sociale riducendo i costi di istituzionalizzazione.

Sindrome da overlap di Stevens-Johnson causata dalla somministrazione di meropenem. Descrizione clinica e trattamento infermieristico con esito positivo

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Premesse: Le Reazioni Avverse Cutanee Severe sono un gruppo di gravi reazioni cutanee da ipersensibilità ritardata a farmaci e comprendono le Necrosi Epidermiche (NE) e la Drug Reaction with Eosynophilia and Systemic Symptoms. Una delle forme di NE è la Sindrome da Overlap di Stevens (S.J.S.). Il seguente case report esamina il trattamento infermieristico effettuato in seguito all'insorgenza della S.J.S. dopo somministrazione di meropenem. L'obiettivo è riportare l'esperienza per contribuire positivamente all'assistenza infermieristica del paziente con Sindrome da Overlap di Stevens, migliorare l'efficacia del trattamento infermieristico e ridurre i tempi di degenza.

Descrizione del Caso clinico: Un uomo, 73 anni, è stato ricoverato per una sospetta reazione avversa al meropenem somministratogli per infezione delle vie urinarie e contemporanea presenza di necrosi epidermica tossica diffusa non specifica, in seguito confermata in Sindrome di Overlap di Stevens-Johnson. All'ispezione della cute erano presenti vescicole cutanee diffuse su quasi tutto il corpo. Valutato attraverso le scale Scorten e Lund-Browder, il paziente è stato trattato attraverso medicazione avanzate con miglioramento dello stato cutaneo in circa 14 giorni.

Conclusioni: Il paziente al 24° giorno di degenza presentava la risoluzione delle lesioni con gran parte del tessuto epiteliale integro e il 90% della cute completamente rimarginata. In letteratura scientifica vi sono poche pubblicazioni inerenti al trattamento infermieristico della

Sindrome da Overlap di Stevens-Johnson causato dal meropenem.

A case of autoimmune polyendocrine syndrome: the importance of early diagnosis

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Background: Autoimmune polyendocrine syndromes (APS) are defined by the presence of two or more autoimmune endocrine diseases. APS are classified into four types based on coexisting pathologies, including hypoparathyroidism, Addison's disease, thyroid disorders, diabetes, pernicious anemia, atrophic gastritis, and vitiligo. The clinical presentation and treatment depend on the affected organ and hormonal deficit. Diagnosis requires clinical evaluation, diagnostic and laboratory tests to measure hormone levels; genetic testing and autoantibodies may also be needed.

Clinical case description: A 50-year-old male presents with diabetic ketoacidosis; he has a known diagnosis of type 1 diabetes mellitus and vitiligo. The presence of two autoimmune diseases raises suspicion of APS, as autoimmune diseases often coexist. A thyroid profile shows acquired hypothyroidism due to Hashimoto's thyroiditis, for which levothyroxine therapy is started. The adrenal function is normal, excluding Addison's disease. An EGDS reveals no gastrointestinal abnormalities. The combination of type 1 diabetes, Hashimoto's thyroiditis and vitiligo leads to the diagnosis of type III autoimmune polyendocrine syndrome. The patient is stabilized metabolically, discharged in good condition and is in outpatient follow-up.

Conclusions: The presence of autoimmune diseases should raise suspicion of syndromic patterns and prompt further investigation for other coexisting pathologies. Early diagnosis of APS is crucial to ensure targeted treatment, reduce complications and improve the patient's quality of life.

Mallory-Weiss syndrome secondary to sleeve gastrectomy: a possibility that should not be excluded

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Background: Mallory-Weiss Syndrome is a cause of upper gastrointestinal hemorrhage due to episodes of food vomiting, associated with alcoholism or eating disorders yet bariatric surgery, given the tubulization of the stomach and cardia incontinence, aggravated gastroesophageal reflux.

Clinical case description: A young woman for perform a bariatric surgery. She performed Sleeve Gastrectomy from BMI >70 with weight loss resulting in chronic malabsorption and gastroesophageal reflux with a current BMI of 53.8, in absence of eating disorders. Since the surgery complained of episodes of post-prandial food vomiting and hematemesis. Esophagoduodenoscopy showed non-confluent longitudinal serpentine mucous ulcers in

esophagus in the context of grade B esophagitis. Therapy with proton pump inhibitors at maximum doses was without benefit. In consideration of the long-term side effects, it was started therapy with sucralfate gel or sucralfate suspension. It was decided to elect the patient to a new bariatric surgery as the only therapeutic alternative to the correction of gastroesophageal reflux. Mini-gastric bypass combines the Roux-en-Y gastric bypass with Sleeve Gastrectomy. Operation has the dual purpose of correcting cardia incontinence and of allowing further weight loss exacerbating medium and long-term complications.

Conclusions: Therapy with proton pump inhibitors does not show any therapeutic efficacy in Mallory-Weiss syndrome aggravating the malabsorption condition while therapy with sucralfate gel or sucralfate suspension improves the anti-emetic symptoms.

Diffuse alveolar hemorrhage and rapidly progressive acute glomerulonephritis: co-protagonists in pneumonic syndromes

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Clinical case description: A man came to our observation in a suburban hospital due to rapid decline in renal function, sloping edema, haemoptoe and dyspnoea with the appearance of respiratory failure secondary to bilateral alveolar haemorrhage and acute renal failure. After 24 hours of antibiotic therapy, blood support and oxygen therapy, a further worsening of renal and respiratory function was noted such as to make emergency dialysis necessary. Given the likely picture of pneumonic syndrome characterized by the association between diffuse alveolar hemorrhage and rapidly progressive acute glomerulonephritis, associated with an autoimmune syndrome, an autoimmune panel was sent and given the progressive clinical worsening, corticosteroid therapy and plasmapheresis were administered with partial benefit. In the case of suspicion of Good Fear syndrome, anti-glomerular basement membrane antibodies were measured and a renal biopsy was indicated. However, the p-ANCA antibodies were positive, concluding microscopic polyangiitis, also confirmed on renal biopsy.

Conclusions: Upon starting therapy with cyclophosphamide, a gradual clinical stabilization was observed with progressive reduction of dyspnea and hypoxemia. Renal function values decreased slightly with initiation of twice-weekly chronic hemodialysis. The suspicion of vasculitis must arise in the face of systemic manifestations not otherwise justified, despite the lack of a universal PDSA capable of clearly defining the treatment path, especially in peripheral hospitals.

Il nuovo modello regionale di triage in un pronto soccorso milanese. Gestione di pazienti in terapia con anticoagulanti orali che giungono per trauma cranico, traumi minori o sanguinamento spontaneo

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Premesse e Scopo dello studio: Con il nuovo modello di triage (NMT) in Lombardia è stato introdotto il colore azzurro al fine di migliorare l'assegnazione del codice di

priorità in PS. In pazienti (pz) in terapia anticoagulante orale (TAO) questo modello consente l'accesso con un codice di priorità più alto in alcuni casi particolari: trauma cranico (TC), trauma minore (TM), emorragie non traumatiche o ematomi spontanei (ENT/ES). Scopo dello studio è stato quello di analizzare l'attribuzione del codice colore in questi pz e valutare se ci sono stati miglioramenti significativi con l'introduzione del NMT

Materiali e Metodi: Sono stati analizzati gli accessi al PS dell'Ospedale Fatebenefratelli-Milano di pz giunti per TC, TM e ENT/ES, in TAO, nei primi 6 mesi del 2024. Sono stati valutati dati relativi al percorso in PS: codice colore, tempi di attesa della visita, tempi di permanenza in PS ed esito finale

Risultati: Nei 217 pz registrati il codice azzurro è quello più rappresentato (48.4%). Nel 35.9% vi è stato un errore di sottostima (che però mostra una riduzione costante con il progredire dei mesi di attività). Tempo medio di attesa: 47 min, codice giallo; 56 min, codice azzurro; 111 min, codice verde.

Conclusioni: L'introduzione del NMT ha portato dei vantaggi nella presa in carico del pz in TAO. L'introduzione del codice azzurro garantisce una più corretta assegnazione del codice e migliora i tempi di attesa dei codici non emergenziali. Per gli infermieri di triage vi è stato un cambiamento organizzativo rilevante; è quindi necessaria una formazione continua del personale.

An incidental lung cavitory lesion from diagnosis to complete recovery

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Premises: Cavitory lung lesions are often discovered incidentally. A thorough diagnostic workup is essential to rule out serious causes and assess frailty.

Description of the Case report: An 84-year-old female was admitted to our rehabilitation clinic following a femoral fracture. She had recently completed meropenem for pneumonia, and a follow-up chest CT showed a 9×8 cm cavitory lesion in the right lung with mild bilateral pleural effusion. The patient had no respiratory symptoms, and her oxygen saturation remained stable at 93% without supplemental oxygen. Serial CRP and CBC tests, performed every 4 days, were normal. A CT from four years ago showed no cavitory lesions, only mild bronchiectasis. At admission, she was underweight (45 kg, 160 cm), with low albumin levels. She was bedridden and placed in isolation, with further tests (sputum culture, PCR, Quantiferon) all negative. Diuretic therapy was gradually reduced and discontinued after fluid balance monitoring. A hypercaloric, hyperproteic diet was initiated. Despite isolation, the patient continued rehabilitation physiotherapy, crucial for preserving intrinsic capacity. After 40 days, she was discharged walking independently and had gained 2 kg, showing significant functional recovery.

Conclusions: This case highlights the need for a broad differential diagnosis for asymptomatic cavitory lung lesions. It also emphasizes that the diagnostic process should not hinder rehabilitation, preventing further decline in intrinsic capacity.

Increasing rates of prolonged hospitalization in Internal Medicine post-SARS CoV2 pandemic: a single-center prospective analysis

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Premises and Purpose of the study: Since 2020, the SARS-CoV2 pandemic impacted availability of intermediate care facilities (rehabilitation, post-acute clinics, ICF), reducing discharge options for hospitalized Internal Medicine (IM) patients and prolonging length of hospital stay (LoS). In this prospective study, we analyzed trends in LoS and characteristics of prolonged hospitalizations (PH) in a secondary hospital in Rome, Italy.

Materials and Methods: All urgent admissions to IM in 2014-2024 were prospectively recorded along with demographic data, LoS, outcome and discharge (home vs. ICF). We retrospectively analyzed the trends in LoS and rates of PH, defined as LoS>29 days.

Results: 7287 patients were urgently admitted to our IM in 2014-2024: 85.6% from the Emergency Department, 10.2% from Intensive Care unit (ICU); 48.8% males, median age 80 years (IQR 17). Median LoS was 9 days (IQR 8), overall in-hospital mortality 9.5%, and 9.7% of discharges were towards an ICF. PH were 323 (4.5%) of which 20.1% from ICU ($p<0.001$). Rates of PH increased post-SARS CoV2 pandemic (3.7% in 2014-2019 vs. 5.8% in 2020-2024, $p<0.001$) as well as mean LoS (11.9 ± 10.3 vs. 10.8 ± 8.5 days, $p<0.001$); 27.7% of PH patients required discharge to an ICF ($p<0.001$).

Conclusions: In recent years, PH significantly increased in our IM, in parallel with a reduced availability of ICF. This has worsened the “bed blocker” phenomenon, in which dischargeable patients are not able to return home. In our cohort, we observed an increase in potential bed blockers since 2020 and a consequent increase in mean LoS.

Infection-related portal vein thrombosis: a case report

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Premises: In most cases, portal vein thrombosis occurs for liver cirrhosis, solid cancer or myeloproliferative neoplasms. The remaining cases include less common risk factors such as intrabdominal inflammation or infection: portal vein thrombosis can be associated with biliary tract infection.

Description of the Case report: A 44-year-old man, without significant medical history, presented to Desenzano Hospital for the onset of abdominal pain and fever for few days. The exams showed severe thrombocytopenia, neutrophilia, hepatic function alteration and an increase in C-reactive protein and direct bilirubin. Therapy with meropenem was started after collecting blood cultures, which resulted positive for *Escherichia coli*. The echography and computed tomography of the abdomen showed portal vein thrombosis and dilated intrahepatic bile ducts (no trace of gallstones). Antithrombotic therapy with enoxaparin 6000 UI bid was started. Thrombophilia tests resulted negative: levels of protein C, protein S and homocysteine were normal. Antiphospholipid syndrome was ruled out. Myeloproliferative disorders were excluded, jak2 mutation was absent. Antibiotic therapy was

given for two weeks and biochemical exams progressively normalized. Enoxaparin was continued: an abdomen MRI, performed after one month, showed a reduction of portal vein thrombosis extension.

Conclusions: This abstract aims to raise awareness of a possible cause of portal vein thrombosis: a better insight into possible mechanisms responsible for infection-related thrombosis will improve its treatment.

Febbre di origine sconosciuta e polimialgia reumatica: una sfida per il medico internista

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Premesse: Le febbri di origine sconosciuta (FUO) rappresentano una sfida diagnostica in Medicina Interna, richiedendo un approccio sistematico e multidisciplinare. Descriviamo il caso di una paziente di 74 anni con comorbidità rilevanti (diabete mellito tipo 2, cardiopatia ischemica, ipertensione arteriosa), ricoverata per febbre persistente con poliartralgie, mialgie e astenia, refrattaria agli antibiotici e priva di evidenti focolai infettivi.

Descrizione del Caso clinico: Dopo un trauma accidentale con frattura di D12, la paziente ha effettuato ripetuti accessi in pronto soccorso per febbre. Ricoverata con il sospetto di spondilodiscite, gli esami culturali, strumentali (TC, RM, PET-TC) e le indagini infettivologiche e oncologiche hanno escluso cause specifiche. Anche la BOM è risultata negativa per disordini linfoproliferativi. L'unico dato era un quadro di marcata flogosi biologica. La persistenza della febbre e la negatività degli accertamenti hanno orientato verso una diagnosi di polimialgia reumatica, confermata dal rapido miglioramento clinico e laboratoristico con la terapia steroidea.

Conclusioni: Il caso evidenzia l'importanza di includere patologie infiammatorie non infettive nel work-up delle FUO. Sebbene non frequente, la polimialgia reumatica può presentarsi con febbre, specie nelle forme associate alla vasculite di Horton. Il rapido miglioramento clinico e laboratoristico ottenuto con la terapia steroidea ha confermato la diagnosi, ma la possibilità di evoluzione vasculitica impone uno stretto follow-up per individuare tempestivamente eventuali complicanze.

C-ANCA vasculitis: a rare culprit behind unexplained systemic symptoms

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Introduction: c-ANCA vasculitis, a rare and life-threatening disease, keeps on challenging expert clinicians owing to its variable presentation and unpredictable pattern of progression.

Case presentation: A 75 year-old-male presented with fever, arthralgias, weakness and purpura at the lower limbs. Patient history included COPD with recent admission for pneumonia and CT findings of hilar calcified lymphadenopathy, micronodules and abdominal aorta aneurysm with wall thrombosis. Initial lab exams showed

pancytopenia (Hb 8.1g/dL, PLT 95000), high CRP and ESR, normal PCT, hypergammaglobulinemia. Microbiological exams were negative. Due to the rapid worsening of kidney function (47ml/min with 20% increase in creatinine), he was started on steroids (1mg/kg/die). Further tests showed normal C3, C4, proteinuria (0.7g/24hh), c-Anca (1:40). EMG unveiled monolateral ulnar and bilateral sensori-motor axonal neuropathy of the lower limbs. PET- CT was negative. Based on the clinical suspicion of c-ANCA vasculitis, rheumatology consult suggested Methotrexate and steroid tapering. After initial improvement, pancytopenia worsened and the patient developed systemic infectious complications. Furthermore, before a kidney or nerve biopsy could be obtained, he developed diverticulitis, treated with surgery and ICU admission. Thereafter the patient was transferred to medicine, discharged with steroid tapering and under follow-up.

Conclusions: Our case suggests to consider vasculitis in the setting of unexplained systemic symptoms to reduce diagnostic delay and intervene early to prevent severe organ damage.

From hope to hurdles: managing renal failure in the wake of immunotherapy

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Premises: Acute Renal Failure due to immunotherapy is a rare but serious adverse effect that can occur in patients treated with immune checkpoint inhibitors (Pembrolizumab). Although most adverse effects related to immunotherapy affect the gastrointestinal system (colitis), endocrine system (thyroiditis, hypophysitis) and pulmonary system (pneumonitis), nephropathy is a less common but potentially severe event.

Description of Case report: 67year old male, with advanced colon cancer (stage IV), started treatment with Pembrolizumab (PD-1 inhibitor); after evaluation showed a good initial response to therapy. After two months of treatment, the patient began developing signs and symptoms suggestive of renal dysfunction: increasing fatigue, oliguria, leg edema, nausea, and mild lower back pain. Laboratory tests show serum creatinine: 3.2 mg/dL (baseline 1.2 mg/dL), blood urea nitrogen: 38 mg/dL (baseline 20 mg/dL), urine culture negative, electrolytes in normal range, proteinuria absent, immunological tests negative for autoimmune diseases. The treatment with Pembrolizumab is immediately stopped. High-dose corticosteroid treatment (1 mg/kg of intravenous methylprednisolone) is started to avoid potential tubulointerstitial nephritis induced by immunotherapy.

Conclusions: This case highlights the importance of careful monitoring of renal function in patients receiving immunotherapy, particularly with drugs like Pembrolizumab. Discontinuation of the drug and initiation of steroid therapy are crucial in preventing permanent kidney damage. Prompt management and a multidisciplinary approach are essential to ensuring a favorable prognosis.

Un insolito caso di faringodinia

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Premesse: Febbre e faringodinia sono sintomi comuni, spesso associati a patologie infettive. Tuttavia, possono indicare patologie sistemiche più complesse che necessitano di diagnosi e terapie specialistiche.

Descrizione del Caso clinico: Un paziente 37 anni accedeva presso U.O. Medicina Interna per febbre, artralgie, fotofobia e faringodinia. Si eseguivano esami ematici (GB 1919/mcl, N 1689/mcl PCR 238 mg/l), RX torace (negativo), rachicentesi (negativa) e veniva intrapresa terapia antibiotica empirica. Si procedeva con ecografia addome/collo con riscontro di lieve splenomegalia e una TC total body (negativa). Per rapido peggioramento del paziente, nel sospetto di patologia autoimmune/autoinfiammatoria (PCR 274 mg/l, ferritina 3795 ->9204 ug/l), si sospettava una malattia di Still dell'adulto (AOSD) e si iniziava terapia steroidea ad alte dosi associata a ciclosporina, previa esecuzione di PET e BOM, assistendo a rapida apiressia, scomparsa della faringodinia e calo progressivo di PCR e ferritina.

Conclusioni: L'AOSD è una rara patologia infiammatoria sistemica che colpisce i giovani adulti, caratterizzata da febbre, rash evanescenti, artralgie. Il quadro può esordire con faringodinia. L'eziologia è incerta, ma si ipotizza che fattori esterni possano scatenare l'iperattivazione immunitaria in soggetti predisposti geneticamente. Il percorso diagnostico può essere lungo ma i criteri di Yamaguchi sono spesso utili. Il trattamento comprende FANS, glucocorticoidi, DMARDs e farmaci biologici, con l'obiettivo di remissione clinica/laboratoristica e di evitare l'evoluzione a MAS.

Skin talks. A case report of hemophagocytic lymphohistiocytosis and cutaneous manifestations

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Premises: Hemophagocytic lymphohistiocytosis (HLH) is a life-threatening syndrome characterized by complex cytokine storm. Dermal involvement is possible. We report a case highly likely presenting these features.

Description of Case report: 63-year-old woman affected by hypertension, obesity, asthma, AMA-M2 positivity, no drug allergies and admitted to our Dept due to a widespread non-itchy red rash associated with fever (up to 39.3°C). On presentation, maculopapular erythroderma on trunk and thighs, negative Nikolsky's, deepithelialized tongue, dry cheilitis. Lab tests showed moderate inflammation. TB CT scan, echocardiogram, blood and urine cultures, an extended infective panel were negative. Liver biopsy confirmed PBC, bone marrow biopsy was negative. Persistence of fever, rash, inflammatory activation (ferritin 120000 mg/dl), transaminitis (703/568 U/L), elevated LDH (2500 U/L), hypofibrinogenemia, normal ESR, platelets and leukocytes

fall, hypertriglyceridemia made us hypothesize HLH (H-score>90%). We administered steroid boluses, anakinra, IVIg. PET scan showed non-specific lymphoid organs uptake. Resolution of signs and lab improvement (mild cytopenias, reduction of ferritin) allowed us therapy de-escalation.

Conclusions: HLH has variable cutaneous involvement. Generalized maculopapular exanthem is the most common form described, almost 40% of cases are morbilliform. Other manifestations include petechiae, purpura, pyoderma, panniculitis, targetoid lesions and bullae. Skin biopsy is not recommended as demonstrated showing a non-specific inflammatory infiltrate.

Acute hepatic sequestration in sickle-cell disease: a case report

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Premises: Acute hepatic sequestration is a rare complication of Sickle-cell disease (SCD) characterized by abdominal pain, acute hepatomegaly and worsening anemia.

Description of Case report: A 41-year-old splenectomised woman with SCD reported a week-long history of fever (up to 40°C) and dorso-lumbar pain. On admission, she presented with jaundice, upper right quadrant pain, severe anemia (Hb 7.5 g/dL), leukocytosis (30000/ μ L), high CRP (30 mg/dL), hyperbilirubinemia (11.1, direct 9.9 mg/dL), slightly increased liver tests as usual. The physical exam showed marked and painful hepatomegaly confirmed at US (maximum diameter 25 cm) with diffuse steatosis without biliary duct dilation suggesting acute hepatic sequestration. She underwent erythrocyte exchange (EEX) in the first 24h, hydration, empiric antibiotic and thromboprophylaxis. We observed rapid drop of bilirubin (1.0, direct 0.7 mg/dL), transient increase of cholestasis markers and stable cytolysis indices that progressively improved thereafter. By contrast, the improvement of hepatomegaly, abdominal and dorso-lumbar pain was slower.

Conclusions: Hepatic sequestration is a rare and severe acute complication of SCD requiring rapid diagnosis and treatment. The case report highlights the importance of an efficient interaction among Emergency Department, medical experts, **internal medicine** and transfusional departments to prevent potentially fatal consequences as hypovolemic shock, liver failure and thrombosis.

Quando l'epatomegalia diventa una sfida per l'internista

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Premesse: Quando l'epatomegalia diventa una sfida per l'internista.

Descrizione del Caso clinico: Paziente di 46 anni, con storia di sindrome emorroidaria. Non assume farmaci eccetto anticoncezionale orale. Accede presso il Pronto

Soccorso per addominalgia in ipocondrio dx. Eseguita Ecografia addome completo con riscontro di epatomegalia in assenza di segni ecografici di cirrosi, no splenomegalia. Tale dato veniva confermato da studio RMN epatico. Nei limiti gli indici di citolisi e di funzionalità epatica. Negativi i markers per virus epatotropi maggiori e minori, gli indici di flogosi, i valori di alfa-1 anti-tripsina, ceruloplasma, l'assetto marziale, lipidico e tiroideo e l'elettroforesi s-p. Negativo il pattern autoimmunitario. Lo studio con elastografia epatica ha inoltre escluso segni di fibrosi (F0-F1). A completamento diagnostico veniva pertanto sottoposta ad indagine genetica per ricerca patologie da accumulo ed a biopsia epatica US guidata, entrambi negativi.

Conclusioni: Escluse diverse cause di epatopatia, tale quadro di epatomegalia in assenza di chiari segni di cirrosi è da attribuire a una variante anatomica conosciuta come lobo di Riedel

Una colangite insolita: la sindrome di Lemmel

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Premesse: La colangite acuta è un'infezione delle vie biliari che si verifica quando la stenosi biliare provoca colestasi ed infezione.

Descrizione del Caso clinico: Uomo 65aa, ricoverato presso l'UO di Geriatria per febbre, dolore addominale ed ittero, triade di Charcot confermata alla visita. L'ipotesi diagnostica di colangite acuta fu avvalorata dagli esami ematici: WBC 19310/ μ L, NEU 92%, BIL TOT 8.2mg/dl, BIL DIR 7.1mg/dl, AFP 152U/L, GGT 256U/L, PCT 38,67ng/ml. Impostata terapia antibiotica empirica con Piperacillina/tazobactam 4.5g ogni 8h (emocoltura positiva per *E. Coli*). L'ecografia addome mostrava ectasia della VBP; la TC addome evidenziava iperemia parietale del coledoco (20 mm) con presenza di componente iperdensa nel suo tratto medio-distale, confermata alla colangio-RM che imponeva tempestiva disostruzione con ERCP. Procedura avvenuta con successo. Si evidenziò nella 2a porzione duodenale un voluminoso diverticolo perivateriano. Il pz da tempo lamentava gonfiore, addominalgia e sazietà precoce. In corso di EGDS furono rimossi multipli fitobezoari dal diverticolo, causa di compressione e dilatazione dei dotti biliari. In dimissione pz asintomatico, esami ematici nella norma e riduzione dell'ectasia duttale in ecografia addome.

Conclusioni: I diverticoli duodenali, per lo più asintomatici, sono spesso diagnosticati accidentalmente. Nel 5% dei casi, quelli che originano a 2-3cm dall'ampolla di Vater (periampollari), portano compressione e provocano dilatazione dei dotti biliari, configurandosi nell'entità clinica nota come S. di Lemmel; esempio è il caso in oggetto, che rende più interessante ed atipica la diagnosi e la gestione clinica della colangite.

A rare manifestation of a rare disease: renal limited ANCA vasculitis with a "non-pauci-immune histology"

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Antineutrophil Cytoplasmic Antibodies (ANCA) vasculitis are a group of rare diseases; in rare cases only the kidney is involved, resulting in a peculiar scenario named renal limited ANCA vasculitis. A 61-year-old woman was admitted at the Emergency Department due to fever and vomiting. The blood exams showed metabolic acidosis and acute kidney injury: creatinine serum 4.4 mg/dl. The urine volume was normal, proteinuria (4,5 g/24h) and a lot of cast red cells were detected; urine culture was negative. There was not history of recent infection, pharyngodynia, skin purpura. The blood count showed a normocytic normochromic anemia (hb 8,8 g/dl). IgG, IgA, IgM were in the normal range, anti-nuclear antibodies, anti-ds-DNA, anti-ENA and anti-GBM were negative. Anti-MPO was positive: 55 U/ml (normal range <5) and anti-proteinase 3 were negative. The renal biopsy was performed, and it showed a proliferative extra-capillary glomerulonephritis. Due to the presence of anti-MPO in the serum, the expected histopathologic scenario was of a pauci-immune glomerulonephritis, however it was not as expected: the immunofluorescence showed mesangial IgA deposit and focal positivity for C3. This peculiar scenario configures in a renal limited ANCA vasculitis with IgA and C3 deposition. Intravenous treatment with methylprednisolone 500 mg for three days was started, followed by oral methylprednisolone (0,8 mg/kg/die). Then rituximab was also started. After four weeks of treatment, drastic improvement was observed in proteinuria (2 g/die vs 4,5 g/die) and creatinine (1,9 mg/dl vs 8 mg/die).

Idiopathic acquired hemophilia A: abdominal pain as an initial symptom

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Introduction: Idiopathic acquired hemophilia A (IAHA) is a rare condition characterized by the development of autoantibodies against clotting factor VIII. Acquired hemophilia occurs in adults and can present without any prior bleeding history. The condition results in spontaneous bleeding, prolonged aPTT and the inability to correct the aPTT with the addition of normal plasma due to the inhibitor's presence. The cause of the autoimmune response is often unknown (idiopathic), although it can be triggered by pregnancy, malignancy, infections or autoimmune diseases.

Clinical case: A 61-year-old man was recovered in our department for a hematoma on the left side and lower back pain. Abdominal CT: hematoma in the left paravertebral muscle. Laboratory tests showed prolonged aPTT. The diagnosis of acquired hemophilia A was performed after dosage of coagulation factors VII-IX-XI-XII and specific inhibitors. The therapy suggested by hematologist was methylprednisolone+cyclophosphamide. After about one week the patient was discharged with a follow up by the University Hemostasis and Thrombosis Centre.

Conclusions: IAHA is a rare but a potentially lifethreatening condition that should be considered in patients with unexplained bleeding and a prolonged aPTT. Diagnosis

requires both clinical suspicion and laboratory tests to confirm the presence of an inhibitor against factor VIII. Management involves immediate hemostatic therapy and immunosuppression to eliminate the inhibitor. Prognosis is generally favorable with appropriate therapy, but long-term follow up is necessary due to the risk of recurrent inhibitor formation.

Hemophagocytic lymphohistiocytosis secondary to Leishmaniasis

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Introduction: Hemophagocytic lymphohistiocytosis (HLH) is a rare and potentially life threatening condition caused by an overactive immune system. It involves the excessive activation of certain immune cells, specifically macrophages and lymphocytes, leading to widespread inflammation and tissue damage.

Clinical case: A 61-year-old woman with recurrent fever not responsive to antibiotic treatment. To the admission laboratory tests showed increased values of inflammation, bilirubinemia, transaminase and cholestasis, pancytopenia. Blood/urine culture, autoimmunity, hepatitis markers, HIV, Rickettsie, Bartonella, Brucella, Borrelia were negative. Abdominal CT: multiple enlarged supra-sub diaphragmatic lymph nodes and small hepatic and splenic hypodense areas compatible with lymphomatous disease with hepatic and splenic localizations. Lymph node biopsy: reactive hyperplasia with normal compartmentalization of the B and T lymphocyte populations. BOM and AM showed HLH secondary to leishmaniasis. The treatment was Amphotericin B+methylprednisolone+ivIG. After multidisciplinary discussion between internist, hematologist and nephrologist, aphaeresis with cytosorb and therapy with rituximab and cyclosporin were indicated, so the patient was transferred to intensive care, also due to the worsening of liver function and multi-organ failure with severe pancytopenia.

Conclusions: HLH is a rare disease that must be diagnosed and treated promptly due to high mortality (about 40%). The treatment is directed to the underlying cause, so it's often necessary to suspect less common causes of disease to avoid severe consequences.

Tosse cronica e febbre: un caso di polmonite organizzante in medicina

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Premesse: La polmonite organizzante è una condizione rara, spesso diagnosticata tardivamente a causa della sua presentazione clinica aspecifica. In questo caso clinico viene descritto il percorso diagnostico e terapeutico di una paziente con BOOP.

Descrizione del Caso clinico: Donna di 51 anni, non allergica, non fumatrice che presenta una storia di tosse stizzosa cronica da circa 4 anni. Comparsa di febbre fino a 38,5°C, per cui intrapresa antibioticoterapia (azitromicina, ceftriaxone, levofloxacina) senza beneficio. Ricoverata presso la nostra UO, è stata sottoposta a terapia con

piperacillina/tacobactam, che ha portato solo a un miglioramento parziale. Durante il ricovero sono state eseguiti esami ematochimici, colturali (sangue, antigeni solubili, BK), e marker micotici (galattomannano, B-Glucano) risultati negativi, la TC del torace ha mostrato “aree di consolidazione polmonare a bronchi pervi, versamento pleurico minimo, e linfonodi ingranditi in sede ilomediastinica” e broncoscopia con biopsia che ha rivelato un quadro istologico di polmonite organizzante (BOOP), caratterizzato da infiltrazione flogistica linfomonocitaria e granulazione endoalveolare. Intrapresa terapia steroidea ha portato a un miglioramento clinico significativo e progressivo.

Conclusioni: Questo caso sottolinea l'importanza di considerare diagnosi meno comuni, come la polmonite organizzante, in pazienti con tosse cronica e febbre persistente non responsiva a terapie antibiotiche.

FUO in Medicina: un curioso caso di colangite asintomatica

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Premesse: Le febbri di origine sconosciuta (FUO) sono condizioni caratterizzate da febbre persistente, senza diagnosi nonostante indagini approfondite. In questo caso clinico troviamo una paziente con febbre persistente, astenia e malessere generale con elevati indici di flogosi associata a IRA, in cui le prime indagini diagnostiche sono risultate negative.

Descrizione del Caso clinico: Durante il ricovero la paziente presentava febbre senza altra sintomatologia associata. Gli esami biochimici confermavano flogosi, lieve citolisi epatica e lieve iperGammaGT. Per il quadro di FUO eseguiva PET-TC che evidenziava segni di colangite con dilatazione delle vie biliari intraepatiche, confermata da TC addome, che mostrava anche trombosi della vena mesenterica superiore e della confluenza portale, nonostante nessuna sintomatologia addominale o indici di colestasi. Trattata con antibiotico terapia e EBPM con miglioramento clinico. La colangio-RMN post-dimissione confermava il quadro di colangite/microascessi epatici.

Conclusioni: Il caso sottolinea l'importanza di un approccio multidisciplinare e di indagini avanzate nella gestione di condizioni febbrili soprattutto in casi con clinica non indicativa.

Ventriculoperitoneal shunt-associated ascites: a rare cause of ascites unrelated to liver disease

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Background: Accumulation of fluid within the peritoneal cavity results in ascites, which main cause is portal hypertension from liver cirrhosis. Amongst the other possible causes, ventriculoperitoneal shunts (VPS) have rarely been described.

Clinical case description: A 36-year-old male, with a history of craniopharyngioma-associated obstructive hydrocephalus deserving of a VPS placement in 2014, was evaluated in our Liver Clinic for new-onset ascites from

April 2024. Abdominal ultrasound confirmed the clinical suspicion of peritoneal effusion. He started a diuretic treatment to which there was little to no response and, ultimately, required multiple paracenteses. New-onset ascites workup included peritoneal fluid analyses (including cytologic and flow cytometry evaluations), in addition to laboratory tests and imaging (computed tomography). All the main causes could reasonably be excluded (including systemic or localized inflammations/infections, advanced liver disease from most viral or non-viral causes, central nervous system or splanchnic cancers, heart or kidney failure, pancreatitis, and peritoneal tuberculosis), and clinically significant portal hypertension could not be confirmed (serum ascites albumin gradient: 1.1 g/dL). So ultimately, a diagnosis of VPS-associated refractory ascites was made, requiring a VPS externalization. Two months after the procedure, only minimal residual ascites is evident.

Conclusions: It is important to recognize the association between VPS placement and the potential development of non-infectious non-malignant ascites, even years later.

Positron emission tomography as a definitive examination in the diagnosis of a case of bacterial endocarditis on an aortic mechanical valve

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Premises: Prosthetic Valve Endocarditis (PVE) presents diagnostic complexities and often carries a severe prognosis. New imaging technologies provide opportunities for diagnosis. However, the use of Positron Emission Tomography (PET) does not yet have a definitive indication in the various guidelines.

Description of the Case report: We report the case of a 69-year-old male with a 13-year history of an aortic mechanical prosthesis, presenting with intermittent fever lasting seven days. Three months earlier, he had been hospitalised for intermittent fever, which resolved with intravenous antibiotics, without a definitive diagnosis. Upon admission, two blood cultures performed in the absence of fever were positive for *Streptococcus gordonii*; rheumatoid factor, CRP, and WBC levels were elevated. A week later, two echocardiograms were performed, both negative for PVE. A transoesophageal echocardiogram was not conducted due to the known difficulties in obtaining information on aortic valve prostheses. Given the possibility of PVE, the patient underwent PET imaging, which revealed hyperuptake of the metabolic tracer on the prosthetic wall. The patient was treated with ceftriaxone 2 g IV for six weeks, resulting in resolution of the PVE.

Conclusions: The case we present is significant for demonstrating the ability of PET to detect the presence of PVE in a situation where the Duke criteria did not allow for a definitive diagnosis. It can therefore be assumed that PET may have a greater diagnostic role than currently attributed by the guidelines.

Il paziente con scompenso cardiaco in Medicina Interna e la riabilitazione cardiologica: una strada da percorrere assieme

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Premesse: La riabilitazione cardiologica ha l'obiettivo di migliorare la riserva funzionale del paziente, la sua capacità di tolleranza allo sforzo e di essere un incentivo all'esecuzione dell'attività fisica quotidiana. L'elevata prevalenza dei pazienti con scompenso cardiaco ricoverati in Medicina Interna rappresenta uno stimolo ad applicare protocolli condivisi sia per la gestione intraospedaliera che territoriale. La riabilitazione, quindi, dovrebbe far parte delle opzioni offerte a questi pazienti.

Descrizione del Caso clinico: Il servizio di riabilitazione cardiologica e telemedicina della cardiologia di Trento ha l'obiettivo di ampliare l'offerta anche al paziente con scompenso cardiaco ricoverato in Medicina Interna. Per questo verranno organizzati con l'equipe dell'area internistica incontri formativi di presentazione del servizio, condividendo le caratteristiche di ingaggio e il monitoraggio del follow up. Lo scopo è favorire una collaborazione tra la riabilitazione cardiologica e i reparti di Medicina Interna, identificando i pazienti candidabili alla riabilitazione e offrire l'opportunità di accedere a percorsi personalizzati di presa in carico riabilitativa.

Conclusioni: L'intervento di cardiologia riabilitativa viene raccomandato con la massima classe di evidenza dalle principali linee guida, per favorire la stabilizzazione clinica, la riduzione del profilo di rischio, il contenimento delle disabilità e il miglioramento della qualità di vita. È quindi necessario realizzare nuove reti di cure appropriate per il referral, con il vantaggio di aumentarne la qualità.

L'handover infermieristico in area medica

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Premesse e Scopo dello studio: Nei setting di degenza, in media, i passaggi di consegna infermieristica si verificano tre volte al giorno per ciascun paziente. Ad ogni consegna vengono fornite informazioni sulla cura del paziente, sul trattamento dell'assistenza, sulle sue condizioni attuali e su ogni cambiamento prevedibile. E' ormai riconosciuto che un accurato passaggio di informazioni cliniche è di grande importanza per la continuità e la sicurezza delle cure. Per questo a partire da un'analisi delle modalità di handover in 5 setting di area medica, è stato attuato un percorso di miglioramento organizzativo che attraverso un gruppo di miglioramento basato sulla tecnica del focus group ha portato all'elaborazione di un protocollo utile a standardizzare le modalità di passaggio di informazione e a definire un data set minimo di contenuti da considerare durante il processo di handover.

Risultati: Sono stati previsti 3 incontri di due ore ai quali hanno partecipato 4 Infermieri incaricati di funzione organizzativa e 10 Infermieri esperti di area medica. Durante gli incontri sono stati analizzati i punti di forza e debolezza rispetto al contesto delle medicine interne dei principali strumenti di handover, le strategie di contesto utili a favorire

un migliore processo di handover e attraverso l'analisi di casi clinici è stato definito un data set minimo da considerare durante il passaggio di consegna. La SBAR è lo strumento scelto dal gruppo di lavoro. Per ogni area della SBAR è stato individuato un set minimo di dati da considerare durante il passaggio di informazioni.

A potential relationship between Down's syndrome and antiphospholipid syndrome: a case report

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Introduction: Trisomy 21, commonly known as Down's syndrome (DS), is a genetic condition characterized by the presence of an extra chromosome 21. Individuals with DS have an increased risk of severe infectious disease concomitant with a higher incidence of autoimmune diseases, including thyroiditis, coeliac disease, alopecia areata, type 1 diabetes. Chromosome 21 could contain genes involved also in the regulation of the immune system. The immune system in DS is often dysregulated (impaired T-cell function, abnormal cytokine production, impaired B-cell responses, chronic low-grade inflammation), finding out deficient and abnormalities which contribute to an altered immune response.

Clinical case: A 33-year-old male with DS and medical history of hyperthyroidism was admitted to the hospital because of Norovirus intestinal infection and mononucleosis infection. Laboratory tests showed high levels of D-Dimero and prolonged aPTT. We investigated further with other tests: antiphospholipid/anticardiolipin antibodies, anti-beta2-GPI, lupus anticoagulant, autoimmunity, coagulation factors. High levels of IgG anticardiolipin antibodies and LAC suggesting a potential link between infections, antibody production, and the development of antiphospholipid syndrome (APS) in genetically predisposed individuals.

Conclusions: Further research is needed to understand the immune dysregulation mechanism in DS and the relationship between DS and APS. Healthcare providers should monitor patients with Down syndrome about signs of APS, especially with infections or other triggering factors.

Fever of unknown origin: don't forget about adult-onset Still's disease

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Premises: Adult-Onset Still's Disease (AOSD) is a systemic inflammatory condition characterized clinically by four cardinal signs: persistent fever, polyarthritis or arthralgia, leukocytosis, and typical salmon-pink skin rash. The estimated prevalence is more than 1/100,000 population. It typically affects young adults, and It's slightly predominant in women.

Description of the Case report: A 60-year-old man came to our attention complaining of persistent fever and asthenia

from more than a week, not responsive to antibiotic/antipyretic therapy. He denied any noteworthy diseases. At blood tests: leukocytosis, increased levels of C-reactive protein and ferritin. We started empiric antibiotic therapy and then to investigate possible causes of fever of unknown origin (FUO). First of all, we excluded infective diseases. Secondly, patient underwent total body CT scan that resulted negative and also PET-TC, that showed aspecific captation at muscles and bones. We also performed immunological and rheumatological screening (ANA, ENA, rheumatoid factor, antiphospholipid antibodies), resulted negative. Fever persisted and the patient started to complain of a maculopapular salmon-pink rash on the trunk and pain at the level of the first toe of the right foot. The association of persistent fever, arthralgia, the typical skin rash and leukocytosis brought us to think about AOSD.

Conclusions: We want to emphasize the importance of differential diagnosis in patients with FUO. Nonspecific clinical features make AOSD diagnosis very difficult, it is indeed an exclusion diagnosis.

Progetto “Day care” per pazienti con anoressia nervosa: l’esperienza multiprofessionale del day hospital della Medicina di Conegliano

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Premesse: In questo lavoro si descrive il caso clinico di donna di 37 anni affetta da anoressia nervosa e stato di malnutrizione. L’obiettivo è la valorizzazione di un modello di presa in carico multiprofessionale che permette un passaggio intermedio tra il ricovero ospedaliero e un progetto strettamente ambulatoriale.

Descrizione del Caso clinico: La paziente veniva dimessa dalla Psichiatria con peso di 28.2 Kg senza possibilità di accesso ai percorsi esistenti sul territorio, per cui si concordava una presa in carico coordinata tra le Unità Operative di Medicina, Psichiatria e Nutrizione Clinica, con coinvolgimento dei caregiver, del Medico di base e dell’Assistente Sociale del Comune di residenza. E’ stato elaborato un progetto terapeutico individualizzato che prevedeva 4 accessi settimanali di Day Care (counseling infermieristico, rilevazione parametri vitali e antropometrici, esecuzione esami ematochimici, valutazione internistica e dietistica, pasto assistito) presso il Day Hospital della Medicina dell’Ospedale di Conegliano e periodici incontri in equipe tra il personale referente.

Conclusioni: La paziente è stata seguita da maggio a dicembre 2024 mostrando miglioramenti clinici con esito globale (miglioramento BMI, instaurazione di rapporto fiduciario, riduzione progressiva del numero settimanale degli accessi). Tale approccio integrato di presa in carico di caso complesso ha permesso alla paziente di avere un punto di riferimento chiaro oltre al proprio nucleo familiare e, all’equipe, la possibilità di monitoraggio della compliance in una delicata fase di transizione.

Diabetes classification from type 2 to 2.0 diagnosis: a case of MELAS syndrome and why precision medicine is important

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Background: Criteria for diabetes mellitus diagnosis are well established, however recognizing diabetes subtypes might be challenging. Precision diagnosis is the first step through effective clinical and therapeutic approach as this case will show.

Case report: A 31-years-old woman was diagnosed with type 2 diabetes (HbA1c 10,5%, fasting plasma glucose 305 mg/dl) although atypical presentation (no family history of diabetes, body mass index was 21,8 kg/m², no cardiovascular or metabolic risk factors were present). Type 1 and latent autoimmune diabetes of the adult (LADA) were excluded (GAD, ICA, IA2, IA, ZnT8 antibodies proved negative, c peptide was 2.33 ng/ml). In the following years hyperglycaemia was poorly controlled by oral (gliclazide, metformin, linagliptin) antidiabetic drugs and insulin (medium HbA1c 8%). The patient was admitted to neurological department at the age of 49, for aphasia and seizures. TC scan showed an extensive ischemic lesion of the left temporal lobe. The monogenic variant 3271T>C IMT-TL1 (10% blood mutant) was detected and the rare diagnosis of mitochondrial encephalopathy lactic acidosis and stroke-like episodes syndrome (MELAS) was confirmed together with the eterozgosis mutation of MTHFR C667. Metformin was immediately withdrawn for lactic acidosis risk.

Conclusions: Some diabetes subtypes are rare, although determined by very specific pathogenic mechanisms. Timely and precise diagnosis is crucial to target effective therapies before complications onset. Following procedures and subsequent follow-up may be personalized too.

A case of extrapulmonary tuberculosis... a new symptomatic drug?

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Premises: Tuberculous serositis is a rare form of extrapulmonary tuberculosis that involves the peritoneum. We explored the immunomodulatory effect of colchicine in this context.

Description of the Case report: A 38-year-old woman presented to the Emergency Department with fever, loss of appetite, and abdominal swelling. Her medical history included a previous hospitalization for pleuro-pericarditis. The lung examination revealed diffusely reduced breath sounds. Her abdomen was distended but showed no signs of peritoneal irritation. Diffuse ascitic fluid was detected at the ultrasound, with no pleural or pericardial effusion. The abdominal CT scan showed findings suspicious for peritoneal carcinomatosis, confirmed by PET scan. Several possible infectious diseases were excluded. Autoimmune tests were negative. Patient’s symptoms persist despite therapy with NSAIDs. Colchicine was initiated as additional anti-inflammatory treatment, resulting in progressive clinical improvement, stable anorexia, and resolution of pain. Biopsies of the round ligament and parietal peritoneum revealed granulomas and the presence of Mycobacterium tuberculosis DNA. Anti-tubercular therapy was initiated

Conclusions: The use of colchicine may be considered in suspected tuberculosis, given its demonstrated *in vitro* effects and the benefit observed in our patient. However, incorrect

use could delay diagnosis and the initiation of appropriate treatment. Further studies with an adequate number of participants are necessary to evaluate the risks and benefits.

Hypotension and blood pressure fluctuations in pheochromocytoma: how management in clinical practice?

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Premises: “Pheochromocytoma crisis” is a life threatening disease consisting of hypertension, hypotension, hyperthermia, mental status changes and multi-organ failure. We describe the case of a patient with pheochromocytoma crisis.

Case report: A 68-year-old patient was admitted to ICU for chest pain, dyspnea and increased BP values (intra-arterial BP 230/130 mmHg, HR 110 bpm) associated with hypotensive episodes (BP 80/60 mmHg). Clinical history revealed hypertension treated with olmesartan/amlodipine 20/5 mg/daily, peripheral artery disease (stage II-B), active smoker. Blood tests revealed increased urinary metanephrines (2947 mcg/24 h, range 0-320) and negative Nugent test. ECG showed sinus tachycardia with anterolateral ST-T segment depression and echocardiogram revealed a normal dimensions of LV (TV 55 ml/m²) and EF (58%), parietal hypertrophy (IS 14 mm). Coronary angiography showed no lesions, while CT scan revealed segmental pulmonary embolism and right adrenal mass of 5 x 3 cm. DOPA-PET CT revealed an abnormal uptake in the right adrenal gland. During hypertensive crisis IV treatment with labetalol (50 mg) was started, followed by urapidil 12.5 mg/h. During hypotension rapid hydration was effective. At discharge BP was improved (138/84 mmHg) with doxazosin 8 mg/daily and bisoprolol 1.25 mg/daily. The patient will undergo laparoscopic right adrenalectomy after three months of anticoagulant therapy.

Conclusions: In patients with Pheo, hypotension and BP fluctuation are rare phenomena and there is no clear consensus concerning the management of BP that remains empirical.

Uno strano caso di diarrea cronica

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Premesse: Quanto può essere utile spingersi in ambito diagnostico nel paziente grande anziano?

Descrizione del Caso clinico: La paziente accedeva presso il nostro reparto per diarrea acquosa cronica (>3 mesi). Paziente, anziana, autonoma ed autosufficiente, con storia di sindrome metabolica (DMT2, ipertensione arteriosa ed obesità viscerale-addominale) e con recente ospedalizzazione per shock settico da polmonite (CAP) da *E. Coli* determinante contestuale insufficienza respiratoria acuta parziale ed insufficienza renale acuta pre-renale complicata da severa acidosi lattica sottoposta a ciclo di CVVHDF. In occasione di tale ricovero eseguita EGDS (negativa). Agli esami ipokaliemia e rialzo degli indici di funzionalità renale (creat x 2) e di flogosi (PCR x 14 vv ca). Alla TC Torace senza

m.d.c. qualche livello idroaereo del tenue distale e della cornice colica. Iniziava antibioticoteraapia con Metronidazolo e correzione delle disionie, senza successo. Negativa la ricerca Ag fecale per Difficile, il coprocolturale e parassitologico delle feci, sierodiagnosi di WW e sierologia per celiachia. Negativa la colonscopia. Nessuna risposta dopo challenge con cortisone a bassa biodisponibilità.

Conclusioni: La paziente eseguiva Cromogranina, risultata fortemente positiva. Per tale motivo eseguiva PET TB con gallio, positiva per lesioni sospette in sede duodenopancreatica. La terapia con Octeotride sc è valsa alla risoluzione della diarrea e ha evitato successive riospedalizzazioni e complicanze per la paziente, migliorandone la qualità vita.

Visceral leishmaniasis: a disease always topical in western riviera

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Premises: Pancytopenia is a relatively frequent clinical picture in patients admitted to the medical ward and represents a diagnostic challenge. In our geographical area, located in the Italian Western Riviera, the association of pancytopenia, splenomegaly and polyclonal hypergammaglobulinemia must lead to the suspicion of visceral leishmaniasis (VL). VL or kala-azar is a vector-borne disease caused by an intracellular protozoa of the genus *Leishmania* that can be lethal if not treated.

Description of the Case report: A 68-year-old male subject, who had undergone biliopancreatic diversion years before, came to our attention for fever and malaise. The tests showed pancytopenia (Hb 6.5 g/dL, WBC 2230/mm³, Plt 29000/mm³) CRP 4.6 mg/dL, albumin 1.9 g/dL, polyclonal hypergammaglobulinemia (40%) PCT-Q 0.62 ng/mL; a CT scan showed severe hepatosplenomegaly. The search for *Leishmania* was positive, both by PCR -DNA on peripheral blood and by bone marrow aspirate stained with May-Grünwald-Giemsa. We administered a therapy with liposomal amphotericin 4 mg/kg/day for 5 days followed by a weekly dose for 5 weeks with rapid clinical improvement.

Conclusions: VL is a protozoan disease transmitted by sand flies and endemic in the south and the western coastal regions. Several conditions represent risk factors for leishmaniasis, including low socioeconomic conditions, malnutrition, environmental and climate changes, but also primary or induced immunodeficiency states.

Better late than ever: a delayed diagnosis of acquired haemophilia A

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Premises: The aPTT is a widely used coagulation assay; the finding of a prolongation of this clotting time in the presence of a normal PT is relatively common in several clinical settings

and often represent a diagnostic challenge for clinicians. The aPTT is sensitive to deficiencies in the activities of factors of the so-called, intrinsic and common pathways⁴, due to congenital (e.g. Haemophilia A or B) or acquired (AHA, effect of anticoagulant therapy).

Description of the Case report: We describe a case of a 74-year-old male affected by sequelae of stroke with two distinct major hemorrhagic episodes in the last six months (lower limb and right pectoral muscle hematoma, requiring percutaneous embolization) and repeated episodes of haematuria. Home therapy included clopidogrel 75 mg, pantoprazole 40 mg and bisoprolol 5 mg. Blood tests showed Hb 11.3 g/dL, WBC 10540/mm³, PLT 431000/mm³, INR 1.14 aPTT 81", fibrinogen 737 mg/dL creatinine 1.0 mg/dL, CRP 7.3 mg/dL; ANA, C3, C4, anti β 2GPI IgG IgM, anti Cardiolipin IgG IgM were also performed and were normal. The result of aPTT mix was 46" (n.v. 23-33") and factor VIII was 0.9% (n.v. 50-150%); the dosage of factor VIII inhibitor was 16 Bethesda Units (n.v. <0.6). Factor VII, steroids and rituximab were administered, with complete resolution of the clinical and biochemical picture

Conclusions: Acquired hemophilia A (AHA) was diagnosed, a potentially life-threatening bleeding disorder, characterized by isolated prolongation of the aPTT due to a neutralizing antibody, in subjects with no remote history of bleeding.

Assessment of the presence of guideline-directed medical therapy at the emergency admission for heart failure in an Internal Medicine ward

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Premises and Purpose of the study: The benefits of so-called "four pillars of therapy" for Heart Failure (HF) treatment across the entire left ventricular ejection fraction spectrum are well established; nevertheless the rate of prescription and titration of GDMT (Guideline-Directed Medical Therapy), beta-blockers (BB), angiotensin-converting enzyme inhibitors (ACEis)/angiotensin receptor-neprilysin inhibitor (ARNI) sacubitril/valsartan or angiotensin receptor blockers (ARBs), MRAs and SGLT2 inhibitors remain suboptimal.

Materials and Methods: We analyzed 327 patients admitted in emergency for HF (average age 77 years) over a one-year period. Among these, 99 had preserved EF (HFpEF), 105 mildly reduced EF (HFmrEF) and 123 reduced EF (HFrEF). The rate of GDMT medication use at admission was as follows: 5.6% ARNI, 13.2% SGLT2i, 37.1% MRAs, 65.7% BB; the overall use of RAS inhibitors was 59.7%. Instead loop diuretic therapy was administered in 76.9% of subjects.

Results: Patients with HF admitted to Internal Medicine ward are often considered vulnerable and fragile, with multiorgan dysfunction and a high risk of adverse events related to the disease and its treatment. A combination of clinical inertia and physiological limitations related to clinical parameters (BP, HR, renal function, electrolytes), comorbidities, cost and socioeconomic status, non-adherence, and frailty are common barriers to full GDMT implementation

Conclusions: Hospitalization of subjects with HF in the medical ward, both at first diagnosis and in case of exacerbation is an opportunity to optimize GDMT.

A dangerous cat bite: sepsis by *Pasteurella multocida* in an elderly patient

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Premises: *Pasteurella multocida* is the most common cause of infection related to a bite or scratch from dogs or cats, typically resulting in soft tissue infections. Respiratory or invasive infections (i.e. sepsis, endocarditis, meningitis) are rare and occur especially in the immunocompromised host or in neonates.

Description of Case report: A 90-year-old male was hospitalized for fever, dehydration and confusion; the physical examination revealed hypotension (BP 85/50 mmHg), tachycardia (HR 110/min), and the presence of a small lacerated wound on the right forearm; qSOFA score was 2. Daily home therapy consisted of furosemide 25 mg, ASA 100 mg, bisoprolol 2.5 and pantoprazole 20 mg. Blood tests showed WBC 14,500/mm³ (N 94%) Hb 9,4 g/dL, Plt 79000/mm³, CRP 36 mg/dL, PCT 84 ng/mL, creatinine 2,1 mg/dL, INR 2,1, lactate 4,8 mmol/L Blood cultures were positive for *P. multocida*. The caregiver referred about the forearm skin lesion due to a cat bite, occurring one week before his hospital admission. An empirical antimicrobial treatment with piperacillin/tazobactam was started together with supportive therapies, later replaced by a targeted antimicrobial therapy with ampicillin-sulbactam.

Conclusions: Cat bites and scratch can drive many pathogenic bacteria, such as *P. multocida*. In elderly patients, especially when affected by other comorbidities, cat-related injuries can lead to severe soft tissue infection or even to an unusual life-threatening *P. multocida* sepsis.

Hypereosinophilic syndrome: a case report

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Premises: Hypereosinophilic Syndrome (HES) is a rare and complex group of disorders characterized by significant increases in eosinophil levels (>1500/mm³); eosinophils exhibit potent pro-inflammatory, prothrombotic, and profibrotic properties. The multifunctional properties can cause organs to become infiltrated, resulting in end-organ dysfunction.

Case description: We admitted a 72-year-old woman with history of asthma and allergic rhinitis for moderate fever, cough, dysphagia. The physical examination showed good general conditions, BP 140/90, TA 38 c, rales at the right lung base. The tests showed severe eosinophilia (45,000/mm³), Hb 11.8 g/dL Plt 278,000/mm³, LDH 356 U/L; Chest X-ray showed right basal pneumonia, TT and TE echocardiogram an intraventricular serpinginous mass, a gastroscopy the presence of eosinophilic esophagitis. Bone marrow biopsy showed diffuse infiltration with eosinophils. CT scan and 18F-FDG-PET CT scan were unremarkable. We ruled out Primary/Neoplastic (HESN) etiology (Myeloid variants (M-HES), test for FIP1L1-PDGFRA mutation, T-cell lymphocytic variants (L-HES), Secondary/Reactive (HESR), like helminth infections, and eosinophilic granulomatosis with polyangiitis (EGPA). We perform

cardiac MRI, with absence of endocarditic involvement and disappearance of intracavitary lesion. The patient recovered completely with tapering prednisone, currently decreasing to a dosage of 5 mg/day, with normalization of WBC count. **Discussion:** HES are a rare cluster of diseases often presenting like a diagnostic challenge for the clinician

“ Δ P-PEI” study: correlative analysis in 20 patients with venous thromboembolism. Biennial experience (2023-2024)

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Premises and Purpose of the study: The “ Δ P-PEI” study, acronym derived from “DELTA(PAO₂-PaO₂)-PULMONARY EMBOLISM INDEX”, enrolled 20 patients with venous thromboembolism in the two-year period 2023-2024. The clinical picture of onset was characterized by severe respiratory failure and hemodynamic instability. The PEI and Δ P were calculated at admission. The Δ P is an index of gas exchange impairment with an increase in the alveolar(A)-arterial(a) gradient of O₂=PAO₂ – PaO₂= [(PBar-PH₂O)FiO₂-PaCO₂/R]-PaO₂=[(760-47)FiO₂-1.25 PaCO₂]-PaO₂. The normal value corresponds to age/4 +/- 4, therefore=10-15. The “ Δ P-PEI” study has the following objectives: 1) to verify any existing relationships between the values of Δ P and the values of PEI at entry; 2) to verify the statistical significance found by applying the Pearson parametric test.

Materials and Methods: The Pearson test correlates the independent variable A (Δ P at entry) with the dependent variable E (PEI at entry) in the 20 patients enrolled. To calculate the test, the formula of the coefficient “r” of Pearson correlation is applied: $\Sigma(A - \bar{A})(E - \bar{E}) / \sqrt{\Sigma(A - \bar{A})^2 \Sigma(E - \bar{E})^2}$.

Results: The Pearson test shows a highly significant correlation (p<0.001) of the two variables examined (Δ P and PEI values at entry). In fact, the value of “r” obtained is 0.99 and the CV (critical value) of “r” for p=0.001 is 0.693 with GL=19.

Conclusions: The “ Δ P-PEI” study has demonstrated that in the group of 20 patients with venous thromboembolism there is a correlation between the two variables considered (Δ P, PEI) with absolute positive concordance.

Implementing primary nursing in a gastroenterology unit: a qualitative study using normalization process theory

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Background and Aim: Primary Nursing (PN) ensures personalized care, continuity, and a trustful nurse-patient relationship, improving quality and satisfaction. We aimed to implement PN in a gastroenterology unit and explore factors influencing its implementation.

Methods: According to Normalisation Process Theory (NPT) and the notions of Context-Mechanism-Outcome (CMO), a qualitative study was designed. Three focus groups were conducted with all unit nurses before implementing PN. Data were collected between November 2024 and January 2025. Data collection included

observations during the PN learning course and nurses’ routine work. Focus groups and semi-structured interviews will be conducted after the course and six months post-implementation to assess the adoption of PN. Collected data has been thematically analysed using NPT framework.

Results: Data collection and analysis of the study is ongoing. Anyway, from the preliminary findings, two of the four NPT constructs were identified. Nurses realized the importance of PN in nursing in giving more attention to the socio-psychological aspect of the patient and becoming a point of reference (coherence construct). Nurses reflected on their work: they identified the importance of PN to improve communication (with patients/caregivers and other healthcare professionals), patient engagement and professional autonomy, and the importance of receiving PN-related training before implementing it (reflexive monitoring construct).

Conclusions: These were only preliminary findings but NPT facilitated a bottom-up approach to PN implementation.

A cheesy way to diagnose

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Premises: Aortic graft infection is a serious clinical condition and its diagnosis is often challenging. The pathogenesis may include bacteremic seeding, contiguous infection and septic emboli from endocarditis. Diagnosis is based on clinical suspicion, positive blood cultures and imaging. Treatment consists in antibiotic therapy combined with surgical debridement or endovascular techniques, if needed.

Description of the Case report: A 74-yo immunocompetent male was sent to PET scan for a persistent chronic low back pain to rule out spondylodiscitis: it was found an hypercaptation of the ascending aorta. The patient underwent replacement of the ascending aorta for aneurysm 10 years before. We performed blood culture, autoimmune profile and secondary infectious investigations. 3 days later, blood cultures turned out to be positive for *Listeria*. Antibiotic therapy was set with ampicillin. Echo-TT and TE were performed resulting negative. Patient reported that he had eaten unpasteurized cheese several weeks earlier. Biopsy or surgical replacement were excluded according with patient’s asymptomaticity. After 3 weeks a new PET scan showed reduction in SUV by the aortic walls. We continued antibiotic for overall 6 weeks of therapy and we decided on a final PET control to confirm the resolution of the infection.

Conclusions: *Listeria aortic* graft infection is an extremely rare event. Re-replacement of the graft can be performed, but medical treatment alone might be applicable when abscess or pseudoaneurysm are excluded, according to favorable clinical conditions.

A giant bladder stone enveloping a “forgotten” JJ stent: an arduous uphill battle for clinician and surgeon

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Premises: Nephrolithiasis is a common cause of recurrent

urinary infections, which can lead to selection of multi-drug resistant (MDR) organisms and septic complications. Ideal timing of surgical intervention to remove urinary calculi in a patient with active infection can be challenging.

Case report: A 77-year old woman was admitted to Internal Medicine for urinary infection, right-sided grade IV hydronephrosis and a 7 cm bladder stone. Percutaneous nephrostomy was placed and urinary cultures grew *K. pneumoniae*, so specific treatment was begun. History revealed a complicated hysterectomy 12 years prior when a JJ stent had been placed in the right ureter. CT scan showed the JJ stent within the bladder and partly surrounded by the stone. Urology consultants recommended discharging the patient for delayed elective surgery. Clinical course was complicated by an acute pulmonary edema from myocardial infarction; PTCA+stenting was performed followed by double antiplatelet therapy, further delaying surgery. Recurrent urinary infections with MDR bacteria followed, requiring multiple in-hospital antibiotic regimens. Numerous multidisciplinary consultations with cardiologists, anaesthetists and surgeons finally led to successful surgical intervention, removing the bladder stone, which contained the incarcerated JJ stent.

Conclusions: Infected foreign bodies cannot be effectively managed by medical therapy alone, and may require source control surgery in a high-risk septic patient. This complex case highlights the need for multidisciplinary coordination and dialogue among specialists.

Efficacy of CPAP therapy and the impact of weight loss on oxygen saturation in obese patients with sleep apnea

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Introduction and Study rationale: CPAP therapy is well-known for preventing upper airway collapse in obese patients during sleep. However, its adequacy in addressing Obesity Hypoventilation Syndrome (OHS) remains uncertain. Considering T90 metric, it is hypothesized that weight loss could enhance O2 saturation in obese CPAP users.

Materials and Methods: From Nov 2022, to Jan 2024, at the Sleep Medicine Centre of H.Gallarate, we assessed obese sleep apnea patients on CPAP therapy for over 4 years who achieved weight loss. The subjects underwent repeated assessments using nocturnal oximetry on CPAP and polysomnography. For those who lost at least 10% body weight, nocturnal oximetry was additionally conducted in air.

Results: The study included 8 cases (4 men, 4 women, age range 52-78), where the average BMI reduced from 35 to 31. T90 improved from a mean of 3% to 13%.

Discussion: Despite weight loss, some obese patients did not show T90 improvement due to alveolar hypoventilation syndrome. While CPAP reduces hypercapnia, it may suppress

respiratory drive, worsening O2 and T90 values. It is speculated that weight loss might predominantly occur in visceral areas, potentially maintaining visceral fat, which doesn't significantly alter respiratory mechanics due to these weight changes.

Conclusions: Comprehensive analysis of weight loss in obese patients on CPAP therapy requires more data and validate new hypotheses regarding its impact on respiratory function and sleep quality.

The importance of differential diagnosis in stroke units: a case of NMOSD

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Premises: Stroke units' diagnostic workup can lead to a wide range of possible conclusions other than strokes themselves, varying from the most common stroke mimics (e.g. epilepsies) to much rarer cases.

Description of the Case report: The patient (female, 51 years old) was admitted to the Emergency Department due to dizziness, nausea, and loss of tactile sensation in the left upper and lower limbs over the past four days. The day before admission, the patient also noticed a loss of sensation on the left side of her face. She had recently traveled in Asia, and during the flight home, she experienced pain in the left leg, ecchymosis in both legs, hyposthenia in both left limbs. A non-contrast CT scan and MRI of the brain showed a focal hypodensity with an elongated shape in the right subcortical frontal/corona radiata area, initially suspected to be ischemical or a lymphoma. A total body ct scan was performed, with non diagnostic results. A CSF sample was taken, which suggested an inflammatory disease. Meanwhile, the patient's symptoms worsened: she developed balance issues with a tendency to fall to the right side and deficit of the right facial nerve. A second MRI was ordered, revealing a worsening of the condition with lesions on the left side of the brain. Episodes of bradycardia and respiratory failure began to occur. The tests revealed a positive result for AQP4 antibodies, treatment with anti-CD20 was started with good results.

Conclusions: The analysis of the evolution of the clinical symptoms is crucial to find out which diagnosis is correct among many potential ones

A case of disseminated scedosporium apiospermum endocarditis in an immunocompetent patient

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Premises: *Scedosporium apiospermum* is the second most common filamentous fungus isolated from cystic fibrosis patients' airways. It can cause invasive infections, especially in transplant recipients.

Description of the Case report: A 68 y/o female with history of hypothyroidism was hospitalized with suspected spondylodiscitis on MRI findings. A pulmonary nodule was

also detected. Initial tests, including vertebral and CT-guided pulmonary biopsies, resulted inconclusive. The first transesophageal echocardiography (TEE) showed no vegetations. Diagnostics for *Mycobacterium tuberculosis* were also negative, but for the clinical and radiological presentation it seemed the most likely diagnosis. Only β -D-glucan was mildly positive. Empirical anti-TBC therapy was started and she was discharged. Weeks later, she returned to the hospital with bilateral panuveitis. Vitreous cytology showed Actinomyces colonies, but cultures were negative. Oral Voriconazole and topical antibiotics provided limited benefit. The patient was referred to the Infectious Disease Department. A whole-body CT scan revealed septic emboli in brain and kidneys. Repeated TEE showed mitral valve vegetations. The patient underwent urgent cardiac surgery and cultures of the valvular material grew *S. apiospermum*. High-dose IV Voriconazole was initiated, resulting in significant lesions reduction.

Conclusions: Endocarditis due to *S.a* is extremely rare in immunocompetent patients. HIV and malignancies were excluded as causes of immunodeficiency. Further investigation into cystic fibrosis or rare diseases are advised.

Legionnaire's disease: an unusual severe case

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Introduction: The guidelines in medicine are able to shed light and resolve issues on many diseases while ensuring doctors and patients. But there are other diseases such as the Legionnaire's disease (LD), the same lines refer to areas of shade and leave to clinical judgment clinical decisions that have important economic and also ethical consequences.

Clinical case: We describe the case of 54-year-old immunocompetent man who came for dyspnea. The medical history reported hypertension. He was asthenic with changes in mental status. B.P. was 90/50 mmHg, afebrile and heart rate is 130 rhythmic. Widespread crackles appeared in the chest. Blood tests showed an increase in neutrophils, PCR, PCT, D-Dimer, LDH. The blood gas had a pH of 7.42; pCO₂ 46.8; pO₂ 48.8. Chest-CT showed severe pneumonia on right side with marked inflammatory lesions on left side. Diagnosis was confirmed by positive urine test. He underwent therapy based on antibiotics, cortisones, heparin, bronchodilators, NIV cycles. Later, the disease was complicated by ARDS. The patient was sent to Intensive Care but he died after 18 hours.

Conclusions: LD is the most frequent rare respiratory disease in Italy. The complexity of this disease implies clinical, management, ethical and economic decisions on the usefulness of intensive treatment considering that ARDS is a cause of death in such patients. However, it is also necessary to consider that the current evolution of the therapeutic schemes, including ECMO, allows today to offer a treatment capable of influencing the prognosis of the patient awaiting transplantation.

Syncope in an elderly with bundle branch block: case report

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Introduction: Paroxysmal grade III A-V block represents the most frequent cause of syncope in elderly patient with branch block on ECG. However, in more than 50% of cases the diagnosis of syncope remains to be determined if not in some cases even misleading in the face of significant resource utilization according to guidelines.

Clinical case: We describe the case of a 76year old patient who came to the DEA for syncope that occurred during lunch. He presented lucid and cooperative and denied medications or pathology. On E.O. he was afebrile with B.P.130/80 without focal CNS signs. On ECG he showed BBD+EAS. Underwent brain CT and torax x ray, blood tests also showed normal values. Subjected to echocardiogram, holter ecg for 48 hrs and tilt test no pathology was evident. On ECG check before discharge a HR of 40 bpm appeared in the absence of symptomatology, he therefore underwent ATP testing and third-degree AV block was observed.

Discussion: According to the guidelines on syncope, ECG relief of bundle branch block with syncope poses indications for endocavitary electrophysiological study, an indication that is disregarded in many hospitals also because of the poor diagnostic yield in elderly. For these reasons and for medical-legal considerations such patients are hospitalized with considerable burden of both social and economic costs while knowing that 60% of syncopes, in these patients, remain indeterminate. Therefore, it is desirable in elderly with syncope and bundle-branch block, in the absence of contraindications, that ATP testing be performed as a first-line examination.

Glecaprevir-pibrentasvir and statin induced rhabdomyolysis triggered by urinary sepsis

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Premises: Rhabdomyolysis can be a serious adverse drug reaction of statins. Glecaprevir- Pibrentasvir is a well tolerated and effective HCV antiviral therapy.

Description of the Case report: A 77-year-old woman was admitted to the Emergency Room (ER) complaining of severe muscle weakness with inability to maintain an upright position since the morning and fever during the last 4 days. Her past medical history included hypercholesterolaemia under treatment with rosuvastatin 10 mg daily, chronic HP positive gastritis, previous cerebral ischemia, chronic cerebral vasculopathy, previous frontal

subarachnoid haemorrhage, carotid stenosis, recurrent syncopal episodes, depressive syndrome. Due to HCV infection with high HCV RNA levels she had started HCV antiviral therapy with Glecaprevir- Pibrentasvir for weeks before ER admission. Laboratory tests showed leukocytosis with elevated C reactive protein (183 mg/L), AST (1145 U/L), and ALT 354 U/L, CK 10660 nl. Creatinine was significantly elevated 5,37 mg/dl and urine was grossly red-brown. The patient was admitted to the Internal Medicine Department with a diagnosis of suspected urinary infection and rhabdomyolysis in patient on long term therapy with statins, recently associated with Glecaprevir- Pibrentasvir. All the drugs were stopped. Antibiotic treatment and infusional therapy immediately started. The patient remained haemodynamically stable with active diuresis and liver function tests gradually improved to normal.

Conclusions: Glecaprevir-Pibrentasvir in combination with statins can increase the risk of statin toxicity

Amiodarone induced liver injury

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Premises: Long-term oral amiodarone therapy is associated with photosensitivity, thyroid dysfunction and pulmonary and hepatic toxicity. Hepatic toxicity varies from an asymptomatic and transient rise of serum amino transferases that resolves after dose reduction or withdrawal, to severe liver disease.

Description of the Case Report: A 67-year-old woman presented to the Hepatology Outpatient Clinic for elevated liver function tests (AST 122 U/L, ALT 158 U/L, GGT 334 U/L ALP 140 U/L) with normal bilirubin. Her past medical history was positive for chronic lymphocytic leukemia (CLL) with secondary hypogammaglobulinaemia, bronchial asthma, recurrent supraventricular tachyarrhythmia, hypertensive heart disease, left adrenal adenoma removed years before. The ongoing's therapy consisted of amiodarone, dabigatran, amlodipine, pantoprazole, furosemide, montelukast. During the previous months alterations of liver lab tests had been repeatedly highlighted. Abdominal ultrasound showed hepatic steatosis. A liver biopsy was performed and the results were consistent with toxic injury. There was no evidence of CLL. Amiodarone-induced liver injury was the primary diagnostic hypothesis, so amiodarone was discontinued with gradual normalization of the liver function tests within the following six months.

Conclusions: Clinicians should be aware of the risks of amiodarone-induced hepatotoxicity. Liver function tests in amiodarone liver injury often rapidly improves after discontinuation of the medication.

Iperpiressia con eosinofilia

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Premesse: Caso di iperpiressia persistente esordita dopo avvio di Dupilumab.

Descrizione del Caso clinico: Giungeva alla nostra attenzione in ambulatorio un uomo di 73 anni con febbre persistente da un mese circa, prevalentemente pomeridiana e serale, accompagnata da artromialgie, iporessia ed astenia ingravescenti. L'inizio della sintomatologia risaliva alle ore successive alla prima somministrazione di Dupilumab. Dall'anamnesi emergeva allergia a pollini di ulivo e betulla con manifestazioni respiratorie controllate episodicamente da steroidi e beta 2 agonisti inalatori. Veniva segnalata poliposi nasale trattata chirurgicamente sei anni prima con riscontro istologico di infiltrato flogistico linfoplasmacellulare e presenza di componente eosinofila. Nell'ultimo anno la poliposi nasale era recidivata da cui l'avvio di Dupilumab. Al momento della visita già somministrato ciclo di terapia antibiotica empirica con beta lattamici senza beneficio. L'esame obiettivo rivelava lievi edemi alle gambe. Agli esami ematochimici indici di flogosi spenti ed eosinofilia severa, peraltro documentabile, sebbene di grado minore, anche negli anni precedenti. Dallo studio dell'autoimmunità emergevano ac anti MPO elevati. Il Paziente veniva affidato agli specialisti reumatologi con diagnosi di sospetta vasculite eosinofila

Conclusions: Il Paziente presentava presumibilmente una vasculite eosinofila (vasculite EGPA) misconosciuta che la somministrazione di Dupilumab potrebbe aver slatentizzato.

La sindrome emolitica uremica: descrizione di un caso clinico

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Premesse: La Sindrome Emolitica Uremica (SEU) è una malattia rara (2.1 casi/100.000 abitanti) caratterizzata da: anemia emolitica, piastrinopenia ed occlusione trombotica dei piccoli vasi con segni di prevalente interessamento renale. La SEU tipica è la complicità di un'infezione intestinale batterica (*E. Coli* produttore di una citotossina o Shiga-Tossina -VTEC).

Descrizione del Caso clinico: Una donna di 42 anni è stata ricoverata per rialzo termico (39°C), diarrea muco-ematica (12 scariche/die), piastrinopenia, anemia emolitica ed insufficienza renale acuta. La coprocultura ha rilevato la presenza di un *E. Coli* OK 157 produttore di tossina Shiga like/STEC; la contestuale determinazione dell'attività ADAMTS13 è stata normale. L'indirizzo diagnostico è stato: SEU Tipica. La terapia praticata è stata: plasma fresco congelato, emazie concentrate, meropenem, immunoglobuline e steroide. Dopo una prima fase di miglioramento clinico e laboratoristico, avendo riscontrato un elevato consumo di complemento, è stata intrapresa terapia con eculizumab 900 mg 1 volta/settimana per 4 settimane. Dopo 28 gg di degenza la paziente è stata dimessa in buone condizioni e con valori normali.

Conclusions: Nella SEU tipica si assiste a remissione della patologia; la particolarità del caso è rappresentata dall'elevato consumo del complemento che ha indotto ad associare ai trattamenti convenzionali, per il rischio di recidiva, l'Eculizumab un anticorpo monoclonale anti-C5 che ha comportato la remissione della sintomatologia ed il controllo delle recidive.

A lucky case of misunderstanding

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Premises: Liver abscess is the result of the immune system's failure to eradicate an infective agent invading the organ via the bile ducts, vessels or directly by contiguity. The etiology is mostly bacterial in Western countries. For diabetic patients, some hypervirulent strains of *K. Pneumoniae* crossing the intestinal barrier, can disseminate and cause liver abscess, pneumonia, meningitis and endophthalmitis.

Description of the Case report: A <40 diabetic woman from West Africa, presented fever (38°C) and lower abdominal pain. Blood tests showed leukocytosis (WBC 17,000, N 78%), increase of transaminases (AST 161, ALT 140) PCR (10), and bilirubin (tot 2.3, dir 1.8). An abdominal

CT scan found hypodense liver formation compatible with tumor. HBV- HCV serology and tumor markers were negative. On suspicion of liver abscess internal medical consultant recommended empiric antibiotic therapy with Pip/Tazobactam and Metronidazole and abdominal MRI which showed "expansive liver formation with fluid-dense content". Echinococco Granulosus and Entamoeba Hystolitica serology and Entamoeba research on feces were all negative. Culture test on purulent material collected by a CT-guided drainage was positive for multisensitive *K. Pneumoniae*. Once the course of antibiotic therapy was completed, the patient recovered

Conclusions: Abdomen CT is considered first line exam for liver abscess diagnosis; however it can highlight poorly demarcated hypodense images which can be misinterpreted as tumor. Clinical and anamnestic data were essential in order to make a correct diagnosis.

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